Title: "THE INFLUENCE OF YOUTH SUBSTANCE DEPENDENCY ON THE MENTAL HEALTH OF PARENTS LIVING IN SOWETO, SOUTH AFRICA"

A research project submitted in partial fulfilment of the requirements for

the Degree of Master of Education (Educational Psychology)

in the Department of Psychology, School of Human and Community Development,

Faculty of Humanities, at the University of the Witwatersrand, Johannesburg

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12 SEPTEMBER 2024

DECLARATION

I, Khanyisile Ntokozo Ndlovu, I hereby confirm that this research report is entirely my own work. All sources used and cited within this report have been properly acknowledged. This report is submitted in fulfilment of the requirements for a Master's Degree in Education (Educational Psychology) at the University of the Witwatersrand. It has not been previously submitted for any other degree or to any other educational institution.

Khanyisile Ntokozo Ndlovu

Date: 11 September 2024

DEDICATIONS

I would like to begin by expressing my deepest gratitude to God for His innumerable blessings throughout this journey. I am in awe of His grace and guidance, which have been with me at every step. I am also thankful to the Holy Spirit for providing me with the wisdom, strength, and perseverance needed to complete not only this study but my entire academic journey up to this point.

With all my love and deepest gratitude, I want to thank my mother, Lydia Ndlovu. Your constant support and endless encouragement have been my greatest source of strength. Your love, your sacrifices, everything you've done, has built the foundation that carries me today. The Bible verse, "Train up a child in the way he should go and when he is old, he will not depart from it" (Proverbs 22:6), is a perfect reflection of the path you've guided me on. Every day, I thank God for the blessing of having you as my mother.

I would also like to express my deep gratitude and love to my dad, Alex Ndlovu. Your support in this research journey has meant the world to me.

I am also incredibly thankful to my brother, Silindokuhle Ndlovu, for always cheering on my studies and rooting for my academic success.

To my nephew, Zanokuhle Ndlovu. Your adorable love and the way you always check up on me have brought so much joy and warmth into my life. You remind me of the simple and beautiful things in life, and for that, I am truly grateful. Thank you for your constant care and affection.

Thanks to everyone else who has been supportive. I appreciate you all.

ACKNOWLEDGMENTS

I am profoundly thankful to my supervisor, Dr. Mamakiri Mulaudzi. Your guidance and patience have been invaluable throughout this process.

I sincerely thank the National Research Fund-Centre of Excellence (NRF- CoE) for awarding me a scholarship to support my masters studies. I am deeply appreciative of your role in my academic growth.

I would like to express my gratitude to The Department of Social Development in Chiawelo, Soweto for advertising my study and providing space for interviews. Your assistance has been crucial to the success of this research.

Lastly, my deepest gratitude to everyone who participated in this study. Your willingness to contribute your time and share your experiences have been crucial to the success of this research. This study would not have been feasible without your essential contributions and support.

Thank you all from the bottom of my heart!

ABSTRACT

Youth substance dependency presents a significant public health concern, particularly within communities facing socioeconomic challenges. This study explores how youth substance dependency influences the mental health of parents living in Soweto, South Africa, through the lens of Bronfenbrenner's ecological systems theory. The study describes parents' perceptions, identifies contributing factors, documents lived experiences, and explores the biopsychosocial effects and available support systems.

A qualitative study employing reflexive thematic analysis was conducted, utilizing semi-structured interviews with ten parents of children aged 13 to 34, who have been substance dependent for a minimum of two years. Reflexive thematic analysis revealed that youth substance dependency deeply affects parental mental health, leading to heightened stress, anxiety, depression, and social stigma. The study highlighted key contributing factors, including family dynamics, peer influence, and socioeconomic conditions. Community and family support played a critical role in alleviating some of these challenges, although many parents encountered barriers in accessing professional help.

The findings add to the existing but sparse literature on the experiences of South African parents managing youth substance dependency, offering critical perspectives for the creation of tailored interventions and support mechanisms. This research elucidates the relationship between youth substance dependency and parental mental health, providing valuable insights for community psychologists, social workers, and policymakers in their efforts to address these issues.

Keywords: *Youth substance dependency, parental mental health, Soweto, Bronfenbrenner's ecological systems theory, social stigma*

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KEY ACRONYMS

CDC: Center for Disease Control and Prevention

DSM-5/DSM-IV: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition/Fourth Edition

HIV/AIDS: According to the NIH (2023), HIV is short for human immunodeficiency virus, the virus responsible for HIV infection. The term "HIV" may refer to both the virus itself and the infection it causes. AIDS, which stands for acquired immunodeficiency syndrome, represents the most severe phase of HIV infection.

NIH: National Institutes of Health

SACENDU: The South African Community Epidemiology Network on Drug Use

WHO: World Health Organization

BAPSA: Board of Addictions Professionals South Africa

KEY CONCEPTS

Adolescent: The WHO (2024) defines adolescence as "the phase of life between childhood and adulthood, from ages 10 to 19." "youth/young people." Similarly In South Africa, the National Department of Health (2023) defines adolescence as generally spanning from 10 to 19 years, though the period of adolescence/youth may extend up to 24 years.

Mental health: The WHO (2024) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."

Parents/Guardians: The South African Schools Act 84 of 1996 defines parent as "a) The biological or adoptive parent or legal guardian of a learner (in this study, of a child); (b) The person legally entitled to custody of a learner (child) …" (Department of Education, 2021)

Substance abuse: According to Crozer Health (2017) "Substance abuse is when someone continues to use drugs or alcohol even when it causes problems, such as trouble with work, family, or their health."

Substance dependence: According to Gupta (2022) "Substance dependence occurs when a person is physically dependent on a substance such as alcohol, nicotine, drugs, or medication, to the extent that their body adapts to it and develops a tolerance to it, resulting in withdrawal symptoms when they stop using it."

Substance use: According to Crozer Health (2017) "substance use is any consumption of alcohol or drugs. Something as commonplace as having a beer with friends during dinner is considered substance use. Substance use may not be a problem or lead to abuse or dependency in some people."

Substance use disorder: According to the American Psychiatric Association (2013, p.xli) "The categories of substance abuse and substance dependence have been eliminated and replaced with an overarching new category of substance use disorders—with the specific substance used defining the specific disorders." However, the DSM-IV explains that "substance-related disorders include disorders related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, and to toxin exposure." (American Psychiatric Association 2000, p. 191)

Youth/young people: Youth in South Africa is defined as persons between the ages of 15 to 34. (Statistics South Africa, 2021)

CHAPTER 1: INTRODUCTION OF THE STUDY

1.1 Introduction

Soweto, a township in Johannesburg, South Africa, faces a complex social and health landscape. The community endures various challenges, including a high prevalence of HIV, multidimensional poverty, and frequent exposure to potentially traumatic events among adolescents (Closson et al., 2016). According to the 2022 South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI), HIV prevalence rates differ notably by age-group and gender. Among adolescents aged 15–19 years, HIV prevalence is approximately 5.7% for females and 3.1% for males. Among young adults aged 20–24 years, prevalence rates rise to 8.0% for females and 4.0% for males (Human Sciences Research Council, 2023). These factors significantly impact the well-being of individuals and families in Soweto, with a particularly strong effect on the mental health of parents.

In this context, youth substance dependency has been linked to various adverse effects on family members' mental health (Choate, 2015). Substance use among youth in South Africa remains a pressing concern. A report by Shuro and Waggie (2024) reveals that the most commonly abused substances among high school learners in Limpopo, South Africa are alcohol, cigarettes, and marijuana, with alcohol being the most prevalent (49%), followed by cigarettes (20.8%) and marijuana (16.8%). Data from 2016 indicates that nearly 22% of high school learners have used alcohol, and around 12% report regular cannabis use, both of which are closely linked to mental health challenges within family dynamics (Morojele & Ramsoomar, 2016). High rates of substance use create significant strain within families, especially on parents who face the emotional,

financial, and social repercussions of their children's dependency (Mathibela & Skhosana, 2019). Studies highlights that parental mental health is often affected by their children's substance dependency, with anxiety and depression commonly exacerbated by the stress of managing a child's substance use (McLaughlin et al., 2016; Ngantweni, 2018; Shadung et al., 2024).

Certain familial factors, including family closeness, parental monitoring, and parental substance use, are known to influence youth substance use (Davis & Shlafer, 2017). Parental mental health also plays a crucial role in shaping parenting practices and consequently affects the well-being of children (Albanese et al., 2019). Mental health issues in parents, such as anxiety and depression, can lead to behavioural problems in children, creating a cyclical effect that further strains family dynamics (Elbracht et al., 2023). Furthermore, consistent parenting styles, such as authoritative parenting, which balances warmth with appropriate control, significantly impact children's emotional and psychological development (Bi et al., 2018). This highlights the importance of aligned parental approaches in promoting mental well-being in children (Newland, 2015).

In Soweto, understanding how youth substance dependency affects the mental health of parents is crucial. In this region, youth frequently encounter potentially traumatic experiences, including elevated instances of physical violence (Closson et al., 2016), which emphasises the importance of exploring how parental mental health is influenced in this context. This research aims to investigate how youth substance dependency impacts the mental health of parents living in Soweto, South Africa. The study seeks to uncover valuable insights into the link between youth substance dependency and parental mental health within the unique cultural, social, and health context of Soweto, providing perspectives that could guide the development of targeted interventions and support strategies for families facing these challenges.

This study makes a significant contribution to the literature by offering an in-depth understanding of the challenges parents in Soweto face in managing their children's substance dependency and its effects on their mental health. It highlights the unique socio-cultural and economic factors influencing this issue, thereby deepening the understanding of the contextual dynamics between substance dependency and mental health within this community. The findings provide valuable insights for creating targeted interventions and support programs aimed at assisting parents in Soweto who are affected by substance dependency. By identifying the unique mental health needs of these parents and investigating effective methods to address these needs, the development and implementation of evidence-based interventions can be better tailored to the local context. These insights will contribute to enhancing mental health services and improving the overall well-being of parents dealing with the challenges associated with their children's substance dependency.

Furthermore, this research will add to the broader academic discourse on substance dependency and mental health in the context of parenting. Focusing on the experiences of parents in Soweto will contribute to the limited literature on this topic, particularly within the South African context. This study will also enrich the global understanding of the intersection between substance dependency, parenting, and mental health, providing valuable comparative insights for researchers and practitioners working in similar settings.

To better understand these dynamics, this study draws on Bronfenbrenner's (1979) Ecological Systems Theory, which emphasises how various environmental systems interact and influence individual development. This framework is particularly useful for understanding how the micro and meso systems, such as family and community, shape parents' experiences and mental health as they cope with their children's substance dependency.

This study offers valuable insights to community psychologists and social workers, equipping them with effective interventions and coping tools for parents. It reveals factors influencing their children's substance use and highlights available support services. Furthermore, the study contributes to addressing South Africa's Sustainable Development Goals (SDGs) by "building safer communities to ensure that all people in South Africa are and feel safe" (focusing on Soweto) and by "strengthening the prevention and treatment of substance dependency, including narcotic substance dependence and harmful use of alcohol" (Statistics SA, 2019, p.42).

1.2 Background

Research indicates that parents of youth involved in substance abuse face numerous challenges, including deteriorating physical and emotional well-being, limited knowledge about substance dependency, and difficulties accessing support (Hlahla et al., 2023). Parents play a pivotal role in managing and mitigating the risks associated with substance dependency in their children (Hlahla & Mothiba, 2022). In Soweto, where alcohol and substance use are prevalent, understanding the impact of youth substance dependency on the mental health of parents is critical (Yeo et al., 2022).

High levels of parental stress and a lack of adequate support systems can significantly affect parents' psychological well-being, influencing family dynamics and exacerbating youth substance use issues (Lorenzo-Blanco et al., 2016). The Family Stress Model explains how financial and emotional stress experienced by parents can disrupt family functioning, increasing the likelihood of mental health issues and substance use in adolescents (Vinces-Cua, 2020). For example, a study by Masarik and Conger (2017) demonstrates that financial stress experienced by parents can impair family functioning, which in turn heightens the likelihood of mental health

issues and substance use in adolescents. These disruptions may lead to increased parental stress, creating a cycle of poor mental health and ineffective parenting strategies (Vinces-Cua, 2020).

Substance dependency is closely linked to a high prevalence of mental health issues among parents, including depression, anxiety, and post-traumatic stress disorder (Coetzee et al., 2018; Poliah & Paruk, 2017). The significant burden of treatable mental health conditions among those with substance use disorders in South Africa emphasises the need for improved access to mental health services (Coetzee et al., 2018; Mokwena & Mokwena, 2022). This need is particularly pressing given the impact of systemic barriers, such as limited resources for mental health care in under-resourced areas like Soweto (Marais & Petersen, 2015).

The relationship between mental health disorders, such as depression and anxiety, and substance dependency is bidirectional, further complicating the mental health challenges faced by parents (Ummels et al., 2022). Neurobiological research has shown that genetic predispositions and environmental factors, including stressful family dynamics, can heighten vulnerability to substance use disorders (Deak & Johnson, 2021). The interaction between genetic factors and environmental stressors influences both parental and adolescent mental health outcomes, contributing to a cycle of substance dependency and psychological strain (Kaplan et al., 2022).

In South Africa, the high prevalence of substance use disorders is compounded by broader public health concerns, including the increased risk of HIV transmission and other infectious diseases associated with substance dependency. The Botsha Bophelo Adolescent Health Study highlights the need for comprehensive interventions to address these issues, particularly for youth in Soweto who face heightened risks of both HIV infections and substance dependency (Miller et al., 2017). Additionally, parental substance dependency has been linked to abusive parenting and neglect, further increasing the risk of adverse mental health outcomes in children (Meinck et al.,

2017). This is especially relevant in Soweto, where exposure to violence and socio-economic challenges exacerbates the mental health struggles of parents (Kidman et al., 2018). Hemady (2022) also emphasises the intergenerational relationship between respiratory health issues, such as tobacco smoking, and mental health challenges, highlighting how the co-occurrence of tobacco smoking and anxiety or depressive disorders among parents may affect youth well-being. Increased parental stress is linked to long-term mental health issues in youth, including depression and anxiety, which can be exacerbated by parental substance use (Yang et al., 2021).

The COVID-19 pandemic has exacerbated existing mental health pressures, leading to increased rates of depression, anxiety, problematic substance use, and suicidal behaviour among South Africans (Duby et al., 2022). Additionally, increased parental stress can negatively affect adolescent substance use and mental health through pathways such as impaired parent-child relationships, ineffective parenting strategies, and poor role modelling (Im, 2021; Yang et al., 2021). These dynamics emphasise the need for targeted interventions to address the mental health needs of parents and support family resilience in Soweto. Understanding the specific difficulties faced by parents, such as economic pressures, exposure to violence, and restricted access to mental health services, is crucial for developing effective support strategies (Duby et al., 2022; Hlahla & Mothiba, 2022). Addressing these factors can help mitigate the adverse effects of substance dependency on parental mental health and enhance the overall well-being of families in Soweto (Hlahla & Mothiba, 2022).

1.3 Problem Statement

Youth substance dependency is a significant concern for the mental health of parents living in Soweto, South Africa. Research has shown that parents of substance-dependent youth face

considerable stress and challenges that not only affect their mental health but also influence their children's mental health and behaviour (Lorenzo-Blanco et al., 2016). For example, Alexander et al. (2023) found that parental monitoring, particularly through awareness of their children's activities, was significantly associated with lower levels of adolescent substance use. This emphasises the importance of active parental involvement in reducing youth risk behaviours. However, research suggests that parents experiencing high stress or mental health challenges may struggle to effectively monitor and support their children, potentially increasing the risk of substance use among youth (Lorenzo-Blanco et al., 2016).

Substance use during adolescence can lead to persistent challenges into adulthood, impacting mental health, relationships, and employment stability, all of which can, in turn, influence parenting behaviours (Gray & Squeglia, 2018; McCabe et al., 2022). These long-term effects raise important questions about how unresolved trauma and childhood experiences influence the parenting approaches of individuals with histories of substance dependency (Volkow & Wargo, 2022). Consequently, a cyclical pattern may emerge, where issues such as lack of control, emotional unavailability, or inconsistent discipline in parenting can impact children's emotional and psychological well-being (McLaughlin et al., 2019). These patterns highlight the need for intergenerational support and interventions that address both historical and current behavioural influences (Rowell et al., 2021). The role of parents is pivotal in influencing youth substance use patterns, emphasising the importance of public health campaigns and family-oriented initiatives to help parents mitigate the adverse effects of youth substance dependency (Slemon et al., 2019).

Despite these insights, there remains a limited understanding of the specific challenges faced by parents in Soweto who are dealing with youth substance dependency. Much of the

existing research focuses on children affected by parental substance dependency, leaving a significant gap in knowledge regarding parents' experiences with their children's substance dependency (Hlahla & Mothiba, 2022). Addressing the unique difficulties faced by South African parents, such as limited support from healthcare providers and familial networks, is critical for the development of effective support strategies (Louw, 2021). Gaining insight into these parents' lived experiences and needs, within their cultural and social contexts, is essential for crafting effective support systems and interventions.

While substantial research has explored the neurobiological and psychological mechanisms contributing to youth substance dependency (Volkow et al., 2016; Deak & Johnson, 2021; Kaplan et al., 2022), less attention has been given to the impact of these challenges on the mental health of parents. The emotional toll on parents of children with substance dependency is profound, often leading to significant emotional stress, anxiety, and depression (Ummels et al., 2022). This study addresses this gap by exploring how youth substance dependency affects the mental health of parents living in Soweto, with a particular focus on the stress and distress they experience and how these factors influence their overall well-being.

The complex interplay between parental mental health, youth mental health, and substance dependency emphasises the need for holistic interventions that support both parents and children (Brown et al., 2017). Additionally, the socioeconomic and familial dynamics influencing youth substance dependency in South Africa point to the essential role of social and ecological factors in addressing these challenges (Majee et al., 2021). Other studies have applied frameworks such as Social Learning Theory (Bandura, 1977) and Family Systems Theory (Minuchin, 1974) to explore similar issues in substance use and family dynamics (Simons-Morton et al., 2007; Ram et al., 2016). While these frameworks offer valuable insights into understanding substance dependency

and related challenges, the Ecological Systems Theory remains central to this study's approach due to its comprehensive view of the interconnectedness of environmental systems. Tailoring interventions and support systems to Soweto's unique context is crucial for families facing substance dependency challenges.

1.4 Research aims and objectives.

This study aims to explore the experiences and mental health impacts on parents with substance-dependent children in Soweto, as well as their perceptions of youth substance dependence.

Research Objectives:

Objective 1: To describe parents' perceptions of their children's experiences with substance dependence.

Objective 2: To explore and describe the factors that parents perceive as contributing to youth substance dependence in Soweto.

Objective 3: To explore and describe the lived experiences of parents dealing with their children's substance dependency.

Objective 4: To explore the biopsychosocial effects of youth substance dependence on their parents.

Objective 5: To investigate the available support systems for both children and parents affected by substance dependency.

1.5 Research Questions

1. What are parent's perceptions on young people's experiences with substance dependence?
2. What are parent's perceptions on the factors that lead the youth in Soweto to depend on substances?
3. What are parents' experiences with their children's substance dependency?
4. What is the biopsychosocial influence of youth substance dependency on parents?
5. What support is available to both the youth and parents affected by substance dependence?

1.6 Rationale

This research is driven by the urgent need to address the effect of youth substance dependency on the mental health of parents in Soweto, South Africa. While substance dependency among youth has profound individual and social consequences, there is a critical gap in understanding how this dependency affects the parents who bear the brunt of the associated emotional, social, and financial challenges. The unique cultural and socio-economic context of Soweto means that parents are often confronted with limited resources and support systems, which intensifies the strain they experience. This gap in knowledge is particularly important because parents play a central role in supporting their children, and their mental health directly impacts their ability to cope with the challenges of youth substance dependency.

By addressing this gap, the research aims to provide actionable insights that can inform policy development and strengthen public health and social services in Soweto. Understanding the mental health needs of parents in this context is essential for the development of targeted,

community-based interventions that not only support parents but also help reduce the long-term social and psychological costs of youth substance dependency. The findings from this study could lead to the creation of tailored support services, such as mental health resources specifically for parents, counselling services, and family-centred intervention programs that consider the socio-cultural dynamics of Soweto. Additionally, these findings could shape public health policies by highlighting the importance of supporting parents in managing the mental health challenges related to their children's substance dependency. Policies could be developed to integrate family-based support into existing substance dependency programs, creating a more holistic approach to treatment and prevention. Community psychologists and social workers can use the insights from this research to refine intervention strategies that are culturally appropriate and responsive to the specific needs of families in Soweto, ultimately improving the effectiveness of social services in the region.

This research is grounded in Bronfenbrenner's (1979) Ecological Systems Theory, which emphasises the interconnectedness of individuals and their environments. By focusing on the micro and meso levels, the study explores how parents' immediate experiences and interactions with their children and local support networks shape their ability to cope with youth substance dependency. The findings will empower parents by providing them with practical tools, coping mechanisms, and a greater awareness of the support services available to them. Furthermore, the research informs community-based programs aimed at prevention and intervention, helping parents understand the risk factors contributing to substance dependency and equipping them with strategies to address these challenges within their families.

Ultimately, this study seeks to contribute not only to the theoretical understanding of the dynamics of youth substance dependency and its effects on parents but also to the creation of

practical, community-driven solutions. The outcomes of this research will be crucial for social services in Soweto, enabling them to create a more responsive and effective support system for families affected by youth substance dependency, and offering guidance on how to better integrate family support into existing public health frameworks.

