DEVELOPMENT AND IMPLEMENTATION OF A SUPPORT PROGRAMME FOR PARENTS OF YOUTH ABUSING SUBSTANCES IN SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE: A NURSING LEADERSHIP PERSPECTIVE

by

LINA SEBOLAISI HLAHLA

THESIS

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CO-SUPERVISOR: Prof. L Skaal

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DECLARATION

I declare that the thesis **DEVELOPMENT AND IMPLEMENTATION OF A SUPPORT PROGRAMME FOR PARENTS OF CHILDREN ABUSING SUBSTANCES IN SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE: A NURSING LEADERSHIP PERSPECTIVE,** hereby submitted to the University of Limpopo for the degree Doctor of Philosophy in Health Sciences is my own work, has never been submitted by me for any degree at this or any other institution, and all materials used have been acknowledged both in the text and the reference list.

01/03/2022

LS HLAHLA (Ms) Date

DEDICATION

This thesis is dedicated to my father, Alfred Makau Takalo and my late mother, Sina Rangwato Takalo (May her soul rest in peace). I am grateful for all the love and support they gave me in my studies.

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ABSTRACT

It is in the parents' interest to protect their youth and keep them away from substance abuse. It can be particularly disturbing for them to learn that their child abuses substances, or is an addict. When the youth abuses the substance, it is normal for parents to experience feelings of guilt and sadness. They also become angry; they may feel angry towards each other, the world at large or towards their youth. Stress levels can increase when caring for an addicted child. Parents who have youth abusing substances need support. The desire to get the correct and clear information about their child is one of the important needs of parents. They desire information and support about their child's improvement during hospitalisation and post hospitalisation.

The purpose of this study is to develop and implement a support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province. The objectives were to explore and describe the experiences of parents of youth abusing substances; to describe the knowledge and practices of parents of youth abusing substances in caring for youth abusing substance; to identify the support needs of parents of youth abusing substances; to describe a conceptual framework for the development and implementation of a support programme for parents of youth abusing substances; to develop a support programme for parents of youth abusing substances and lastly to implement a support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province.

A mixed-method, exploratory sequential research design was used in this study to achieve the study aim. Fourteen participants consented to participate in the qualitative strand of the study while 169 participants consented to take part in the quantitative strand of the study. Tesch's eight steps of data analysis were used to analyse qualitative data, data was analysed in a form of themes and sub-themes. SPSS version 26 was used to analyse quantitative data. Logistic regression and ANOVA test were used to calculate associations, odds ratios and means for knowledge

The findings of this study indicate that the parents need support from the nurses which include the following: Knowledge and information sharing regarding substance abuse; Attention with regard to their own wellbeing as parents of youth abusing substances; Capacitation with better strategies and interventions to manage themselves while

helping their youth with substance abuse disorders; Support by the nurses to the parents as the relatives of the patients which include debriefing on the patient's condition, counselling, and referral to the relevant healthcare professionals.
To support the parents of youth abusing substances the nurses need to continue with the implementation of the support programme. The Limpopo's Department of Health may assist in allowing the in-service education for the nurses to support the parents of youth abusing substances. There should also be awareness programmes that are about substance abuse for the parents and the youth

Key words: Support, Programme, Parents, Youth, Substances, Abuse

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ABBREVIATIONS

APA:	American Psychological Association
CRL:	Comprehensive Literature Review
PYAS:	Parents of Youth Abusing Substances
SPSS:	Statistical Package for the Social Sciences
TREC:	Turfloop Research and Ethics Committee
UNICEF:	United Nations International Youth's Fund
WHO:	World Health Organisation

DEFINITION OF CONCEPTS

Parents

Parents are expected to nurture the youth in their families and groom them to be responsible adults (Hammond, Cheney & Pearsey, 2014). In this study, a parent is a caregiver and/or a caretaker (guadian) of youth where “youth” may refer to their biological offspring or the adopted child.

Substance abuse

Substance abuse is the repeated usage of drugs that causes clinical and functional harm, such as health complications, incapacity, and inability to perform at school, work or home (The Substance Abuse and Mental Health Services Administration, 2015). In this study, substance abuse is the misuse of both legal and illegal substance such as coccaine, marijuana and other substances.

Support programme

According to Hamric, Hanson, Tracy and O’Grady (2014), support programme refers to a kind of support plan for people to improve their knowledge, skills and attitude according to their needs. In this study, the support programme refers to a planned series of activities that will help in improving knowledge, practices and coping skills of parents with youth abusing substances.

Youth

According to the National Youth Commission Act 19 (1996), a youth is any person between the ages of 14 and 35. In this study, the focus is on anyone between the ages of 14 to 35, has started abusing substances, is under the age of 35, and is still under the care of parents.

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

Abuse of substances by young people is a problem worldwide and affects health, wealth and different security related aspects of different nations, which in turn affects the economic status of countries. Although the level of drug abuse differs in different the countries, there are general patterns, which apply in most countries. Young people get into more drugs than older people do. Thus, substance abuse impends the peaceful growth and smooth operation of many countries. The use of substance brings with it a concern about reduced quality of life for populations and the moral degeneration and property damage in many countries (United Nations office on Drugs and Crime, 2017).

Ndinda (2013) states that there has been rise in the use of illegal drugs in Africa. This conundrum is attributed to political instability as well as porous controls. Thus, this weakness makes some of the countries to be susceptible to criminal activities including individuals who take advantage of the weak security system in such countries. Some young people abuse substance, which may lead to addiction.

In sub-Saharan Africa, the two main cultivated drug crops are cannabis and khat. Cannabis is commonly used substance among young people in South Africa, Kenya, and Nigeria. The accessibility of drugs in these countries makes it easy for youth to abuse them (International Drug Policy Consortium, 2018).

In South Africa, it was observed that substance abuse is problematic and a reality to deal with because it continues to destroy youth, families and communities. It goes hand in hand with poverty and crime, and it could put at risk the attainment of development and reconstruction of the country if not addressed. The South African youth regularly use alcohol and tobacco. This is because the youth experiment with these two substances (Nqadin, van Stad & Cowely, 2008).

Some young people abuse substances for different reasons. This is because at their age they explore and learn more about themselves as they transit to adulthood. In

other words, they enjoy testing and challenging their boundaries. They have a desire to do new or risky things as part of their growth. Young people who see little danger when abusing substances are most likely the ones to abuse substances. They may use substances for different reasons like to get rid of boredom, entertainment, to get over their troubles, gratify their inquisitiveness and to relieve their discomfort (Belenko & Sphon, 2015).

American Psychological Association (2017) emphasises that it is in the parents' interest to protect their youth and keep them away from substance abuse. It can be particularly disturbing for them to learn that their child abuses substances, or is an addict. When a child abuses the substance, it is normal for parents to experience the feelings of guilt and sadness. They also become angry; they may feel angry towards each other, the world at large or towards the child. Stress levels can increase when caring for an addicted child.

A study conducted by Tollefson, Finnie, Schoch and Eton (2016) reveals that the parents experience significant stress which is directly connected to their child's condition and conduct. They demonstrate feelings of sorrow and frustration over the child's condition. They suffer from disruption of sleep, which results in tiredness; they have difficulties with concentration, and they fail to manage personal care.

According to Lantz (2017), parents who have youth abusing substances need support. The desire to get the correct and clear information about their child is one of the important needs of parents. They desire information and support about their child's improvement during hospitalisation as a way of being part of the care of their child and to get power over the situation. Receiving false and little information about the situation of their child often causes stress, and may also prevent parental attachment with their child.

As part of support needs, parents seek a programme to help them. They have to learn different problem-solving methods because of the challenges they face when parenting youth who need help. They understand that their youth's substance abuse symptoms need special skills, adding to the general knowledge they already have, practices, and attitudes on how to care for their child (Gadsden, Ford & Breiner, 2016). Based on the background provided, this study aims to develop and implement a

support programme for parents of youth abusing substances (PYAS) in selected public hospitals in Limpopo Province.

1.2. RESEARCH PROBLEM

Aho, Hultsjö and Hjelm (2007) indicate that the PYAS are said to be emotionally and socially affected by their youth's condition. The parents will always experience the symptoms of physical and emotional problems; they feel like they are losing their youth and they show sadness leading to lack of interest in leisure activities. A study by the American Psychological Association (2017) found that both parents, mothers and fathers go through the same stressors when they care for the child who abuses substances. Mothers had higher stress levels as compared to fathers; this can be due to the fact that they are known to be the child's main caregiver. Additionally, when they fail to manage their child's substance abuse condition they get stressful. Parents are unable to help their youth to live a better life, or are uncertain about the future prognosis, which puts more burden on them and their parenting role.

Kuhlthau, Payakachat, Delahaye, Hurson, Pyne, and Tilford (2014) state that the abuse of substances by youth makes the parents put more focus on them. This increases the risk of parents being unemployed, stressed financially, and experiencing poor health because of the special attention they have to provide their substance-abusing youth. The parents find themselves with problems such as poor quality of life, marital dissatisfaction, poor coping strategies, and they lack support of family and community members.

It is unfortunate that little is known about the psychosocial needs of the parents, especially when their child is not well or admitted in the hospital (Wiseman, Curtis, Young, & Van Foster, 2018). Most of the parents who come to the hospital bringing their children who are not well have low health literacy, which makes it difficult for them to make health decisions for their admitted child (May, Brousseu,Nelson, Flynn, & Morrison, 2018).

There seems to be lack of support for PYAS when they are admitted to the selected public hospitals in Limpopo Province. All the attention is given to the youth whilst the parents seem to be suffering because of several parenting and social factors that

affects them. Therefore, the study is aimed at the development and implementation of the programme that will support PYAS in selected public hospitals in Limpopo Province.

1.3. THEORETICAL FRAMEWORK

The theoretical framework is the structure that puts together or gives support to the theory of a research study. It gives the introduction and description of the theory which explains why the research problem understudy exists (USClibraries, 2016). In this study, the Practice-Orientated Theory by Dickoff, James and Wiedenbach's (1968) will be used.

The six activity list components that Dickoff et al. (1968) used in the situation-producing theory, which will guide the framework of the study. These are presented as follows in a question format:

- Who or what performs the activity?
- Who or what is the recipient of the activity?
- In what context is the activity performed?
- What is the guiding procedure, technique or protocol of the activity?
- What is the energy source for the activity whether chemical, physical and mechanical?
- What is the end of the activity?

The researcher conceptualised a framework to develop and implement a support programme which is aimed at assisting the parents to live life in a better way possible while they are assisting their youth to get out of substance abuse. Six vital points to survey which correspond with six questions about an activity are as follows:

- Agent - Who or what performs the activity? The agent is the researcher who has to provide an activity, which is the development and implementation of the support programme for PYAS in selected public hospitals in Limpopo Province. The programme will also be introduced to the professional nurses who are carers of the youth so that they could remain supporting them after completion of this study.

- The recipient - Who or what is the recipient of the activity? The PYAS in selected public hospitals in the Limpopo Province.
- Framework - In what context is the activity performed? The support programme will be conducted in selected public hospitals in Limpopo Province.
- Terminus - What is the end-product of activity? A support programme for PYAS will be developed and implemented in selected public hospitals in Limpopo Province. This will be done to equip the PYAS with knowledge and skills that they could use to assist them with their parenting skills related to the problem studied.
- Procedure - What is the guiding procedure, technique or protocol of activity? A support programme will be developed and guidelines for the implementation of the programme will be described. These will include outcomes and competencies that need to be realised.
- Dynamics - What is the energy source for activity? The energy source will emanate from the agent during the development of the support programme guided by reviewed literature related to the problem studied and the legislative framework that guides the development of the support programme. The recipients, who are the PYAS will be expected to participate during the interview sessions by sharing their experiences and ideas, which will guide the support programme.

1.4. PURPOSE OF THE STUDY

The purpose of this study is to develop and implement a support programme for PYAS in selected public hospitals in Limpopo Province.

1.5. OBJECTIVES OF THE STUDY

The objectives of this study are to:

- Explore and describe the experiences of parents of youth abusing substances in selected public hospitals in Limpopo Province.
- Describe the knowledge and practices of parents in caring for youth abusing substances in selected public hospitals in Limpopo Province.

- Identify the support needs of parents of youth abusing substances in selected public hospitals in Limpopo Province.
- To describe a conceptual framework for the development and implementation of a support support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province.
- Develop a support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province.
- Implement a support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province.

1.6. RESEARCH QUESTIONS

The research questions which will guide this study are:

- What are the parents' experiences regarding caring for their youth who abuse substances in selected hospitals in Limpopo Province?
- What are the parents' knowledge and practices when caring for youth who abuse substances in selected hospitals in Limpopo Province?
- What are the support needs for parents of youth abusing substances in selected public hospitals in Limpopo Province?

1.7. SIGNIFICANCE OF THE RESEARCH

The researcher hopes that the findings of this study may be of benefit to the following:

The parents

The parents may receive needed support from the healthcare professional and they will be able to cope with their youth's substance abuse condition. This will be done based on the results of the study which may be useful to the health planners and policy makers in encouraging the support of the parents by the nurses in the hospitals.

Nursing Profession

The outcome of the study may assist nurses in giving adequate support to the parents of youth abusing substances; this will help in the well-being of both the youth and the parents. The developed programme will be given to the nurses so that they will continue supporting the parents even after the study is completed.

Research

The findings of this study may be useful in formulating the basis for further research either to confirm or object the findings of the present study. The findings may also prompt other researchers to explore more on the development of support programmes for the parents as they assist their families to cope with the substance abuse condition of their youth.

Nursing education

The findings of this study may also serve to increase in the body of knowledge to nursing education on how to support the parents of youth abusing substances. Some of the results will be recommended to those in nursing education to teach Nursing students about support needed by the parents of youth abusing substances.

Nursing administration and policy

The findings of this study may be of benefit to the management of health care in providing support in the form of training to nurses who provide on-going support to the parents of youth abusing substances. The recommendations will be made to the policy makers and the nurse administrators.

1.8. ARRANGEMENT OF CHAPTERS

The chapters in this study are arranged as follows:

Chapter 1: Overview of the Study

This chapter provides the general overview of the whole study by providing the introduction and the background of the study. It proves why the study should continue by explaining the research problem. It gives the outline of the theoretical framework. The chapter also outlines the purpose of the study, the objectives of the study, the research questions and the significance of the study.

Chapter 2: Literature Review

This chapter gives the report of the literature consulted in relation to the study. The researcher started by describing the methodology used to review the literature; the data bases searched, the keys search terms used, the parameters and the finding of the literature. The Narrative Literature Review method was used in this study and the literature searched was written in the form of themes.

Chapter 3: Research Methodology

A mixed method, exploratory sequential research design was used in this study to achieve its purpose. The chapter discusses the research methods that were used to conduct the study. The chapter also describes how the research was done. The study site, the population and the sampling are discussed. The researcher also discussed how data were collected and analysed for both qualitative and quantitative strands. Measures to ensure trustworthiness discussed as well as validity and reliability.

Chapter 4: Analysis and Interpretation Results

This chapter describes the findings of the qualitative and quantitative data that were collected from parents of youth abusing substances at the selected hospitals in Limpopo Province. Themes and sub-themes emerged from the semi-structured interviews conducted in different selected hospitals. The results are discussed in relation to the literature available to either support or give a different view based on the themes.

Chapter 5: Integration and Discussion of the Findings

This chapter displays the intergration of the qualitative and quantitative data and the interpretation of the major findings. In this chapter, the researcher provides the evidence based reasoning and the presentation of the findings in order to prove the parents of the youth abusing substances need support.

Chapter 6: Theoretical Framework

This chapter describes the theoretical framework used in the study in detail. The theoretical framework is the structure that puts together or gives support to the theory of a research study. The Practice-Orientated Theory by Dickoff, James and Wiedenbach's (1968) is used as a framework for the development of the support programme.

Chapter 7: Programme Development and Implementation

This chapter outlines the development of a support programme based on the findings generated from integration the qualitative and quantitative results. It gives the guidelines of how the programme was developed and how it would be implemented. The main intention is to describe the support programme that would guide and improve

the knowledge and skills of parents during the implementation of the support programme in the selected public hospitals.

Chapter 8: Summary, Limitations and Recommendations

In this last chapter, the researcher indicates that the aim and the objectives of the study were achieved. The researcher provides the summary of how the study went; the limitations of the study are discussed as well as recommendations to different stakeholders.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

According to Coughlan and Cronin (2017), a literature review is an organised search and identification of collected works on a specific topic for the purposes of offering new insights regarding the problem studied. Connections are made between the sources and texts that the researcher draws on. This leads to the researcher bringing up the arguments where they position themselves and their study among different sources.

2.2. METHODOLOGY

The type of literature review methodology adopted for this study is Narrative Literature eview (NLR) methodology. This type of literature review methodology was selected because it helps the reviewer to identify, assess, analyse and interpret the body of knowledge on the support as needed by the PYAS. The selection of the methodology was also because it places and rationalises the selection of the topic within the framework of existing literature and find gaps in existing knowledge (Coughlan & Cronin, 2017). NLR was selected because it allows the reviewer to get literature from diverse sources. The reviewer has control over the literature available to select what they need for the study. The reviewer can easily control what they want by choosing the databases, key search terms and combining terms to suit what they want, time limits and limitations of language. The reviewer will outline the findings in terms of the themes developed from the literature (Coughlan & Cronin, 2017). Going through the literature assisted the researcher to acquire knowledge that already exists on the topic being studied and to be able to develop and implement the suitable support programme for parents caring for youth abusing substances.

2.2.1. Database searches

Literature was retrieved from the following databases and search engines:

- Electronic databases: Biomed, BMC, PLoS ONE, BMJ Open, Etho Med, Elsevier, Science direct and SABINET.
- Search engines: Google Scholar, UL E-Libraries, Chrome and Google books.
- Hand searches: Reference lists from retrieved literature.

2.2.2. Key search terms

The key words used in literature search were: Multiple combination of: “substance abuse”, “substance abuse in youth”, “substance abuse in adolescents”, “parents” experiences in substance abuse in youth”, “Parenting a substance abuser”, “substance abuse in the family”, “parents need with regard to substance abuse”, “support for parents”, “effects of substance abuse on the parents”, “Contributory factors to substance abuse”.

2.2.3. Parameters

Only publications meeting the following criteria were included in literature:

- English publications available by the time of literature review.

2.2.4. Findings

The findings of the literature search are summarised as follows:

- Seventy-two sources which include journals, books and websites were reviewed for the purpose of the study literature.

2.3. Themes

The themes that came out of the literature review were as follows:

- Substance abuse in South Africa
- Thoughts about substance abuse
- The effects of substance abuse on the individual/youth
- The effects of substance abuse on the family
- The effects of substance abuse on the youth
- The effects of substance abuse on parents
- The need to support the parents
- Health care workers
- The need for support programme

2.3.1. Substance abuse in South Africa

Drug abuse can be described as the misuse of a specific drug with or without a prior prescription or a medical diagnosis from a qualified health practitioner. It can also be defined as the detrimental use of mind-altering substances. Generally, the term ‘drug abuse’ is used when one has a problem with illicit substances, which also include the use of legal prescription drugs, such as in self-medication in an unsafe manner (Umana, 2018).

Substance abuse is a serious problem in South Africa, with substance usage being reported as twice the world norm (Jordan, 2013). There is a high rate of alcohol and drug abuse on South African adolescents and the South African population in general (Hogarth, Martin & Seedat, 2019). The youth are the leading substance abusers and thus youth substance abuse is a common problem (Yin, 2019). Substance use among the youth being a pressing public health and it is also an important concern for parents (Thorntona, Chapmana, Leidl, Conroy, Teessona et al., 2018).

The impact of abuse of substances, including alcohol keep on to destroying society, communities and families. As the problem of substance abuse is common worldwide, South Africa is not spared. The South African youth are particularly hit hard because of the increase in the use of alcohol and the usage and abuse of illegal drugs. (Department of Social Development. National Drugs Master Plan for 2013 – 2017).

According to South Africa's National Drug Management Plan (NDMP), there are large numbers of South Africans who abuse substances, and those who use high quantities, do so particularly over weekends. It was found that people who were admitted to treatment centres between 2008 and 2010 reported that cannabis (dagga), cocaine, heroin and amphetamines or Tik were their primary substances of abuse. Between 0.1% (in the Western Cape) and 12.3% (in the Eastern Cape) of patients reported over-the-counter/prescription medications as their primary drug of abuse. For the same period, the total numbers of people treated for drug-related issues in each province were as follows: Western Cape 17 820 KwaZulu-Natal 7459 Eastern Cape 4601 Gauteng 16 962 Northern region (Mpumalanga and Limpopo) 4288 Central region (Free State, North West and Northern Cape) 3527 (Department of Social Development. National Drugs Master Plan for 2013 – 2017).

According to the World Health Organisation (2014), South Africans consumed 11 litres of pure alcohol per person in 2010, making South Africa, the country that consumes most alcohol per capita in Africa. South Africa and Belgium shared the 29th highest level of alcohol consumption per capita in the world.

The rate of substance abuses amid the general population and heavy occasional substance abuse among young adults are increasing in many countries. Substance abuse during the youth stage remains a prominent public health problem (Nkambule, Bhayat & Madiba, 2018). The abuse of substances has been associated with

alcoholism, social immoralities, liver and esophagea cancer, lung disease, epilepsy, liver cirrhosis, vehicle accidents and other disturbing consequences that result in loss of life or disability (Nkambule, Bhayat & Madiba, 2018).

According to Nkambule, Bhayat and Madiba (2018), about 85% of South African students drink alcohol and 54% of males consumes alcohol on regularly. The use of tobacco and the consumption of alcohol has been found to be strengthening the use of any of the substances. A study reported that even in the light smokers the urge to smoke rises fast following heavy drinking.

The report by Soul City (2015) indicated that the abuse of substance a has negative effects, which leads to violence. Substance use has been found to contribute to interpersonal violence and school violence. It leads to a non-conducive learning environment for the learners. The violence at home is mostly against wives, women, partners, parents or siblings. At school teachers and peers are found to be the main victims. Substance abuse often leads to family disorganisation and breakdown, financial distress and losses, increased problems related to medical and other health services for drug users.

Edberg, Shaikh, Thurman and Rimal (2015) state that there are several factors that can lead to substance abuse. The factors can include exposure and availability substances in the community and community victimisation; partner violence and difficult family conditions; school violence which include peer-to-peer violence such as bullying; defencelessness of specific population subgroups such as children, bride stealing practices, immigrants, HIV and AIDS orphans, circumcision and virginity testing; cultural use of violence in disciplining the children and youth, the poor capacity of the police to manage substances in communities. Lack of social and health services to provide enough preventative services and interventions; and lack of knowledge and trust available services.

2.3.2. Thoughts about substance abuse

According to Kaya, Vadivelu and Urman (2015), abuse of substances is the wrong way of using substances, leading to impairment or distress, as demonstrated by one or more of the following, happening in a 12-month period: Repeated use of the substance leading to a failure to complete major role requirements at home, work, school; repeated use of a substance in situations in which a person can get ill or

injured; repeated legal problems due to substance abuse and continuous use of a substance even though one is having continuous social problems caused by or worsened by substances.

Substances alter the brain's “reward circuit” by saturating it with the dopamine a chemical messenger. This reward system regulates the ability of the body to feel “good” and thus a person will be stimulated to do repeated behaviours needed to thrive like eating and taking time to be with loved ones. When the reward circuit is overstimulated, there would be an intensely pleasurable “high” that makes people want to take a substance repeatedly. When a person keeps on taking substances, the brain gets used to the production of excess dopamine, thus producing less of it and/or dropping the responses of the cells in the reward circuit (National Institute on Drug Abuse, 2016). The effect of this is that the person will no longer feel as high as they felt when they first started taking substances. The effect is called tolerance. That will lead to a person taking more substances with the aim of achieving dopamine high. That leads them to attain less contentment from the things they used to enjoy, like food or spending time with family and friends (National Institute on Drug Abuse, 2016).

Hartney (2018) explains the indicators of substance abuse as taking more substances for a longer period than the person wanted; using substances continuously even when one knows it puts their lives in danger, and affecting their physical and mental health; having a need to stop using the substance, but failing; using more of the time in trying to get, use, or getting better from substance abuse; having strong cravings for substances; failing to do what you are supposed to do at home, work, home or school due to use of substances; on-going use, even though it creates social problems; not enjoying what one used to do before getting into substances; requiring more substances to feel good, and developing withdrawal symptoms, which need one to take more of the substance.

People abuse substances for different and complicated reasons and the societies and families pay the price. Hospitals are the first ones to experience the effect of substance abuse as they admit different kinds of conditions. The use of substances poses a direct challenge to the health system as it is linked to the physical traumas and mental disorders. There is a powerful connection linking prisons and substance abuse, for

example. Most of the crimes committed are due to substance abuse and substance dependence (Casarella, 2020).

Some of the things that can be noticed when a person abuses substances can be mood swings, increased argumentativeness and being secretive or withdrawing from the family. These factors can disrupt normal functioning between the parent and the youth at home and that can further lead to increased disagreements or fighting. The side effects of the abuse of substances can be conflicts with the parent over money, school and friends, for example, can be side effects of substance abuse (Moore, 2017).

2.3.4. Effects of substance abuse on the individual/youth

Adolescent drug abuse is a common problem (Yin, 2019). The abuse of substances by the youth is a major social problem. This social problem is universal as it knows no limits regarding gender, social standard, or residence. Indeed, the consumption of illegal substances affects almost all categories of youths (Odok & Ojedokun, 2017). Substance abuse in young people can lead to risky sexual behaviours, unintended pregnancies, violence and arrests (Das, Salam, Arshad, Finkelstein & Bhutta, 2016).

According to National Institute on Drug Abuse (2014), the substance in youth affect the main developmental and social changes. Substance abuse by youth hinders the normal maturation of the brain. These has a potential for the lifelong consequences which make discussing the use of substances by youth a pressing matter. The continuing use of marijuana by youth, has been found to lead to a loss of intelligence and other detrimental effect that cannot regained even if the youth stops using in adulthood. Problems such as thinking ability and impaired memory brought by substance abuse in the youth can change their educational and social development which can hold them back in life.

The seriousness of the health risks brought by substances necessitates the need to get treatment for the youth abusing substances as soon as possible. As a result of substances abuse the youth may suffer other health problems such as psychiatric problems. These kinds of problems resulting from the use of substances need to be given attention to save the youth. Unfortunately, there is a smaller number of the youth admitted at the health care institution for the treatment and rehabilitation of substance abuse (National Institute on Drug Abuse, 2014).

Reasons why youth uses substances

There are some factors that can make young people to engage in early initiation of substance abuse among young people. That can include among others are; the quality of parenting, peer pressure, low socio-economic status and biological issues and heredity that leads towards drug addiction (Das et al., 2016).

However, Keltymentalhealth (2018) states that youth abuse the same substances that the adults use for the same reasons' adults use substances. It is also found that some youth say they are in substances abuse for the following reasons: They have no reason not to use, they have no hobbies, they do not have recreational facilities, they also do have long term goals to work on. They have no idea what do when they are bored. They experience difficulties when they have to relax with people of their age. They found themselves among the friends who use substances so they feel like they want to belong to a group. When they are faced with negative emotions such as grief, depression and anxiety they do not know how to deal with such emotions.

Literature has widely reported about the consequences and effects of alcohol and substance abuse in the youth. They suffer physical, social and emotional problems as a result of substance abuse. Substances abuse is the common problem among the school going youth that has the potential to ruin their health and wellbeing. The youth abusing substances find themselves in problems such as absenteeism, poor performance or low grades and dropping out of school. There is a link that is established between poor self-control and substance abuse, and this perpetuates participation of youth in crime and delinquent behaviours (Bashirian, Hidarnia, Allahverdipour & Jajizadeh, 2012).

Soul City (2015) reported that youth substance abuse is related with prolonged stay at school because of failure, a decline in academic performance and poor aspirations. The youth abusing substances find themselves having problems such absenteeism, academic difficulties and dropping out of school. The use of cannabis, which is a drug of choice by the youth has been found to be associated the following problems; it generally hinders learning, it affects their psychomotor skills and their short-term memory. Methamphetamine has negative effects on physical, mental, and economic well-being, and it leads to limited opportunities in the near future because they drop out of school and they get imprisonment due to drugs. The use of substance lead to

family conflict, domestic violence and family disorganisation. In the communities, the use of substances results in an increased crime rate, different forms of violence and corruption.

2.3.5. Effects of substance abuse on the family

The family is a structure in which when a member changes social behaviour, automatically the other members change as a result. (Bowen, 1974). When one child abuses substance the whole family gets affected. Parents feel overwhelmed by the diagnosis of their child and they find it difficult to process. Siblings may experience sleeping disturbances and their attitude may change especially if the parents channel all their attention to the child who abuses substances (Jones, Atkinson, Memon, Dabydeen, Das et al., 2019).

Substance abuse negatively affects the youth who use substances, their families and communities. The use of substances impairs the health of the youth and is linked to the increase non-communicable diseases, including cancer, heart disease, HIV and AIDS and psychological disorders, these effects are also visible on their family members. The youth abusing substances find themselves exposed to violent crimes either as victims or perpetrators. They will be in conflict with the law and loss of employment. They are also in danger of long-term unemployment because they dropped out of school. They put their unborn children at risk of foetal alcohol syndrome. Socially, the youth abusing substances may be ostracised from their families and communities. In severe cases the youth abusing substances may be involved in accidents that may endanger them and others, they may die because they involved in violent crimes or suicide. All these effects may leave an emotional wound to the families of the youth (National Drugs Master Plan for 2013 – 2017).

Dealing with a teen who drinks or uses drugs can limit the time and attention you give to your other children at home. Feeling ignored, they may act out as a means of getting noticed. An older sibling may also serve as a negative role model for the younger youth. The younger child may engage in alcohol or drug use in order to be like the older sibling (Moore, 2017).

The impact of substance abuse of youth causes a great change in the cycle of family. Additionally, there is a serious conflict in the restructuring and readjustments to the new realities (Gadsden, Ford & Breiner, 2016). The family is a social group, which

determines the formation and development of the individual in the domains such as affective, cognitive and psychological ones. However, the whole family changes when a child is using substances and is addicted because they must make new arrangements, add and create new expectations and have new realities (Martinsa, Bonitoa, Andradea, Albuquerquea & Chavesa, 2015).

Some of the parents feel like the condition of their youth at home keeps their family hostage. This is because the condition of one child can affect the other whole family including the siblings. At times there is a need for the family to cancel some of the family vacations in order to attend to the sick child. Parents fail to do daily plans and routines because they are not sure what the substance abuser can do or what can happen to the substance abuser. This leads to other kids or siblings missing out on attention and time of their parents. If the parents are not careful, the other kids will start to build resentment towards them, and to their substance abusing sibling. It is common that most of the attention will be given to one child, without considering the effects the status quo has on the health of the other family members (Kostelyk, 2018).

The whole family becomes both physically and psychologically affected when one-member abuses substances. When a child abuses substance, the parents find themselves carrying the burden of taking care of that child. In addition, the parents fear losing their child; they experience negative emotions. The siblings find themselves not being given the attention that their substance abusing siblings get from the parents. The whole family may become depressed and in need of help. They need interventions to improve their well-being; psychologically and physically (Ye, Qiu, Li, Liang, Wanget al., 2017).

Hospitalisation due to substance abuse can be demanding for the substance abuser and their families. The family will need to make frequent visits to the hospital to check on their beloved family member as they want to know how they are recovering (Root, Wimsatt, Rubin, Bigler, Dennis et al., 2016). It is important that the parents know what is expected of them during their child's hospitalisation as this will help in lowering distress and helping the parents to be there for their youth and maintain a key role in their duties (Fixter, Butler, Daniels & Phillips, 2017).

2.3.6. Effects of substance abuse on the youth

Young people use substances more than any other age-groups. Generally, this comes as part of the developmental stage of the young people as they transit from adolescence to young adulthood. This is because of the development of the brain in the early 20s as they grow to become independent and autonomous. The adolescent life has some cultural and social norms which support heavy alcohol use. Individual problems, which include family history and other forms of abuse, may play a role in the development of substance abuse (Staten, 2011).

According to Staten (2011), young people who abuse substances go through physical and mental health problems. They experience poor health and depression. They are unease and they are not social as their age mates. The youth who abuse substances suffer from suicidal ideation and some end up killing themselves. The earlier the person starts using substances, the more the chances of having substance related problems later in life. Substance abuse affects females in a different way than males, though. Females experience the physical negative effects of substances much more quickly than males do. Some women engage in unwanted, unintended, and unprotected sexual activities, which increases sexual problems for women, who may end up seeking treatment related to these problems (Staten, 2011).

2.3.7. Effects of substance abuse on parents

Parents are important to family life. A decent parenting has the ability to promote well-being, health, physical and emotional development of the family, in addition to prohibiting the ill health in succeeding generations. The confidence of the parents in managing their children especially youth determines a healthier quality of family life (Moen, Opheim & Trollvik, 2019).

PYAS know what it is like to be strong, weak, brave, and terrified. They experience a spectrum of emotions that most parents will never need to know, or at most, only scratch the surface. Their capacity to love and care is tested to the limit (Brisson, 2016).

Caring for a sick child or a substance abuser can feel like a full-time job, and parents struggle to find time for self-care when one of their youth is not well (Hurley, 2018). When young people abuse substances, their bodies start to develop dependency, which affect different aspects of their live such as social, physical, mental, and

economic stability (Jordan, 2013). Substance abuse affects not only the individual but has the growing effects on in the parents, the whole family and the society. Irrespective of how much the substances are used up, if substance use is the source of problems in the person's life for example in the family, school, or relationships there is a possibility of a substance abuse problem (Staten, 2011).

The parents give out themselves into their youth. Satisfying them with everything including love, knowledge, character and wellness. The more they pour, the more their youth will grow. The kids start first into thoughtful, little people and eventually into their own version of adulthood, using a direction that we passed along to them. The goal, these mothers say, may not even reach the layers of knowledge and character, but may be focused on the basic challenges of making it from morning to evening, or even on survival itself (Brisson, 2016)

According to Purcell, Longard, Chorney and Hong (2018), when parents care for their youth, they may experience challenges as a result of their medical encounters. Parents find themselves going through both emotional and physical stressors when managing care for their youth. For example, mothers gave a report of feeling unsure about their capability to manage symptoms. They said they do not know how to balance action and safety, they do not know which sign and symptoms to report to members of the health care team, or the police following their youth's hospitalization. Parents also gave a report of increased levels of guild, worry, anxiety, guilt and fear. Parents also acknowledged that they do no have the psychosocial strategies to deal with these negative emotions.

Parents need to see their youth grow and become responsible adults. However, the understanding that the child is abusing substances can quickly diminish the joy of being a parent. When the parents come to the realisation that their child is using substances, they become vulnerable and shuttered. They realise that their youth's future is no longer bright, and they do not have much to do about the problem. As a result, they go through the feelings of loss, anger and lament for the desired child (Coughlin et al., 2017).

According to Meadows (2016), substance abuse is a disease that kills individuals, harm families and cripple society. When youth engage in substance abuse, the parents as primary care givers will be affected by the situation. This is because the

parents expect only the best from their youth from the day they are born. One thing that does not cross the mind of parents is that their youth can abuse substances at some point in their lives. Meadows (2016) also indicates that whilst parents are expecting their youth to have a bright future, there are possibilities that they will grow and become addicts of substances or alcohol. Substance abuse may seem like a distant problem that is far off. A problem that may never affect the parents or the family but in real life, it affects family life in a devastating manner. The reality is that substance abuse affects millions of parents across the world.

According to Cousino and Hazen (2013), the use of substances by youth has a negative impact on the parents' life. The parents suffer the impact of their child abusing substances as much as their child suffer the effects of substance abuse. Parents have a role to play in assisting their substance abusing child even though they are not skilled. This leads to parents suffering poor psychological and physical health because of these demands. They end up not being able to manage their own lives and their own families.

It is sad that according to Conn, Szilagyi, Alpert-Gillis, Webster-Strattond, Todd et al., (2018) parenting a child who abuse substances increases parental stress which also give increase to the risk of poor parenting and future behavioural problems by other children. To deal with the negative effects of parenting stress, parents need emotional support.

Mothers can go through what is called maternal parenting stress. This maternal parenting stress is the experiences and the perceptions of the mothers when they are faced difficulties in doing their expectation and requirements as a result of insufficient social and personal resources to deal with household demands. Maternal parenting stress has negative effects on mothers and youth in terms of behavioural, social, and psychological outcomes. Maternal parenting stress is related to mothers' lowered life satisfaction and mental health problems, family fights, poor attachment with youth, and may even result in maltreatment of the children (Xu, Wang, Ahn, Harrington & 2018). There are different child factors which are associated with maternal parenting stress, these factors include health, temperament, gender and age. Mothers get stressed more when a child is a girl and abuses substances than when it is a boy child (Xu, Wang, Ahn & Harrington, 2018).

Many parents feel depressed and anxious because of their child's substance abuse situation. They find themselves compromising their own activities, including their families to accommodate the affected child. They may also put their careers on hold. This leads to poverty, as poverty constitutes a risk for parenting. The lack of finances in the family will affect the ability of parents to give food, keep their youth healthy and take their youth to good schools. Parenting at this stage becomes more difficult; the life of compromising even their happiness becomes a normal part of their lives (Tollefson et al., 2016; Gadsden, Ford & Breiner, 2016).

Parents gave reports that they have high levels of stress and they get little help regarding this from health care providers. The stress level of the parent increase as their children grow into adulthood. The first manifestation of abuse of substances in the family leads to the process of family adaptation. Whether the youth can adapt adequately to their recovery process from substance abuse also depends on the ability of their family to cope with the stress caused by substance abuse (Both, Holt, Mous, Patiste, Rietman et al., 2018). The caregivers go through the same stress as parents even though it is even much for them. They feel unsupported and underappreciated (Miller, Cooley, Owens, Fletcher & Moody, 2019).

Some of the challenges faced by the youth include having to deal with the diagnosis of their youth, being able to manage day-to-day with youth abusing substances or additional need, being able to maintain family life and commitments at work, and having to deal with unforeseen changes on their youths' condition and family circumstances (Bray, Carter, Sanders, Blake & Keegan, 2017).

Parenting stress is common and problematic to parents of all types and structures of families. The stress can even be high for the caregivers of the substance abuses. Caregivers go through a variety of stressors that parents typically do not encounter, including having to take care of a substance abuser while there may be other children in the house who are younger and need the intervention and attention of the mother. The parents feel a loss of a child who abuses substances because they were born normal but may have mental health problems because of substance abuse. There may be experiences family conflicts and financial strains as a result of the youth abusing substances (Richardson, Futris, Mallette & Campbell, 2018). These challenges give rise to parenting stress. They lead to the problems with parenting and other

relationships in the home, such as the co-parenting relationship. In fact, it was found that the mothers who reported the high levels of parenting stress also suffered poorer co-parenting relationship with their partners (Richardson, Futris, Mallette & Campbell, 2018).

When a child is hospitalised because of substance abuse, the parents of such a child interact constantly with the hospital staff. They have more questions than answers about the prognosis of their child. At times they find themselves forced to make decide carefully on their child's treatment. They find the hospital to be a stressful environment, which influences the reaction of the parents towards the hospitalisation their admitted child. They can even be scared if their child's condition worsens. At this point they have to deal with their own mental health and work on improving their coping strategies. They have to ensure that their family is functioning well even when the other member demands attention in the hospital (Foster, Young, Mitchell, Van & Curtis, 2017).

When the parent lacks knowledge about their child's condition they do not get much involved in the care of their youth. They have a fear of complications on their child, which limits the involvement of the parents' in the caring for the child. There is a need for healthcare providers to be involved and assist the parents with coping strategies. When the nurses do not interact with the parents, the latter get discouraged and are afraid to even ask questions. It appears that nurses and other health professionals have a tendency of allocating care duties to them without adequate explanation. When a professional fail to give information to the parent, it is the same as denying the parents an opportunity to care for their youth (Valizadeh, 2016).

The parents get to make sacrifices for their youth. Some of the sacrifices the parents go through include financial sacrifices. They take the little money they have to finance the wellbeing of their child by paying hospital bills. They even go to an extent of battling with medical aid companies in order to make sure that their youth's health care needs are met. This leads to a great frustration as the parents have to assume new roles such as nursing their youth by making sure that their youth take the medications as they are supposed to and also assuming the role of being a psychologist to the child (Meyers, 2015).

Need for support

Parents are important in the recovery of their youth. The parent's ability to cope with the stress associated with the substance abuse can affect the quality of life of the family (Curtis, Foster, Mitchell & Van, 2016). Parents want to know what is happening with their kids when they are admitted but they often feel neglected by the health care workers. They feel as if the health care workers do not provide timely information and support. They experience fears when they feel that they are uniformed about what is happening to their admitted child. Thus, it is important for the professionals to know the timing, the source and the type of information they should give to the parents (Gates, Shulhan-Kilroy, Featherstone, MacGregor, Scott & Hartling, 2019).

When the parents' wellbeing is being taken care of they will be able to take care of their youth when they need help. It is unfortunate that little is known about the psychosocial needs of the parents, especially when their child is admitted in the hospital (Wiseman, Curtis, Young, & Van Foster, 2018).

Most of the parents who come to the hospital bringing their children who are not well have low health literacy, which makes it difficult for them to make health decisions for their admitted child. Health literacy occurs when the individual has the ability to obtain, process, and comprehend the simple health information and services that are needed to make suitable health decisions. It is difficult for adults with low health literacy to understand what is needed to obtain maximum health for their children, at times they wrong medication decisions. Low health literacy of parents leads to parents bringing their children to the hospital when the child is gravely ill (May, Brousseau, Nelson, Flynn, & Morrison, 2018).

Based on the study done by Sim, Fazel, Bowes and Gardner (2018) parents expressed anger for not being found in need of help when they bring their youth to the hospital. They feel humiliated by the hospitals because no communication is made to them on how treatment was given to their patient. The parents feel distressed because they feel powerless and they have no hope for the future. Their stress is caused by the fact that they are overwhelmed by their child's ill health and at times they fail to cope. Some of the parents said because their youth's sickness lots of things have changed in their lives. They suffer symptoms such as forgetfulness, and confusion.

They do not know how to deal with their child's ill health, they feel like they lose their child daily (Sim, Fazel, Bowes & Gardner, 2018).

The study conducted by Choate (2011) has showed that the parents in most cases felt shut out of the efforts by the health care provider on their youth. This has showed that there is low communication between the parent and the health care provider. Parents wanted the health care providers to understand that when a child is sick or admitted to the hospital the whole family is not well and the who family needs attention from the health care providers, that includes the parents as well as the siblings. Parents are looking for ways to get help for their admitted child while on the other side they build connection with their family members and the health care provider. The health care providers were seen more as involved to the admitted child as parental presence. Parents experienced health care providers building partnership with the admitted child in order to get the confidence from their clients which make the parents feel left out in the care process (Choate, 2011).

The parents have indicated that they need to be informed about health matters relating to their admitted youth. They need this information so that they understand what is going on with their child and what needs to be done as a way forward. In the process of being informed they also want their families to be involved collectively to assist each other in assisting the admitted family member. They need the family intervention therapies as opposed to individual ones in order to deal with the problem of their youth being admitted for substance abuse (Choate, 2011).

When parents do no get enough support from the health care providers they end up loosing confidance in the health care system. This leads to underutelisation of available health services. It is therefore important for the parents to be attended to when they are in the health care facilities. This will help in reliving the parental stress and it will also assist in family adaptation (Both, Holt, Mous, Patiste, Rietman et al., 2018).

Social support is important on the well being of the parents as it gives them satisfaction and boost their confidence. Parents rely on their families for support when their youth abuse substances. Lack of support from the family may lead to increased stress and dissatisfaction. Successful parenting comprises of cooperation and support from the immidiate family network. Family as an organisation is characterised by mutual

support, stability and communication among members (Ivanova & Brown, 2010). A good relationship between the youth who abuse substance and other sibling contributes to family cohesion, while unaddressed bitterness and anger from other siblings can make parents to feel inadequate. Support groups that address the issues such as personal coping, communication, parenting skills and advocacy can benefit the parents. They will also increase the parents' knowledge on behavioural and their psychological challenges that substance abusers can struggle with. Lack of support from the community can lead to parent dissatisfaction (Ivanova & Brown, 2010).

Parenting stress can increase due to the fact that the parent has a child with social-emotional problems. Problems such as poor parenting and child behavioural problem are common when the parent is distressed. It is important for the parents to be equipped with interpersonal skills so that they are to manage the challenges that come with parenting. The parents may benefit from learning more about substance abuse, how it impacts on their youth's development, including socioemotional and neurobiological impacts (Conn, Szilagyi, Alpert-Gillis, Webster-Strattond, Todd et al., 2018).

Parents need to know about parental monitoring. That is being able to know where their children are at a particular time and what are they doing. That way the parents will have an idea of the whereabouts of their youth, the activities they are doing and how they are coping. This means that the parents will be intentional youth care and they will be able to seek information about any change in adolescents. When the parents are aware of their youth's movements, it will be easy for them to notice any change in behaviour and they will be able to immediately seek help (Hernandez, Rodriguez & Spirito, 2015).

