AN EXPLORATION OF ADOLESCENT SUBSTANCE USERS AND THE PARENT-CHILD RELATIONSHIP IN MITCHELL'S PLAIN

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ABSTRACT

Adolescence is a stage in a young person's life between childhood and adulthood and is characterized by rapid, intensive life changes and adaptations. During this stage, the parent-child interaction is vital, as it helps the adolescent to make informed decisions in life. The aim of this current study is to explore the parent-child relationship of adolescent substance users, aged between 14 and 17 years, and their parents, specifically mothers.

The researcher chose to utilize a mixed methods approach, consisting of both qualitative and quantitative methods of data collection and analysis, to gather comprehensive evidence. A sequential exploratory mixed methods design was selected for the study. Data was collected by means of self-administered questionnaires and semi-structured interviews. Purposive sampling was used to select the 45 adolescent substance users and their 45 mothers, as parents, from the community of Mitchell's Plain. A further sample of 5 willing adolescents and their 5 mothers was selected randomly to participate in the semi-structured interviews, to further probe the nature of the parent-child relationship.

The Attachment Theory was employed as a theoretical framework. The Statistical Package for Social Sciences (SPSS) programme, version 25, was used to analyse the quantitative data. Descriptive statistics, Pearson's correlation and independent tests were applied to the data. The findings of this study revealed that the majority of the respondents had different perceptions of the parent-child relationship. The thematic analysis was used for qualitative data and the data was analysed by making use of the qualitative analysis stages as guidelines to identify the main themes that emerged from the data. Confidentiality and anonymity was maintained throughout the study.

There were significant differences and similarities on the perceptions of both the parents and adolescent substance users. They agreed on what the parent-child relationship is, as well as how a parent should interact with the child; however, there were differences on how they perceived their relationship with each other, regarding the different components of the parent-child relationship. Recommendations are provided for parents and children on positive parent-child relationship, future research, intervention programmes and policy development.

KEYWORDS

Adolescent

Substance Use

Parenting

Parenting practices

Parenting Style

Parent-Child Relationship

Attachment Theory

LIST OF ABBREVIATIONS

SAMHSA: Substance Abuse Mental Health Services Administration

MRC: Medical Research Council

UNISA: University of South Africa

UNODC: United National Office on Drugs and Crime

NSDUH: National Survey on Drug use and Health

SACENDU: South African Community Epidemiology network on Drug Use

SANCA: South African National Council of Alcoholism and Drug Dependency

SPSS: Statistical Package for Social Science

SUD: Substance Use Disorder

MDE: Major Depressive Episode

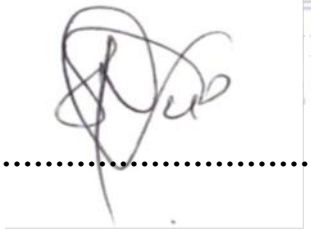
SA: South Africa

DECLARATION

I, Nwabisa Vuza, hereby declare that the study entitled, "An exploration of adolescent substance users and the parent-child relationship in Mitchell's Plain", is my own work and has not previously been submitted to other universities for degree or examination purposes. I have fully acknowledged all the references, in the proper manner, in the text, as well as in the references list.

Name: Nwabisa Vuza

Date: October 2017



Signed: ……..

DEDICATION

I dedicate this thesis to GOD, who has made this journey possible; to my family and friends, for their interactions along this journey; and to all the people I have come into contact with, and who played an influential role in my life. I cannot forget the mothers, who are bearers of life, the children, the practitioners in welfare services, as well as the community at large for the betterment and continuity of life.

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CHAPTER ONE

BACKGROUND AND RATIONALE OF THE STUDY

1.1. Introduction

The core of a happy family are parents and children connected to one another in a way that is mutually satisfying, pleasing and enduring (Lezin, Rolleri, Bean & Taylor, 2004). Research into the parent-child relationship explores the attachment that is established between the parent and the child; the way in which it identifies concepts of self; and the manner in which the parent-child relationship is shaped through interaction with one another (Stacey, 1996). Lezin *et al.* (2004) further assert that the parent-child relationship is characterized by the quality of the emotional bond between parents and their children, and by the degree to which this bond is both mutual and sustained over time. The bond between children and parents is both irreplaceable and crucial to a child's psychological and physical development (Riedman, Lamanna & Nelson, 2003). Children require continuing care, attention, support, love and an intimate relationship with their parents (Riedman *et al.*, 2003). Levine (1995) is of the opinion that conceiving children does not suggest that individuals are capable of parenting, as much as owning a piano creates a pianist. Children are born, unable to care for themselves; they depend on parents for survival, food, protection, and physical, as well as emotional warmth.

The mother-child relationship develops as the child matures and the mother accommodates her understanding of, and interaction with, her child (Levine, 1995). The mother-child relationship, therefore, is not constant over time, but rather has challenges/crises, as well as achievements/successes, while adjusting to the emerging independence and 'own self' of the child (Roman, 2008). This implies that giving birth to a child does not imbue knowledge of how to be a good parent. To fulfil the role of a parent requires full commitment, responsibility, involvement and accountability to the child (Roman, 2008). The mutual attachment, resilience, support, and optimism that seem to characterize high parent-child

connectedness, seem to function in a similar way, providing both parents and children a day-to-day life, relatively free of conflict and animosity (Lezin *et al.,* 2004).

This current study aims to explore and describe the perceptions of the parent-child relationships of adolescent substance users and their parents. The mothers were selected as the parents to participate in this study, as the parent-child connectedness has been observed to exist from the moment the child is conceived, given birth to and interacted with on a day-to-day basis (Lezin *et al.,* 2004). Brooks and Zizak (2002) assert that a child's behaviour and disposition can be influence by parent-child attachment. In recent research, the parent-child relationship has appeared as a convincing super-protector, a feature of family life that may buffer young people from many challenges and risks facing them in life (Lezin *et al.,* 2004). To gain insight into the parent-child relationship, the parenting components of parent-child connectedness, namely, cohesion; monitoring and control; warmth or caring; attachment or bonding; support or involvement; and communication; as identified by Lezin *et al.* (2004), were explored in the study. According to Lezin *et al.* (2004), these components contribute to the existence of a positive and high quality emotional bond between parents and their children. Evidence exist that the parent-child relationship acts as a protective component for the prevention of a variety of health and social problems (for example, substance use, violence and unintended pregnancy). Consequently, there is a need to focus attention on the specific mechanism, which drives the parent-child relationship, so that it can be vigorously promoted – deliberately, systematically and proactively (Lezin *et al.,* 2004).

The phase of adolescence can be overwhelming to many adolescents, as they engage in identity formation (Wells, Ritchie & McPherson, 2013). Adolescents, in this human development phase, could run the risk of confusion, arising from the profusion of roles that are opening up for them. Parenting is one of many aspects that play a role in the development of both adaptive and maladaptive behaviour in children and adolescents (Bronfenbrenner & Morris, 2006; Lerner, Rothbaum, Boulos & Castellino, 2002). Parenting is the rearing of the child, or children, and includes care, guidance and love being provided by the parent, or caregiver (Crandall, Deater-Deckard & Riley, 2015). A positive parent-child relationship is reported to provide a learning foundation for children (Dawson, Ashman & Carver, 2000). The basic coping and problem-solving abilities of children, as well as their future capacity for relationships and relationship building are reportedly dependent to their parent-child relationships (Dawson, Ashman & Carver, 2000).

1.2. Problem Statement

The prevalence of substance use among adolescent learners attending high schools in Mitchell's Plain, Cape Town, is high for all substances, relative to national and international figures (Hamdulay & Mash, 2011). Social service professionals have been alerted of the need for more comprehensive interventions to prevent and treat substance use by adolescents in this community, and similar communities. Research has provided strong evidence of the association between the parent-child relationship and adolescent substance use (Lechcier-Kimel, 2007). Research also reveals that there is a strong connection between the parent-child relationship and the development of relatively high levels of self-esteem and behavioural control in adolescence (Jackson, 1997). Cohen, Richardson and La Bree (1994) assert that negative parental behaviours are significant precursors to disruptive behaviour and substance use by adolescents. There are a number of risk factors associated with adolescent substance use, and poor parenting is one of those factors (Cohen *et al.,* 1994). The parent-child relationship, as previously stated, is reportedly characterized by the quality of the emotional bond between the parent and the child, and needs to be both mutual and sustained over time (Lezin *et al.,* 2004). A healthy parent-child relationship is explained as an enduring bond between the parent and the child, characterized by nurturance, little conflict and the child's identification with the parent (Brooks, Tomasello, Dodson & Lewis, 1999). When the parent-child relationship is resilient within a family, there is affection, warmth, satisfaction, trust and minimal conflict (Lechcier-Kimel, 2007). Parent-child connectedness is viewed as an extension of the concept of attachment (Lechcier-Kimel, 2007).

1.3. Theoretical framework

The Attachment Theory has been applied as the theoretical framework of this current study. Attachment has its formal roots as a bond between children and parents (Lezin *et al.,* 2004). An infant's first attachment experience (initially to his/her mother) profoundly shapes the social, cognitive, and emotional development that follows (Bowlby, 1969). Attachment Theory, as one of the child development theories, is useful for the understanding of parent-child relationships, as well as how to nurture those relationships (Lezin *et al.,* 2004). According to the Attachment Theory and research, early child-parent relationships lay the foundation for children's later social, emotional and school functioning (Appleyard & Berlin,

2007). An infant develops an attachment with its primary caregiver, and, consequently, this primary caregiver serves as the infant's secure protection base (Bowlby, 1969).

Attachments are unique, lasting emotional ties between infants and their parents (Appleyard & Berlin, 2007). According to these authors, children have been observed to develop attachment to their parents, even when their interactions are harsh or abusive. There are two basic patterns of attachment: secure and insecure (Appleyard & Berlin, 2007). A secure attachment is characterized by the child's ability to use his/her parent as a source of comfort and a secure base from which to explore. The insecure attachment is characterized by the child's inability to use his/her parent as a source of comfort, or as a secure base. The key principle of Attachment Theory is that dependence leads to independence (Appleyard & Berlin, 2007). In addition, according to these authors, Attachment Theory is not exclusively used to describe relationships between mothers and their infants, but the early interaction has dominated the literature on attachment.

1.4. Research Questions

- What are parents' perceptions of the parent-child relationship in the light of their adolescents' substance use?
- What are the adolescent substance users' perceptions of the parent-child relationship?
- What are the similarities and differences of the perceptions of adolescent substance users and their parents on their parent-child relationship?

1.5. Aim and Objectives

1.5.1. Aim

The aim of the study is to explore and describe the perceptions of the parent-child relationship of adolescent substance users and their parents.

1.5.2. Objectives

The objectives of the study are:

- to determine the perceptions of the parents of adolescents, who use substances, in relation to their parent-child relationship;

- to determine the perceptions of adolescent substance users, in relation to their parent-child relationship; and
- to explore and describe the similarities and differences of adolescent substance users and their parents, in relation to parent-child relationship.

1.6. Significance of the study

Parenting is considered a societal norm and a phenomenon that has inspired research interest throughout time. Parents are primarily responsible for the socialization of their children; encouraging them to adapt to the values of society and facilitating their optimal social and emotional development. These children are the future adults and need to understand how to behave appropriately and how to cope to succeed in matters of life (Brooks, 2011).

Therefore, according to the researcher, this current study is intended to be of benefit to adolescents, parents or caregivers, service providers and policy makers. It will provide an understanding of the concept of parent-child relationships, more specifically, the relationship between mothers and adolescents. The study will provide insight into parent-child relationships among adolescents and their parents, to help adolescents make meaningful life choices, and the parents to do introspection about the parenting of their children. This study will also benefit parents, who are faced with the task of nurturing and socializing adolescents in forming their own identities. Parents are significant figures in adolescent development and parenting can yield desirable or undesirable outcomes (Brooks, 2011).