1.7 Conclusion

This chapter introduces the research on the intersection of youth substance dependency and parental mental health in Soweto, South Africa, emphasising the complex interplay between socio-economic factors, substance use, and familial dynamics. The study highlights the critical need to understand how substance dependency among youth impacts their parents' mental health, given the unique socio-cultural and economic challenges in Soweto. It addresses the gaps in literature by exploring parents' perceptions, the contributing factors to substance dependency, and the biopsychosocial effects on their mental well-being. Utilising Bronfenbrenner’s ecological systems theory, the research aims to provide comprehensive insights into the specific challenges faced by these parents and the support systems available. The findings will enhance the existing body of knowledge and inform targeted interventions, ultimately contributing to more effective support for families grappling with substance dependency in Soweto.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

This chapter addresses the complex issue of substance dependency, defining its characteristics and the factors that lead to its development and persistence. It provides a thorough overview of substance use patterns among youth, with insights into both global trends and specific regional contexts, including Sub-Saharan Africa and South Africa. The chapter also explores the various determinants of substance dependency, including socio-economic, genetic, and environmental factors, and highlights the profound impact of youth substance use on their families, particularly parents. Additionally, the chapter addresses the stigma associated with substance dependency, focusing on how societal perceptions and negative stereotypes can exacerbate the challenges faced by those impacted and their families. This discussion highlights the multifaceted nature of substance dependency and the numerous barriers it creates, not only for those directly involved but also for the broader community seeking to provide support and understanding.

2.2 Substance dependency

The terminologies 'substance dependence' and 'substance dependency' are frequently used to denote a habitual pattern of substance consumption. This behaviour is characterised by an inability to control usage, persistent use despite severe repercussions, and the onset of physical dependence, which results in withdrawal symptoms when the substance is unavailable (Abdullahi & Sarmast, 2019). The 11th edition of the International Classification of Diseases (ICD-11) defines substance dependence as a recurring or ongoing pattern of psychoactive substance use. This pattern is marked by diminished control over use, prioritisation of substance use at the expense of other

life areas despite negative effects, and physiological indicators of neuroadaptation, including tolerance, withdrawal symptoms, or a need for progressively larger doses (WHO, 2019).

The fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) considers substance use disorders as a spectrum that encompasses various substances, including alcohol, nicotine, opioids, and stimulants (American Psychiatric Association, 2013). Research by Popescu et al. (2021) highlights the neurobiological foundations of substance dependence, highlighting the role of reward pathways, neurotransmitter imbalances, and genetic predispositions. Simultaneously, psychosocial factors such as environmental stressors, trauma, and social influences play a substantial role in the advancement and persistence of substance dependence (Volkow et al., 2016).

Treatment approaches for substance dependence have evolved, with a growing focus on integrated methods that combine pharmacotherapy, psychotherapy, and behavioural interventions (NIDA, 2018). Advances in neuroscience have led to the creation of targeted medications that address cravings and withdrawal symptoms, supporting abstinence and ongoing recovery (Volkow & Boyle, 2018). However, challenges remain in implementing effective prevention strategies and in reducing the stigma associated with substance use disorders (Hurd et al., 2020).

Substance use often leads to risky behaviours such as unprotected sex and needle sharing, which elevate the likelihood of HIV transmission (NIH, 2021). Harunda et al. (2018) identify several factors that may drive young people towards substance use, including peer pressure, family conflicts, and emotional stress. The DSM-5 has consolidated the terms substance dependency and substance dependence into a broader category known as substance use disorders (American Psychiatric Association, 2013). Clinical research reveals a consistent association between

substance use disorders and conditions such as depression, major depressive disorder, and other psychiatric disorders (Adbullahi & Sarmast, 2019).

2.2.1 Substance use among the youth

Research highlights that substance dependency among the youth is a complex issue shaped by various factors such as socio-economic status, peer pressure, family dynamics, and mental health conditions (Degenhardt et al., 2016). Amaro et al. (2021) suggest that the underlying causes of youth substance use are well-documented, with social, environmental, and individual factors being crucial. The rise in substance use disorders among adolescents is troubling, with evidence showing that early substance use can lead to long-term effects on both physical and mental health, emphasising the need for focused prevention strategies (Brown et al., 2017). Miech et al. (2015) reveals troubling trends in substance use among high school students in the United States, as noted in the Monitoring the Future study. This mirrors a broader global perspective, highlighting the worldwide burden of substance use among the youth (Degenhardt et al., 2016).

The role of technology and social media in shaping youth attitudes toward substance use has garnered increasing attention, emphasising the need for interventions that are mindful of the evolving digital landscape (WHO, 2020). Research has concentrated on the effectiveness of school-based programs and the integration of mental health services within substance use treatment for youth (Dunne et al., 2017). According to Amaro et al. (2021), individuals often turn to substances as a response to overwhelming life circumstances, family challenges, and societal pressures. Youth frequently link their substance use to perceived dire situations, with boredom also playing a role in this behaviour. The Center for Disease Control and Prevention (CDC, 2022) notes that youth involved in injection substance use face risks such as HIV and overdose. Environmental factors, including parental substance use and acceptance of substance use at home,

contribute to the likelihood of substance use among youth (Aderibigbe et al., 2022). The World Drug Report (2018) highlights early (12–14 years old) and late (15–17 years old) adolescence as key periods for the onset of substance use. Qualitative research by Layman et al. (2022) indicates that youth exposed to familial conflict or dysfunction are more likely to engage in substance use. Notably, substance use prevalence decreased during the COVID-19 pandemic, attributed to fewer peer-group gatherings, reduced availability and access to substances, and increased time spent at home with parents (Layman et al., 2022).

2.2.2 Substance use among the youth globally

Substance dependence is a significant global public health concern, with particularly high prevalence among the youth (Somani & Meghani, 2016). The World Health Organization (WHO, 2024) reports that approximately 13% of adolescents globally engage in heavy episodic drinking, while 27% of young people aged 15-19 have used tobacco products. The WHO (2024) identifies substance use among the youth as a major global public health issue. Several factors contribute to youth substance dependency, including the availability and affordability of drugs, as well as influences such as age, gender, poverty, peer pressure, media exposure, and family structure (Nawi et al., 2021). This issue not only affects individuals but also has significant implications for families and society at large.

The social consequences of substance dependency can include job loss, relationship breakdowns, school truancy and dropout, suicidal ideation, road traffic accidents, and unprotected sex (Abdullahi & Sarmast, 2019). Cannabis remains the most widely used drug globally, particularly among young people, with its usage increasing post-legalisation in regions such as North America (UNODC, 2024). Furthermore, alcohol consumption among the youth notably

contributes to the overall burden of deaths and Disability-Adjusted Life Years (DALYs) related to alcohol use (WHO, 2018).

Substance use often begins during adolescence and has detrimental effects on cognitive development, mental health, and overall well-being (Nawi, 2022). For example, in 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that approximately 7.7 million young adults aged 18 to 25 in the United States used illicit drugs (SAMHSA, 2020). In Europe, up to 10% of youth report using cannabis annually, and cannabis legalisation has contributed to increased use rates, particularly of high-potency products (UNODC, 2024). Similarly, in South Africa, the South African Community Epidemiology Network on Drug Use (SACENDU) reported that methamphetamine use among young adults is particularly high, with 15-20% of individuals aged 18-24 in Gauteng regularly using methamphetamines in 2020 (SACENDU, 2020).

In South Africa, the average age of initiation into drug dependency is as low as 12 years, a time when adolescents are highly vulnerable to external influences, such as peer pressure and the desire for independence (South African Human Rights Commission [SAHRC], 2023). Early exposure to substances like alcohol and cannabis can disrupt brain development, impairing cognitive functions such as memory, attention, and decision-making abilities (SACENDU, 2023). Additionally, the onset of substance use during adolescence is frequently associated with an increase in mental health issues, including anxiety and depression, which can compound the negative effects on cognitive development and overall well-being (SACENDU, 2023). For example, a significant proportion of adolescents admitted to substance use treatment centres reported concurrent mental health challenges, with 67% presenting with symptoms of depression

and anxiety, emphasising the detrimental impact of substance use on emotional stability (SACENDU, 2023).

Globally, the United Nations Office on Drugs and Crime (UNODC) provides comprehensive data on substance use patterns. The 2020 World Drug Report highlights the challenges associated with various substances among young people, emphasizing the need for evidence-based prevention measures (UNODC, 2020). Amphetamines and synthetic drugs, such as methamphetamine, have seen increased use, particularly in East and South-East Asia, as well as in emerging markets across Africa and the Near and Middle East (UNODC, 2024). According to the 2022 World Drug and Crime Report by the UNODC (2024), there has been a rise in substance use among youth, with individuals under 35 being the predominant group receiving treatment for substance use disorders in regions like Africa and Latin America. Additionally, the report notes that the legalization of cannabis in North America has led to an increase in daily use of high-potency cannabis products, especially among young adults.

The 2018 World Drug Report provides further detail, noting that cannabis was the most prevalent substance used among youth in Europe, alongside frequent use of tobacco and alcohol. Cannabis was notably common in the most frequently reported combinations of polysubstance dependence. In Europe, common substances in polysubstance dependence included tobacco, alcohol, cannabis, ecstasy, cocaine, amphetamines, lysergic acid diethylamide (LSD), and heroin. In South Africa, there is evidence of similar substance use patterns, with the Western Cape Province showing the highest rates of methamphetamine ("tik") use. Notably, one in five school-

aged youths in this province uses crystal methamphetamine[1] (Asante & Lentoor, 2017). A report from UNODC (2022) indicates a rise in substance use among youth, with individuals under 35 being the predominant group undergoing treatment for substance use disorders in Africa and Latin America. Additionally, the report observes that the legalisation of cannabis in North America has led to an increase in daily use of high-potency cannabis products, particularly among young adults.

2.2.3 Substance use among the youth in Sub-Saharan Africa

A study by Dumbili and Ebuenyi (2021) highlights the prevalence of methamphetamine use in the region, as evidenced by the Global School-based Student Health Survey (GSHS), which reports its use among both male and female adolescents in three West African nations. In South Africa, both past and recent research reveal concerns related to methamphetamine[2] use, including violence and mental health disorders (Dumbili & Ebuenyi, 2021; Ogundipe et al., 2018). Ogundipe et al. (2018) provides a broader perspective on adolescent substance use in the developing world, particularly in southern Africa and sub-Saharan Africa. The study observes an increasing exposure to tobacco, heroin, and alcohol, and highlights the creativity of the youth in developing complex drug mixtures and volatile solvents. Morojele et al. (2021) identify alcohol as the most commonly used drug in sub-Saharan Africa, with up to 50% of adolescents using at least one psychoactive substance, depending on the region.

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[1] The National Drug Intelligence Center (2002) defines crystal methamphetamine or crystal meth as a form of d-methamphetamine that is colourless and odourless. It is a potent and highly addictive synthetic stimulant. This substance generally appears as small, glass-like shards or shiny blue-white "rocks" of different sizes (The National Drug Intelligence Center, 2002).

[2] Methamphetamine is a potent stimulant affecting the central nervous system. While it is occasionally used as a secondary treatment for attention deficit hyperactivity disorder (ADHD) and obesity, it is more commonly recognised as a recreational drug (Yasaei & Saadabadi, 2023).

In Sub-Saharan Africa, the youth demographic faces heightened risks related to drug use, with cannabis being the most commonly used substance. The UNODC World Drug Report (2024) indicates that drug markets are rapidly expanding in Africa, particularly for cannabis and synthetic drugs, contributing to increased vulnerability among young people. The high rates of substance use among youth are linked to various socio-economic factors, such as poverty, unemployment, and limited access to education and health services. This growing prevalence of drug use poses significant challenges to health, safety, and development across the region (UNODC, 2024).

A study by Ogundipe et al. (2018) highlights how peer influence and social networks shape substance use patterns among the youth in Sub-Saharan Africa. The research suggests that peer acceptance and the influence of friends who use substances play a significant role in the initiation and continuation of these behaviours. Cultural factors, such as shifting traditional values and norms, are also critical in this context. Gureje et al. (2016) point out the limited availability and accessibility of treatment and prevention programs, which exacerbate the challenges associated with youth substance use. The lack of adequate resources and infrastructure for addiction treatment in Sub-Saharan Africa impedes effective support, leaving many young people without appropriate assistance (UNODC, 2020). Additionally, Gureje et al. (2015) emphasise the stigma surrounding substance use disorders, which further obstructs efforts to address the issue, underscoring the need for destigmatization to encourage affected youth to seek help.

The consequences of substance use among youth in Sub-Saharan Africa extend beyond individual health. Mohamed et al. (2024) associate substance dependency with an increased risk of mental health disorders, academic underachievement, and heightened susceptibility to infectious diseases such as HIV/AIDS. Picco et al. (2016) highlight the economic burden on healthcare systems as a growing concern. The World Health Organization (WHO) emphasises the

need for collaborative efforts among governments, non-governmental organisations, and academic institutions to address the rising issue of substance use among youth in the region. Understanding cultural contexts and socio-economic factors is crucial for developing effective interventions (WHO, 2024). The increasing use of illicit drugs, such as cannabis and synthetic substances, emphasises the need for targeted interventions (Jaguga et al., 2022). Socio-cultural factors play a significant role in shaping attitudes and behaviours related to substance use among youth in Sub-Saharan Africa, making culturally sensitive interventions essential for tackling this complex issue (Jacobs et al., 2020).

2.2.4 Substance use among the youth in South Africa

Substance dependence poses a significant challenge in South Africa, where the prevalence of substance use is reported to be twice the global average (Tshitangano & Tosin, 2016). Malga et al. (2018) note that this issue has severe implications for South African youth, leading to risky sexual behaviours and an increased risk of HIV contraction. Approximately 39% of South African youth report alcohol consumption, with 12% engaging in heavy episodic drinking, which contributes to a range of health and social risks (WHO, 2024). The association between substance use and unintentional injuries is particularly concerning among South African youth, encompassing incidents such as drowning and poisoning, as well as intentional injuries like suicide, abuse, and sexual violence (Hariram, 2017).

Research by the South African Community Epidemiology Network on Drug Use (SACENDU), covering data trends from July 1996 to December 2019, indicates that cannabis was the most commonly used substance among youth aged 20 and below in Gauteng, accounting for 73% of reported cases. This was followed by heroin at 8% and alcohol at 4% (Dada et al., 2021). Additionally, Mulaudzi (2018) highlights an increasing trend in the use of nyaope (also known as

kwape, whoonga, and plaza) in Gauteng and KwaZulu-Natal. Youth abusing nyaope are three times more likely to engage in violent criminal behaviour compared to those using other substances.

Hornsby (2022), in the 2021 SACENDU report, reports that the COVID-19 pandemic and related restrictions led to a significant decline in substance use admissions across 82 treatment facilities during the first half of 2020. This decline is attributed to restrictions on alcohol and cigarette sales, limits on group sizes, and the national lockdown. The report further indicates that the most common primary substances used by individuals under 20 varied by region, with cannabis in the Northern Region, heroin in the Eastern Cape, and alcohol in the Central Region (Hornsby, 2022). Research by Sibusiso et al. (2022) indicates a rising trend in substance use among South African youth, with notable increases in cannabis (also known as dagga or marijuana [3]) and alcohol consumption. The study highlights the link between substance use and negative outcomes such as impaired academic performance and higher engagement in risky behaviours. Londani and Oladimeji (2024) reveal that 22% of South African youth engage in tobacco use, highlighting the need for targeted interventions to address smoking initiation rates. Additionally, Harker et al. (2020) draw attention to the growing concern of prescription substance dependency, particularly opioids, among South African youth. The accessibility of prescription medications and insufficient regulation are identified as key factors contributing to this trend. Moreover, Sibanda and Batisai (2021) emphasise the connection between socio-economic disparities, poverty, and

[3] In the South African context, marijuana (or dagga/cannabis) is viewed as a gateway drug that can lead to the use of more dangerous substances like cocaine (Manu, 2021). Cannabis contains tetrahydrocannabinol (THC), which is the primary psychoactive component (Essack, 2019).

unemployment, and the increased susceptibility to substance dependency among South African youth.

2.2.5 The influence of youth substance dependency on parents

Substance dependence is perceived as a family issue that affects not only those with the dependence but also other family members (Florimbio et al., 2019). The effects on individuals can vary, encompassing unmet developmental needs, strained relationships, economic hardship, legal troubles, emotional distress, and violence (Mardani, 2023). Kerwin et al. (2015) argue that parents and guardians are tasked with providing a safe, healthy, and stimulating environment for their children until they reach maturity. Unfortunately, children sometimes deviate from this expectation by engaging in behaviours that endanger their health and well-being (Ligon, 2019). Consequently, parents face the challenging responsibility of seeking treatment for their children at a time when many youths may resist or deny the need for intervention (Florimbio et al., 2019). Parents often report that their children exhibit violent behaviour under the influence of substances, maintain untidy living spaces, and frequently have a smell of cigarettes or alcohol (Mulaudzi, 2018).

The stress experienced by parents of youth with substance dependency is multifaceted, encompassing emotional, financial, and social dimensions (Mardani et al., 2023). A study by Hlahla and Mothiba (2022) explored the mental health outcomes for parents of substance-dependent youth in a South African context. The findings indicated elevated levels of stress, anxiety, and depression among parents, with many expressing feelings of guilt, shame, and helplessness. The ongoing concern for their children's well-being, combined with societal stigma surrounding substance dependency, significantly exacerbated the parents' mental health challenges. Furthermore, the mental health of parents is often linked to the severity of their child's substance dependency (Hlahla & Mothiba, 2022). Parents facing more severe cases experienced

greater levels of distress, suggesting a relationship between the intensity of the issue and the strain on parental mental health (Groenewald & Bhana, 2016).

Mardani et al. (2020) explored the enduring effects of having a child with substance dependence. Their research revealed that parents frequently experienced chronic stress, which often led to heightened levels of depression and anxiety over time. Ólafsdóttir (2020) highlighted the necessity for long-term support systems for parents, noting that the mental health challenges were not limited to short-term issues but continued throughout their child's struggle with substance dependency. Additionally, the mental health outcomes for parents were found to be shaped by the effectiveness of their coping strategies. Parents who had access to support networks, counselling services, and community resources demonstrated more resilient mental health outcomes (Florimbio et al., 2019).

2.2.6 Substance use among the youth in Soweto

The communities of Soweto face significant challenges related to the misuse of alcohol, cannabis, and petrol, particularly among the youth (Mathosa & Mofokeng, 2017). A news article by Tau (2016) describes substance dependency as a widespread issue in Orlando, Soweto, with nyaope and dagga being prominent substances. Substance users in the area are involved in theft, including the theft of Department of Education-issued tablets, and engage in criminal activities, such as prostitution, to support their drug habits. In South Africa, sex work is illegal under two laws: the Sexual Offences Act of 1957 (Act No. 23 of 1957), which was previously called the Immorality Act, and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (Act No. 32 of 2007) (Department of Justice and Constitutional Development, 2022). Parental involvement is crucial in addressing the treatment of the youth (Tau, 2016). According to the Board of Addictions Professionals South Africa (BAPSA) (2022), approximately

ten young individuals struggling with substance dependency contact the Ikageng children's charity organisation in Soweto daily. A newspaper report by Ntini (2023) emphasises the concern, highlighting the detrimental effects of drugs on the youth, leading to loss and hopelessness. The report also notes that unemployment and lack of motivation drive young graduates in the community towards substance use. Moreover, Varshney et al. (2023) highlight the dangerous practice of stealing antiretrovirals (ARVs) from HIV-positive patients, mixing them with whoonga, and smoking the mixture, which endangers both the patient and the substance user. An alarming 60% of the youth in Soweto have developed a hazardous habit of using crystal methamphetamine due to the high unemployment rate (Ntombela, 2020).

Substance dependency among South African youth presents a significant challenge, as highlighted in Arina's (2019) study. This research reveals the complex nature of the issue, emphasising the influence of socio-economic factors. In urban areas such as Soweto, the relationship between the youth and substance dependency is particularly intricate. Economic inequalities limited educational opportunities, and exposure to high-risk environments all contribute to the susceptibility of young individuals to substance dependency (Soepnel et al., 2022). Additionally, Majee et al. (2021) highlight the impact of peer pressure and social norms on substance use patterns among South African youth.

2.2.7 Determinants of substance dependence among the youth

The World Drug Report (2018) highlights various risk factors for substance use among the youth, including parental unemployment, maternal depression, child abuse, neglect, inadequate parental supervision, deviant peers, deprivation, poor educational settings, trauma, limited healthcare, and unsafe environments. Stressors, especially for those who have experienced physical or emotional trauma, can significantly elevate the likelihood of returning to substance use

(NIH, 2021). Individuals with post-traumatic stress disorder (PTSD) may seek substances to ease anxiety and avoid facing trauma and its effects (NIH, 2021).

According to the World Drug Report (2018), adolescent cannabis use may be influenced by shared environmental factors. Cannabis users may interact with peers who use cannabis or come into contact with drug dealers, which can increase their exposure to environments that encourage the use of other substances Personality characteristics such as impulsivity and a tendency to seek novel experiences are central in the onset of substance use disorders among adolescents (Wasserman et al., 2020). These traits are linked to increased risk-taking behaviours, which make adolescents more susceptible to experimenting with substances. In addition to genetic predispositions, environmental factors such as peer influence, family dynamics, and socioeconomic status significantly affect the likelihood of adolescents engaging in substance use. Family environments characterised by neglect or substance use themselves can act as risk factors (Deak & Johnson, 2021).

Adolescents with co-occurring mental health disorders such as anxiety and depression are at a higher risk of developing substance use disorders. The relationship between mental health and substance dependence is often bidirectional, with one exacerbating the other (Ummels et al., 2022). Genetic predispositions to substance dependence are well-documented, with studies suggesting that genetic factors can account for up to 50% of the risk for substance use disorders (Volkow et al., 2016). Epigenetic changes, which can be influenced by environmental factors, may also alter an adolescent's susceptibility to addiction (Kaplan et al., 2022). Changes in dopaminergic pathways and neurotransmitter systems, particularly glutamate, are critical in the development of addictive behaviours. These neurobiological mechanisms, as outlined by Ebrahimi et al. (2024), are integral in understanding how substance use disorders manifest in adolescents.