Botzet, Dittel, Birkeland, Lee, Grabowski and Winters (2019) in their study have shown that if parents can have strong parent-adolescent bonds there will be a reduction on the likelihood of adolescent drug use. Similarly, authoritative parenting and the topics that parents can raise such as monitoring, the rule setting, communication and guided experience have shown to have an influence the way youth internalise parents' attitudes, values, beliefs and health behaviours that included those regarding drug use. Most importantly, it is more effective for parents to communicate with their

children and tell them what is expected of them while they are still young so that they may grow knowing what exactly the parents want.

Substance abuse by the youth has financial implications on the family. When the youth starts using drugs, they use money from the parents to do so. When the parents stop giving them money they start stealing and their option of finding money to feed their drug use habits is their home. There could be some incidents of money missing in the house or valuable items that indicates that the youth is stealing to support substance abuse. Other financial strains the family will incur is taking their youth to rehabilitation centres, going to the hospitals and for other could be fines when their youth are in trouble with the law (Moore, 2017).

The parents want to know about their youth. When their youth abuses substances and is admitted to the hospital they want know if they could be healed one day and quit substances, they want to know if there is anything they could do to help their youth be out of substances and they also want to know how are they going to live their life after admission. They need to be equipped with skills on how to manage their youth especially at home after discharge (Nightingale, Fried & Swallow, 2015).

It is the priority of the parents to learn about the condition of their youth, they want to know about treatment and daily management, because this information gives them confidence, it helps them to feel in control and to adjust to the future. Parents seek information so that they can be able to answer people who may have questions. However, it is not always that the parents get the information they want from healthcare providers. At times the health care providers do not cover all the aspects of the information needed by the parents (Nightingale, Fried & Swallow, 2015).

2.3.8. The health care workers

Nurses as health care providers have a role in giving support to the whole family of the admitted patients. The meetings that the nurse can hold with the family could be for a short time like 15 minutes. That time can be enough for nurses to empower the relatives of the patients with knowledge and understanding based on the family situation to provide the needed support for family members (Golsäter, Henricson, Enskär, & Knutsson, 2016).

Parents may often feel overwhelmed and isolated. They look up to the health care professional to assist with care. This means that the health care professional has to do two roles of meeting the clinical needs of the admitted child and parent-educative role. The professional can support the parents by asking them about what they need to learn and what are their preference in terms of the kind of support they need. However, at times there are no existing validated intervention for health professionals to utilise when making assessments for the learning needs and preferences of the parents (Nightingale, Wirz, Cook & Swallow, 2017).

Nurses can sometimes fail to provide needed support to the parents because of the high work load. Participation of the parents in the delivery of care is a well-recognised way of engaging the parents. However, there is a need to understand the needs of the family during admission of the child. Nurses find it difficult to deal with both the patient and the parent. Parents find themselves lacking confidence in communicating with the parents (Curtis, Foster, Mitchell & Van, 2016).

Behrndt (2015) states that it is hard to support people through difficult times. It may feel confusing for the health care worker especially that they need to show empathy to the PYAS. The health care workers may experience a lot of confusion when placed in a situation of supporting a parent of a substance abuser and also having to manage the substance abuser on the other hand.

Health care providers are experts from the parents' view. They are the experts the hospital system and medical care of their youth. Parents appreciate expertise of the health care providers hence they try to build the parent–healthcare provider relationship that is around the medical care of the admitted child. The relationship between parents and healthcare providers involves two key behaviours. That leaning how things work and ensuring survival (Butler, Copnell & Helen, 2017).

According to the study conducted by Golsäter, Henricson, Enskär and Knutsson (2016), parents suffer anxiety and fear about the illness of their admitted youth. They may feel emotionally exhausting to have a youth in the hospital. Some feel guilty particularly when their youth is admitted for substance abuse. However, the nurses feel that the parents need to take responsibility for their youth's wellbeing when they are at hospital. The nurses believe that it is necessary for the parents to know about

their child condition and to keep on being updated of the child developments so that they can be involved.

There are other behaviours that parents need to learn to cooperate with the health care workers. They need to learn how to step back and allow health care workers to do their work. They need to learn how to accept the restrictions and to defer to medical advice. They also need to acknowledge that their skills are limited. Otherwise most parents know that they have limited medical knowledge needed to make informed decisions regarding the care of their admitted youth. They know that they have no idea of examinations need to be done and the risks involved. Since parents do not know much about the medical procedures they often submit to advice given by medical practitioners to make sure their youth receive the relevant prescription (Butler, Copnell & Helen, 2017).

2.3.9. Need for support programme

Parent needs support programmes which will give support and strength to their existing abilities. The support programme has the capacity to encourage the development of new capabilities so that parents will know and have the skills needed to perform child-rearing responsibilities with ease and give their youth opportunities and experiences that will endorse learning and development (Trivette & Dunst, 2014).

Support programmes for the parents may include topics such as: overall access for families, support for families from an early stage, and the involvement of the family at every level of operation of the programme. Parenting programmes sometimes include different parenting activities such as parent information class and parent child sessions, and support sessions which include provision of parenting materials. Individualised supports for parents are provided in response to specific child-rearing problems or particular questions that the parents can raise. This will provide or help parents to access different kinds of resources and supports, such as child care resources and medical resources (Trivette & Dunst, 2014).

Support programmes provide the parents with the ability to give account of their worries, anxieties, and with other parents who had the same experiences and have been through the similar situation. What other parents has been through is the most important distinguishing factor of support the parents may need. Parents need to be in contact with the parents managed to get out of stress of managing a child who abuse

substances that will help them to grow and have meaningful relationships with their youth (Bray, Carter, Sanders, Blake, & Keegan, 2017).

Smith (2018) states that there is a need for implementation of a family centered care. The execution of family-centered care will be of benefit nurses, the families and the patients alike. For the patient outcomes to improve and for the family stress to reduce there is a need for the environment of open communication, of mutual respect and working together to develop, deliver, and evaluate patient care. Family-centered care can assist the nurses in putting together family-centered care values within the nursing practice.

Nightingale, Friedl and Swallow (2015) supports the conclusion that parents to be supported and be taught about their child's needs. Parents have different ways of learning. They have different information and support, and they adapt differently on managing the condition of their child. There are various reasons that explain why parents wants information. The parent's priority in most cases to learn about the condition of their child, how to manage their child daily, and the treatment they have to give to their child. That information gives them reassurance, help them plan for the future and be in control. Parents need information so that they will be able to give answers to the people's questions.

It is therefore important for the nurse to acknowledge the parents need to be informed and they need to be reassured so that they will have confidence in health care providers. The nurses also need to be aware that that parents have other needs that are related to their parenting roles that are not related to their admitted youth that are part daily life such, as running a household, taking care of other family members and managing finances. Parents on the other hand need to know that the health care providers are trustworthy and they are concerned about their admitted child. (Feeg, Huang, Mannino, Miller & Kuan, 2018).

2.4 CONCLUSION

This chapter gave the report of the literature consulted in relation to the study. The researcher started by describing the methodology used to review the literature; the data bases searched, the keys search terms used, the parameters and the findings of the literature. The Narrative Literature Review method was used in this study and the literature searched was written in the form of themes.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

Methodology is the procedure of research techniques. It is the logic of scientific investigation. It is not a research model employed in a particular project but a technique which entails a framework and the theoretical principles that give detailed guiding principles about how the research will be done based on a specific paradigm. It gives meaning into research language and describes how the society can be studied and explained (Daniel & Sam, 2011).

A mixed method, exploratory sequential research design was used in this study to achieve its aim (Creswell, 2014). The methodology comprised of both collection and analysis of qualitative and quantitative data respectively. This research method helped the researcher to create a complete picture of problems or challenges parents face when they must provide care and support to their youth who abuse substances so that a support programme for the parents of such youth can be developed and implemented (Creswell, 2014).

Mixed method research involves collection, analysis and interpretation of both qualitative and quantitative data in one research project. Mixed method research resulted in a complete understanding of a problem being studied because of the intergration of qualitative and quantitative data. Mixed method research is generally suitable when the purpose of the researcher is to describe, explain or evaluate (Leavy, 2009).

3.2. RESEARCH DESIGN

Brink et al (2018) define the research design as the overall strategy for in which the researcher engages with the participants for the achievement of conclusions to address the aims and objectives of the research. The research design provides the researcher a chance to describe what needs to be explored and then to describe the way in which the study will be carried out. Research design is a form of an investigation within either a quantitative, qualitative and mixed methods approach which gives a specific direction for techniques to be followed in the study and others regard them as strategies of inquiry (Denzin & Lincoln, 2011).

Creswell and Creswell (2017) state that the research design is a process of planning the research project of building a structure for a research project. The designs are the type of enquiry within mixed method, qualitative and quantitative approaches that give a particular direction of procedures in a research study. The aim of the research design is to provide a plan for response to a particular research question. Therefore, the design involves a plan structure and strategy. These three concepts of design guide the researcher in writing the hypothesis during the carrying out of the study and on the analysis and the evaluation of data. The overall purpose of the research design is twofold: to aid in the solution of research questions and to maintain control (Creswell & Creswell, 2017).

Exploratory sequential design

The exploratory sequential design was used in this study. This is the kind of a design in which the researcher collects and analyse the qualitative data first, with the results of qualitative data a quantitative data collection tool is designed. Quantitative data will later be collected qnd analysed, followed by interpretation of the whole data. This research design has three stages. In the first stage the researcher will collect and analyse qualitative data. Based on the qualitative results, the researcher will then engage a second stage, the quantitative phase, to test and make the general view of the initial findings. The researcher then interpreted the results (Creswell, 2013). In the purpose of the strategy the researcher opted for this design to get information from a small number of people in qualitative study, create a questionnaire and to see if information obtained can be generalised to a larger quantitative sample.

The procedure

According to Creswell (2013), exploratory sequential design comes as three phased procedure. The first phase is exploratory where by the researcher conducts the qualitative phase of the study, followed by the second phase which is the development of the instrument, and the third phase is the administering of the questionnaire to the sample of the population. The researcher first collected the qualitative data then analysed the results. With the results the researcher developed a questionnaire. The questionnaire was administered to the sample of the population. Then the overall interpretation of results was done.

Figure 3.1. Represents a schematic representation of exploratory sequential designs outlined by Creswell (2013).

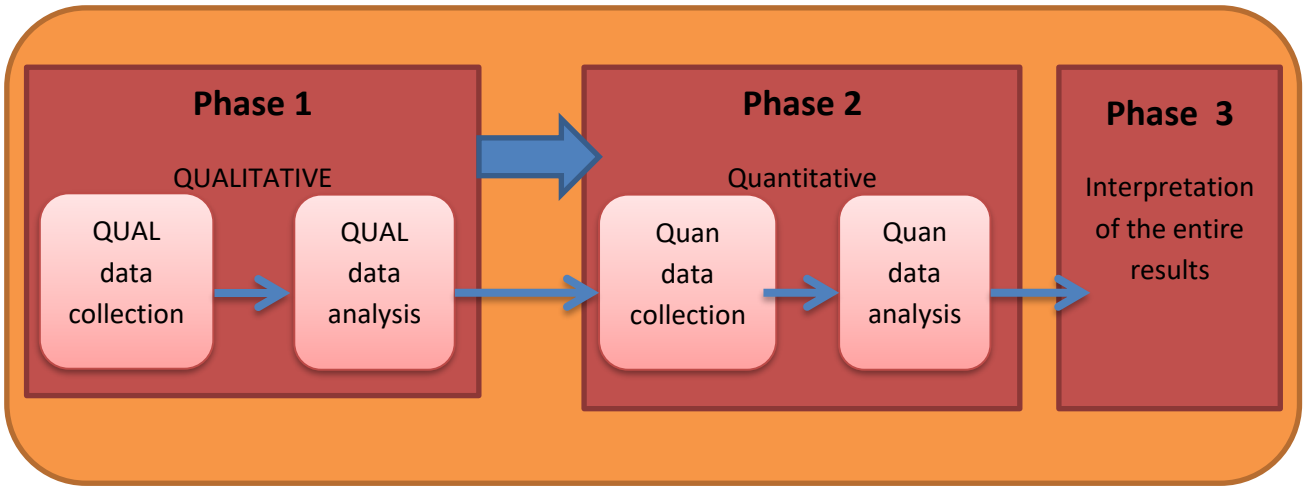


Figure 3.1: Schematic representation of exploratory sequential design

3.3. STUDY SITE

The study was conducted in selected hospitals of Limpopo Province. The province is situated in the north part of the Republic of South Africa. The Province is divided into five districts: Mopani, Capricorn, Vhembe, Waterberg and Sekhukhune district. The regional hospitals which were used in this study are namely, Mankweng Hospital, Jane Furse, Mokopane, Tshilidzini, and Letaba hospitals. The selected units normally admit young people who abuse substances.

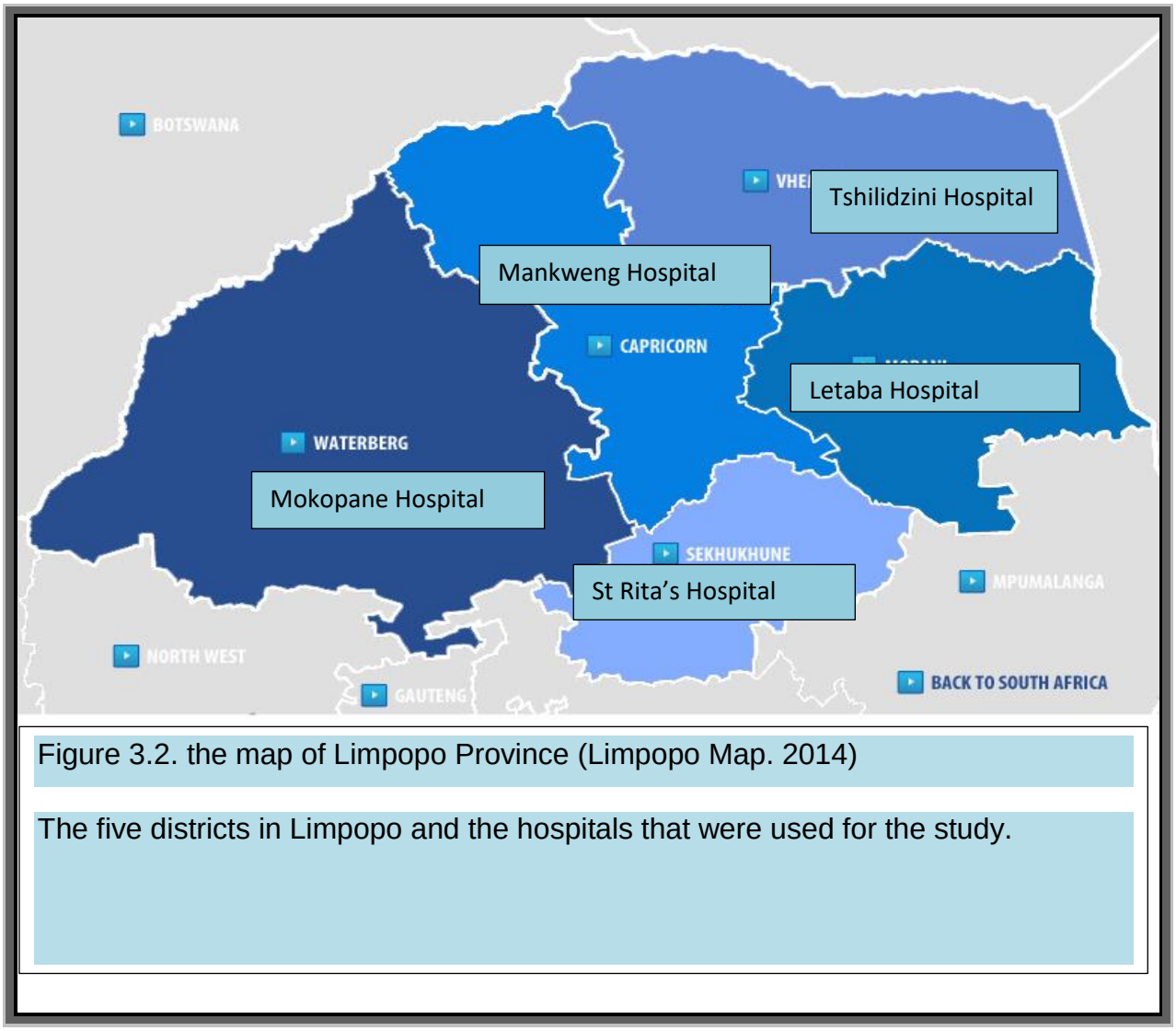


Figure 3.2. the map of Limpopo Province (Limpopo Map. 2014)

The five districts in Limpopo and the hospitals that were used for the study.

3.4. POPULATION

A population is defined as a whole set of participants who have the characteristics that the researcher wants to know about (De Vos, Strydom, Fouche & Delport, 2011). It is the group of participants that the reasercher has interest on and which meet the criteria the researcher is studying. This is the group of participants which the researcher would like to make the generalisation from (Brink et al, 2018). The study population were the parents of youth abusing substance in selected hospitals in Limpopo Province. The parents were requested to be part of the study as they were coming with their youth or coming to visit their youth in the hospital. The parents were requested to be participants in the study when they come to visit their youth or when they come with them for out-patient's clinics.

3.5. QUALITATIVE STRAND OF THE STUDY

The first part of this study was the qualitative phase. This is because all the qualitative facts will lead to the quantitative part of the study (Creswell, 2018). According to Grove, Burns and Gray (2013), qualitative research enables the researcher to explore how deep, full, and complex are the lived experiences of PYAS when caring for the youth abusing substances. The researcher needed to qualitatively describe the experiences, the practices and the support needs of the PYAS so that the support programme can be developed.

3.5.1. Sampling

Sampling is a means in which the researcher chooses a part of the population to be a representive of the entire population (LoBiondo-Wood & Haber, 2010). A sample has some of the elements that are needed from the population for actual insertion in the study (de Vos et al., 2011). A homogeneous purposive sampling was used for the qualitative data collection to select the participants who were included in the study. The researcher requested all the parents of youth abusing substance to participate in the study. The interviews were conducted until data saturation is reached at the 14th parent.

Sampling of the hospitals

Purposive sampling method was employed to select five hospitals in this study. They were chosen based on the judgement that they act as a referral hospital for all district hospitals. All five regional hospitals in Limpopo Province were sampled to participate in the study

Sampling of the wards

The selected wards for this study were i.e. psychiatric wards, medical wards, casualty and Out Patients Department. These wards were chosen because they admit substance abusers and some come for monthly consultation. When the substance abusers come to the hospital they come accompanied by the relatives which can be the parents or guardian. That made it easy for the researcher to communicate with the relatives of the substance users.

Sampling of the respondents

The non-probability purposive sampling technique was used to select the parents of the youth abusing substances who were admitted in the hospitals. The researcher asked the nurses to assist in identifying the patients who are admitted due to

substance abuse. It was easy for the researcher to get the participants through the nurses.

The researcher followed both the homogeneous and criterion purposive sampling strategies where parents of youth abusing substances were selected to form part of the qualitative strand of the study. Purposive sampling was used because the researcher ensured that the participants were typical of the population and met the criteria the researcher was looking for. They had the characteristics which the researcher wanted.

The inclusion criteria
The inclusion criteria of the participants were determined by the following:

- The participants should be the parent of the substance abusers.
- They must be staying with the youth abusing the substances.
- The parents of the youth who were admitted with the primary reason for substance abuse.
- Parents who are available to be part of the study.

3.5.2. Pilot study

A pilot study is a mini-study that tests part of the study before the main study (Joubert & Ehrlich, 2012). It is a mini study performed before the main study. It helps the researcher in detecting the unforeseen problems that can arise during the main study. It thus assists the researcher to notice any problems and address them (Brink et al, 2018). It assists the researcher with the study they are about to engage in. It answers the questions which addresses the issues such as the feasibility of the study, the reliability of the instruments and the validity of the population. The researcher is able to determine if the problem exists as it was proposed and also to check if the information is obtainable the way it was proposed (Brink et al, 2018).

According to Ehrlich and Joubert (2019), pilot study can be used to find out from the potential participants whether the questions are making sense to them and how to put the questions in such a way that they will be understandable and acceptable. The researcher is encouraged to keep in mind the target population. The researcher developed an interview guide in four official languages i.e. Sepedi, Xitsonga, Tshivenda and English because these were the local languages in the selected hospitals. The questions were drafted in such a way that they can be easily understood

by the target population. The researcher avoided the questions that will require interpretation that is strongly influenced by education.

The researcher conducted a pilot study in preparation for the main study to identify flaws and make modifications to the data collection tools. A pilot study was conducted on the two participants at each of the five district hospitals that were used in the main study to pre-test the interview guide. The participants involved during the pilot study did not form part of the main study in all five-district hospitals that will be utilised for data collection.

The researcher transcribed the interviews and discussed them with the supervisor before going on with the main data collection. The researcher reached an agreement with the supervisor that the method of data collection and the research questions were suitable to answer the research questions.

3.5.3. Data collection

Data collection is the process of getting all the information required to attend to a research problem (Polit & Hungler, 2008). The researcher collected data according to the pre-established strategy using the interview guide developed and tested in the pilot study. The researcher contacted the participants to explain the study to them and obtained informed consent. Data occurred in two phases with the initial qualitative data collection. The qualitative data yielded quotes, codes and themes.

Semi structured interviews

Data were collected using semi-structured interviews with a guide. With semi structured interviews, the interviewer asks the specific types of questions but may pose additional ones (Brink et al, 2018). The probing questions were used by the researcher as way to get clarity to the meaning of responses and to sensitively persue all topics until no additional information comes out (LoBiondo-Wood & Haber, 2010). The interviewer has a set of guide questions or themes that must be covered during the interview. The sequence, the wording, and the approach used depend on the interview situation. The respondents are therefore given freedom to express thoughts and opinions. The interviewer tries to achieve the study aims without imposing a structure on the respondent (Ehrlich & Joubert, 2019).

The central question for the study during the interview is**: "How has your child's substance abuse behaviour affected you?**" Semi-structured interviews were used to get a clear picture of the participants' views. The interview guide assisted the researcher to ask questions that covered important aspects for this study. Field notes were written and a voice recorder was used to collect data from the parents of youth abusing.

Preparation phase

The researcher received the approval to carry out the study from TREC, Limpopo Department of health provincial office, and then used those approvals to request the permission to conduct the study from five regional hospitals selected for the study. Further approval was then granted by the Hospital CEO's and the Nursing Managers. Thus, the permission to approach the units and the parents of youth abusing the substances was obtained from the hospital management of the selected hospitals. The researcher introduced herself to the operational nurse managers in the wards that had youth abusing substances and then requested to speak to the parents of the youth abusing substances who came accompanying their youth or those who came as visitors to their youth abusing substances. Fourteen PYAS in the different wards who met the selection criteria and who gave consent to participate were included in the interview sessions.

The researcher was then given a room free of interruptions which was prepared in each hospital for the interviews and to ensure privacy that was maintained. The nurses assisted in identifying the parents of the youth who are using substances as they were visiting or accompanying their youth. Participants were informed thoroughly about the purpose and objectives of the study. The researcher sought for a signed consent from the participants for permission to conduct the interview, the use of an audio tape recorder and taking of field notes which were also reflected in the recordings. The participant's anonymity ensured by giving assurance to participants that they will be interviewed individually and in private. The participants were further reassured that their identity will not be revealed at any time during the interview (Brink et al., 2018).

- **Information session**

The researcher welcomed the participants as they agreed to talk to her. The information was given regarding the study. The aims, objectives, the significance of

the study were outlined to the participants. The researcher issued out the consent forms and explained the study to the participants. Also, those who agreed to participate in the study were given the forms to sign. The use and the purpose of a voice recorder were outlined as well as the taking of field notes. The researcher assured the participants of their privacy and the confidentiality of the information they provided which included protecting their identity and the accessing of the provided information by unauthorised personnel. The researcher also gave an explanation to the participants that they can choose revoke their participation from the study at any time if they wish to do so without any purnishment.

Interview phase

Conducting the semi-structured Interview

The researcher warmly welcomed the participants to the interview session. The researcher started by introducing herself to the participants and assured the participant that the permission to conduct the interview session had been granted by the hospital, the university and the department of health and other relevant stakeholders. She further presented them with all the documents which were presented as a proof. The researcher explained again the aims, objectives and significance of the participants, the confidentially of the information was reinforced, anonymity was ensured, as names were not used but the name of the hospital and the number instead. The use of the voice recorder and the writing of field notes were also re-explained. The explanation regarding the consent form was given to the participants and they signed the consent form before the interview starts.

de Vos et al. (2012) state that the location where the interviews are conducted should be easily accessible, non-threatening, comfortable and provide privacy for the participants. The researcher ensured that the environment was well prepared for interviews. The consulting room which was a relaxed, quiet, well-ventilated venue without any disturbances. The researcher liaised with the ward management and the participants before the session start to make sure that interviews run smoothly. At the beginning of the interview the researcher asked a central question and then proceded to ask other questions that were in the interview guide.

The researcher used the Therapeutic Communication Competencies as outlined by Uys and Middleton (2013) when conducting the interviews:

- Listening

Listening may indicate that the researcher is slightly inactive in the parent's presence, thus allow the parents to do more talking. The researcher listened actively to what parents were saying both verbally and non-verbally, that included using both eyes, ear and general intuition, in order to understand the parent better.

- Listening to non-verbal messages

The researcher regularly looked out for the body movements of the parent. The researcher listened to and the quality of voice, observerd facial expression and gesturers to give a guarantee of whether non-verbal messages confirmed or contradicted the words of the parents.

- Listening to verbal messages

The researcher paid attention to two kinds of verbal messages namely, affective and cognitive messages. In the affective messages the researcher listened deeply to how the parents felt while in the cognitive messages the researcher listened to facts in information that was conveyed by the parents.

- Responding

The researcher used the following responding techniques to get the full understanding of what the parent's where saying:

Reflection of feelings

The researcher continouly reflected on the feeling that the parents reflected. In this stage, the researcher fed back the parents on her own words what the parents felt.

Stereotyping

The researcher ensured that in reflecting the parent's feelings, it was done in a natural way so that the parent does not experience the researcher's response as monotonous and stilted. Thus, the researcher varied the styles of reflecting for example by saying, "you feel hurt", "you seem hurt", "that really hurts you"

Timing

The researcher allowed time before reflecting on the feelings of the parents. She paitiently waited for the parents to finish speaking before she could make a reflection. This was done to give the patients enough time to hear reflection from the researcher.

Depth

The researcher established the ability of the parents to accept reflections before continuing with the interview sessions and reflecting feelings to them.

- Language and terminology

The researcher used language appropriate to the intellectual ability, culture and level of education of the parents. The interviews were done in three languages i.e. English, Sepedi, Xitsonga and Tshivenda to accommodate everyone.

Paraphrasing

The researcher restated what the parents have said in similar, but fewer words. The researcher explained to the parent's the same information they have said into more exact words, not adding new thoughts to the message.

Clarifying

The researcher ensured that she gets the clarity from the parents if she correctly heard what the parents had said and when she could not understand the message of the parent. Where the parent had given the the reasearcher a lot of information the reaseracher would allow the parent to say it slowly and break the information into small pieces so that it's clear to the researcher.

Focusing

The focusing technique was used by the reasercher to direct the conversation and the attention between the parent and the researcher to the main topic or detail. Focusing assisted the parent to get in touch with their feelings, and to give more information on what the researcher exactly wanted.

Questioning

The questions were useful in gathering the information from the parents. The open-ended questions where used by the researcher to obtain the information from the parents.

Using of silence

Silence was utilised to give an opportunity to the researcher and the parent to think, put their thoughts together and examine issues further. The parents were motivated talk freely, share opinions and their feelings.

Confrontation

During the confrontation process, the researcher brought some inconsistancies to the attention of the parent. This was done with empathy so that exploration of issues is done moderately in a regulated fashion.

Probing

Probing was done continuously during the interviews with the aim of getting a clear understanding of the parents and their responses better.

Voice recorder

A voice recorder has more advantages during the interview session than taking notes because it records everything fully and thus allowing the researcher to put the concentration on the interview and to ask more questions and follow up questions (De Vos *et al*. 2011). The information that was voice recorded was transcribed verbatim. The use of the voice recorder gave the researcher a chance to get to go through the interview and to understand in detail what the respondents were talking about.

Voice recording of the semi-structured, one-on-one interviews was done to support the subsequent analysis. Then the researcher transcribed the recordings verbatim. Due to the convenience of the recorder, the researcher gave participants attention during the interview and concentrated on the conversation which she had with the participants. Before the audio recording start the participants were told about it and its use. They gave the consent for the recorder to be used throughout the interview. The recording was saved by number in the recorder, the researcher noted that and when the audio recorded were transferred to the computer the researcher caved then by the name of the hospital and the number. The names of the participants were never mentioned anywhere during the interview, on the tape recorder, and on the computer. The tape recorder is kept under lock and key and all the tape-recorded interviews were encrypted by a password in the computer.

Field notes

The researcher takes field notes to describe and interprete the unstructured observations they made while in the filed. They represent the effort of the reserarcher in addition to recording information. They assist the researcher to understand and synthesise data well (Polit and Beck (2012). de Vos *et.al,* (2011) states that the field notes include full what the participants mention, the proceedings taking place, deliberations and messages the participants bring about, and the attitudes of the

researcher, how she views things and feelings. The researcher managed to write the field notes during the interviews even though not much was written because the researcher wanted to give attention to the participants and the conversations they were bringing during the interview. During data collection field notes were taken to capture all non-verbal cues that voice recorder could not capture and these were incorporated and reflected in the transcribed data.

The researcher wrote detailed notes immediately after each interview session because during the interview session the researcher had to listen attentively to the participants' descriptions to come up with probing questions. In this study, field notes were written to describe the parents in the observed setting which includes the manner of speaking, physical appearance, style of interacting and any other aspect that can be used to provide better insight into the study.

3.5.4. Data analysis

The eight steps of data analysis in the Tesch's open coding method were used to guide data analysis (Creswell, 2018):

Step 1 – Reading through the data

The researcher carefully read all verbatim transcripts to fathom the data. . This provided ideas on how segments of data look like and what they mean. The ideas and the meanings that came out during reading were written down. The researcher made sure she understood all the transcripts of the participants by repeatedly and carefully reading. She further created time to thoroughly think about the data in totality. The researcher continued to analyse that data by writing the notes and the thoughts as they came in mind.

Step 2 – Reduction of the collected data

The researcher reduced the data collected to codes looking at the availability and the frequency of the use of concepts used in the transcriptions. The topics that came out during the reduction of data were listed. Similar topics were grouped together, and those with different ideas were separately clustered. The researcher wrote notes on the margins and started writing the about the thoughts that appeared in the margins.

Step 3 – Asking questions about the meaning of the collected data
The researcher read transcripts again and analysed them. She asked herself questions regarding the interview transcriptions, based on the codes which came out from the frequency of the concepts. The questions were “What is this about?” “how can it be described in words”, and “What does it mean?”

Step 4 – Abbreviation of topics to codes
The researcher abbreviated all the topics they came out as codes. These codes were written next to the suitable sections of the transcription. The researcher differentiated the codes. All the codes on the margins of the paper against the data they represented were written using pen colour different from the one in Step 3.

Step 5 – Development of themes and sub-themes
Based on the coded data the researcher developed the themes and sub-themes. The topics that related to one another were grouped together to create a meaning to the themes and the subthemes.

Step 6 – Compare the codes, topics, and themes for duplication
In this step, the researcher worked from the beginning checking the work for duplication and refined the codes, topics and the themes which where necessary. She checked for duplication by using the list of codes. The researcher put together the same codes and recoded those that did not fit in the description were recorded.

Step 7 – Initial grouping of all themes and sub-themes
The researcher assembled data that belonged to each theme and then performed preliminary analysis. The researcher met the co-coder to make agreement about the themes and the sub-themes.

Step 8: Recording of data
The researcher recorded the existing data.

3.5.5. Measures to ensure trustworthiness

Trustworthiness is the ability of the researcher to prove to themselves, the participants and the interested parties that their research findings outlined are trustworthy (Polit & Hungler, 2008). The trustworthiness of a qualitative research happens when it represents the experiences of the participants under study in a correct manner and

not the researcher's bias. This is achieved by adhering to the following criteria: credibility, dependability, confirmability and transferability.

Credibility

According to Polit and Hungler (2008), credibility is the assurance that data is truthful as well as with its interpretation. The parents of youth who abuse substances provided truth-value. Credibility was achieved through prolonged engagement whereby the researcher took time collecting data until saturation was reached. That helped the researcher to get a deep understanding of what the parents were going through. And that had built rapport and trust between the participants. The researcher also used triangulation whereby she asked different questions, seeking different sources and methods, she did reflection to verify what the participants said. Pilot study was also done to correct obvious mistakes on the interview guide and to provide additional information (Brink et al, 2018).

Confirmability

Confirmability occurs when data is congruent terms of meaning, relevancy and accuracy. It seeks to establish whether data provides the information which was literally given by the participants, and that the researcher did not add her imagination on the interpretation. The data should reveal what the participants had said and not the researchers' perceptions and biases (Brink et al, 2018). According to Babbie and Mouton (2009), confirmability refers to the extent to which the findings are the product of the inquiry and not the biases of the researcher. The researcher did an audit trial to ensure that interpretations, conclusions and recommendations can be traced to their source, which is what the participants has said. The researcher brought about the raw data. The researcher did not bring any information that was not provided by the participants as part of the data and asserting that it was drawn from the participants and the researcher

Transferability

Transferability is the degree to which the findings can be utilised in another setting or to other group of participants (Babbie & Mouton, 2009). In this study, the researcher ensured transferability through clear description of the qualitative research methodology in use, which included research design, population, sampling method, data collection method and analysis of data. Purposive sampling was used to select the public hospitals and participants for the semi-structured, one-on-one interviews

using an interview guide. The researcher collected adequate and detailed data from PYAS in their real settings at regional hospitals of Limpopo province and the findings were limited to only the selected hospitals and not generalised to all other hospitals in the Limpopo province.

Dependability

Dependability occurs when data is stable over time in the same conditions (Polit & Hungler, 2008). It provides the evidence that if it were to be done again with the similar participants in the similar situation, the findings will remain the same (Brink et al, 2018). In this study, the supervisor did an inquiry audit by structuring the data and by using supporting documents like field notes and voice recordings. In the study, dependability was ensured by putting together the raw data, data collection and analysis products, process notes and the reflection of the researcher. The supervisor did an enquiry audit to verify the study. The sampling method also determine the extent to which the data could be dependable. The researcher extensively explained the sampling method used in the study. The audio recorder and field notes and raw data of each interview were kept under lock and key and safe as part of the audit trail. An experienced independent coder not taking part in the study was given the raw data and field notes to perform independent coding data collected data and a consensus was reached with the researcher for the final themes and sub-themes.

3.6. QUANTITATIVE STRAND OF THE STUDY

Quantitative research approach is described as an enquiry of a human or social problem, based on testing a theory comprised of variables. It is measured with numbers and statistical procedures are used for analysis of data in order to determine whether the generalisation of the theory hold truth (Creswell, 2018, de Vos et al, 2011). The purpose of quantitative research approach is to give a description to the trends and to give explanation of the relationships between the variables. The researcher asks specific, narrow research questions or formulate hypothesis about the variables that can be observed or measured. The sample size is large and is ideally randomly selected from the larger population to be able to generalise the results to the population (de Vos et al, 2011).

Quantitative strand of the study was done as the second phase of the study. This is because the researcher started with the qualitative study and the based on the results of the study then there will be a quantitative study (Creswell, 2014). As part of

quantitative data collection method, the researcher used questionnaires as the instruments, this was done to focus on the measurable aspects of the experiences, knowledge and practices, and support needs of PYAS. The researcher ensured that the instruments for data collection are clearly described and indicated in the report the efforts used to minimise error (de Vos et al, 2011 & Brink et al 2018).

In quantitative study, simple random sampling was used to select participants. Simple random sampling ensures that everyone in the population has an equal chance of being selected in the sample (Babbie, 2013). The sample size in all the five hospitals were calculated using Taro Yamane formula outlined by the Department of Sociology and Criminal Justice (2017) and is as follows: $n=N \div 1+N(e)^2$, The N= Population size, n= sample size, and e= error margin 5%. Therefore, the sample size will be 169.

Table 3.1: A table for sample size

Name of the district	**Name of the hospital**	**Average number of admissions and out patients' clinic per month**	**Sample size**
Capricorn	Mankweng	51	40
Mopani	Letaba	35	32
Sekhukhune	St Ritas	37	33
Vhembe	Tshilidzini	29	27
Waterberg	Mokopane	45	37
TOTAL		**197**	**169**

3.6.1. Pilot study

Pilot study is a mini version of the main study. It allows the researcher to be aware of any unforeseen difficulties that may arise during the project. It helps the researcher to be able to recognise and address any problems that may arise and be able to adjust in the main study (Brink et al, 2018). At times it is regarded as part of the planning

phase as it is able to bring about changes before collection of data starts. It can be used as a pre-test in order to pre-test the practical aspects of the study. It includes small numbers participants meet the inclusion criteria, but will not be part of the main study. Data collected during this process are not included in the main study (Brink et al, 2018).

The main purpose in conducting the pilot study is to assess the feasibility of the study and to test the measuring instrument. Pilot study must be executed in the same way as the study is planned for the main investigation. Pilot study is useful for redefine of wording, ordering, layout and filtering, and in helping to prune the questionnaire to a manageable length. The wording of a questionnaire is important because it can influence the reaction of the respondents. The pilot study can indicate effectively whether certain questions or a total questionnaire is correctly worded. The physical appearance of the questionnaire is also important (de Vos et al 2011).

A pilot study was conducted on 10 percent of the respondents from each selected hospital. This was done to pre-test the questionnaire. The individuals who have participated in the pilot study were not included in the main study. Piloting of questionnaire ensured that ambiguous questions can be rectified before the main data collection sessions start. The respondents involved during the pilot study were not included in the main study. Few changes were made on the questionnaire after the pilot study. On section C: assessment of the knowledge of the parents with regard to the youth abusing substances – the option neutral was removed because the answer needed on those questions is if the respondents agrees or disagrees. section D was changed to section E because the researcher thought it was important to know the experiences before doing the interventions. Question B8 was added for the researcher to have an idea of what substances are being used. Strongly agree and strongly disagree options where removed throughout the questionnaire.

3.6.2. Data collection

Data were collected using a structured questionnaire based on the results of the qualitative study. A structured questionnaire is a document containing questions or other types of items designed to solicit information appropriate for analysis that will be carried out to the parents of youth who abuse substances. A questionnaire was delivered by hand so that the respondents can complete them and then later be

collected (Babbie, 2013). The researcher was available to clarify questions that might be asked by the parents. The questionnaire was constructed after qualitative data analysis, because it guided the researcher on the construction of the questionnaire.

3.6.3. Data analysis

The quantitative data were analysed using Statistical Package for the Social Sciences (SPSS) Version 26 with the assistance of the university Bio-statistician. Data was organized, summarised and presented by means of frequency distributions, percentages, graphs, mean and standard deviations. Descriptive statistics were compiled and cross-tabulations were used for basic data analysis. Inferential statistics: Logistic regression and ANOVA test was used to calculate associations, odds ratios and means for knowledge. The results obtained at that stage were used to describe the conceptual framework, and they were used also to guide the development of the support programme for parents of youth who abuse substances.

3.6.4. Validity and Reliability

Validity and reliability serve as the formal evaluation of measurement of error. Data are only as good as the measurements used to measure the characteristics. Ideally, one would like to measure the truth every time, these truths are measured and any deviation would constitute to measurement error (Ehrlich & Joubert, 2014). Measurement instruments are usually evaluated for reliability and validity. Reliability is the extent to which the same results are achieved when the measurement is repeated on that same subject. The same value arrived at every time the measurement is taken. Validity is the extent to which measurement instrument measures what it is supposed to measure (Ehrlich & Joubert, 2014).

The validity and reliability of a study are important determinants of the quality of a research instrument, and are outlined in detail below.

Validity

Face validity

Face validity is the quality of an indicator that makes it easy to measure a variable (Babbie, 2013). According to Ehrlich and Joubert (2014), it refers the extent to which the measure or a question makes sense to those knowledgeable about the subject or to interviewers familiar with the language or culture of the participants. The researcher ensured this by getting some of the colleagues in research and the supervisor to test-

run the instrument to see if the questions appear to be relevant, clear and unambiguous.

Content validity

Content validity requires that the measure gives interpretations for all the elements of the variable being investigated (Ehrlich & Joubert, 2014). It considers whether the instrument sufficiently contains all the required content with respect to the variable. The instruments should cover the whole domain associated with the variable. A group of specialists in the field can be used for the evaluation the content validity of the questionnaires (Polit & Beck 2010). Content validity was ensured through the literature review and by giving the questionnaire to the supervisor and biostatistician to check if the instrument will cover all aspects under study.

Construct validity

Construct validity is defined as the degree to which the measurement questions measure the existence of those variables one intends to measure (Saunders *et al*., 2009). Construct validity was ensured by making sure that different kinds of meanings are relevant to the participants in their natural environment and by grounding the measures in a wide literature search that outlines meanings of the construct and its elements and the questionnaires are written in the language which the participant understood.

Criterion-related validity

Criterion-related validity is also called predictive validity and is grounded on some external criterion (Babbie, 2013). It involves evaluating the results of the measurement instrument against the most valid measurement available (Ehrlich & Joubert,2014). Criterion-related validity was insured through adhering to the inclusion criteria and through comparing the interview results and the questionnaire results.

Reliability

Reliability is regarded as a quality of measurement method that implies that the same data would have been collected each time in repeated observations of the same phenomenon (Babbie, 2013). Reliability in this study was ensured through the following:

- The researcher ensured that the questionnaire is the same for all the participants even though it is written in different languages.

- The same questionnaire was used in five selected hospitals in Limpopo Province.
- As the questionnaire was used as an instrument, the questions and answer options where carefully formulated
- There were no ambiguous questions on questionnaire.
- Conducting a pilot study to pre-test the questionnaire so that vague questions and statements could be attended to.

3.7. DATA MANAGEMENT

Guest, Namey and Mitchel (2013) define data management as a planned structure, method for systematising, categorising, and filing research data materials to make the data efficiently retrievable and duplicable. The collected data materials kept locked up in a cabinet and are only made available for the individuals concerned in the research. The researcher has ensured that the data materials cannot be accessed by anyone unless an individual gets them from the researcher.

3.8. INTERPRETATION OF THE RESULTS

Firstly, the researcher summarised and analysed the qualitative results. From the qualitative results the researcher developed an instrument for quantitative strand. The results for quantitative strand were also summarised and analysed. The researcher then interpreted both the results from the qualitative and the quantitative strands (Creswell & Clark, 2011). Based on the results the support programme was developed.

3.9. BIAS

Brink et al. (2012) explain bias as an influence that produces an error or a distortion that can affect the quality of evidence both in qualitative and quantitative research study. Bias can occur in any step of the research process. Thus, the researcher prevented bias by using a purposive sampling method in the qualitative strand of the study. Also, simple random sampling was used in the quantitative strand of the study to select the respondents from the target population. Bias was prevented by not bringing along preconceived ideas and knowledge on the phenomenon into the study which can interfere with the interviews, the results or the participants in any influential manner.

3.10. PHASES OF THE STUDY

The following phases indicate the way the study was conducted and the methodology to be followed.

Phase 1: Situational analysis

This phase covered the first three objectives. A mixed method, and exploratory sequential research design were used to achieve the purpose of the study. The population was all PYAS in selected public hospitals in Limpopo Province. Purposive sampling was used to select the participants during the qualitative strand and simple random sampling was used for the quantitative strand to select participants. The data were collected using semi-structured interview method in the qualitative strand, whilst a structured questionnaire was used in the quantitative strand. Data were analysed using Tesch's eight steps of qualitative data analysis and Statistical Package for the Social Sciences latest version was used for the quantitative strand of the study.

Phase 2: Description of the theoretical framework

This phase used the activities outlined by Dickoff, James and Wiedenbach (1968) in the Practice Orientated theory to support the development programme aimed at supporting the PYAS in the selected public hospitals of Limpopo Province. The six vital points to survey which correspond with the six questions about an activity supporting the theory served as a directive for the theoretical framework.

Phase 3: Development of a support programme

During this Phase a support programme for parents of youth abusing substance will be developed in selected public hospitals in Limpopo Province. The aim was to assist parents with their parenting skills and to upgrade their knowledge and practice in caring for their youth who abuse substances by also making the nurses aware of what they can do to support the PYAS.

Phase 4: Implementation of the training programme

To implement the support programme for PYAS in selected public hospitals in Limpopo Province. This phase would deal with the fifth objective of the study whereby the implementation of the programme occurs. The researcher will conduct a workshop in the regional hospitals to in-service professional nurses on how to help the PYAS to feel supported and to empower them as they take care of their youth. The researcher as the facilitator developed a schedule for implementation of the support and draw a plan for dates in which the support programme will be conducted which will also be

issued to the participants. The researcher will request for permission and venue from hospital managers to conduct such workshops at own expenses.

3.11. ETHICAL CONSIDERATIONS

The following ethical principles as outlined by Parahoo (2014) were adhered to. These principles assist in safeguarding patients' rights and safety.

