Abstract:

Background:
It is in the parents’ interest to protect their youth and keep them away from substance abuse. It can be particularly disturbing for them to learn that their youth child abuses substances. When a youth abuses the substance, it is normal for parents to experience feelings of guilt and sadness. Stress levels can increase when caring for a youth abusing substances.

Methods:
A qualitative approach was used in the study. The explorative, descriptive, and contextual design was adopted to explore the experiences of parents of youth abusing substances. Purposive sampling was used to identify the participants for the study. Data was collected through Semi-structured interviews. Data were analyzed using Tesch’s steps for qualitative data analysis.

Results:
Results indicated that the parents go through various experiences, including poor physical health, poor emotional health, lack of knowledge related to substance abuse, lack of knowledge on where to get help, and inability to assist their youth out of substances. They also lack knowledge of substances abuse.

Conclusion:
The study findings indicated that the parents of youth abusing substances have diverse experiences when dealing with their youth abusing substances. Parents should be equipped with knowledge and skills to manage different situations as they arise. This can be achieved through substance abuse awareness campaigns for the parents.

Keywords: Parents, Youth, Substance, Abuse, Experiences, Hospital.

1. INTRODUCTION

Substance abuse is a serious problem in South Africa, with substance usage being reported as twice the world norm [1]. There is a high rate of alcohol and drug abuse in South African adolescents and the South African population in general [2]. Youth are the leading substance abusers, and thus youth substance abuse is a common problem [3]. Substance abuse among youth is pressing public health, and it is also an important concern for parents [4].

Young people abuse substances for different reasons. This is because they explore and learn more about themselves as their age as they transition to adulthood. In other words, they enjoy testing and challenging their boundaries. They desire to do new or risky things as part of their growth [5]. Young people who see little danger when abusing substances are most likely to abuse substances. They may use substances for different reasons like to get rid of boredom, entertainment, to get over their troubles, to gratify their inquisitiveness, and to relieve their discomfort [5].

Every parent’s dream is to see their youth grow and become responsible adults, and such a dream brings a lot of joy and happiness [6]. However, the understanding that the child is abusing substances can quickly diminish the pleasure of being a parent. When the parents realize that their child is using substances, they become vulnerable and shuttered. They realise that their youth’s future is no longer bright, and they do not
have much to do about the problem. As a result, they go through feelings of loss, anger, and lament for the desired child [6].

American Psychological Association [7] emphasizes that it is in the parents’ interest to protect their youth and keep them away from substance abuse. It can be particularly disturbing for them to learn that their child abuses substances or is an addict. When a child abuses the substance, it is normal for parents to experience feelings of guilt and sadness. They also become angry; they may feel angry towards each other, the world at large, or towards the child. Stress levels can increase when caring for an addicted child, and some physical illnesses may set in.

A study conducted by Tollefson, Finnie, Schoch, and Eton [8] reveals that the parents experience significant stress directly connected to their child’s condition and conduct. They demonstrate feelings of sorrow and frustration over the child’s condition. They suffer from disruption of sleep, which results in tiredness; they have difficulties with concentration, and they fail to manage personal care.

2. MATERIALS AND METHODS

2.1. Research Design

A qualitative research approach was used in this study with the explorative, descriptive, contextual design utilized to investigate the experiences of parents of youth abusing substances. The design allowed the authors to explore the experiences of the parents of youth abusing substances exhaustively.

2.2. Study Setting

The study was conducted in Limpopo Province, found in the north part of the Republic of South Africa. The study area was selected from five geographical districts of the province: Capricorn, Mopani, Vhembe, Waterberg, and Sekhukhune district. From each district, a regional hospital was chosen for the study. Mankweng, Jane Furse, Mokopane, Tshilidzini, and Letaba hospitals were the hospitals used for the study, and the units used were those that admit youth who abuse substances.