Peer influence significantly impacts both the initiation and persistence of substance use among the youth. Additionally, stress and coping strategies contribute to substance dependence, as individuals may resort to substance use as an ineffective means of managing stressors (Wasserman, 2024; Gadija, 2021). According to Andrabi et al. (2017), socioeconomic status plays a significant role in substance dependency patterns, with disadvantaged environments contributing to increased vulnerability. Additionally, family dynamics are crucial in shaping a youth's risk for substance dependence (Tonder, 2023). Peer relationships, academic stress, bullying, and a lack of school connectedness also significantly influence substance dependence trajectories (Rose et al., 2024). Community-level factors, such as drug availability and neighbourhood cohesion, further affect youth substance dependence (Fagan et al., 2015). Moreover, online victimisation is linked to a higher likelihood of engaging in substance use as a coping mechanism (Chan et al., 2019).

Sudhinaraset et al. (2016) highlight how cultural factors, societal norms, and values shape the prevalence of substance use within a community. According to Trucco (2020), social networks and peer relationships are crucial factors, with peer pressure and social influence guiding youth engagement in substance dependence behaviours. Familial influences also extend into cultural and social contexts. O'Shay-Wallace (2020) emphasises the role of familial support and communication in reducing substance dependence risks. Conversely, dysfunctional family environments may increase vulnerability among the youth (Saladino et al., 2021). Cultural norms related to gender roles contribute to differences in substance dependence rates between male and female youth (Hughes et al., 2016).

2.2.8 Social stigma

Social stigma emerges as a crucial factor influencing the mental health of parents in Soweto (Muthelo et al., 2024). Subu et al. (2021) describe stigma as involving the discrediting, devaluing,

and shaming of individuals based on specific characteristics, which leads to social experiences such as isolation, rejection, marginalisation, and discrimination. Nyashanu (2023) highlights the pervasive nature of stigma surrounding substance use in South Africa. Parents of youth struggling with substance dependency often face societal judgment and discriminatory attitudes, which exacerbate the challenges they already confront within their families. This stigma can appear in various forms, including social exclusion, stereotyping, and prejudicial behaviour (Liahaugen Flensburg et al., 2023).

The effect of social stigma on parental mental health is significant. The fear of judgment and social isolation can heighten stress and anxiety among parents in similar situations (Krupchanka et al., 2018). In Soweto, where community ties often play a crucial role, the burden of societal judgment can be especially heavy for parents navigating the complexities of their child's substance dependency (Smith, 2015). Additionally, the close-knit nature of communities in Soweto can intensify feelings of scrutiny and shame for parents, making them more vulnerable to mental health issues such as depression and chronic stress (Bantjes, 2024). The pressure to maintain a positive family image within a collectivist culture can increase the psychological distress experienced by parents, as they may feel personally responsible for their child's substance use (Onyenwe et al., 2024). Additionally, Earnshaw et al. (2019) reported a direct link between the intensity of societal stigma and the mental health outcomes of parents. As stigma grows, so does the likelihood of parents experiencing higher levels of shame, guilt, and psychological distress. These emotional responses not only affect the well-being of parents but can also impede their ability to offer effective support to their children (Richert & Svensson, 2018). According to Mafa and Makhubele (2020), parents and families are often hesitant to share their issues regarding their children's substance use due to stigma and fear of social isolation, making it challenging to

acknowledge when the situation has progressed to abuse or dependency. As their child's substance dependency problem intensifies, parents' difficulties in managing it leads to increased stress, affecting their lives and decreasing their connection with the other parent.

According to Earnshaw et al. (2019), parents of children with substance use disorders (SUD) may experience associative stigma due to their relationship with someone who possesses a socially devalued trait. This stigma can hinder their ability to support their children's SUD treatment, leading to anxiety or depression and/or discouraging them from seeking help or support. Such parents are often blamed for their child's SUD and may also face substance use issues themselves. McCann et al. (2016) note that both parents and the youth frequently avoid seeking help due to the fear of exposure. Feeling ashamed of one's own mental health or substance use issues may deter individuals from seeking assistance, as requesting help is sometimes perceived as a sign of weakness or failure.

Onyenwe et al. (2024) highlight that addressing social stigma requires a multifaceted approach. Public health campaigns, community education initiatives, and advocacy for mental health awareness can help challenge negative stereotypes associated with substance dependency. Interventions need to incorporate culturally sensitive approaches that consider the local beliefs and values, such as the strong emphasis on collective family reputation in South African communities (Nyashanu, 2023). Furthermore, engaging local leaders and community-based organisations in stigma reduction programs can enhance the effectiveness of these interventions, fostering a supportive environment for affected families (O'Mara-Eves et al., 2015).

2.3 Conclusion

The literature reveals that youth substance dependency is a complex issue influenced by various factors at individual, familial, and societal levels. Globally, substance use among youth poses significant health risks and demands targeted prevention efforts. In South Africa, and particularly in Soweto, substance dependency among youth is exacerbated by socio-economic challenges, leading to severe consequences for both the individuals and their families. Parents of substance-dependent youth face heightened stress, social stigma, and limited access to support, underscoring the need for holistic interventions that consider the broader ecological context. This review sets the foundation for exploring these dynamics in the subsequent chapters of the study.

CHAPTER 3: THEORETICAL FRAMEWORK: ECOLOGICAL SYSTEMS THEORY

3.1 Introduction

This chapter presents Urie Bronfenbrenner's (1979) Ecological Systems Theory as a framework for understanding how various environmental factors shape the mental health of parents dealing with youth substance dependency in Soweto. The theory emphasises that human behaviour is influenced by interconnected systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, each playing a role in individual development. This study utilises the theory to explore how these systems affect parents' mental health and considers the broader environmental factors contributing to youth substance dependency.

Mental health is shaped by individual, social, and societal factors, and an ecological perspective emphasises the interdependence of these systems (Eriksson et al., 2018). Bronfenbrenner's theory suggests that human behaviour is best understood within the context of these interconnected systems. At the centre of these environmental contexts is the individual, whose development is influenced by interactions within this network of systems (Bronfenbrenner, 2009). Thus, ecological systems theory focuses on how individuals are affected by their environment and their interactions with others (Mathibela & Skhosana, 2020).

Bronfenbrenner (1979) defines the systems as follows:

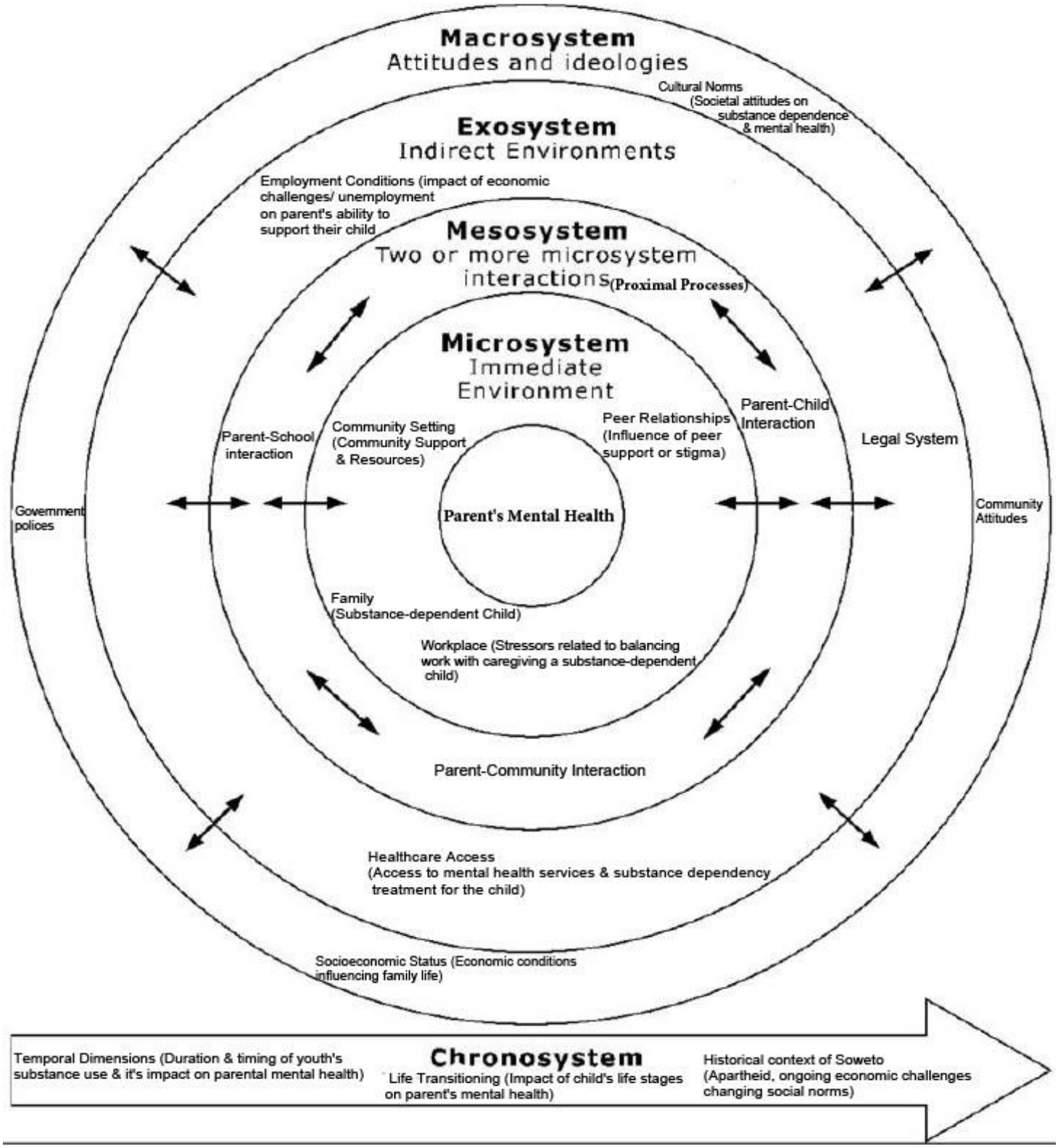
- **Microsystem:** The microsystem is "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics." (p.22)

- **Mesosystem:** A mesosystem is a system of microsystems formed or extended when a developing person moves into a new setting." It is the interaction between two or more contexts, such as family, work, and social life. (p.25)
- **Exosystem:** "An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person." (p.25)
- **Macrosystem:** "The macrosystem refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies." (p.26).
- **Chronosystem:** The chronosystem encompasses changes over time in the individual's life and in the environment that influence development. These can include life transitions, such as parental divorce, and sociohistorical events, such as economic downturns or pandemics (Bronfenbrenner, 1986).

From these definitions, it is evident that individuals actively engage in the microsystem and mesosystem, where their closest interactions and daily experiences take place (Bronfenbrenner, 1979, pp. 22 & 25). In this study, the ecological systems theory is used to explore how the mental health of parents living in Soweto is shaped by their children's substance dependency. The focus is on the systems in which parents directly engage, such as their home, community, and workplace (microsystem and mesosystem), and how these interactions influence their mental health concerning their children's substance use. This study extends beyond understanding the direct effects of the substance-dependent child on the parent's mental health; it also investigates how other environmental interactions within the parents' immediate surroundings,

particularly in Soweto, contribute to these outcomes. Additionally, this theory aids in understanding parents' perceptions of broader environmental factors across all systems (micro-, meso-, exo-, macro-, and chronosystems) that contribute to substance dependency among youth in Soweto.

Figure 1: Ecological Systems Model Applied to Parental Mental Health and Youth Substance Dependency (Adapted from: Brown & Strommen, 2018: p.299).



3.2 Microsystem

3.2.1 Microsystem dynamics

Bronfenbrenner's Ecological Systems Theory provides a comprehensive framework for understanding the complex interplay between individuals and their environments. In the context of this research, the microsystem encompasses the immediate family environment and community setting of parents living in Soweto, South Africa, whose children are struggling with substance dependency.

3.2.2 Bronfenbrenner's concept of proximal processes

Bronfenbrenner's concept of proximal processes emphasises the dynamic interactions between the individual and their immediate environment, particularly within the microsystem (Bronfenbrenner & Morris, 2006). Proximal processes involve ongoing reciprocal interactions between the individual and their environment, such as the daily activities, relationships, and experiences that shape development (Bronfenbrenner & Morris, 2006). These processes are central to understanding how youth substance dependency influences parental mental health within the microsystem. To understand the impact of youth substance dependency on parental mental health, it is essential to investigate these proximal processes. Arakelyan and Ager (2021) argue that proximal processes play a pivotal role in shaping individuals' outcomes, and disruptions in these processes may contribute to mental health challenges.

3.2.3 Family dynamics and substance dependency

The family unit serves as a crucial microsystem where the influence of youth substance dependency on parents' mental health unfolds, as emphasised by Bronfenbrenner's microsystem concept, highlighting bidirectional influence between parents and children (Bronfenbrenner, 1979). Family dynamics significantly shape individual behaviours and outcomes, including

adolescent substance use. Authoritative parenting, characterised by warmth, support, and clear boundaries, is associated with lower rates of substance use among adolescents (Bi et al., 2018), while family conflict, inconsistent discipline, and parental substance use are risk factors for youth substance dependency (Parveen & Jan, 2024). Research by Kinyua (2019) highlights the significant impact of family dynamics on the development and maintenance of substance dependency among youth. In households where substance use is prevalent, parents often experience heightened stress levels, strained relationships, and emotional turmoil, exacerbating existing mental health issues (Kinyua, 2019). Familial conflicts arising from youth substance dependency can contribute to parental distress and psychological strain (Kuay et al., 2023).

3.2.4 Peer relationships

Peer interactions within the community significantly contribute to the microsystem, playing a crucial role in shaping the impact of youth substance dependency on parents' mental health. Mason et al. (2016) argues that peer relationships within the microsystem can either amplify or mitigate the effects of youth substance dependency on parents. Peers act as influential forces that can provide positive support and encouragement to parents or contribute to negative influences that reinforce destructive behaviours in youth. Exploring the microsystem through the lens of ecological systems theory provides insight into how peer influences and relationships shape parental responses and mental health outcomes. Parents may experience feelings of isolation or social stigma within this microsystem, particularly if they perceive their child's substance use as a reflection of their parenting abilities, impacting their mental health (Mathibela & Skhosana, 2019).

3.2.5 Community support and resources

Community support and resources play a crucial role within the microsystem, particularly for parents dealing with the challenges of youth substance dependency. Warren (2021) emphasises

that the lack of supportive community structures can exacerbate these challenges, affecting parental mental health. Access to resources such as counselling services, support groups, and educational programs becomes essential for parents in this situation (Warren, 2021). Bronfenbrenner's microsystem concept highlights the importance of these community resources, which can either mitigate or intensify the effects of youth substance dependency on parental well-being. For instance, Groenewald and Bhana (2018) showcase the benefits of community-based interventions and support groups in alleviating the adverse effects of substance dependency on families in South Africa. These resources provide parents in communities like Soweto with access to information, counselling services, and peer support, enhancing their resilience and ability to cope with the challenges associated with youth substance dependency (Castillo et al., 2019). By utilising community support networks, parents can better manage this complex issue and protect their mental health within the microsystem (Machethe et al., 2022).

3.2.6 Parental mental health in the microsystem

Parental mental health within the microsystem significantly influences the well-being of children. Ali and Hedden (2016) highlights the link between parental mental health problems, such as depression and anxiety, and an increased risk of adolescent substance use. In settings like Soweto, where caregivers face heightened stressors such as poverty and limited access to mental health services, addressing parental mental health becomes crucial (Mkhwanazi et al., 2018). Moreover, cultural stigma surrounding mental can further impede parents from seeking help for themselves or their children, exacerbating the challenges within the family unit (Eaton et al., 2016).

3.2.7 Cultural influences and societal norms in the microsystem

Culture and community norms significantly shape microsystem dynamics and influence parental responses to youth substance dependency. In African communities, beliefs about mental

illness and substance use intersect with traditional healing practices and religious/spiritual beliefs, which in turn affect help-seeking behaviours and treatment preferences (Mkhwanazi et al., 2018).

Stigma surrounding mental health and substance use disorders may discourage parents from seeking professional help for themselves or their children, leading to the underutilisation of available services (Kappi & Martel, 2022). Additionally, cultural values that emphasise collectivism and family interconnectedness may influence parental responses to adolescent substance use, focusing on maintaining family harmony and reputation within the community (Meca et al., 2022). Understanding these cultural nuances is essential for developing interventions that align with the values and beliefs of families in Soweto. By investigating the interplay between family dynamics, parental mental health, and cultural influences within the immediate environment, researchers can better understand the challenges parents face in managing youth substance dependency. Further research by Hlungwani et al. (2020) highlights how cultural perceptions of substance use in South Africa influence parental attitudes and responses to their children's behaviour.

3.3 Mesosystem

3.3.1 Overview of the mesosystem

The mesosystem, a fundamental component of Bronfenbrenner's ecological systems theory, emphasises the interconnectedness among various microsystems (family, school, peers, neighbourhood, and community settings) within an individual's life (Bronfenbrenner, 1979). Understanding the dynamic interactions and interrelations between these systems is pivotal in discerning how they collectively impact an individual's development and well-being (Price & McCallum, 2015). In the context of substance dependency in Soweto, exploring these interactions becomes crucial for understanding their influence on parental well-being.

3.3.2 Youth substance dependency and parental mental health in the mesosystem

Youth substance dependency can significantly affect parental mental health within the mesosystem. Research indicates that parents of substance-dependent youth often experience heightened levels of stress, anxiety, depression, and feelings of helplessness (Mathibela & Skhosana, 2020). Conversely, parental mental health can also influence youth substance dependency, as parents experiencing mental health issues may struggle to provide adequate support and guidance to their children (Ali et al., 2016).

3.3.3 Community and socioeconomic factors

Community and socioeconomic factors significantly shape the dynamics of the mesosystem concerning youth substance dependency and parental mental health. In low-income communities like Soweto, South Africa, limited access to resources, unemployment, and exposure to violence contribute to increased risk factors for substance dependency among youth (Sekhotha et al., 2023). Moreover, the lack of accessible mental health services and stigma surrounding mental illness further exacerbate parental stress and strain (Patel et al., 2018). Implementing community-based interventions focusing on poverty alleviation, access to mental health care, and substance dependency prevention can positively impact parental mental health and mitigate youth substance dependency (Mmari et al., 2016).

3.3.4 Educational and support systems

Schools play a crucial role within the mesosystem. Schulenberg et al. (2017) emphasise the effectiveness of school-based prevention programs in reducing substance use among adolescents. However, in Soweto, where educational disparities may exist, the effectiveness of such programs could vary, potentially impacting the support available to parents (Kadzomba, 2015). Educational and support systems within the mesosystem are essential for addressing the

needs of parents with substance-dependent youth. School-based interventions offering psychoeducation, counselling services, and support groups for parents have shown effectiveness in reducing parental stress and improving coping mechanisms (Blaisdell et al., 2023). Additionally, community-based organisations and peer support networks provide valuable resources and emotional support for parents navigating the challenges associated with youth substance dependency (Singha, 2024).

3.4 Exosystem and macrosystem

While the primary focus of this research centres on the microsystem and mesosystem, it is important to acknowledge the broader ecological systems that influence the context of individuals and families affected by youth substance dependency in Soweto, South Africa. Bronfenbrenner's ecological systems theory extends beyond the microsystem to include additional layers such as the exosystem and macrosystem, providing a comprehensive framework for understanding the influences on individuals within their environments.

3.4.1 Exosystem dynamics

The exosystem refers to settings or contexts in which the individual does not directly participate but which nonetheless affect them indirectly through other systems in which they are involved (Bronfenbrenner & Morris, 2006). In the context of this research, the exosystem encompasses societal institutions and structures that impact the well-being of parents and children affected by youth substance dependency in Soweto, South Africa.

One significant aspect of the exosystem relevant to this research is the healthcare system. Access to mental health services and substance dependency treatment programs within the healthcare system can profoundly influence the outcomes for both parents and children in this population (Munodawafa et al., 2016). Limited access to quality healthcare services, especially in

low-income communities like Soweto, can exacerbate the challenges faced by families dealing with substance dependency issues (Duby et al., 2022). Additionally, the legal and justice system constitutes another component of the exosystem that can impact families affected by youth substance dependency. Legal policies regarding drug offenses and rehabilitation programs can affect the availability of resources and support for affected families (Manu et al., 2021). Moreover, the stigma and discrimination associated with substance use disorders within the legal system can further marginalise families and hinder their access to support services (Brezing & Marcovitz, 2016).

3.4.2 Macrosystem dynamics

The macrosystem represents the overarching cultural, societal, and ideological patterns that influence the values, laws, customs, and beliefs of a particular society or culture (Bronfenbrenner & Morris, 2006). In the context of this research, the macrosystem encompasses broader cultural attitudes, social norms, and systemic factors that shape responses to youth substance dependency and impact parental well-being in Soweto, South Africa. Cultural attitudes towards substance use and mental health play a crucial role in shaping parental responses and help-seeking behaviours within the macrosystem (Leahy et al., 2015). For example, cultural beliefs surrounding masculinity and emotional expression may influence how fathers perceive and cope with their child's substance use issues (Berke et al., 2018).

Furthermore, socioeconomic factors embedded within the macrosystem, such as poverty and unemployment rates, can significantly impact the prevalence and consequences of substance dependency within communities like Soweto (Tsetse, 2019). Economic stressors may exacerbate existing challenges faced by families, including limited access to resources and support networks (Ponnet, 2014). Understanding the interplay between the exosystem, macrosystem, and

microsystem is essential for comprehensively addressing the challenges associated with youth substance dependency and supporting the well-being of affected families in Soweto.

3.5 Chronosystem

The chronosystem, a critical component of the ecological systems theory, refers to the dimension of time, capturing the dynamic and evolving nature of individuals and their environments over time (Bronfenbrenner, 1986). It integrates both the individual's developmental trajectory and the historical context surrounding their life, highlighting the significance of timing in developmental processes (Bronfenbrenner & Morris, 2006). In the context of this research, the chronosystem plays a pivotal role in understanding how the mental health of parents in Soweto is influenced by their children's substance dependency over time and in relation to broader socio-historical changes.