3.11.1. Ethical clearance and permission to conduct the study

Ethical clearance was obtained from Turfloop Research and Ethics Committee (TREC) and permission to conduct the study was sought from the Limpopo Province's Department of Health and Chief Executive Officers (CEO) of the participating hospitals.

3.11.2. Informed consent

Information about the importance, purpose and objectives of the study was provided to the participants in a comprehensive language. A written consent form was given to the participants to sign as a way of proving agreement to participate in the study.

3.11.3. Privacy, anonymity and confidentiality

Privacy of the participants was maintained in this study by not interviewing the participants in public, but by interviewing participants in private consulting rooms of the hospital. The real names of the participants were not used anywhere in the study. All information obtained from the participants was treated as confidential and the voice recorder used was locked in a safe.

3.11.4. Vulnerable Persons

The researcher requested the participants who are mothers willing to participate in the study irrespective of age, because it was assumed that parents of the target population would not be under the age of 18 years. The participants were requested to fill in the consent form to participate in the study. Any participant who was not well and not comfortable in taking part were excused. The plan was that if the participant is emotionally affected during the interview process, they would be referred to a psychologist where the arrangement was done before starting with data collection but the entire participants managed to be emotionally stable during the interviews.

3.11.5. Principle of non-maleficence

The principle of non-maleficence was ensured by considering that no practice opposes the welfare of any research participant intentionally, through lack of knowledge or

negligence. The participants were attended to in a way that avoids any possible harm physically and emotionally. This was ensured by consistently using process consent questions e.g. I am going to ask a sensitive question; can I continue? The advantages of the study might benefit mothers, youth as well as the communities were outlined.

3.11.6. Respect and Dignity and Standard of Care

The researcher worked on maximising the possible benefits, while decreasing possible harm. Participation was voluntary. The participants were sensitively treated by respecting their beliefs, habits, culture and lifestyle. An opportunity was provided for each participant to ask questions and to express their feelings. The right to privacy was respected because the researcher interviewed each participant individually in a private consulting room, and by treating data collected with confidence where the voice recorder files where allocated codes that were known only to the researcher and the supervisor (de Vos *et al.,* 2011).

3.12. CONCLUSION

This chapter outlined the study's research methodology. In this chapter, the researcher introduced the exploratory mixed method approach which was used in the study. The exploratory mixed method design was a convergent mixed method design was used to attain the study's objectives. The researcher explained how she conducted semi-structured interviews using interview guide. The explanation of how the questionnaire was developed as a data collecting instruments was given. The questionnaire as a data collecting instrument was described followed by the outcomes of the pilot studies which was conducted. Ethical considerations which were followed were described, measures to ensure trustworthiness, credibility, transferability, dependability and confirmability were described and the researcher explained how they were ensured. It was also outlined how validity and reliability were ensured. The study's piloting results have been outlined and the adjustments that had to be made on the data collection tools were outlined. The phases of the study were also highlighted. Chapter four will present the presentation, interpretation and discussion of the findings of the study.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF RESULTS

4.1. INTRODUCTION

This chapter describes the findings of the data that were collected from PYAS at the selected hospitals in Limpopo Province. Themes and sub-themes emerged from the semi-structured interviews conducted in different selected hospitals will be outlined. The quantitative findings will be presented in the form of graphs and tables. All the findings were analysed and interpreted.

4.2. QUALITATIVE STRAND OF THE STUDY

4.2.1. Overview of fieldwork activities

Data were collected using semi-structured interviews with a guide. The central question for the study during the interview is: “How has your child’s substance abuse behaviour affected you?” Semi-structured interviews were used to get a detailed picture of the participants’ views about perceptions or account of the topic. The interview guide assisted the researcher to ask questions that cover important aspects for this study. Field notes were written and a voice recorder was used to collect data from the parents of youth abusing. Saturation was reached on 14 interviews across the selected hospitals.

Description of participants

A homogeneous purposive sampling was used for the qualitative data collection to select the participants included in the study. The researcher requested all the parents and caregivers of youth abusing substance to participate in the study. The interviews were conducted until data saturation is reached.

Table 4.1. Characteristics of the participants

The characteristics of the participants are shown below:

Name of Hospital	**Number of Participants**	**Gender**	
		Females	**Males**
Letaba	Four (04)	04	00
Mankweng	Two (02)	02	00
Mokopane	Two (02)	01	01
St Ritas	Three (02)	03	00
Tshilidzini	Three (02)	02	01
Total	**14**	**12 (86%)**	**02 (14%)**

Table 4.1 shows the fourteen (14) participants who consented to participate in the main study. The study was dominated by females with 86% participation rate. The males formed were a minority with 14%.

4.2.2. Data collection process

A semi-structured interview guide was used, field notes were taken, and a tape recorder was used to collect data from PYAS in the selected hospitals in Limpopo Province.

Conducting a semi structured interview

The researcher scheduled the interview in advance with the ward concerned. The doctor's consultation rooms were earmarked as the venue for interviews because they are quiet and they have privacy. The duration of the interview was between 30 and 60 minutes. They were organised from a set of questions which were in the interview. The researcher asked follow up questions as they came out of the conversation.

Check list for points of explanation before interview

The researcher made the participants aware of the purpose of the interview before starting with the session. She gave clarity of the topic to be discussed and the set-up of the interview. She talked to the participants about the estimated time the interview may take. The researcher took out the voice recorder and explained its function in the interview and who will listen to the recording before asking for permission to use it. The participants were informed that: they are allowed to seek clarity of the questions asked before answering, they are allowed to refuse to answer the question if they are not comfortable and they will be given an opportunity to ask questions.

Interview preparation

Burns and Grove (2013) states that the interviews be conducted in a quiet, isolated area and also gave a suggestion that the participants may choose the venue they are comfortable with. The doctor's consultation rooms were used for interviews because they are private and quiet. The seating arrangement was carefully done to allow the free flow of the interview. However, disturbances were encountered when the health care worker would come in looking for some of the equipment they need to use for work and the patients would randomly knock because they were lost or looking for someone. The voice recorder and the note pad for field notes were utilised during the interview process with the permission of the participants. Interviews were conducted in Sepedi, English, Tshivenda and Tsonga, which were the languages of choice for the participants during the interviews. Then information obtained from the participants was transcribed verbatim and it was further analysed to make sure the research questions were in line with the reason for the investigation. The researcher translated the recorded interviews to English in the transcripts. The researcher had a meeting with the supervisor and Independent Coder to agree on the themes and the subthemes as they emerged from data.

4.2.3. Data analysis

The data analysis presented in this chapter is for both the qualitative and quantitative strands. The discussion is done separately for each strand. The interpretation of results was done simultaneously in the next chapter.

The eight steps of Tesch's open coding qualitative data analysis method as described by Creswell (2018) were used to analyse the data that were collected during individual semi-structured in-depth. The researcher and the independent coder reached a consensus on final themes and sub-themes based on the ones which emerged when analysing independently. Table 2 depicts the final themes and sub-themes, which serves as the findings of the study. Themes and sub-themes reflecting practices of parents and assessment of support needs when caring for their youth who abuse substances are discussed as follows: six themes and sub-themes have emerged during the data analysis. The main themes developed are, description of the experiences of existing views of communities with regards to organ donation. Description of existing knowledge related to substance abuse; descriptions of the existing interventions to assist youth abusing substances; suggestions on the strategies to stop youth from abuse substances and related aspects; description of the support received by parents and youth abusing substances; and challenges experienced by PYAS.

Table 4.2: Themes and sub-themes reflecting the experiences of PYAS in selected public hospitals in Limpopo Province

Themes	Sub-themes
1. Description of the experiences of existing views of communities with regards to organ donation	1.1 An outline of the paradoxical experiences of PYAS which causes suffering on multiple levels 1.2 Parents experiencing feelings of hurt, stress, depression, frustrations, lack of trust and fear resulting parents developing chronic illness 1.3 The existing experience that substance abuse causes different mental health problems and behavioural changes to youth outlined 1.4 An outline that substance abuse causes poor relationship between parents and their youth, arising from bad conduct

	1.5 Fact that youth themselves request for help to quit substance abuse and request for intervention by the family and Healthcare professionals raised 1.6 An explanation that substance abuse starts outside home environment among different age groups due to peer pressure
2. Description of existing knowledge related to substance abuse	2.1 Lack versus the existence of knowledge related to substance abuse amongst PYAS 2.2 Existence of knowledge related to substance abuse resulting in parents identifying associated behaviour considered problematic 2.3 Knowledge of discovery and symptoms related to youth's initial onset of substance abuse differ from one parent to the other 2.4 Existence versus lack of knowledge related to effects, signs and symptoms related to substance abuse outlined 2.5 Existence and lack of knowledge related to different types of substances abused by youth outlined 2.6 Existence versus lack of knowledge related to factors that lead youth abuse substances explained differently
3. Descriptions of the existing interventions to assist youth abusing substances	3.1 Different interventions by parents after the discovery of the substance abuse act by their youth outlined 3.2 Raising awareness of the dangers of substance abuse outlined 3.3 Cutting off benefits for youth abusing substances a strategy used by parents trying to stop the behaviour outlined.
4. Suggestions on the strategies to stop youth from abuse substances and related aspects	4.1 Substance abuse awareness campaigns and health education programmes for communities suggested 4.2 Development and implementation of coping strategies for PYAS suggested 4.3 Construction of the community rehabilitation centre aiming at providing support structures for parents and communities 4.4 A clear available referral plan to different healthcare professionals for support to parents and youth abusing substances suggested 4.5 Importance of availability of youth community centre, Home-Based-Carers, Spiritual leaders and Traditional Health Practitioners to support parents and youth suggested 4.6 Involvement of parents during treatment and rehabilitation plan for youth abusing substances suggested 4.7 The need for the creation of support groups and consistent counselling for parents and youth abusing substances suggested

5. Description of the support received by parents and youth abusing substances	5.1 Support versus lack of support by healthcare professionals during hospital stay for youth abusing substances and their parents outlined 5.2 Support versus lack of support experienced from community members and family members outlined 5.3 Support experienced from spiritual leaders outlined
6. Challenges experienced by PYAS	6.1 Paradoxical challenges experienced by PYAS which causes suffering outlined 6.2 Lack of adherence to healthcare instruction by youth abusing substances which is problematic to parents highlighted 6.3 Continuation of substance abuse after rehabilitation and several interventions reported 6.4 Poor school performance, attendance and or dropping out of school reported 6.5 An outline that family members of the substance abuser suffer from different types of strains at multiple levels 6.6 A complaint registered that healthcare professionals never ask how parents are affected by their youth who are abusing substances

4.2.4.1. Themes and subthemes leading to development of a support programme for PYAS

Theme 1: Description of the experiences of existing views of parents with regards to youth substance abuse

The parents described their experiences with regard to substance abuse. The theme was supported by six subthemes as indicated in table 4.3 below.

Table 4.3. Description of the experiences of existing views of parents with regards to youth substance abuse

Theme 1	Sub-themes
Description of the experiences of existing views of parents with regards to youth substance abuse	1.1 An outline of paradoxical experiences of PYAS which causes suffering on multiple levels 1.2 Parents experiencing feelings of hurt, stress, depression, frustrations, lack of trust and fear resulting in parents developing chronic illness

	1.3 The existing experience that substance abuse causes different mental health problems and behavioural changes to youth outlined 1.4 An outline that substance abuse causes poor relationship between parents and their youth arising from bad conduct 1.5 Fact that youth themselves request for help to quit substance abuse and request for intervention by family and Healthcare professionals raised 1.6 An explanation that substance abuse starts outside home environment among different age groups due to peer pressure

1.1 An outline of paradoxical experiences of PYAS which causes suffering on multiple levels

The study indicated that the use of substances by the youth in the family affects family members at different levels. The family members live in fear; this was confirmed by Participant ST 6 who said "*Eish…you know at home life is no longer the same since my brother started using substances. It affects us all. I am always scared he may steal money at home. When you take a look at him he is wasted, you cannot explain or understand him".* Participant LT 7 said she feels like she is also ill because of the youth abusing substances "*I feel like I am also mental ill because of him. Sometimes I cannot think straight. His issue is very close to my heart I don't even know what to do to help him".* Then Participant MO6 further said he has been paying fines for his son *"He destroys things. We always solve issues. When we attend to one of the offences he committed we hear other people coming with other offences that he committed. Nothing works well. We always pay for his offences. We no longer know where to go. He failed at rehab. He no longer stays at home and unfortunately, I cannot tie him in the house. Even if I can try to take him out of substance if its him who want the substances he will still go back to them".*

1.2. Parents experiencing feelings of hurt, stress, depression, frustrations, lack of trust and fear resulting parents developing chronic illness

The parents in this study showed that they are carrying a lot of strain while caring for their youth who are abusing substances. The strain they carry is more of emotional than physical. Participant ST 5 revealed this about her youth *"He gives me stress. He changes every day. I talk to myself a lot about his condition. I feel depressed because I don't know what the future holds for him".* Participant TS 1 disclosed this about his only child *"I was stressed and disappointed because this is the only child I have. He is my only boy and I had hopes about his life that he will grow up and become a better person. Now I am no longer sure about his future".* Participant ST 5 further said *"As a parent I also wish I can have a nurse who can talk to me because when my son is sick, I am also sick. I have to be there for him but I do not know how. I am stressed. I am powerless. I put up a brave face when I walk in the street but deep inside I am dying day by day".* Participant ST 10 said "*He now has mental illness which I am told it can never be cured. It pains me a lot as a parent".*

1.3. The existing experience that substance abuse causes different mental health problems and behavioural changes to youth outlined

The study has revealed that the existing experiences the youth go through that show different mental problems and behavioural changes including aggression and violence. This was confirmed by Participant ST 6 who *said "I tried talking to him out of these things. He is always fighting and aggressive. He steals things to feed his substance cravings. He does not steal only for us at home, he steals for other people too"*. Participant TS 3 confirmed this by saying *"He was always asking me money or stealing money from me" Participant* ST10 further said *"Eish. I don't know much about it. But he has turned out to be disrespectful and violent. He doesn't even respect the visitors"*. Participant ST 5 added by saying, *"He becomes aggressive and sometimes he forgets that I am his mother, he is disrespectful. He becomes somehow like an animal. He does not listen to me."*

1.4. An outline that substance abuse causes poor relationship between parents and their youth arising from bad conduct

The study has revealed the poor relationship between the parents and their youth that come as a result of bad conduct. Participant ST 6 said "*Sometimes I am scared to approach him or talk to him, not long he fought with my younger sister and it was bad*. Participant MO 3 said *"I always fight with him when I find things I don't understand in their bedrooms and further said".* This was said in order to confirm the poor relationship between the parent and the youth abusing substances.

1.5. Fact that youth themselves request for help to quit substance abuse and for intervention by the family and Healthcare professionals was raised

The youth abusing the substances indicated that they want to quit using the substances and they asked for help from the families and health professionals. Participant MO3 said, "*He used to tell me that he needs help he want to stop using substances. He could see that he causes many problems in the house. I could realize that his substance abuse behaviour affects him as an individual".* She further said "*he told me that he wants to leave drugs for good. Sometimes he tells me that he wishes he could go to jail or rehabilitation centre where he can go and stop using substances. He wants to be far from the substances"*. Participant MO6 said with frustration that "*Again, how can I support him in his journey of quitting substances because we were not taught how to support our kids who use substances. As a parent I know nothing about this substance abuse. I just get surprised when I see him high".*

1.6. An explanation that substance abuse starts outside home environment among different age groups due to peer pressure

The study findings indicated how parents gave different explanations of how their youth started abusing substances. The findings differ from one child to another, and also the duration of abuse differ from one youth to another. Participant ST 10 said, *"He started when he was at school".* Participant MA 7 gave a different perspective and said *"He had friends who were using substances. It is peer pressure that made him use substances. He cared too much about how the friends would react to him than what was good for him. He did not know he was slowly dying".* Participant MA 11 said friends contributed to his son using substances *"It is very sad. I used to tell him to stop using*

this thing but he could not listen. He had friends who were substance abusers, they are the ones who influenced him".

Theme 2: Description of existing knowledge related to substance abuse
The parents described their existing knowledge with regard to substance abuse. The theme was supported by 5 subthemes as indicated in table 4.4

Table 4.4. Description of existing knowledge related to substance abuse

Theme 2	Sub-themes
Description of existing knowledge related to substance abuse	2.1. Lack versus the existence of knowledge related to substance abuse amongst PYAS 2.2. Existence of knowledge related to substance abuse resulting in parents identifying associated behaviour considered problematic 2.3. Knowledge of discovery and symptoms related to youth's initial onset of substance abuse differ from one parent to the other 2.4. Existence versus lack of knowledge related to effects, signs and symptoms related to substance abuse outlined 2.5. Existence and lack of knowledge related to different types of substances abused by youth outlined 2.6. Existence versus lack of knowledge related to factors that lead youth abuse substances explained differently

2.1. Lack versus the existence of knowledge related to substance abuse amongst PYAS.

The study findings gave different views from PYAS with regard to their knowledge about substance abuse. Participant MO 3 said that *"I know drugs are dangerous. The problem is that most of the time he is away working or with his friends*". Participant ST 6 did not know much but had an idea based on what she saw from other substance abusers *"I only know about nyaope boys. They smoke and they look like they do not*

have a direction in life. That is all I know". Participant ST 10 had no knowledge regarding substance abuse, when asked she said *"Eish. I don't know much about substance abuse"*. Participant LT 6 said that *"I do not know much because his brother has been smoking dagga but he never had problem".* Participant MA 7 added by saying, *"I did not know much about substance abuse. It is just now through him that I realized that the substances are very bad".* The findings indicated that some parents know how dangerous substances are while some have no idea how dangerous the substances are.

2.2. Existence of knowledge related to substance abuse resulting in parents identifying associated behaviour considered problematic

The study findings have showed that to the parents who now about substance abuse, they also know about the behaviour changes related to the abuse of substances by the youth. Participant ST 5 said that *"I know that substances change the behaviour of a person. You will not behave normally when you have used the substances. For some people taking substances makes them normal but others need to take them in large quantities to start changing the behaviour*". Participant MO 6 gave an account of what he noticed on his child by saying *"Firstly, there has been a change in the behaviour of my child. He started by being disrespectful. He would come back home to steal for us. So, every day we had to be careful, close all the doors at home. It's like he is no longer my child but a thief. He becomes a thief in his home. When he is high he does not understand. He does wayward things. We always solving issues like he stole something somewhere, police are after him. We are always at court*". Participant LT 7 added by saying, *"he started using substances. His behaviour has since changed from then"*. These findings have shown that the parents have associated the problematic behaviour with substance abuse.

2.3. Knowledge of discovery and symptoms related to youth's initial onset of substance abuse differ from one parent to the other

The findings of the study showed that the parents discovered that their youth abuse substances in different ways. Participant MO 3 said *that "His friend asked me if he told me I told her no, then his friend told me that one of my child's friend hit my child. They bugged him wanting the substances"*. While the participant said that Participant MO 6 *"there has been a change in the behaviour of my child. He started by being*

disrespectful. He would come back home to steal for us. So, every day we had to be careful, close all the doors at home. It's like he is no longer my child but a thief. He becomes a thief in his home. When he is high he does not understand. He does wayward things. We always solving issues like he stole something somewhere, police are after him. We are always at court". Participant LT 6 realised that her son was using substances when she saw some strange behaviour from him "*I stay with him at home, I found him home one day late he had broken the bottle and he was walking barefoot on those bottles then I realised that something is wrong with him. I asked him what was wrong he couldn't answer me. He was like mentally ill. But from the young age he used to do strange things so when he started smoking that's when I saw his true colours."*

2.4. Existence versus lack of knowledge related to effects, signs and symptoms related to substance abuse outlined

The parents gave different views on their knowledge related to the effects, signs and symptoms related to substance abuse. Participant TS 3 said that *"What I know is that people who abuse drugs are harsh, can't do well at school and at work"*. Participant ST 5 knew what substances can do to a person *"I know that substances change the behaviour of a person. You will not behave normally when you have used the substances. For some people taking substances makes them normal but others need to take them in large quantities to start changing the behaviour*". Participant ST 5 further said, "*It looks like its long my son was taking substances but I have just realised 2 years back that he was using substances. I don't understand how he started using substances. I only noticed through his behaviour".* Participant TS 1 shared her knowledge by saying "*I know that abusing substance create loss of memory that is what I have noticed about my son. He sometimes forgets or acts as if he forgets things…anyway a lot of things about substance abuse I have realised through my son. I never really thought this tragedy can happen to me*".

2.5. Existence of knowledge related to different types of substances abused by youth outlined

Parents knew the type of substances their youth were using. Participant MO 3 said, *"He uses injections*" this means he knew what his son was in substances even though he did not tell the name of the substance he used. Participant MA 11 said that *"Yes, I*

always knew that he smokes dagga and even cigarette which is not a good idea for him. I know these things are dangerous and I have always been telling him" Participant LT 6 further said *"Yes I knew he was smoking dagga but he was hiding it".* Participant MO 6 said that "*Even the nurses I guess they don't know what to do because it's for the first time they deal with nyaope".*

2.6. Existence of knowledge related to factors that lead youth to abuse substances explained differently

The study findings indicated that the parents had an idea of what lead their youth to use substances. Participant ST 10 said, "*He started when he was at school. I don't like the person he has become. I wish he can go back to a normal person"*. Participant MA 7 added by saying, "*He had friends who were using substances. It is peer pressure that made him use substances. He cared too much about how the friends would react to him than what was good for him. He did not know he was slowly dying*". Participant LT 7 said that "*He was a person who used to love school and he was also singing also on tv. He went to Gauteng for his singing career that is where he met friends who were using substances. He started using substances".* Participant LT 6 talked about the brother who was using substances previously *"I do not know much because his brother has been smoking dagga but he never had problem*".

Theme 3. Descriptions of the existing interventions to assist youth abusing substances

The parents described their existing interventions on how they assist the youth abusing substances. The table 4.5 below indicates the theme and the subthemes.

Table 4.5. Descriptions of the existing interventions to assist youth abusing substances

Theme	Subthemes
Descriptions of the existing interventions to assist youth abusing substances	3.1. Different interventions by parents after the discovery of substance abuse act by their youth outlined

3.2. Raising awareness of the dangers of substance abuse outlined

3.3. Cutting off benefits for youth abusing substances a strategy used by parents trying to stop the behaviour outlined.

3.1. Different interventions by parents after the discovery of substance abuse act by their youth outlined

The study revealed different interventions that parents used after they discovered that their youth use substances. Participant LT 8 said that *"I took him to the clinical psychologist but he did not change. I took him to five rehabilitation centres but he did not stop using. I also took him to Unicare"*. Participant ST 5 indicated further said that *"I tried locking him in the house but he was just impossible"*. Participant ST 10 said that "*We brought him to the hospital*". Participant TS 1 resorted to prayer "*I prayed for him and making sure that he goes to church".* Participant LT 1 said that "*We took him to the traditional healers and then later we took him to him to church".*

3.2. Raising awareness of the dangers of substance abuse outlined

The study revealed that the parents told their youth about the dangers of substance abuse, but they failed. Participant ST 6 had a talk with the youth about substance abuse "I tried talking to him but he could not listen. "*I told him that substances are bad for him but he couldn't listen. I even stopped giving him money when he goes to school because I fear he would use it for substances"*. Participant MA 11 confirmed the issue of awareness about the youth saying *"I used to tell him to stop using this thing but he could not listen".* Participant MO 3 said the following when she raised an awareness to the youth *"I tried telling him about the use of substances but nothing helps. I know drugs are dangerous. The problem is that most of the time he is away working or with his friends".*

3.3. Cutting off benefits for youth abusing substances a strategy used by parents trying to stop the behaviour outlined.

The study showed that parents cut off the benefits for the youth abusing substances as a way of stopping them from using the substances. Participant TS 1 said that *"I always make sure that he doesn't have visitors from his friends and I restrict him from going out"*. Participant TS 1 has cut the money benefits *"I don't want to give him money to carry when he's going to school because he takes that money and buy substances"*. Participant TS 4 added by saying, *"We tried to limit his monthly allowance to prevent him from buying substances he still found a way of continuing the use of substances".*

Theme 4: Suggestions on the strategies to stop youth from abusing substances and related aspects

The parents gave suggestions on the strategies to stop youth from abuse of substances and related aspects. The theme was supported by seven subthemes as outlined below in table 4.6.

Table 4.6. Suggestions on the strategies to stop youth from abusing substances and related aspects

Theme	Subtheme
Suggestions on the strategies to stop youth from abuse substances and related aspects	4.1. Substance abuse awareness campaigns and health education programmes for communities suggested
	4.2. Development and implementation of coping strategies for PYAS suggested
	4.3. Construction of community rehabilitation centre aiming at providing support structures for parents and communities
	4.4. A clear available referral plan to different healthcare professionals

for support to parents and youth abusing substances suggested

4.5. Importance of availability of youth community centre, Home-Based-Carers, Spiritual leaders and Traditional Health Practitioners to support parents and youth suggested

4.6. Involvement of parents during treatment and rehabilitation plan for youth abusing substances suggested

4.7. The need for the creation of support groups and consistent counselling for parents and youth abusing substances suggested

4.1. Substance abuse awareness campaigns and health education programmes for communities suggested

The study revealed that there is a need for substance abuse awareness campaigns and health education programmes. These awareness campaigns can be for both the youth, parents and for the entire community. The awareness programmes can include subjects such as medication complications, journey to support quitting and training persons about substance abuse. Participant ST 6 *said "I wish they can teach me about his mental illness and substances. Maybe they must also teach us their coping strategies with these many patients in the ward. I don't know what to do with him when he is home. I need to learn more about substance abuse. Maybe if there are foods he must not eat they must tell me about them. I just want to learn as much as possible about his condition"*. On the awareness programmes

Participant MO 6 *“Maybe if we can get programmes regarding the youth who are using substances”*, he further said he *wishes “…there can be a training that we attend every week. He must also be part of that training so that we learn together how to get out of substances”* he indicated that *“Maybe they must tell us what to do when I child uses substances because what’s happening is new to us”*. Participant TS 3 related that *“Maybe if the nurses and doctors can teach me how to handle him and how to help him stop using the substances then I will be a better person”.*

4.2. Development and implementation of coping strategies for PYAS suggested

The study revealed the possible coping strategies as outlined be the PYAS Participant ST 6 suggested that *“Maybe they must also teach us their coping strategies with these many patients in the ward. I don’t know what to do with him when he is home”*. Participant ST 10 added that “They *need to fully explain to us what is happening and tell me what I can do at home to assist my son. They must also teach my son to accept himself. He is always isolated. We as parents are psychologically affected by the condition of our youth”*. Participant TS 4 outlined her own strategies of helping her youth who abuse the substance *“During the week we keep him busy indoors. He watches tv and do other indoor activities. During weekends we go to church with him. All I do for now is just to make sure he takes his medication as per instructions we have received from the hospital”.*

4.3. Construction of community rehabilitation centre aiming at providing support structures for parents and communities

The study findings gave a strong suggestion for construction of a community rehabilitation centre. Participant MO 6 said that *“There must also be community centres or programmes that help during discharge”*. Participant ST 5 added by saying “*I also hope they can refer us (as parents) to the rehabilitation center”* Participant ST 6 said that *“I wish the hospital can open a rehabilitation center. Or maybe write a letter for us to take him to the rehabilitation center”.*

4.4. A clear available referral plan to different healthcare professionals for support to parents and youth abusing substances suggested

The findings of the study indicated a need for a clear referral plan for the support ofboth the parents and the youth abusing the substances. Participant ST 5 stated that *"I also hope they can refer us to the rehabilitation center. I just do not know if the government can make such referrals so that he goes there for some time"*. Participant ST 6 added by saying *"They can also refer us to the psychologist because his substance abuse does not affect him alone. It affects the whole family"*. Participant MO 6 lamented that *"Nothing works well. We always pay for his offences. We no longer know where to go"*. These findings have indicated that the parents have no clear idea of where to go to seek help for their youth who abuse the substances. They gave some ideas of where they can be referred to but still they have no idea of how the referral system works.

4.5. Importance of availability of youth community centre, Home-Based-Carers, Spiritual leaders and Traditional Health Practitioners to support parents and youth suggested

The study revealed the importance of availability of youth community center, home-based carers, spiritual leaders and traditional health care practitioners to support the parents and the youth. Participant LT 8 gave a suggestion that *"I also wish we had after care where these patients are being met with regularly to see their progress or the homebased carers must visit us often to check on us"*. Participant ST 5 as a parent said that *"I also hope they can refer us to the rehabilitation center*". Participant MA 11 said that *"Maybe is the nurses come visit us or send the home-based carers just to come see how we are trying to manage him".* Participant LT 6 showed trust to spiritual healers when she said *"We took him to the traditional healers and then later we took him to church*".

4.6. Involvement of parents during treatment and rehabilitation plan for youth abusing substances suggested

The study findings gave different ways in which the parents need to be involved during the treatment and the rehabilitation plan. Participant MO 6 said *that "I need to know if my child experience difficulties after using substances how am I going to help him. What kind of medications can I use for him to stop using substances? Again, how can*

I support him in his journey of quitting substances because we were not taught how to support our kids who use substances. As a parent I know nothing about this substance abuse. I just get surprised when I see him high". Participant ST 6 indicated the need for involvement in her youth's treatment and rehabilitation by saying *"I wish they can teach me about his mental illness and substances. Maybe they must also teach us their coping strategies with these many patients in the ward. I don't know what to do with him when he is home. I need to learn more about substance abuse. Maybe if there are foods he must not eat they must tell me about them. I just want to learn as much as possible about his condition"*. Participant TS 4 indicated her need for involvement in her son's life by saying *"I just want to know how to take care of him…I need to also know more about substance abuse. How does it work to change a person from being normal to being mentally ill"?* The study findings indicated that the parents want to be in their youth's life as they go through the treatment and rehabilitation but they do not know what to do and the need help from those knowledgeable to teach them how to be involved.

4.7. The need for the creation of support groups and consistent counselling for parents and youth abusing substances suggested

The study findings indicated that there is a need for support groups and continuous counselling for the PYAS. This was supported by Participant TS 3 who finds it difficult to cope with her situation when she *said "I would also like to know how other parents who are in the same situation as I am cope in their situations. It is not easy to take care of this kind of a child. My family does not know what to do and I also do not know what to do"*. Participant LT 8 indicated that "*I can do with some support programs for parents"*. Participant LT 7 wanted a change in Limpopo and gave a suggestion that *"I heard in Gauteng there are some meetings for the parents of the patients who use substances. We don't have such in this hospital. I wish we had such. That way we will be easily involved in the care of my son"*. These findings indicated that the parents indeed need support because their youth's substance abuse affects them.

Theme 5: Description of the support received by parents and youth abusing substances

The parents described the support from the nurses and other health care workers and these was supported by three subthemes as indicated in table 4.7. below.

Table 4.7. Description of the support received by parents and youth abusing substances

Themes	Subthemes
Description of the support received by parents and youth abusing substances	5.1. Support versus lack of support by healthcare professionals during hospital stay for youth abusing substances and their parents outlined 5.2. Support versus lack of support experienced from community members and family members outlined 5.3. Support experienced from spiritual leaders outlined

5.1. Support versus lack of support by healthcare professionals during hospital stay for youth abusing substances and their parents outlined

The study finding gave different views from the parents with regards to getting the support. Some feel like they get support while others think they do not get enough support from the hospital. Participant ST 6 appreciated the support she got when she said *"I think he is being helped because he is now stable and the nurses have been helpful in this process".* Participant ST 10 confirmed the support she got from the hospital by saying "*At least they support me. When my child has to go to write exam and we have to come see the doctor in the hospital, the nurses are able to communicate with the doctor on our behalf and we get a sick note".* However

Participant MA 7 gave a different view when she said that *"I think the nurses do not treat us well. They do not take us seriously. They only focus on themselves when they are in the hospital. For them to help you at the time you want them to help you they are not available. They will come to attend to you at their own time. Sometimes they shout at us".* Participant TS 1 confirmed the poor support when she said *"No. like who has time for us visitors in the hospital. I just see him and go. Nothing is said or done about me. The nurses just pass us without saying anything".* Participant LT 8 added by saying "*None of the nurses ever update on his progress and when I ask them how he is doing they treat me as if I am proud. I no longer care about the nurses"*. The findings of this study indicated that it is not always the case where the parents get the support they want. It is mostly the patient who gets the attention more that the parents who accompany them to the hospital.

5.2. Support versus lack of support experienced from community members and family members outlined

The study findings have indicated that the parents rely on the community members and family for support and they usually go to them for support when their youth are into drugs. Participant MO 3 said that "*I talked to his uncle. His uncle could not help. I also talked to the social workers. But I was not helped…."*. Participant MA 7 with regard to family support she said *"I have an elder brother who financially take care of us. That's the support he provides. He had to go to work so that I can focus on this one full time. But sometimes the care he gives to us is not enough. At times I have to try to find money to compensate on the little he gives to us*". Participant MO 6 Lack of support from the community and gave some suggestion that "*There must also be community centres or programmes that help during discharge. This thing takes the whole life to be truly liberated. What happens is that at the hospital we get help but when we go home nothing happens. Relapse is simple because at home there are many groups of boys who drink. I wish there can be programs for drug users like we have alcohol anonymous for alcoholics".* Participant ST 10 said that *"I think the hospital does not have support for relatives apart from allowing us to see our youth*". The findings have indicated that sometimes parents get support from community and family members but sometime they do not get support at all and they wish they can get a support from them.

5.3. Support experienced from spiritual leaders outlined

The study findings indicated that some parents go to the spiritual leaders for support. This was supported by the parent Participant MO 6 who said *"I am a believer. For every problem that I face I communicate with the pastor and the pastor tells me to be patient he will be okay",* while participant TS 3 said *"I tried to talk with him and asked our pastor to also talk with him and to pray for him".* Participant LT 7 said *"I took him to church but unfortunately the pastor passed on… I wanted to take him to the traditional healers but the healers of this days do know their work. They don't treat people they just want money".* These findings indicated that there are some parents who resorted to the spiritual healers for help before bringing their youth to the hospital for medical treatment.

Theme 6: Challenges experienced by PYAS

Parents explained the challenges they experienced when caring for their youth abusing substances as outlined by the themes and subthemes on the table 4.8 below.

Table 4.8. Challenges experienced by PYAS

Theme	Sub-theme
Challenges experienced by PYAS	6.1. Paradoxical challenges experienced by PYAS which causes suffering outlined 6.2. Lack of adherence to healthcare instruction by youth abusing substances which is problematic to parents highlighted 6.3. Continuation of substance abuse after rehabilitation and several interventions reported 6.4. Poor school performance, attendance and or dropping out of school reported

6.5. An outline that family members of substance abuser suffer from different types of strains at multiple levels

6.6. A complaint registered that healthcare professionals never ask how parents are affected by their youth who are abusing substances

6.1. Paradoxical challenges experienced by PYAS which causes suffering outlined

The study findings showed the challenges experienced by the parents. They have outlined them differently. Some complained of disrespect, aggressive behaviour, stealing, fighting, violence and relapsing after rehabilitation. Participant ST 6 said *"I am always scared he may steal money at home. When you take a look at him he is wasted, you cannot explain or understand him"* and she further said *"He steals things to feed his substance cravings. He does not steal only for us at home, he steals for other people too. Sometimes I am scared to approach him or talk to him, not long he fought with my younger sister and it was bad"*. Participant MO 6 gave his experiences and said *"Firstly, there has been a change in the behaviour of my child. He started by being disrespectful. He would come back home to steal for us"* and he continued by saying *"Have you ever seen a person coming back from rehab relapsing at the same time? That meant he was using substances*". Participant ST 10 gave her experiences when she said *"Eish. I don't know much about substance abuse. But he has turned out to be disrespectful and violent*".

6.2. Lack of adherence to healthcare instruction by youth abusing substances which is problematic to parents highlighted

The findings in this study showed that the youth abusing the substances are not adhering to the instructions given by the healthcare providers and that is a challenge to the parents who take care of them. Participant ST 6 confirmed this by saying *"The nurses told him what he could do to stop substances, he did not argue with them. He*

agreed with everything they said but he still continued using substances". Participant MO 6 said that *"The nurse may tell him what to do but it's him who takes back the substances out of the system. When he gets discharged he still goes back to substances".* Participant LT 8 with frustration said "*I took him to the clinical psychologist but he did not change. I took him to 5 rehabilitation centers but he did not stop using. I also took him to Unicare. He is violent and he aggressive. Every time he gets discharged he goes back to using dagga. The very same day of discharge. It doesn't matter how long he took without dagga".*

6.3. Continuation of substance abuse after rehabilitation and several interventions reported

The findings of the study have shown that the parents face the challenge of having their youth abusing substances even when several interventions are made. Participant MO 6 said *"He continued using. It's like even at the rehab he was using. He continued using when he came back home"*. Participant LT 8 further said "*I took him to the clinical psychologist but he did not change. I took him to five rehabilitation centers but he did not stop using. I also took him to Unicare. He is violent and aggressive. Every time he gets discharged he goes back to using dagga. The very same day of discharge. It doesn't matter how long he took without dagga".* Participant ST 6 added by saying *"The nurses told him what he could do to stop substances, he did not argue with them. He agreed with everything they said but he still continued using substances".*

6.4. Poor school performance, attendance and or dropping out of school reported

The parents reported that their youth have problems with school, they either had a poor school performance, poor attendance or they dropped out of school. Participant ST 10 stated that "*He can go to school but do nothing when other students are writing he does not write"*. Participant MO 3 confirmed that his youth dropped out of school by saying *"I tried telling him about the use of substances but nothing helps. I know drugs are dangerous. The problem is that most of the time he is away working or with his friends. He did not complete his studiesl*". Participant MA 7 said *"He studied until Grade 8. He just decided to stop going to school. You know since we did not grow with our parents. We had to make life choices at the early age. So, he made his own choices"*

6.5. An outline that family members of substance abuser suffer from different types of strains at multiple levels

The findings of the study showed that the parents carry a lot of strain when caring for their youth who abuse the substances. Participant MO 6 said the was a point where he had to account for the offences made by the youth who abuse substance, he said "*When we attend to one of the offences he committed we hear other people coming with other offences that he committed. We always pay for his offences"*. Participant TS 1 complained about the financial strain he carries when caring for the youth who abuses substances *"The other problem is that I am financially challenged because I have to come see him every day when he's at the hospital it is really not easy for me to come with him for the reviews. He sometimes demands money but I don't want to give him to carry when he's going to school because he buys the substances with it*" Participant MO 3 also gave an account of financial strain when she said *"…I support the family financially and sometimes it's heavy for me".*

6.6. A complaint registered that healthcare professionals never ask how parents are affected by their youth who are abusing substances

The study findings revealed the complaints from the PYAS who complained that the manner in which healthcare professionals treat the parents and youth whilst in hospital is unacceptable and rude and these causes misery. Participant MA 7 said *"No, they never even tell me what to do when the patient changes his condition"*. She further complained that "*I think the nurses do not treat us well. They do not take us seriously. They only focus on themselves when they are in the hospital. For them to help you at the time you want them to help you they are not available. They will come to attend to you at their own time. Sometimes they shout at us. It's very tiring to come sit here looking for help and not getting it at the end of the day because some nurses have some personal issues that they want to project in you. In most cases they are not kind to us the relatives".* Participant LT 7 complained that he is never attended to at the hospital when she said *"No they only help him in the hospital, they don't help us"*. Participant MA 11 added by saying *"The do not do much to me. They only attend to the patients".*

4.3. QUANTITATIVE STRAND OF THE STUDY

The quantitative data were collected through self-administered questionnaires. The analysis was done using SPSS version 26. Descriptive statistics and inferential statistics were used to summarise the data and to determine relationships between the variables under study. Data presentation done in tables, bar graphs and pie charts. The total number of respondents were 169. The data is divided into eight (8) sections which are outlined thus;

Section A (A1-A6) = demographic data of the parent,
Section B (B1-B8) = demographic data of the youth abusing substances,
Section C (C1-C5) = assessment of the knowledge of the parents with regard to the youth abusing substances,
Section D (D1-7) = assessment of the experiences of the parent with regard to the youth abusing substances.
Section E (E1-E9) = The interventions the parents took to help their substance abusing youth.
Section F (F1-F8) = suggestions on the strategies to help the parents to cope with their youth situation.
SECTION G (G2-G8) = support as received by the parents
SECTION H (H1-H7) = challenges as experienced by the PYAS

4.3.1. Section A = demographic data of the parents

Demographic data of the parents included six questions and the results are presented as follows: Table below reflects biographic data of the PYAS

Table 4.9. Demographic data of the parent

Indicator	Number of respondents	Percentage
Age		
20-30	15	8.9%
31-40	38	22.5%
41-50	53	31.4%

51-60	37	21.9%
61-70	26	15.4%
Total	169	100%
Gender		
Female	100	59.2%
Male	69	40.8%
Total	169	100%
Marital status		
Single	36	21.3%
Married	68	40.2%
Widowed	24	14.2%
Divorced	16	9.5%
Living with the partner	14	8.3%
Separated	11	6.5%
Total	169	100%
Highest level of education		
Primary school	14	8.3%
Secondary school	97	57.4%
Tertiary	58	34.3%
Total	169	100%
Employment Status		
Unemployed	70	41.4%

Employed	63	37.3%
Self-employed	36	21.3%
Total	169	100%
Residence		
Rural	87	51.5%
Semi-rural	52	30.8%
Urban	30	17.8%
Total	169	100%

A1. Age

The age of the parents was grouped into five categories. The parents age range were n20-30=15(8.9%), n31-40=38 (22.5%), n41-50=53 (31.4), 51-60=37(21.9), n61-70= 26 (15.4%). Most parents who participated in the study were between the ages of 41 and 50.

A2. *Gender*

The study included both males and females. The participation based on the gender was females= n100(59.2) and males= n 69(40.8). Females who participated in the study were considerably more than males.

A3. *Marital status*

The marital status of the parents was grouped in six categories. The range of marital status was single=n36(21.3%), married= n68(40.2%), widowed = n24(14.2%), divorced= n16(9.5%), living with the partner= n14(8.3%) and separated = n11(6.5%). This shows that only 40.2% of the participants were married, and about 59.8% of the participants were on the other categories of marital status.

A4. *Highest level of education*

The education level of the participants was divided into three categories. Primary school= n14(8.3%), secondary school= n97(57.4%) and then tertiary = n58(34.3%). This means that most of the participants were educated up to secondary school.

A5. *Employment*

The employment status of the participants was grouped into three categories. Unemployed = n 70(41.4%), employed n63(37.3%) and self-employed n36(21.3%). The number of unemployed participants was considerably higher than the other categories.

A6. *Residence*

The participants were staying in different locations in their districts. Some of the participants were from rural =87(51.5), semi-rural = n52(30.8) and urban=30(17.8). The study finding shows that most of the participants were from rural areas with 51.1% of the participants.

4.3.2. Section B = demographic data of the youth abusing substances

Demographic data of the parents included eight questions and the results are presented as follows:

Table below reflects biographic data of the PYAS

Table 4.10. Demographic data of the youth abusing substances

Indicator	Number of responds	Percentage
Age		
15-20	95	56.2%
21-25	51	30.2%
26-30	15	8.9%
31-35	8	4.7%
Total	169	100%

Gender		
Female	62	36.7%
Male	107	63.3%
Total	169	100%
Marital status		
Single	137	81.1%
Married	17	10.1%
Widowed	3	1.8%
Divorced	2	1.2%
Living with the partner	7	4.1%
Separated	3	1.8%
Total	168	100%
Highest level of education		
Primary school	26	15.4%
Secondary school	90	53.3%
Tertiary	53	31.4%
Total	169	100%
Employment		
Unemployed	137	81.1%
Employed	22	13.0%
Self employed	10	5.9%
Total		

Residence		
Rural	88	52.1%
Semi-rural	52	30.8%
Urban	29	17.2%
Total	169	100%
Duration of abuse of substances		
Less than 1 year	33	19.5%
1-2 years	74	43.8%
3-4 years	42	24.9%
5 years and above	20	11.8%
Total		
The type of substances your youth uses		
Glue	18	10.7%
Nyaope	32	18.9%
Dagga	73	43.2%
Cocaine	12	7.1%
Not sure	31	18.3%
Meth	3	1.8%
Total	169	100%

B1. *Age*

The age of the youth abusing substances was grouped into 4 categories. The age range was n15-20=95(56.2%), n21-25=51(30.2%), n26-30=15(8.9), 31-35=8(4.7).

The number of youths abusing substances between the ages 15-20 was considerably higher than the other age groups.

B2. *Gender*

The study wanted to know about the gender of the participants. The number of youths abusing substances based on gender was as follows, females= n62(36.7) and males= n107(63.3). The finding shows that males were abusing substances more than females.

B3. *Marital status*

The marital status of the youth abusing substances was grouped in six categories. The range of marital status was single=n137(81.1%), married= n17(10.1%), widowed = n3(1.8%), divorced= n2(1.2), living with the partner= n7(4.1%) and separated = n3(1.8%). The findings show that the number of youths abusing substances is highest than the other categories of marital status.