2.3. Population and Sampling

The study population was the parents of youth abusing substances in selected regional hospitals in Limpopo Province. The parents were requested to be part of the study as they visited their youth or came with them to the outpatient clinic. The authors followed both the homogeneous and criterion purposive sampling strategies where 14 parents of the substance abusers were selected to form part of the qualitative part of the study. Purposive sampling was used because the authors made sure that the participants were typical of the population and met the criteria below:

- Parents staying with youth abusing substances
- Parents of youth admitted with the primary reason for substance abuse

2.4. Data Collection Procedures

The central question for the study during the interview is: “How has your youth’s substance abuse behavior affected you?” Semi-structured interviews were used to get a clear picture of the parents’ views. The interview guide assisted the authors in asking questions that covered essential aspects of this study and asking probing questions as the parents responded. Field notes were written, and a voice recorder was used to collect data from the parents of youth abusing substances.

2.5. Data Analysis

The eight steps of data analysis in Tesch’s open coding method were used to guide data analysis: The authors took time to listen to the tape recorder, and all the information obtained from the parents was recorded verbatim. The verbatim transcripts were read carefully to understand the data. The transcripts were reread, and they were analyzed. All topics that came out were abbreviated into codes. Themes and subthemes were developed based on the coded data. The authors put together data that belonged to each theme. The authors met the co-coder to agree on the themes and the sub-themes. The recording of existing data was done [9].

2.6. Measures to Ensure Trustworthiness

Trustworthiness was ensured by applying the criteria of credibility, dependability, Confirmability, and Transferability [9]. Credibility was ensured through prolonged engagement, whereby the authors took time collecting data until saturation was reached. Dependability was ensured by ensuring that all the field notes and voice recorder were kept safe. Confirmability was ensured by doing an audit trail to ensure that interpretations, conclusions, and recommendations could be traced to their source. In this study, the authors ensured transferability through a clear description of the qualitative research methodology in use.

2.7. Ethical Clearance and Ethical Considerations

Ethical clearance was obtained from Turfloop Research Ethics Committee (TREC), number: TREC/305/2018:PG of the University of Limpopo. Permission to conduct the study was obtained from the Department of Health Limpopo Province (approval number L.P. 201902_009), Department of Health District offices, and the selected hospital’s CEOs in Limpopo Province. The parents were briefed about the study, and they agreed to be part of the study voluntarily. The authors made them aware that they have a right to withdraw anytime without any victimization while assuring them that confidentiality and anonymity will be ensured.

3. RESULTS

Table A1 below presents an overview of the themes and sub-themes that reflect parents’ responses to youth abusing substances. The responses of the parents are written in italic as quotations.

3.1. Theme 1: Experiences of Poor Health

This study has discovered that parents of youth abusing
substances suffer physically and emotionally because of their youth abusing substances.

### 3.1. Sub-theme 1.1. Poor physical health

The study found out that parents of youth abusing substances are now physically not well because of their youth abusing substances. This was confirmed by Participant MO 3, who said, “…It has affected us a lot. It pains me as a parent. You can look at me. I lost a lot of weight, and I am sick because of him. I fought with him regarding his use of substances”. Participant ST 5 further said, “As a parent, I also wish to have a nurse who can talk to me because I also get sick when my son is sick. I have to be there for him, but I do not know how. Recently I was told I have high blood pressure.”. Participant LT 8 added by saying, “…Now have to stop working and come here like I am the one who is sick. I am not doing well…I have started taking monthly medication”.