The findings will also be significant to service providers, who provide intervention services to adolescents and parents, namely, teachers and social service professionals. They will be informed about parent-child relationships, which will assist them in assessing and developing relevant intervention strategies. This study will, finally, inform policy and programme formulation, regarding parent-child relationships, effective parenting and adolescent substance use.

1.7. Definitions of Key Terms

- **Adolescents:** Lawson and Lawson (1992) defines adolescents as individuals, evolving through a process of change in every area of life; changes not of their own choosing, but imposed on them by biology and culture.

- **Substance use:** Refers to the consumption of alcohol or drugs by individuals (Boyd, 1993). Substance-use-disorder is diagnosed when the recurrent use of alcohol or drugs causes significant clinical impairment, such as health problems, disability and failure to meet major responsibilities at work, school, or home, as defined by the Substance Abuse Mental Health Services Administration (SAMHSA, 2015).
- **Parenting:** Brooks (2011) refers to parenting as a process of action and interaction between the parent and the child.
- **Parenting practices:** Refers to specific behaviours that parents use to socialize their children (Darling & Steinberg, 1993).
- **Parenting Style:** Baumrind (1991) refers to a parenting style as the extent to which a parent responds to the demands, or needs of a child.
- **Parent-Child Relationship:** Refers to the quality of the emotional bond between the child and his/her parents (mother, father or significant parental figure), and the degree to which this bond is mutual and sustained over time (Lezin *et al.,* 2004).
- **Attachment Theory**: Refers to a theory based on the concept that an infant's first attachment experience (initially to his/her mother) profoundly shapes the social, cognitive, and emotional development that follow (Bowlby, 1969).

1.8. Outline of the Chapters

Chapter 1: Background and Rationale of the study

In this first chapter of the thesis, the researcher provides insight into the background and rationale of the research study and briefly introduces Attachment Theory, which is the theoretical framework employed. The value of the thesis is discussed in the significance of the study section. The overall aim of the study and the objectives are also outlined in this chapter, along with the definitions of various key terms utilised in this thesis.

Chapter 2: Theoretical Framework

In this second chapter of the thesis, an in-depth analysis is presented of Bowlby's (1969) Attachment Theory, as well as Erikson's (1968) Stage Theory of Adolescents, employed as the theoretical framework for this current study.

The Attachment Theory is applicable in order to understand the concept of the parent-child relationship of the adolescent users and their mothers. According to Bowlby (1969) an infant's first attachment experience (initially to his/her mother) profoundly shapes the social, cognitive, and emotional developments that follow. The Stage Theory of Adolescents is applicable as it explains the development of personality through various stages of human life, from infancy to late adulthood. According to Erikson (1968), 'identity versus role diffusion' is the fifth stage of human development that entails identity formation, in adolescence and young adulthood, which is the focus of this current study. In addition, each stage has to be successfully completed, to ensure that the challenges of unsuccessfully completed stages do not reappear as problems in the future.

Chapter 3: Literature Review

In this chapter, the researcher reviews relevant literature pertaining to the topic under study. The variables of the study, namely adolescence, substance use, parenting and the parent-child relationship are discussed in detail, linking them with previous studies. The researcher further provides insight on the integration of these variables.

Chapter 4: Research methodology

The fourth chapter of this thesis comprises the mixed methods approach to this current research study. The research methodology and design, as well as the population and sampling techniques that were implemented, are discussed. The researcher presents information concerning the participants, data collection instruments, data collection processes, as well as the analysis of the data and the ethical considerations of the study. By using a combination of mixed methods, the researcher illustrates the strengths and weaknesses of each method and the applicability of a mixed methodology to the current study. The validity and reliability of the quantitative phase, as well as the trustworthiness of the qualitative phase, are also included in this chapter.

Chapter 5: Quantitative Results and discussion

In this chapter, the researcher presents the results of the quantitative data analysis, as well as a discussion of the main findings. The quantitative data gathered was analysed by means of SPSS 25 instrument and presented as descriptive and inferential statistics. The tables outline the results, as obtained from the total sample of participants, consisting of mothers and adolescent substance users.

Chapter 6: Qualitative Results & Discussion

This chapter comprises the results of the qualitative data thematic analysis, as well as a discussion of the themes and sub-themes that emerged. The analysis follows the qualitative analysis stages, as prescribed by De Vos, Strydom, Fouche & Delport (2011). In addition, the findings are compared and contrasted with the theory and literature.

Chapter 7: Discussion, Conclusion and Recommendations

This final chapter of the thesis comprises the discussion, conclusion and recommendations. The researcher discusses the results of the study; provide an overview of the findings, as well as the summary of the findings, for each component of the parent-child relationship. A brief conclusion is also provided in this chapter, summarizing the study. The recommendations for future research, as well as the best parenting practices for, and the management of, adolescent children, to encourage a healthy parent-child relationship, are provided in this chapter.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1. Introduction

This study focuses on the parent-child relationship and the Attachment Theory has been identified as the theory that lays a foundation in early parent-child relationships (Lezin *et al.*, 2004). The mother plays a critical role in the first attachment experience and shapes the holistic development of the child (Appleyard & Berlin, 2007). The mother-child relationship, therefore, is not constant over time, but rather has challenges or crises, as well as achievements or successes that adjusts to the emerging independence and 'own self' of the child (Roman, 2008). The parent-child relationship is important to ensure that during the stages of development they understand and support each other, throughout life's challenges (Lezin *et al.*, 2004). The well-being of the child and the parent is critical, in order to maintain a positive parent-child relationship that is conflict free, most of the time, as the child becomes independent through adolescence to adulthood (Lezin *et al.*, 2004).

The Attachment Theory of Bowlby (1969) is discussed in detail in this chapter, as the theoretical framework selected for this study. The parent-child relationship, as the focus of the study, is introduced in this chapter, as well as its links to Attachment Theory. Attachment Theory, as a theoretical framework that provides insight into parent-child relationships, is closely associated with the central ideas and findings of parent-child relationships, and forms the underpinning of this study (Appleyard & Berlin, 2007). John Bowlby used the term 'attachment' to describe the parent-child relationship and defined it as "an enduring affectional tie that unites one person to another over time and across space" (Brooks, 2011: p. 53). The Stage Theory of Adolescent Development by Erikson is also discussed as the second theory to gain a deeper understanding of adolescent substance use and parent-child relationships. The fifth stage, identity versus role confusion, of psychosocial development is the focus of Erikson's theory. The theory focuses on human growth throughout the entire life span (Marcia, 2002).

2.2. Attachment Theory

Attachment Theory has its roots in clinical observations of children, who experienced severely compromised, disrupted or deprived caregiving arrangements. It has been applied as a model for normal and abnormal development. The traditional Attachment Theory is the result of the research of Ainsworth and Bowlby (1991). Ainsworth expanded on Bowlby's notion of attachment, and noted three types: secure, avoidant and resistant attachment (Ainsworth & Bowlby, 1991). Ainsworth & Bowlby (1991) believed that the child's primary caregiver is most commonly the mother. They argued that, from birth, a strong bond is formed between the mother and the child, which bond lays the groundwork for the mother to shape the child's personality and character, more than anyone else (Ainsworth & Bowlby, 1991). The outcomes of the parent-child relationship/connectedness provide compelling support for the fact that a strong bond/connection between parents and children can safeguard them from the many challenges and risks apparent in the world, currently (Lezin *et al.,* 2004).

Attachment Theory is concerned with the fundamental issues of safety and protection; in psychological terms, it focuses on the extent to which the relationship provides the child with protection against harm, as well as a sense of emotional security (Brooks, 2011). The parent-child relationship focuses on the roles that the parents play, like the Attachment Theory, which predicts that children will respond to their parent's cues from infanthood (Lezin *et al.,* 2004). The theory proposes that the quality of care provided to the child, particularly, sensitivity and responsiveness, leads to a 'secure' (optimal) or 'insecure' (non-optimal) attachment (Brooks, 2011). Brooks (2011) further argues that the secure attachment is the common form that occurs when parents are accepting, emotionally available and sensitive to meeting the child's needs. According to Brook (2011), securely attached children are happy and secure with mothers, protest when they leave, are happy and seek closeness when they return.

There are three forms of insecure attachment: anxious-avoidant, anxious-resistant and disorganized/disoriented attachments (Brooks, 2011). This author suggests that, when parents are intrusive and over stimulating, children are likely to form anxious-avoidant attachment. They are unconcerned when mothers leave, and uninterested in their return. However, when parents are insensitive to children's cues, and often unavailable, children are likely to form anxious-resistant attachments (Brooks, 2011). Brooks (2011) continues that disorganized/

disoriented attachments occur in families where parents appear frightened, or traumatized, and therefore, appear frightened to the child. The Attachment Theory is particularly useful to understand early child-parent relationships, as well as how to support them. Attachment is unique; it has lasting emotional ties between infants and their parents (Ainsworth & Bowlby, 1991). According to Appleyard and Berlin (2007), all infants will develop attachments to their parents, even if the parents are harsh or abusive.

Appleyard and Berlin (2007) concur with Brooks (2011) in identifying the two basic patterns of attachment: secure and insecure. They further define secure and insecure attachment as follows: a secure attachment is characterized by the child's ability to use his/her parent as a source of comfort and secure base from which to explore. An insecure attachment is characterized by the child's inability to use his/her parent as a source of comfort or a secure base (Appleyard & Berlin, 2007). Infants are capable of developing multiple attachments like mothers, fathers and grandparents; however, they have one parent (mother), who is the primary attachment figure (Appleyard & Berlin, 2007). With insecure attachment, the children's behaviour appear to be disorganized because, at times, they happily approach the mother, as a securely attached child would, and at other times they avoid the parents (Appleyard & Berlin, 2007). These children are also perceived as disorientated, as they display signs of confusion about how to respond when they are near the parents.

"Psychologists believe that strong attachments to parents and fear of strangers have survival value for the children" (Brooks, 2011: p. 54). Secure attachments ensure that the children will stay close to the parents, and remain responsive to their guidance, so that the parents can continue to protect the child, as s/he becomes more independent (Appleyard & Berlin, 2007). In addition, these authors assert that attachments are formed with important people throughout the human lifespan. The way children are treated by their parents creates long-lasting expectations about the way the world will treat them. Attachments depend on the quality of the parent-child relationship at the time, and will change as circumstances improve, or damage, the quality of the relationship (Brooks, 2011). The Attachment Theory could be described as a unilateral model, in which parents play the dominant and active role in determining the parent-child relationship (Kuczynski, 2003). The Attachment Theory also focuses on the interaction between parents and their children, forming the basis of the parent-child relationship (Appleyard & Berlin, 2007). The parent-child relationship is reported to be

very important in the child's life, and involves both the father and the mother, not just the mother, as per the Attachment Theory (Lezin *et al.*, 2004).

2.3. Stage Theory of Adolescent Development

Erik Erikson, a psychoanalyst, whose mission was to extend and refine Freud's notions of personality development, proposed a Stage Theory of Development based on stages of psychosocial development. The theory encompassed human growth throughout the entire human life span (Erikson, 1968). He believed that personality develops in a series of stages, and explained that healthier humans should pass these stages from infancy to late adulthood. Erikson believed that each stage of development builds on the successful completion of earlier stage. Success or failure in dealing with the conflicts of each stage could affect the overall functioning of the individual. The challenges of stages not successfully completed, may be expected to reappear as problems in the future (Erikson, 1968).