B4. *Highest level of education*

The education level of the youth abusing substances was divided into three categories. Primary school= n26(15.4%), secondary school= n90(53.3%) and then tertiary = n53(31.4%). This means that most of the youth abusing substances were educated up to secondary school.

B5. *Employment*

The employment status of the participants was grouped into three categories. Unemployed = n 137(81.1%), employed n22(13.0%) and self-employed n10(5.9%). The number of unemployed youths abusing substances was considerably higher than the other categories

B6. *Residence*

The participants were staying in different areas in their districts. Some of the participants were from rural =88(52.1%), semi-rural = n52(30.8%) and urban=29(17.2%). The study finding shows that most of the participants were from rural areas.

B7. *Duration of the abuse of substances*

The duration of the abuse of the substances by the youth was as follows. Less than a year= n33(19.5%), 1-2 years = n74(43.8%), 3-4 years = n42(24.9%) and five years and above = 20(11.8%). Most of the youth were on substances for 1-2 years during the study.

B8. *The type of the substance your youth uses*

Based on the response the parents gave the substance of choice for the youth was dagga. This came as parents reported that glue = 18(10.7%), nyaope = 32(18.9%), dagga = 73(43.2%), cocaine = 12(7.1%), meth = 3(1.8%) and not sure 31(18.3%).

4.3.3. Section C = assessment of the knowledge of the parents with regard to the youth abusing substances

The assessment of the knowledge of the parents with regard to the youth abusing substances had five questions. The questions had two options; agree and disagree.

Table 4.11. Assessment of the knowledge of the parents with regard to the youth abusing substances

	Indicator	Response	
		Agree	disagree
C1	I know my youth uses substance	98.8%	1.2%
C2	I know the substances s/he is using	76.9%	23.1%
C3	I know that substances are dangerous	89.9%	10.1%
C4	I know what to do when my youth is high	23.1%	76.9%
C5	I know what to do to get my youth out of substances	17.8%	82.2%

C1. *I know my youth abuse substances*

The study findings showed that the parents of the youth abusing substances knew that the latter were abusing substances. Their response was that n167(98.8%) = agree and n2(1.2%) disagree.

C2. *I know the substance he is using*
When sked if they know the substance used they responded, n130(76.9%) agree and n39(23.1%) disagree. The parents knew the type of the substance their youth uses.

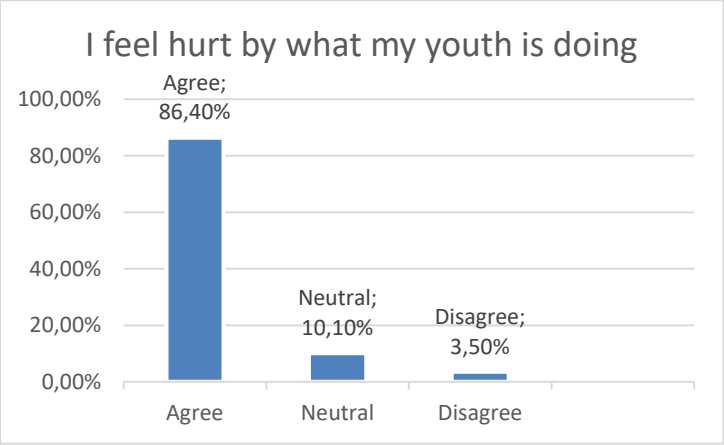
C3. *I know that the substances are dangerous*
The study findings revealed that the parents knew that the substances were dangerous. Their responses were n152(89.9%) = agree and n17(10.1%) = disagree.

C4. *I know what to do when my youth is high*
The responses were n39(23.1%) = agree and n 130(76.9%) disagree. The findings indicate that most of the parents gave an account that they do not know what to do when their youth is high.

C5. *I know what to do to get my youth out of the substances*
Only n30(17.8%) agreed that they know what to do when their youth is high and n 139(82.2%) disagreed that they know what to do to get their youth out of the substances.

4.3.4. Section D = assessment of the experiences of the parent with regard to the youth abusing substances.
The assessment of the experiences of the parent with regard to the youth abusing substances had seven questions and the answering options were i.e. agree, neutral and disagree.
D1. *I feel hurt by what my youth is doing*
In response the question “I feel hurt by what my youth is doing” the responses were n146(86.4%) =agree, n17(10.1%) = neutral and n6(3.6%) = disagree. The findings indicate that the parents are hurt by their youth abusing substances.
Figure 4.1 below reflects how the parents answered the question “I feel hurt by what my youth is doing”.

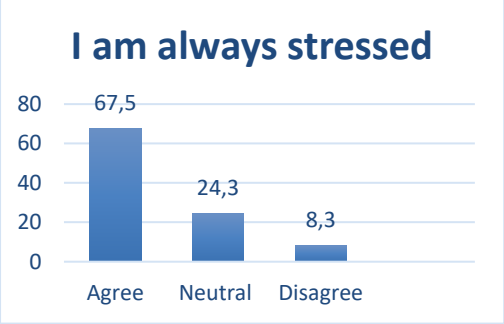
Figure 4.1. I feel hurt by what my youth is doing



D2. *I am always stressed*

The findings of the study indicate that the parents are always stressed as their responses were n114(67.5%) = agree, n41(24.3%) and n14(8.3%) disagree. Figure 4.2. below reflect their responses on the question "I am always stressed".

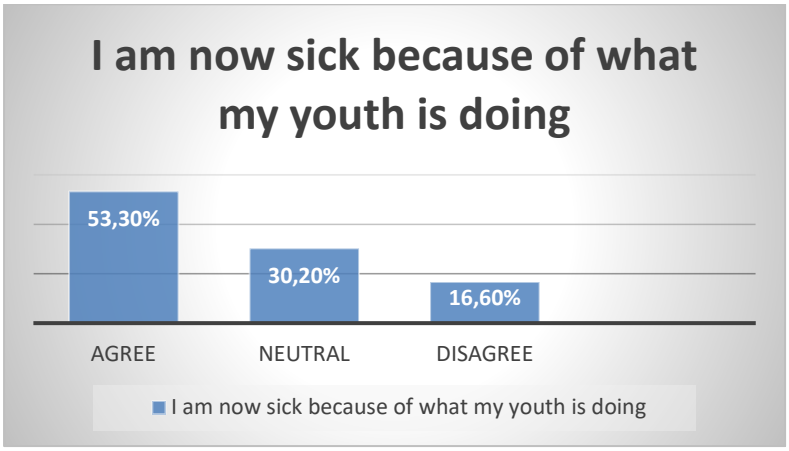
Figure 4.2. I am always stressed



D3. *I am now sick because of what my youth is doing*

Most of the parents agree that they are now sick because of what their youth are doing. Their response was n90(53.3%) agree, n51(30.2%) and n28(16.6%). Figure 4.3 below reflects the parents' response on the question "I am now sick because of what my youth is doing".

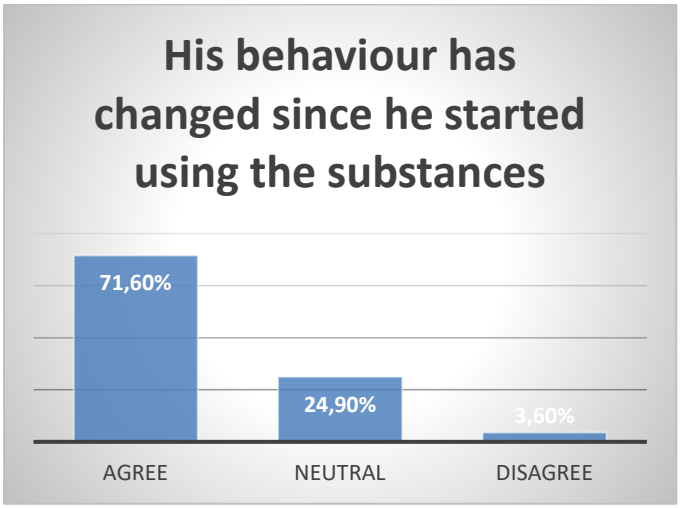
Figure 4.3. I am now sick because of what my youth is doing



D4. *His behaviour has changed since he started using substances*

The study findings indicate that the parents agree that their youth's behaviour has changed since they started using the substance. Their responses were n121(71.6%) agree, n42(24.9%) neutral and n6(3.6%) disagree. Figure 4.4 below reflects the parents' response to the question "His behaviour has changed since he started using the substances".

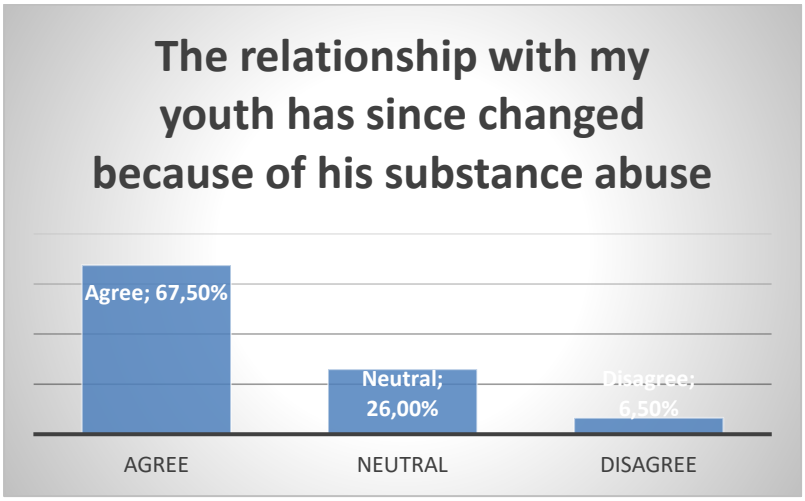
Figure 4.4. His behaviour has changed since he started using the substances



D5. *The relationship with my youth has since changed because of his substance abuse*

Most of the parents agree that their relationship with their youth has changed because of substance abuse, n114(67.5%) = agree, n44(26.0%) neutral and n11(6.5%) disagree. Figure 4.5 below reflects the parents' response to the question "The relationship with my youth has since changed because of his substance abuse"

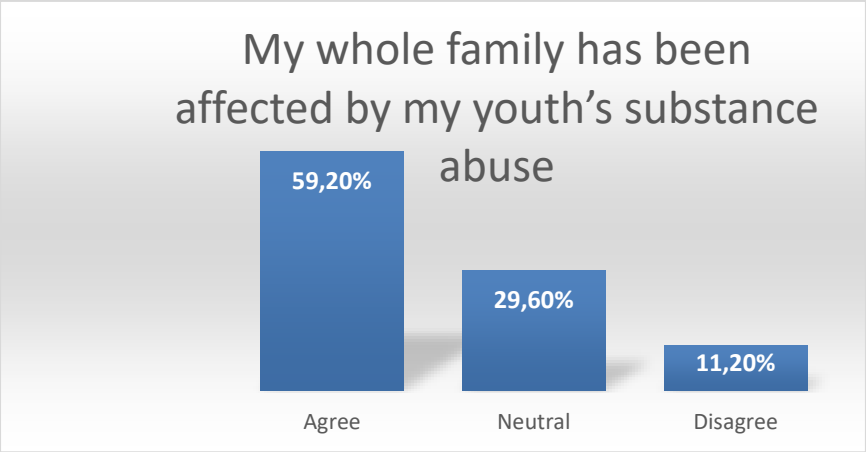
Figure 4.5. The relationship with my youth has since changed because of his substance abuse



D6. *My whole family has been affected by my youth's substance abuse*

Figure 4.6 below reflects the parents' response to the question "My whole family has been affected by my youth's substance abuse".

Figure 4.6. My whole family has been affected by my youth's substance abuse.



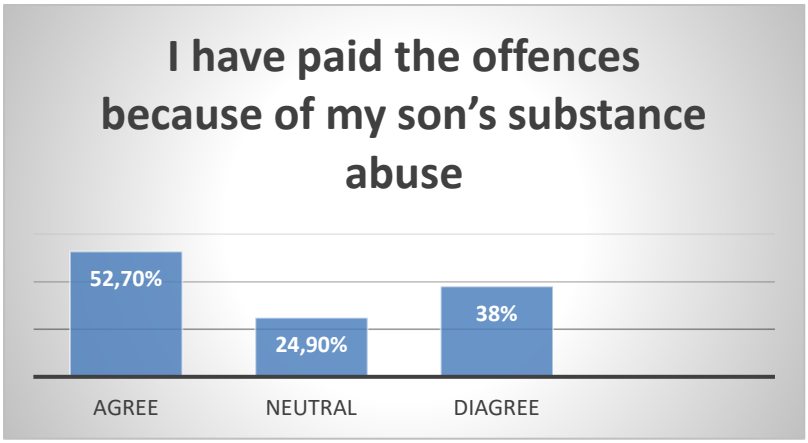
The study findings indicated that the whole family of the youth abusing substances has been affected. The responses from the parents were n100(59.2%) = agree, 50(29.6%) = neutral, and n19(11.2%) = disagree.

D7. *I have paid the offences because of my son's substance abuse*

Most of the parents agree that they have paid the offences because of their youth using substances. In their responses 89(52.7%) = agree, n42(24.9%) and n38(22.5%)

= disagree. Figure 4.7 below reflects the responses of the parents on the question “I have paid the offences because of my son’s substance abuse”.

Figure 4.7. I have paid the offences because of my son’s substance abuse



4.3.5. Section E = The interventions the parents took to help their substance abusing youth

The study wanted to find out the interventions the parents took in order to help their youth who abuse substance. The section had nine questions. And the answering options were agree or disagree.

Table 4.12. The interventions the parents took to help their substance abusing youth

Indicator		Response	
		Agree	Disagree
E1	I took my youth to religious leaders for help	66.9%	33.1%
E2	I took my youth to traditional healers for help	49.7%	50.3%
E3	I took my youth to the clinic for help	59.8%	40.2%
E4	I went to the relatives for help	69.8%	60.2%
E5	I denied my youth money	71.0%	29.0%
E6	I limited his contact with friends	66.9%	33.3%

E7	I locked him in the house	52.1%	47.9%
E8	I stopped him from going out	56.2%	43.8%
E9	I told my youth that using substances is wrong	76.3%	23.7%

E1. *I took my youth to religious leaders for help*
The study findings indicate that the parents took their youth to the religious leaders for help. The findings were that n113(66.9%) agree and n56(33.1%) disagree.

E2. *I took my youth to traditional healers for help*
The study findings indicated that n84(49.7%) agree that they took their youth to the traditional healers for help while n85(50.3%) did not take their youth to the traditional leaders for help.

E3. *I took my youth to the clinic for help*
Parents agree that they took their youth to the clinic for help, while others resorted to other means. The findings were that n101(59,8%) agree that they took their youth to the clinic while n68(40.2%) disagree to have taken their youth to the clinic for help.

E4. *I went to the relatives for help*
There are parents who went to their relatives to seek for help regarding their youth who abuse substances. The findings state that n118(69.8%) agree that the parents asked for help from the relatives while n51(30.2%) did not go to the relatives for help.

E5. *I denied my youth money*
As a measure to make sure that their youth gets out of the substances, the n120(71.0%) of the parents agree that they denied their youth money, while the n49(29.0%) disagree that they denied their youth money.

E6. *I limited his contact with friends*
The other intervention that the parent tried was to ensure that they limit the contact of the youth who abuse substances with their friends. The findings of the study indicate that n113(66.9%) agree that they limited the contact of the youth with their friends while n56(33.1%) disagree.

E7. *I locked him in the house*

There was nearly a balance between the parents who said that they locked their youth in the house. They findings show that n88(52,1%) agree that they locked their youth in the house in order to restrict him from going out to get the substances while n81(47.9%) disagree.

E8. *I stopped him from going out*

The parents agree that they stopped their youth from going out as way to stop them from going out to get the substances. This was demonstrated by the findings that n95(56.2%) agree that they stopped their youth from going out while n74(43.8%) disagree.

E9. *I told my youth that using substances is wrong*

The parents took their time to tell their youth that using the substances is wrong, n1129(76.3%) agree that they told their youth that using the substances is wrong while n40(%23.7) disagree.

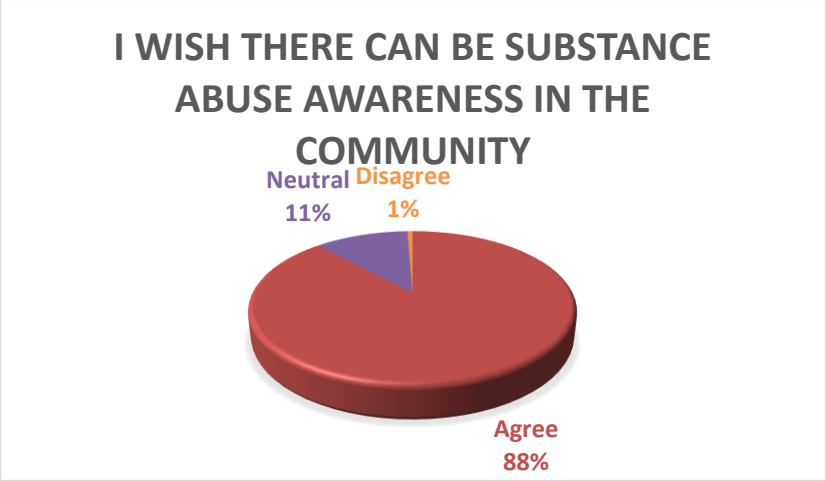
4.3.6. Section F = suggestions on the strategies to help the parents to cope with the situation of their youth

In this section, regarding the suggestions on the strategies to help the parents cope with their youth's situation the parents were asked eight questions. The parents had to answer where they agree, neutral or disagree with the provided options.

F1. *I wish there can be substance abuse awareness in the community*

The findings of the study indicate that the parents n149(88.2%) agree that they wish there can be a substance abuse awareness in the community, n19(11.2%) are neutral and n1(6%) disagree. Figure 4.8 below reflects the responses of the parents on the question "I wish there can be substance abuse awareness in the community".

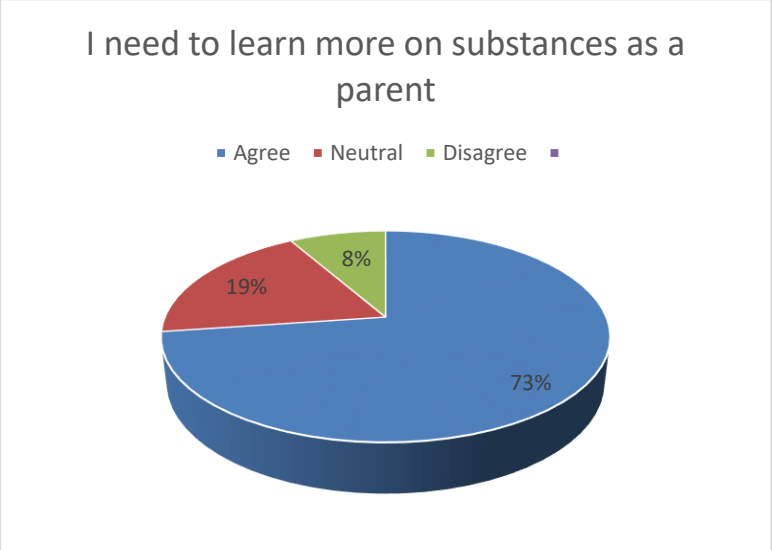
Figure 4.8. I wish there can be substance abuse awareness in the community



F2. *I need to learn more on substances as a parent*

The parents are willing to learn more about the substances. The n123(72.8%) of parents agreed that they want to learn. The n32(18.9%) of parents were neutral and the n14(8.3%) disagree. Figure 4.9 below reflects the responses of the parents on the question “I need to learn more on substances as a parent”.

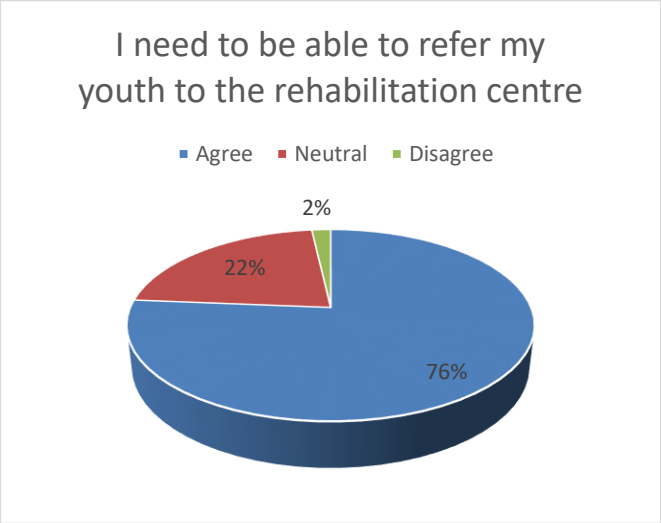
Figure 4.9. I need to learn more on substances as a parent



F3. *I need to be able to refer my youth to the rehabilitation centre*

They study findings indicate that the n129(76.3%) of the parents needs to be able to refer their youth to the rehabilitation centre while n37(27.9%) were neutral and n3(1.8%) disagreed. Figure 4.10 below reflects the responses of the parents on the question “I need to be able to refer my youth to the rehabilitation centre”.

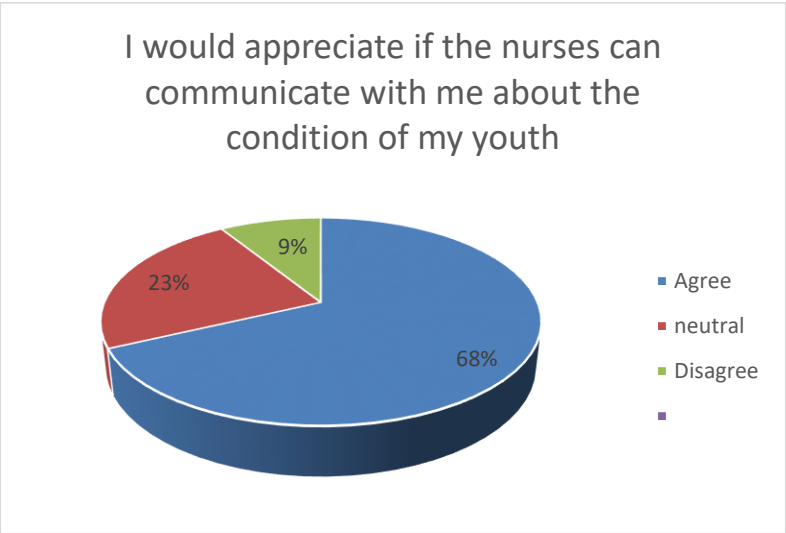
Figure 4.10. I need to be able to refer my youth to the rehabilitation centre



F4. *I would appreciate if the nurses can communicate with me about the condition of my youth*

The parents want to know about the condition of their youth. This was confirmed by the study findings, which read thus; n115(68.0%) of the parents agreed, n39(23.1%) were neutral, and n15(8.9%) disagreed. Figure 4.11 below reflects the responses of the parents on the question “I would appreciate if the nurses can communicate with me about the condition of my youth”.

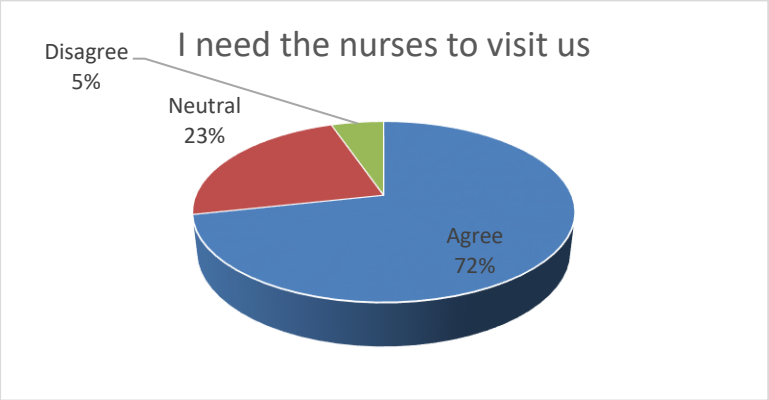
Figure 4.11. I would appreciate if the nurses can communicate with me about the condition of my youth



F5. *I need the nurses to visit us*

The parents need to be visited by the nurses in their homes just like they visit those that have chronic illnesses. The findings of the study show that n121(71.6%) agreed, n39(23.1%) neutral and n9(5.3%) disagreed. Figure 4.12 below reflects the responses of the parents on the question “I need the nurses to visit us”.

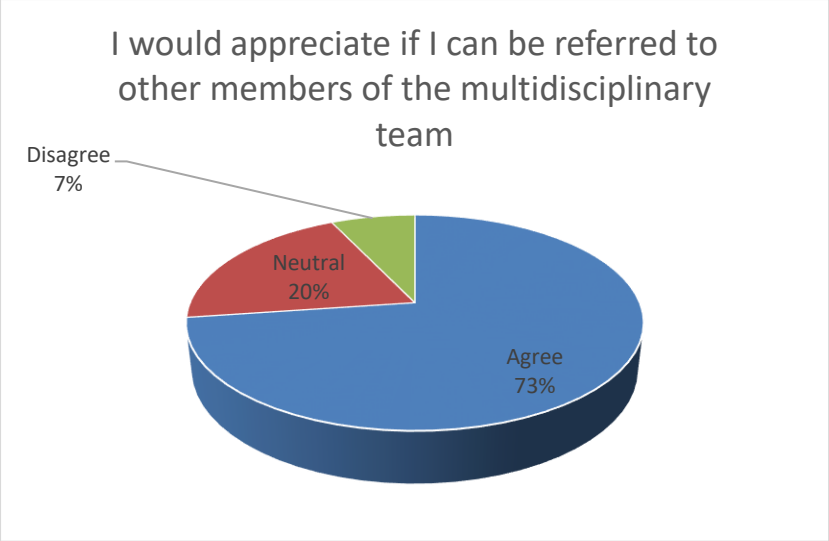
Figure 4.12. I need the nurses to visit us



F6. *I would appreciate if I can be referred to other members of the multidisciplinary team*

Parents of the youth who abuse substances want to see other multidisciplinary team members regarding their problems because of the lattter’s habit of abusing substances. The n123(72.8%) of parents agree, n34(20.1%) were neutral and the n12(7.1%) disagree. Figure 4.13 below reflects the responses of the parents on the question “I would appreciate if I can be referred to other members of the multidisciplinary team”.

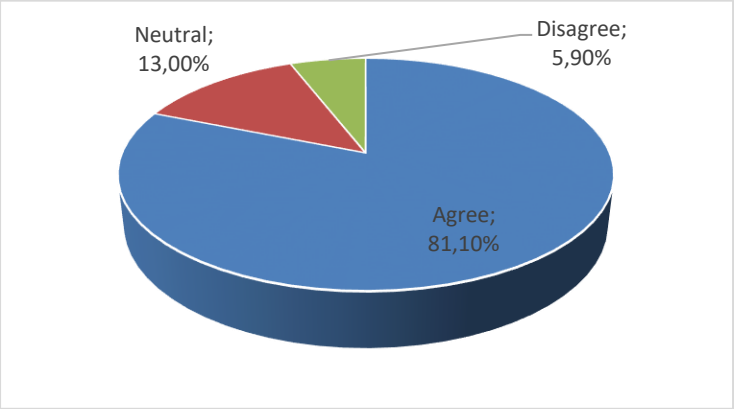
Figure 4.13. I would appreciate if I can be referred to other members of the multidisciplinary team



F7. *I would like to be involved in the care of my youth*

The findings of the study show that the parents want to be involved in the care of their youth. The n137(81.1%) of the parents agree that they want to be involved, n22(13.0%) were neutral and n10(5.9%) disagree. Figure 4.14 below reflects the responses of the parents on the question "I would like to be involved in the care of my youth".

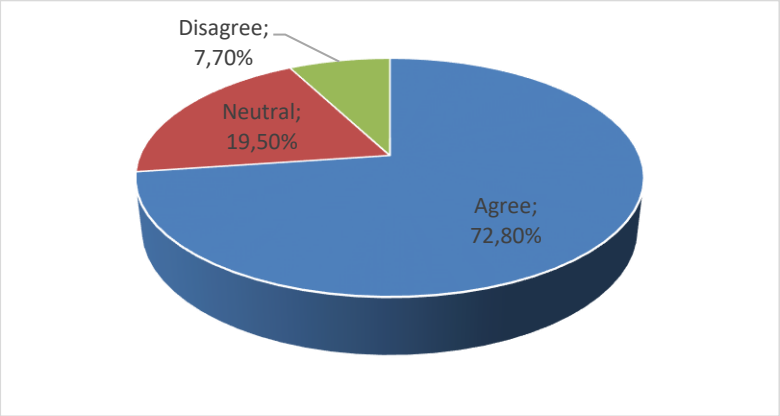
Figure 4.14. I would like to be involved in the care of my youth



F8. *I need the support groups of the parents*

The parents of the youth abusing substance want to be part of the support groups of the parents. The n123(72.8%) agree, n33(19.5%) were neutral and n13(7.7%). Figure 4.15 below reflects the responses of the parents on the question "I need the support groups of the parents".

Figure 4.15. I need the support groups of the parents



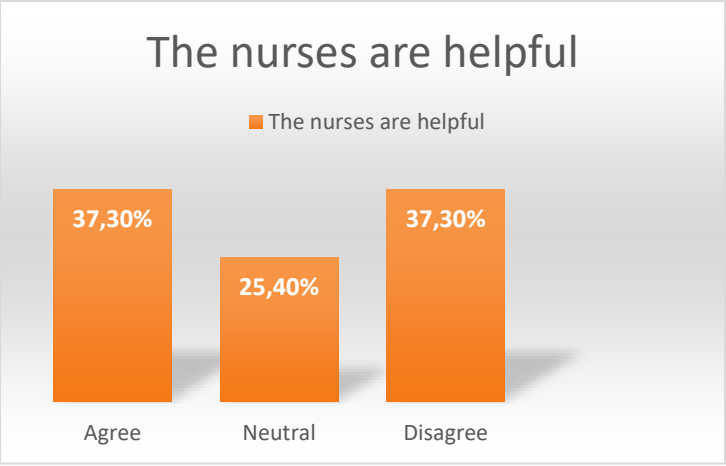
4.3.7. Section G = support as received by the parents

The section on the support as received by the parents has seven questions and the parents had three options to choose from: was agree, neutral and disagree

G1. *The nurses are helpful*

On the issue of the nurses being helpful to the parents, there has been a tie between those who agree n63(37.3%) and those who do not agree n63(37.3%). Those who are neutral were a bit lower with n43(25.4%). Figure 4.16 below reflects the responses of the parents on the question "The nurses are helpful".

Figure 4.16. The nurses are helpful

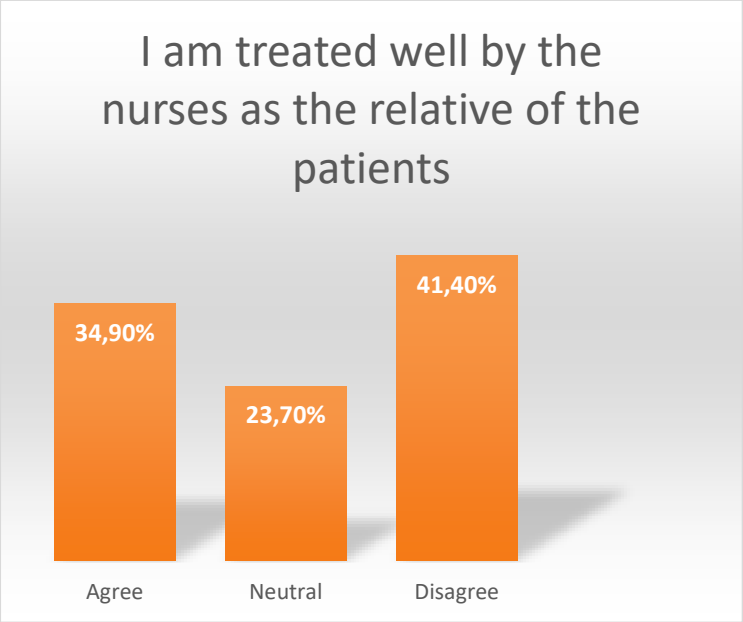


G2. *I am treated well by the nurses as the relative of the patients*

The parents seem not to agree that the nurses treat them well as the relatives of the patients. The n 59(34.9%) of the parents agree that they are treated well by the nurses as the relatives of the patients, the n40(23.7%) were neutral and the n70(41.4%)

disagree. Figure 4.17 below reflects the responses of the parents on the question “I am treated well by the nurses as the relative of the patients”.

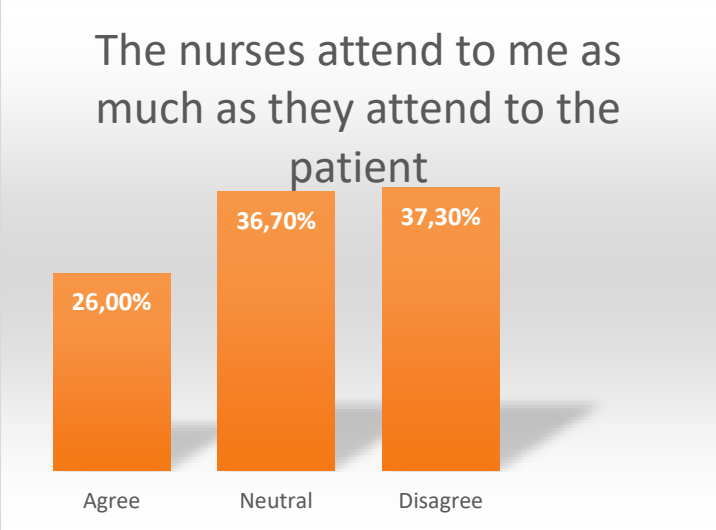
Figure 4.17. I am treated well by the nurses as the relative of the patients



G3. *The nurses attend to me as much as they attend to the patient*

The parents state that they are not being attended as much as the youth who abuse substances. This means the attention is given the patient, the youth who abuse substances than them. This was confirmed by the results that said indicated that n44(26.0%) agree, n62(36.7%) were neutral and n63(37.35) disagree. Figure 4.18 below reflects the responses of the parents on the question “The nurses attend to me as much as they attend to the patient”.

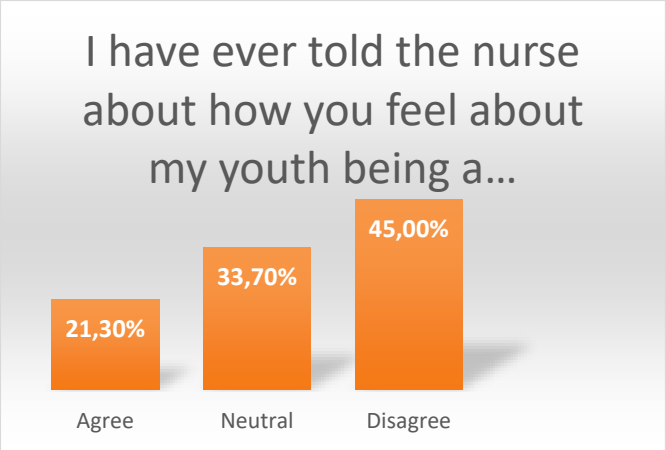
Figure 4.18. The nurses attend to me as much as they attend to the patient



G4. *I have ever told the nurse about how you feel about my youth being a substance abuser.*

Most of the parents never told the nurses how they feel about their youth being a substance abuser. This was confirmed by the findings that showed that only n36(21.3%) agree that they shared their feelings with the nurses, n57(33.7%) were neutral and n76(45.0%) never shared their feelings with the nurses. Figure 4.19 below reflects the responses of the parents on the question “I have ever told the nurse about how you feel about my youth being a substance abuser”.

Figure 4.19. I have ever told the nurse about how you feel about my youth being a substance abuser.

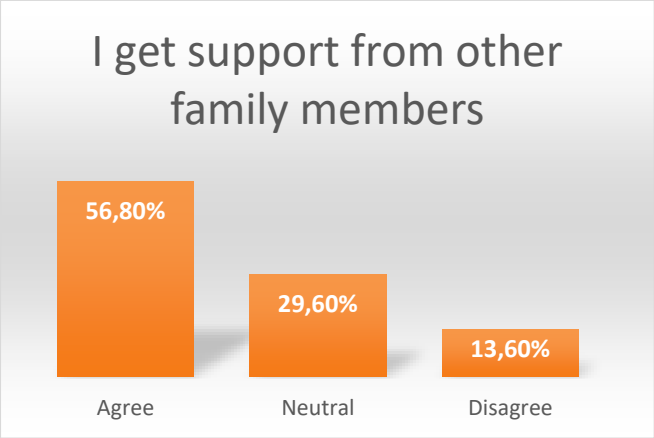


G5. *I get support from other family members*

The study findings show that the parents get support from their family members. This was confirmed by the results which indicated that n96(56.8%) agree, n50(29.6%)

neutral and n23(13.6%) disagree. Figure 4.20 below reflects the responses of the parents on the question “I get support from other family members”.

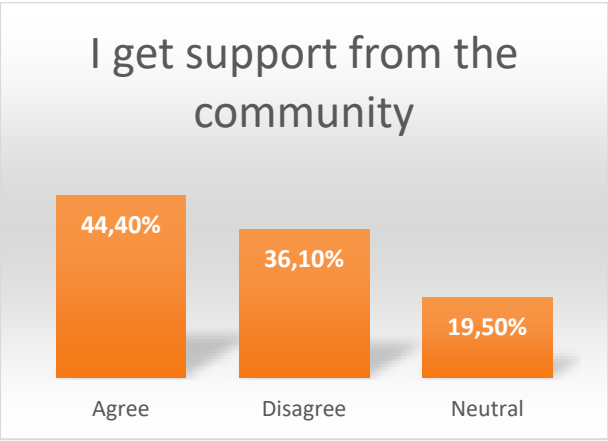
Figure 4.20. I get support from other family members



G6. *I get support from the community*

The study findings indicate that the parents receive support from their communities. This was confirmed by the data results which were as follows; n75(44.4.4%) agree, n61(36.1%) neutral and n33(19.5%) disagree. Figure 4.21 below reflects the responses of the parents on the question “I get support from the community”.

Figure 4.21. I get support from the community

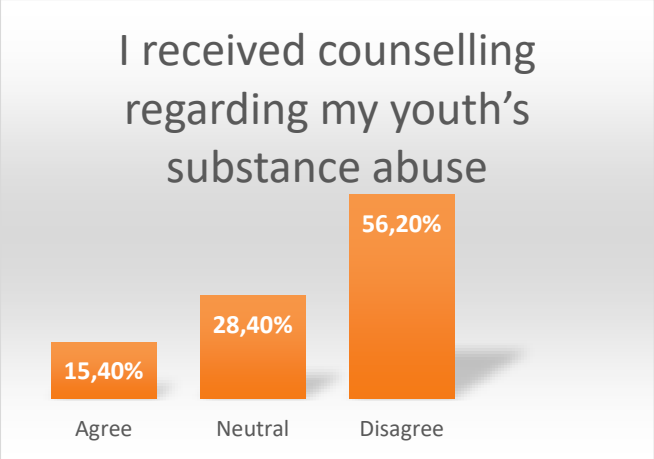


G7. *I received counselling regarding my youth’s substance abuse*

The parents claimed that they never received counselling regarding their youth who abuse substances. This also indicated the need for counselling by the parents. The findings were only n26(15.4%) agree that they received counselling, n48(28.4%) were

neutral and n95(56.2%) never received any counselling. Figure 4.22 below reflects the responses of the parents on the question “I received counselling regarding my youth’s substance abuse”.

Figure 4.22. I received counselling regarding my youth’s substance abuse



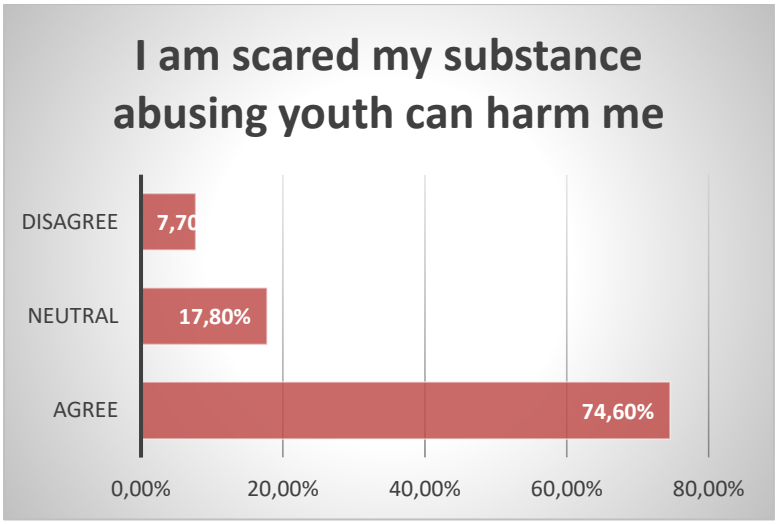
4.3.8. Section H = challenges as experienced by the PYAS

The challenges as experienced by the parents of the youth abusing substances was the last section of the questionnaire. The section had 7 questions and the parents had three options to choose from i.e. agree, neutral, disagree

H1. *I am scared my substance abusing youth can harm me.*

The study finding indicated that the parents are scared that their youth who abuses substances can harm them. The data findings were n126(74.6%) agree that they are scared, n30(17.8%) were neutral and n13(7.7%) disagree. Figure 4.23 below reflect the responses of the parents on the question “I am scared my substance abusing youth can harm me”.

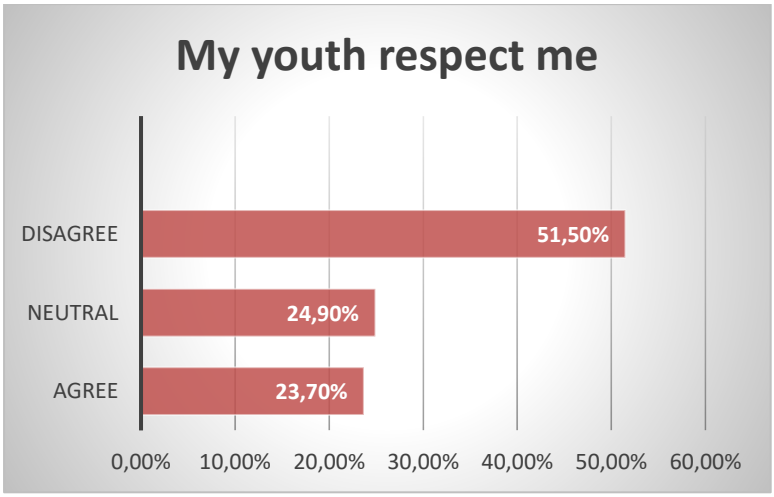
Figure 4.23. I am scared my substance abusing youth can harm me



H2. *My youth respect me*

The study findings revealed that parents agree that their youth do not respect them. The n40(23.7%) agree that their youth respect them, n 42(24.9%) were neutral and n87(51.5%) disagree. Figure 4.24 below reflects the responses of the parents on the question “My youth respect me”

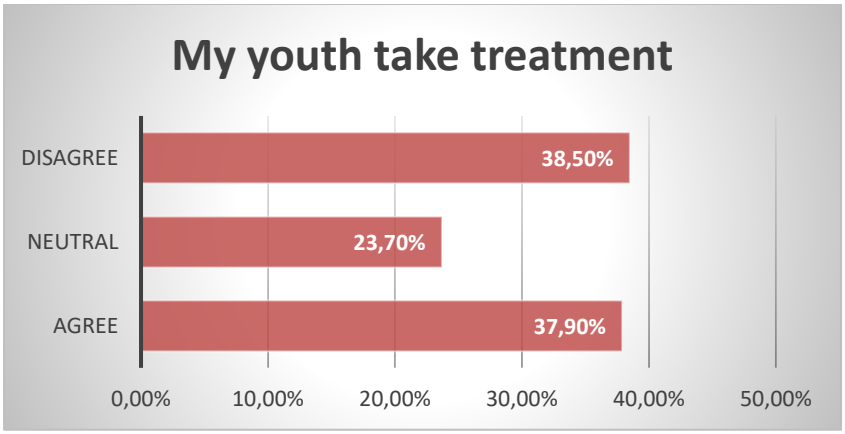
Figure 4.24. My youth respect me



H3. *My youth take treatment*

The parents had different views when it comes to their youth taking treatment. This was revealed by the findings where n64(37.9%) take treatment, n40(23.7%) were neutral and 65(38.5%) do not take treatment. That means most of the youth do not take treatment. Figure 4.25 below reflects the responses of the parents on the question “My youth take treatment”.