### 3.1.2. Sub-theme 1.2. Poor Emotional Health

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

### 3.2. Theme 2: Lack of Knowledge Regarding Substance Abuse

#### 3.2.1. Sub-theme 2.1. Lack of knowledge related to substance abuse

The study findings gave different ways for the parents to be involved during the treatment and the rehabilitation plan. Participant MO 6 said, “I need to know if my child complicates after using substances how I will help him. What kind of medications can I use for him to stop using substances. Again, how can I support him in his journey of quitting substances because we were not taught how to support our kids who use substances. As a parent, I know nothing about this substance abuse. I just get surprised when I see him high”. Participant ST 6 indicated his need for involvement in her youth’s treatment and rehabilitation by saying, “I …just want to learn as much as possible about substance abuse”. Participant TS 4 indicated her need for involvement in her son’s life by saying “I just want to know how to take care of him…I need to also know more about substance abuse. How does it work to change a person from being normal to being mentally ill?” The study findings indicated that the parents want to be in their youth’s life as they go through treatment and rehabilitation, but they do not know what to do and need help from those knowledgeable to teach them how to be involved.

#### 3.2.2. Sub-theme 2.2. Lack of Knowledge on where to get Help

Through the findings, it was discovered that as much as the parents of the youth abusing substances want to help their youth out of substances, they do not know where to go for help. Participant LT 7 said she feel like she is also ill because of the youth abusing substances “I feel like I am also mental ill because of him. Sometimes I cannot think straight. His issue is very close to my heart. I don’t even know what to do to help him”. Then Participant MO 6 further said he has been paying the fines for his son “He destroys things. We always solve issues. When we attend to one of the offenses he committed, we hear other people coming with other offenses he committed. Nothing works well. We always pay for his offenses. We no longer know where to go. He failed at rehab. He no longer stays at home, and unfortunately, I cannot tie him in the house. Even if I can try to take him out of substance if it’s him who wants the substances, he will still go back to them”.

#### 3.2.3. Subtheme 2.3. Inability to Assist their Youth out of the Substance

The study findings gave different ways for the parents to be involved during the treatment and the rehabilitation plan. Participant MO 6 said, “I need to know if my child complicates after using substances how I will help him. What kind of medications can I use for him to stop using substances. Again, how can I support him in his journey of quitting substances because we were not taught how to support our kids who use substances. As a parent, I know nothing about this substance abuse. I just get surprised when I see him high”. Participant ST 6 indicated his need for involvement in her youth’s treatment and rehabilitation by saying, “…I don’t know what to do with him when he is home. I need to learn more about substance abuse. Maybe if there are foods he must not eat, they must tell me about them”. Participant TS 4 indicated her need for involvement in her son’s life by saying, “I just want to know how to take care of him…I need to also know more about substance abuse. How does it work to change a person from being normal to being mentally ill?” The study findings indicated that the parents want to be in their youth’s life as they go through treatment and rehabilitation, but they do not know what to do, and they need help from those knowledgeable to teach them how to be involved.

### 4. DISCUSSION

The use of substances by youth hurts the parents’ life. The parents suffer the impact of their child abusing substances as much as their child suffers the effects of substance abuse. Parents have a role to play in assisting their substance-abusing child even though they are not skilled. This leads to parents suffering poor psychological and physical health because of these demands. They end up not being able to manage their own lives and their own families [10]. Poor physical health is standard on the parents because they are the primary caregivers of the youth abusing substances [11]
It is said that according to Conn et al. [12], parenting a child who abuses substances increases parental stress, which also gives increases the risk of poor parenting and future behavioral problems by other children. To deal with the negative effects of parenting stress, parents need emotional support.

Parents, especially mothers, can go through what is called maternal parenting stress. This maternal parenting stress is the mothers’ experiences and perceptions when they have faced difficulties in fulfilling their expectations and requirements due to insufficient social and personal resources to deal with household demands. Maternal parenting stress negatively affects mothers and youth in terms of physical, social, and psychological outcomes. Maternal parenting stress is related to mothers’ lowered life satisfaction and mental health problems, family fights, poor attachment with youth, and may even result in the maltreatment of the children [13].

Many parents feel depressed and anxious because of their child’s substance abuse situation. They find themselves compromising their activities, including their families, to accommodate the affected child. They may also put their careers on hold. Parenting at this stage becomes more complex; the life of compromising even their happiness becomes a regular part of their lives [8, 14].