The focus of this current study is on the Erikson's fifth stage, which is 'identity versus role diffusion' and typically entails identity formation during adolescence and young adulthood (Cote, 2009; Erikson, 1950, 1968). An example of Erikson's fifth stage, the primary conflict during the adolescent phase, involves establishing a sense of personal identity. Failure to develop an identity could result in role confusion (Marcia, 2002). Adolescent children incorporate sexuality into their expanding sense of self, and develop a sense of identity, a feeling of sameness and continuity of self, which is a central concept in Erikson's scheme (Brooks, 2011). The parents need to understand that children are active, adaptive individuals, who are going through stages of growth to become independent, giving individuals, concerned with other people and the world around them. Parenting is important to both the parents, who are giving, and the child, who is experiencing (Brooks, 2011).

Erikson's fifth psychosocial stage, 'identity versus role confusion (diffusion)' highlights the following developmental tasks for adolescents. The predominant social setting for adolescents is their peer group and out-groups (people at work, extracurricular activities, etc.). Adolescence is a phase when children are moving from being very dependent on their parents, to becoming more and more independent (Marcia, 2002). According to Erikson (1968), the critical time to form a sense of identity in human development is during adolescence. Erikson (1968) further states that identity formation during adolescence occurs

because of identifications made during childhood, which identifications are influenced by the environment and significant others, particularly the parents (Erikson, 1968).

2.4. Conclusion

Early attachment has been established to be the foundation for parent-child relationships. In Attachment Theory, parents set the developmental stage, by responding to the cues from infants. A number of researchers have observed that attachment is one of the strongest predictors of later development, as children grow up interacting with their parents. It is the key dimension of the early relationship between the parent and the child. Each child goes through this process of attachment, as they bond during the stage of infanthood and depend on their parents for safety and protection. Therefore, it is important to explore and describe the perceptions of adolescent substance users, as well as their parents', in order to gain an understanding of how the relationship develops, as the child grows.

CHAPTER THREE

LITERATURE REVIEW

3.1. Introduction

In this chapter, the researcher presents a detailed assessment of previous research conducted in this area of research that could be linked to this current study. The different variables are highlighted to provide effect on the study that was conducted. Adolescence, as a stage of development in the children, who are targeted in this study, is discussed in detail. Substance abuse, as the social ill that is affecting the adolescents, who are the target population of this study, is also examined. The role of the mother, as a parent of the adolescents, is highlighted, particularly. The theory of parenting styles by Baumrind (1991) is employed to make sense of the data gathered throughout this study. The implications for child behaviour outcomes are discussed, in relation to the parent-child relationship. According to Gottman, Katz and Hooven (1997), it is important to clarify the parent's role, and parents need to examine themselves, or be more aware of their role/s. A description of how parents may have problems with coping in daily life, to the extent that there is little time left to devote to being an effective and loving parent, is presented, according to Gottman *et al.* (1997), Lastly, the parent-child relationship, as the focus of this current study, is explored, for a clearer understanding of its effect on adolescent substance abuse.

3.2. Adolescence

"Adolescence is a time of dynamic changes in physical form, in ways of thinking, in time spent away from parents, in school settings and in the importance of peers" (Brooks, 2011: p. 323). Lawson and Lawson (1992) defines adolescence as individuals in a process of change in every area of life, which changes are not of their own choosing, but forced on them by biology and culture. Lawson and Lawson (1992) further assert that adolescence is, therefore, a stage in a young person's life between childhood and adulthood that is characterized by rapid and intensive life changes and adaptations.

In adolescence, parents are understood to shape aspirations and motivation, by acting as role models, providing and selecting opportunities for the children, and setting expectations and definitions of success (Mortimer, Finch & Kumka, 1982; Bell, 2001; Gutman & Eccles, 1999; Jodl, Michael, Malanchuk, Eccles & Sameroff, 2001). During this fragile adolescence period in an individual's life, at-risk adolescent behaviour is often significantly affected by the relationship that exists between the adolescents and their parents (Newman, Harrison, Dashiff & Davies, 2008). The development is initiated by biological, social and psychological factors. Adolescence is an important period of physical, social, psychological and cognitive growth (Mortimer, Finch & Kumka, 1982; Bell, 2001; Gutman & Eccles, 1999; Jodl *et al.*, 2001). Substance use disorders among adolescents can impede the attainment of important developmental milestones, including the development of autonomy, the formation of intimate interpersonal relationships, and great integration into adult society (Stagman, Schwarz & Powers, 2011).

3.2.1. Adolescent physical development and neurophysiological development

Adolescence begins with biological change. "The brain triggers endocrine organs to release hormones that affect children's physical growth and secondary sexual characteristics (breast, body and facial hair), resulting in reproductive maturity" (Brooks, 2011: p. 299). One of the primary areas of physical development, during adolescence, is the maturation of the brain. While the size of the brain remains approximately the same throughout adolescence, important and dramatic structural and functional changes occur during the teenage years and continue into the early twenties (Giedd, Blumenthal, Jeffries, Castellanos, Liu, Zijdenbos & Rapoport, 1999; Spear, 2000; White, 2004). These brain changes lead to increased mastery over self-regulation, executive mental functions, and cognitive capacity (the emergence of adult-like cognitive capability), and, ultimately, produce a more fully conscious, self-directed, and self-regulating mind (Keating, Lerner & Steinberg, 2004).

Keating *et al.* (2004) further argues that adolescent brain development is not merely a continuation of childhood brain development, but rather a qualitatively deeper and broader set of developmental changes. Adolescence varies in the age at which changes take place, as well as their rapidity; however, the sequence remains the same. Puberty

also brings changes in emotional intensity. Puberty physical changes include changes in sleep patterns (Keating *et al.*, 2004).

"In the beginning of the early adolescence, there is a spurt in the number of synapses in the frontal and parietal areas of the brain, perhaps triggered by hormones, as girls have a spurt about a year before boys do" (Brooks, 2011: p. 300). The brain is developing in areas responsible for reasoning, planning and problem-solving behaviour; therefore, parents can expect that teenagers will not be as consistent, organized and structured, as parents might wish them to be (Keating *et al.*, 2004). The researcher is of the opinion, that expecting adolescents to make adult-like decisions, regarding the use of substances, is an unrealistic expectation for most teenagers. It is remarkable that these structural and functional changes co-occur with the period of life, during which most individuals initiate and increase their consumption of substances. As a result, it is critical to consider the potential deleterious effects of substance use on brain functioning during and after adolescence (Keating *et al.*, 2004). Adolescence is a period of human development associated with notable changes in the behavioural, cognitive, emotional and ideological realms (Erikson, 1950, 1968). Adolescents, who experience the early onset of puberty, are significantly more likely to use substances, than adolescents who reach puberty later; this association is particularly strong among teenage girls (Susman, 2006).

Adolescence is a period of formative social and cognitive development, as the ideas and concepts developed during this period greatly influence the individual's future life, playing an important role in the further formation of character and personality (Lubenko & Sebre, 2007). The identity formation process of adolescence is described as a slow process of ego growth, when identifications of childhood are gradually replaced by a new configuration that is greater than the sum of its parts (Erikson, 1968). Erikson refers to identity development as a psychosocial process because individuals conduct the work of identity within a rich social context. He further states the following about the processes leading to identity formation: "the end of childhood involves a crisis of wholeness" (Erikson, 1968).

Young people must become whole people in their own right, and, during a developmental stage, this is characterized by a diversity of challenges in physical growth, general maturation, and social awareness. The wholeness to be achieved at this

stage, Erikson refers to as "a sense of inner identity" (Erikson, 1968). Erikson defines the important role of people surrounding adolescents as recognizing, supporting and, therefore, helping to shape adolescents' identity.

He further states that adolescents initially identify with important socialization figures (typically parents), indicating that the role of parenting is essential to adolescents' identity development (Erikson, 1968).

3.3. Substance Use

Substance use is a significant issue affecting the lives of South African adolescents in the Western Cape. A study conducted by Cerff (2008) reveals that there are consistently more individuals under the age of 20 years receiving treatment for substance abuse problems, than any other age group. Adolescent substance use is considered problematic, due to the long-term effects, such as biological, mental and emotional damage to an individual, as well as the impact on their family (Carr, 2006; Sadock & Sadock, 2003).

Substances are defined as chemical, psychoactive substances that are prone to be abused, and includes tobacco, alcohol, over the counter drugs, prescription drugs and substances (Republic of South Africa [RSA]. (1992a). Adolescent substance use has been a source of persistent concern for parents, educators, and lawmakers, as, generally, it has been linked to poor adult outcomes (Odgers *et al.,* 2008).

3.3.1. Adolescent substance use

Recently, Plüddemann, Dada, Parry, Bhana, Perreira, Carelsen & Fourie (2008) listed crystal methamphetamine as the illegal substance that is currently the substance of choice for most substance users in the Western Cape, specifically for the adolescents. When examining the present rate of substance related crimes in Cape Town, Gie (2009) reveals that one specific area of the Cape Flats, namely Mitchell's Plain, has the highest percentage of substance related crime within the entire Cape Town Metropole. According to Juillerat-Jeanneret (2008), although the end of Apartheid put an end to racial segregation, the levels of poverty have resulted in this segregation still largely being in place. Adolescent substance use is prevalent, and despite the fact that alcohol use is illegal for anyone under the age of 18 years, and illicit drug use is illegal for

everyone, it remains normative and commonplace (Austin, Hospital, Wagner & Morris, 2010).

Research conducted on drug use and alcohol consumption among secondary school learners in the Western Cape Province, reveal that the secondary school learners find themselves in an environment, in which drugs and alcohol are easily accessible, and often used by the peers (Tustin, Goetz, De Jongh, Basson, Leriba, Zulu & Mayatula, 2012). Brook, Morojele, Pahl & Brook (2006) used quantitative measures to determine which factors were most likely to be a predictor for adolescent substance use in a South African sample. Parental factors are one such distal factor that can be observed to predispose adolescents towards at-risk substance use behaviour.

Baumrind (1991) published a longitudinal research, using her theory of Parenting Styles, in an attempt to predict adolescent substance use. Based on this research, Baumrind (1991) deduced that adolescent substance use tends to increase with the presence of an Authoritarian, Permissive or Neglecting/Rejecting Parenting Style. On the contrary, adolescents, whose parents employed an Authoritative Parenting Style, appeared to have lower levels of substance use. The results indicated that the perceived authoritative parenting style indicated a significant negative correlation to adolescent substance use, in general (Henry & Thornberry, 2010). It can be inferred that a perceived authoritative parenting style can be associated positively with a reduction in adolescent substance use, as per the reported findings. Therefore, in the researcher's considered opinion, it necessary to explore the parent-child relationship of adolescent users and their mothers, as, according to research, there is a significant relationship between substance abuse and parenting (Baumrind, 1991; Henry & Thornberry, 2010).

3.3.2. Prevalence of adolescent substance use

Adolescent substance use appears as one of the target markets for drug lords, and is a substantial population that accounts for 23% of admissions for the treatment of substance abuse (Plüddemann *et al.,* 2008). South Africa is not the only country to experience challenges with adolescent substance use, and a great deal of research in this area has been conducted in an attempt to understand the phenomenon, as well as establish possible predictive factors and possible preventative interventions (Ryan, Roman & Okwany, 2015). Studies on adolescents' use of substances have been conducted throughout the world. According to the National Survey on Drug Use and

Health, 27 million people, aged 12-18 years, had used substances in the 30 days prior to the research date (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).
Lennox & Cecchini (2008) assert that an estimated 13 million youth, age 12-17 years, become involved with alcohol, tobacco and other substances annually.