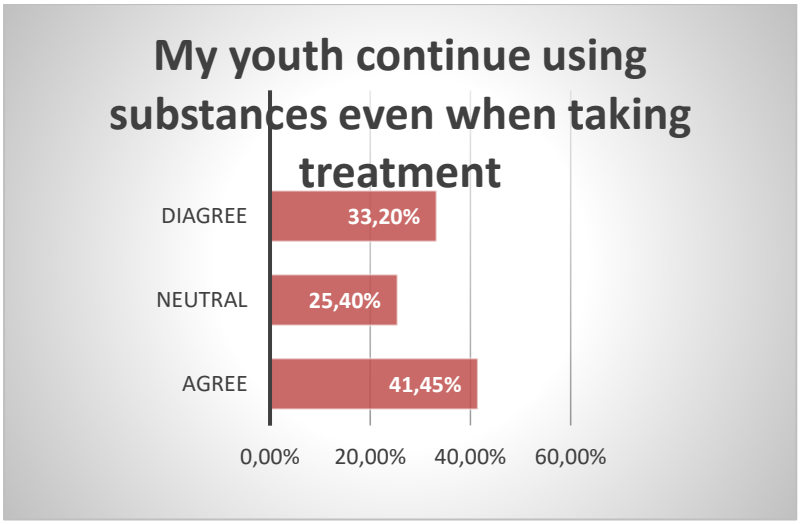
Figure 4.25. My youth take treatment



H4. *My youth continue using substances even when taking treatment*

The study findings reveal that the youth continue taking substances even when taking treatment. The n 70(41.4%) confirmed that the youth continue taking substances even when taking treatment, n43(25.4%) were neutral and n56(33.1%) disagree. Figure 4.26 below reflects the responses of the parents on the question “My youth continue using substances even when taking treatment”.

Figure 4.26. My youth continue using substances even when taking treatment

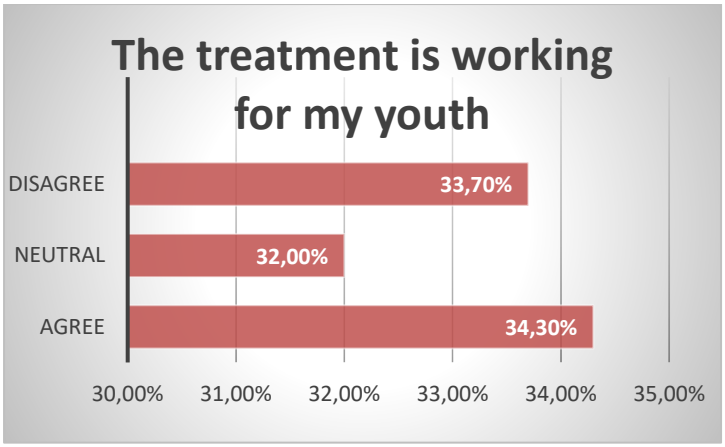


H5. *The treatment is working for my youth*

The study findings present the different views from the parents regarding the effectiveness of the treatment on youth. The n58(34.3%) agree that the treatment is working, n54(32.0%) were neutral and n57(33,7%) disagree. Figure 4.27 below

reflects the responses of the parents on the question “The treatment is working for my youth”.

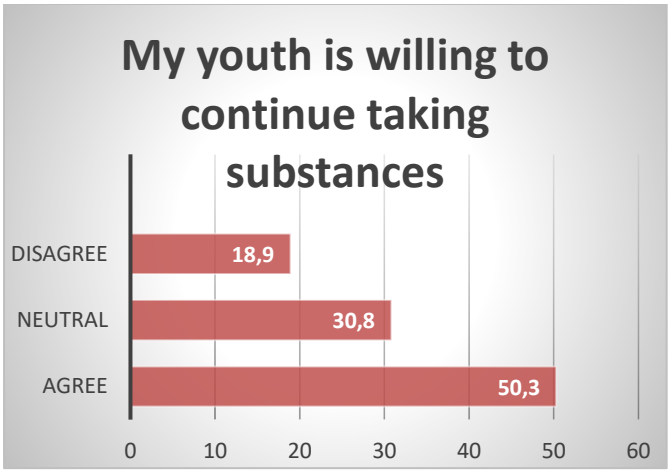
Figure 4.27. The treatment is working for my youth



H6. *My youth is willing to continue taking substances*

The study findings reveal that youth were still willing to continue taking substances, which is a challenge to the parents. The n85(50.3%) agree, n52(30.8%) and n32(18.9%) disagree. Figure 4.28 below reflects the responses of the parents on the question “My youth is willing to continue taking substances”.

Figure 4.28. My youth is willing to continue taking substances

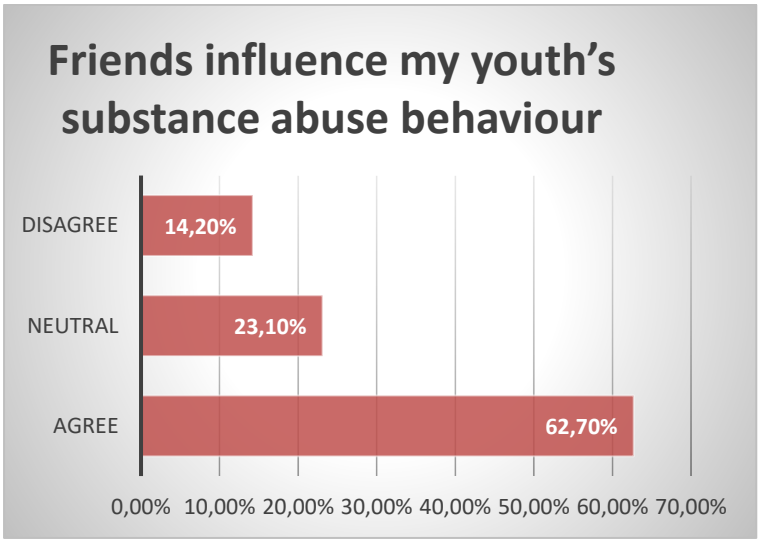


H7. *Friends influence my youth’s substance abuse behaviour*

The study findings revealed that the parents believe that friends influence the youth’s substance abuse behaviour. This was confirmed by n106(62.7%) who agree, n 39(23.1%) were neutral and n24(14.2%). Figure 4.3.28 below reflects the responses

of the parents on the question “Friends influence my youth’s substance abuse behaviour”.

Figure 4.29. Friends influence my youth’s substance abuse behaviour”



4.4. CONCLUSION

This chapter has outlined in-depth analysis, and the presentation of the results. Also, qualitative and quantitate data were presented and gave a comprehensive interpretation of the results. Chapter five presents the integration and interpretation of the findings.

CHAPTER 5
INTEGRATION AND DISCUSSION OF THE FINDINGS

5.1. INTRODUCTION

Firstly, this chapter expounds the integration of data and the discussion of the major findings. Secondly, the researcher extrapolates evidence based reasoning and the presentation of the results to prove that the parents of the youth abusing substances need support. Lastly, the discussion is executed relative to the available literature.

5.2. INTEGRATION OF THE RESULTS

Presentation of the study findings that led to the integration of the results. Table 5.1 below summarises the two sets of data.

Table 5.1. Summary of two sets of data

Qualitative results	**Quantitative results**	**Intergrated results**
Experiences and existing views of the parents • Suffering by the parents • Feelings of hurt, stress, depression, frustration, lack of trust • Mental health problems • Behaviour changes • Poor relationship between parents and the youth • Youth want to leave the substances Substance abuse starts outside home	Assessment of the experiences of the parent with regard to the youth abusing substances • 56% of parents feel hurt by what the substance abuse of their youth • 67% of parents are always stressed • 53% of parents are now sick because of what their youth is doing • 72% of parents claim that has been behaviour changes since the youth has started youth using substances • 67.5% of the parent youth relationship has been badly	• Physical and emotional suffering by the parents • Poor relationship between parents and youth abusing substances

	affected by substance abuse • 60% of the parents says that family has been affected by the youth's substance abuse 53% of the parents say that have paid offences because of the youth abusing substances	
Description of existing knowledge related to substance abuse • Lack of knowledge related to substance abuse • Existing knowledge resulting in an identified problematic behavior • Knowledge of discovery and symptoms related to the youth's initial onset of substance abuse • Existence vs lack of knowledge related to the effect's signs and symptoms of substance abuse Factors leading to substance abuse explained	Assessment of knowledge of the parents with regard to the youth abusing substances • 98% of parents know that their youth use substances • 98% of parents know the type of substances their youth use • 89% of parents know that substances are dangerous • 76.9% of parents do not know what to do when their youth is high 82% of parents do not know what to do to get their youth out of substance	• Lack of knowledge regarding substance abuse
Descriptions of the existing interventions to assist youth abusing substances • Different interventions by the parents • Raising awareness on the dangers of	The interventions the parents took to help their substance abusing youth • 66% of parents took their youth to religious leaders for help • 50% took their youth to the	• Different interventions used by parents to try to stop their youth from using substances before taking them to the hospital

substance abuse outlined Cutting off benefits for youth abusing substances	traditional leaders for help • 60% took their youth to the clinic for help • 70% went to relatives for help • 71% of parents denied their youth money • 67% limited contact with friends • 52.1% locked up the youth in the house • 56.2% stopped the youth from going out 76.3% told their youth that using substances is wrong	• Parents need capacitation on better ways to manage their youth abusing substances
Suggestions on the strategies to stop the youth from abuse substances and related aspects • Need for substance abuse awareness campaigns • Development and implementation of coping strategies • Construction of community rehabilitation center • Clear available referral plan to different health care workers for parents' support • Importance of the availability of the youth community center, spiritual leaders and traditional leaders suggested	Suggestions on the strategies to help the parents to cope with their youth situation • 76% of parents need substance abuse awareness's in their community • 73% of parents need to learn more about substance abuse • 76% of parents need to be able to refer their youth to the rehabilitation centers • 68% of parents need nurses to communicate with them about the condition of their youth • 68% of parents need the nurses to do the home visit • 73%of parents also need to be seen by	• Different strategies suggested by parents in managing their youth abusing substances

• Involvement of the parents on the treatment and rehabilitation of the youth The need for the creation of the support groups	members of the multidisciplinary team • 81% of parents need to be involved in the care of their youth 72.8% of parents need support groups	
Description of the support received by parents and youth abusing substances 2. Support vs lack of support by health care professionals 3. Support vs lack of support by community members Support as experienced from spiritual leaders outlined	Support as received by the parents • 37% of parents agree that the nurses are helpful and those who otherwise • 34,9% of parents do not think they are being treated well as the relatives of the patients • 26% of parents do not get attended to as much as the patients • 21% of parents never talk to the nurses about how they feel • 56% of parents do get support from family members • 45% of parents do get support from the community though not much 84.6% of parents never received counselling regarding their youth's substance abuse	• Parents need support
Challenges experienced by PYAS • Paradoxical challenges experienced by	Challenges as experienced by the PYAS • 74% of parents are scared that their youth who abuses	• Challenges experiences by parents outlined which included:

the youth abusing substances • Lack of adherence to health care instructions • Continuation of substance abuse after rehabilitation • Poor school performance, attendance or dropping out • Family members suffer from strain in multiple levels Health care workers not asking how parents are affected by the youth abusing substances	substance can harm them • 51% of youth abusing substances do not respect their parents • 61% of youth abusing substances do not take treatment • 41% of youth continue taking substances even though they are taking treatment • Only 34% of the parents agree that the treatment work for their youth • 63%Friends influence the youth's substance abuse 67% school performance dropped	• Poor adherence to medication and continuation of substance use after hospitalization

5.3. INTERPRETATION OF FINDINGS

The findings of this study are presented in narrative form. The findings of the study were described. The results from the two data sets were integrated during the discussion. The findings of this study are discussed based on both qualitative data and the quantitative data findings.

5.3.1. Demographic data of the parents

Age

Most of the parents who took part in this study were between the ages of 41 and 50. The parents in this age are in their middle adulthood state where they are mostly busy with their lives and their responsibilities are on the rise as they are struggling to balance their personal relationships, taking care of their kids and building their careers (Bastable, Gramet, Jacobs & Sopczyk, 2010). They witness their youth at the verge of becoming adults which triggers some mid-life crisis. They are found with many

responsibilities and family commitments where they find it difficult to entirely focus on their youth who abuse substances (Cliffsnotes, 2020).

Gender

The participation of the study was 59.2 females and 40.8 males. The number of females who participated in the study was considerably high. This is because according to Reynard (2018), women are the primary caregivers of the youth in most households. Mothers are in charge and are the gatekeepers of the family, they are the ones who tenders to take care of their youth when they are in distress (Moen, Opheim & Trollvik, 2019).

Marital status

The findings of the study have showed that only 40% of the participants were married, the other parents were either single, widowed, living with the partner, separated or divorced. According to Alcoholrehab (2020), marital status is a term used to describe if a person is single or married. Being single can be stretched to other descriptions such as such as staying with the partner, widowed, divorced etc. Kroese, Bernasco, Liefbroer, and Rouwendal (2021) state that many youths grow up in the families of single parents' families. The findings by Kask, Markina and Podana (2013) show that those youth growing up in the single parent households are likely to be involved in the abuse of substances as compared to those who live in the two-parent household. The youth from the divorced homes, especially boys were found to be abusing substances (Anyanwu, Ibekwe, & Ojinnaka, 2016).

Highest level of education

The education level of the parents who took part in this study was up to high school. Uzun and Kelleci (2018) states that the parents with low educational level has a bad relationship with their youth. The poor relationship between the youth and the parent can lead to the youth abusing substances

Employment

Most of the parents who formed part of this study were unemployed. Mörk, Sjögren, and Svaleryd, (2014) has found that the youth and the youth of unemployed parents are likely to be hospitalised with many illnesses, including substance use disorders. This was done comparing the incidents of hospitalization on the youth of the parents who were employed and those who were unemployed. The youth with unemployed parents has shown the lower levels of life satisfaction Frasquilho, de Matos, Currie,

Neville, Whitehead, Gaspar and de Almeida (2017). Taking substances can be viewed as a way of coping with low life level (Obadeji, Kumolalo, Ajiboye, Oluwole, Oderinde et al., 2021).

Residence

Most of the parents who took part in the study were from rural areas. The study by Browne, Priester, Clone, Iachini, DeHart and Hock (2016) has stated that the parents in the rural area lack information on substance abuse and its effects hence they fail to teach their youth. Mpanza and Govender (2017), has indicated that the outcomes of culture and their belief of the ancestors increases the use of substances by either adults or youths in the rural areas.

5.3.2. Demographic data of the youth abusing substances

Age

Most of the youth abusing substances were between the ages of 15 and 20 based on the information given by the parents. Bracken, Rodolico and Hill (2013) states that the the age of first use of substance abuse by the youth who were admitted to the hospital for drugs treatment was around the age of 15. At the ages 15 and 20 the youth experiment with the use of substances and the early use of substances by the youth is more likely to lead to addiction to substances which can lead to substance abuse disorders (The recovery village. 2020; Magidson, Dietrich, Otwombe, Sikkema, Katz, & Gray, 2017).

Gender

The findings of this study have shown that the males use substances than females, this was confirmed by Bracken, Rodolico and Hill (2013) who confirmed that with most of the examinations done males use substances that females. It is common for men to me to abuse all types of illegal substances and they are more likely to develop addiction than females (National Institute on Drug Abuse, 2020; Deserthopetreatment, 2019; Shek, Chai, Dou, 2021).

Marital status

The marital status of the youth was single. This is because the youth are still young to be married (Straub, 2016) and being single is associated with the risk of substance abuse as compared to being in marriage.

Highest level of education

The parents reported that the youth abusing substance are mostly in high school. According to Manu, Douglas and Ayanore, (2020) the school environment in the secondary school can contribute to the use of substances by the youth, especially where the school has poor security and the teachers are not always available to guide youth against substances. The use of illegal substances is associated with non-performance by the youth who abuse substances and peer pressure (D'Amico, Tucker, Miles, Ewing, Shih & Pedersen, 2016). Hence, most of the youth drop out of high school because of substances or bunk classes (Bracken, Rodolico & Hill, 2013).

Employment

The youth who abuse substances have been found to be unemployed. This is because based on their age, they are still young for employment and they are still in secondary school (Gwija, Chuks & Iowa, 2014). The findings by Dada, Burn hams, Van Hour and Parry (2015) has showed that most of the youth abusing substances were unemployed adolescents who are students or learners.

Residence

Most of the youth were coming from rural areas. This contradicts the study by Magidson, Dietrich, Otwombe, Sikkema, Katz, and Gray (2017) the use of substance abuse is prevalent in the semi-rural areas. This is because the neighbourhood in the semirural is associated with higher risk patterns of substance abuse (Karriker-Jaffe, 2013).

Duration of substance abuse

Based on the parent's information most of the youth has close to two years using substances. According to Montgomery, Zapolski, Banks and Floyd (2019), the youth who have more than one year taking substances have higher chances of addiction or substances abuse disorders. While Peltzer and Phaswana-Mafuya (2018) states that the harmful misuse of substances has been connected to any past three months' drug use.

The type of substances the youth use

Most of the youth have been found to be smoking dagga. Dagga is commonly used by the young people in Africa (Kanyoni, Gishoma, & Ndahindwa, 2015). This use of dagga is also a common worldwide public health problem as dagga is the most common substance for the initiation of substance abuse (Manu et al, 2020).

5.3.3. Findings of the study

5.3.3.1. Poor knowledge of parents with regard management of their youth abusing substances

The parental knowledge regarding the use of substances by their youth is required for the parents to actively manage the substance abuse related behaviour by their youth (Berge, 2015). Thus, this research found it important to assess the level of parental knowledge regarding their youth who abuse substances and the type of help they want for their youth. The study by Berge, Sundell, Ojehagen, Hoglund and Hakansson (2015) has indicated that the parents are aware that youth uses substances even though the parents did not have an idea of how much the youth were using. The parents only discover later when their youth are into the substances, that is when the parents will discover things like change in behaviour for their youth (Lippold, Coffman, & Greenberg, 2014). This could be that parental knowledge about their youth's whereabouts diminish as they grow and get in touch with the world. They become involved in activities such as sports, clubs, and other activities with friends. It is important at this stage for the parents to increase their monitoring tactics in order to maintain the knowledge of what is happening in the life of their youth (Stadtherr, 2011).

The findings of this study have shown that the parents are aware of their youth substance abuse, and they also knew the type of substance their youth were using. This could be because at this stage, their youth needed help in their substance behaviour (Hoeck & Van Hal, 2012). The parents also knew that the use of substances were a dangerous act. Hoeck and Van Hal (2012) mention that because the parents know that the use of substances is dangerous the parents goes out to seek help in order to help their youth. Parents can go to several places including, the hospital or the clinic for help.

The challenge in this study has been that the parents do not know what to do when their youth is high. The study by Hoeck and Van Hal, (2012) state that as much as the parent know that the use of substance is dangerous, they have a limited knowledge of

what to do to help their youth. Most of the parents never thought that the substance abuse can apply in their families. Thus, they did not see a need to get information on substance abuse or to inform their youth that about the dangers and the risks of substance abuse.

It is important for the PYAS to be informed about their youth and have the interest in learning of the facts about substance abuse. The parental understanding of substance abuse: the causes, the effects, the management, preventative measures are important for effective management for the youth's substance abuse (Chen, Huang, Yeh & Tsai, 2015).

This study has also revealed that the parents do not know what to do to get their youth out of substances. Allen, Garcia-Huidobro, Porta, Curran, Patel, Miller and Borowsky (2016) recommend that the need for the parents to be trained. The training will promote the health goals for adolescents and can reduce the crisis of substance abuse in the communities. If the parents are well supported and capacitated by health workers, they can contribute positively play an important role in the substance abuse prevention and management (Alhyas, Al Ozaibi, Elarabi, El-Kashef, Wanigaratne et al, 2015).

5.3.3.2. The experiences of the parents with regard to the youth abusing substances

This study has revealed the negative experiences that the parents go through. The lives of the parents become considerably disturbed by the devastating psychological pain related to diagnosis, the requirements for treatment, interventions, hospitalisation and the loss of an anticipated healthy youth (Carter, 2014). The parents go to an extent of going round the clock thinking and trying to care for their child who abuses substances which later affect their health.

In this study, the parents reported to be sick, hurt, and stressed. According to Mafa and Makhubele (2019) confirmed the findings of this study by stating that the parents can experience the negative feelings such as being shocked, hurt, angry, guilty, stress, shame, blame and sickness which comes as a result of the youth's substance abuse. This emotional turmoil affects not only the parents but the whole family.

The findings of this study have also indicated that substance abuse by one member of the family affects others. Hoeck and Van Hal (2012) states that the abuse of substances by the family member has the negative impact to other family members in

such a way that those family members will need professional help. The abuse of substances by a family may contribute to increased levels of trauma, depression and medical problems. According to Mafa and Makhubele (2019), the parents indicated that their relationship with other family members is strained and full of conflicts. The parents and the rest of family members alike become the victims of the addicted youth's victimization and theft of their valuable goods. They live in constant fear of the addicted youth's safety. They worry that they may come back dead through death inflicted upon him by the others or due to overdose.

The parents in this study has also indicated that they have gone through financial loss because of the youth who abuse substance the financial loss was incurred through stealing. They pay offences because of their son who abuses substances. The youth steal from their families in order to support their addiction. The parents find themselves constantly replacing the goods stolen from their families and the homes of other people. Parents find themselves in a difficult position when they are confronted by community members because of theft. The parents have to reimburse asserts that the youth stole. The parents also live in fear that members of the community can eventually harm or kill their youth (Masombuka, 2013 & Ngantweni, 2019).

The use of psychoactive substances affects the mind or behaviour. These substances are any chemicals that which when abused by human beings changes their mood, feelings and perceptions (Haefele, 2013). The parents reported that they have started to notice the change in the behaviour of their youth. The parents shared their concerns regarding the change in behaviour of their youth as a result of substance abuse, which included being disrespectful, temperamental and violent when they talk to them. The disrespect is also extended to the school.

The relationship between parents and their youth is an important key to an operational family (Clark, Donnellan & Robins, 2016). The parents also experienced the change in their relationship with their youth who abuse substances. The problem of poor communication between youth and the parents the major indicator of a poor relationship between the parents and the youth, and these results in sadness on the parents because of how the relationship is affected (Swartbooi, 2013). According to McLaughlin, Campbell, and McColgan (2016), the relationship between the parents and the youth is important in protecting the youth from the substance abuse. This

includes the parents monitoring their youth and strong communication between the child and the parent in order to promote disclosure.

5.3.3.3. The interventions the parents took to help their substance using youth

Seeking help is often a difficult process parent. They are reluctant to seek for help and support because they think they may be viewed as the parents who failed, and they are afraid of the shame they may feel if their problems are known outside the family. They try their own means to see if on their own, they cope before they finally go to the professionals for help. They take time to open up to anyone other than their immediate family living in the same household (Hoeck & Van Hal, 2012). This study investigated the interventions the parents took to help their youth who abuse substances before they can go to the hospital.

In this study, the parents took their youth to religious leaders for help. This is supported by Schultz and Alpaslan (2015) who said that the parents appreciate the spiritual support they get from the church and the spiritual leaders. They also make use of prayer as a coping mechanism to calm them and they keep on believing that their youth will be converted and stop using the substances. The church leaders also provide the parents with the support which gave them the sense of belonging as parents felt they are being rejected by families and communities. This gave them hope for the future where they believe that things will get better for them and it helped them understand that there is someone who care for them. In line with these findings the National Drug Master Plan (2013-2017) states that all people concerned including spiritual leaders should collaborate to fight the problems brought by substance abuse.

There are the parents who took their youth to the traditional leaders for help. However, Audet, Ngobeni, Graves and Wagner (2017) believes that there is more that needs to be known how the traditional healers work. People who would go to the traditional were mostly black race, unemployed, lower education level and having substance abuse problems. Patients believe that traditional care for substance abuse disorders is effective, and that makes the healers to keep on treating the patients with these disorders.

There are the parents who went to their relatives for help, this included the uncles and the aunts of the substance's abusers. Haefele (2013) believes that the involvement of

the family is essential in treating many substances abuse related disorders successfully. This works well when the family stays together in the same household where there are the substance abusers, parents, grandparents and other family members. However, there are incidents whereby the parents do not receive support from family members. Which leaves the parents to work on their emotional and psychological effects of their youth's substance abuse (Swartbooi, 2013).

Parents employed other means to contain their youth in order to stop them from using substances, this included denying their youth money, limiting contact with friends, locking the youth in the house, and stopping their youth from going out. Poor knowledge and experiences which the parents had when they initially discovered that their youth abuse substances made them to respond to the situation in different ways which later proved to be unsuccessful. This resulted in the parents feeling like losers in their efforts to protect and help their youth who abuse substances (Swartbooi, 2013).

There are parents who took their time to tell their youth that using substances is wrong. According to Hernandez, Rodriguez, Spirito (2015), regular communication about substance use and parent's disapproval of substances reduces the risk of an early onset of substance abuse. The strong parental norms against substance abuse reduces the risk of initiation of substance abuse and also reduces the peer influence in the use of substances. However, poor consistency and lack of parental involvement on the youth's life predicts the initiation of substance abuse (Hernandez, Rodriguez & Spirito, 2015).

5.3.3.4. Suggestions on the strategies to help the parents cope with their youth situation

There has been a suggestion for substances abuse awareness in the community by the parents. This can be useful to the parents and the youth because according to Chen, Huang, Yeh and Tsai (2015), there are less activities relating to substance abuse that are happening outside the hospital. There are limited resources in communities to instill substance abuse knowledge to the communities. At times, it is difficult for the parents to travel from where they stay to the hospital to enquire about the use of substances and the dangers at the hospitals. According to Alhyas, Al Ozaibi, Elarabi, El-Kashef, et al (2015), the substance abuse awareness campaigns can help in keeping the youth busy in the community. The awareness campaigns can

be helpful in attracting the youth and helping them to engage in the activities that will take them out of substances.

The findings in this study has been that the parents need to learn more on the substances. This is supported by Hoeck and Van Hal (2012) when they said that the parents of the youth abusing substances need professional or informal support and information. Parents have questions about substance abuse, and they need information. They need to be informed about the clinical findings, the prognosis, and treatment options. They also want to know about matters like how to utilise the services available, where to get information on relevant leisure activities, managing the finances, managing everyday responsibilities in the family, and how to manage a youth who abuse substances and his/her siblings (Alsem, Ausems, Verhoef, Jongmans, Meily-Visser & Ketelaar, 2017). The type of information that the parents need includes the professional information and the experienced-based knowledge where the parents of the youth abusing substances share their experiences and how they are coping in their situations (Alsem et al, 2017).

According to Mzolo (2015), parents could benefit from the support that could be offered in a form of support groups and workshops from health care professionals, the government and other stakeholders that will equip them with relevant skills and knowledge about how to cope. This can work as a therapy for the parents as they will learn and be able to cope with their youth's situation. This is because some of the parents feel like not all their need for information is not met during the consultation with the health professionals (Alsem et al, 2017).

The parents need to be communicated to regarding the condition of their youth that includes any chances of improvements and what can be done to assist if the conditions deteriorate (Chakravarthy, Shah & Lotfipour 2013). The parent places their absolute faith in the nurses. It is therefore important for nurses to be available to share the information they have with the parents. This information sharing by the nurses serve as a therapy to the parents. It helps in reducing the worries and the uncertainties of the parents (Chen, Huang, Yeh, & Tsai, 2015). According to Feeg, Huang, Mannino, Miller and Kuan (2018), the parents need can be summarised as a need to have faith in health care professionals, need to be believed, need for information and need for guidance and support.

There are parents who feel unprepared to take their youth home after discharge from the hospital. When it comes to planning discharge, many parents are not clear about what improvement their youth need to attain in order be discharged. They need great clarity from the nursing staff on the practical aspects of caring for their youths need at home. As a result, the parents suggested incorporating home visits during prior and during discharge. They need continuous support from home where the nurses can visit them (Foster, Mitchell, Young, Van & Curtis. 2019; Hernandez, Rodriguez, Spirito, 2015).

The parents wanted to be referred to other members of multidisciplinary teams, like psychologists and social workers. They believed that other health professionals will equip them with the relevant skills for them to take matters in their hands and to be confident in helping their youth who abuse substances (lsem, Ausems, Verhoef, Jongmans, Meily-Visser & Ketelaar, 2017). The collaboration of the multidisciplinary teams and the knowledge sharing increases the effectiveness of the parents in helping their youth who abuse substances (Moen, Opheim & Trollvik, 2019).

Parents expressed their need to be involved in the care of their youth. They stated that they want opportunities to partake in the care of their youth, stating that they want to be available in the nursing shift reports and the multidisciplinary rounds (Smith, 2018). This emphasised that it is important to give parents a chance to participate in their youth's health as well as the need to treat each parent and youth as an individual (Smith, 2018). When the parents are included in the ward rounds they feel more comfortable when requested their views, permissions, and also in asking questions. This involvement of parents make the parents feel respected, listened to, and regarded as a significant part of the health care team, thus, improving communication between the parents and health care professionals (Subramony, Hametz & Balmer, 2014). According to Horigian, Anderson, Szapocznik (2016), parents appreciates explanations about their youth's condition, the treatment they are taking and the procedures being done to help them. Knowledge is empowering to the parents. They appreciate when they are offered information regarding the available services. The parents found it more helpful when they are involved in the care of their youth

Parents expressed their need to be part of the support groups. They expressed that the support groups will give the support they need as they are the source of support

(Jones, Atkinson, Memon, Dabydeen, Das et al., 2019). They need support groups with other parents so that they can share common their common experiences as that will help them cope with their difficult situation by sharing their personal information and feedback (Wo, Ong, Low & Lai, 2018). Within the support groups that are where the parents will be able to communicate their fears, their feelings, and concerns with other parents who are at the similar situation and had 'been there' was defined as the most significant distinguishing factor of the support group (Bray, Carter, Sanders, Blake & Keegan, 2017). Parents feel that more support groups focus on what the parents need, thus there should be assistance and empowerment on the parents who are willing to get together to share their feelings as a group (Waini, 2015). The parents can acquire coping skills when they participate in support groups. Participation is associated with higher satisfaction with parenting as they are able to address their relationship strain with their youth, personal and mental challenges. They learn appropriate skills of managing their youth who abuse substances via participation in the support groups (Miller, Cooley, Niu, Segress, Fletcher et al., 2019).

5.3.3.5. Support as received by the parents

Parents of youth abusing substances wanted informational and emotional support in a form of learning how to manage their youth abusing substances that will lead to future independence. They also want to feel that their concerns have been heard by the professionals (Jones, Atkinson, Memon, Dabydeen, and Das et al., 2019). However, there are problems with how the youth who abuse substances are cared for when admitted. It sees as if the nurse does not understand the needs of the parents when their youth is hospitalised, the nature of the hospital admission if the admitted youth is aggressive. The nurses feel like their work load increases when they have to take care of the admitted youth and their parents and took will make them leave their main duty of taking care of the admitted patient and focus on the parent (Curtis et al., 2016).

The parents felt the nurses are not being helpful to them when they are in the hospital. According to Moen et al (2019), the parents think that the nurses lack empathy on them. They show limited involvement on them. They focus on the diagnosis determined by the doctors and disregarded the emotions of the parents. The parents thus believed that they were not getting any help from the nurses. This lack of help generated doubts in the parents' confidence to care for their youth and negatively

impact the willingness of the parents to come back to the facility for follow-up care (Chen, Huang, Yeh, & Tsai 2015).

The parents in this study felt that the nurses do not treat them well as the parents of the patients. Moen et al (2019) reports that many things can make the parents think that they are not being treated well as the relatives of the patients. Some of which can be the way in which the nurses communicate with parents. The parents may hesitate to ask questions if the nurses use the terms not known to the them, although meeting with the nurses can be seen as being supportive, that can also bring a feeling of ill treatment to the parents. Wiseman, Curtis, Young, Van and Foster (2018) state that the parents feel treated better when they are involved in the decision-making process of their admitted youth. They feel the sense of control in the situation. That includes then the parents get the timely information on their youth's information in a sensitive manner.

The parents in this study reported that the nurses attend to the youth more than they attend to them. Nightingale, Friedl and Swallow (2015) state that the parents feel neglected and overwhelmed and often they look to the nurses for assistance, but it is not easy for the nurses to meet their needs when faced with the normal procedures of attending to the patients. According to Wo, Ong, Low and Lai (2018), parents need to be checked on how they are doing by the health care providers, including the nurses. They can appreciate if the nurses can communicate with them, get to know their needs as the individuals who brought the patients to the hospital and if there is a need refer them to the other health professionals.

Parents indicated that they can appreciate if the nurses in the hospital can realise that they are dealing with other external demands such as other family members and their own response to the admission of their youth who abuse substances. The parents wished if the nurses can recognize that and anticipate what their future needs that will be helpful for their needs to be prioritised. As much as the parents acknowledged that the nurses do their best in helping with the immediate distress of attending to the substance abuser, they found that not much is done to prepare the parents on what to expect emotionally during the period of recovery and no emotional support is offered to the parents while their youth is admitted in the hospital (Bertrand, Richer, Brunelle, Beaudoin, Lemieux & Menard, 2013).

The study findings indicated that the parents have not shared their feelings with the nurses. According to Nightingale, Wirz, Cook and Swallow (2017) communication between the parents is important when the parents are in the hospital with their youth. However, the communication can be hindered by the fears that the parents have regarding their youth's future. Foster et al (2019) state that during the admission of their youth, the parents may ignore their own needs while in the hospital to focus on the admission. They suppress their emotions, which is a known contributory factor for poor psychological and emotional consequences and increased mental stress. They end up not disclosing how they feel to health care providers. Feeg, Huang, Mannino, Miller and Kuan (2018) recommend that the nurses to be cognizant of the parents fears and attend to them. They must give the parents the information needed regarding their admitted patient even before they ask for help. The nurses need to provide reassurance and confidence that they are working to help their admitted youth and they are trustworthy assist where there is a need.

Some parents claimed that they never received any counselling while they were busy taking their substance abusing youth to the hospital. Foster at al (2019) said the parents differed in how they viewed the support and the counselling from the hospital. Some found that receiving a counselling from the health care workers as helpful, while others felt that they were not getting enough from the health care workers. However, majority of the parents realised that they can get a variety of health services provided they wanted them.

The parents in this study said that they got support from their communities. This is however objected by Mathibela (2017) who said that communities view the parents of the youth abusing substance as irresponsible because their youth are abusing substances. They felt like they were being judged and they felt unwanted in their own community. The parents wanted to be treated with respect by the communities without any judgement. Taylor (2011) further said the communities get fed up with the youth who abuse substances. Their behaviour of stealing and disrespect make the community members resent the parents.

5.4. FINDINGS IN SUMMARY

The findings of this study has indicated that the parents need support from the nurses which include the following:

- Knowledge and information sharing regarding substance abuse
- Attention with regard to their own wellbeing as PYAS
- Capacitation with better strategies and interventions to manage themselves while helping their youth with substance abuse disorders
- Support by the nurses to the parents as the relatives of the patients which include debriefing on the patient's condition, counselling, and referral to the relevant healthcare professionals

5.5. CONCLUSION

This chapter has outlined the integrated data and presented its discussion. The parents gave the detailed account of their knowledge regarding substances, the experiences, the interventions, and their suggestions of the strategies to assist them with the situations they find themselves in. They also described the support they received from different stakeholders and their support needs. Therefore, chapter six discusses conceptual framework, programme development and its implementation.

CHAPTER 6

THEORETICAL FRAMEWORK

6.1. INTRODUCTION

The theoretical framework is the structure that puts together or gives support to the theory of the study. It gives the introduction and description of the theory that explains why the research problem understudy exists (USClibraries, 2016). In this study, the Practice-Orientated Theory by Dickoff, James and Wiedenbach's (1968) was used.

6.2. METHODOLOGY

The six activity list components that Dickoff et al. (1968) used in the situation-producing theory, guided the framework of the study. These are presented as follows in a question format:

- Who or what performs the activity?
- Who or what is the recipient of the activity?
- In what context is the activity performed?
- What is the guiding procedure, technique or protocol of the activity?
- What is the energy source for the activity whether chemical, physical and mechanical?
- What is the end of the activity?

Figure 6.1 illustrate the components of the survey list and the descriptions thereof.

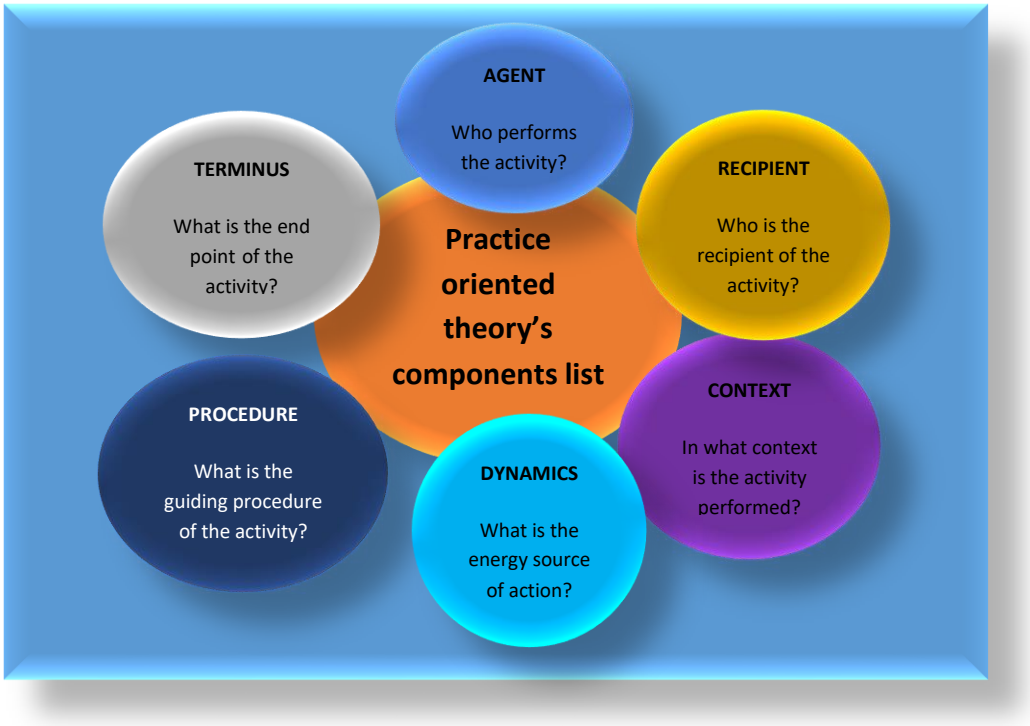


Figure 6.1: Practice-oriented theory's components adapted from Dickoff et al. (1968)

The researcher will conceptualise a framework for parents who are the agents to develop and implement a support programme which is aimed at assisting the parents to live life in a better way possible while they are assisting their youth to get out of substance abuse. Six vital points to survey which correspond with six questions about an activity are as follows:

- Agent - Who or what performs the activity? The agent is the researcher who has to provide an activity, which is the development and implementation of the support programme for PYAS in selected public hospitals in Limpopo Province. The programme will also be introduced to the professional nurses who are the carers of the youth who abuse substances so that they could remain supporting them after completion of this study.
- The recipient - Who or what is the recipient of the activity? The PYAS in selected public hospitals in the Limpopo Province.
- Framework - In what context is the activity performed? The support programme will be conducted in selected public hospitals in the Limpopo Province.
- Dynamics - What is the energy source for the activity? The energy source will emanate from the agent during the development of the support programme guided by reviewed literature related to the problem studied and the legislative framework that guides the development of the support programme. The recipients, who are the PYAS will be expected to participate during the interview sessions by sharing their experiences and ideas, which will guide the support programme.
- Procedure - What is the guiding procedure, technique or protocol of the activity? A support programme was developed and guidelines for the implementation of the programme will be described. These will include all the steps and process followed when developing the programme
- Terminus - What is the end-product of the activity? A support programme for PYAS was developed and implemented in selected public hospitals in Limpopo Province. This was done to equip the PYAS with knowledge and skills that they could use to assist them with their parenting skills related to the problem studied.

Figure 6.2 below illustrates the conceptual framework mind map of the educational programme.

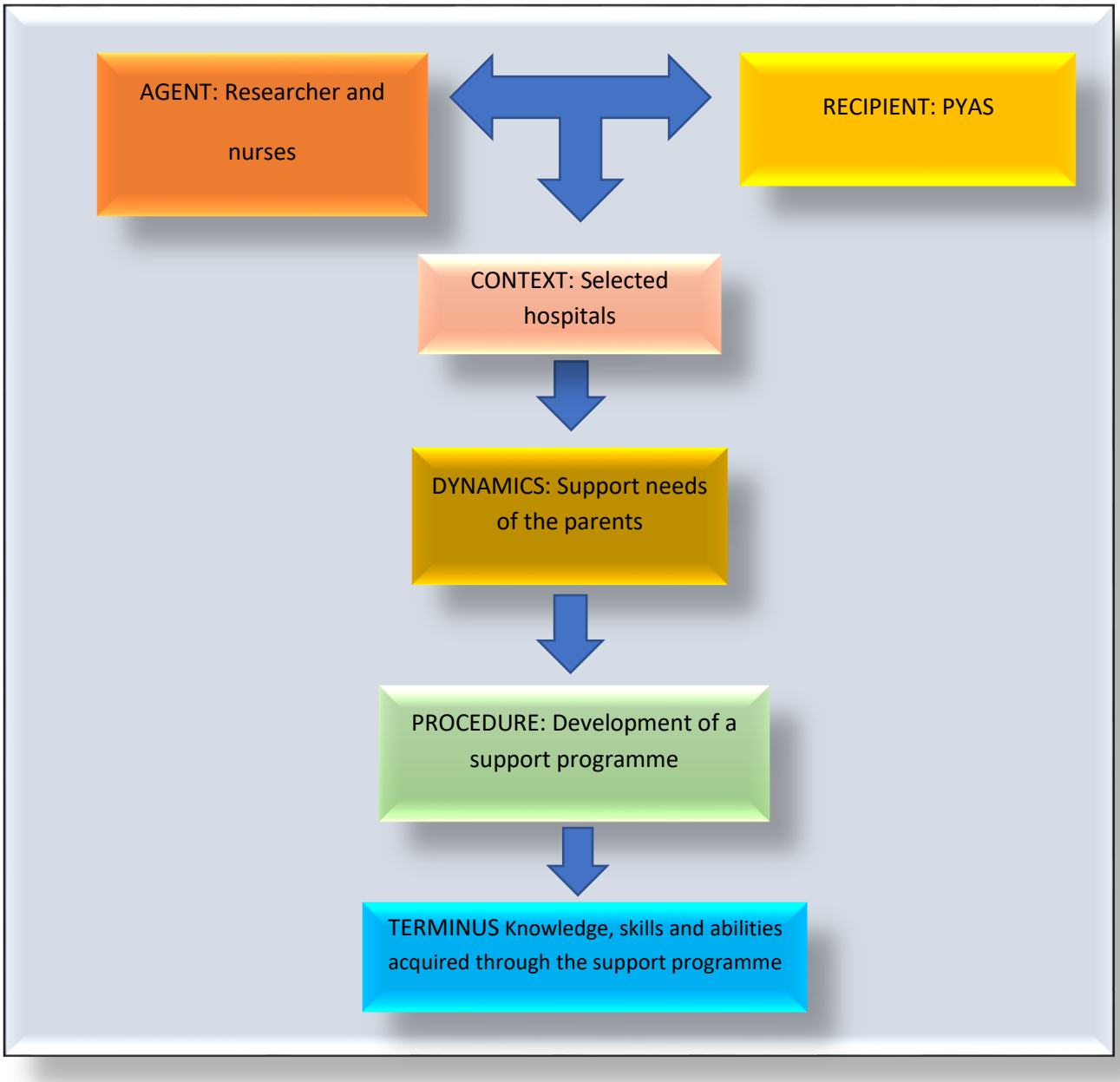


Figure 6.2: conceptual framework for the support programme

6.3. CONCEPTUAL FRAMEWORK EXPLAINED

6.3.1. Agent

The agent in this study meant the researcher and the professional nurses who assisted in the implementation of a support programme for PYAS at selected hospital. The researcher as the agent had the responsibility to plan, coordinate, and develop a

programme (Dickoff et al. 1968). The researcher as the agent was responsible for planning, coordinating, and developing the support programme which was aimed at assisting the PYAS with the knowledge and the skills to be able to manage themselves and the youth abusing substances (Dickoff et al., 1968).

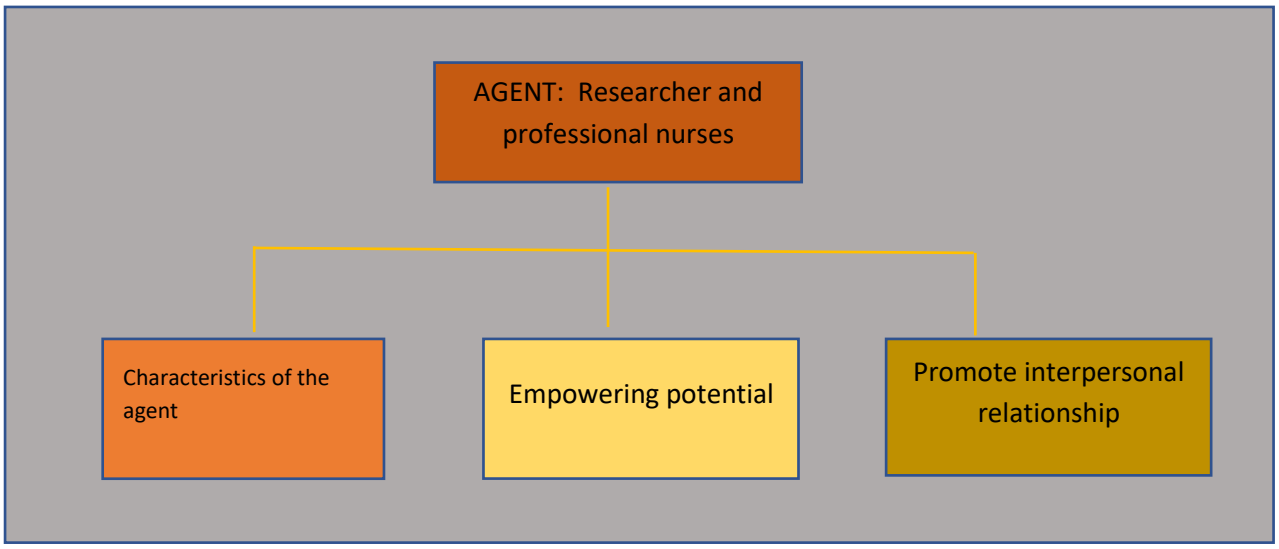


Figure 6.3. Attributes of the agent

Characteristics of an agent

It was required that the agent be able to design, plan, implement, oversee, and evaluate the support programme (Nangombe & Justus, 2016). The agent was expected to be a hard worker who is committed, and has passion about mental health of the PYAS, knowledgeable about substance abuse and its effects, approachable, trustworthy, inventive, assertive, honest, self-motivated, active, observant, and skillful to manage situations related to mental health and substance abuse. It was also expected that the agent be a mentor and a good mediator (Nangombe & Justus, 2016).