3.5.1 Temporal dimensions of substance dependency

Youth substance dependency and its impact on parental mental health cannot be fully understood without considering the temporal dimension. Research indicates that the duration and timing of substance dependency can significantly influence the severity of its effects on parents (Volkow & Wargo, 2022). For instance, early onset of substance use in children may lead to prolonged exposure to parental stressors, exacerbating mental health challenges (Mathibela & Skhosana, 2019). Additionally, the chronic nature of substance dependency can lead to cumulative stress and deteriorating mental health in parents over time (Mafa & Makhubele, 2020). The chronosystem framework allows for an exploration of how these temporal factors contribute to the long-term psychological well-being of parents.

3.5.2 Historical context and sociocultural shifts

The historical context, an integral part of the chronosystem, shapes the experiences of families dealing with substance dependency. In Soweto, South Africa, the legacy of apartheid, ongoing economic challenges, and evolving social norms have significantly impacted the community's approach to substance use and mental health (Kim, 2020). Historical shifts in societal attitudes towards substance use, mental health, and family dynamics have influenced how parents perceive and respond to their children's substance dependency (Saban et al., 2020). Understanding these shifts is essential for contextualising the mental health outcomes of parents within a broader socio-historical framework.

3.5.3 Life transitions and parental mental health

Life transitions, such as changes in family structure, employment status, or health, intersect with the chronosystem to affect parental mental health in the context of youth substance dependency (Hoffmann & Cerbone, 2016). For example, the transition from adolescence to adulthood in substance-dependent children may bring about new challenges for parents, such as legal issues or financial burdens, which can further strain their mental health (Saban et al., 2020). Additionally, parents' own aging and health-related transitions can compound the stress of managing a child's substance dependency, leading to more severe mental health issues over time (Kim et al., 2020).

3.5.4 Socioeconomic and policy changes

The chronosystem also encompasses broader socioeconomic and policy changes that influence the availability of resources and support for families affected by substance dependency. In Soweto, shifts in government policy, economic fluctuations, and changes in the healthcare system have direct implications for how families navigate the challenges of youth substance

dependency (Petersen et al., 2019). For instance, policy changes that increase access to mental health services or substance use treatment programs can mitigate the negative impact on parental mental health, whereas economic downturns may exacerbate stress and reduce access to essential resources (Casswell et al., 2016).

3.5.5 Intergenerational transmission of substance use

Intergenerational transmission, where substance use patterns are passed from one generation to the next, is another aspect of the chronosystem relevant to this research. Parental substance use history can influence the likelihood of youth substance dependency and the subsequent mental health outcomes for the parents themselves (Kuppens et al., 2020; Chapia et al., 2021). This cycle of substance use across generations highlights the need to consider temporal patterns and their implications for both parental and child well-being in interventions and policy development.

3.6 Application of ecological systems theory in the study

In this qualitative study, the ecological systems theory was applied to explore the subjective experiences of parents through interviews and thematic analysis, capturing how their mental health was shaped by interactions across the different ecological systems. The study investigated how family relationships (microsystem), community support (mesosystem), and societal influences such as stigma and economic challenges (macrosystem) affected their well-being. Additionally, the chronosystem helped explore how changes over time, such as prolonged substance dependency or life transitions, influenced parental mental health.

By using Bronfenbrenner’s framework, the study analysed and categorised participants' narratives, identifying key themes related to the various systems. This approach allowed for an in-

depth understanding of the ecological factors at play, emphasising the interconnectedness of parents' environments and how these shaped their experiences of stress, coping, and resilience (Song et al., 2022). Ultimately, the theory guided the study in developing a holistic perspective on how parents navigated the challenges of youth substance dependency within their specific sociocultural context.

The theory directly informed and addressed the study's aims and objectives by responding to the study's research questions and providing a structured framework to analyse the complex interplay between environmental factors and parental mental health.

- **Question 1 (What are parents' perception on young people's experiences with substance dependence?):** The theory's focus on the microsystem helped describe parents' perceptions of their children's experiences with substance dependence by examining the immediate family environment and daily interactions.
- **Question 2 (What are parents' perceptions on the factors that lead the youth in Soweto to depend on substances?):** Understanding the mesosystem and macrosystem shed light on factors that parents perceived as contributing to youth substance dependence, including community influences and societal norms.
- **Question 3 (What are parents' experiences with their children's substance dependency?):** The theory's exploration of proximal processes and the microsystem guided the investigation into the lived experiences of parents, capturing how their daily interactions and environments shaped their experiences.
- **Question 4 (What is the biopsychosocial influence of youth substance dependency on parents?):** The biopsychosocial effects were explored through the lens of

the microsystem, mesosystem, and chronosystem, highlighting how various ecological layers impacted parental mental health.

- **Question 5 (What support is available to both the youth and parents affected by substance dependence?):** The analysis of available support systems was informed by the exosystem and macrosystem, focusing on community resources, societal structures, and their influence on both parents and children.

3.7 Conclusion

This chapter has explored how Bronfenbrenner's ecological systems theory serves as a valuable framework for understanding the environmental factors that influence the mental health of parents dealing with youth substance dependency in Soweto. The theory focuses on the interaction between immediate environments, such as family and community, and broader societal contexts, providing a comprehensive perspective on how these systems shape parental experiences. Additionally, this chapter outlined how each level of the ecological model will be applied in the context of this research, offering a solid foundation for future studies and interventions aimed at supporting affected families.

CHAPTER 4: RESEARCH METHODOLOGY AND DESIGN

4.1 Introduction

This chapter details the methodological framework employed in this research. A qualitative approach was selected to explore the intricate experiences of parents regarding their children's substance dependence and its effects on their mental health. It offers a comprehensive description of the study's design, setting, sampling methods, data collection procedures, and ethical considerations to ensure transparency and rigor. The research utilised semi-structured interviews and reflexive thematic analysis to capture the depth and fine details of participants' experiences and viewpoints. Ethical aspects, including informed consent and confidentiality, were pivotal in protecting participants' rights and welfare. Emphasis on trustworthiness was critical to maintain the integrity and validity of the research. This chapter outlines the methodological approach that supports the study, establishing the basis for the analysis and interpretation of the results.

4.2 Research Methods

4.2.1 Study design

In this exploratory study, qualitative research methodology was employed to understand parents' experiences with their children's substance dependence and how those experiences may have affected their overall mental health. According to Creswell and Poth (2018), qualitative research methods allow researchers to interpret social meaning by providing detailed descriptions of participants' lived experiences and effectively representing the social environments in which they operate. This study adopts the interpretivist paradigm, which emphasises understanding human behaviour from the participants' perspectives (Flick, 2018). This approach enables researchers to explore complex social dynamics and uncover deeper insights into the perspectives

and contexts of the participants. Thus, using this method enabled the researcher to fully understand the influence of youth substance dependence on the mental health of parents residing in Soweto. Furthermore, this method provided a deeper understanding of the factors that contributed to the youth in Soweto depending on substances, according to parents' perceptions.

4.2.2 Study setting

Soweto, a peri-urban area in the Gauteng Province of South Africa, is a historically significant township with a complex socio-political landscape (Sihlongonyane & Lewis, 2016). It is an abbreviation for South Western Townships and is located within the City of Johannesburg Metropolitan Municipality. Originally developed as a labour hub for the city's industries during the apartheid era, it was one of the designated townships where Black South Africans were forced to live (Sihlongonyane & Lewis, 2020). Soweto is part of Region D in Johannesburg, which is characterised by high population density and socio-economic challenges, including high unemployment rates, low-income levels, and inadequate access to services and infrastructure (City of Johannesburg, 2020). As of the 2021 mid-year population estimates, Gauteng is the most populous province in South Africa, with approximately 15.81 million residents, representing 26.3% of the national population (Statistics South Africa, 2021). Soweto houses around 24% of the city's residents and faces challenges such as limited economic opportunities and lingering effects of historical segregation policies, contributing to high unemployment rates of 43% in Region D (City of Johannesburg, 2020).

Soweto is home to a rich diversity of cultures and languages, with the dominant languages spoken being isiZulu, Setswana, and isiXhosa. English, Sepedi, and Afrikaans are also widely spoken, reflecting the multicultural makeup of the community (Sithole, 2015). This linguistic diversity is not only a reflection of the area's historical and cultural significance but also plays a

role in shaping social interactions and the support networks in place for individuals dealing with substance dependency (Sue et al., 2015). Soweto's cultural complexity brings both strength and challenges to its social fabric, as the community must navigate differences in cultural norms, practices, and attitudes towards substance abuse and rehabilitation (Selebano, 2014). This diversity, however, also provides a strong base for solidarity and collective action within communities, offering opportunities for recovery and resilience (Msindo, 2020).

Soweto is known for its role in the anti-apartheid movement and the 1976 Soweto Uprising, which was a pivotal event in South Africa's history (Gukelberger, 2020). Soweto's urban transformation reflects broader socio-economic shifts in South Africa, influencing both its demographic and social dynamics (Sihlongonyane & Lewis, 2016). For example, according to Ngobeni (2015), the expansion of informal settlements, including areas like Mandela Village, highlights the ongoing challenges of urbanisation, with many migrants moving to Soweto in search of better living conditions. The introduction of the Rea Vaya Bus Rapid Transit (BRT) system has helped improve access to employment and services, although affordability remains a challenge for many residents (Ngobeni, 2015).

Chiawelo, a suburb within Soweto, is situated in the southwestern part of Johannesburg, falling under the administrative jurisdiction of Region D. This region, like many parts of Soweto, grapples with issues such as inadequate housing, limited healthcare facilities, and under-resourced educational institutions, which affect the overall quality of life for its residents (City of Johannesburg, 2020).

The study was conducted at the Department of Social Development office in Chiawelo, Soweto. This office was selected due to its essential role in providing social services, including support for substance dependence. The Department of Social Development office in Chaiwelo was

ideal for recruiting participants from various suburbs within Soweto, facilitating a diverse representation of the community (Burnhams et al., 2012). This setting provided a familiar and accessible environment for participants, aiding effective data collection and engagement with the local population.

4.3 Sample and Sampling

4.3.1 Recruitment

Participants for this study were recruited through the Department of Social Development in Soweto using a combination of purposive and chain referral (snowball) sampling methods. Purposive sampling involves selecting participants based on specific criteria that align with the research objectives, allowing the researcher to gather rich and relevant data from individuals who have direct experience with the topic under study (Etikan et al., 2016). Chain referral, or snowball sampling, is a method where existing study participants refer others who meet the study criteria, which can be particularly useful in reaching populations that might be difficult to access otherwise (Sadler et al., 2010). Waters (2014) explains that snowball sampling is often regarded as a highly effective method for researching hard-to-reach or 'hidden' populations, it is also considered a useful approach for studying sensitive or private issues.

The researcher engaged with the Department of Social Development to explain the study's aims, objectives, and participant selection criteria. An information sheet, available in both English and isiZulu, was provided to the Department of Social Development outlining study details, including the voluntary nature of participation, confidentiality assurances, and potential risks and benefits. To ensure cultural and linguistic appropriateness, the provision of information sheets in

multiple languages helped maintain inclusivity and ethical standards in research (Coffin et al., 2024).

In reflecting on the process, it is important to consider the role of employees at the Department of Social Development in facilitating participant recruitment. While the intention was to share information about the study, there is a possibility that participants may have felt some level of coercion, particularly if they felt an obligation to participate due to their relationship with Department of Social Development employees. To mitigate any such concerns, it was emphasised that participation was entirely voluntary, and potential participants were assured that their decision would not impact their relationship with the Department of Social Development or any services they may be receiving. It is crucial to recognise that power dynamics between employees and clients can affect perceptions of choice, and every effort was made to ensure participants felt free from undue influence.

The Department of Social Development was requested to broadly inform their clients about the study by sharing the information sheet, allowing interested individuals to self-select and contact the researcher directly if they met the study's criteria and wished to participate. This approach ensured that participation was entirely voluntary, with no influence from the Department of Social Development. Voluntary participation is a fundamental ethical principle in research, ensuring that participants are free to choose whether or not to be involved without any form of coercion (Grady, 2015).

After recruiting the initial participants, the researcher employed a chain referral (snowball sampling) method. Participants were invited to inform other parents who might meet the study's criteria. However, it was clearly communicated that this was entirely voluntary, with no obligation or pressure to recruit others. Confidentiality was assured throughout the process, which is essential

in maintaining trust and protecting participants' privacy in sensitive research contexts (Turcotte-Tremblay & Mc Sween-Cadieux, 2018). Confidentiality in the recruitment process was safeguarded by ensuring that all participants had the freedom to self-select and contact the researcher directly, without any pressure or influence from the Department of Social Development and initially recruited participants. This voluntary approach, underpinned by ethical principles, ensured that participants made their decision to participate independently. Additionally, the use of snowball sampling was conducted with the clear understanding that recruiting others was voluntary, with no obligation to do so. Throughout the process, the confidentiality of participants was maintained by managing all personal information securely and ensuring anonymity, thus upholding ethical standards for privacy in research.

4.3.2 Inclusion and exclusion criteria

Participants eligible for this study were parents/guardians who:

- Were aged 35 to 65 years
- Reside in any community in Soweto, South Africa
- Lived with or had lived with a child or children from ages 13-34 who were or are substance dependent for at least a period of 2 years.
- Spoke and understood English and/or IsiZulu

Participants were excluded from the study based on the following criteria:

- Parents/ Guardians outside the age range of 35 to 65 years.
- Parents/ Guardians not residing in Soweto, South Africa.
- Parents/Guardians who did not have a child or children aged 13 to 34 years who were or had been substance dependent for at least 2 years.

- Parents/Guardians who spoke languages other than English and/or isiZulu.
- The researcher only spoke and understood English and isiZulu, so participants speaking other languages could not be accommodated for transcription purposes.
- Parents/Guardians who could not travel to the Department of Social Development in Chaiwelo, Soweto for the in-depth interview.
- Parents/Guardians with significant cognitive or communication impairments that would hinder their ability to participate effectively in the interview process.

4.3.3 Sample size

To meet the objectives of the research, the study involved a sample of 10 participants. Data collection continued until saturation was achieved. Saturation in qualitative research is reached when no new themes or insights emerge from additional data, indicating that the sample size is sufficient for addressing the research questions (Braun & Clarke, 2019). In this study, saturation was determined through ongoing reflexive thematic data analysis of the interviews. By the 10th interview, the data showed that key themes and patterns had been comprehensively explored, and no new significant information emerged, confirming that saturation was achieved (Saunders et al., 2018).

4.3.4 Data collection

To meet the research objectives, the study employed semi-structured interviews to explore the lived experiences of parents dealing with their children's substance dependence. Semi-structured interviews were chosen for their effectiveness in delving into personal and often

sensitive topics, allowing participants to express their thoughts and feelings in detail (DeJonckheere & Vaughn, 2019). This method provided an in-depth understanding of participants' experiences and perceptions regarding their children's substance dependence and its impact on their mental health.

The interviews were conducted in an office at the Department of Social Development (DSD), which provided a private and quiet space conducive to confidential discussions. This setting ensured that the participants could feel comfortable sharing their personal and sensitive experiences without distractions. The office environment also allowed for privacy. The researcher ensured that the room was set up in a way that would make participants feel at ease, with minimal interruptions to create a safe space for open dialogue. To ensure accurate data collection, the interviews were audio-recorded with the consent of the participants (See Appendices D and E). The interviews were conducted in IsiZulu and English.

Participants were informed in advance about the scheduled time and location of the interview. The researcher made efforts to ensure that participants arrived as scheduled by confirming the appointments ahead of time through phone calls and messages. Whenever participants arrived late or missed their scheduled interviews, the researcher was prepared to reschedule or adjust the timeline accordingly to ensure that data collection continued smoothly.

The interviews were designed to last approximately 60 minutes each. To create a conducive environment and encourage open dialogue, the researcher made efforts to build rapport with each participant. Building rapport is essential for ensuring that participants feel comfortable and valued, which can lead to more honest and detailed responses (Collins & Stockton, 2018). The researcher employed several techniques to build rapport, including demonstrating empathy, maintaining a non-judgmental attitude, and actively listening to the participants (Santo & Taylor, 2023).

4.3.4.1 Interview Guide

A semi-structured interview guide (see Appendix F) was developed to align with the study's purpose and research objectives. The primary aim was to explore how youth substance dependence affects the mental health of parents in Soweto, South Africa. Additionally, the guide sought to investigate parents' perceptions of the factors contributing to substance dependence among youth in Soweto. The guide was designed to facilitate qualitative interviews and included questions intended to prompt detailed responses about parents' experiences with their children's substance dependence and its impact on their mental health.

The semi-structured interview guide comprised questions constructed to elicit comprehensive responses regarding participants' experiences and perceptions. These questions aimed to explore various aspects of how their child's substance dependence influenced their mental health. Below is a summary of the interview questions and the rationale behind each:

Table 1: Summary of Semi-Structured Interview Questions and Their Rationale

Interview Question	**Reason for Asking and Intended Understanding**
1. What is your understanding of substance dependence/substance abuse?	The researcher asked this question to get a sense of participants' knowledge and comprehension of substance dependence, which provided a baseline for understanding their experiences and mental health.
2. How old is your child and what substance is he/she using?	The researcher sought this information to gather specific details about the child's age and the substance used, which was crucial for understanding the substance dependence's severity and its impact on the parent's mental health.
3. When did you find out your child uses this substance?	The researcher asked this to determine the timing of the parent's awareness of their child's substance use, which helped in evaluating how

	the discovery affected the parent's mental health over time.
4. What are your experiences having a child who is dependent on substances?	The researcher aimed to explore the personal experiences and emotional responses of parents regarding their child's substance dependence, providing insights into how these experiences influenced their mental health.
5. Are you a single parent? If not, how does this affect your relationship with your partner?	The researcher asked this to understand the impact of the parent's relationship status and dynamics with their partner on their mental health and coping strategies related to their child's substance dependence.
6. How has life at home changed ever since your child began depending on this substance?	The researcher sought to identify changes in household dynamics and daily life due to the child's substance dependence and how these changes affected the parent's mental health and well-being.
7. What do you think could be the reason/s why your child began depending on this substance?	The researcher aimed to uncover the parent's perceptions of the causes behind their child's substance dependence, providing context for their experiences and its impact on their mental health.
8. What do you think are the factors that contribute to young people using substances in Soweto?	The researcher asked this to understand the socio-environmental factors influencing youth substance use, helping to contextualise the parent's experiences and the broader impact on their mental health.
9. Has your child done any crime to get funds to purchase their substances?	The researcher sought this information to determine if the child's substance use had led to criminal behaviour, which could add stress and safety concerns for the parent, affecting their mental health.
10. Have you ever faced any danger due to your child's substance dependence?	The researcher asked this to identify any direct threats or dangers the parent had faced due to their child's substance dependence, highlighting its impact on their mental health and safety.
11. How would you describe your parenting style? Do you think this has changed since	The researcher sought to explore whether changes in parenting style had occurred and how these changes might have influenced the

your child began using substances? If yes, how?	parent's mental health and coping strategies in response to their child's substance dependence.
12. Do you think this has had an impact on your mental health? If yes, how?	The researcher asked this to directly understand the impact of the child's substance dependence on the parent's mental health, including specific psychological symptoms and their severity.
13. Do you use any substances or have a history of substance use?	The researcher sought to understand the parent's own substance use history to provide context for their experiences and mental health challenges related to their child's substance dependence.
14. What support do you receive as a parent who is faced with this challenge?	The researcher asked this to evaluate the support systems available to the parent and how these resources affected their mental health and ability to cope with their child's substance dependence.
15. What do you think should be done to assist parents with children who depend on substances in your community?	The researcher sought recommendations for improving support systems, providing insights into potential interventions that could enhance parental mental health and coping strategies.

4.3.5 Data analysis

With participants' consent, all semi-structured interviews were audio-recorded. The recordings were then transcribed and translated into English. Participants contacted the researcher to schedule a meeting at the Department of Social Development office at a time that was convenient for them. During the initial phone conversation, the researcher provided an overview of the research by reading the information sheet in their preferred language (either English or Zulu). Following this, participants gave verbal consent to participate in the study. Upon their arrival at the Department of Social Development office, the researcher presented the consent form for the participant to review and sign, again in their preferred language.

The data analysis followed Braun and Clarke's (2019) reflexive thematic analysis approach, which emphasises the active role of the researcher in generating themes from the data. This method was employed to identify, analyse, and interpret recurring patterns of meaning within the qualitative data gathered from the semi-structured interviews. The analysis process entailed the following steps:

1. **Familiarisation with the data:** The initial phase involved thoroughly reading and re-reading the interview transcripts to become deeply acquainted with the content. During this stage, initial observations and ideas were noted to develop a strong sense of the data (Braun & Clarke, 2019).

2. **Generating initial codes:** The next step involved systematically coding the data by identifying key features relevant to the research questions. Each segment of data that appeared meaningful was assigned a code, and similar codes were grouped together to begin forming patterns (Braun & Clarke, 2019).

3. **Constructing Themes:** The researcher then analysed the codes and organised them into potential themes, which represent broader, overarching patterns of meaning within the data. This step required looking at how codes combined to form meaningful clusters that addressed the research questions. (Braun & Clarke, 2019).

4. **Reviewing Themes:** Once the initial themes were developed, they were reviewed and refined. This process involved checking the coherence of the themes in relation to the coded data and the entire data set. Themes that were too broad or did not fit well were either redefined or combined with other themes. (Braun & Clarke, 2019).

5. **Defining and Naming Themes:** In this phase, the researcher clearly defined what each theme represented and refined the narrative of the themes. The themes

were given names that captured their essence and differentiated them from each other (Braun & Clarke, 2019).

6. **Writing the Report:** Finally, the themes were organised into a coherent narrative that linked back to the research questions and theoretical framework. This involved presenting the findings in a way that demonstrated how the themes contributed to an understanding of parents' experiences with their children's substance dependency and its effects on parental mental health. (Braun & Clarke, 2019).

Throughout the process, reflexivity was key. The researcher continually reflected on their own role in shaping the themes and interpretations, acknowledging that the themes are not simply "discovered" but are actively constructed by the researcher (Braun & Clarke, 2019). Reflexive thematic analysis allowed for a nuanced and in-depth exploration of participants' experiences, while maintaining transparency and rigor. According to Willig and Rogers (2017, p.22), "The flexibility of reflexive thematic data analysis means it is suitable to analyse a wide range of data types: Reflexive thematic data analysis can be used to analyse data from 'traditional' face-to-face data collection methods such as interviews and focused groups." Therefore, since data were gathered through semi-structured interviews, reflexive thematic data analysis was the most effective method for data analysis in this study.