A study conducted by Craig and Baucum (2001) reveals that there are a number of substances used by adolescents, namely glue, alcoholic beverages, nicotine, inhalants, cocaine, heroin, cannabis, ecstasy, morphine and methamphetamine. Methamphetamine (tik) was the most common primary substance of use for patients younger than 20 years in the Western Cape Province since 2004; however, usage has decreased by 25%, during that reporting period (South African Community Epidemiology Network on Drug Use [SACENDU], 2011). Morojele, Myers, Townsend, Lombard, Plüddemann, Carney & Nkosi (2013) concur that this decrease in the use of methamphetamine was also detected in their study that was conducted at schools in the Western Cape. The possible decrease in substance use could be linked to the increase in the price of alcohol beverages as it has been reported to have increase. There is a need for more research to be conducted in establishing the possible causes of decrease in substance use as reported by the SACENDU, 2011 Report.

Cannabis was the third most frequently reported substance used, with almost a quarter of learners (23.6%) admitting to have used this drug. A study conducted in South Africa indicate that the average age of first time substance users is 12 years, which is similar to findings in European countries (May *et al.,* 2008). In 2009, the findings of a study conducted by the National Centre for Children in Poverty revealed that the rate of current alcohol use was 3.5% of persons aged 12 or 13 years, 13% of persons aged 14 or 15 years and 26% for persons aged 16 or 17 years (Bloom, Cohen, & Freeman, 2009). Many substance users in South Africa are poly-substance users, who use a combination of various substances [for example, alcohol, cocaine, tobacco, methamphetamine, heroin etc.] (Parry, 1998).

The high prevalence rate of alcohol consumption and abuse among the youth is distressing and undoubtedly has a negative impact on young people's lives. Some learners mix drugs and alcohol, while others become intoxicated, or binge drink

alcohol. Substance use by learners under 16 years of age is becoming more prevalent in South Africa, according to the statistics of the South African National Council on Alcoholism and Drug Dependency (Fourie, 2009). SANCA recently released national statistics, which indicated that over 8500 patients were treated at clinics around the country, with a third of them being younger than 21 years of age. Statistics on adolescent substance use reveal a troubling trend (Fourie, 2009).

Over the past decade, the regular (30-day use) use of illicit substances increased by 7% of the total population, yet it increased by 27% among children between the ages of 12 to 17 years, and 73 % among 12 and 13-year olds (Brook, Brook, Richter & Whiteman, 2006). Adolescents aged between 12-17 years, which includes the age group of this study, who were exposed to drug or alcohol prevention messages in the last year of a study conducted by Stagman, Schwarz and Powers (2011), had a lower prevalence of illicit drug use than those, who had not been exposed to such messages. These findings further indicated that the use of substances was lower among adolescents who reported that their parents always, or sometimes, monitored their behaviour.

3.3.3. Effects of substance use

The exact effect of a substance depends on the substance used, how much of it is taken, in what way, and each individual's reaction (Hedden, Kennet, Lipari, Medley & Tice, 2015). According to these authors, approximately 21.5 million people, aged 12 years or older in 2014, had a substance use disorder (SUD) in the previous year. These authors further declare that the percentage of individuals with SUD, aged 12 years or older in 2014 (8.1 per cent), was similar to the percentages in the years 2011 to 2013, but lower than they were in the years 2002 to 2010 (Hedden *et al.,* 2015).

An estimated 340,000 adolescents aged 12 to 17 years in 2014 (1.4 per cent of all adolescents) had a co-occurring SUD and a major depressive episode (MDE) in the previous year (Hedden *et al.*, 2015). Larger doses of alcohol, distort vision, impair motor coordination, and slur speech (Butcher, Mineka, Hooley, & Carson, 2004). Short-term use of alcohol may affect the cognitive performance of alcohol abusing students (Carson, Butcher & Mineka, 2000). Large doses of cannabis have been established to cause rapid shifts in emotion, dull attention, fragmented thoughts and impaired memory (Butcher *et al.,* 2004). In 2014, 11.4 per cent of youth, aged 12 to 17 years (2.8 million adolescents), had an MDE in the past year.

Adolescents using substances may become withdrawn, moody, irritable or aggressive, which often leads to deterioration in family, peer group, and school relationships (Parrott, 2004). Consequently, the academic performance of these adolescents suffer, truancy often increases, and they often 'drop out' academically (Berk, 2007). According to Butcher *et al.* (2004), there is a link between substance use and criminal activities.

The irresponsible use of alcohol is often motivated by the need to be socially acceptable to peers, or to escape everyday problems. According to the study conducted by the Bureau of Market Research at UNISA, many learners reported disturbing consequences of alcohol use, including drunkenness, irresponsible behaviour, unprotected sex, motorcar accidents and violence (Tustin *et al.,* 2012).

3.4. Parenting

Brooks (2011: p. 6) defines parenting "…as a process of action and interaction between parent and child; it is a process in which both parties change each other as children grow to adulthood". Parenting is an important part of loving and caring for the child. Pretorius (2000) agrees that parents, as primary caregivers, are the most important socialization agents in a child's life.

Parenting styles, in particular, have been observed to play an important role in shaping child behavioural and psychological outcomes (Givertz & Segrin, 2014). It has been suggested that the parenting styles, adopted by parents, guide their parenting behaviour towards their children; parenting style is a contextual model that parents choose for their parenting behaviours (Darling & Steinberg, 1993). Parents teach children by guiding them in what is acceptable behaviour and what is not, as well as being role models for children to identify with and imitate. They make "an enduring investment and commitment throughout their children's long period of development. Parents are required to provide for both the physical and emotional needs of their children, and are often regarded within the system as being the chief socialization elements for their children" (Padilla-Walker, Nelson, Madsen & Barry, 2008).

Socialization includes parents acting as the emotional regulators for their children, until they are able to regulate their own emotions and behaviours, sufficiently (Padilla-Walker *et al.*, 2008). One of the ways in which the socialization of children, and later adolescents, occurs, is the manner in which they are reared by their parents. One specific aspect of parenting mentioned is the parenting styles, which are discussed in the study (Padilla-Walker *et al.*, 2008). Parenting styles are defined as "the way in which children are raised" (Sadock & Sadock, 2003: p. 35).

3.4.1. The Parent

The parent that this current study will be focusing on is the mother, from two-parent families, consisting of a mother and a father, in a single household. This type of family is sometimes referred to as a nuclear family, which will be the focus of this current study. For the purpose of this current study, the use of the word parent refers to the mother. Many cultures position child rearing as an activity that is central to a woman's role in the family (Dearer-Deckard, Alzaba-Poria & Pike, 2004). The mother is often seen by researchers and theorists as the person that has the most influence over, or spends the most time with, the child.

A study conducted by Lamb (1997), on parent-child interaction in industrialized countries, reveals that, even in homes where both mother and father are in full time employment, fathers spend less time interacting with their children. The Attachment Theory, which was first articulated by Bowlby (1969), suggests that an infant's first attachment experiences with his/her mother profoundly shapes his/her social, cognitive and emotional development. The Attachment Theory could be described as a unilateral modelling, in which parents play the dominant and active role of determining parent-child relationships (Kuczynski, 2003). The mothers are defined as the central figures in their children's lives, as carers, socializers and providers of stimulating and sensitive environments (Phoenix, Woollett & Lloyd 1991). The researchers found that the mothers' interpretations of motherhood were socially constructed and culturally, as well as historically based; mothers could understand their daily mothering practices, in

accordance with the needs of their children (Elvin-Nowak & Thomsson, 2001). In a study, conducted by Roman (2008), the mothers stated that, although the children were a priority, their own well-being increased their children's well-being and, therefore, mothering should not be "…at the expense of the woman as mother and worker outside of the home". The parent-child relationship with the mother as the parent, is motivated by the relationship that children have with their mothers, as mentioned previously, they play a critical role in their children's life.

3.4.2. Parenting Styles

Parenting styles are defined by Darling and Steinberg (1993) as psychological constructs representing standard strategies that parents use in their child rearing. One of the best theories of parenting styles was developed by Baumrind (1967), who refers to a parenting style as the extent to which a parent responds to the demands, or needs of a child. Baumrind (1967) also found that most parents fall into one of three parenting styles, namely, authoritative, authoritarian and permissive. The parenting styles were expanded by Maccoby and Martin (1983) to four styles, namely, authoritative, authoritarian, permissive and neglectful.

Most researchers, who attempt to describe this milieu, rely on Baumrind's (1991) concept of parenting styles. Parenting styles have been identified as an influence on adolescent substance use behaviour (Diclemente *et al.,* 2001; Jackson, 2002; Ennett Bauman, Foshee, Pemberton & Hicks, 2001). Parents, who adopt the *authoritative parenting style,* are alleged to be controlling and demanding, but also warm and sympathetic to the child's communication (Baumrind, 1966). Adolescents with authoritative parents use significantly less substances than those with other parenting styles (Adalbjarnardottir & Hafsteinsson, 2001). The authoritative parenting style seems to be constantly associated with better developmental outcomes in adolescence (Lam, 1997: p. 102). When reflecting on this section, it became apparent that adolescents' responses could be affected, positively or negatively, by his/her parents' unique parenting style. The authoritative parenting style is represented by high level of control and maturity demands, in the context of nurturance and open communication. Discipline usually involves the use of reason and power, but not to the extent that the child's autonomy is severely restricted (Diclemente *et al.,* 2001; Jackson, 2002; Ennett *et al.,* 2001).

The *authoritarian parenting style*, in contrast, is identified by high levels of control and demands of the child, coupled with low levels of nurturance. Authoritarian style is defined as controlling and detached, less warm and often enforcing discipline. Authoritarian parents tend to be telling their children exactly what to do. Authoritarian parents engage in low levels of communication with their children, rarely explaining why compliance is necessary. These parents often engage in strong punitive tactics whenever children deviate from their standards (Baumrind, 1967; 1968).

The *permissive-indulgent parenting style* is characterised by high levels of nurturance and warmth, and low levels of control and maturity demands. This parenting style could be described as an accepting, but lax style of parenting; parents rarely exert control over their children's behaviour and do not monitor their activities closely. Permissive parenting is also said to be non-controlling, non-demanding and relatively warm, implying that the parents do not play an active role in guiding or shaping the child's behaviour.

The *neglectful parenting style* is identified by low control and low responsiveness. This style has often been termed 'uninvolved parenting' (Maccoby & Martin, 1983; Teti & Candelaria, 2002). These authors assert that uninvolved parents tend to be interested in their own lives and less likely to invest much time in parenting. Neglecting is a parenting style that is characterised by being neither demanding, nor responsive; parents, who adopt this parenting style, do not monitor their children and are not supportive (Maccoby & Martin, 1983; Teti & Candelaria, 2002). Kandel (1990) concurs with Baumrind (1991) that adolescent substance use can be attributed to parents, who display either permissive or authoritarian parenting styles. Factors such as, a lack of closeness between parents and adolescents; lack of affection or acceptance of adolescents by their parents; poor monitoring of adolescents by their parents; poor discipline and parental control and inconsistency in parenting, lead to adolescent substance abuse (Kandel, 1990).

Adding complexity to the understanding of parenting styles and adolescent substance use are the conclusions drawn by Padilla-Walker *et al.* (2008) and Albrecht, Galambos and Jansson (2007) on the importance of adolescents' perceptions of their parents. More specifically, the impact their parents' parenting styles have on their engagement in at-risk behaviour, of which substance use is one.

Based on these factors, a South African study that focuses on providing an exploration of adolescent substance use and parent-child relationships is necessary to assist in the understanding of a phenomenon, which is regarded by Gie (2009), Plüddemann *et al.* (2008) and Leggett (2004), as a serious problem.