The information that the participants gave during the data collection assisted as it gave the starting point on the type of support programme to develop and what to cover on the support programme. The agent participated in empowering the nurses on the support needs of the parents and what needs to be done.

Empowering skills

Empowerment stimulates the feeling of autonomy and it enables the recipient to think creatively and it helps with the abilities to cope with stress. With empowerment the

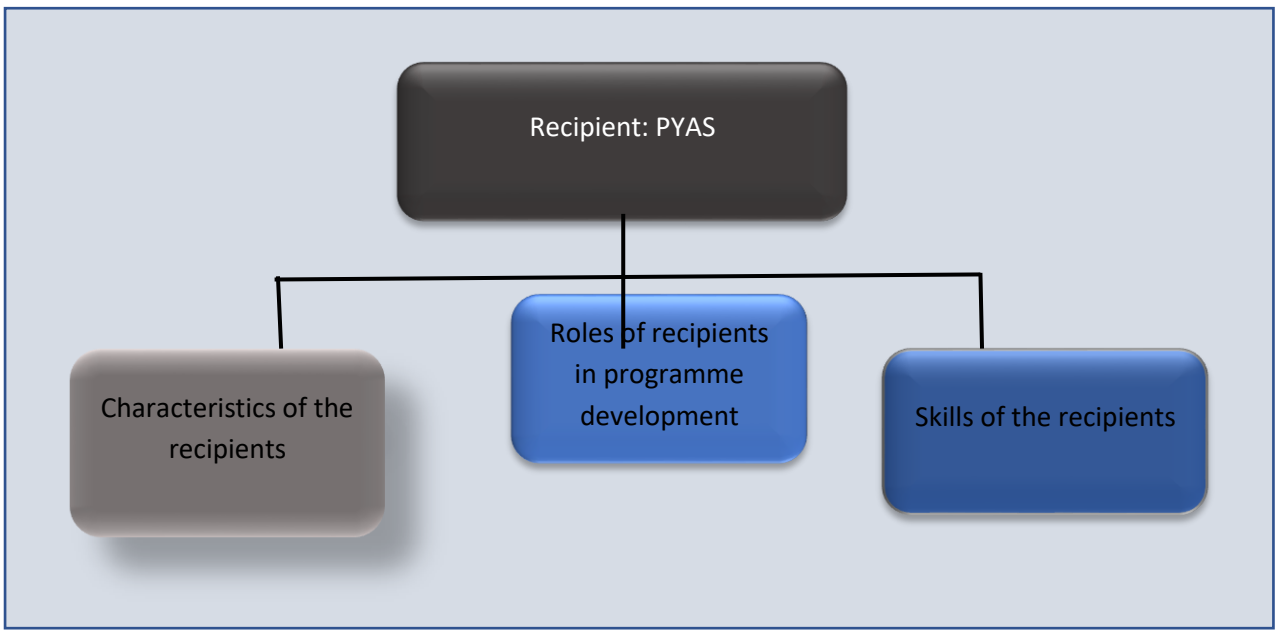
participants are able to achieve both mental and emotional wellbeing of the recipients. Empowerment to improve the mental capacity of the recipients and it enables them to be confident, give them problem solving skills and ability to make informed decisions. (Bortoluzzi, Caporale & Palese, 2014; Fong & Snape (2013). The agent encouraged the parents who are recipients to be able to voice their needs during data collection, and to join the support sessions (Nangombe & Justus, 2016). The parents were encouraged to participate during support sessions to get empowered with skills, capabilities and knowledge so that they could be able to manage their lives as they care for the youth who abuse substances (Santos & Torres, 2012). The agent accepted the recipient's contributions towards the development of the programme by acknowledging their support needs and their experiences as they care for the youth abusing substances.

Promote interpersonal relationship

Effective interpersonal relationships facilitated the successful implementation of the programme (Nangombe & Justus, 2016). The agent made sure that interpersonal relationships were an instrument for the effective implementation of the support programme. She established the communication strategies that encouraged the establishment of good relationships. The agent developed guidelines to determine solid interpersonal relationships by eliminating frustrations that are caused by ineffective communication. The agent ensured active participation, team work and demonstrated team leading abilities during the management of the support session.

6.3.2. Recipient

Dickoff et al. (1968) state that the recipient is the person(s) receiving the activity from the agent. The recipients of the support were all the PYAS in the selected hospital in Limpopo Province. Figure 6.4 below indicates the attributes of the recipient.



Characteristics of the recipients

Dickoff et al., (1968) recommends that the recipient need to have specific characteristics for them to gain from the programme and to effectively participate throughout the activity (Dickoff et al., 1968). The participants in this programme are PYAS. The support programme is developed to provide recipients with appropriate knowledge, skills and attitudes to improve the wellbeing of the participants.

The role of the participants

The role of the recipients; the parents of youth abusing substance during programme development included needs assessment through data collection in a form of semi-structured interviews where they outlined their experiences they had and support needs. Furthermore, they were handed a structured questionnaire that assessed their experiences, knowledge and their support needs. Then the support programme was developed based on responds the parents gave during the need analysis which assisted the researcher the planning integrative support programme. The contents of the support programme were informed by recipients' knowledge, experiences, practices, and support needs.

Skills of the recipients

The recipients being the PYAS, must be willing to learn. They must have listening skill and be patient. They must be willing to accept change. They must have communication skill where they are able to verbalise their strengths and their weaknesses, and also talk about their relationships with their youth.

6.3.3. The context

The context denotes to the environment where the activity will take place (Dickoff et al., 1968). The support programme was supposed to take place at the selected hospitals in Limpopo Province. These are the regional hospitals in Limpopo Province. Public hospitals are categorized as provincial, regional and districts based on services they render. The context of this study is the regional hospitals because they provide unique services with specialities focusing on internal medicine, paediatrics, gynaecology, obstetrics, mental health, general surgery and general practice. The programme was developed based on the data that were collected which indicated the support needs of the parents. Figure 6.5 below presents the context of the support programme and its framework.

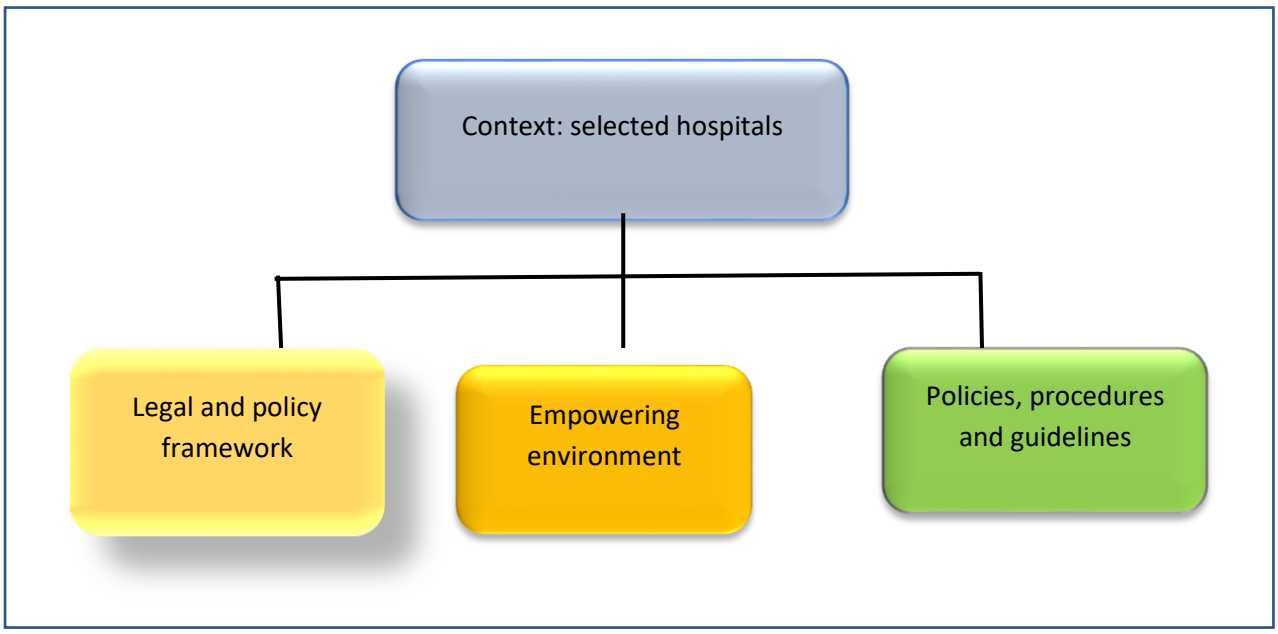


Figure 6.5. Legal and policy framework

The context in which the activity is to take place, which in this case are public regional hospitals operate within the legal and ethical framework. The legal framework adhered to include the Constitution of the Republic of South Africa, the Health Act, the Nursing Act, South African Nursing Council rules and regulations and policies and procedures at operational level. Ethical issues, privacy, confidentiality, justice, beneficence, informed consent, autonomy and are also to be adhered to by institutions throughout. This will help in ensuring a suitable environment for both patients and their relatives.

The Constitution of the Republic of South Africa

The Constitution of the Republic of South Africa Chapter 2: Bill of Rights, Sec 27, subsection states clearly that (1); everyone has the right to have access to (a) health care services, including reproductive health care. (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights. In this study, it implies that even the parent of the youth abusing substances have the right to access health care services. This right further supports the need for support programme as it encourages the need to conduct need analysis as it provides a way to finding the gaps in order to provide health services.

Batho Pele Principles (DoH, 2020)

1. Consultation – the agent made interactions with the PYAS during interviews and listened to their needs and challenges. The aim of this consultation was to reach out to the PYAS and find out about their needs. These needs analysis assisted in the development of a support programme which addresses the needs identified.
2. Access – the agent made sure that the PYAS access the services they deserved by identifying their needs, developed and implemented a support programme which addressed those needs.
3. Information – the agent made the recipient aware that they have the right to information about their conditions. The agent, therefore, a provided better explanation of the substance abuse and their effects on the parents and the youth, how to manage those effects.

SANC Regulation, No. R2598 amended by No. R260

According to SANC Regulation No. R2598 amended by No. R260 section 2, a professional nurse shall;

(a) Execute a programme of treatment or medication prescribed by a registered person for a patient. The agent as a professional nurse and nurse educator and researcher, developed a support programme to assist PYAS in coping with their situations. The programme was further implemented to make sure that the parents of youth abusing substance achieve the state of wellbeing they need.

(b) Diagnose a health need and prescribe, provide and execute a nursing regiment to meet the need of a patient or group of patients or, where necessary, by referral to a registered person. During data collection, the need analysis was conducted and the support programme was based on identified needs.

Providing this information to the recipients encouraged a trusting relation between them and the agent.

Empowering environment

The selected public hospitals are under the Department of Health, Limpopo Province. Limpopo's Department of Health is under the national Department of Health which has

the National Health Promotional Policy that promoting health of the people. The National Health Policy has key strategies for health promotion interventions (DoH, 2015). That is, community mobilisation which includes; establishing and maintaining health promotion community-based support groups like parents support groups and substance abuse support groups (DoH, 2015). The agent, therefore, provided proof of approval from the Department of Health and other relevant stakeholders to conduct the study at the healthcare facilities with the recipients. As a result, the recipients were free to participate in the development of the programme. The development and the implementation of the support programme was part of the fulfilment of the National Health Promotional Policy to improve the lives of the PYAS.

Policies and procedures

The support programme was conducted based on policies and the procedures of the health institutions where it was conducted. Policies and the procedures of the hospital are formulated in line with the legal framework were utilised to achieve the set objectives. According to Nangombe and Justus (2016), the policies and procedures must be good and favourable to the agent and the client who should be provided with quality care. When health professionals understand the standards and processes in the institution, they are likely to facilitate effective implementation of policies and guidelines.

6.3.4. Dynamics

According to Dickoff et al., (1968), the dynamics are the energy sources of the activities inside the individual or they are the internal motivational factors that promote a successful implementation of the programme. In the context of this study, the dynamics are the experiences of the parents when taking care of the youth abusing substances. The dynamics refers to the guiding forces that motivated the direction towards change and development. Based on the findings of the study, the parents do not know much about the substances and their effects and they also need to be supported as they are experiencing the negative effects of their youth substance abuse. Thus, there was a need to develop and implement a support programme in order to assist the PYAS to cope with their situation and to achieve their wellbeing as their health is important. Figure 6.7 below represents the dynamics of the activity which include the experiences of the parents, their knowledge and their support needs.

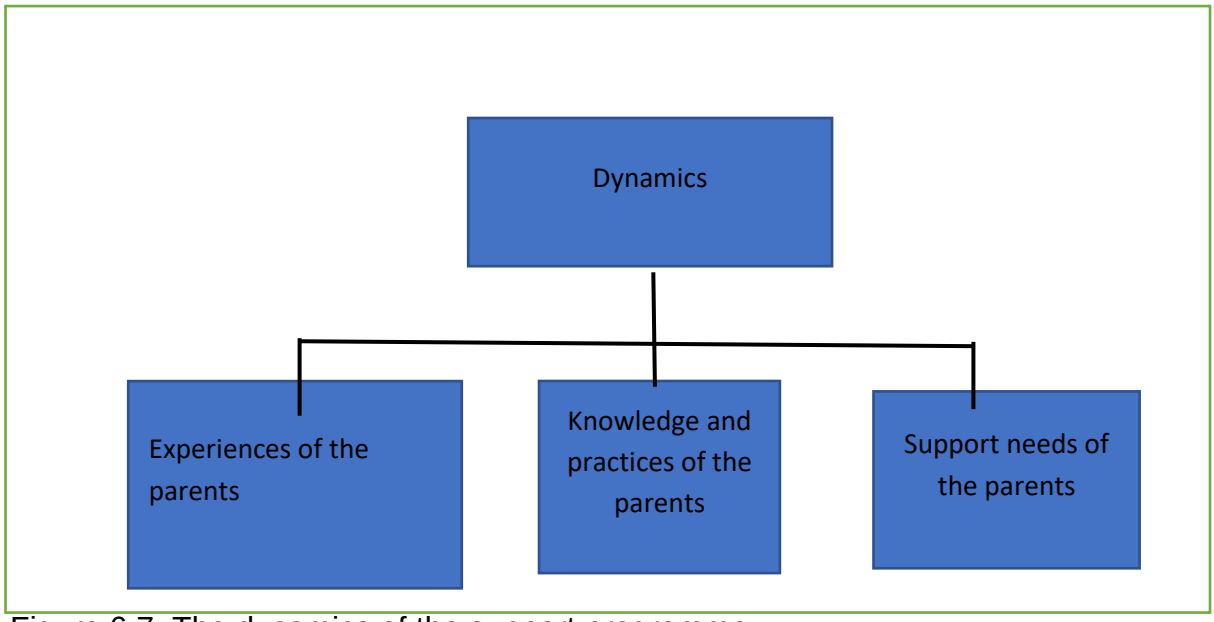


Figure 6.7. The dynamics of the support programme

Experiences of the parents

The findings in this study has indicated that the parents go through a lot when their youth abuse substance. Some go through depression, other are stress while others get physically ill because of their youth substance abuse. They have experienced seeing their youth moving from the little child they raised to a person whose behaviour has changed completely, their relationship with the youth who abuse substances has changed and this has affected the whole family. This necessitates that the parents be supported based on their experiences.

Knowledge and practices of the parents

The parents in this study show that they know that their youth abuse substances. Some knew the type of substances they were using and knew that the substances were not good for their youth, but they did not know how to help their youth when they were high on substances and how to help their youth to get out of the substances As a result, they tried many things before coming to the hospital. The support programme is important in this regard as it gives the parents more knowledge on substances and what to do to help their youth who abuse the substances and how to get help themselves as the PYAS.

Support needs of the parents

The need analysis indicated the needs the parents have with regard to the support for them. They need to know more about the substances. They would appreciate if the nurses communicate with them regarding the condition of their youth abusing substances. They would appreciate to be attended by the nurses when they visit their relatives in the hospital that include being greeted by the nurses and being reassured about the youth abusing substance's condition. Their needs go to an extent of having the visits by the nurses just like there are visits to other patients with chronic illnesses. They also need support groups and to be referred to other members of the multi-disciplinary team for assistance to their wellbeing.

6.3.5. The procedure

The procedure is the guiding protocol of activity (Dickoff et al., 1968). This give the outline of the general rules that guides the activity and give the clarity to the steps that will be followed the goals of the programme. The procedure that provided steps followed during the development of the support programme for the purpose of achieving the support goals was described. The procedure followed for the development of a support programme in this study was ADDIE Model (Branch, 2009) of instruction which is discussed in the programme development chapter.

The support sessions were carefully planned to meet the specific goals based on the support needs of the PYAS. The support programme was facilitated by an agent who is a researcher and also a professional nurse and knowledgeable in mental health. The programme was evaluated following the steps from the model to evaluate the achievement of the desired goals.

The programme addresses the comprehensive purpose of the programme, programme outcomes, programme content, techniques of delivering the programme, and the evaluation

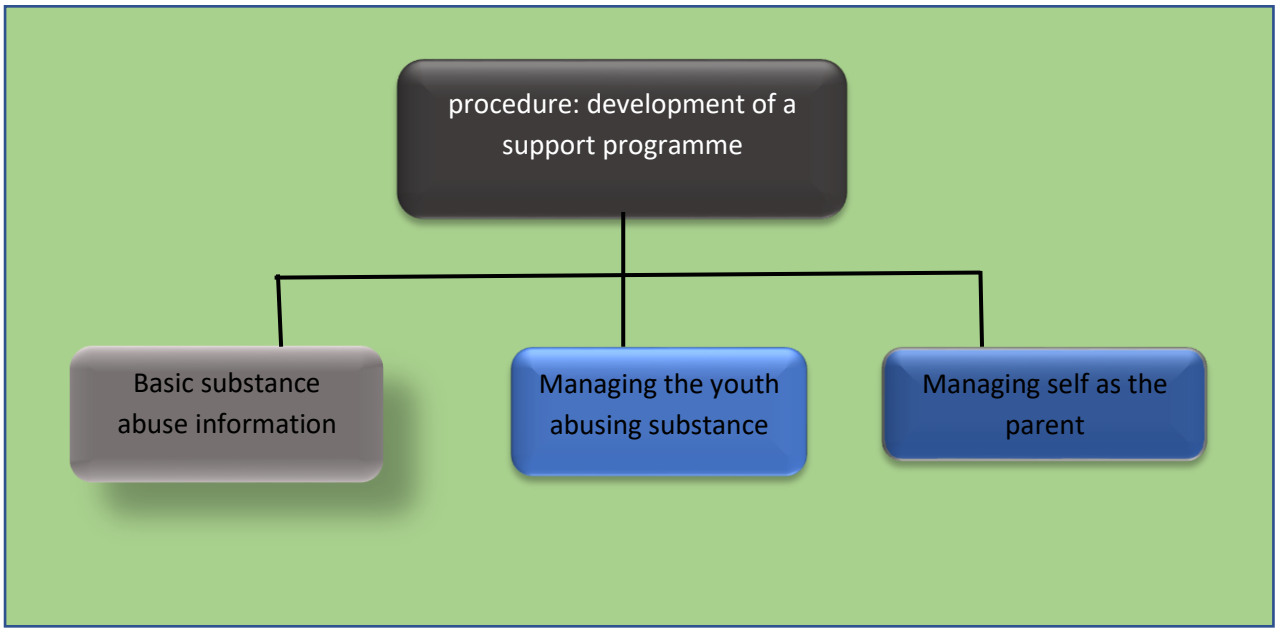


Figure 6.8. The procedure of the support programme

The procedure for developing the support programme was guided by the results of situational analysis in Phase 1 of the study. The following aspects as stated by Fareo (2015) were followed when developing the support programme.

(i) Skill Training: Skill training focus on teaching parents the physical and behavioural management of the youth abusing substances. The agent was able to assess the needs of parents which enabled them to the design programme of support for them.

(ii) Parent Education: The parents needed to be given accurate information about the causes of substance abuse, management and coping strategies. They want to know how to use available resources to help their youth abusing substance. Educating the parents is a necessary part of support for the parents.

(iii) Counselling Practices: Support through counselling comes out of the fact that parents with youth abusing substances have a number of concerns regarding what is happening now to the youth and about the future. They doubt their own competency as parents. They are concerned and may be anger when the rightful services are not given to their youth. They feel unwanted or stigmatised the fellow parents and other community members. Individual counselling was therefore organised for the parents who needed individualised counselling services besides the one that was provided by the support group.

(iv). Parental Rights and Advocacy: it is important to understand that parents own their youth and besides having rights over their youth; they also need legal protection against wrong notions. Parents were made aware of the laws and regulations protecting them and their youth in the hospital and the community.

6.3.6. Terminus

The terminus is the final part of the activity; it marks the end of the process of the development of the support programme (Nangombe & Justus, 2016; Dickoff et al., 1968). In this study, the terminus is the end result of the programme is the parent of a substance abuser who is able cope with the situation while assisting the youth who abuse substances.

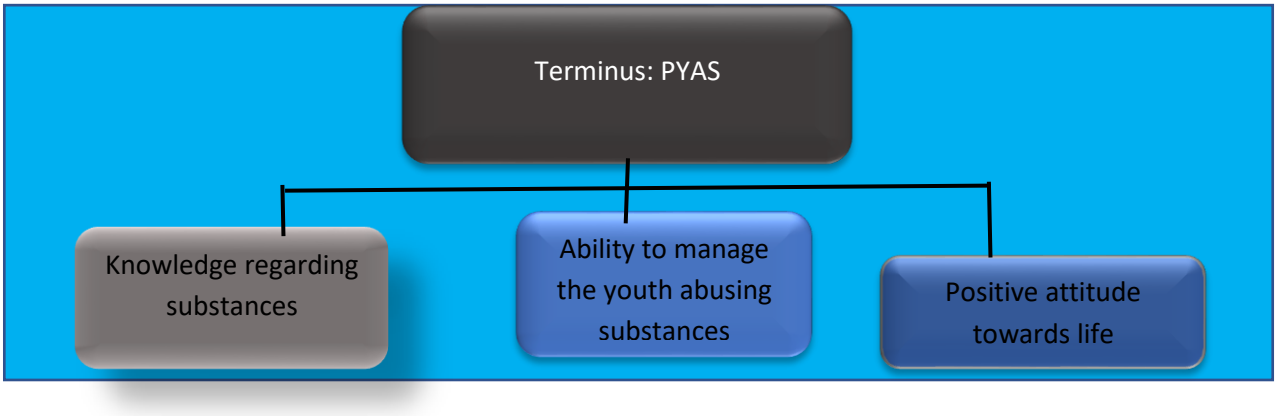


Figure 6.9: The terminus of the support programme

The terminus of this programme is the wellbeing of the PYAS. The programme has empowered the parents of the youth abusing substance whereby the parents have knowledge about the substances and their effects, they are able to manage themselves and the youth abusing substances and they have a positive attitude towards life. The professional nurses have also been equipped with the skill to continue running the support programme in their respective wards. Nurse Managers have been briefed so that they put strategies in place to ensure sustainability of implementing the support programme on the PYAS.

6.4. CONCLUSION

The discussion regarding the conceptual framework above provides the process followed when developing the support programme for the PYAS in the selected

hospitals, Limpopo Province was outlined in this chapter. The six elements of Dickoff. (1968) Practice-Oriented theory namely: agent, recipient, context, dynamics, procedure and terminus were used to guide the process for the development of the support programme. The agent was the researcher who has to provide an activity, which is the development and implementation of the support programme for PYAS in selected public hospitals in Limpopo Province. The programme was introduced to the professional nurses who are carers of the youth who abuse substances so that they could remain supporting them after completion of this study. The recipient was PYAS in selected public hospitals in Limpopo Province. Framework and the dynamic were the selected public hospitals in Limpopo Province. With the procedure a support programme was developed and guidelines for the implementation of the programme were described. The end product was the developed support programme of the PYAS in the selected hospitals.

CHAPTER 7

PROGRAMME DEVELOPMENT AND IMPLEMENTATION

7.1. INTRODUCTION

Parent support programme is a programme aiming at strengthening and supporting parenting abilities and they help in promoting the new competencies that equip the parents with skills and knowledge to take care of themselves while they are taking care of their youth abusing substances. The parent support programme also aims to enable parental capabilities that promote health living for the parents in the situation that can be stressful (Trivette & Dunst, 2014). Parent support programmes also mean methods and programmes that focus on parents with the aim of improving parents and youth health and wellbeing (Trivette & Dunst, 2014). This chapter would give details of how the programme was developed and implemented.

7.2 OBJECTIVES OF THE STUDY WHICH GUIDED THE DEVELOPMENT OF A SUPPORT PROGRAMME

Objectives 1, 2 and 3 of the study were to:

- Explore and describe the experiences of parents of youth abusing substance in selected public hospitals in Limpopo Province.
- Describe the knowledge and practices of parents of youth abusing substance in selected public hospitals in Limpopo Province.
- Identify the support needs of parents of youth abusing substance in selected public hospitals in Limpopo Province, South Africa.

Objectives 1, 2 & 3 which is in Phase 1 of the study was aimed at situational analysis which provided the baseline understanding of the practices and assessment of support needs for the PYAS. The findings of phase 1 of the study guided the development of the support programme.

Objective 4 which is phase 2 of the study was to;

- Develop a support programme for PYAS in selected public hospitals in Limpopo Province.

The research findings on the experiences, the knowledge, the practices on caring for the youth abusing substances and support needs guided the development of the support programme.

Objective 5 which is Phase 3 of the study was to:

- Implement a support programme for PYAS in selected public hospitals in Limpopo Province.

7.3 THE RATIONALE FOR DEVELOPMENT OF A SUPPORT PROGRAMME FOR PROFESSIONAL NURSES

There seems to be lack of support for PYAS when they are admitted to the selected public hospitals in Limpopo Province. All the attention is given to the youth whilst the parents seem to be suffering because of several parenting and social factors that affects them. Therefore, the study is aimed at the development and implementation of the programme that will support PYAS in selected public hospitals in Limpopo Province. The findings of this study indicated that the PYAS wants to be part of their youth's healing process. They want to know if their admitted youth is improving while in the hospital. They lack knowledge about substances, how they work in the body and how they can assist their youth. They want to be capacitated with knowledge and skills cope with the substance use of their youth. They are physically and mentally not well because of their youth's substance abuse.

7.4 BENEFITS OF THE DEVELOPED PROGRAMME

The support programme had benefits that are both short term and long term which includes the following:

Benefits to the parents

The parents received the needed support from the healthcare professionals and they will be able to cope with their youth's substance abuse condition. They were capacitated with the knowledge and skills to help their substance abusing youths and they were able to manage themselves and their emotions during the care of their youth.

Benefits to the Nursing Profession

The outcome of the study assisted nurses in giving adequate support to PYAS; this assisted in the well-being of both the youth and the parents. The nurses showed the

interest not only on the admitted patients which the youth abusing substances, but they also assisted the parents as they came to visit their admitted youth.

7.5 METHODOLOGY

ADDIE Model was the model of choice in the development of the support programme. Hartgill (2016) describes the ADDIE model is a systematic instructional design model consisting of five phases: Analysis, Design, Development, Implementation, and Evaluation. Various flavours and versions of the ADDIE model exist. The originator of this model is unknown. This model assisted the researcher in developing the support programme.

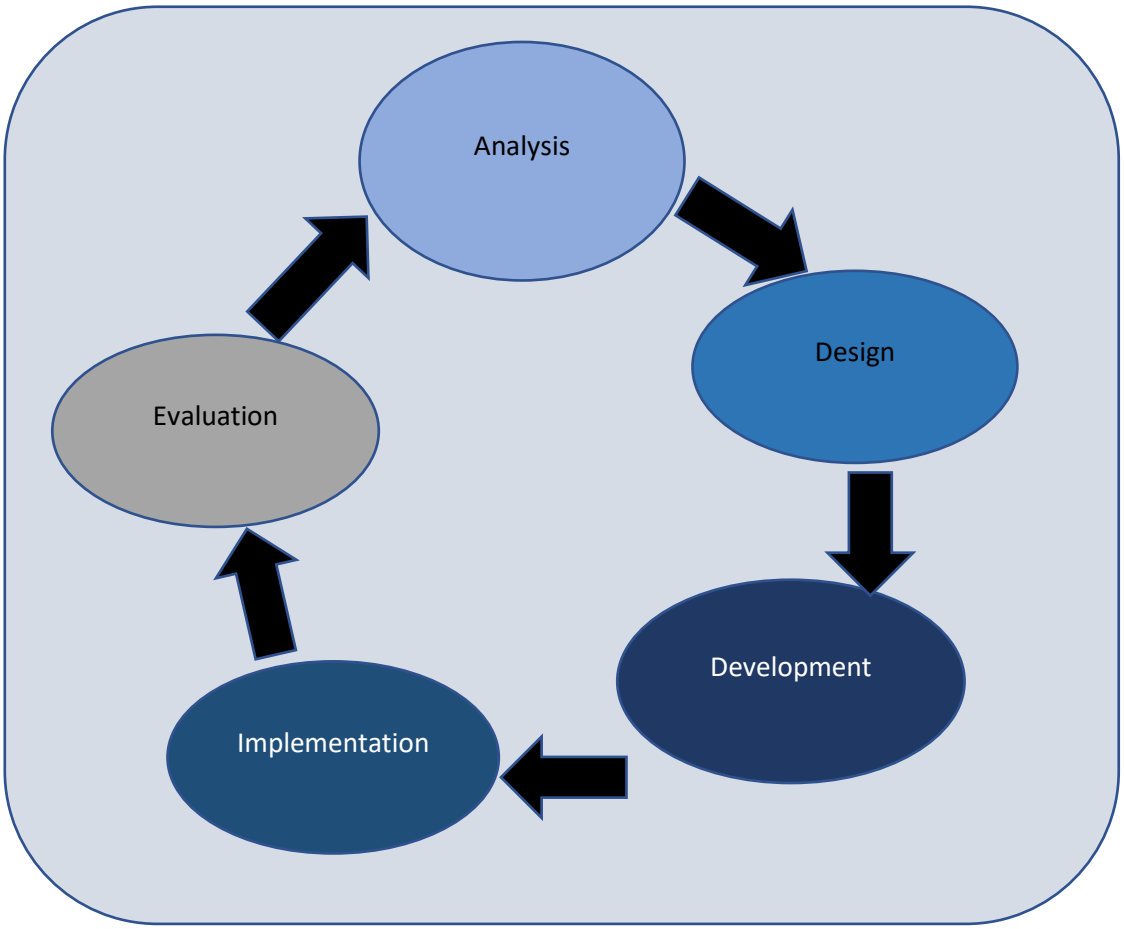


Figure 7.1. ADDIE model

The five phases of ADDIE are as follows:

- Analysis

The analysis part of EDDIE model was not done on the development of the programme because the researcher performed need analysis during data collection. In data collection, the researcher explored and described the knowledge and experiences of parents of youth abusing substance. The researcher further identified the support needs of parents of youth abusing substance in selected public hospitals in Limpopo Province. The parents were assessed to find the gap between what they already know and what new information and practices are necessary for them to learn. This was carried out during situation analysis, parents were interviewed in data collection on their experiences and learning needs related to their youth abusing substances. They were also given administered questionnaires to complete which were aimed at assessment of knowledge and practices related to care of their youth abusing substances.

- Design

The design phase includes the mapping out of the plan for the support programme. The plan gives the details of who, where, what, when and how details of the support for use by the researcher and other health professionals who were part of developing and implementing the support programme (Hamza, 2012). This was done as a result of the merged findings of the qualitative and quantitative strands that informed the design of the programme. The support programme was therefore designed based on the support needs of the parents. The gaps between what the parents know and what they need to know including their support needs as indicated during situational analysis phase assisted the development of the programme. Needs assessment results helped to determine the content necessary for the development, implementation and evaluation of the support programme. The duration of the support programme was also determined based on the need assessment results.

- Development

The actual creation of a support programme was designed in a form of a psycho education programme which includes the content, learning/support materials, activities which the parents which did were based on the Design phase. The researcher developed the materials, content and activities that matched the outcomes identified in the design phase. The strategies selected during the design phase including support group activities and reference materials were developed and assembled until complete and ready for implementation. The materials were drafted first and then proofread by the research supervisors before a final version was concluded.

- Implementation

During implementation, the plan was put into action and a procedure for support programme to be facilitated by the nurses and the facilitator. Arrangements were made with the unit managers to allow the researcher to see the PYAS in order to recruit them into forming part of the support group. In preparation for implementation of the support programmmes, the researcher started with venue booking and preparations. The arrangements and preparations were made before time. The time allocated for each session was amaximum of an hour. The plan was that the parents attended the support group an hour before the visiting time could start in the hospital so they would come for the support group as they come to visit their youth. As they came for the support group they registered for attendance before we commence. The focus of this phase was the actual involvement of the parents in the support programme.

- Evaluation

The evaluation of the support programme was incorporated at the end each session with the PYAS. Each parent was asked to share their feelings at the end of the sessions. The parents were asked to rate the facilitator's performance in managing the support sessions. The Kirkpatrick Evaluation Model was used to evaluate each teaching session with the parents (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). The model defines the four levels of evaluation as follows:

(a) Level 1 – Reaction

This level measures the degree to which the teaching sessions experience was satisfactory. The facilitator as an agent asked the PYAS to share how they felt about the whole teaching session.

(b) Level 2 – Learning

This level measures the degree to which the parents of youth abusing substances attained the desired knowledge, skills and attitudes as a result of teaching. It determines whether the objectives were achieved.

(a) Level 3 – Behaviour

It measures the degree to which parents of youth abusing substances' behaviour has changed as a result of support provided. That means the parents apply the knowledge and skills learned from the support sessions to their lives.

(a) Level 4 – Results

Level 4 pursues to establish if the actual outcomes of the teaching session such as improved quality of life, improved knowledge about substances and the ability to manage self as parent during the crisis is achieved. These tangible outcomes of the programme implementation may not be determined at this stage because the participants will be given time to t the knowledge and skills gained into practice

7.6. THE DESIGNING OF A CONTEXT-SPECIFIC SUPPORT PROGRAMME FOR PYAS

The support programme is developed for the selected hospitals to insure the support of parents of youth who abuse substances. The support programme addressed the support needs of the of PYAS. The context-specific support programme was structured as a support group programme for the PYAS.

7.6.1 The purpose of the support programme

The main purpose of this support programme is to equip PYAS with the knowledge and skills needed to manage themselves and to be able to assist their youth abusing substances. The researcher was able to identify the need of the parents of the youth abusing substances. The gaps were identified and they were used as part of a support programme. To achieve this purpose professional nurses are empowered because they are the leaders in the nursing care. They were also encouraged to share their knowledge with other categories so that the support for the parents will continue.

7.6.2. Outcomes of the programme

The outcomes of the support programme were congruent with the main purpose of the study to ensure that the objectives of this study were achieved. The end-product of the

support programme was to ensure that the PYAS are supported. The PYAS are empowered to manage themselves and their emotions while caring for their youth abusing substances.

7.6.3. Pre-requisites for being part of the support programme

The following pre-requirements or inclusion criteria were considered before a parent can be allowed into the support programme:

- The participants should be the parent of substance abusers.
- They must be staying with the youth abusing substances
- The parents of the youth who were admitted with the primary reason for substance abuse.
- Parents who are available to participate in the support group

7.7 THE SUPPORT PROGRAMME

The support programme for the PYAS was in a form of psychoeducational support groups. In these support groups the parents benefit from interacting with peers in a common setting. When parents attend the support group their feelings of loneliness and isolation are reduced because they begin to realise that they are not the only ones with problems. When the parents realise that there are other who had the same issues, they open up easily and became more engaged. In the support sessions, the parents are equipped with the knowledge they need and they exercise new skills in a safe environment surrounded by people who more readily relate to their experiences. The programme assists the parents develop a better understanding of the challenges they face and it help them understand the importance of their mental health (Oliver, 2018).

Title: Support programme to enhance the wellbeing of the PYAS at the selected hospitals in Limpopo Province.

Group duration: 7 sessions

Time allocated for each session: 60 minutes, provided enough time for discussions, teaching and learning

Group size: 4-8 members, but because of COVID 19 restrictions it was two members from each selected hospital.

Setting: Sessions were conducted at the visitors waiting area

Sessions facilitator: Hlahla LS (PhD Candidate) or the professional nurses.

OVERVIEW OF SESSION OUTLINES

The session took the same format. This was done to assist group members to become easily accustomed to the set-up and to enjoy the familiarity it provided.

GOAL OF SESSION: The goals are carefully planned to go with the development of the group. The topics chosen support the main goal for supporting the PYAS.

CHECK-IN: The facilitators requested each participant a quick question to answer in Check In. This was done to give the facilitator an opportunity to acknowledge each person who has attended a support session. At this stage the facilitators emphasised the ground rules that each person must be short and straightforward and there should not be any disruptions when one group member speaks in this phase of a session.

HANDOUTS: Handouts were used to supplement the content during the Learning and Discussion in some sessions. The handouts were done in a way that they can be used during learning and after when the parents are home.

LEARNING AND DISCUSSION: Knowledge is power, and the knowledge shared is the basis of the support session. The facilitators encouraged discussions and this helped parents to link information given to them to their own lives and situations. The facilitator believed that the members of the support group know their concerns better; Learning and Discussion gave the parents a chance to put together their experiences and knowledge with a broader information related to the topic. Content to be taught to the parents included in Appendix H.

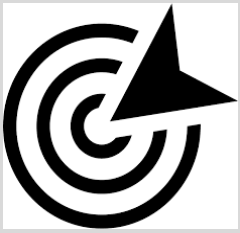
ACTIVITIES: Sometimes activities were done before the Learning and Discussion phase, and at times after. The activities were used to make group members to be hands on in active learning and to make the sessions enjoyable.

SELF-CARE ACTIVITY: in each session there was a special activity included. This activity's importance is to encourage self-care on the group members. These activities were carefully planned to help the PYAS to manage themselves as they care for their children

CHECK-OUT: the structure of the checkout was similar to the Check-in. Each participant was given an opportunity to give a comment at the end of the session. This closing activity taught the parents genuine goal-settings and helped them to manage any emotions that have been stirred in the discussions.

Session 1

Introduction of a support group

GOAL OF SESSION 	-To create a safe and healthy group environment -Introduction of members and facilitators: each member to introduce themselves -Setting of ground rules: group members to come with ground rules -Explain the set-up of the meeting: participants to know what to expect • Check-in: every member to respond to a question given shortly • Handouts: may be given in the sessions • Learning and discussion: the outlining of the content by the facilitator • Activities: may come before or after the learning and discussion part • Self-care activity: activity given to the parent to help them cope while taking care of their youth • Check-out: same as check in, each member to answer the question shortly after the meeting

CHECK-IN: 	Getting to know each other a little. Which season of the year do you like and why? Or which place would you like to visit and why?
LEARNING AND DISCUSSION 	The facilitator to • Preview the topics to be discussed in the coming session • Gives out a handout with dates and the topics for discussions in the coming support sessions Gives an overall overview of how the sessions will be conducted
ACTIVITIES 	Telling our stories Parents to give a brief narration of their youth substance abuse story, how it started, and how it is going. Maximum 5 minutes to each participant
SELF-CARE ACTIVITY 	Tell the person next to you any 2 good things about your substance abusing child
CHECK-OUT 	My expectations at the end of the support group are…….

Session 2

What is substance abuse?

GOAL OF SESSION 	To give the parents information about substances abuse
CHECK-IN: 	What are your feelings being back to the session today? Happy, worried, anxious…?
SELFCARE ACTIVITY 	Preparation: Put a box behind the door or at the corner in the room where the meeting. Have three small papers for each participant. 1. Assure the parents the confidentiality of the sessions and the request them to write a worry they bring into the session today. One worry per paper. Tell them they may not write their worries in detail but they can just write a word that represent their worries in each paper. 2. After writing ask each parent to throw their paper in the box. 3.Tell them at time is difficult to fully concentrate when thy have worries in their mind. For a time in today's session they can put aside their worries and concentrate fully to what is going to be discussed today.
LEARNING AND DISCUSSION 	This part will include general information like What is substance abuse, when does it happen and how does it happen

ACTIVITIES 	Ask the parents to brainstorm why do they think their youth got into the substances
CHECK-OUT 	Share with us what you have learned in today's session

SESSION 3

The risk factors or the causes and the consequences of substance abuse

GOAL OF SESSION 	To help the parents to be aware of the causes and the consequences of substance abuse
CHECK-IN: 	What type of substance does your child use
LEARNING AND DISCUSSION 	Information regarding consequences of substance abuse to be share by the facilitator
ACTIVITIES 	share your neighbor what you think could have caused youth's substance abuse

SELF-CARE ACTIVITY 	When you get home do one thing that makes you happy.
CHECK-OUT 	What consequences of substances you have noticed so far on your youth?

SESSION 4

How substance abuse affects the parents

GOAL OF SESSION 	Assisting parents recognise and respond to the effect of substance abuse of their youth on them
CHECK-IN: 	What was your reaction when you learned that your youth abuse substances?
LEARNING AND DISCUSSION 	The facilitator will give a presentation on how substance abuse affect the parents
ACTIVITIES 	Ask parents to take their time and think about words of encouragement. Provide them a paper to write a letter to themselves. The letter must include everything including from how they felt when the learned that their youth uses substances and words of encouragement for the future.

SELF-CARE ACTIVITY 	Set up time for yourself to do one thing that makes you happy over the weekend
CHECK-OUT 	Have you tried to look for help, after you realised that you were (badly) affected by the substance abuse of your child?

SESSION 5

Helping your child out of substances (communicating with your child)

GOAL OF SESSION 	To assist the parents in developing the communication skills and coping strategies enable them to manage their own emotions and to help their youth.
CHECK-IN: 	What helps you to calm down when you are really offended?
ACTIVITIES 	Feelings that came when you realised that your youth abuse substances. Parents to write down how they felt when they discovered that their youth abuse substances
LEARNING AND DISCUSSION 	Information on coping and communication to be provided by the facilitator

SELF-CARE ACTIVITY 	Relaxation techniques: Relax by counting Counting comes as an easy way to relieve your anxiety. When you feel pressured by anxiety, find a comfortable and quiet place to sit. Close your eyes and count to 10 slowly. Repeat counting, if necessary, count to 20 or even to a higher number. Keep counting until you feel relieve or less anxious. Kindly note that at times the relief happens quickly, but sometimes it might take time. Stay patient and be calm. Counting relaxes you because it provides you opportunity to focus on something besides your anxiety. It can be great to use when you are about to confront your child.
CHECK-OUT 	What do you plan to do to open up communication with your your child this week?

SESSION 6

Managing self

GOAL OF SESSION 	To help the PYAS manage self

CHECK-IN: 	How does the ideal 'you' look like?
LEARNING AND DISCUSSION 	The facilitator will present ways in which the parents can manage themselves
ACTIVITIES 	List the places you can find help for yourself
SELF-CARE ACTIVITY 	What is your personal manifesto? Your personal manifesto defines your personal beliefs and core values, the specific priorities and philosophies that you believe in. This works as both a declaration of personal principles and a call to action. A personal manifesto has the ability to help individuals set their lives, lead them in a right route to help them reach their goals, and it works as a tool to keep them abreast with your basic needs.
CHECK-OUT 	Tell us how do you feel about yourself so far after the sessions you have attended

SESSION 7

Moving into the future

GOAL OF SESSION 	To bring the group to the end and to impart confidence and courage for their family future
CHECK-IN: 	How do you feel about reaching the last session?
LEARNING AND DISCUSSION 	General summary of all the sessions
ACTIVITIES 	Evaluation of the sessions
CHECK-OUT 	What are your future plans?