4.3.6 Issues of trustworthiness

Reflexivity, credibility, and dependability are fundamental aspects of ensuring the trustworthiness of qualitative research (Berger, 2015). In this study, these elements were carefully considered and addressed.

4.3.6.1 Reflexivity

Jamieson et al. (2023) defines reflexivity as a “the act of examining one's own assumption, belief, and judgement systems, and thinking carefully and critically about how this influences the research process.” Dodgson (2019) explains that reflexivity involves a conscious and deliberate effort by the researcher to remain attuned to their reactions to respondents and how the research account is constructed. Reflexivity helps identify the potential impact of personal, contextual, and circumstantial factors on the study's findings; while also maintaining the researcher’s awareness of their position within the world they study (Berger, 2015).

Having resided in Soweto since childhood, the researcher had observed numerous challenges within the community and family, particularly concerning substance dependency among youth. Recognising that this personal background could introduce bias and potentially affect the objectivity of the study, the researcher approached the research with a heightened sense of caution, particularly during interviews. Efforts were made to maintain both empathy and professionalism throughout the research process. A semi-structured interview guide was used to mitigate bias and ensure that the questions were relevant and beneficial to the study.

The researcher acknowledged that personal experiences could influence the research process but actively sought to turn this potential challenge into an advantage. The intimate familiarity with substance dependency issues within the community and family created a unique opportunity to connect with interviewees, particularly parents, which fostered a deeper understanding of their experiences. This empathetic connection proved to be beneficial in conducting interviews, facilitating more open and meaningful conversations.

In navigating reflexivity, the researcher remained mindful of the dynamic interaction between personal background and the research context. This ongoing self-awareness allowed for a critical examination and articulation of how personal, contextual, and circumstantial factors might influence the study's process and findings. This reflexive approach ultimately contributed to the rigor and of the research.

4.3.6.2 Credibility

Credibility in research refers to the degree of confidence in the accuracy and integrity of the findings (Korstjens and Moser 2018). In this study, credibility was established through measures aimed at ensuring both reliability and validity.

Reliability in qualitative research involves the consistency and repeatability of the findings (Lincoln & Guba, 1985). To enhance reliability, rigorous methodological procedures were employed throughout the study, including the use of semi-structured interviews, consistent data collection techniques, and systematic data analysis methods. By adhering to these standardised procedures, the likelihood of obtaining consistent results was increased, thereby enhancing the reliability of the study.

Validity, in contrast, concerns the precision and authenticity of the research outcomes (Lincoln & Guba, 1985). To support the validity of the findings, the study incorporated several approaches. Semi-structured interviews facilitated an in-depth understanding of participants' experiences, enriching the data collected. Reflexive thematic analysis was applied with meticulous attention to validating the identified themes. This involved triangulating data sources, practicing researcher reflexivity to mitigate bias, and engaging in member checking, where participants reviewed and confirmed the accuracy of the interpretations (Creswell & Poth, 2018; Lincoln &

Guba, 1985). These methods collectively contributed to the validity of the findings by incorporating diverse viewpoints and validating the accuracy of data interpretation.

4.3.6.3 Dependability

Dependability pertains to the degree of stability and consistency of research outcomes when evaluated over time and across various contexts (Lincoln & Guba, 1985). In this study, dependability was ensured through the systematic documentation of the research process, including detailed descriptions of the research methodology, data collection techniques, and data analysis procedures. By providing a transparent account of the research process, future researchers can assess the dependability of the study and potentially replicate the findings under similar conditions.

4.3.7 Ethical considerations

The University of the Witwatersrand Human Research Ethics Committee (non-medical) was approached for ethical approval of the proposed master's research. Participants were informed that they were under no obligation to respond to any questions that made them feel uncomfortable and that they were allowed to withdraw from the study at any time before the submission of the research report without facing any repercussions. Participants were informed of a distress protocol in the event of emotional distress during the study (see Appendix H).

4.3.7.1 Informed consent

Obtaining informed consent involved reading the information sheet and consent form together with the participant so that any questions they may have could be addressed. All forms were available in English and Zulu (see Appendix B; Ethics clearance, C; Participant information sheet, D and E; Consent form to participant in the study and audio record the interview). This also

included clarifying the research aims and procedures in detail to all participants, including the duration of interviews. Subsequent to this, participants were invited to provide their consent to partake in the study by signing a consent form. This signature indicated their comprehension that participation was entirely voluntary and that they had the freedom to withdraw from the study at any point prior to the finalisation of the research report, should they feel uncomfortable, without facing any negative consequences. Additionally, participants were requested to sign a supplementary section of the consent form, which granted permission to record the interview conversations using an audio recording device. This recording was intended to be transcribed for subsequent data analysis. Participants were informed and assured that all recordings and transcripts would be password-protected, kept in a Google Drive, and permanently deleted after 6 years of the completion of the study.

4.3.7.2 Confidentiality

Given the sensitivity of the study topic, the participants' true names were not disclosed; instead, pseudonyms were used. To maintain anonymity, real identities that were mistakenly revealed in the audio-recorded data were replaced with pseudonyms in the transcripts. Pseudonyms were used in the transcripts, and other study research outputs. Participants' identifying information was not disclosed, and anonymity was ensured in reporting. All interviews took place in private, away from the public. All hardcopy appendices, including consent forms and permission letters, were kept safely in locked cabinets in my supervisor’s office. Consent forms and demographic questionnaires were kept in separate locked cabinets. All transcripts and audio recordings were password-protected, stored in a Google Drive using pseudonyms, and will be permanently deleted after 6 years of completion of the research. Permission to use anonymised transcripts for future possible research was requested from ethics.

4.4 Conclusion

This chapter provided a detailed account of the research methodology employed to investigate the relationship between youth substance dependency and parental mental health in the context of Soweto, South Africa. Through qualitative research methods including semi-structured interviews and reflexive thematic data analysis the study endeavoured to fully grasp parents' experiences and outlooks. The research rigorously adhered to ethical considerations meticulously following informed consent and confidentiality protocols. Issues of trustworthiness, including a reflexivity played a pivotal role in recognising and addressing potential biases thereby ensuring the integrity of the study. Serving as the linchpin for the research, this chapter sets the stage for the subsequent analysis and interpretation of findings to be presented in Chapter 5. In the upcoming chapter, the data obtained through the outlined methodology will undergo scrutiny to unearth themes and provide insights into the repercussions of youth substance dependence on parental mental health within the Soweto community.

CHAPTER 5: FINDINGS AND DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents the findings of the study. The findings are organised according to the five major themes: parental experiences and responses to their children's substance dependency, youth's initiation and progression of substance use, factors contributing to substance dependence among the youth, biopsychosocial impacts of youths' substance dependence on parents, and available support structures to parent. Subthemes identified during the data analysis process are integrated with Bronfenbrenner's ecological systems theory to understand the complex interplay between individuals and their environments.

Table 2 below organises the findings by linking each major theme and subtheme to the corresponding level of Bronfenbrenner's ecological systems theory. This approach highlights how different environmental contexts, ranging from the immediate family environment (microsystem) to broader societal influences (macrosystem) and changes over time (chronosystem), shape the experiences of parents and their responses to their children's substance dependency (Bronfenbrenner, 1986).

Table 2: Integration of Major Themes and Subthemes with Bronfenbrenner's Ecological Systems Theory

Ecological system -level	**Major Theme**	**Sub theme**	**Parent's quote**
Microsystem	**Major Theme 1:** Parental Experiences and Responses to Their Children's	**Subtheme 1:** Parents' Understanding of Substance Dependency	*"My understanding when you talk about substances is the use of drugs…and become addicted to using drugs."* (Pinky, Female, 55 years old) *"It was like my whole world turned upside down when I found out. I couldn't*

	Substance Dependency	**Subtheme 2:** Initial Reactions	*believe it was happening to us."* (Anathi, Female, 53 years old).
Mesosystem	**Major Theme 2:** Youth's Initiation and Progression of Substance Use	**Subtheme 1:** Age and Circumstances of First Use	*"According to me I found out last year but according to his friends it started when he was doing matric because he dropped out, he didn't complete matric."* (Ambition, Male, 46 years old)
	Major Theme 3: Factors Contributing to Substance Dependency	**Subtheme 1:** Social Influences	*"Her brother passed away in 2019, and I think it affected her mind. She's never spoken about her problems, but I think it affects her."* (Thandi, Female, 45 years old).
Exosystem	**Major Theme 4:** Biopsychosocial Impacts on Parents **Major Theme 5:** Available Support Structures	**Subtheme 2:** Mental Health Challenges **Subtheme 1:** Lack of Access to Professional Help	*"It affected me a lot it affected me in a way that I started having suicidal thoughts I felt like it took a lot of my time and I was always sick and my mind was affected."* (Thandi, Female, 45 years old). *"No, there was never any support except those places where they said she's underage, other places wanted money and I don't work so I couldn't pay." (Thandi, Female, 45 years old)*
Macrosystem	**Major Theme 3:** Factors Contributing to Substance Dependency	**Subtheme 4:** Socioeconomic Factors	*"It changed a lot it changed a lot…because a lot of things we had at home are not there anymore it's clear that there is an unstable person here at home*." (Ambition, Male, 46 years old).
Chronosystem	**Major Theme 1:** Parental Experiences and Responses to Their Children's Substance Dependency	**Subtheme 3:** Shifts in Family Dynamics	*"Even now since she stopped, I still don't trust her but I always think if I kill myself who will she be left with."* (Thandi, Female, 45 years old). *"We could never leave her alone at home, I had to constantly hide things, even now that she has passed away, I still hide things."* (Sonkiza, Female, 47 years old).

5.2 Participants demographics profile

Table 3 visually summarises the demographic profile of parents of substance-dependent youths in Soweto who participated in the study.

Table 3: Demographic profile of parents of substance-dependent youths in Soweto

Pseudonym	**Gender**	**Age**	**Location**	**Child's Age**	**Child's Gender**	**Substance(s) used**
Thandi	Female	45	Freedom Park	15	Female	Hookah pen, Crystal Meth
Sonkiza	Female	47	Rockville	29 (deceased)	Female	Cannabis (Dagga), Nyaope, Crystal Meth
Kaizo	Female	47	Orlando	31	Male	Nyaope
Anathi	Female	53	Dobsonville	17	Male	Hookah pipe, Mixture of cough syrup and stilpane (Codeine)
Queen	Female	50	Noordgesig	19	Female	Cannibas (Dagga), Rock
Rhulani	Male	43	Chaiwelo	25	Male	Nyaope, Cannabis (Dagga)
Ambition	Male	46	Protea South	24	Male	Nyaope

Kiki	Female	50	Eldorado Park	27	Female	Cigarettes, Cannabis (Dagga), Rock
Pinky	Female	55	Kliptown	23	Female	Cannabis, Crystal Meth
Nomvula	Female	50	Pimville	22	Male	Cannabis, Crystal Meth

The study involved ten participants: eight females and two males, all residing in various neighbourhoods within Soweto. Their ages ranged from 43 to 55 years. The substances used by their children varied, including hookah pens, hookah pipes, cannabis, crystal meth, nyaope, stilpane, dagga, and rock. The children's ages ranged from 15 to 31 years, with one participant reporting a deceased child who was 29 years old. This demographic overview provides context for understanding the varied and complex experiences of the parents involved in this study.

Figure 2: Bar graph of substance dependency duration among participants' children

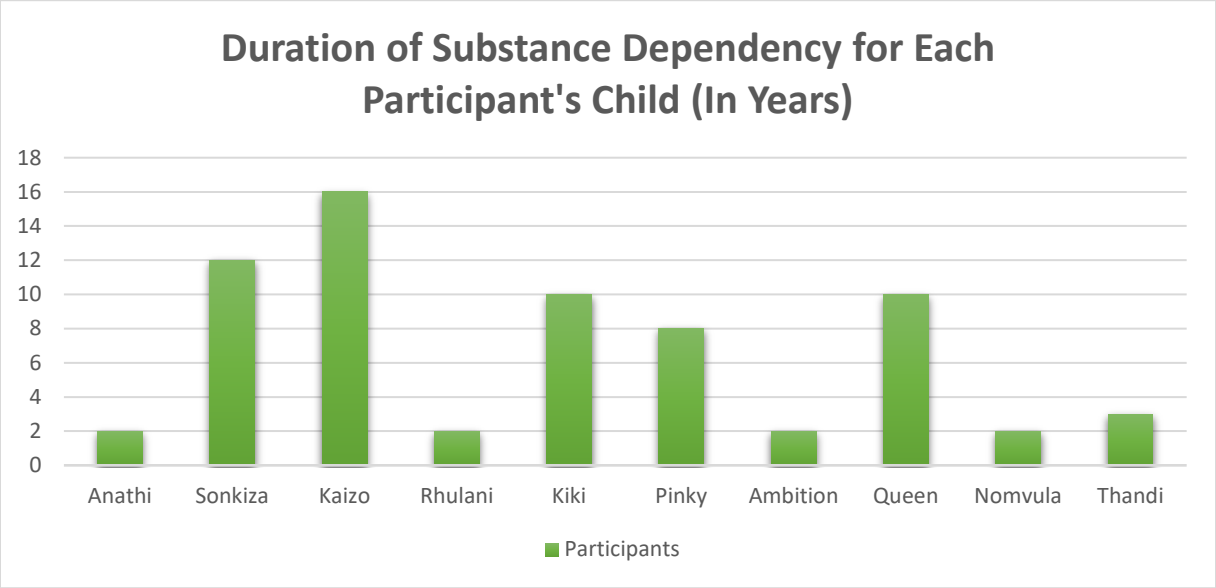


Figure 2 illustrates the varying lengths of substance dependency among the children of the participants in the study. The duration of substance dependence ranges from 2 to 16 years. Notably, Queen's child stands out with a history of substance dependency that began at the age of 9, highlighting the early onset of substance use in this case. This early initiation contrasts with the general trend of adolescents starting substance use later, and it emphasises the intensity of the problem faced by the family.

For other participants, the duration of dependency is also significant, with Anathi, Rhulani, Ambition, and Nomvula each reporting at least 2 years of substance dependency in their children. Thandi's child has been dependent for 3 years, Pinky's child has an estimated dependency duration of 8 years, and Kiki's and Queen's children each have a 10-year history of substance dependency. Sonkiza's child has a dependency lasting between 12 to 15 years, and Kaizo's child has the longest recorded dependency of 16 years.

The variation in the onset and duration of substance use among these children emphasises the prolonged and diverse nature of substance dependency in the community of Soweto. Queen's case, in particular, illustrates that early initiation can significantly impact both the child and the family, further underlining the importance of targeted interventions to support families coping with such issues.

5.3 Thematic analysis of findings about the influence of youth substance dependency on the mental health of parents living in Soweto.

This section presents the findings provided by parents living in Soweto regarding their experiences and perceptions of their children’s substance dependency and among the youth in their community. To protect confidentiality of the participants, their names were replaced by a pseudonym they were asked to give during the interviews.

Major theme 1: Parental experiences and responses to their children's substance dependency.

Substance dependence among the youth significantly impacts families, particularly parents who must navigate complex emotional and relational challenges. This theme explores how parents understand their child's substance dependence, their initial reactions upon discovery, and the subsequent shifts in family dynamics. By exploring these parental experiences and responses, we gain insight into the profound effects of youth substance dependence on the family unit.

Subtheme 1: Parents' understanding of substance dependency

Participants generally understood substance dependence as the use of drugs such as Crystal Meth, Nyaope, Cannabis, Hookah Pipe etc. This understanding is crucial within the microsystem, as it shapes parental responses and interventions at the immediate family level (Bronfenbrenner, 1979; Mathibela and Skhosana, 2021).

A recent study by the National Institude on Drug Abuse has demonstrated that parents' understanding of substance dependence significantly impacts their responses and the overall family dynamics. For instance, the National Institute on Drug Abuse highlights the high rates of comorbid substance use disorders and mental illnesses among adolescents, emphasising the complexity of understanding and addressing substance dependence (NIDA, 2024).

For example, Thandi (Female, 45) mentioned, *"It means the person is using drugs like Crystal Meth... But when she started, she said it was Hookah Pen,"* indicating an awareness of different substances and the potential for escalation from less harmful to more dangerous drugs. Similarly, Kiki (Female, 50) noted, "*To me, substance dependence is when somebody is addicted either to drugs or alcohol."* This broader definition encompasses various forms of substance use,

recognising the commonalities in addiction behaviours. These insights align with Bronfenbrenner's ecological systems theory, which emphasises the importance of understanding individual behaviours within their immediate environments (Bronfenbrenner, 1979).

Kaizo (Female, 47) shared, *"I understand but understanding and not understanding it's not the same. I do understand a little bit, but I feel like my lack of understanding is greater than what I actually do understand."* This highlights the struggle parents face in comprehending the full scope of substance dependence and its implications.

Family-based interventions have proven effective in reducing substance use among youth. These interventions, which often include parent-child communication and rule-setting, can lead to better mental health outcomes for both parents and children (Community Preventive Services Task Force, 2024). For example, Thandi's insight reflects how her understanding of the substances used by her child influenced her initial responses and subsequent actions. This supports the findings on the importance of parental understanding and involvement in addressing substance dependence. The connection between substance use disorders and mental health problems is well-documented. Over 60% of adolescents in substance use treatment programs also meet criteria for other mental illnesses, indicating the stress and mental health challenges faced by families (NIDA, 2024).

This theme on the significant mental health impact on parents dealing with a child's substance dependency is evident in the interviews. Kaizo's struggle to fully understand substance dependence mirrors the broader challenge parents face, exacerbating stress and mental health issues within the family.

Research has emphasised the importance of considering cultural and community contexts in understanding and addressing substance use. Studies have shown that family dynamics and

community support play crucial roles in the effectiveness of interventions (CDC, 2023). This resonates with the experiences of parents in Soweto, as they navigate the challenges of substance dependency within their specific socio-cultural environment. For example, Kiki's broader understanding of substance dependence reflects a commonality in recognising various forms of addiction, which is essential in addressing the issue within the community context

Sub-theme 2: Initial reactions

The initial reactions of parents upon discovering their child's substance use included shock, confusion, and a sense of helplessness. These emotional responses are often intensified by the stigma associated with substance use within the mesosystem, which includes interactions between the family and broader community settings (Bronfenbrenner, 1979).

Anathi (Female, 53) described her experience: *"When I first discovered that this child is smoking... I thought I need to pray for him because I thought he's possessed by demons."* This finding reveals the participant's belief that their child's substance dependency is linked to demonic possession, suggesting a cultural and spiritual perspective on addiction. Such views are not uncommon in South African communities, where mental health and behavioural issues are often seen as connected to supernatural or spiritual factors. Maua & Egunjobi (2023) reports that in various African communities, abnormal behaviours like those associated with substance use are often attributed to influences from demonic forces or ancestral spirits, leading families to seek help from traditional healers who use prayer, exorcism, or ritual as treatments. According to Thobakgale (2021), traditional health practitioners (THPs) in Gauteng report that spiritual illness is commonly cited as a cause of abnormal behaviours, with conditions like substance dependency sometimes attributed to influences such as demonic possession, witchcraft, or ancestral spirits. This interpretation aligns with the tendency among many South Africans to perceive mental health

challenges through a spiritual or cultural lens, often leading to the use of ritualistic and spiritual interventions as coping mechanisms (Thobakgale, 2021).

Similarly, Sonkiza (Female, 47) noted the tangible impact of her child's substance use: *"I noticed that things started going missing, money also started going missing when I would check my purse the money would be gone."* Ambition (Male, 46) expressed the social repercussions: *"It's an embarrassment in the community getting complaints about your child."*

Literature supports these findings, indicating that parental reactions are critical in shaping subsequent actions and interventions. Muir et al. (2023) highlight that parents often experience significant emotional distress upon discovering their child's substance use, which can hinder their ability to provide effective support and intervention. This distress is frequently compounded by the stigma associated with substance use, isolating families and reducing their access to support networks. Similarly, Wangensteen et al. (2019) found that parents often experience a range of negative emotions, including shock and confusion, exacerbated by societal stigma. This can lead to feelings of helplessness and a delay in seeking help or intervention for their child. Kelly et al. (2016) emphasises the importance of addressing stigma in the context of substance use, indicating that it can prevent parents from seeking necessary support, thereby exacerbating the emotional turmoil experienced during the initial discovery of their child's substance use.

Furthermore, a review by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) discusses how stigma and emotional responses associated with substance use can hinder effective support and treatment efforts. The review emphasises the need for supportive interventions that address both the emotional and social dimensions of substance use stigma.

Sub-theme 3: Shifts in family dynamics

Substance dependence significantly altered family dynamics. Participants described how their relationships with their children changed, including increased conflict, mistrust, and altered parenting approaches. This change is indicative of disruptions within the microsystem, as described by Bronfenbrenner's theory (Bronfenbrenner and Morris, 2006).

Kaizo (Female, 47) illustrated the constant vigilance required: *"We are always anxious, there always has to be someone at home to guard the house so that he doesn't steal."*

Thandi (Female, 45) shared her frustrations with her child's changed behaviour: *"She has become selfish and doesn't think, she can't even work, she's not trustworthy, she takes things from home and sells it."*

Rhulani (Male, 43) discussed the aggression and division caused by substance dependence: *"If he doesn't get his drugs and they are watching him and I'm not there he becomes aggressive to the younger siblings and that causes division between the children."*

These findings align with existing literature, which highlights the impact of youth substance use on family dynamics and parental mental health. Dykes and Casker (2021) discuss how substance dependence in youth leads to significant shifts in family roles and relationships, often resulting in increased conflict and mistrust. Kumpfer (2014) further elaborate on the psychosocial stress experienced by families, noting that the altered family dynamics often exacerbate the challenges faced by both parents and children.

Additionally, research has shown that parental support and monitoring can mitigate some of these adverse effects, emphasising the importance of maintaining strong family ties and open communication (Mills et al., 2021). A comprehensive review by the Sawitri et al., (2024) also

highlight the critical role of family dynamics in the context of substance use, noting that supportive family environments can serve as a protective factor against the negative impacts of substance dependence.