3.4.3. Parental Practices

Parenting practices are defined as specific behaviours that parents use to socialize their children (Darling & Steinberg, 1993). These authors agree that when socializing their children to succeed in school, parents might enact certain practices, such as doing homework with their children, providing their children with time to read, and attending their children's school functions. Interacting and becoming involved with their children's life on a daily basis, is a way for parents to socialize with their children. There are parenting constructs identified for parenting practices, such as parental involvement, parental monitoring, as well as parental goals, values and aspirations (Darling & Steinberg, 1993). Parental involvement comprises attending parent-teacher conferences, helping children with homework, volunteering for leadership roles and attending children's extra mural activities (Epstein, 1992). According to Lezin *et al.* (2004), involvement practices, initiated by parents, represent parental efforts to become directly involved with school decisions and activities. In addition, these authors agreed that parental monitoring practices is, to be involved in the education of their children through monitoring the after-school activities, such as monitoring the completion of homework, supervising the activities with peers and checking on school progress. A primary way for parents to socialize their children is by communicating the goals they want their children to attain, the aspirations they want their children to fulfil, and the values they want their children to internalize (Lezin *et al.* (2004).

3.5. Parent-Child Relationship

There are different components of the Parent Child Relationship that could serve collectively as early elements namely, Attachment/Bonding, Warmth/Caring, Cohesion (closeness and conflict), Support/Involvement, Communication, Monitoring/Control, Autonomy granting and Maternal/Paternal characteristics (Lezin *et al.,* 2004).

Parent-child relationship trust has been observed to be a foundation for the parent-child relationship, according to the parent-child-connectedness concept, and is identified to be accountable for both parent and child (Lezin *et al.,* 2004). In addition, they argue that both the parent and the child must take on an active role, in order to foster the parent-child relationship. Parents, as primary caregivers, exert the original, and perhaps the most significant, influence on the development of the child's present and future emotional health (Pretorius, 2000).

The relationship between a parent and a child is of utmost importance. The nature of the interaction and discipline, as well as dealing with the child's behaviour and emotions, has an impact on the development of the child (Epstein, 1992). Child-rearing practices play an important role in the child's development, as well as how the children carry themselves through life. Child rearing is something for which most parents have no training. Although they want to do the best for their children, they are often uncertain, and even fearful, about their capacity to provide optimum care (Epstein, 1992). John Bowlby focused particularly on identifying the nature, significance and function of a child's ties to his/her parent, which inter-links to the parent-child relationship. Parenting is an important part of loving and caring for the child (Bowlby, 2005).

"In mid-2008, Statistic South Africa (SA) indicated that South Africa's total population was estimated at 48.7 million people, with 18.7 million being children (under 18 years). Children, therefore, constitute 39% of the total population" (Banerjee, Galiani, Levinsohn, McLaren & Woolard, 2008). South Africa has a long history of children not living constantly with their biological parents, because of poverty, labour migration, educational opportunities, or cultural practice, and many children are exposed to a series of different caregivers, or are reared without fathers (Roman, Human & Hiss, 2012). The adolescent years are often portrayed as stressful for both parents and adolescents. Parents can benefit from an

understanding that their parenting style, or how they parent, provides a basis for many healthy developmental outcomes during adolescence.

Understanding the different parenting styles, theories and their impact on the parent-adolescent relationship, may help parents, and their adolescents, to navigate adolescence more smoothly. A study conducted by Carson, Butcher and Mineka (2002) found that parenting skills, or parental behaviour, is also associated with substance use among adolescents.

Davison, Neale and Kring (2004) established that a lack of emotional support is linked to an increase in adolescents' substance abuse. The parent-child relationship has been associated with a wide variety of child outcomes. It has also been suggested that offering education on parenting styles can bolster parenting competence, which, in turn, could result in a wide variety of improved outcomes for adolescents. The current thinking about a parent-child relationship is dominated by concern for cause, or the determination of how parent-child relationships, directly or indirectly, influence adolescent substance abuse (Baumrind, 1991). Plüddemann *et al.* (2012) found robust associations between parent-child relationships and high-risk health behaviours, such as substance use and alcohol use. According to Hamdulay *et al.* (2011), learners, who are problem drinkers, have higher rates of rebelliousness, antisocial behaviour, aggressive behaviour, delinquency and family problems associated with the parent-child relationship.

It is widely accepted that parenting is associated with substance use, perhaps by the parents modelling of inappropriate drug-using behaviour, or creating a psychological environment (Lechcier-Kimel, 2007). A relationship between adolescent substance use and parenting has been deemed to exist by a number of researchers (Steinberg, Lamborn, Darling, Mounts & Dornbusch, 1994); however, what is missing is the understanding of the factors that contribute to it, from the adolescents and parents point of view. The dominant model in research on parent-child relationships is most associated with the early work of Diana Baumrind (1966; 1971; 1991). It has been elaborated on by several subsequent teams of investigators (Maccoby & Martin, 1983; Steinberg, Lamborn *et al.*, 1994; Hetherington & Stanley-Hagan, 1999). Baumrind (1991), in her naturalistic study of interactions between parents and children, described important dimensions of parenting. These were warmth (as opposed to conflict or neglect) and control strategies.

Therefore, parenting typologies were constructed across warmth, conflict and control: 'authoritative' (high warmth, positive/assertive control and in adolescence high expectations), 'authoritarian' (low warmth, high conflict and coercive, punitive control attempts), 'permissive' (high warmth coupled with low control attempts) and 'neglectful/disengaged' (low warmth and low control). These four typologies have been repeatedly associated with child outcomes (Baumrind, 1991). Children and adolescents of authoritative parents are consistently described as most pro-social, academically and socially competent, and the least symptomatic. Children whose parents are described as authoritarian, permissive and disengaged show significantly worse outcomes, with children of authoritarian parents showing, typically, the most disturbed adjustment of the four parenting types (Baumrind, 1991). In the researcher's considered opinion, even a cursory examination of the studies described in this chapter is enough to demonstrate how the mechanisms, proposed from different theoretical positions, overlap. The researchers of the various studies concluded that parental monitoring was indeed an effective tool in preventing and bettering drug use. Monitoring discouraged both boys and girls from the initial use of drugs, and encouraged boys, who were heavy users, to reduce their drug use (Lezin *et al.,* 2004). In addition, the researchers concluded that strongly monitored adolescents are extra protected from involvement in drug use (Lezin *et al.*, 2004).

3.5.1. Parent-Child Relationship and Adolescent behaviour outcomes

One of the most important behavioural changes produced by the brain change in adolescents is an increase in the ability to exercise control over impulsive urges. Keating, Lerner and Steinberg (2004) highlight that individual differences exist in the integration of cognition, emotion and behaviour, which could affect the development of self-control; therefore, adolescents with less self-control, may be at greater risk of problems. Baumrind (1991) asserts that authoritative parents produce children, who are more independent and self-reliant. Maccoby and Martin (1983) also emphasises that children of authoritative parents are happy, capable, successful, and learn how to negotiate and engage in discussions. They understand that their opinions are valued. As a result, they are more likely to be socially competent, responsible and autonomous.

According to Maccoby and Martin (1983), the authoritarian parenting style leads to children, who are obedient and proficient, but rank lower in happiness and social competency and self-esteem. Baumrind (1991) avers that children, resulting from this type of parenting, may have less social competency, because the parent generally tells the child what to do, instead of allowing the child to choose for him/herself. Therefore, adolescents of authoritarian parents learn that following parental rules and adherence to strict discipline is valued over independent behaviour. As a result, adolescents may become rebellious or dependent.

Maccoby and Martin (1983) assert that permissive parenting often raise children, who rank low in happiness and self-regulation. Woods and Wolke (2004) highlight that, when parents are permissive, their adolescents are more likely to engage in drug abuse. Research findings reveal that adolescents of permissive parents learn that there are very few boundaries or rules, and consequences are unlikely to be very serious (Steinberg, Lamborn *et al.,* 1994). Consequently, these adolescents may have difficulty with self-control and demonstrate egocentric tendencies that interfere with proper development of peer relationships (Steinberg, Lamborn *et al.,* 1994). A research study conducted by the Bureau of Market research at UNISA established that parental ties also mattered (Tustin *et al.*, 2012).

These researchers explained that youth, who are close to their parents, or who experience separation anxiety from their parents, might be less susceptible to negative peer influences, including experimentation with risky behaviour, such as alcohol use. According to Maccoby and Martin (1983), the children of neglecting/uninvolved style tend to lack self-control, have low self-esteem and are less competent than their peers. Baumrind (1991) believes that many children of this parenting style attempt to provide for themselves, or cease to depend on parents, in an attempt to be independent and mature beyond their years. In adolescence, these children may show patterns of truancy and delinquency.

The parent-child relationship quality is associated with aggressive behaviour and delinquency, because the more extreme the parenting environment is, the worse the child outcome will be and the greater the likelihood of clinical disturbance (Woods & Wolke, 2004). The parent-child relationship quality appears to have carry-over effects into adulthood, for comparable social and behavioural outcomes, although, there are fewer long-term studies. The adolescent behaviour outcomes are closely linked with parenting by some researchers like Woods and Wolke, Baurmrind, Maccoby and Martin; it is therefore important that the parent-child relationship be strengthened in order to eliminate some of the negative behaviour outcomes.

Certain dimensions of the parent-child relationship appear important in children of almost any age, notably warmth/support, conflict and hostility. The differences in child temperament, among other factors, demonstrate that a "one parenting- style-fits-all" approach is not optimal (Paikoff & Brooks-Gunn, 1991). At least some associations between the parent-child relationship qualities (particularly corporal punishment) to child well-being differ across sub-populations and social settings, which need to be noted when devising "universal" interventions (Woods & Wolke, 2004). Genetic factors are an important influence on individual differences in parent-child relationships (Lezin *et al.,* 2004). There is some degree of genetic influence on parent reports of their behaviour towards their children. The links between the parent-child relationship quality and the child's psychological adjustment are also partly genetically mediated.

3.5.2. Components of Parent-Child Relationship-Instrument

Communication is the sending of information from one person to another. Communication can be verbal or non-verbal. It can also be positive or negative, effective or ineffective. It is very important for parents to be able to communicate openly and effectively with their children. The relationship between parents and their children are greatly improved, when there is effective communication taking place, and they can learn how to communicate by watching their parents (Lezin *et al.,* 2004).

According to Zolten and Long (2006), children begin to form ideas and beliefs about themselves based on how their parents communicate with them. In addition, these authors state that parents, who communicate effectively with their children, are more likely to have children who are willing to do what they are told. Children, who feel loved and accepted by their parents, are believed to be more likely to open up and share their feelings and concerns with their parents (Zolten & Long, 2006). Parents need to demonstrate to their children that they love and accept them. They should try to send positive messages to their children. Communication is essential to the family members; to show respect the needs of each member and know what the other has in mind, or is experiencing. Effective communication is not just talking, but also listening, which requires attention, openness and respect (Zolten *et al.,* 2006).

Listening requires parents to do it with a closed mouth; to encourage through a smile or a touch, without interrupting. Communication is at the heart of intimate human relationships; it is the foundation on which all else is built (Lezin *et al.,* 2004). Research indicates that the respect parent's show for their adolescent's opinion, contributes greatly to the happiness of the home. Positive parent-child relationships provide the foundation for children's learning and boosts child development (Maccoby & Martin, 1983). When parents are sensitive and responsive to children's cues, they contribute to the co-ordinated back and forth communication between parent and child. The parent-child relationship is formed by everyday child rearing activities. The investigation on parent-child relationship also has to explore the on-going dynamic of how parents and children influence one another (Steinberg, Fletcher & Darling, 1994).