Parental knowledge regarding the use of substances by their youth is required for the parents to actively manage the substance abuse-related behavior of their youth [15]. The study by Berge et al. [16] has indicated that the parents are not aware that the youth uses substances, and they did not have an idea of how much the youth were using. The parents only discover later when their youth are into the substances; that is when the parents will discover things like a change in behavior for their youth [17]. This could be that parental knowledge about their youth’s whereabouts diminishes as they grow and get in touch with the world. They become involved in activities such as sports, clubs, and other activities with friends. It is essential at this stage for the parents to increase their monitoring tactics to maintain the knowledge of what is happening in the life of their youth [2].

The challenge in this study has been that the parents do not know what to do when their youth is high. As much as the parent know that the use of the substances is dangerous, they have limited knowledge of what to do to help their youth. Most parents never thought that substance abuse could apply to their families. Thus, they did not see a need to get information on substance abuse or to inform their youth about the dangers and the risks of substance abuse [18].

It is essential for the parents of youth abusing substances to be informed about their youth and be interested in learning the facts about substance abuse. The parental understanding of substance abuse: the causes, the effects, the management, preventative measures are essential for effective leadership for the youth’s substance abuse [19].

This study has also revealed that the parents do not know what to do to get their youth out of substances. Allen et al. [20], recommend the need for parents to be trained. The training will promote adolescents’ health goals and reduce the crisis of substance abuse in the communities. If the parents are well supported and capacitated by health workers, they can contribute positively and assume a significant part in substance abuse management and prevention [21].

It is also recommended that the parents of youth abusing substances use of healthy diets such as anti-aging diets as they may assist with the delay of the effects of stress caused by youth abusing drugs on physical and emotional stress. These anti-aging diets may also delay the aging process caused by increased and lengthy physical and emotional stress [22]. The parents may consult with the health professionals to use specific drugs such as drugs for anxiety and depression that may assist with management and decrease the effects of the experiences such as guilt and sadness from youth abusing drugs [23].

CONCLUSION

The study has shown that parents go through various experiences when taking care of youth abusing substances. There is a need for parents to be informed about the substances so that they can take care of themselves and their youth. This will help the parents take care of themselves while tang care of the youth abusing substances. Parents should also be equipped with essential skills of managing the youth abusing substances because it can be frustrating when you do not know what to do to help when it comes to substance abuse.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical clearance was obtained from the University of Limpopo’s Turfloop Research Ethics Committee (TREC) (TREC/305/2018:PG).

HUMAN AND ANIMAL RIGHTS

No animals were used for studies that are the basis of this research. All the humans used were in accordance with the Helsinki Declaration of 1975.

CONSENT FOR PUBLICATION

Informed consent was obtained from all subjects involved in the study.

STANDARDS OF REPORTING

STROBE guidelines were followed.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

ACKNOWLEDGMENTS

This study was supported by the Tirisano Track A project (UCLA).
APPENDIX A

Table 1. Schematic presentation of explorative, descriptive, contextual design.

<table>
<thead>
<tr>
<th>Explorative design</th>
<th>Descriptive design</th>
<th>Contextual design</th>
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<tbody>
<tr>
<td>used to explore the experiences of parents of youth abusing substances</td>
<td>used to describe the experiences of parents of youth abusing substances</td>
<td>The study was conducted in the selected hospital in Limpopo province. The context in which the study was conducted were out patients units and substance abuse units</td>
</tr>
</tbody>
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Table A2. presents the themes and sub-themes that emerged from the study.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
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<tbody>
<tr>
<td>1. Experiences of poor health</td>
<td>1.1. Poor physical health</td>
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<td></td>
<td>1.2. Poor emotional health</td>
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<tr>
<td>2. Lack of knowledge regarding substances</td>
<td>2.1. Lack of knowledge related to substance abuse</td>
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<td></td>
<td>2.2. Lack of knowledge on where to get help</td>
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<td></td>
<td>2.3. Inability to assist their youth out of the substance</td>
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REFERENCES


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