Major theme 2: Youth's initiation and progression of substance use

This theme delves into the initiation and progression of substance use among youth, exploring the circumstances of their first use and the types of substances used.

Subtheme 1: Age and circumstances of first use

The age at which participants' children first used substances varied, with many starting during their teenage years. The circumstances often involved significant life changes or peer influences. This subtheme explores how these factors contribute to the onset of substance use.

Thandi (Female, 45) described her child's initiation at age 13, highlighting, *"She started at age 13."* Similarly, Sonkiza (Female, 47) recounted her child's start at the age of adolescence, mentioning, *"I think 16 or 17"* when discussing when her child started using substances. Anathi (Female, 53) shared, *"She started being friends with boys. I could see she needed a brother, someone who would fill the void of her brother."* More parents explained their children's initiation of substance use as follows: Kaizo (Female, 47), *"It started when he was a teenager, hanging out with the wrong crowd."* Nomvula (Female, 50) *"He was influenced by his cousins who were already using drugs."* Ambition (Male, 46) "*He started using at 14 when we moved to a new neighbourhood."* Pinky (Female, 55) "S*he was very young, maybe around 15 or 16 when she first tried dagga."*

Research has indicated that the initiation of substance use during adolescence is often associated with significant developmental transitions and peer influences. For instance, Loke et al.

(2013) found that adolescence is a critical period for the initiation of substance use, with peer pressure and the desire to fit in playing pivotal roles. Similarly, Henneberger et al. (2019) emphasise that early exposure to substance-using peers can significantly increase the likelihood of initiation during teenage years. These findings are consistent with the experiences of the participants in this study, who observed that their children began using substances during adolescence, often influenced by peers and significant life changes.

Subtheme 2: Types of substances used

This subtheme explores the variety of substances used and the progression from one type to another, highlighting the escalation of substance use among the youth in Soweto. Participants reported a range of substances used by their children:

Anathi (Female, 53) shared her experience, noting, *"He used to drink it... It was a mixture of cough syrup and stilpane"*. This indicates an early stage of substance use, starting with easily accessible and seemingly benign substances. Thandi (Female, 45) elaborated, *"She started with Oka Pen; thereafter, she moved onto Crystal Meth",* illustrating a clear progression to more dangerous substances. Similarly, Kaizo (Female, 47) mentioned*, "He smokes Nyaope, which has been a significant problem"*, underscoring the severe impact of this particular drug.

The transition from less potent substances to highly addictive drugs was a common pattern among participants' children. Queen (Female, 50) reported, *"She moved from smoking dagga to using Rock"*, and Sonkiza (Female, 47) shared, "He started with dagga, then moved on to Nyaope and Crystal Meth", both emphasising a shift to more potent and harmful substances over time. Kiki (Female, 50) noted, *"She began with cigarettes, and now she is addicted to Rock and dagga"* indicating a similar progression. Rhulani (Male, 43) reported, *"He uses Cannabis mostly, but*

sometimes he mixes it with other substances", highlighting the tendency to combine substances, which can exacerbate their effects and potential harm.

The progression from one substance to another is well-documented in the literature. According to Patel et al. (2018), adolescents often begin with more socially acceptable substances like tobacco or alcohol before transitioning to harder drugs. This progression is supported by Schulenberg et al. (2017), who discuss the concept of a "gateway" drug, where initial substance use can lead to the use of more dangerous drugs over time. Silins et al. (2017) further demonstrate that early cannabis use can lead to the subsequent use of harder substances, particularly among vulnerable youth.

Major theme 3: Factors contributing to substance dependency among the youth

This theme explores the various factors that contribute to youth substance dependence as identified by the parents. These factors include social influences, environmental changes, and family structure, each interacting within the ecological systems.

Sub-theme 1: Social influences

Peer pressure and the influence of social circles were frequently mentioned by the parents as significant contributors to youth substance dependence. This aligns with the mesosystem's role in Bronfenbrenner's theory, where interactions between different microsystems, such as family and peers, play a crucial role (Bronfenbrenner, 1979). For example, Sonkiza (Female, 47) noted, *"Peer pressure was the biggest influence that made her start,"* highlighting the direct impact of peer interactions. Similarly, Thandi (Female, 45) mentioned, *"She mixed with a lot of coloured people... It started when we moved from that side to Freedom Park,"* indicating the influence of social circles in new environments.

Research supports the significant impact of peer and social influences on youth behaviour. Patel et al. (2018) found that adolescents are particularly susceptible to peer pressure, which can lead to increased substance use. Schulenberg et al. (2018) further reinforce this, noting that social networks and peer affiliations are pivotal in shaping youth behaviours, including the propensity to engage in substance use. Henneberger et al. (2019) emphasise that peer processes targeted within school-based prevention programs can significantly influence substance use outcomes, illustrating the critical role of social influence.

Sub-theme 2: Environmental changes

Changes in living conditions, such as moving to new neighbourhoods, were also identified as contributing factors to youth substance dependence. This reflects the mesosystem's impact on individual behaviours through the interaction of various social settings (Bronfenbrenner & Morris, 2006). Thandi (Female, 45) recounted, *"It started when we moved from that side to Freedom Park where she mixed with a lot of coloured people."* Similarly, Kiki (Female, 50) said, "*After we moved, she started smoking dagga and then harder drugs like Rock,"* indicating that relocation can disrupt social networks and expose youth to new and potentially harmful influences.

A study has shown that environmental changes can significantly impact youth behaviour, particularly in communities with high levels of social disorganisation (Sampson, 2017). Ritchwood et al. (2015) identified that adolescents in disrupted environments are more likely to engage in substance use due to the breakdown of social norms and increased exposure to negative influences. Relocation can lead to increased substance use as adolescents adapt to new environments and peer groups (Perez et al., 2022). This increase is often driven by the challenges associated with adjusting to new environments, where adolescents may face disruptions in their social networks, exposure to unfamiliar social norms, and heightened stress and anxiety. These factors can make them more

vulnerable to negative influences, as they seek acceptance and stability in their new surroundings. Cutrín et al. (2017) found that environmental instability and the presence of deviant peers in new neighbourhoods can significantly increase the risk of substance dependence among youth.

Sub-theme 3: Family structure

The role of family dynamics, including the absence of a father figure and the presence of family conflict, played a significant role in the initiation and continuation of substance use among youth. This is consistent with the microsystem and mesosystem interactions (Bronfenbrenner, 1979). Anathi (Female, 53) shared, *"I'm a single parent... Sometimes I wonder was this going to happen if his dad was around,"* pointing to the potential protective role of a father figure. Sonkiza (Female, 47) mentioned, *"Her father's brother is a drug addict, and he's addicted to the same drug she was using,"* illustrating the influence of extended family members. Ambition (Male, 46) noted, *"There are family issues, especially with his uncles who drink a lot, although they don't live with us,"* indicating the broader family environment's impact.

Literature supports the significant impact of family structure on youth substance use. Ojima et al. (2020) found that family conflicts, lack of supervision, and the presence of substance use within the family are strong predictors of youth substance dependence. Calvete et al. (2018) emphasise the need for supportive family environments, highlighting that the quality of parent-child relationships and parental monitoring are critical in mitigating these risks. Cutrín et al. (2019) also noted that the presence of deviant behaviour among family members can increase the likelihood of substance use among youth, underscoring the importance of a stable and supportive family structure.

Sub-theme 4: Socioeconomic factors

The socioeconomic environment in which youth grow up significantly influences their risk of developing substance dependence. This sub-theme explores how economic hardships and lack of opportunities contribute to substance use among the youth in Soweto.

Kaizo (Female, 47) shared, "*He started stealing from us because we didn't have money to give him*." This highlights the desperation that can arise from economic hardship. Research indicates that socioeconomic deprivation significantly contributes to substance abuse, as individuals in poorer communities may resort to theft to fund their addictions (UNODC, 2020). Economic strain and lack of resources drive risky behaviours, including drug use and related criminal activities, underscoring the direct link between financial instability and substance abuse (Cheteni et al., 2018; Glei & Weinstein, 2019).

Queen (Female, 50) mentioned, "*There's nothing for them to do here, no activities or jobs, so they turn to drugs.*" This statement is supported by studies showing that high unemployment rates and limited recreational opportunities in impoverished areas contribute to substance abuse (Kassew et al., 2023). Communities with few economic opportunities often see higher rates of substance abuse as youth seek escape from their challenging realities (UNODC, 2020). The lack of structured activities and employment prospects leaves the youth vulnerable to drug use as a form of coping with their environment (Ndhlovu, 2023).

Ambition (Male, 46) noted, "*We live in a poor area with many unemployed people, and this influences the youth to use drugs*." There is substantial evidence that socioeconomic factors like unemployment and poverty are strong predictors of substance misuse among adolescents. Low-income areas often lack the support systems and opportunities necessary to prevent drug use,

leading to higher substance abuse rates (Stephenson et al., 2023). Furthermore, socioeconomic stressors, including joblessness and financial instability, are closely linked to increased drug use (CDC, 2023). This environment creates a cycle where economic hardships exacerbate the conditions that lead to substance dependence.

Rhulani (Male, 43) said*, "With no money, they find cheap drugs like Nyaope to escape reality."* This highlights how economic hardships push individuals towards affordable but highly addictive substances. The prevalence of low-cost drugs in economically deprived areas exacerbates the cycle of addiction and mental health issues among both users and their families (Janicijevic et al., 2017). The affordability and availability of substances like nyaope in poor communities contribute significantly to their widespread abuse (Stephenson et al., 2023). This situation emphasises the dire need for economic and social interventions to break the cycle of substance dependence driven by poverty.

Major theme 4: Biopsychosocial impacts of youths' substance dependence on parents

The biopsychosocial impacts on parents of substance-dependent youth encompass a range of physical, mental, and social challenges. These impacts are multifaceted and interconnected, affecting parents' health, well-being, and social relationships. The ecological systems theory by Bronfenbrenner (1979) provides a useful framework to understand these impacts, as it considers the various environmental contexts influencing individual experiences. The following sub-themes explore the physical and mental health effects, mental health challenges, and social isolation and stigma experienced by parents.

Sub-theme 1: Physical and mental health effects of youths'

The stress and anxiety associated with managing a child's substance dependency had noticeable effects on the physical health of parents. This is indicative of the proximal processes within the microsystem (Bronfenbrenner and Morris, 2006). Many parents described experiencing significant physical symptoms directly related to the emotional turmoil of their situation.

Kaizo (Female, 47) shared, *"It affected me a lot, it affected me in a way that I started having suicidal thoughts."* This highlights the severe emotional distress that can lead to physical health problems. Nomvula (Female, 50) noted, *"It was very difficult because I have epilepsy, he would steal things from the house if he doesn't have money for the drug, he would steal things from the house and sell it,"* illustrating how the stress of substance dependency exacerbated her existing health conditions. Thandi (Female, 45) added, *"Sometimes I feel dizzy, and I get a headache when I think about what she's doing,"* indicating the physical manifestations of stress and worry.

Research corroborates these findings, indicating that parents of substance-dependent youth exhibit high levels of psychological distress, which can manifest as physical h+ealth problems. Goldberg et al. (2019) found that chronic stress experienced by these parents often leads to various physical ailments, including headaches, fatigue, and cardiovascular issues.

Sub-theme 2: Mental health challenges

Participants reported experiencing significant mental health challenges, including depression and anxiety, as a result of their child's substance dependency. These challenges are situated within the microsystem, affecting daily interactions and overall family functioning (Bronfenbrenner, 1979). The emotional burden on parents was evident through their personal accounts.

Kaizo (Female, 47) mentioned, *"I have MDD depression. It really does contribute because I face problems involving family affairs then on one side it's him also"* This reflects how the stress from dealing with a child's substance dependency can compound existing mental health issues. Sonkiza (Female, 47) expressed, *"You know things like this make a person want to take a rope and hang themselves,"* highlighting the extreme emotional distress and feelings of hopelessness. Pinky (Female, 55) shared, "*It's breaking my heart dealing with this child every day, it feels like I'm losing myself,"* indicating the deep emotional impact and sense of personal loss experienced by many parents. She also highlighted, *"It has affected me like right now I am not feeling okay. I think I'm having this thing of panic disorder like I'm having panics"*

The literature supports the significant mental health impact on parents, highlighting the need for psychological support and interventions. Mathibela and Skhosana (2020) emphasise that parents dealing with a child's substance dependency often experience high levels of depression, anxiety, and stress, underscoring the necessity for targeted mental health services to support these parents.

Sub-theme 3: Social isolation and stigma

Parents felt socially isolated and stigmatised due to their child's substance dependency, further exacerbating their mental health challenges. This isolation can be understood through the mesosystem, where interactions with the broader community influence individual experiences (Bronfenbrenner, 1979). The sense of social exclusion was palpable in the participants' narratives.

Anathi (Female, 53) shared, *"I stopped being part of the SGB. I thought I wasn't a great leader... I was embarrassed especially because the principal and SGB knew the challenge I was facing."* This statement emphasises the profound impact of stigma on social participation and self-

esteem. Ambition (Male, 46) noted, *"It's an embarrassment in the community getting complaints about your child,"* reflecting the shame and social ostracism experienced by parents. Queen (Female, 50) said, *"People talk, they gossip about my child, and it hurts me deeply,"* illustrating the emotional pain caused by social gossip and stigma.

Studies highlight that stigma significantly affects parental well-being and social relationships, reinforcing the importance of community support. Schulenberg et al. (2018) demonstrate that the social stigma associated with substance dependency not only isolates parents but also impacts their self-esteem and community engagement, further compounding their mental health challenges.

Major theme 5: Available support structures to parents

The availability and accessibility of support structures play a crucial role in mitigating the impacts of youth substance dependency on parents. This theme addresses the barriers to accessing professional help and the variability in community and family support. These factors are situated within the context of the exosystem and mesosystem, as defined by Bronfenbrenner (1979).

Sub-theme 1: lack of access to professional help

Many participants noted barriers to accessing professional help, such as cost and availability. This challenge is situated within the exosystem, which includes institutions and societal structures affecting individual experiences (Bronfenbrenner and Morris, 2006). For example, Thandi (Female, 45) shared her frustration: *"The rehabs said that she is underage so this year in 2023 I found a rehab."* Similarly, Rhulani (Male, 43) recounted, "*Yes there is, I once wanted to take him to a rehab, one of my friends recommended it and it's free. I wanted to take him because things were bad, what if he gets brain damage."* Ambition (Male, 46) added, *"The rehab they sent*

him to is in town, I forgot the name, we don't have any around here but there is a social worker's office, so they counsel him there, sometimes he does go, sometimes I give him taxi fare."

Research emphasises the importance of accessible mental health services and the impact of systemic barriers on family well-being. Petersen et al. (2016) discuss how economic constraints and limited availability of specialised services hinder access to professional help in low-resource settings. Elkington et al. (2020) highlight the compounded difficulties faced by families in accessing appropriate care, emphasising the need for policy interventions to improve service delivery in underserved areas. These systemic barriers significantly affect parents' ability to support their children through substance dependency.

Sub-theme 2: Community and family support

Support from the community and family varied among participants, with some receiving significant support while others felt isolated and unsupported. This variation is indicative of mesosystem influences, where community interactions play a critical role (Bronfenbrenner, 1979). For instance, Anathi (Female, 53) expressed her sense of isolation: *"I never get any support, my dear, when it involves my child… I didn't even share it with my pastor."* Conversely, Pinky (Female, 55) highlighted the need for structured support, *"We need groups for parents managing children who use substances and then counselling for parents because it demotivates us and creates a negative impact on the way we behave.".* Additionally, Kiki (Female, 50) shared, *"I think parents need a lot of support because besides the fact that yes the children are on drugs parents go through a lot of trauma from them using drugs."*

Queen (Female, 50) emphasised proactive community engagement: *"I was planning to do a seminar for parents, especially those whose kids are on substances... We need more support than ever."*

Research supports the critical role of community and family support in mitigating the impacts of youth substance dependency. Schulenberg et al. (2017) found that community-based support groups and family counselling significantly reduce the psychological burden on parents, highlighting the need for robust community support systems. This evidence suggests that enhancing community and family support structures can provide significant relief to parents coping with the challenges posed by their children's substance dependency.

5.4 Conclusion

The findings reveal that youth substance dependency has profound and multifaceted impacts on the mental health of parents in Soweto. The challenges include shifts in family dynamics, physical and mental health effects, social isolation, and difficulties in accessing support. Understanding these impacts can inform the development of more effective support systems for parents affected by youth substance dependency.

CHAPTER 6: SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

This chapter provides recommendations based on the findings presented in Chapter 5. The recommendations aim to address the challenges identified and suggest practical interventions to support parents and their substance-dependent children. The chapter concludes with a summary of the study's findings, limitations, and suggestions for future research.

6.2 Summary of findings

The findings of this study were organised around the research objectives, research questions, and Bronfenbrenner's ecological systems theory. Each objective was addressed through thematic analysis, providing insights into the experiences and perceptions of parents in Soweto.

6.2.1 Objective 1: To describe parents' perceptions of their children's experiences with substance dependence

Parents in Soweto generally understood substance dependence as a severe and multifaceted issue involving various substances such as cannabis, crystal meth, and nyaope. They described substance dependence as a condition where their children exhibited compulsive substance-seeking behaviours, loss of control over substance use, and continued use despite adverse consequences. This understanding aligns with the definitions and diagnostic criteria outlined in the DSM-5, which classifies substance use disorders based on a spectrum of severity (American Psychiatric Association, 2013).

Using Bronfenbrenner's ecological systems theory, it is evident that parents' perceptions are influenced by multiple environmental systems. In the microsystem, which includes the immediate family environment, parents' initial reactions to discovering their child's substance use

included shock, confusion, and helplessness. These intense emotional responses often led to heightened vigilance and anxiety, as parents tried to monitor and control their child's behaviour to prevent further harm (SAMHSA, 2020).

Research indicates that parental understanding of substance dependence is crucial for effective intervention and support. Hlahla et al. (2023) found that parents who were well-informed about the nature of substance use disorders were better equipped to provide appropriate support and seek professional help for their children. Conversely, parents with limited understanding often experienced higher levels of stress and uncertainty, which could exacerbate family tensions and hinder effective communication (Hlala et al., 2023).

In the mesosystem, which encompasses interactions between various microsystems such as family and peers (Bronfenbrenner, 1979), parents noted significant peer influences on their children's substance use behaviours. They observed that their children were often introduced to substances by friends or older peers, highlighting the role of social networks in the initiation and progression of substance use. This observation is consistent with research indicating that peer associations are a major risk factor for adolescent substance use (Patrick et al., 2016).

In the exosystem, which includes broader social systems that indirectly affect the child, socioeconomic and cultural factors significantly shaped parents' perceptions. Many parents associated substance dependence with social and environmental stressors such as poverty, unemployment, and exposure to crime and violence. These stressors were seen as contributing to their children's vulnerability to substance use, as they sought escape from their challenging realities (Nduna & Jewkes, 2017). This perception is supported by a study showing a strong correlation between socioeconomic hardship and increased risk of substance use among adolescents (Patrick et al., 2016).

In the macrosystem, which consists of cultural values, laws, and customs, the progressive nature of substance dependence was a common understanding among parents. They perceived substance dependence as a condition that often began with less potent substances and escalated to more dangerous drugs. This aligns with the "gateway" hypothesis, suggesting that early exposure to substances like tobacco and alcohol can increase the likelihood of subsequent use of more harmful substances (Kandel & Kandel, 2015). Parents observed that their children's substance use often began in adolescence, a critical developmental period marked by heightened susceptibility to peer pressure and risk-taking behaviours (Wills et al., 2016).

Parents' understanding of substance dependence also included recognition of the significant impact on family dynamics. They reported that substance dependence led to increased family conflict, mistrust, and altered parenting approaches. This understanding aligns with Bronfenbrenner's emphasis on the importance of family relationships within the microsystem and their influence on individual behaviour and well-being (Bronfenbrenner, 1979).

From the participants' responses, the researcher has observed that parents in Soweto possess a profound awareness of the multifaceted nature of substance dependence. Their insights reveal a deep emotional toll and a strong sense of urgency in seeking solutions. The recurring themes of peer influence, socioeconomic hardship, and cultural stigma highlight the interconnected challenges they face. It is evident that these parents are not only struggling with the immediate effects of their children's substance use but are also grappling with systemic issues that require comprehensive, community-based interventions. Their resilience and determination to understand and combat these challenges are both inspiring and indicative of the critical need for supportive and accessible resources.

6.2.2 Objective 2: To explore and describe the factors that parents perceive as contributing to youth substance dependence in Soweto.

Parents in Soweto identified several interrelated factors contributing to substance dependence among youth, which can be understood through Bronfenbrenner's ecological systems theory. These factors span the microsystem, mesosystem, exosystem, and macrosystem, reflecting the complex interplay between individuals and their environments.

6.2.2.1 Social influences

Parents highlighted the significant role of peer pressure and the influence of social circles in initiating and sustaining substance use among youth. Adolescents often begin using substances due to the desire to fit in with their peers or as a result of direct encouragement from friends who use drugs. Research supports this, showing that peer influence is a critical factor in adolescent substance use (Henneberger et al., 2021). Within the mesosystem, these social interactions are crucial in shaping the behaviours and choices of young people (Bronfenbrenner, 1979).

6.2.2.2 Environmental changes

Parents reported that moving to new neighbourhoods often exposed their children to new social environments where drug use was more prevalent. This environmental instability can disrupt adolescents' social networks and expose them to new, potentially harmful influences. A recent study has shown that such environmental changes can increase the risk of substance use as youth struggle to adapt to new settings (Perez et al., 2022). This factor operates within both the mesosystem and exosystem, emphasising the broader social and environmental contexts affecting youth behaviour.

6.2.2.3 Family structure

The absence of a stable family structure, including single-parent households and high levels of family conflict, was identified as a significant factor. These family dynamics impact the microsystem, where the immediate family environment directly influences individual behaviours. Research indicates that family conflict and lack of parental supervision are strong predictors of youth substance use (Ojima et al., 2020). The absence of a father figure or the presence of substance use within the family can exacerbate these risks (Freeks & De Jager, 2023).