The parenting role differs by gender, for example, the relationship between mothers and children. Mothers are more typically the primary caregivers and tend to spend more time with their children, while fathers are more likely to participate in leisure activities with their children (Paikoff & Brooks-Gunn, 1991). According to a study, conducted by (Lezin *et al.,* 2004), parents, who suffer from substance abuse, mental illnesses, poor self-esteem and poor communication skills, may find it more challenging to create meaningful attachments with their children. The Parent-child relationship has measures, risks and protective factors, of which most of them are overlapping, namely, attachment, warmth, cohesion, support, communication and monitoring (Lezin *et al.,* 2004).

The research on how parent-child relationships affect substance abuse has centred on the effects of parental monitoring (Steinberg, Fletcher & Darling, 1994). These authors further suggest that parenting styles may account for variations in the overall positive effects of parent involvement.

3.6. Conclusion

In conclusion, a parenting style provides a robust indicator of parenting functioning that predicts child well-being across a wide spectrum of environments and across diverse communities of children. The parenting styles, with reference to the four different styles- Authoritative, Authoritarian, Permissive and Neglectful styles, were explored in detail, by describing each parenting style and the outcome each one has on adolescents. The authoritative parent seems to be the more effective parenting style, which includes developing and clarifying clear expectations, the parent staying calm in the midst of turmoil when the children get upset, being consistent and following through with positive and negative consequences. The parent-child relationship quality has been associated with a wide variety of child outcomes. Parents need to be aware of the fact that every step in parenting, and every action they take, is watched and processed by their children. Children often try and imitate the habits and characteristics of their parents; therefore, one of the most important elements in parenting is leading by example. Substance abuse needs prevention strategies that address the issue on a multidimensional, integrated manner, focussing not only on the abuse, but also on the relationship between the parent and the child.

Early adolescent stress levels need to be monitored, and parents need to observe their children's mental state to alleviate the risk of children engaging to substance use. The connection children have with their parents may help to keep the children from experimenting with alcohol and drugs at an early age. Advanced interventions for substance abuse among the youth need to be adaptable. Substance use among adolescents is not stagnant; it changes constantly and greatly influences the dynamics surrounding them. Multi-faced, substance-use, school and community based intervention programmes need to be developed. Education is the key to preventing substance use among adolescents in important home settings, which can make an important contribution. Parents need to be informed and involved in their children's lives.

CHAPTER FOUR

METHODOLOGY

4.1. Introduction

The aim of this current study was to explore and describe the perceptions of the parent-child relationship of adolescent substance users and their parents. In this chapter, the intent is to describe the methodology that was used during the execution of this study. Included are the research questions, research design, study population, study sample, data collection tools, data collection process and data analysis, as well as the ethical considerations of the study.

4.2. Research Questions

The following questions were formulated for the current study:

- What are parents' perceptions of the parent-child relationship, in light of their adolescent's substance use?
- What are the adolescent substance users' perceptions of the parent-child relationship?
- What are the similarities and differences of the perceptions of adolescent substance users and their parents on their parent-child relationship?

These research questions guided the methodology for this current study, which, according to Leedy (1993: p. 121), is "an operational framework within which the facts are placed so that their meaning may be seen more clearly". A more in-depth perspective was needed to provide the "how" of the parent-child relationship, between mothers and their adolescent substance users, as the research questions were not only directed towards a quantitative design; but also towards a qualitative perspective. Therefore, the methodological framework selected for this study was a mixed methods design and influenced the process of the research (Creswell, Shope, Plano-Clark & Green, 2006).

4.3. Research methodology

The research method is a strategy of enquiry, which moves from the underlying assumption to research design and data collection (Myers, 1984). A mixed methods design, consisting of at least one qualitative and at least one quantitative component in a single research project (Bergman 2008), was used in this current study. Tashakkori and Teddlie (2003: p. 711) define mixed methods research as "a type of research design in which qualitative and quantitative approaches are used in types of questions, research methods, data collection and analysis procedures, or inferences". The researcher concurs with Creswell and Plano-Clark (2007), who assert that a mixed methods design reveals a complete picture of the problem.

However, quantitative and qualitative purists do not encourage a blending, merging or mixing of their paradigms, as, according to them, these paradigms are incompatible (Creswell, Plano-Clark, Gutmann & Hanson, 2003; Creswell & Plano-Clark, 2007; Greene & Caracelli, 2003; Johnson & Onwuegbuzie, 2004; Morgan, 2007: p. 48; Tashakkori & Teddlie, 1998; Tashakkori & Teddlie, 2003). The mixed methodologists state that the purists encourage mono-methods and, therefore, advance an incompatibility thesis. The purists believe that each of their paradigms offer the best possible understanding and approach for conducting research (De Vos, Strydom, Fouche & Delport, 2011). The mixed methods approach was used to answer the research questions and guided the procedure for collecting, analyzing and integrating the quantitative and qualitative findings at some stage of the research process, in a single study (Hanson, Creswell, Plano-Clark, Petska & Creswell, 2005).

The rationale for using both methods was that either method, in isolation, was insufficient to capture the holistic details of a complex phenomenon, such as the parent-child relationship. Literature confirms that when using mixed methods, the quantitative and qualitative methods complement each other and provide a more complete picture of the research problem (Green, Cararcelli & Graham, 1989; Johnson & Turner, 2003; Tashakkori & Teddlie, 1998). According to De Vos *et al.* (2011), methodologists further believe that quantitative purists adopt an objective positivistic stance, whereas qualitative purists believe that the manner in which people subjectively construct and interpret their worlds, is more appropriate, as they provide depth and breadth to a study.

Research is more complex and the use of different methods is needed to address issues in the social world. Mixed methods research should be seen as being the mid-point between qualitative and quantitative research - the point of blending and integrating (Johnson & Onwuegbuzie, 2004). The decision for using a specific research strategy should be based on the research questions and the methods, which could be utilized to answer the research questions. These authors further believe that, "researchers and research methodologists" should move beyond a "quantitative versus a qualitative" argument, and should rather decide, "…when and how they should be mixed or combined in their research studies" (Johnson & Onwuegbuzie, 2004: p. 15). Mixed methodologists, namely Creswell *et al.* (2003), Creswell and Plano-Clark (2007), Greene & Caracelli (2003), agree that the use of quantitative and qualitative methods, provides more insights and understanding that could be missed, if only one method was used.

4.4. Research Design

Research designs are plans that guide the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure (Smith, 1981). The research design provides a plan, which specifies the way that the research should be executed, in order to address the research question. A sequential explanatory mixed methods design was used for this study, with two distinct phases (Creswell & Plano-Clark, 2007; Teddlie & Tashakkori, 2009). In this design, the quantitative data were collected and analyzed first, while the qualitative data were collected and analyzed second, in sequence.

The sequential exploratory mixed method by Creswell and Piano- Clark (2007) was used and visual model Published by Ivankova and Stick (2007) was adopted as follows:

- ***Stage 1:*** a quantitative cross-sectional, web-based survey instrument (Downes & McMillan, 2000) was used. During a survey, the researcher asks questions in a written questionnaire, and records the answers. According to (Leedy & Ormrod, 2005: p. 94), "quantitative research is a paradigm that is used to answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena". This method was used to "establish, confirm or validate relationships and develop generalizations" (De Vos *et al.*, 2011).

- ***Stage 2:*** used the exploratory qualitative research design to gain insight into a situation, phenomena, community or individual, (Creswell and Piano- Clark 2007). This approach was used to gain insight into people's attitudes, behaviours, value systems, experiences, as well as motivations, and aims to explore and understand the meaning ascribed to social or human problems (De Vos *et al.*, 2011). These authors further note that the qualitative approach to research is a unique method, grounding the position from which to conduct research that fosters particular ways of asking questions and ways of thinking through problems. The process of this mixed method study was guided by the visual model of Ivankova and Stick (2007).

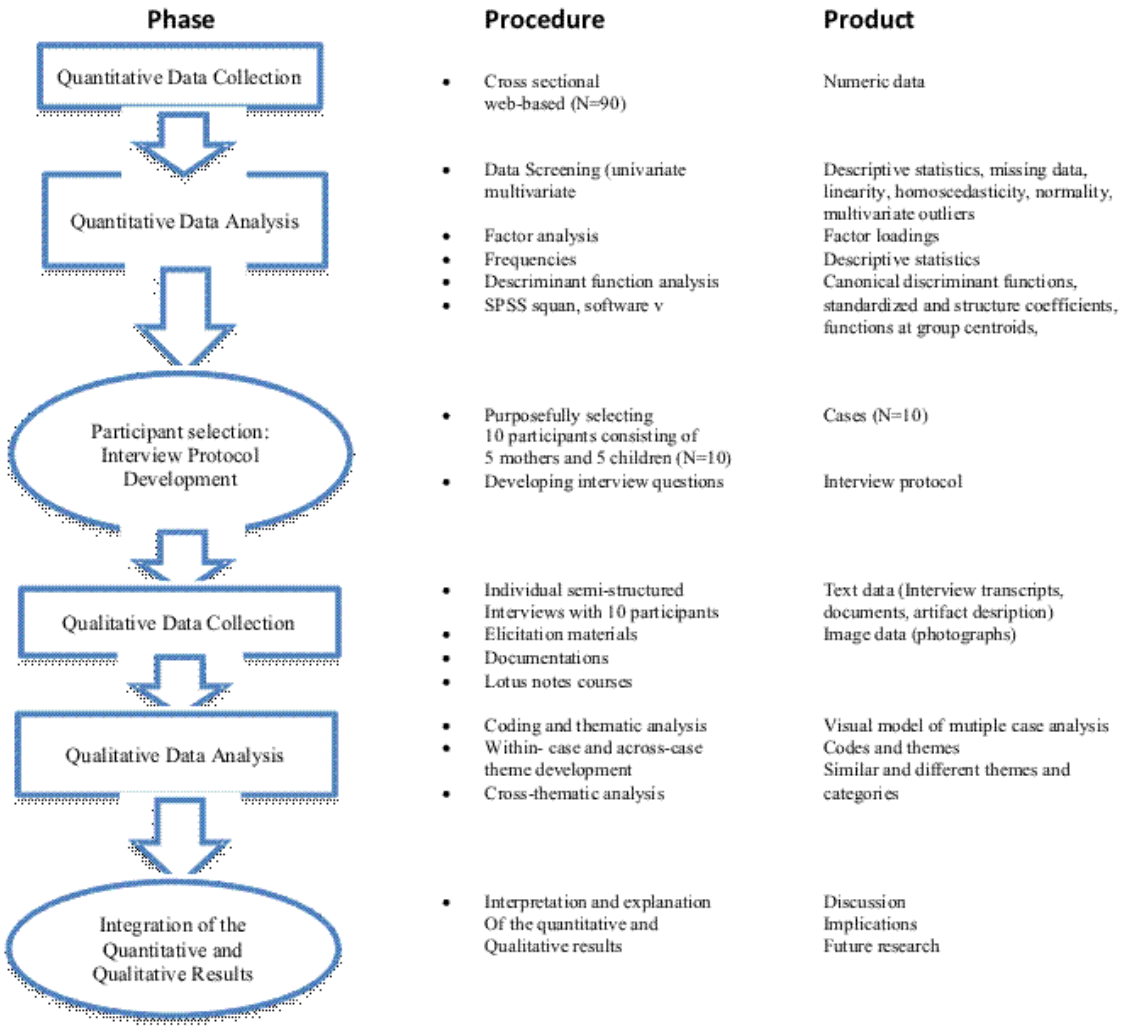

Figure 4.1: Visual model for mixed methods by (Ivankova & Stick, 2007).