7.8. THE GUIDELINES FOR IMPLEMENTATION OF THE SUPPORT PROGRAMME

The development of the support programme includes the description of guidelines for the implementation of the programme. The guidelines serve as a guide and standard to best practices, for directing the implementation of programme activities, thus, a

common point of reference for hospitals' practices. The following guidelines were developed to direct the implementation of the support programme:

7.8.1 Guidelines for the agent

The following guidelines are for the agent of the support programme:

The agent must make a preparatory arrangement for the implementation of the support programme with the hospital managers to provide times and venues for the agent to conduct the programme.

- The agent who could be the professional nurse should have knowledge about substance abuse.
- The agent should create a favourable environment for the parents to learn.
- The agent must be practical and possesses comprehensive skills and information important in supporting parents.
- The agent's roles in the empowerment of the PYAS to be able to manage themselves while helping their youth recover.
- The agent has the responsibility to prepare for the sessions before time and to make research on different topics to be facilitated.
- Provide support to the recipients throughout the support sessions.
- Should be able to take care of self emotionally and physically so that he can help others.

7.8.2. Guidelines for the recipient

The following are the guidelines for the recipient:

- The recipients, are PYAS.
- The participants will be asked to be actively involved in the support programme so that they will be able to acquire all the skills needed.
- The recipient must be able to attend the programme throughout.
- The parents need to be willing to learn during the empowerment process.
- They must be willing to form part of the discussion with other people when given group activities.
- Keep a record of all activities in the support session for future use.

7.8.3. Guidelines for the context

The following are the guidelines for the context:

- The context of the support programme is the selected hospitals in Limpopo Province.
- The hospital should be able to welcome visitors or PYAS.
- All relevant Acts and Regulations should be practiced in all health care services in the hospital setting as prescribed by the legislative authority.
- The clear guidelines should be set and be forwarded to nurse experts during workshops to gain more up-to-date knowledge on supporting the PYAS.
- Encouragement of the collaboration with the nursing audit team and nursing process experts at the hospital level as they could be valuable resource support to nurses implementing the nursing process.
- The hospitals should also take part in the district, provincial and national activities related to supporting the PYAS.

7.8.4 Guidelines regarding the dynamics of the programme

The dynamics of the programme include the agent's and recipients' responsibility, accountability, willingness, effective communication, participation, and commitment. The guidelines to operationalise these dynamics are described as follows:

Responsibility and accountability:

- The parents must be willing to be responsible for their learning and empowerment by the agent as an expert in the field.
- Parents must be responsible for what they do or omit during the empowerment process.

Willingness and commitment:

- The agent should be keen to commit own time and energy to empower and capacitate the recipients through a variety of activities.
- Parents should be willing and committed to being directed and empowered by the agent.
- The recipients, parents should also be prepared to work towards self-growth and development through the assistance of experts and ready to seek clarity when need arise.
- The agent and the recipients should all be willing and committed to the process.

Active participation:

- The agent and the recipients should be eager to actively participate in empowerment activities to achieve desired results.
- Participation on the part of the agent demands to understand their responsibility towards improving their own lives.
- Both the agent and the recipients should participate in discussions and feedback on aspects related to the support needed and received.

7.8.5 Guidelines regarding the procedure

The support programme aims to improve the implementation of the nursing process during patient care through situational analysis, design, development implementation, and evaluation. These activities are discussed as follows.

Situational analysis:

- The first step of the programme is an interview with PYAS on their practices and the support needs.

Design, plan, and development:

- The agent prepares for the programme based on the knowledge gaps and support needs as identified in situational analysis leading to the development of a support programme.
- The agent will outline and transfer information substance abuse, and help in equipping the parents with skill to manage themselves while caring for their youth abusing substances
- The planning aims to influence the development of the parents on how they are going to deal with the dynamics.

Implementation:

- At this level, active participation is noted in the workshop is conducted for the parents on substance abuse and management.
- Sharing of information is initiated in a positive environment to develop both reflective, cognitive, and psychomotor skills.

Evaluation:

- The parents to be able to manage themselves and to live improved lives after going through the support programme.

7.8.6 Guidelines in terms of the terminus or result of the programme

There is an expectation that the results of the agent, recipient, and context will be:

- A competent professional nurse who is proficient in offering support to the PYAS.
- A supported parent.
- A friendly hospital environment which is able to provide support to the parent.

7.9. IMPLEMENTATION OF THE SUPPORT PROGRAMME FOR PYAS

The original plan for implementing the programme was to conduct support groups in all the five selected hospitals in Limpopo where data were collected with a group of six PYAS. However, given the covid-19 pandemic national regulations the plan was adjusted to suit the situation. The researcher as a facilitator, therefore planned with parents to conduct the support groups with two participants from the selected hospitals. All the five hospitals were represented and the total number of PYAS who consented for participation were ten. The support sessions were voice recorded to serve as proof for implementation.

7.9.1 The process

The facilitator explained the plan for the implementation of the programme with the unit managers to obtain a permission to conduct the support programme. Verbal permission was granted to the facilitator by the unit managers and the nurses assisted with the list of patients who are admitted with substance abuse issues and that made it easy get their parents. The PYAS were firstly contacted telephonically to plan for the support sessions and were also briefed on the proceedings of the support programme.

The researcher ensured that the implementation was done within a limited time not as planned to ensure that the participants are safe from the Corona virus. During the implementation all safety measures regarding COVID-19 were adhered to which includes taking temperatures before starting with the sessions, maintaining social distance, wearing facemasks, and the use of sanitisers. The sessions of implementing the programme were conducted in fewer days not as planned to minimise contact and time spent with participants as much as possible.

The ADDIE model was used to guide the implementation phase of the support programme were the last two phases of the model that is implementation and evaluation were adhered to. During the implementation, the parents were taken through all steps of the support sessions which included check in, activity, self-care

activity, learning and discussion and check out. All these steps where carried out during the implementation phase. The evaluation of the programme was the last phase of the ADDIE model and the participants were interviewed to give their views regarding the programme.

A context-specific support programme for PYAS started with the situational analysis in Phase 1, then the theoretical framework was described in Phase 2, followed by the development of the programme with guidelines in Phase 3 and then the implementation of the programme in Phase 4 which was conducted during this phase. The following sessions were included in the support programme, the outline of the sessions, what is substance abuse, the causes of substance abuse and the effects, how substance abuse affect the parents, how to help your youth out of substances, how to manage self and the final session which was about the review of the support programme.

7.9.2 Material Resources

Material resources for support were developed in advance. Support manuals including the facilitator manual and guidelines and all related materials were developed during the development phase of the study. The support needs which were identified during the analysis phase were included in the list of topics that were covered in the to be covered in the support programme. The support material developed from reading the articles and books on support programmes it was ensured that recent materials were used to keep PYAS abreast with the latest information on the knowledge they need. Writing materials were arranged for support sessions and all support materials were printed.

The developed support materials were also patterned for quality by supervisors before the initiation of the support programme and inputs were considered. The support materials such as handouts were given to participants as the facilitator was busy with the support programme.

7.9.3 The support sessions

The facilitator who is a knowledgeable psychiatric nurse, nurse educator, assessor and moderator planned with the participants and processes were explained to them given the COVID-19 epidemic and they consent to participate. The originally planned sessions were prepared for seven days, but because of the current COVID-19

epidemic the sessions were consolidated in two days and there were limited participants. Each session had two participants. The introduction of the support programme was briefed on the first day and the parents gave a brief narration of their youth substance abuse issues, this was followed by support sessions which included activities which were meant to empower the parents and help them manage themselves. The parents were encouraged to be free to share their views and to ask questions where they did not understand. The sessions were educational, informative, and they were also fun as parents were free to do activities that made them laugh at themselves as they were learning.

7.9.4 Evaluation of the support programme

The evaluation of the support programme was done on the last session with the PYAS. Each PYAS was asked to share their feelings regarding the support group. The PYAS were also asked to rate the facilitator's performance for improvement in the future.

The **Kirkpatrick Evaluation Model** was used to evaluate the support sessions that the PYAS attended (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). The model defines the four levels of evaluation as follows:

(a) Level 1 – Reaction

This level measures the degree to which the PYAS teaching within the support sessions was satisfactory (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). The facilitator as an agent asked the PYAS to share how they felt about the whole teaching session.

The reaction of the PYAS was positive and felt that the teaching was relevant. **Participant STR2** responded in this manner, *"A load has been lifted off my shoulders. I am happy and relieved. When attending this support group, I was just doing because I was requested to attend but I have changed. I now have answers to the questions I had in my mind. What I have learned here I will tell it to my kids and my husband so that we travel the same path in helping their brother. I used to think that my child was bewitched but when I learned about the substances, the symptoms, effects and consequences I now understand why he was behaving the way he did.* **When asked to rate the session out of**

10 participant STR2 1 said that *"I think the facilitator has been good, I can give her 10/10. I have really learned a lot.*

Participant MNK2 also said, *"I got help, the heavy load has been lifted off my shoulders. I used to feel like I carried the whole word on my shoulders but now I feel relieved. I have learned many things. I used to do some things wrong like communication skills where not applied when I spoke to my children. I now know better.".* **When asked to rate the session out of 10 participant MNK2 said that** *"I know what to do. The activities were very helpful. I know that I am not the only one going through these kinds of problems. I give the facilitator 10/10".*

(b) Level 2 – Learning

Level 2 measures the degree to which the PYAS attained the desired skills, knowledge and attitudes because of the learning they got in the support sessions (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). It determines whether the teaching objectives were achieved. The teaching objectives were met and were recorded in **Participant MNK1 saying that:** *"I have learned a lot in all the sessions we have attended. I learned about the signs and symptoms of substances, I also learned about the communication skills most importantly when I communicate with my children I avoid giving them a lecture".* **Participant LTB2 also indicated,** *"I am happy that the sessions helped me a lot. I did not know much about substances. I did not know how to communicate with my child and now when he gets discharged I will be able to communicate with him. And also, I will apply the communication skills to my other children. The activities that we were doing were very helpful. They made us not to think too much about the problem I have. My stress has been relieved".* **Participant MOK1 also added by saying**, *"We have learned a lot, we got helped. I learned about the substances, what is substance abuse, the causes of substance abuse and the consequences of substances. I now understand why my child behaved the way he did".*

(c) Level 3 – Behaviour

This level measures the extent to which behaviours of PYAS has changed from the support group attended (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). It denotes that the PYAS apply the knowledge and skills learned from the support session to their lives. The PYAS who attended this programme reported that they are already seeing changes in their lives. **This is evident in participant MNK2 saying,** *I have really changed. So far, my behaviour towards my child has changed. For instant, I never used to look at the good things they were doing, I only focused on the bad things and that's what made me hurt always".* **Participant 08 also said,** *"I am happy. I have learned that its not my fault that my child is into substances. I am now seeing life in a different way. I am happy that what have learned I will also apply to my other children. I will also help other people".*

(d) Level 4 – Results

Level 4 ensures that what has been learned in all session brings an improved quality of life to those who have attended the support group. These include living a healthy life and being able to assist the child who is into substances. (Kirkpatrick, Kirkpatrick & Kirkpatrick, 2013). The noticeable outcomes of the programme implementation were not seen at this stage because the facilitator gave the participants time to practice what they have learned and the skills they attained and participants were given an option to come back for the same session if they do not feel supported enough.

7.9.5 Discussion of findings

The aim of this study was the development and implementation of a support programme for the parents of youth abusing substances in the selected hospitals in Limpopo Province. This development and implementation was guided by the ADDIE model. The implementation was done successfully and the immediate evaluation of the programme followed Kirkpatrick's four levels of the evaluation model, however, only the first two levels were utilised. The overall support programme implementation was a success since the support objective was achieved. The findings of the evaluation show that the support programme yielded positive reactions and

correspond with the findings of a study conducted by Curado and Teixeira (2014) where the programme resulted in a positive impact at the evaluation level.

The PYAS were satisfied with how the support programme was done and how the support groups were done. The PYAS were happy with the content of the programme, the topics covered, activities, facilitator, facilitation methods, and the support programme achieved its intended objectives of the programme were achieved. The evaluation findings result which were positive also indicate that the implemented programme was of value.

7.10. CONCLUSION

In this chapter, the researcher showed that the aim and the objectives of the study were achieved. The researcher demonstrated interest in supporting the PYAS by implementing the support programme and evaluated it afterwards with passion despite challenging circumstances due to COVID-19 pandemic. The main aim of the study was to develop and implement the support programme for the parents of youth abusing substances in selected public hospitals of Limpopo Province, South Africa. The parents appreciated being part of the support group and when evaluating the support group, they appreciated the knowledge and the skills they have learned from the support programme. They have also shared how their lives have changed for the better.

CHAPTER 8

SUMMARY, LIMITATIONS OF THE STUDY AND RECOMMENDATIONS

8.1 INTRODUCTION

This chapter presents the summary of the study, the limitations and the recommendations. The background of the study, and its intended purpose is summarised in this chapter. The limitations of the study also outline the challenges faced when the conducting the study. The study recommendations were generated based on the study findings.

8.2 SUMMARY

The summary details the sequence followed in conducting the whole study from the beginning to its final stage are outlined as follows:

8.2.1 Purpose of the study

The main purpose of the study was to develop and implement a support programme for PYAS in the selected hospitals of Limpopo Province, South Africa. This was achieved by focusing on the objectives which were exploring and describing the experiences of parents of youth abusing substances in selected public hospitals in Limpopo Province. Describing the knowledge and practices of parents of youth abusing substances in selected public hospitals in Limpopo Province. Identifying the support needs of parents of youth abusing substances in selected public hospitals in Limpopo Province. An exploratory sequential design was used wherein the qualitative strand was first done where by data collection was done through the one-to-one semi-structured interviews. Quantitative strand came later whereby a structured close-ended questionnaire was used to collect data. The description of the conceptual framework for the programme was grounded on the merged findings of the study. The support programme and the guidelines for implementing the support programme were developed with the aim of seeing that the programme works. All phases of the study were carried out successfully.

8.2.2 Completion of the phases of the study

The researcher carried out all the phases of the study successfully. The first phase of this study was the situational analysis to explore and describe practices of nurses during the implementation of the nursing profession during patient care. The researcher first conducted one on one semi-structured interviews using an interview guide during the qualitative phase. In the quantitative phase closed-ended questionnaires to collect data from PYAS. The interviews were audio-recorded to capture all information and field notes were written with aim of capturing non-verbal cues. Transcription was done verbatim from the audio records and was analysed using Tesch's' open coding method for qualitative data analysis where four themes and sub-themes were developed and presented narratively with supporting literature.

Measures to ensure the trustworthiness of the study, credibility, conformability, dependability, and transferability were ensured. Validity and reliability were also ensured in the quantitative phase of the study. The findings of the study the PYAS lack knowledge and information sharing regarding substance abuse. They need attention with regard to their own wellbeing as PYAS. They need to be capacitated with better strategies and interventions to manage substance abuse disorders. The parents also needed support by the nurses the relatives of the youth which include debriefing on the patient's condition, counselling, and referral to relevant healthcare professionals.

During the second phase of the study, the conceptual framework was described guided by the findings of the study. The theoretical framework served as the foundation for the development of the support programme and the guidelines that directed its implementation. Phase 4 of the study presented in this chapter was the implementation of the support programme with immediate evaluation of the support programme to verify if the support programme achieved its all its intended objectives.

8.3 LIMITATIONS OF THE STUDY

The study was conducted in selected hospitals of Limpopo Province, the findings were only limited to selected hospitals of Limpopo and therefore the findings of this study cannot be generalised to all public hospitals in Limpopo Province and other provinces in South Africa. The implementation phase of the support programme was planned to have 4-6 group members but due to COVID-19 pandemic and restrictions members of the groups were reduced to two group members in each district instead of 6 to 8

members. This was due to mandatory restrictions and limitations which were enforced by the governments to ensure the safety of all citizens in the province, in South Africa and around the globe. The COVID 19 restrictions did not affect the validity and reliability of the study. The study aimed at developing a support programme for PYAS and did not include any other parents who had their youth admitted at the hospital. Despite these limitations, the study results are deemed valuable to prompt other researchers to explore more on the PYAS and to be used as a reference for future research.

8.4 RECOMMENDATIONS

The study recommends the following based on the findings emerged:

8.4.1. The results

Lack of knowledge and information sharing regarding substance abuse

- The study findings revealed that PYAS have little or no knowledge regarding substances. It is important that there be some health education given PYAS formation regarding substance abuse. In addition, it is recommended that there be posters and flyers regarding substances in the wards, especially at the visitors waiting area where their youth are admitted so that they can be reading them while waiting to see their youth as they are visiting. The nurses should be available to answer and clarify any questions regarding substance abuse from parents as they visit.

Poor attention by the nurses with regard to their own wellbeing as PYAS

- The parents felt like they are getting no or poor attentions from the nurses with regard to their wellbeing. The nurse attends only to the patients and forget about them as the PYAS it is recommended that the Nurses to greet and ask the PYAS about their well-being as they come to hospital to visit their children. A nurse to be delegated for visiting hours so that they attend to the visitors that is where they will be able to ask about their wellbeing and if there is a need for any referral it can be done there.

Capacitation with better strategies and interventions for the parents to manage themselves while taking care of their youth abusing substances.

- The nurses need to teach the parents the basic ways of managing their substance abusing youth at home. That can include teaching the parents basic

communication skills. With the communication skill, the parents can be able to talk to their youth about the dangers of substance abuse, and they can also encourage their youth to seek help outside home like from the professionals. It is recommended the parent know the kind of medication, the youth are getting and what is the effect each medication on the youth so that they will be able to monitor the medication taking of the youth and they will be able to note any side effects that may arise. This will help the parents to act appropriately if there are changes observed on the youth.

Support by the nurses to the parents as the relatives of the patients which include debriefing on the patient's condition, counselling, and referral to the relevant healthcare professionals.

- It is recommended that the nurses show interest in the parents as they come to visit and then advise the parents about the patient's condition. That may include telling them how their youth is currently doing, what to do when the youth is discharged and how to manage the youth so that they do not get admitted again to the hospital and that they live a healthy life. It is also important for the nurses to inform the parents on what to do in case the condition of the youth changes while he is at home. Who to call and where to go for help like calling the ambulance and going to the nearest clinic for help. If the parents are not emotionally well the nurses may provide the counselling needed or recommend the counselling services available within the hospital.

8.4.2. Recommendations to Department of Health

- The Department of Health in Limpopo Province should allow the continuous implementation of the support programme for the continuous support of the parents.
- The professional nurses should be in-serviced in implementing the support programme so that the parents continue to be empowered.
- The department can also assist in the organising of awareness campaigns in the communities with regard to substance abuse, where by the parents and the youth will be invited in those awareness programmes.
- There may be an increase in the number of roadshows on substance abuse.

- Number of rehabilitation centres in the province may increase so that the youth abusing substances can be attended to.
- The department may negotiate slots in the media platforms to talk about substance abuse and its effects on the parents.

8.4.3. Recommendations for Health research

- Other studies regarding how parents of youth abusing substances can be further supported must be conducted in the future.
- There is a possibility of a study on the evaluation of the support programme developed in this study.
- This study can further be broken in two where the researchers could explore the experiences and support needs of the parents of teenagers abusing substances and the support needs of the parents of young adults abusing substances. This would assist in getting the right support programme for each category of parents.
- This study may be repeated in the next five years so that the support programme can continue being relevant to the parents.
- The study was conducted in the selected hospitals in Limpopo Province, the future research can be conducted in a number of hospitals so that the support programme can be developed based on a larger population needs.
- Further research can be conducted on the experiences of the professional nurses in supporting the parents of youth abusing substances.

8.4.4. Recommendations for Nursing Education

- The nursing education must incorporate the importance of visitors in the hospitals and how visitors should be taken care of including the parents. This will help in relieving the parents from the stress they go through as they take care of their children who are admitted.
- The colleges and the university can include the implementation of the support programme for the parents of youth abusing substances in their curriculum so that the students will know what to do when they support the parents.
- The training of student nurses in the colleges and universities should prepare them to be able to comprehensively care for the sick and also those who are consent about the sick, such as the parents and family members.

- The allocation of the students should include the allocation to take care of the visitors or the PYAS so that they learn about the need to support the parents.

8.4.5. Recommendations for nursing Nursing Leadership

- The nurse managers and operational managers should encourage all categories of nurses to perform nursing as a whole. They must not only take care of the sick admitted patient but the relatives need to be given attention and be referred where necessary.
- Allocation of duties should be done daily for the nurses to attend to the visitors so that when they identify the parents who need to attend the support programme they can easily refer them.
- The nurse managers should make follow up regularly to ensure the support programme continue and there must be a continuous evaluation for the support programme, to ensure that the parents gets the help they need.
- The nurses with experience or with knowledge on how to implement the support programme must help those without experience of knowledge on how to implement the support programme for continuous implementation.

8.4.6. Recommendations for the youth

- The nurses should raise awareness among the youth about the effects of their substance abuse so that they would be aware of the damage they caused their families particularly the parents.
- Part of the substance abuse awareness programmes should be about the effects of substance abuse on the parents and the family of the youth abusing substances.
- The youth should be encouraged to communicate when they encounter adversities to avoid drug abuse as a coping mechanism.

8.5 CONCLUSION

The study entailed eight chapters which were about the overview of the study, the literature review, the methodology, analysis and interpretation of the results, the theoretical framework, programme development and implementation and lastly summary, limitations and recommendations were outlined. In the overview of the study

chapter, the researcher provided the general overview of the study by providing the introduction and the background of the study. It gave reasons why the study should continue by explaining the research problem. The theoretical framework was outlined. The chapter also outlined the purpose of the study, the objectives of the study, the research questions and the significance of the study. All the objectives of the study were met hence the support programme was developed and implemented. The researcher went on to give the report of the literature consulted in relation to the study. The researcher started by describing the methodology used to review the literature; the data bases searched, the keys search terms used, the parameters and the finding of the literature. The Narrative Literature Review method was used in this study and the literature searched was written in the form of themes.

In the research methodology chapter, a mixed method, exploratory sequential research design was used in this study to achieve its purpose. The chapter discussed the research methods that were used to conduct the study. The chapter also described how the research was done. The study site, the population which is the PYAS and the sampling were discussed. The researcher also discussed how data were collected and analysed for both qualitative and quantitative strands. Measures to ensure trustworthiness discussed as well as validity and reliability. This was followed by the analysis and interpretation results chapter. The chapter described the findings of the qualitative and quantitative data that were collected from parents of youth abusing substances at the selected hospitals in Limpopo Province. Themes and sub-themes emerged from the semi-structured interviews conducted in different selected hospitals. The results are discussed in relation to the literature available to either support or give a different view based on the themes. The researcher integrated and discussed findings. The researcher displayed the integration of the qualitative and quantitative data and the interpretation of the major findings. The researcher also provided the evidence-based reasoning and the presentation of the findings in order to prove the parents of the youth abusing substances need support. The researcher described the theoretical framework used in the study in detail. The Practice-Orientated Theory by Dickoff, James and Wiedenbach's (1968) is used as a framework for the development of the support programme.

The support programme was then developed and implemented. The development of a support programme based on the findings generated from integration the qualitative and quantitative results. It gave the guidelines of how the programme was developed and how it should be implemented. In the last chapter Summary, Limitations and recommendations were outlined. The process of study and procedures were summarised and the recommendations for the study were discussed. The recommendations made may enormously contribute an impact in the lives of PYAS if introduced. The study had its limitation, nonetheless the whole process of conducting the study was a success.

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APPENDIX A: INTERVIEW GUIDE

Central question:

1. How has your child's substance abuse behaviour affected you?
   Sepedi:

Probing questions

2. What do you know about substance abuse?
3. How long has your child started abusing substances?
4. What did you do when you realised that your child was abusing substances?
5. Describe your practices when caring for a child who abuses substances.
6. What challenges do you face helping your child who abuses substances?
7. Have you received any help regarding the effects of your child's substance abuse behaviour? If yes, who provided help?
8. What are the nurses in the clinic and hospital doing to assist you with the problem of your child?
9. What kind of help would you like to receive from the nurses?
10. Can you kindly indicate the learning needs about caring for your child who abuses substance?
11. Describe other kinds of support you may need to care for your child who abuses substances e.g. from the multi-disciplinary team members.

Interview guide sepedi

Potšišokgolo:

1. Go šomisa diokobatši ga mpe ga ngwana wa gago go go amile ga kaakang mo bophelong bja gago?

Dipotšišo tša go latela

2. O tseba eng ka tšhomišo ya diokobatši
3. Ke lebaka le le ka kang ngwana wa gago a šomisa diokobatši ga mpe?
4. O dirile eng ge o lemoga gore ngwana wa gago o somiša diokobatši ga mpe?
5. Ke mekgwa efe ye o e šomišang go hlokomela ngwana wag ago wa go šomiša diokobatsi ga mpe?
6. ke dihlotlo dife tše o lebanang le tšona ge o thuša ngwana wa gago wa go somiša diokobatši ga mpe?
7. A naa o kile wa hwetša thušo go amegeng ga gago ka tshomišo mpe ya diokobatši ga ngwana wag ago? O thošitšwe ke mang?
8. A naa baoki ba ile ba kgona go go thua ka tšhumiso mpe ya diokobatši ya ngwana wa gago?
9. Ba go thušo e fe ye o ka thabela go e hwetša go tšwa go baoki?
10. Ke thuto efe ye o e hlokang go thuša ngwana wa gago yo a šomišang
    a. diokobatši ga mpe?
11. Ke thekgo efe ye o ka thabelang go e hwetša go tšwa go bašomi ba maphelo le ba leago go thuša ngwana wa gago yo a šomišang diokobatši ga mpe?

Interview guide in venda

Mbudziso dza ndeme

1. U shumisa zwidzidzivhadzi nga ndila yo kalulaho nga nwana wavho zwo vha kwama hani?

Mbudziso dzono tevhela

2. Vha divha mini nga u shumisa zwidzidzivhadzi nga ndila yo kalulaho
3. Nwana wavho o thoma lini u shumisa zwidzidzivhadzi nga ndila yo kalulaho?
4. Ndi zwifhio zwe vha ita uva tshi vha wana uri nwana wavho ukho shumisa zwikambi na zwidzidzivhadzi nga ndila yoyo kalulaho?
5. Kha vha talutshedze ndila ine vha I shumisa kha nwana, ane ashumisa zwikambi na zwidzidzivhadzi lwo kalulaho
6. Khaedu dzine vha tangana nadzo musi vha tshi.kho thusa nwana wavho, ane a shumisa zwikambi na zwidzidzivhadzi nga ndila yo kalulaho ndi dzifhio?
7. Vhaongi vha tshibadela na kiliniki vha khou vha thusa hani kha nwana wavho,?
8. Vho no vhuya vha wana thuso nga masiandoitwa a o livhanaho na kutshilele nga vhanga la u shumisa zwikambi na zwidzidzivhatdzi nga ndila yo yo kalulaho? Aril hue e, thuso de?
9. Vha nga kona u talusa thodea dza u guda zwi tshi elana nau thogomela nwana wavho ane ukho humisa zwikambi na, zwidzidzivhadzi lwo kalulaho
10. Ndi thuso-de ine vha lavhelela u, I wana ubva kha vhaongi
11. Ndi thuso ifhio inwe ine vha ngaa takalela u I wana kha u thusa nwana wavho ane a shumisa zwikambI na zwidzidzivhadzi nga ndila yo kalulaho?

Interview guide in tsonga

Xivutiso xa nkoka

1. Xana kutirhisiwa kaswidzidziharisi hi n'wana wa wena, swiku karhata njani?

Swivutisi swo landzela

2. Xana o tiva yini hi ku tirisa swidzidziharisi ku tlula mpimo?
3. Inkarhi wo leha ku fika kwihi ari karhi a tirhisa swidzidziharisi ku tlula mpimo?
4. O endle yini loko o vone n'wana wa wena ari karhi a tirhisa swidzidziharisi ku tlula mpimo?
5. Kombisa endlelo ra wena ro pfuna n'wana wa wena loyi a tirhisaka swidzidziharisi? Or Hlamusela pfuneto wa wena eka n'wana loyi a tirhisana swidzidziharisi ku tlula mpimo?
6. Hi yihi mintlhotlho leyi o hlanganake na yona loko o pfuna n'wana wa wena loyi a tirhisana swidzidziharitsi ku tlula mpimo?
7. Xana, o kume pfuneto eka leswi n'wana wa wena a hanyisaka swona hikwaho ka kutirhisa swidzidziharisi ku tlula mpimo, loko pfuneto o wu kumile, xana o wu kume kwihi?
8. Xana hiswihi leswi vaongori etliniki na swibedlhele vaswi endlaka kukupfuna eka n'wana wa wena
9. Hi wihi pfuno lowu navelaka kuwu kuma kusuka eka vaongori
10. Kombisa swiyenge leswi kayivelaka eka dyodzo ya ku tirhisa swidzidziharisi ku tlula mpimo eka n'wana wa wena?
11. Hlamusela maendlelo man'wana lawa yanga pfunaka eka kupfuna n'wana wa wena kusuka eka vatirhi vatarihanyo

APPENDIX B: QUESTIONNAIRE- English

Development and Implementation of a Support Programme for Parents of Youth Abusing Substances in Selected Public Hospitals in Limpopo Province.

SECTION A

Demographic data of the parent

Information about the youth abusing substance

Instructions: Please choose the appropriate response to each statement**.**

	1	2	3	4	5	6
A1. Age	20-30	31-40	41-50	51-60	61-70	
A2. Gender	Female	Male				
A3. Marital status	Single	Married	Widowed	Divorced	Living with a partner	Separated
A4. Highest level of education	Primary school	Secondary school	Tertiary			
A5. Employment	Unemployed	Employed	Self Employed			
A6. Residence	Rural	Semi-rural	Urban			

SECTION B

Information about the youth abusing substance

Instructions: Please choose the appropriate response statement**.**

	1	2	3	4	5	6
B1. Age	14-20	21-25	26-30	31-35		
B2. Gender	Female	Male				
B3. Marital status	Single	Married	Widowed	Divorced	Living with a partner	Separated

B4. Highest level of education	Primary school	Secondary school	Tertiary			
B5. Employment	Unemployed	Employed	Self Employed			
B6. Residence	Rural	Semi-rural	Urban			
B7. Duration of abuse of substances	Less than 1 year	1-2 years	3-4 years	5 years and above		

B8. The type of substances your youth uses……

Instructions: Please choose the appropriate response to each statement on the sections provided below**.**

C	**Assessment of the Knowledge of the parents with regard to the youth abusing substances**	Agree		disagree
C1	I know my youth uses substance	1		2
C2	I know the substances s/he is using	1		2
C3	I know that substances are dangerous	1		2
C4	I know what to do when my youth is high	1		2
C5	I know what to do to get my youth out of substances	1		2
D	**Assessment of the experiences of the parent with regard to the youth abusing substances**	agree	neutral	disagree
D1	I feel hurt by what my youth is doing	1	2	3
D2	I am always stressed	1	2	3
D3	I am now sick because of what my youth is doing	1	2	3
D4	His behaviour has changed since he stated using substances	1	2	3
D5	The relationship with my youth has since changed because of his substance abuse	1	2	3
D6	My whole family has been affected by my youth's substance abuse	1	2	3
D7	I have paid offences because of my youth's substance abuse	1	2	3
E	**The Interventions the parents took to help their substance abusing youth**	agree		disagree

E1	I took my youth to religious leaders for help	1		2
E2	I took my youth to traditional healers for help	1		2
E3	I took my youth to the clinic for help	1		2
E4	I went to the relatives for help	1		2
E5	I denied my youth money	1		2
E6	I limited his contact with friends	1		2
E7	I locked him in the house	1		2
E8	I stopped him from going out	1		2
E9	I told my youth that using substances is wrong	1		2
F	**Suggestions on the strategies to help the parents to cope with their youth situation**	agree	neutral	disagree
F1	I wish there can be substance abuse awareness in the community	1	2	3
F2	I need to learn more on substances as a parent	1	2	3
F3	I need to be able to refer my youth to the rehabilitation centre	1	2	3
F4	I would appreciate if the nurses can communicate with me about the condition of my youth	1	2	3
F5	I need the nurses to visit us	1	2	3
F6	I would appreciate if I can be referred to other members of the multidisciplinary team	1	2	3
F7	I would like to be involved in the care of my youth	1	2	3
F8	I need the support groups of the parents	1	2	3
G	**Support as received by parents**	agree	neutral	disagree
G1	The nurses are helpful	1	2	3
G2	I am treated well by the nurses as the relative of the patients	1	2	3
G3	The nurses attend to me as much as they attend to the patient	1	2	3
G4	I have ever told the nurse about how you feel about my youth being a substance abuser	1	2	3
G5	I get support from other family members	1	2	3
G6	I get support from the community	1	2	3
G7	I received counselling regarding my youth's substance abuse	1	2	3
H	**Challenges as experienced by the parents regarding their youth substance abuse**	agree	neutral	disagree
H1	I am scared my substance abusing youth can harm me.	1	2	3
H2	My youth respect me	1	2	3
H3	My youth take treatment	1	2	3
H4	My youth continue using substances even when taking treatment	1	2	3
H5	The treatment is working for my youth	1	2	3
H6	My youth is willing to continue taking substances	1	2	3
H7	Friends influence my youth's substance abuse behaviour	1	2	3

Thank you……

APPENDIX B: QUESTIONNAIRE- Sepedi

Development and Implementation of a Support Programme for Parents of Youth Abusing Substances in Selected Public Hospitals in Limpopo Province.

Ka kgopelo tšea nako ya gago go araba dipotšišo tšse di latelago

Seripa sa A

Tša bophelo bja Motswadi

	1	2	3	4	5	6
A1. Mengwaga	20-30	31-40	41-50	51-60	61-70	
A2. Bong	Mosadi	Monna				
A3. Maemo a lenyalo	A se wa nyalwa	O nyetswe	Mohlolo/ mohlologadi	O hladile	O dula le molekani	Le arogane
A4. Maemo a godimo a thuto	Sekolo sa Primary	Sekolo sa Secondary	tertiary			
A5. Mošomo	Ga o šome	Wa šoma	O iteretše mosomo wa gago			
A6. Madulo	Magaeng	Lokaišene	Motse setoropong			

Seripa sa B

Tshedimušo ka moswa yo a šomišang diokobatši

Taelo: Ka kgopelo kgetha Karabo ya maleba go di potšišo tše di latelago**.**

	1	2	3	4	5	6
B1. Mengwaga	14-20	21-25	26-30	31-35		
B2. Bong	Mosadi	Monna				
B3. Maemo a lenyalo	A se wa nyalwa	O nyetswe	Mohlolo/ mohlologadi	O hladile	O dula le molekani	Le arogane
B4. Maemo a godimo a thuto	Sekolo sa Primary	Sekolo sa Secondary	tertiary			

B5. Mošomo	Ga o šome	Wa šoma	O iteretše mosomo wa gago			
B6. Madulo	Magaeng	Lokaišene	Motse setoropong			
B7. Mengwaga ye o e feditseng a šomiša diokobatši	Ka fase ga ngwaga	Ngwaga 1-2	Mengwaga 3-4	Go fetiša mengwaga e 5		

B8. Mohuta wa diokobatsi tse moswa wa gago a di šomišago……...

C	**Tshekatsheko ya tsebo ya motswadi go tšhomišo mpe ya diokobatši ya moswa**	Ke a dumela		Ke a gana
C1	Ke a tseba gore moswa wa ka o šomiša diokobatši gampe	1		2
C2	Ke tseba diokobatši tse a di šomišang	1		2
C3	Ke a tseba gore diokobatši di kotsi	1		2
C4	Ke a tseba gore ke swanetse go dirang ge moswa wa ka a tagilwe ke diokobatši	1		2
C5	Ke tseba gore ke direng go ntšha moswa wa ka mo diokobatšing	1		2
D	**Tshekatsheko ya maitemogelo a batswadi mabapi le moswa yo a šomišang diokobatši**	Ke a dumela	Ke magareng	Ke a gana
D1	Ke kwa bohloko ka se moswa wa ka a se dirang	1	2	3
D2	Ke phela ke gatelegile monagano	1	2	3
D3	Ke a lwala ka lebaka la se moswa wa ka a se dirang	1	2	3
D4	Mekgwa ya gagwe e fetogile mola a thomang go šomiša diokobatši	1	2	3
D5	Se tswalle sa ka le moswa wa ka se fetogile mola a thomang go šomiša diokobatši	1	2	3
D6	Lapa la ka ka moka le amegile ka tšhomišo mpe ya diokobatši ya moswa wa ka	1	2	3
D7	Ke lefetse melato ka lebaka la moswa wa ka wa go šomiša diokobatši	1	2	3

E	**Mekgwa ye motswadi a e tšereng go thuša moswa wa bona yo a šomišang diokobatši**	Ke a dumela		Ke a gana
E1	Ke išitše moswa wa ka go baruti gore ba mo thuše	1		2
E2	Ke išitše moswa wa ka dingakeng gore ba mo thuše	1		2
E3	Ke išitše moswa wa ka kliniking go re ba mo thuše	1		2
E4	Ke tswa go ba leloko go kgopela thušo	1		2
E5	Ke ganetsa moswa wa ka thšelete	1		2
E6	Ke mo ganetsa a kopana le bagwera ba gagwe	1		2
E7	Ke mo notlelela ka ntlong	1		2
E8	Ga ke sa mo dumelela a tšwela ka ntle (a bona batho/ bagwera)	1		2
E9	Ke mmoditše gore tšhomišo mpe ya diokobatši a se ya loka	1		2
F	**Dikakanyo go mekgwa ye batswadi ba ka e šomišang gore ba kgone go phela le mowa wa bona wa go šomiša diokobatši ga mpe**	Ke a dumela	Ke magareng	Ke a gana
F1	Ke duma o ka re go ka ba le ditshedimošo tša go tsebiša setšhaba ka tšhomišo mpe ya diokobatši	1	2	3
F2	Ke hloka go hlahliwa ha tšhomišo mpe ya diokobatši bjalo ka motswadi	1	2	3
F3	Ke duma gore nkabe ke kgona go iša moswa wa ka sentareng ya rehabilitation	1	2	3
F4	Nka thaba ge baoki ba ka fela ba mpolediša ka maemo a moswa wa ka yo a šomišang diokobatši	1	2	3
F5	Ke nyaka gore baoki ba fele ba re etela	1	2	3
F6	Nka thabela ba ka nthomela go ba bangwe ba tša maphelo mabapi le moswa wa ka yo a šomišang diokobatši	1	2	3
F7	Ke rata go amega mo hlokomelong ya moswa wa ka	1	2	3
F8	Ke hloka go ba ke batswadi ba bangwe bao ba nago le bana ba go šomiša diokobatši	1	2	3
G	**Thekgo ye batswadi ba e hwetsago**	Ke a dumela	Ke magareng	Ke a gana
G1	Baoki ba re thuša ge re le bookelong	1	2	3
G2	Bjale ka leloko la molwetse ke kwa baoki ba ntshwara gabotse	1	2	3
G3	Baoki ba nhlokomela ka ka mokgwa wo ba hlokomelang balwetši	1	2	3
G4	Ke ile ka ntša maekutlo a ka go baoki mabapi le moswa wa ka yo a šomišang diokobatši	1	2	3
G5	Ke hwetša thekgo go tšwa go ba lapa la ka.	1	2	3
G6	Setshaba sa gešo se a nthekga	1	2	3
G7	Ke hweditše mantšu a thobamatswalo mabapi le moswa wa ka yo a šomišang diokobatši	1	2	3

H	**Dihlotlo tše di etemogelago ke batswadi ba baswa bao ba šomišang diokobatši gampe**	Ke a dumela	Ke magareng	Ke a gana
H1	Ke tšhaba gore moswa wa ka yo a šomišago diokobatši gampe a ka nkgobatsa	1	2	3
H2	Moswa wa ka wa go šomiša diokobatši ga a hlomphe	1	2	3
H3	Moswa wa ka wa go šomiša diokobatši o nwa dihlare ka tshwanelo	1	2	3
H4	Moswa wa ka o šomiša diokobatši le dihlare tsa sepetlela ka nako e tee	1	2	3
H5	A naa dihlare tsa sepetle di šomela moswa wa gago?	1	2	3
H6	A naa moswa wag ago o ikemiseditse go lesa go šomiša diokobatši?	1	2	3
H7	Bagwera ke bona ba hlohleletsago tshimiso mekgwa ya tšhomišo mpe ya diokobatši go moswa waka	1	2	3

Ke a leboga …….

APPENDIX B: QUESTIONNAIRE - Tshivenda

Development and Implementation of a Support Programme for Parents of Youth Abusing Substances in Selected Public Hospitals in Limpopo Province.

Khavha dzhie tshifhinga tshavho u vhindula mbudziso idzi

TSHIPIDA TSHA A

Zwidodombedzwa zwa mubebi

	1	2	3	4	5	6
A1. Minwaha	20-30	31-40	41-50	51-60	61-70	
A2. Mbeu	musadzi	Munna				
B3. Tshiimo tsha mbingano	Thi ngo malwa	Ndo malwa	Ndo lovhelwa	Ndo taliwa	Ndi dzula na mufarisi wanga	Ro fhambana
A4. Murole wa ntha wa pfunzo	Tshikolo tsha phuraimari	Tshikolo tsha sekondari	Theshiari			
A5. Zwamishumo	Athi shumi	Ndia shuma	Ndito dishuma			
A6. Hune vha dzula hone	mahayani	Semi-rural	doroboni			

TSHIPIDA TSHA B

Ndivho nga vhaswa vha shumisaho zwidzidzivhadzi

Maitele: khavha nange phindulo yone-yone kha tshitatamennde tshinwe na tshinwe

	1	2	3	4	5	6
B1. minwaha	14-20	21-25	26-30	31-35		
B2. Mbeu	Musadzi	Munna				
B3. Tshiimo tsha mbingano	Thi ngo malwa	Ndo malwa	Ndo lovhelwa	Ndo taliwa	Ndi dzula na mufarisi wanga	Ro fhambana
B4. Murole wa ntha wa pfunzo	Tshikolo tsha phuraimari	Tshikolo tsha sekondari	Theshiari			
B5. Zwamishumo	Athi shumi	Ndia shuma	Ndito dishuma			

B6. Hune vha dzula hone	Mahayani	Semi-rural	Doroboni			
B7. minwaha khazwa zwidzidzivhadzi	Fhasi ha nwaha	1-2 minwaha	3-4 minwaha	Ntha ha minwaha ya 5		

B8. Zwidzidzivhadzi zwine muswa a shumisa……

C	**Thoduluso ya ndivho ya mubebi malugana na muswa a shumisaho zwidzidzivhadzi.**	Ndi khou tenda		Ndi khou hana
C1	Ndia zwidivha uri muswa wanga uya shumisa zwidzidzivhadzi	1		2
C2	Ndia divha zwidzidzivhadzi zwine akhou zwishumisa	1		2
C3	Ndia zwidivha uri zwidzidzivhadzi zwi khombo	1		2
C4	Ndia divha zwine nda tea u ita musi muswa wanga o shumisa zwidzidzivhadzi	1		2
C5	Ndia divha zwine nda tea u ita ubvisa muswa wanga kha zwidzidzivhadzi	1		2
D	**Thoduluso ya kuelekanyele kwa mubebi khau tambudzwa ha zwidzidzivhadzi nga muswa.**	Ndi khou tenda	Ndi khuo tendanya	Ndi khou hana
D1	Ndipfa vhutungu nga zwinwe muswa akho ita	1	2	3
D2	Ndi dzula ndi fhasi ha mutsiko	1	2	3
D3	Zwino ndikhou lwala nga zwine muswa wanga akho ita	1	2	3
D4	Kutshilele kwawe kwo shandula tshe a thoma u shumisa zwidzidzivhadzi	1	2	3
D5	Vhushaka hanga na muswa wanga ho Shanduka nga mafhungo a u shumisa zwidzidzivhadzi	1	2	3
D6	Muta wanga wothe wo kwamea nga mafhungo a u tambudzwa ha zwidzidzivhadzi nga muswa wanga	1	2	3
D7	Ndono badela milandu nga ndavha ya muswa wanga atshikho shumisa zwidzidzivhadzi	1	2	3
E	**Nyito dze vhabebi vha dzhia khau thivhela muswa uri a shumise zwidzidzivhadzi**	Ndi khou tenda		Ndi khou hana
E1	Ndo isa muswa wanga kha vhafuzi u toda thuso	1		2
E2	Ndi isa muswa wanga kha vho maine u toda thuso	1		2
E3	Ndo isa muswa wanga kiliniki u toda thuso	1		2
E4	Ndiya kha mashaka u toda thuso	1		2
E5	Ndo dzima muswa wanga tshelede	1		2
E6	Ndo fhungudza vhukwamani hawe na khonani dzawe	1		2

E7	Ndo mulogela nduni	1		2
E8	Ndo muthivhela uri abve aye nnda	1		2
E9	Ndo vhudza muswa wanga uri u shumisa zwidzidzivhadzi azwongo luga	1		2
F	**Tsivhudzo kha zwiga zwine vhabebi vhanga zwishumisa u kona u tshila na nyimele ya muswa wavho**	Ndi khou tenda	Ndi khuo tendanyan	Ndi khou hana
F1	Ndi tama hutshi ngavha na pfunzo ngaha u shumisa zwidzidzivhadzi vhuponi	1	2	3
F2	Ndi toda u funzwa ngaha zwidzidzivhadzi sa mubebi	1	2	3
F3	Ndia toda u kona u isa muswa wanga fhethu hune vha onga hone	1	2	3
F4	Ndinga takala arali muongi anga davhidzana na nne ngaha tshiimo nga muswa wanga	1	2	3
F5	I toda uri muongi ade ari dalele	1	2	3
F6	Ndinga takala arali ndanga pfukhiselwa kha vhanwe vha shumaho kha zwa mutakalo	1	2	3
F7	Ndi toda u dzhenelela kha mutakalo wa muswa wanga	1	2	3
F8	Ndi toda zwipida zwa thikho zwa vhabebi	1	2	3
G	**Thikhedzo ine vhabebi vhai wana**	Ndi khou tenda	Ndi khuo tendanyan	Ndi khou hana
G1	Vhaongi vhaya thusa	1	2	3
G2	Ndo farwa zwavhudi nga vhaongi sa shaka la mulwadze	1	2	3
G3	Vhaongi vhaavha na tshifhinga na nne saizwi vhatshivha na tshifhinga na mulwadze	1	2	3
G4	Ndono vhudza muongi nga vhudipfi hanga nga muswa wanga ane akho tambudza zwidzidzivhadzi	1	2	3
G5	Ndi a wana thikhedzo kha minwe mirado ya muta	1	2	3
G6	Ndi a wana thikhedzo kha vhupo hanga	1	2	3
G7	Ndo wana tsivhudzo malugana na muswa wanga kha u tambudza zwidzidzivhadzi	1	2	3
H	**Khaedu dzine vhabebi vha tangana nadzo nga muswa wavho a tambudzaho zwidzidzivhadzi**	Ndi khou tenda	Ndi khuo tendanyan	Ndi khou hana
H1	Ndia ofha uri muswa wanga a tambudzaho zwidzidzivhadzi anga nkhuvhadza	1	2	3
H2	Muswa wanga uya nthonipha	1	2	3
H3	Muswa wanga uya mishoma	1	2	3
H4	Muswa wanga u isa phanda nau shumisa zwidzidzivhadzi naho atshikhou dzhia mishonga	1	2	3
H5	Mishonga ikho shuma kha muswa wanga	1	2	3
H6	Muswa wanga odi vhudza u isa phanda nau shumisa zwidzidzivhadzi	1	2	3

H7	Thama dza muswa wanga dziya dzhenelela khau shumisa ha zwidzidzivhadzi	1	2	3

Ndo livhuwa……

APPENDIX B: QUESTIONNAIRE- Xitsonga

Development and Implementation of a Support Programme for Parents of Youth Abusing Substances in Selected Public Hospitals in Limpopo Province.