6.2.2.4 Socioeconomic factors

Economic hardship and poverty were frequently mentioned as underlying causes of substance dependency. Youth from low-income families often experience stress and a lack of opportunities, which can lead them to seek solace in substances. This is supported by research showing a strong correlation between socioeconomic status and substance use, with disadvantaged environments contributing to higher rates of dependency (Probst et al., 2021). These factors are reflective of the exosystem and macrosystem, where larger socioeconomic conditions shape individual experiences and behaviours (Huang & Širůček, 2023).

Based on the participants responses, the researcher perceives that parents in Soweto feel overwhelmed by the myriad of factors contributing to their children's substance dependence. The recurring mention of peer pressure emphasises how significant social influences are in the youth’s lives. It's clear that many parents are deeply concerned about the environments their children are exposed to, especially when moving to new neighbourhoods seems to bring increased risks. The instability in family structures, particularly the absence of supportive relationships, is another recurring theme that parents find troubling.

What stands out most to the researcher is the profound impact of economic hardship. Parents repeatedly link poverty and lack of opportunities to their children's substance use, suggesting that these conditions create a sense of hopelessness that drives youth towards substances. This insight from parents paints a picture of substance dependence not as an isolated issue but as one deeply intertwined with broader socio-economic challenges. It's apparent that parents see these factors as interlinked, each exacerbating the other, making it difficult to address substance dependence without considering the broader context of their lives.

6.2.3 Objective 3: To explore and describe the lived experiences of parents dealing with their children's substance dependency

The lived experiences of parents dealing with their children's substance dependency are characterised by profound emotional, psychological, and social challenges. The findings revealed that parents endure significant mental health issues, including chronic stress, anxiety, depression, and feelings of helplessness. These psychological effects are exacerbated by the stigma associated with substance dependency, which often leads to social isolation and a lack of community support (Schulenberg et al., 2018).

Parents reported a constant state of vigilance and anxiety, driven by the fear of their children's well-being and the potential for dangerous behaviours associated with substance use. This heightened state of alertness often leads to physical health problems, such as insomnia, headaches, and other stress-related ailments (Groenewald & Bhana, 2016).

The strain of managing a child's substance dependency disrupts daily routines and family dynamics, leading to increased family conflict and a breakdown of communication within the household (Kuay et al., 2023). Moreover, the financial burden of supporting a substance-dependent child adds another layer of stress for parents. Many parents find themselves in a cycle of financial

strain due to costs associated with treatment, legal issues, and, in some cases, theft or financial exploitation by the substance-dependent child (Kelly et al., 2016). This financial stress can exacerbate existing socioeconomic challenges, particularly in communities like Soweto, where resources are already limited (Erzse et al., 2023).

The social implications of having a substance-dependent child are also significant. Parents often experience social isolation, as friends and extended family members may distance themselves due to stigma or the unpredictable behaviour of the dependent youth (Mardani et al., 2023). This isolation can further compound the psychological distress experienced by parents, creating a vicious cycle of stress and loneliness.

In the context of Bronfenbrenner's ecological systems theory, these experiences can be understood as the interplay between various environmental systems. At the microsystem level, the immediate family environment is profoundly affected, with parents' mental health deteriorating due to direct interactions with their substance-dependent children (Bronfenbrenner, 1979). The mesosystem, which encompasses interactions between the family and other social contexts such as schools, workplaces, and community organisations, also plays a critical role. Parents often feel unsupported by these institutions, which may lack the resources or understanding to effectively assist families dealing with substance dependency (Kelly et al., 2017).

At the exosystem level, the lack of accessible healthcare and social support services in Soweto exacerbates the challenges faced by parents. Structural barriers, such as limited availability of affordable treatment programs and a lack of mental health services, hinder parents' ability to seek help and support for their children and themselves (Sarikhani et al., 2021). This highlights the need for systemic changes to improve the availability and accessibility of support services for families affected by substance dependency.

The macrosystem, which includes broader cultural and societal influences, also impacts parents' experiences. Societal stigma surrounding substance use disorders perpetuates feelings of shame and guilt among parents, discouraging them from seeking help and further isolating them from potential support networks (Hlahla & Mothiba, 2022). This societal stigma can also influence the policies and practices of institutions at the exosystem level, affecting the availability and quality of support services.

From the participants' responses, it is evident that the lived experiences of parents dealing with their children's substance dependency are profoundly overwhelming and isolating. The researcher perceives that these parents are caught in a relentless cycle of fear, stress, and helplessness, which is often exacerbated by the lack of understanding and support from their broader community. The constant vigilance they must maintain, coupled with the financial strain and social stigma, not only impacts their mental health but also erodes their social connections and overall quality of life. These insights reveal a dire need for more accessible mental health services, better community support structures, and efforts to reduce societal stigma, to truly support these parents in their challenging journey.

6.2.4 Objective 4: To explore the biopsychosocial effects of youth substance dependence on their parents

The biopsychosocial effects of youth substance dependence on parents are extensive and multifaceted, impacting their physical health, mental well-being, and social interactions. The study findings, supported by recent literature, highlight the profound challenges parents face.

6.2.4.1 Physical health effects

The stress and anxiety associated with managing a child's substance dependency significantly affected parents' physical health. Many parents reported experiencing headaches, dizziness, and other stress-related physical symptoms. Chronic stress can lead to various health problems, including cardiovascular issues and a weakened immune system (Goldberg et al., 2019). The constant vigilance required to monitor their children and the strain of dealing with substance-related crises exacerbate existing health conditions, further diminishing parents' overall physical well-being (Subekti et al., 2021). This aligns with the microsystem level of Bronfenbrenner’s ecological systems theory, where the immediate family environment directly influences parents' health.

6.2.4.2 Mental health challenges

The mental health challenges faced by parents were profound and pervasive. The study highlighted high levels of depression, anxiety, and, in some cases, suicidal ideation among parents. This is consistent with recent literature indicating that parents of substance-dependent youth often experience significant psychological distress, leading to long-term mental health issues (Njoki et al., 2022). The emotional burden of witnessing their child struggle with substance dependency, combined with the stigma and social isolation they often face, exacerbates these mental health challenges (Hlahla & Mothiba, 2022).). The mesosystem interactions, such as the relationship between the family and the broader community, play a critical role in this context, with stigma and social judgment intensifying parents' mental health struggles (Schulenberg et al., 2018).

6.2.4.3 Social isolation and stigma

Parents also faced considerable social isolation and stigma. Many parents felt judged and ostracised by their communities, leading to a withdrawal from social activities and support networks. Social stigma surrounding substance use affects not only the child using substances but also their family members, creating a broader impact on family dynamics and community relationships (Wilkens & Foote, 2019; Earnshaw, 2020). This isolation can prevent parents from seeking necessary support and sharing their struggles, further compounding their stress and mental health issues (Wangensteen et al., 2019). The mesosystem and exosystem levels highlight the indirect but significant effects of community and societal attitudes on parents' well-being.

6.2.4.4 Interactions within the ecological systems

The interactions within the microsystem and significantly impact parents' biopsychosocial well-being. Family conflicts and disrupted family dynamics directly affect parents' mental health, while the lack of community support and the presence of social stigma further exacerbate these issues (Ojima et al., 2020). Limited access to healthcare services and inadequate support systems in the exosystem also play a crucial role, as these broader social systems indirectly affect parents, leading to increased stress and a sense of helplessness (Mathibela & Skhosana, 2020).

From the participants' responses, the researcher has concluded that the parents' experiences reflect a profound sense of isolation and a lack of adequate support. Their stories convey not just the immediate physical and emotional toll of dealing with their children's substance dependence, but also a deep frustration with the systemic failures that leave them feeling abandoned. For instance, studies on substance abuse in South African informal settlements reveal that systemic issues such as unemployment, lack of mentorship, and poor community support significantly

contribute to youth substance abuse (Mbandlwa & Dorasamy, 2020). These systemic failures, paired with limited access to resources, often leave families feeling isolated and powerless in managing their children's substance use. Additionally, a study conducted in Giyani, Limpopo, illustrates how parents of adolescents abusing substances report feelings of rejection and inadequate community support. Many of these parents experience emotional distress, stemming from a lack of resources and institutional support for addressing the addiction crisis in their communities (Mbandlwa & Dorasamy, 2020; Hlungwani et al., 2020). This situation emphasises the deep-rooted systemic issues that not only affect youth but also perpetuate a cycle of despair and alienation for parents.

It is clear that the stress and anxiety they endure are compounded by a pervasive stigma that prevents them from seeking help and sharing their struggles openly. This highlights the critical need for more empathetic, accessible, and stigma-free support systems that can address their biopsychosocial needs in a more holistic and integrated manner. Their resilience in the face of such challenges is a testament to their strength, but it also emphasises the urgent need for better community and healthcare support to help alleviate their burdens.

6.2.5 Objective 5: To investigate the available support systems for both children and parents affected by substance dependency

The investigation into available support systems for both children and parents affected by substance dependency revealed significant variability and several barriers to accessing these resources. The findings highlighted that while some support structures exist, they are often insufficient or difficult to access, exacerbating the challenges faced by parents dealing with their children’s substance dependency.

6.2.5.1 Barriers to accessing professional help

One of the most prominent issues identified was the difficulty in accessing professional healthcare services. Parents reported challenges in finding rehabilitation centres that would accept their children, with some mentioning that age restrictions and the cost of services were significant barriers. This aligns with broader research findings on the limited accessibility and affordability of rehabilitation services in low-resource settings (Petersen et al., 2016). Additionally, the lack of awareness about existing services further compounded the problem, making it difficult for parents to seek help (Petersen et al., 2016).

Parents highlighted the lack of nearby facilities, with some having to travel long distances to access services. This geographic barrier further compounded the difficulty of obtaining necessary support. The importance of local, affordable, and accessible rehabilitation services is critical, as echoed in various studies on substance abuse treatment accessibility (Myers et al., 2016). From my understanding as a researcher, addressing these barriers requires not only increasing the number of facilities but also improving the dissemination of information about available services to ensure that parents are aware of the help they can access.

6.2.5.2 Variability in community and family support

Support from the community and family was also found to be inconsistent. Some parents received substantial emotional and practical assistance from extended family members and community groups, which provided much-needed relief and support. However, others experienced isolation and a lack of support, which intensified their stress and mental health challenges. This discrepancy can exacerbate the mental health challenges faced by parents and highlights the mesosystem's role in Bronfenbrenner's ecological systems theory, where the quality of interactions

between different settings (such as family and community) plays a crucial role (Bronfenbrenner, 1979).

Parents who lacked support reported feeling overwhelmed and stigmatised, making it even more challenging to cope with their child's substance dependency. The stigma associated with substance dependency within the community was a recurring theme, contributing to social isolation and reluctance to seek help. This stigma also affected their willingness to engage with existing support structures, reflecting findings from a recent study where stigma impedes the utilisation of mental health and substance abuse services (Ahad et al., 2023). As a researcher, it is clear that reducing stigma through community education and promoting a supportive environment is essential for improving the mental health outcomes of these parents.

The responses from participants have led the researcher to understand that while some parents have access to helpful support systems, many faces significant challenges due to inconsistent availability and barriers like cost and distance. The prevalent stigma around substance dependency further complicates their ability to seek help, highlighting a pressing need for more accessible and community-based support systems. It's clear that comprehensive strategies are needed to bridge these gaps and provide both emotional and practical support to these families.

6.3 Recommendations of the study

Based on the findings aligned with the research objectives, the following recommendations are made:

6.3.1 Enhance community and social support systems

6.3.1.1 Establish community-based support groups

Findings revealed that parents feel isolated and lack support, exacerbating their mental health challenges. Community-based support groups can significantly improve the mental health and well-being of parents by providing mutual support and sharing coping strategies. These groups create a safe space for parents to express their experiences and challenges, reducing feelings of isolation and helplessness.

Local health departments and non-governmental organisations (NGOs) should collaborate to establish these groups, ensuring they are accessible and well-publicised within the community. Training facilitators who understand the cultural and social context of Soweto will enhance the effectiveness of these groups. Peer support for individuals with mental health conditions, including those related to substance dependency, significantly enhances personal recovery and empowerment (Singha, 2024).

6.3.1.2 Develop community outreach programs

Findings indicated that stigma and lack of understanding about substance dependency prevent families from seeking help. Educating the public about substance dependency is crucial in reducing stigma and fostering a supportive environment. Outreach programs can disseminate accurate information about the causes, consequences, and treatment of substance dependency, encouraging empathy and understanding within the community.

Outreach programs should use various media, including workshops, flyers, social media, and local radio, to reach a broad audience. Partnerships with schools, churches, and community leaders can amplify the reach and impact of these programs. Research shows that stigma

significantly affects the willingness of families to seek help, making public education essential (Pinedo et al., 2020; Peterson et al., 2016).

6.3.1.3 Encourage community centres to organise recreational and educational activities

Findings revealed that lack of structured activities and opportunities contributes to youth substance use. Providing recreational and educational activities for youth offers positive alternatives to substance use. Engagement in structured activities can reduce the time and opportunity for drug use while promoting healthy social interactions and personal development.

Community centres should collaborate with local businesses, sports clubs, and educational institutions to offer a range of activities, such as sports leagues, arts and crafts classes, and tutoring programs. Funding from local government and NGOs can support these initiatives, ensuring they are sustainable and inclusive. Studies indicate that involvement in structured community activities can reduce the likelihood of substance use among youth (Spillane et al., 2020; Eisman et al., 2018).

6.3.2 Improve accessibility to professional healthcare services

The findings reveal that limited access to professional healthcare services, particularly rehabilitation centres and mental health services, exacerbates the challenges faced by parents and their substance-dependent children. Parents in Soweto highlighted geographical barriers, high costs, and a lack of local facilities as significant obstacles to obtaining necessary support. To address these barriers, the following recommendations are made:

6.3.2.1 Increase the number of affordable and accessible rehabilitation centres and mental health services

- **Establish new facilities:** Collaborate with governmental and non-governmental organisations to fund and establish new rehabilitation centres in underserved areas of Soweto. This initiative should focus on making these facilities both geographically accessible and financially affordable to reduce the burden on families.
- **Public-private partnerships:** Encourage partnerships between public health services and private entities to expand the availability of affordable treatment options. This approach can help mitigate long wait times and improve overall accessibility to services.

6.3.2.2 Implement mobile clinics and outreach services

- **Mobile health units:** Develop mobile health units equipped with professional healthcare providers and necessary medical equipment to provide on-site care and support in various neighbourhoods in Soweto. This can ensure that essential healthcare services reach families who cannot travel to distant facilities.
- **Outreach programs:** Implement outreach programs that include home visits, telehealth consultations, and community health workers to offer continuous support and monitor the progress of both parents and substance-dependent youth. Partnering with local community organisations can help identify families in need and coordinate mobile clinic schedules to maximise coverage and impact.

1.3.2.3 Enhance training for healthcare providers

- **Continuing education programs:** Develop and mandate continuing education programs for healthcare providers focusing on the latest research and best practices in treating substance dependency and supporting affected families. This training should include cultural sensitivity to ensure effective communication and engagement with families from diverse backgrounds.
- **Workshops and seminars:** Organise workshops and seminars led by experts in substance dependency and family therapy to enhance the skills and knowledge of healthcare providers. These sessions can improve the providers' ability to offer empathetic and comprehensive care, addressing the complexities of substance dependency and family dynamics.

By implementing these recommendations, the accessibility and quality of professional healthcare services for families in Soweto can be significantly enhanced. This comprehensive approach addresses both the immediate needs of substance-dependent youth and the long-term mental health of their parents, leading to better outcomes for all involved.

6.3.3 Strengthen educational programs on substance use

The findings revealed significant gaps in knowledge and awareness about substance use among both youth and parents, underscoring the need for strengthened educational programs. Integrating comprehensive substance use education into school curricula and involving parents in educational initiatives can significantly reduce the incidence of substance use among adolescents. According to recent research, educational programs that address both the risks and consequences

of substance use are effective in increasing awareness and reducing the likelihood of substance initiation and progression among youth (Das et al., 2016).

6.3.3.1. Integrate substance use education into school curricula

To address the lack of knowledge and awareness revealed by the study, it is essential to develop age-appropriate educational materials that cover the risks and consequences of substance dependency. These materials should include topics such as the physical, mental, and social impacts of substance use, as well as strategies for resisting peer pressure. Providing training for teachers to deliver substance use education effectively is also crucial. Teachers should be equipped with up-to-date knowledge and pedagogical skills, as research shows that well-trained educators can significantly impact student attitudes and behaviours regarding substance use (Pulimeno et al., 2020). Furthermore, incorporating substance use education into existing subjects such as health education, biology, and social studies can ensure that this education is a regular part of students' learning experience, reinforcing its importance (Benes & Alperin, 2022).

6.3.3.2 Organise workshops and seminars for parents and guardians

The findings indicated that many parents lacked adequate knowledge about substance dependency, which contributed to their initial shock and confusion. Organising workshops and seminars for parents and guardians is a vital component. These workshops should provide comprehensive information about substance dependency, including early warning signs, intervention strategies, and communication skills to discuss substance use with their children. Engaging experts in substance use prevention and mental health to lead these workshops ensures that parents receive accurate and practical information. A studyindicates that parental involvement in substance use education can lead to better outcomes for youth (Kumpfer & Xie, 2017). Utilising

community centres, local organisations, and schools as venues for these workshops makes them accessible to a broader audience. Effective community outreach ensures higher participation rates and better dissemination of information (Haldane et al., 2019).

6.3.3.3 Develop partnerships with local schools to create prevention programs

The study highlighted the need for cohesive and comprehensive prevention programs. Developing partnerships with local schools to create prevention programs that involve both students and parents is crucial. These collaborative efforts can leverage resources and expertise to create more impactful programs (Hawkins et al., 2014). Designing programs that encourage family participation, such as family nights, interactive sessions, and joint activities that promote healthy behaviours and open communication about substance use, is essential. Research shows that involving families in prevention efforts enhances program effectiveness (Kumpfer, 2014). Additionally, implementing ongoing monitoring and evaluation of the prevention programs to assess their effectiveness and make necessary adjustments is vital. Regular feedback from participants can help improve program content and delivery (Haldane et al., 2019).

By addressing the educational gaps identified in the findings, these recommendations aim to empower both youth and parents with the knowledge and skills needed to prevent substance dependency.

6.3.4 Policy advocacy for economic and recreational development

Based on the findings of the study, economic hardship and lack of recreational opportunities are significant contributors to substance dependency among youth in Soweto. Addressing these root causes through policy advocacy can create a supportive environment that reduces the risk of substance dependence and its associated impacts on families. Research indicates

that economic stressors, including unemployment and poverty, are strongly linked to substance dependence (Azagba et al., 2021). By improving socioeconomic conditions, the likelihood of youth depending on substances as a coping mechanism can be minimised.

To implement these changes, it is essential to partner with local organisations, policymakers, and community leaders. Collaborating with these stakeholders will help develop and advocate for policies that create job opportunities and improve economic stability in Soweto. Conducting research and gathering data on the economic challenges faced by families in Soweto can inform policy recommendations and demonstrate the need for targeted interventions. Organising community forums and workshops can raise awareness about the impact of socioeconomic disparities on substance dependency and mobilise support for policy changes.

Recommendations:

6.3.4.1 Promote development of safe recreational spaces and youth centres:

- The findings revealed the need for safe recreational spaces and youth centres to provide essential alternatives to substance use by offering structured and healthy activities. Research has shown that involvement in recreational activities can significantly reduce substance use among youth (Sabet et al., 2020).
- Collaborate with local governments and NGOs to secure funding for the development and maintenance of recreational facilities and youth centres.
- Implement programs within these centres that offer sports, arts, and educational activities designed to engage youth and provide alternatives to substance use.
- Ensure that these spaces are accessible to all community members, particularly those from low-income families, to maximise their impact.

6.3.4.2 Lobby for government and NGO support for community development projects:

- The study highlighted the importance of comprehensive community development projects to improve living conditions and reduce crime rates, creating a more supportive environment for families affected by youth substance dependency.
- Engage with government officials and NGO representatives to advocate for such projects, highlighting successful case studies and evidence-based practices from other communities to demonstrate the potential benefits for Soweto.
- Develop partnerships with academic institutions and research organisations to monitor and evaluate the impact of these projects, ensuring continuous improvement and accountability. This collaboration can help secure ongoing support and resources for community development initiatives, addressing housing, infrastructure, and safety concerns.

6.3.5 Early intervention programs

Based on the findings, it is evident that early intervention is crucial in preventing the escalation of substance use into dependency among youth in Soweto. The parents highlighted the significant role of early identification and support in mitigating the factors that lead to substance use, such as peer pressure, family conflict, and mental health issues. Therefore, establishing comprehensive early intervention programs is essential to provide healthier coping mechanisms and reduce the likelihood of developing substance use disorders.

The study revealed that many parents observed their children's substance use beginning during adolescence, often influenced by peers and significant life changes. Research supports the

effectiveness of early intervention in addressing these risk factors and preventing substance dependency (Abuse et al., 2016).

Implementation strategies:

- **Screening and referral services:** Implement routine screening programs in schools and community centres to identify at-risk youth early. These programs should utilise validated screening tools and questionnaires to ensure accurate identification of individuals showing early signs of substance use and mental health issues (SAMHSA, 2019). Training teachers, school counsellors, and community workers to recognise the signs of substance use and refer youth to appropriate services is essential. Referral services should be easily accessible and provide a clear pathway for at-risk youth to receive the necessary support and intervention.
- **Outreach programs:** Develop outreach programs that engage youth in positive activities to provide early support to those showing signs of substance use. These programs should offer a range of recreational, educational, and skill-building activities to keep youth engaged and provide them with healthy alternatives to substance use. Outreach programs can also include peer support and mentorship components, where trained mentors offer guidance and positive role models for young people. Engaging youth in such activities can help build their self-esteem, resilience, and social skills, reducing the likelihood of substance use (Chango et al., 2015).
- **Collaboration with law enforcement:** Work with law enforcement to create diversion programs that offer treatment and support instead of punitive measures for at-risk youth. These programs should focus on rehabilitation and education rather than punishment, providing a more supportive approach to dealing with substance use.