4.5. Location of the study

The geographic specific focus of this study was on the Mitchell's Plain community in the Western Cape. Mitchell's Plain is situated in the southern suburbs, 20 kilometres from Cape Town, and is classified as having a higher rate of substance use in the Western Cape (Dada, Plüddemann, Parry, Bhana, Vawda & Fourie, 2011). According to the socio-economic profiling conducted by the City of Cape Town (2006), the area originated as a new town in the 1970s, to alleviate housing shortages in the coloured community, during the times of forced removals.

The greater majority of Mitchell's Plain residents speak Afrikaans as their first language. The socio-economic profiling of the Urban Renewal Programme, conducted by the City of Cape Town (2006), indicated that the respondents were asked how regularly their lives were affected by people under the influence of alcohol and/or substances. Thirty per cent (30%) of the households responded that they experienced this type of problem on a daily basis. The level of impoverishment and the advent of crystal methamphetamine, combined with the high unemployment rate mentioned by Standing (2004), could account for the high level of substance-related crimes in areas such as Mitchell's Plain. It has been reported that adolescents, secondary-school-going-learners in the Western Cape, are at risk of becoming addicted to drugs and alcohol because these substances are easily accessible, and often used by this age group (Parry, Plüddemann, Myers, Wechsberg & Flisher, 2011). Secondary-school-going-learners are within the category of targeted adolescents, as the age group of this current study.

According to a survey on substance use, risk behaviour and mental health among grades 8-10 learners in Western Cape Provincial Schools, published by the South African Medical Research Council (Parry *et al.*, 2011), tobacco, alcohol and cannabis (dagga) were the three most frequently reported substances used by grades 8-10 (adolescent stage) learners. A similar study was conducted by the Bureau of Market Research at the University of South Africa [UNISA] (Tustin, Goetz, De Jongh, Basson, Zulu, Leriba & Mayatula, 2012), on drug use and alcohol consumption among secondary-school-learners in the Western Cape Province, and identified the most illicit drug used among learners was cannabis (dagga).

In a study conducted by Hamdulay and Mash (2011), the prevalence of substance use among adolescents in Mitchell's Plain is high for all substances, relative to national and international figures. Mitchell's Plain is seen as a community that is battling with crime, gangsterism, unemployment, overcrowding, substance abuse and poverty (Hamdulay & Mash, 2011). The afore-mentioned studies in Mitchell's Plain have been unable to determine whether a positive parent-child relationship did exist during the time of the studies' adolescents using substances; therefore, this current study is exploring that phenomenon.

4.6. Population

The population of a study can be described as a group of individuals, who possess characteristics that are relevant to a specific topic, and around whom conclusions could be drawn (Babbie & Mouton, 2009; Strydom & Venter, 2002). The population that was targeted for this current study was the adolescent substance users and their mothers, as parents. The researcher focused, specifically, on the Mitchell's Plain community, which comprises predominantly 'coloured' people, because of the reported prevalence of adolescent substance use in this area. In Mitchell's Plain, 66.2% of the population comprises of "coloured" people (Ndegwa, Horner & Esau, 2007). SACENDU's report for January-June, 2011 (Dada, Plüddemann, Parry, Bhana, Vawda & Fourie, 2011) indicated that 67% of the individuals seeking treatment for substance abuse were "coloured".

4.7. Sampling

Arkava and Lane (1983) define sampling as being a sub-set of a population that possesses specific elements of relevance to the current study. A subset of the population was selected through purposive sampling for both the qualitative and quantitative research phases. Often it is appropriate to use personal judgment, based on the knowledge of the population, elements and the nature of the research, when purposive or judgmental sampling can be employed (Babbie & Mouton, 2009). According to Reid and Smith (1981), as well as Sarantakos (2005), the rationale behind sampling is to focus on the feasibility of the study; therefore, ninety (90) respondents were selected for the quantitative data collection phase. According to Grinnell and Williams (1990) and Seaberg (1988), the larger the sample, the more accurate the study, but 10% is sufficient for controlling sample error.

4.7.1. Quantitative Sampling

The researcher made use of purposive or judgmental sampling; therefore, any potential respondent, who meets the research criteria and has links to the phenomenon, is given the opportunity to participate in the research study (Strydom, Fouché & Delport, 2002). The researcher approached the subjects at the non-governmental organizations to recruit potential respondents. The subjects recruited were the adolescent substance users, who were clients of these organizations, as well as their biological mothers. They were purposefully selected, as they met the criteria for the purpose of the study. They were substance users from the community of Mitchell's Plain, and members of a nuclear family that comprised of both a mother and a father; however, the researcher realised that non-probability sampling had its risk factors in the generalization of the study (Strydom, Fouché & Delport, 2002).

A total of 90 respondents, 45 adolescent substance users and their 45 mothers, were selected for this study. The aim of the research was to acquire a representation of a specific phenomenon and, therefore, the purposive sampling was used for the quantitative research method phase. Strydom, Fouché and Delport (2002) assert that it is essential that specific criteria and sound rationale be employed in the sampling process. The researcher distributed the 90 questionnaires among the adolescent substance users and their biological mothers, for the completion of the questionnaires.

4.7.2. Qualitative Sampling

The participants for the qualitative research method phase of the study were selected from the respondents of the quantitative phase of this study. According to Strydom, Fouché and Delport (2002), the sampling procedure for the qualitative research is less structured than for the quantitative research. Random sampling was used to select ten individuals (5 adolescents, out of the 45, and their mothers) to participate for the qualitative phase. According to Welman, Kruger and Mitchell (2005), in random sampling, each member of the population has the same chance of being included in the sample, and each sample of a particular size has the same probability of being chosen. The simple random sampling was done through a table of random numbers.

Each of the 45 adolescent substance users was assigned a random number, and the table was presented in the form of a row. Every ninth adolescent in the table was selected to provide a total of five (5) adolescent substance users and their mothers.

4.8. Data collection instruments

A research data collection instrument is used as the tool to gather rich data from respondents/participants. The type of instrument to be used is dependent on the data collection method selected. The results of research and its methods are directly dependent on the collected data. Measuring Instruments refer to such instruments as structured observation schedules, structured interviewing schedules, questionnaires, indexes and scales (De Vos et al., 2011: p. 171).

4.8.1. Quantitative

There is no single scale designed to measure parent-child relationships; numerous researchers have developed different measurements scales for the construct of parent-child relationships and its related elements (Lechcier-Kimel, 2007). Furman and Buhrmester (1995) developed a parent-child relationship questionnaire, with both a parent and a child version, each consisting of 57 items. The respondents are asked to rank each item on a scale ranging from 1 to 5 (1 being "hardly at all", and 5 being "extremely much"). Babbie, (2007: p. 246) defines a questionnaire as "a document containing questions and or other types of items designed to solicit information appropriate for analysis". The word 'questionnaire' is typically used, in a very general sense, to mean any printed set of questions that respondents in a survey are asked to answer, either by checking one choice from among several possible answers listed beneath a question, or by writing the answer in full (Thomas, 2003).

The questionnaire that was used for this current study was taken from the original questionnaire, developed by Furman and Buhrmester (1995). The questionnaire for this current study was divided into 6 sub-scales of the components for parent-child relationships, namely cohesion, monitoring/control, warmth/caring, attachment, support and communication, used for parent-child connectedness measures and the possible risk and protective factors, identified by Lezin *et al.* (2004).

Both the child and the parent respondents were asked to rank each item on a scale ranging from 1 to 5 (1 being "hardly at all" and 5 being "extremely much"). The questionnaires included demographics and the components of parent-child relationships.

The same questions were asked of both child and parent. English and Afrikaans are the dominant languages used in the Mitchell's Plain area; therefore, the English instruments were translated into Afrikaans and Xhosa, for those respondents, who spoke the language. The respondents had a choice of the three questionnaires; however, all of them decided on the English version.

4.8.2. Qualitative

This current study made use of the semi-structured interview for qualitative data collection. The interviews were flexible; the coordinators of the NGOs arranged a venue that was conducive for the interviews, where the participants were afforded privacy and confidentiality during the interviews. The advantage of interviews is that one question leads to another, which is not usually the case with questionnaires, where the questions are pre-set and cannot be altered. The participants were provided as much clarity as they needed during the entire process of the interview, in order to understand and answer the questions to the best of their ability. Interviews are accurate forms of data collection, unlike questionnaires, where you have to wait for the completion of the questionnaire, to check the accuracy (De Vos *et al.,* 2011). However, one of the disadvantages of interviews is that the researcher may bias the participants' responses if s/he has certain personal characteristics, such as perceived affiliation, race and gender affects (Mouton, 2001).

4.9. Data collection

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic way that enables the researcher to answer stated research questions, test hypotheses, and evaluate outcomes (Creswell & Plano-Clark, 2007). When conducting quantitative or qualitative research, accurate data collection is essential to maintain the integrity of research. When collecting the data, the researcher must know which data to collect, how it will be collected, who will be collecting it, and when it will be

collected. The selection of a data collection process should be based on the identified research problem.

Data collection could be primary and secondary data collection (Creswell, Plano Clark, Gutmann & Hanson, 2003). Primary data collection refers to the gathering of information for the research problem at hand, using a specific instrument that fits the problem best. Secondary data collection consists of information on studied objects that are coded in variables with a range of possible values. Secondary data is mostly used by researchers who study theoretical problems, or policy issues. Some social research questions could utilize data such as, statistics and administrative records, collected earlier by other researchers for other purposes. This is also referred to as secondary data collection (Creswell, Plano Clark, Gutmann & Hanson, 2003).

This current study employed primary data collection, as the researcher collected the information/data for the study at hand (Creswell & Plano-Clark, 2007). It is extremely important to maintain integrity (accuracy and completeness) while collecting data. Accurately collecting data ensures that the research questions are answered correctly (Creswell & Plano-Clark, 2007).

4.9.1. Quantitative

The quantitative data collection phase employs measuring instruments such as, structured observation schedules, structured interviewing schedules, questionnaires, checklists, indexes and scales (De Vos *et al.,* 2011). The data for this current study was collected by means of a questionnaire. Permission to conduct the study was granted by the Senate Higher Degrees Committee at the University of the Western Cape, as well as the NGO, approached by the researcher for the purpose of data collection.

The coordinators were appointed as contact persons, who would work with the researcher to identify the participants, arrange the venue and the general arrangements during the data collection process, so that there was minimum disruption within the organization. Consent forms (Appendix B & C) and the assent forms (Appendix D) were issued to the mothers at the venue, for them to complete for themselves and the children. The consent forms were explained and the purpose for conducting the study, as explained in the information sheets (Appendix A) that were distributed to them

during the first meeting, where their assistance and willingness to become part of the study was requested.

The researcher explained to the mothers and children that the study consisted of quantitative and qualitative phases and they needed to indicate whether they would be willing to participate in both. The mothers were informed of the ethical considerations and assured that they could withdraw from the study at any time during the data collection process, without prejudice.

The mothers of the children were reminded again about the ethical considerations, which included anonymity, confidentiality, voluntary participation and their right to withdraw from the study at any time and not participate, as previously explained, when they were signing the consent forms, as well as their children's assent forms. All the ethical terms were explained to the children, as well, so that they were clear about what their rights were, as participants in this research study.

Subsequently, the children were provided with the questionnaires (Appendix F), which they had to complete, because they had agreed to participate voluntarily in the study. The researcher read out each sentence from the questionnaire to assist the children to complete them, and ensured that they understood the questions clearly. They were asked to choose a unique number for their questionnaire, whichever they felt they wanted to choose. The unique number was used as a means of identification to pair off with their mothers' questionnaires, as the same unique numbers were recorded on their mothers' questionnaires. The researcher explained to the children that, as the study was exploring the adolescents' substance use and the parent-child relationship, their mothers would also be required to complete a questionnaire.