Teka nkarhi wa wena ku hlamula swivutiso leswi.Kindly.

XIAVANYISO A

Ta rihanyo ra mutswari

	1	2	3	4	5	6
A1. Malembe	20-30	31-40	41-50	51-60	61-70	
A2. Rimbewu	Wansati	Wanuna				
A3. Xiyimo xa tavukati	Angasi teka/tekiwa	Tekile/tekiwile	noni	Hambanile ximfumo	Tshama na muhlekisani	Hambanile
A4. Xiyimo xale henhla xa tidyondzo	Xikolo xa primary	Xikolo xa secondary	Tertiary			
A5. Ta ntirho	A ndzi tirhi	Ndza tirha	Ndza ti tirha			
A6. Matshamo	Matiko-xikaya	lokixini	Munti dorobeni			

XIAVANYISO B

Timhaka ta vantswha lava tirhisaka swidzhidzhiharisi.

Swileriso: hikombela u hlawula eka ndzimana leyi faneleke.

	1	2	3	4	5	6
B1. Malembe	14-20	21-25	26-30	31-35		
B2. Rimbewu	Wansati	Wanuna				
B3. Xiyimo xa tavukati	Angasi teka/tekiwa	Tekile/tekiwile	noni	Hambanile ximfumo	Tshama na muhlekisani	Hambanile
B4. Xiyimo xale henhla xa tidyondzo	Xikolo xa primary	Xikolo xa secondary	Tertiary			
B5. Ta ntirho	A ndzi tirhi	Ndza tirha	Ndza ti tirha			
B6. Matshamo	Matiko-xikaya	lokixini	Munti dorobeni			
B7. Malembe yaku tirhisa swidzidziharisi	Hansi ka lembe rin'we	Lembe 1-2	Malembe ma 3-4.	Malembe ma 5 kuya henhla		

B8. Muxaka wa swidzidziharisi leswi vantswha va swi tirhisaka……

C	**Nkambisiso ya vutivi bya vatswari mayelana na matirhiselo ya swidzidziharisi hi vantswha**	Ndza pfumela		Ndza ala
C1	Ndza switiva muntswha wa mina utirhisa swidzidziharisi	1		2
C2	Ndzi tiva muxaka lowu awu tirhisaka	1		2
C3	Ndza switiva swidzidzharisi swina nghozi	1		2
C4	Ndzi tiva swiendlo loko a pompiwile	1		2
C5	Ndzi tiva swiendlo leswi ndzi nga ta swiendla ku humesa muntswha wa mina eka swidzidziharisi	1		2
D	**Nkambisiso ya ntokoto ya vatswari mayelana na matirhiselo ya swidzidziharisi hi vantswha**	Ndza pfumela	A xikarhi	Ndza ala
D1	Ndzi twa kuvava hi maendlelo ya muntswha	1	2	3
D2	Ndzi tshama ndzi tshikeleleka miehleketo	1	2	3
D3	Ndza vabya sweswi hikokwalaho ka swiendlo swa muntswha wa mina	1	2	3
D4	Mahanyelo ya yena ya cincile ku sukela loko a sungule swidzidziharisi	1	2	3
D5	Vuxaka bya mina na muntswha wa mina byi cincile ku sukela a sungule swidzidziharisi	1	2	3
D6	Ndyangu wa mina wu khumbekile ku sukela loko muntswha wa mina a sungula swidzidziharisi	1	2	3
D7	Ndzi hakele milandzu hikokwalaho ka n'wananga loyi a tirhisaka swidzidziharisi	1	2	3
E	**Xiboho xa mutswari lexi axi tekeke ku pfuna muntswha wa yena loyi a tirhisaka swidzidziharisi**	Ndza pfumela		Ndza ala
E1	Ndzi yise muntswha wa mina eka varhangeri va vukhongeri ku kuma mpfuno	1		2
E2	Ndzi yise muntswha wa mina eka n'anga ku kuma mpfuno	1		2
E3	Ndzi yise muntswha wa mina etliliniki ku kuma mpfuno	1		2
E4	Ndzi ye ka maxaka ya mina ku kuma mpfuno	1		2
E5	Ndzi allele muntswha wa mina mali	1		2
E6	Ndzi hungute nhlangano wa vanghana va yena	1		2
E7	Ndzi nwu palele endlwini	1		2
E8	Ndzi nwi yimise ku humela ehandle	1		2
E9	Ndzi byele muntswha wa mina kuri ku tirhisa swidzidziharisi aswikahle.	1		2

F	**Mavonela ya swiendlo swaku pfuna vatswari ku kota ku hanya kahle eka xiyimo xa vantswa va vona**	Ndza pfumela	A xikarhi	Ndza ala
F1	Ndzi navela loko akuri na kutivisiwa ka tiko mayelana na matirhiselo ya swidzidziharisi	1	2	3
F2	Ndzi fanele ku dyondzisiwa hita swidzidziharisi tanihi mutswari	1	2	3
F3	Ndzi fanele ku kota ku rhumela muntswha wa mina eka senthara ya rehabilitation	1	2	3
F4	Ndzi nga tsakela loko manese manga kota ku vulavula na mina hi xiyimo xa muntswha wa mina.	1	2	3
F5	Ndzi lava manures vahi vhakela	1	2	3
F6	Ndzi nga tsakela ku rhumeriwa eka vanwani va tarihanyo mayela na muntswha wa mina	1	2	3
F7	Ndzi nga tsakela ku va xiave eka vuongori bya muntswha wa mina	1	2	3
F8	Ndzi lava ntlwa wa nseketelo ya vatswari lava ngana vantswha lava tirhisaka swidzidziharisi	1	2	3
G	**Nseketelo lowu kumiwaka hi vatswari**	Ndza pfumela	A xikarhi	Ndza ala
G1	Vaongori vapfuna swinene	1	2	3
G2	Ndzi khomiwa kahle hi vaongori tanihi xaka ra muvabyi	1	2	3
G3	Vaongori vani pfuna ku fana na loko va pfuna muvabyi	1	2	3
G4	Ndzi tshama ndzi vutisiwa matitelwo ya mina eka muntswha wa mina loyi a tirhisaka swidzidziharisi hi muongori	1	2	3
G5	Ndzi kuma nseketelo ku suka eka vandyangu wa mina	1	2	3
G6	Ndzi kuma nseketelo etikweni	1	2	3
G7	Ndzi kumile marito yaku hlohletela mayelana na matirhiselo ya swidzidziharisi hi muntswha wa mina	1	2	3
H	**Maxangu lama hlanganaka a vatswari mayelana na vantswha va vona lava tirhisaka swidzidziharisi**	Ndza pfumela	A xikarhi	Ndza ala
H1	Ndzi chava ku vavisiwa hi muntswha wa mina loyi atirhisaka swidzidziharisi.	1	2	3
H2	Muntswha wa mina wan i hlonipha	1	2	3
H3	Muntswha wa mina uteka tiphilisi kahle	1	2	3
H4	Muntswha wa mina utirhisa swidzidzihari ari karhi a teka na tiphilisi	1	2	3
H5	Tiphilisi ta nwu tirhela muntswha wa mina	1	2	3
H6	Muntswha wa mina waha navela kuya emahlweni atirhisa swidzidziharisi	1	2	3
H7	Vanghana va hlohletela muntswha wa mina kuya emahlwni no tirhisa swidzidziharisi	1	2	3

Dza khensa……

APPENDIX C: transcript of the interview conducted

MOKOPANE 6

Interviewer: How has your child's substance abuse behaviour affected you?

***Participant*:** Firstly, the has been a change in the behaviour of my child. He started by being disrespectful. He would come back home to steal for us. So, every day we had to be careful, close all the doors at home. It's like he is no longer my child but a thief. He becomes a thief in his home. When he is high he does not understand. He does wayward things. We always solving issues like he stole something somewhere, police are after him. We are always at court.

Interviewer: What do you know about substance abuse?

***Participant*:** What do I know…I heard in the radio. They were talking about substance abuse on youth and it hurts badly their health. At home the parents end up being stressed because their child is stressed. We took our child to rehab centre we are tired. If a person has ran away from rehab what do you think I can do as a parent... I cannot tie him in the house. He is my child. It will be another thing if I can tie him. It's like I made my house a jail. We let him go outside. When he goes outside its where he gets a chance to use the substances. He doesn't even come home when he is high.

Interviewer: How long has your child started abusing substances?

***Participant*:** He has been using substances for six years. We have been trying to deal with him we failed.

Interviewer: What did you do when you realised that your child was abusing substances?

***Participant*:** Firstly, we tried to ask him if he uses substances, he refused. For the second time we found him red handed using them. We took him to rehab hoping he will change. When he came back from there he did not stop doing substances. He continued using. Its like even at rehab he was using. He continued using when he came back home. He has been to hospital after having fell due to drug overdose. He was not having blood. The doctors failed. The doctors told him to stop using substances but he continued. …have you ever seen a person coming back from rehab relapsing at the same time? That meant he was using substances

Interviewer: Describe your practices when caring for a child who abuses substances.

***Participant*:** Firstly, we tried to look for help from different places but we failed. Secondly you cannot take a person and throw him in the water and force him to bath and he bathes, thirdly you cannot force a person to be home when he does not want to come back home. We no longer care, sometimes he comes home, sometimes he doesn't come back home. When he comes home, things get lost and when you start looking for him he is nowhere to be found. We fail to get hold of him. When we found him, we call the police to come take him. There is no other practise we can use because he failed at the rehab centre. We have given up. I cannot give him money because I know he will misuse it. There is food in the house if he does not come back to eat it his problem

Interviewer: What challenges do you face helping your child who abuses substances?

***Participant*:** Firstly, the person who uses substances is violent. He swears at us, we end up fighting. Secondly when he goes out to meet his friends. He destroys things. We always solve issues. When we attend to one of the offenses he committed we hear other people coming with other offences that he committed. Nothing works well. We always pay for his offences. We no longer know where to go. He failed at rehab. He no longer stays at home and unfortunately, I cannot tie him in the house. Even if I can try to take him out of substance if its him who want the substances he will still go back to them.

Interviewer: Have you received any help regarding the effects of your child's substance abuse behaviour? If yes, who provided help?

***Participant*:** I am a believer. For every problem that I face I communicate with the pastor and the pastor tell me to be patient he will be okay. I have hope. I hope that one day he may come back to me and tell me you know what I don't want to use substances again, please take me back to rehab. I am crying for that day. You can take a donkey to the rive but you cannot force it to drink. The day he remembers that he is now a person and no longer the animal he was before, I will take him to rehab…Most of my help I get it from the pastor through counselling.

Interviewer: What are the nurses in the clinic and hospital doing to assist you with the problem of your child?

***Participant*:** Nurses try their best to help my son, but the problem is that its him who has to decide if he need help. The nurse may tell him what to do but its him who takes back the substances out of the system. When he gets discharged he still goes back to substances. So, I still have another work of looking for him whist I don't even know

where to look out for him. The nurses are doing their best is just that my son chooses what to do.

Interviewer: What kind of help would you like to receive from the nurses?

***Participant*:** Regarding help?

Interviewer: Yes, what kind of help would you like to receive from the nurses

***Participant*:** Maybe if we can get programmes regarding the youth who are using substances… the youth are busy destroying their bodies. Maybe they must tell us what to do when I child uses substances because what's happening is new to us. We used to know drugs to be things for white people now we are surprised we do not know where to start. we don't know how to help him. Even the nurses I guess they don't know what to do because it's for the first time they deal with nyaope

Interviewer: Can you kindly indicate the learning needs about caring for your child who abuses substance?

***Participant*:** I need to know if my child complicates after using substances how am I going to help him. What kind of medications can I use for him to stop using substances. Again, how can I support him in his journey of quitting substances because we were not taught how to support our kids who use substances. As I parent I know nothing about this substance abuse. I just get surprised when I see him high

Maybe there can be a training that we attend every week. He must also be part of that training so that we learn together how to get out of substances.

Interviewer: Describe other kinds of support you may need to care for your child who abuses substances e.g. from the multi-disciplinary team members.

***Participant*:** At rehab they must not only take the affected child only. They must also involve the parent. So that the parents see what happening. I am not sure what they did to my child. If my child goes to rehab centre for 2 years I must also be there for two years. There must also be community centres or programmes that help during discharge. This thing takes the who life to be truly liberated. What happens is that at the hospital we get help but when we go home nothing happens. Relapse is simple because at home there are many groups of boys who drink. I wish there can be programs for drug users like we have alcohol anonymous for alcoholics.

APPENDIX D: INDEPENDENT CODER CERTIFICATE

Qualitative data analysis

Doctor of Philosophy in Health Sciences

Ms LS Takalo

THIS IS TO CERTIFY THAT:

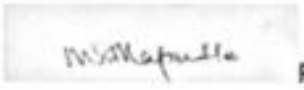
Professor MS Maputle has co-coded the following qualitative data:

Unstructured one-to-one interviews with parents of youth abusing substances

For the study:

DEVELOPMENT AND IMPLEMENTATION OF A SUPPORT PROGRAMME FOR PARENTS OF YOUTH ABUSING SUBSTANCES IN SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE: A NURSING LEADERSHIP PERSPECTIVE

I declare that the candidate and I have reached consensus on the major themes reflected by the data. I further declare that adequate data saturation was achieved as evidenced by repeating themes.



Prof MS Maputle

15 December 2019

MS Maputle (PhD)

APPENDIX E: LETTER TO REQUEST PERMISSION

P.O. BOX 434

Polokwane

0700

22/02/2017

Limpopo Department of Health

Private Bag X908

POLOKWANE

0700

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SELECTED PUBLIC HOSPITALS: MANKWENG HOSPITAL

Dear Sir/Madam

I, Lina Sebolaisi Hlahla, a PhD candidate in Department of Nursing Science at the University of Limpopo, hereby request permission to conduct my study at the selected public hospitals mentioned above. The research I wish to conduct is entitled: **Development and Implementation of a Support Programme for PYAS in Selected Public Hospitals in Limpopo Province.** This study will be done under the supervision of Prof. T. M. Mothiba of the University of Limpopo.

All information received from the respondents will be handled confidentially and will solely be used for purposes of the research. Attached receive a copy of my research proposal, which includes a copy of the consent for participation in the research process.

For further information please contact me on:

Cell: 073 841 0913

Email address: sebotakalo@yahoo.com

Thanking you in advance for your cooperation.

Yours sincerely

Lina Sebolaisi Takalo

(University of Limpopo)

APPENDIX F: CONSENT FORM

UNIVERSITY OF LIMPOPO (Turfloop Campus)

Willingness to participate in a Research Project

Research Topic: Development and implementation of a support programme for parents of youth who abuse substance in selected public hospitals in Limpopo province

Information box:

Thank you for agreeing to participate in this study. My name is **Lina Sebolaisi Takalo** and I am a researcher from the university of Limpopo. The aim of this study is to develop and implement a support programme for parents of youth who abuse substances. The study is non-invasive. Voice recorder and questionnaires will be used to collect data.

Participation in this study is voluntary and that you may withdraw from it at any time and without giving reasons.

Should you have any queries, kindly contact:

LS Takalo (073 841 0913)

I understood the aims and objectives of the planned study and was given a chance to ask questions and provided with enough time to think the issue. The aim and objectives of the study were made clear to me. There was no pressure for me to participate in the study.

I know that my participation in this project is fully voluntary and I can pull out of the

study and without providing explanations. This will have no impact on the work that i do of caring for my youth abusing substances.

I am aware that this study was approved by the Turfloop Research and Ethics (TREC), University of Limpopo. I know that the results of this study will be used for scientific purposes and may be published. I agree to this, provided that my privacy is guaranteed.

I hereby give consent to participate in this study.

....

Name of volunteer Signature of volunteer

....

Place Date Witness

APPENDIX G: ETHICAL CLEARANCE CERTIFICATE

University of Limpopo
Department of Research Administration and Development
Private Bag Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE

MEETING: 27 November 2018

PROJECT NUMBER: TREC/305/2018: PG

PROJECT:

Title: Development and implementation of a support programme for parents of youth abusing substances in selected public hospitals in Limpopo Province: a nursing leadership perspective.

Researcher: LS Takalo
Supervisor: Prof TM Mothiba
Co-Supervisor/s: Prof L Skaal
School: Health Care Sciences
Degree: PhD Nursing

PROF TAP MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX H: APPROVAL LETTER DEPARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref: LP 201902_009
Enquiries: Stander SS
Tel: 015 293 6650
Email: research.limpopo@gmail.com

Takalo L.S

University of Limpopo
Private Bag X 1106
Sovenga
0727

Greetings,

RE: DEVELOPMENT AND IMPLEMENTATION OF A SUPPORT PROGRAMME FOR PARENTS OF YOUTH ABUSING SUBSTANCE IN SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE: A NURSING LEADERSHIP PERSPECTIVE

Permission to conduct the above mentioned study is hereby granted.

1. Kindly be informed that:-
    - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
    - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
    - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
    - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    - The above approval is valid for a 1 year period.
    - If the proposal has been amended, a new approval should be sought from the Department of Health.
    - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

02/04/2019
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House. 18 Colleae Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.

The heartland of Southern Africa – Development is about people!

APPENDIX I: SUPPORT GROUP MANUAL

Support group manual

for

Parents of youth abusing substances

Support programme to enhance the wellbeing of the Parents of Youth Abusing Substances at the selected hospitals in Limpopo Province.

Booklet for the Professional Nurses

Author: Hlahla LS

The support programme for the Parents of Youth Abusing Substances (PYAS) was in a form of psychoeducational support groups. In these support groups the parents benefit from interacting with peers in a common setting. When parents attend the support group their feelings of loneliness and isolation are reduced because they begin to realise that they are not the only ones with problems. When the parents realise that there are other who had the same issues, they open up easily and became more engaged. In the support sessions, the parents are equipped with the knowledge they need and they exercise new skills in a safe environment surrounded by people who more readily relate to their experiences. The programme assists the parents develop a better understanding of the challenges they face and it help them understand the importance of their mental health (Oliver, 2018).

Title: Support programme to enhance the wellbeing of the PYAS at the selected hospitals in Limpopo Province.

Group duration: 7 sessions

Time allocated for each session: 60 minutes, this will provide enough time for discussions, teaching and learning

Group size: 4-8 members

Setting: Any private area within the hospital

Sessions facilitator: Professional Nurses

The guidelines for conducting support groups

The development of the support programme includes the description of guidelines for the implementation of the programme. The guidelines serve as a guide and standard to best practices, for directing the implementation of programme activities, thus, a common point of reference for hospitals' practices. The following guidelines are developed to direct the implementation of the support programme:

Guidelines for the professional nurse

The following guidelines are for the professional nurse of the support programme:

The professional nurse must make a preparatory arrangement for the implementation of the support programme with the hospital managers to provide times and venues for the professional nurse to conduct the programme.

- The professional nurse should have knowledge about substance abuse.
- The professional nurse should create a favourable environment for the parents to learn.
- The professional nurse must be practical and possesses comprehensive skills and information important in supporting parents.
- The professional nurse's roles in the empowerment of the PYAS to be able to manage themselves while helping their youth recover.
- The professional nurse has the responsibility to prepare for the sessions before time and to make research on different topics to be facilitated.
- Provide support to the recipients throughout the support sessions.
- Should be able to take care of self emotionally and physically so that he can help others.

Guidelines for the recipient

The following are the guidelines for the recipient:

- The recipients, are PYAS.
- The participants will be asked to be actively involved in the support programme so that they will be able to acquire all the skills needed.
- The recipient must be able to attend the programme throughout.
- The parents need to be willing to learn during the empowerment process.
- They must be willing to form part of the discussion with other people when given group activities.
- Keep a record of all activities in the support session for future use.

OVERVIEW OF SESSION OUTLINES

The session will take the same format. This is done to assist group members to become easily accustomed to the set-up and they will enjoy the familiarity it provides.

GOAL OF SESSION: The goals are carefully planned to go with the development of the group. The topics chosen support the main goal for supporting the PYAS.

CHECK-IN: The facilitators will request each participant a quick question to answer in Check In. This will give the facilitator an opportunity to acknowledge each person who has attended a support session. At this stage the facilitators must emphasise the ground rules that each person must be short and straightforward and there should not be any disruptions when one group member speaks in this phase of a session.

HANDOUTS: Handouts will be used to supplement the content during the Learning and Discussion in some sessions. The handouts will be in a way that they can be used during learning and after when the parents are home.

LEARNING AND DISCUSSION: Knowledge is power, and the knowledge shared is the basis of the support session. The facilitators will encourage discussions and this will help parents to link information given to them to their own lives and situations. The facilitator believes that the members of the support group know their concerns better; Learning and Discussion will give the parents a chance to put together their experiences and knowledge with a broader information related to the topic.

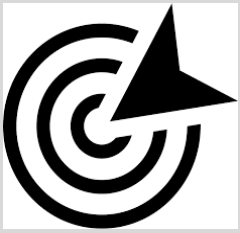
ACTIVITIES: Sometimes activities will be done before the Learning and Discussion phase, and at times after. The activities will be used to make group members to be hands on in active learning and to make the sessions enjoyable.

SELF-CARE ACTIVITY: in each session there will be a special activity included. This activity's importance is to encourage self-care on the group members. These activities are carefully planned to help the PYAS to manage themselves as they care for their children

CHECK-OUT: the structure of the checkout will be similar to the Check-in. Each participant will be given an opportunity to give a comment at the end of the session. This closing activity will teach the parents genuine goal-settings and will help them to manage any emotions that have been stirred in the discussions.

Session 1

Introduction of a support group

GOAL OF SESSION 	-To create a safe and healthy group environment -Introduction of members and facilitators: each member to introduce themselves -Setting of ground rules: group members to come with ground rules -Explain the set-up of the meeting: participants to know what to expect • Check-in: every member to respond to a question given shortly • Handouts: may be given in the sessions • Learning and discussion: the outlining of the content by the facilitator • Activities: may come before or after the learning and discussion part • Self-care activity: activity given to the parent to help them cope while taking care of their youth • Check-out: same as check in, each member to answer the question shortly after the meeting
CHECK-IN: 	Getting to know each other a little. Which season of the year do you like and why? Or which place would you like to visit and why?

LEARNING AND DISCUSSION 	The facilitator to • Preview the topics to be discussed in the coming session • Gives out a handout with dates and the topics for discussions in the coming support sessions Gives an overall overview of how the sessions will be conducted
ACTIVITIES 	Telling our stories Parents to give a brief narration of their youth substance abuse story, how it started, and how it is going. Maximum 5 minutes to each participant
SELF-CARE ACTIVITY 	Tell the person next to you any 2 good things about your substance abusing child
CHECK-OUT 	My expectations at the end of the support group are…….

Session 2

What is substance abuse

GOAL OF SESSION 	To give the parents information about substances abuse
CHECK-IN: 	What are your feelings being back to the session today? Happy, worried, anxious…?
SELFCARE ACTIVITY 	Preparation: Put a box behind the door or at the corner in the room where the meeting. Have three small papers for each participant. 1. Assure the parents the confidentiality of the sessions and the request them to write a worry they bring into the session today. One worry per paper. Tell them they may not write their worries in detail but they can just write a word that represent their worries in each paper. 2. After writing ask each parent to throw their paper in the box. 3.Tell them at time is difficult to fully concentrate when thy have worries in their mind. For a time in today's session they can put aside their worries and concentrate fully to what is going to be discussed today.
LEARNING AND DISCUSSION 	This part will include general information like What is substance abuse **What is substance abuse the signs of substance abuse** Substance abuse is the misuse of one particular substance with or without a medical diagnosis by a licensed health

	professional. It is also an unsafe use of mind-altering substances. Usually, the term substances abuse is used when a person uses illegal drugs including unsafe use of over the counter drugs (Umana,2018) Signs of substances abuse as outlined by Dryden-Edwards (2019), Kusiak (2021) and Ruralhealthinfo (2021) • Feeling depressed, hopeless, rundown or even suicidal • Caring only about self and not considering others feelings • Staying away from family or friends with the aim of keeping on being high • Not doing the activities one used to enjoy such as hanging out with friends, doing homework, or playing sports • Being aggressive and irritable • A considerable alteration in temperament or conduct • Amnesia, being forgetful • Use of air fresheners in the room • Things such as matchboxes, syringes, needles, pipes, etc. in the room and hidden drugs in the room • Not respecting the law by Drinking and driving • Declining grades • Having problems such as suspension at school or workplace for drug-related issues • Physical symptoms with no clear cause such as red eyes, or dry mouth) • Sudden weight changes • Disappearing money or valuables • Stolen over the counter or prescription pills

	• Having to take substances more get the same high and encouraging other to use drugs • Lying about the drugs being used • Constantly talking about using other drugs Treatment for substance use and addiction continues even when the youth is discharged. Discharge brings the beginning of much hard work. For the youth to recover the must be sacrifices that are made by the youth and the family. It is important for the whole family to have open channels of communication so that everyone will be involved in assisting (Dryden-Edwards, 2019). It is important for the family to reinforce the healthy lifestyle choices to the youth abusing substances. the family must work together in supporting and planning a healthy recovery of the youth abusing substances (Kusiak, 2021). References Dryden-Edwards, 2019.Substance Abuse. Substance Abuse: Drug Types, Symptoms, Treatment & Prevention (emedicinehealth.com) Kusiak,P. 2021. Preparing for Life and Recovery Following Treatment.Staying on the Road to Recovery Following Addiction Treatment - Partnership to End Addiction (drugfree.org). Available at https://drugfree.org/article/after-drug-treatment/ accessed 01/06/2021 Ruralhealthinfo. 2021. Defining Substance Abuse and Substance Use Disorders. https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition

	Umana, K. 2018. Drug Abuse among Youths and Adolescents in Nigeria. Available at, https://researchcyber.com/drug-abuse-among-youths-adolescents-nigeria/ accessed 13/01/2021
ACTIVITIES 	Ask the parents to brainstorm why do they think their youth got into the substances
CHECK-OUT 	Share with us what you have learned in today's session

HANDOUT: signs and symptoms of substance abuse

personality changes	2.behavioral changes	3.hidden drugs	Problems with the law
•Feeling depressed, hopeless, rundown or even suicidal •Caring only about self and not considering others feelings •Staying away from family or friends with the aim of keeping on being high	• Not doing the activities one used to enjoy such as hanging out with friends, doing homework, or playing sports •Being aggressive and irritable •A considerable alteration in temperament or conduct •Amnesia, being forgetful	• Things such as matchboxes, syringes, needles, pipes, etc. in the room and hidden drugs in the room •Use of air fresheners in the room • Constantly talking about using other drugs	•Not respecting the law by Drinking and driving •being high and commiting crime
Problems with school and work	**Problems with appearance**	**Missing money or objects**	**Problems with stopping**
•Declining grades •Having problems such as suspension at school or workplace for drug-related issues	•Physical symptoms with no clear cause such as red eyes, or dry mouth) •sudden weight changes	Disappearing money or valuables Stolen over the counter or prescription pills	•Stolen over the counter or prescription pills •Having to take substances more get the same high and encouraging other to use drugs •Lying about the drugs being used •Constantly talking about using other drugs

SESSION 3

The risk factors or the causes and the consequences of substance abuse

GOAL OF SESSION 	To help the parents to be aware of the causes and the consequences of substance abuse
CHECK-IN: 	What type of substance does your child use
LEARNING AND DISCUSSION 	Information regarding consequences of substance abuse to be share by the facilitator **The risk factors or the causes of substance abuse by Drugfree (2018)** • Failing at school, or no motivation to do school • Being isolated by friends and family • When the you are anti-social and have aggressive behavior • Use of substances early in life • The availability of substances in the community • Poor parenting – when parents are uninvolved or distant from their youth, lack of monitoring of their youth's movements and not establishing or enforcing the rules on the youth • Work or school pressure • Not having control of one's life • Poverty and unemployment • Substance abuse in the family by parents or siblings • Home life transition such as parental divorce or remarriage • Attention seeking behavior (Drugfree, 2018)

	Consequences of teen drug abuse Negative consequences of teen drug abuse might include: Drug dependence. Youth abusing substances are at risk of severe substance use in future life. Poor judgment. Youth substance abuse is Teenage drug use is related to poor with poor decisions in personal and social interactions. Sexual activity. Substance abuse is closely associated with risky sexual engagements, unprotected sex and unintended pregnancy. Mental health disorders. Substance abuse gives rise to mental health disorders, such as anxiety and depression. Impaired driving. Driving after using substances reduces the motor skills of the driver, putting the lives of other road users at risk. Changes in school performance. There are chances of poor academic performance due to substances (Dulcan,2016, Drugfree,2018) **Health effects of drugs** The use of substances leads to drug addiction, severe illness or death. The other risks associated with substance abuse are: Cocaine — possibility of stroke, heart attack and seizures nyaope — possibility of lung damage and heart failure Inhalants(glue) — possibility of impairment to the lungs, kidneys, heart and liver after a long-term use Marijuana — possibility of damage to memory, concentration, learning and problem solving; possibility of mental illness — such as paranoia, schizophrenia or hallucinations in future because of early and regular use

	Methamphetamine — Possibility of mental illness behaviors as a result of high doses or long-term use Opioids — possibility of lung failure or death as a result of overdose. Electronic cigarettes (vaping) — exposes the user to harmful substances same as exposure of cigarette smoking; possibility of nicotine dependence (Dulcan,2016, Drugfree,2018) thepreventioncoalition.2021. risk factors for drug abuse. http://thepreventioncoalition.org/drug-use-the-bare-facts/risk-factors-for-drug-abuse/ Dryden-Edwards, 2019.Substance Abuse. Substance Abuse: Drug Types, Symptoms, Treatment & Prevention (emedicinehealth.com) Dulcan MK. 2016. Substance use disorders and addictions. In: Dulcan's Textbook of Youth and Adolescent Psychiatry. 2nd ed. Arlington, Va.: American Psychiatric Association; 2016. https://psychiatryonline.org. Accessed Dec. 27, 2018. Drugfree. 2018. Preventing teen drug use: Risk factors & why teens use. Partnership for Drug-Free Kids. https://drugfree.org/article/risk-factors-why-teens-use/. Accessed 02/02/2021.
ACTIVITIES 	share your neighbor what you think could have caused youth's substance abuse

SELF-CARE ACTIVITY 	When you get home do one thing that makes you happy.
CHECK-OUT 	What consequences of substances you have noticed so far on your youth?

Handout: Heath effects of drugs

Cocaine		possibility of stroke, heart attack and seizures
nyaope		possibility of lung damage and heart failure
Inhalants(glue		possibility of impairment to the lungs, kidneys, heart and liver after a long-term use
Marijuana		possibility of damage to memory, concentration, learning and problem solving; possibility of mental illness — such as paranoia, schizophrenia or hallucinations in future because of early and regular use
Opioids		possibility of lung failure or death as a result of overdose.
Electronic cigarettes (vaping) cigarette smoking cigarette smoking; risk of nicotine		exposes the user to harmful substances same way cigarettes does leading to possibility of nicotine dependence

SESSION 4

How substance abuse affects the parents

GOAL OF SESSION 	Assisting parents recognise and respond to the effect of substance abuse of their youth on them
CHECK-IN: 	What was your reaction when you learned that your youth abuse substances?
LEARNING AND DISCUSSION 	The facilitator will give a presentation on how substance abuse affects the parents How substance abuse affects the parents Substance abuse by youth leads parents into parenting stress. Parenting stress is described as the experiences and perceptions of parents facing problems in doing the parental expectations and requirements because of insufficient social and personal resources to manage the familial demands. Parenting stress has lasting undesirable effects on mothers and youth because of psychological, social and behavioural outcomes . When parenting stress is high there are possibilities reduced life satisfaction of the parent and heightened family conflicts, depression, poor relationship with children, and may lead to children maltreatment (Xu, Wang, Ahn, Harrington. 2018). Child issues are also linked to parenting stress, including personality, health, age, and gender. It is more stressful to the parent when a child is a girl and uses substances than when a child is a boy (Xu, Wang, Ahn, Harrington .2018).

	Patterson (2021) states that Increased parenting stress can result with the following physical and mental health conditions. • Reduced immune system (making you more prone to illness). • Heart disease • Diabetes • Cancer • Athrities • Obesity. • Memory and attention problems. • Depression • Anxiety When parents care for themselves they will be able to care for their substance abusing youth. When they experience undesirable effects of stress, they will not be competent in encouragement, decision-making and consistency. Practicing suitable self-care give parents opportunity to model wanted behaviors for your youth. Parents can be exemplary certain conditions, it is not easy to maintain a good health if your youth's actions do not change. There may be a need for more restrictive guidelines and boundaries to better your well-being, with cutting the relationship with your youth being the last option to be considered (Patterson,2021). Patterson E. 2021. Tips for parents of addicted children. Available at http://drugabuse.com/symptoms-signs-drug-abuse-effects/ . accessed 01/06/2021 Xu, Y., Wang, X., Ahn, H. and Harrington, D., 2018. Predictors of non-US born mothers' parenting stress across early

	childhood in fragile families: A longitudinal analysis. *Children and Youth Services 89*(62-70).
ACTIVITIES 	Ask parents to take their time and think about words of encouragement. Provide them a paper to write a letter to themselves. The letter must include everything including from how they felt when the learned that their youth uses substances and words of encouragement for the future.
SELF-CARE ACTIVITY 	Set up time for yourself to do one thing that makes you happy over the weekend
CHECK-OUT 	Have you tried to look for help, after you realised that you were (badly) affected by the substance abuse of your child?

SESSION 5

Helping your child out of substances (communicating with your child)

GOAL OF SESSION 	To assist the parents in developing the communication skills and coping strategies enable them to manage their own emotions and to help their youth.
CHECK-IN: 	What helps you to calm down when you are really offended?
ACTIVITIES 	Feelings that came when you realised that your youth abuse substances. Parents to write down how they felt when they discovered that their youth abuse substances
LEARNING AND DISCUSSION 	Information on coping and communication to be provided by the facilitator **Helping your youth out of substances (communicating with your youth)** As a parent when you have realized that your youth is using substances the first thing to do is to communicate with them. Below are the guidelines suggested by Mendez (2021) to assist the parents to communicate with their youth. • Talk to your youth about substance abuse only when they are sober. • Limit destructions by switching off smartphones or television. • Be calm, if you feel agitated and getting angry pause the conversation and come back to it later.

	• Don not address your youth. Create a two-way conversation where you will listen as much as you talk. • Be compassionate and empathetic. Make your youth aware that you care for them and you are worried about them. • Appreciate the little things they do. Always try to find a positive thing your youth does. For example, thank them for creating time to sit down and talk to you. • Assure your youth that you will always be available to support them. • Tell your youth about the option of seeing the professional for further help. • Explain the importance of taking treatment and encourage them to get help (Mendez. 2021). Recommendation by van Wyk (2011) and Capeinfo (2021) is that after the conversation with your youth regarding substance abuse, set some rules or healthy limits with them. **Expect anger:** it is normal that your youth may be angry that you set limits. Be strong when setting the limits and yet keep on being calm. Do not allow your youth manipulate you into anger. **Have realistic goals:** understand that your youth will not appreciate receiving assistance in the beginning They are likely toile or deny substance abuse or that they need help. Allow the process of healing or change to take place. Recovery and treatment take time. Set some goals however small and work on achieving them. An example could be having talk with your youth about substance abuse.

	Be clear about your boundaries and the consequences if crossed: Rules gives a way to youth to acquire self-control. Set practical rules that youth can easily follow. An example can be making your youth lose some privileges if they do not follow your instructions such as not getting allowance if they come home late. **Write down rules/enforce rules:** make sure that the rule yu have set for your youth are written down and they have to sign to acknowledge that they will follow the set rules. Let them pledge their commitment into following the rules. van Wyk,C . 2011. The Burden of Disease: Substance Abuse in South Africa. African Journal of Psychiatry . Capeinfo.2021.https://capeinfo.com/more/drug-a-substance-abuse/help-for-parents Mendez,E. 2021. How to Help an Addict or Alcoholic child.How to Help an Addict or Alcoholic child - Project Know
SELF-CARE ACTIVITY 	Relaxation techniques: Relax by counting Counting comes as an easy way to relieve your anxiety. When you feel pressured by anxiety, find a comfortable and quiet place to sit. Close your eyes and count to 10 slowly. Repeat counting, if necessary, count to 20 or even to a higher number. Keep counting until you feel relieve or less anxious. Kindly note that at times the relief happens quickly, but sometimes it might take time. Stay patient and be calm.

	Counting relaxes you because it provides you opportunity to focus on something besides your anxiety. It can be great to use when you are about to confront your child.
CHECK-OUT  	What do you plan to do to open up communication with your your child this week?

SESSION 6

Managing self

GOAL OF SESSION 	To help the PYAS manage self
CHECK-IN: 	How does the ideal 'you' look like?
LEARNING AND DISCUSSION 	The facilitator will present ways in which the parents can manage themselves SESSION 6 Tips for parents in managing themselves **Practice Self-Care** Self-care is not the same for everyone and it comprises of many things. Think about things that make you feel relaxed and do at least one a day to feel relaxed in a healthy way. Some people may prefer reading a book while others may take a walk around the village the stay in order to relax their mind. Some people feel they get more out of exercising every day than they do relaxing. This will assist the parent to not take the substances when they feel stressed by what their youth does. It may be difficult to find positive coping mechanisms. Trying different relaxation will assist you as the parent to find out what really works for you in relieving stress (VertavaHealthTexas. 2021).

	Make time for yourself Many PYAS have a difficulty getting a break. This is because at all time they think about their youth and they have to know where they are and what they are doing. That deprive them time for themselves. Nevertheless, they have this need to have some time alone. It is important for the parent to take break for themselves. The break will benefit both the parent and the youth when they are apart for some time (Turner. 2013). **Increase quality time with family** Find ways to do enjoyable activities with you and your family. By spending more quality time together, it improves the parent-youth relationship. Furthermore, it is not helpful to overly focus on everything that is not going well in your youth's life. Even though it may be difficult to incorporate extracurricular activities into the family's schedule, consider being creative by having a family game night or engage in other activities that your youth enjoys (Turner. 2013). **Think About the Big Picture** It's relatively easy to get immersed into daily activities and overlook what is important. Few things can get into the mind of the parents like my child id admitted, my finances are not okay, I need to go to work. Take note that these things are just for a season, this too will pass and your family will remain yours forever. Give yourself time to think about good things, be around people who make you happy like your family. Be grateful for the things that a going on well in your life. This will not only help you see the positive side but will

	also help you notice a bigger picture (VertavaHealthTexas. 2021). **Give Yourself Something to Look Forward to** Doing the same work and having the same responsibilities seem boring. When you have something to look forward to, something that will give you hope for the future. Go ahead and plan an outing for a family, or just a breakfast with the friends. You can also start saving money for house renovations or a small thing like planning to go buy an ice cream at your favorite café in. what you look forward to doesn't have to be something expensive let its just be something that you really want that will keep you away from stress (Turner. 2013). **Don't Be So Hard on Yourself** Most parents feel guilty when their youth abuses substances. this can affect them psychologically. It easy for parents to bust into anger and stress because of what their youth substance abuse. Anything that can push your buttons can lead to an outburst, it happens. Do not be hard on yourself when such things happen. Try relaxation techniques such as deep breath, walk away if possible, and have someone to talk to. Communication work best in stress reduction. It is not always easy to cope with stress and anxiety but learning healthy coping mechanisms will help you become the best parent. Take care of yourself, get enough rest and do things that make you happy (VertavaHealthTexas. 2021). **Use your support systems**

	It is very important to use the available support systems. Social support is an important part of reducing parenting stress. You can allow other family members to assist in talking to your youth regarding his problem of substance abuse over the weekend so that you can have time for yourself. The available social support system can assist you to have an opportunity to communicate when you fail to cope with the stress brought about the youth abusing substances. The parenting stress gets better when you feel like you have support (Turner. 2013). **Seek professional help** Visit the health care providers and the psychologists when you feel overwhelmed. You with the strategies that will assist you to cope with the challenges you face from the professional. Moreover, professional may provide you with ways to assist your youth and reduce problematic behaviors that may give rise to parenting stress (Turner. 2013). Turner, EA. 2013. 4 Tips for Managing Parenting Stress. Parenting stress, ethnicity, and developmental disabilities. Available at http://www.psychologytoday.com/us/blog/the-race-good-health/201306/4-tips-managing-parenting-stress accessed 27/05/2021 VertavaHealthTexas. 2021. Coping with stress- guide for struggling parents. Available at https://vertavahealthtexas.com/coping-with-stress-guide-struggling-parents/ accessed 30/05/2021
ACTIVITIES	List the places you can find help for yourself

	
SELF-CARE ACTIVITY 	What is your personal manifesto? Your personal manifesto defines your personal beliefs and core values, the specific priorities and philosophies that you believe in. This works as both a declaration of personal principles and a call to action. A personal manifesto has the ability to help individuals set their lives, lead them in a right route to help them reach their goals, and it works as a tool to keep them abreast with your basic needs.
CHECK-OUT 	Tell us how do you feel about yourself so far after the sessions you have attended

SESSION 7

Moving into the future

GOAL OF SESSION 	To bring the group to the end and to impart confidence and courage for their family future
CHECK-IN: 	How do you feel about reaching the last session?
LEARNING AND DISCUSSION 	General summary of all the sessions
ACTIVITIES 	Evaluation of the sessions
CHECK-OUT 	What are your future plans?

Conclusion

Parents can choose to attend the support group again if they feel like they still need to be supported. Parents are encouraged to keep on practicing the activities at home so that they will be able to manage their youth abusing substances

APPENDIX J: ENGLISH EDITOR REPORT

Lina Sebolaisi Hlahla
University of Limpopo
Sovenga, 0727

420 Unit C Mankweng 0727
081 5666 755
rightmovemultimedia@gmail.com
Researcheditors882@gmail.com
karabokonyani@gmail.com

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TO WHOM IT MAY CONCERN

This editing certificate verifies that this Academic research was professionally edited for Lina Sebolaisi Hlahla. Thus, it is meant to acknowledge that I, Mrs. K.L Malatji and Dr. E.J Malatji professional Editors under a registered company RightMove Multimedia, have meticulously edited Lina Sebolaisi's thesis from the University of Limpopo.

Title of the thesis: "DEVELOPMENT AND IMPLEMENTATION OF A SUPPORT PROGRAMME FOR PARENTS OF YOUTH ABUSING SUBSTANCES IN SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE: A NURSING LEADERSHIP PERSPECTIVE".

Sincerely,

Mrs. K. L Malatji & Dr. E.J Malatji

. APPENDIX K: TURNIT IN REPORT

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by

LINA SEBOLAISI HLAHLA

(200403710)

THESIS

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CO-SUPERVISOR: Prof. L. Skuse

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