Collaboration with law enforcement can help redirect youth from the criminal justice system to treatment programs, ensuring they receive the necessary care and support. Such programs can include counselling, therapy, and community service, helping youth to understand the consequences of substance use and develop healthier behaviours

By incorporating evidence-based practices from successful early intervention models and fostering collaboration among schools, healthcare providers, community organisations, and law enforcement, the effectiveness of these programs can be ensured. Early intervention can significantly reduce the likelihood of substance dependency and improve the overall well-being of at-risk youth in Soweto.

6.3.6 Mental health services for parents

Based on the findings that parents of substance-dependent youth face significant mental health challenges, including high levels of stress, anxiety, depression, and social isolation, the following recommendations are proposed to address these issues effectively:

6.3.6.1 Develop specialised mental health services for parents

- **Establish mental health clinics for targeted counselling:** The findings revealed that chronic stress associated with managing a child's substance dependency can lead to severe physical and mental health problems for parents. To address this, it is recommended to establish mental health clinics that provide individual and group counselling specifically for parents of substance-dependent youth. These clinics should be staffed by trained professionals who understand the unique challenges these parents face. Services should be accessible and affordable, with options for sliding scale fees or free services for low-income families.

- **Create support groups facilitated by mental health professionals:** Support groups are crucial in helping parents navigate the complex emotional and psychological landscape of dealing with substance dependency in their children. It is recommended to create both in-person and online support groups to increase accessibility and accommodate different preferences and schedules. These groups should be facilitated by mental health professionals to provide guidance and ensure a safe, supportive environment where parents can share their experiences and receive peer support.
- **Launch awareness campaigns to reduce stigma:** The findings highlighted the need to reduce stigma around seeking mental health support. It is recommended to launch public awareness campaigns that include testimonials from parents who have benefited from these services and educational materials about the importance of mental health care. Collaborations with local media, schools, and community organisations can help disseminate this information and reach a wider audience.

6.3.6.2 Partner with local organisations to distribute information

To ensure parents are aware of available mental health services, it is recommended to partner with local healthcare providers, schools, and community centres. These partnerships can help distribute information and encourage parents to seek help. Workshops and informational sessions can educate parents about the signs of stress and mental health issues, and the benefits of counselling and support groups.

6.3.7 Provide resources and training for stress management and resilience building

The findings emphasised the importance of providing resources and training for parents to manage stress and build resilience. It is recommended to offer workshops and resources focused

on stress management techniques, such as mindfulness, relaxation exercises, and time management strategies. Parents should have access to self-help materials, including books, online courses, and mobile apps that focus on mental health and resilience. Training programs should be developed to help parents build resilience, incorporating evidence-based practices from recent research, such as cognitive-behavioural techniques and positive psychology interventions.

These recommendations aim to address the significant mental health challenges faced by parents of substance-dependent youth by providing specialised support services, reducing stigma, and equipping parents with the necessary tools to manage stress and build resilience.

6.4 Limitations of the study

While this study provides valuable insights into the experiences of parents in Soweto, several limitations should be acknowledged:

6.4.1 Reliance on self-reported data

The data collected from parents are based on self-reports, which are subject to social desirability bias and recall bias. Participants may have altered their responses to present themselves in a more favourable light or may have had difficulty accurately recalling past events. This can affect the accuracy and of the findings. Tourangeau and Yan (2007) highlight that self-reported data, especially on sensitive topics like substance dependence, can be prone to inaccuracies due to social desirability bias. The reliance on self-reported data was the most feasible method for collecting personal and sensitive information about the participants' experiences. Alternative methods, such as direct observation or third-party reports, were not practical or ethical for this study due to the private nature of the issues being discussed.

6.4.2 Single data collection method

The study relied solely on semi-structured interviews for data collection, which may not capture all dimensions of the research topic. This limitation arises because semi-structured interviews are subject to participants' self-reported experiences and perspectives, which may not fully encompass the broader, multifaceted nature of mental health impacts on parents (Kallio et al., 2016). Additionally, the absence of supplementary data collection methods, such as observations or surveys, restricts the study's ability to triangulate findings, which is essential for enhancing the validity and comprehensiveness of qualitative research (Flick, 2018). Triangulating with other methods such as focus groups, observations, or surveys could provide a more comprehensive understanding of the parents' experiences. Methodological triangulation enhances the credibility of the findings (Denzin, 2012). Jamshed (2014) suggests that using multiple methods in qualitative research can provide a more nuanced and complete picture of the studied phenomena.

However, the choice of using semi-structured interviews was driven by the need for in-depth, personal insights into the parents' experiences. Limited resources, including time constraints, financial limitations, and the availability of research personnel, prevented the use of multiple data collection methods. Time constraints were due to the academic timeline and participant availability, while financial limitations restricted the ability to hire additional interviewers or conduct broader fieldwork. Furthermore, the lack of logistical support limited the feasibility of incorporating additional methods such as observations, which would have required extensive coordination and access to private settings. Given these constraints, semi-structured interviews were deemed the most effective way to explore the sensitive and personal nature of the research topic.

6.4.3 Geographical and cultural context

The study was conducted in Soweto, a specific township in South Africa. The findings may not be applicable to other regions or cultural contexts. The unique socio-economic and cultural environment of Soweto might influence the experiences and perceptions of the participants, limiting the transferability of the results to other settings. Transferability refers to the extent to which the findings can be applied to other contexts (Lincoln & Guba, 1985). The focus on Soweto was intentional, as it allowed for a detailed and context-specific exploration of the issues within a well-defined community. Expanding the study to other regions could have enhanced the transferability of the findings, but it would have required significantly more resources and time, which were beyond the scope of this research.

6.5. Suggestions for future studies

6.5.1 Expand the sample size and diversity

Considering sample size limitations, future studies should aim to include a larger and more diverse sample of participants. Including participants from various socio-economic backgrounds, different regions within South Africa, and possibly even other countries with similar contexts can provide a more comprehensive understanding of the issue. This broader sampling approach can capture a wider range of experiences and perceptions, offering a more holistic view of the impact of youth substance dependency on parents (Hennink et al., 2017).

6.5.2 Utilise mixed methods research

Considering the single method data collection limitation, incorporating a mixed methods approach can provide a more holistic view of the issue. Combining qualitative methods (such as interviews and focus groups) with quantitative methods (such as surveys and questionnaires) can

help validate the findings and offer a broader understanding of the phenomena. Quantitative data can provide statistical evidence of trends and correlations, while qualitative data can offer deeper insights into personal experiences and perceptions. This combination can strengthen the study's conclusions and provide a more robust basis for recommendations (Jamshed, 2014).

6.5.3 Conduct longitudinal studies

Longitudinal studies can track the experiences of parents and their substance-dependent children over time. This approach can provide valuable insights into the long-term impacts of substance dependency on families and how these impacts evolve. Longitudinal research can also help identify critical periods for intervention and the effectiveness of various support systems over time. Understanding the dynamic nature of these experiences can inform more effective and timely interventions (Hermanowicz, 2016).

6.5.4 Explore interventions and support systems

Future research should focus on evaluating the effectiveness of different interventions and support systems for parents and their substance-dependent children. Studies can investigate the impact of community-based support groups, family therapy programs, and professional mental health services on the well-being of parents. Comparative studies examining different types of interventions can help identify best practices and inform policy development. This can lead to more targeted and effective support mechanisms for affected families (Petersen et al., 2016).

6.5.5 Address cultural and socio-economic factors

Given the significant role of cultural and socio-economic factors in shaping the experiences of parents and their children, future studies should explore these dimensions in greater detail. Research can investigate how cultural beliefs, social norms, and economic conditions influence

substance use behaviours and the experiences of affected families. Such studies can provide context-specific recommendations and help develop culturally sensitive intervention strategies. By addressing these factors, research can contribute to more effective and inclusive policies and programs (Lincoln and Guba, 1985).

6.5.6 Engage in collaborative research

Collaborative research involving multiple stakeholders, including researchers, practitioners (such as psychologists, social workers, and addiction counsellors), policymakers, and community members, can enhance the relevance and impact of the findings. Engaging with communities and incorporating their perspectives can ensure that the research addresses real-world needs and challenges. Collaborative efforts can also facilitate the translation of research findings into practical interventions and policies, ultimately benefiting the affected families and communities (Flick, 2018).

6.6 Conclusion

This chapter has provided a comprehensive set of recommendations based on the study's findings regarding the impact of youth substance dependency on the mental health of parents in Soweto. The proposed interventions include enhancing community and social support systems, improving access to professional healthcare services, strengthening educational programs on substance use, advocating for economic and recreational development, implementing early intervention programs, and offering specialised mental health services for parents. Despite the study's limitations, its findings emphasise the urgent need for multi-faceted, community-based solutions to address the complex challenges faced by these families. By implementing these recommendations, we can foster a more supportive environment that promotes the well-being and resilience of both parents and their substance-dependent children.

FINAL REMARKS OF THE STUDY

This study sheds light on the profound impact of youth substance dependency on the mental health of parents living in Soweto, South Africa. Through the lens of Bronfenbrenner's ecological systems theory, the findings reveal a complex interplay of individual, familial, social, and systemic factors that contribute to both the substance dependency of youth and the subsequent experiences of their parents. The research emphasises the multifaceted nature of substance dependency, highlighting the urgent need for comprehensive, multi-level interventions that address the root causes and provide holistic support to affected families.

The parents' perceptions and lived experiences detailed in this study illustrate the pervasive emotional, psychological, and social challenges they face. The findings emphasise the necessity of increasing awareness, reducing stigma, and enhancing support systems to mitigate these challenges. The recommendations provided aim to foster a supportive environment through community-based initiatives, improved accessibility to healthcare services, strengthened educational programs, policy advocacy, early intervention, and specialised mental health services for parents.

It is essential to acknowledge the limitations of this study, including the small sample size, reliance on self-reported data, and focus on a specific geographical and cultural context. Future research should aim to expand the sample size, utilise mixed methods, conduct longitudinal studies, explore effective interventions, address cultural and socio-economic factors, and engage in collaborative research to build on these findings.

Ultimately, the resilience and determination of the parents in this study highlight both the immediate need for support and the potential for positive change through targeted interventions.

By addressing the biopsychosocial needs of both youth and parents, and fostering a more supportive and empathetic community, we can work towards mitigating the impacts of substance dependency and promoting healthier, more resilient families in Soweto and beyond. The insights gained from this research serve as a call to action for stakeholders at all levels to invest in the well-being of these families and to create a more inclusive and supportive societal framework.

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APPENDICES

Appendix A- ETHICS CLEARANCE LETTER

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Ndlovu

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H23/07/46**
PROJECT TITLE	The influence of youth substance dependency on the mental health of parents living in Soweto, South Africa
INVESTIGATOR(S)	Miss K Ndlovu
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	21 July 2023
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	20 November 2026

DATE 21 November 2023 **CHAIRPERSON** _____
(Professor J Watermeyer)

cc: Supervisor : Dr M Mulaudzi

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **A SIGNED COPY** returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ 11 / 22 / 2023
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix B- PARTICIPANT INFORMATION SHEET (ENGLISH)

My name is Khanyisile Ntokozo Ndlovu I am a Masters student in Educational Psychology at the University of the Witwatersrand, Johannesburg. My supervisor is Dr Mamakiri Mulaudzi. I am conducting a research study about how substance dependency amongst young people affects the mental health of their parents. The study title is "The influence of youth substance dependency on the mental health of parents living in Soweto, South Africa".

I am inviting you to take part in an interview. If you decide to take part, your participation in this research study will last about 60 minutes The interview will take place at the Department of Social Development in Chiawelo.

With your permission, I would like to audio record the interview activity. This data will be stored in a google drive in my laptop for 6 years and deleted after those 6 years only I, Khanyisile Ndlovu will have access to the data.

During the research activity, I will need to ask for some personal information about you, including your experiences with your child who is or was substance dependent.

The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits, or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study.

The risks for this research study are no more than what happens in everyday life / some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the interview, these are available free of charge at the Department of Social Development. The name of the social worker is Gloria Makgeledisa and the contact details for the counselling service are Gloria.Makgeledisa@gauteng.gov.za or 011 355 9200. You may contact her during office hours (9:00am-4:00pm)

This research study will be written up as a research report. If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study,

you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon- medical@wits.ac.za.

Yours sincerely, Khanyisile

Researcher:

Khanyisile Ntokozo Ndlovu, Wits 1438187@students.wits.ac.za, 064 072 5432

Supervisor:

Dr Mamakiri Mulaudzi, mamakiri.mulaudzi@wits.ac.za, 011 717 8331

Appendix C - PARTICIPANT INFORMATION SHEET (ISIZULU)

ISHIDI LOLWAZI

Mnumzane / Nkosikazi othandekayo

Igama lami nginguKhanyisile Ntokozo Ndlovu. Ngingumfundi we-Masters kwi-Educational Psychology eNyuvesi yaseWitwatersrand, eGoli. Umphathi wami uDkt Mamakiri Mulaudzi. Ngenza ucwaningo mayelana nokuthi ukuncika ezintweni kubantu abasha kuyithinta kanjani impilo yengqondo yabazali babo. Isihloko socwaningo sithi "Umthelela wokuncika kwezidakamizwa kwentsha empilweni yengqondo yabazali abahlala eSoweto, eNingizimu Afrika".

Ngikumema ukuthi ubambe iqhaza kwinhlolokhono. Uma unquma ukubamba iqhaza, ukubamba kwakho iqhaza kulolu cwaningo kuzohlala cishe imizuzu engama-60. Inhlolokhono izoba seMnyangweni wezokuThuthukiswa koMphakathi eChiawelo ngo-10 ekuseni.

Ngemvume yakho, ngingathanda ukuqopha umsindo umsebenzi wenhlolokhono. Le datha izogcinwa ku-google drive kwi-laptop yami iminyaka engu-6 futhi isuswe emva kwalokho iminyaka engu-6 yimina kuphela, uKhanyisile Ndlovu ozofinyelela kumadata.

Ngesikhathi somsebenzi wocwaningo, kuzodingeka ukuthi ngicele ulwazi oluthile lomuntu siqu ngawe, okuhlanganisa ulwazi lwakho nengane yakho ethembele noma eyayithembele entweni.

Inhlolokhono izoba yimfihlo futhi ingaziwa . Uma ngabelana ngemiphumela yocwaningo locwaningo, ngeke ngifake igama lakho nanoma yini enye engakuhlonza.

Uma unquma ukubamba iqhaza ocwaningweni locwaningo, kufanele kube ngenxa yokuthi ufuna ukuvolontiya. Akudingekile ukuba ubambe iqhaza. Ungayeka ukuba socwaningweni nganoma yisiphi isikhathi. Awudingi ukuphendula noma yimiphi imibuzo uma ungafuni. Ngeke uthole noma yiziphi izinzuzo eziqondile uma ukhetha ukujoyina ucwaningo locwaningo. Ngeke ulahlekelwe yinoma yimaphi amasevisi, izinzuzo noma amalungelo obuyoba nawo ngokuvamile uma unquma ukungajoyini. Ukubamba iqhaza ocwaningweni angeke kukubize lutho. Ngeke ukhokhelwe ngokuba kulolu cwaningo.

Ubungozi balolu cwaningo abungaphezu kwalokho okwenzeka ekuphileni kwansuku zonke / eminye yemibuzo ebuzwayo ingase ikwenze uphatheke kabi noma uphatheke kabi. Uma lokhu kwenzeka, ngizoyimisa inhlolokhono futhi ngiqhubeke ngesinye isikhathi. Uma udinga usizo oluthile noma usizo lokwelulekwa ngemva kwenhlolokhono, lezi zitholakala mahhala

eMnyangweni Wezokuthuthukiswa Komphakathi. Igama likasonhlalakahle nguGloria Makgeledisa kanti imininingwane yokuxhumana nabosizo lokwelulekwa ithi Gloria.Makgeledisa@gauteng.gov.za noma 011 355 9200. Ungamthinta ngezikhathi zomsebenzi (9:00am-4:00pm)

Lolu cwaningo luzobhalwa njengombiko wocwaningo.

Uma unanoma yimiphi imibuzo ngesikhathi noma ngemva kwalokho mayelana nalolu cwaningo, zizwe ukhululekile ukuxhumana nami noma umqondisi wami kule minininingwane ebhalwe ngezansi. Uma unokuthile okukukhathazayo noma izikhalazo mayelana nezinqubo zokuziphatha zalolu cwaningo, wamukelekile ukuthintana ne-University Human Research Ethics Committee (Non-Medical), ucingo +27(0) 11 717 1408, i-imeyili hrecnon-medical@wits. ac.za.

Ozithobayo, Khanyisile

Umcwaningi:

Khanyisile Ntokozo Ndlovu, Wits 1438187@students.wits.ac.za, 064 072 5432

Umphathi:

UDkt Mamakiri Mulaudzi, mamakiri.mulaudzi@wits.ac.za, 011 717 8331

Appendix D- CONSENT FORM TO PARTICIPATE IN STUDY AND AUDIO RECORD THE INTERVIEW (ENGLISH)

Topic: The influence of substance dependency on the mental health of parents living in Soweto, South Africa

Name of research: Khanyisile Ndlovu

I,_____, agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study	YES	NO
I agree that the interview activity may be audio recorded	YES	NO
I agree that direct quotations from my interview activity may be used by the researcher in their research report	YES	NO
I agree that my participation will remain anonymous (my name or other identifying data will not be used by the researcher in their research report)	YES	NO

_____(signature)

_____ (name of participant)

_____ (date)

_____ (signature)

_____ (name of researcher)

_____ (date)

Appendix E- CONSENT FORM TO PARTICIPATE IN STUDY AND AUDIO RECORD THE INTERVIEW (ISIZULU)

Isihloko: Umthelela wokuncika kwezidakamizwa empilweni yengqondo yabazali abahlala eSoweto, eNingizimu Afrika

Igama locwaningo: Khanyisile Ndlovu

Mina,_____, ngiyavuma ukubamba iqhaza kulo msebenzi wocwaningo.

Ngivumelana nalokhu okulandelayo:

(Sicela ubiyele izinketho ezifanele ngezansi)

Ucwaningo locwaningo ngachazelwa lona. Ngiyaqonda ukuthi lolu cwaningo lumayelana nani.
YEBO CHA

Ngiyaqonda ukuthi ngingavolontiya ukubamba iqhaza ocwaningweni YEBO CHA

Ngiyavuma ukuthi umsebenzi wenhlolokhono ungaba umsindo oqoshiwe. YEBO CHA

Ngiyavuma ukuthi izingcaphuno eziqondile ezivela emsebenzini wami wenhlolokhono zingasetshenziswa umcwaningi embikweni wakhe wocwaningo YEBO CHA

Ngiyavuma ukuthi ukuhlanganyela kwami kuzohlala kungaziwa (igama lami noma enye imininingwane ehlonzayo ngeke isetshenziswe umcwaningi embikweni wakhe wocwaningo)
YEBO CHA

_____(isiginesha)

_____(igama lomhlanganyeli)

_____(usuku)

_____(isiginesha)

_____ (igama lomcwaningi)

_____(usuku)

Appendix F- SEMI-STRUCTURED INTERVIEW GUIDE

1. What is your understanding of substance dependence/ substance abuse?
2. How old is your child and what substance is he/she using?
3. When did you find out your child uses this substance?
4. What are your experiences having a child who is dependent on substances?
5. Are you a single parent? If not, how does this affect your relationship with your partner?
6. How has life at home changed ever since your child began depending on this substance?
7. What do you think could be the reason/s why your child began depending on this substance?
8. What do you think are the factors that contribute to young people using substances in Soweto?
9. Has your child done any crime to get funds to purchase their substances? (Stealing from neighbours/shops etc.)
10. Have you ever faced any danger due to your child's substance dependence? (Threats/assaults/injuries etc.)
11. How would you describe your parenting style? Do you think this has changed since your child began using substances? If yes, How ?
12. Do you think this has had an impact on your mental health? If yes, How? (Suicidal attempts or thoughts/depression/ anxiety etc.)?
13. Do you use any substances/Do you have a history of substance use? (Alcohol, psychoactive drugs etc.)
14. What support do you receive as a parent who is faced with this challenge? (Family/community/NGOs)
15. What do you think should be done to assist parents with children who depend on substances in your community?

Appendix G- PERMISSION LETTER

Permission to conduct interviews and refer research participants to Department of Social Development (Soweto) for counselling

Department of Social Development

989 Tshiabuse Street

Chaiwelo, Soweto

1818

I, Gloria Makgeledisa, Social Work Supervisor at Department of Social Development (Chaiwelo, Soweto) give permission to Wits Master of Educational Psychology Student, Khanyisile Ntokozo Ndlovu to conduct her interview in our DSD office in Chaiwelo, Soweto and also refer her research participants for counselling at no cost, considering the sensitivity of her research topic "The influence of youth substance dependency on the mental health of parents living in Soweto, South Africa. "

I will advertise the study to our clients who are parents of young people involved in substance abuse on behalf of Khanyisile. If they express interest in participating in the study, I will share their contact information with Khanyisile, with their consent, so she can get in touch with them to schedule interviews. I cannot promise that 10-15 parents will be interested in participating in the study and therefore will not be held responsible if only a less number of parents agree to participate in the study. Our client's names and home address will not be revealed for confidentiality purposes. I will only proceed with advertising the study once Khanyisile has obtained ethics approval and can provide evidence of it.

The research participants may be referred to the DSD on appointment during working hours 9am-4pm on weekdays. If ever Khanyisile gets other participants outside DSD, they may also be referred to us for counselling at no cost.

Kindly contact me on 071 539 4353 or request for me on 011 355 9200, and email me on Gloria.Makgeledia@gauteng.gov.za to set an appointment to conduct interviews and refer participants for counselling.

Your faithfully,

Gloria Makgeledisa (DSD Social work supervisor, Soweto)

AG Makgeledisa

Appendix H - DISTRESS PROTOCOL