The mothers had to complete the questionnaires during their own session, after the children were done. They were given a separate time slot by the researcher. The researcher explained again to the mothers their rights, to withdraw from the study at any time, confidentiality and voluntary participation. The mothers, subsequently, completed their questionnaires.

4.9.2. Qualitative

During the second phase of data collection, the mothers and adolescent substance users were interviewed in face-to-face, one-on-one, semi-structured interviews. In a semi-structured interview, the researcher has a list of questions, or interview guide, which directs the interview process. According to Greeff (2002), interviews are the prevailing form of gathering data in qualitative research. Interviews are not only concerned with extracting the story, but also involve the description and interpretation of the story, as well as a reflection on the description of the story (Greeff, 2002). An interview schedule (Appendix G) was used to guide the interviews. The interview schedule is a set of predetermined questions that is used by the researcher as an appropriate instrument to engage the participants and designate the narrative terrain (Holstein & Gubrium, 1995). The drawing up of the interview schedule forces the researcher to think explicitly about what s/he hopes the interview might cover (De Vos *et al.,* 2011). These authors further assert that the drawing up of the interview schedule also forces the researcher to think of the difficulties that might be encountered.

The interviews were conducted at the participating NGOs, within the premises of the organization. The interviews were arranged by the coordinators representing the organization. Each individual participant was informed of the time and date for the interviews. The adolescents were interviewed first, on one day, and the mothers were interviewed on the following day.

4.10. Mixed Methods Data Analysis

A visual model for mixed-methods sequential explanatory design procedure by Ivankova and Stick (2007) guided the analysis of this mixed method study. Ivankova and Stick (2007) have defined mixed methods research as a procedure for collecting, analyzing and mixing both quantitative and qualitative data at some stage of the research process, within a single study to understand the research problem more completely. Data analysis in mixed methods research consists of analyzing the quantitative data, using the quantitative methods and the qualitative data using the qualitative method and procedures (De Vos *et al.,* 2011). Analysis involves breaking up the data into manageable themes, patterns, trends and relationships (Mouton, 2001). This is done in order to understand the various constitutive elements of data through an inspection of the relationship between concepts, constructs or variables.

The purpose of analysis, therefore, is to reduce data to an intelligent and interpretable form so that the relations of research problems can be studied and tested, and conclusions drawn (De Vos *et al.*, 2011).

The data of the quantitative part in the study was analyzed by means of the Statistical Package in the Social Sciences (SPSS 25) to provide information, in terms of percentages, frequencies, means, standard deviation and correlations, which were used to describe the characteristics of the sample, and to determine the significance of the nature of relationships. The qualitative phase is a phenomenological study; an analysis was followed within the framework of Ivankova and Stick (2007) and drew attention to the significant statements of the mothers and children, structuring their significant responses into themes.

4.10.1. Phase 1: Quantitative analysis

Quantitative data analysis can be regarded as the technique by which researchers convert data into numerical form and subject it to statistical analysis (Rubin & Babbie, 2005). For this study, descriptive data analysis was used, in which statistics included percentages, means and standard deviations, as well as the inference (the use of reasoning), to reach a conclusion, based on the evidence (De Vos *et al.*, 2011). Descriptive data analysis describes data through the investigation and distribution of scores on each variable (De Vos *et al.*, 2011). These authors further assert that descriptive data analysis determines whether the scores on the different variables relate to each other. According to Monette, Sullivan and De Jong (2013), descriptive statistics are procedures that describe numerical data, as they assist in organizing, summarizing and interpreting sample data. The data for all the questionnaires were entered, coded, checked for completeness, accuracy and analysed by means of the SPSS 25 Programme to provide information, in terms of percentages, frequencies, means and standard deviation, which were used to describe the characteristics of the sample, and to determine the significance of the nature of relationships.

Frequencies are a detailed description of the categories/values for one variable. It could include following: Absolute frequency (or just frequency) indicates how many times a particular category occurs in your variable, which is a total count, or frequency of occurrence of each individual category/value in the table.

Relative frequency, also known as per cent, indicates the percentage of each category/value relative to the total number of cases. The mean refers to the value that represents the average. Standard Deviation refers to how much, on average, each individual value is dispersed around the mean; or the degree to which a response varies from the mean.

4.10.1.1. Reliability and Validity for the quantitative phase

Quantitative methods rest firmly upon a foundation set of principles for scientific rigor, for which there is clear consensus in the field (Aschengraw & Seage, 2008). This current study's method embraces validity, reliability, generalizability and objectivity. The participants were informed of the researcher's gender, nationality, age and educational level. The participant's values, options, opinions and preferences were taken into account. *Validity* in the findings represented a true reflection of a causal relationship between the variables of interest in the population under study. The forward translation of the questionnaire was done in Afrikaans and Xhosa languages for both parents and children who could not read the English language to ensure that they understand the questions clearly as the majority of the respondents were Afrikaans and Xhosa speaking. Theoretical validity was done through a literature review, in which clear and logical definitions were read. The representativeness of quantitative sample was optimally defined. An inferential validity was done through the appropriate techniques of data analysis, to have a thorough understanding of literature. As for *reliability*, the results and observations are replicated. Mixed-method is an indication of reliability, and proper training was done with research assistants to ensure reliability. *Generalizability* of the findings for the study was limited; however, it is hoped that the study indicates possible ways of improving future research. *Objectivity* in quantitative methods has the findings of the study shaped by respondents, and not by the researcher's bias, motivation, or interests.

4.10.2. Phase 2: Qualitative analysis

The qualitative analysis is the non-numerical examination and interpretation of observations, to discover underlying meanings and patterns of relationships (Babbie, 2007). The researcher re-read the interviews and the field notes before developing themes and the highlights that were found therein. Field notes refer to a written account

of the researcher's observations [what the researcher hears, sees, experiences and thinks about in the course of interviewing] (Babbie, 2007).
They are full, accurate, detailed process notes that are recorded during the interviews. In this current study, these field notes were clarified and elaborated on after the completion of the interviews.

The researcher transcribed and analyzed the data collected from the interviews. During the course of the analysis, the following phases of qualitative analysis were taken into account, as prescribed by De Vos *et al.* (2011). These key steps are presented in a linear form, bearing in mind that these main activities also move in circles, as they can never be followed rigidly, like a recipe (De Vos *et al.*, 2011). "These steps are meant as a guideline, often some of these steps overlap or are implemented in a different order to those steps offered by authors on qualitative data analysis" (De Vos *et al.*, 2011: p. 403).

4.10.2.1. Step 1: Planning for recording of Data

The researcher became familiar with the data and transcription. The researcher transcribed the interviews with the permission from the participants and a verbatim transcript was completed. Preliminary exploration of the data was done through the transcripts and writing memos. The manuscript was read and re-read, for thorough familiarization of the data, within the framework of the research questions, aims and qualitative research instrument of the study.

4.10.2.2. Step 2: Data Management

The researcher organized the data into computer files, which were converted to appropriate text units for analysis through the computer. The researcher critically evaluated the meaning of the words used by the subjects in their responses. There was a need to be attentive to words and phrases in the participants' own vocabularies, to capture the meaning of what they did or said, as well as every expression relevant to the experiences and perceptions of parent-child relationship.

4.10.2.3. Step 3: Coding

The researcher identified the different themes and coded those encountered through line-by-line, sentence-by-sentence, paragraph-by-paragraph analysis of each interview transcription (De Vos *et al.,* 2011).

Three methods of coding, namely, open coding, axial coding and selective coding, as well as three kinds of memos, namely, code notes, theoretical notes and operational notes, were used, as described by De Vos *et al.* (2011). Code notes identified the code labels and their meanings. Theoretical notes are self-conscious, systematic attempts by the researcher to reflect on what transpired, critically. The operational notes are detailed notes on circumstances relevant to understanding the data "reduction and elimination" process followed, as unnecessary information was discarded. The data were coded by segmenting and labelling the text (De Vos *et al*., 2011).

4.10.2.4. Step 4: Searching for themes

The researcher identified different themes and searched for underlying similarities between them. Searching for cases that either confirm or contradict formulated themes, serves to increase the credibility of research conclusions (De Vos *et al.*, 2011). "Clustering and thermalizing" of the essential statements followed. The feelings, opinions, perceptions and experiences of both children and mothers were clustered according to devised thematic labels. According to Moustakas (1994: p. 121), "the clustered and labelled constituents are the core themes of the experience". Themes were connected and interrelated.

4.10.2.5. Step 5: Reviewing themes

The data were analysed frequently, according to the regularity and validity of the preliminary findings, throughout the research process. An array of reasonable interpretation was considered to avoid taking hasty decisions on possible theoretical conclusions. A validation check was conducted with the essential elements, while the themes were checked against the complete transcription of the participant, to establish whether the participant explicitly stated the information.

4.10.2.6. Step 6: Naming themes

The constant comparative method was used to develop a comprehensive coding scheme. This entailed a continued naming of categories, by adding transcribed interviews and by moving to the next step of comparing new data incidents with the conceptual categories already identified (De Vos *et al.*, 2011).

Cross-case thematic analysis was done to ensure the credibility of the findings, and secured by triangulating different sources of information, namely, inter-coder agreement, reviewing and resolving disconfirming evidence, and academic advisors auditing (Creswell *et al.*, 2003).

4.10.2.7. Data verification and Trustworthiness in the qualitative phase

The quality of evidence generated through mixed methods is of interest to a range of potential audiences (Patton, 2002). Mixed methods collect rich, comprehensive data and have standards of quality. Data verification and trustworthiness is ensured through credibility, dependability, transferability and conformity in qualitative research. *Credibility* was ensured through paying attention to alternative explanations, correspondences between the researcher and the participants. For *dependability*, the researcher accounted for, and described the changing contents and circumstances during the study. The findings of this current study were transferred to other settings, contents and population, and the *g*eneralization of the findings for the study was limited; however, it is hoped that the study indicates possible ways of improving future research. *Conformability* was ensured in this current study as the findings of the study were shaped by participants and not by the researcher's bias, motivation or interests.

4.11. Ethical Considerations

"Ethics are set of moral principles, suggested by an individual or group, that is widely accepted and offers rules and behavioural expectations about the most correct conduct towards experimental subjects, respondents and researchers" (De Vos, Strydom, Fouché & Delport, 2005: p. 57). Ethical clearance was obtained before the data was collected from the University of the Western Cape's Senate Research Committee. Permission was also sought

from the management of the NGOs to conduct the study, as well as the adolescent substance abusers and their parents.

The study was conducted based on the four principles of ethical consideration in research, namely, *voluntary participation, informed consent, no harm to respondents/participants* and *confidentiality/anonymity*. The respondents/participants were given a choice participate, which implies that their participation was *voluntary*, and they were not *coerced*. They were advised that they could decline to participate, or, if they initially agreed to, they could withdraw at any point, if they so desired, without victimization.

The information sheets (Appendix A), with detailed information about the research study, including the benefits, risks, as well as what the study anticipated to achieve, was provided to the respondents/ participants. The researcher explained information sheets to the respondents/participants and gave them the opportunity to query details they did not understand. This process gave them the opportunity to be knowledgeable about the study and be able to make *informed consent*. The *consent forms* (Appendix B & C) were issued to the parent respondents/participants, who had agreed to participate, as well as *assent forms* (Appendix D) for the adolescent respondents/ participants, who were considered minors, according to the law.

There were some consent forms that were translated into the Afrikaans and Xhosa languages for both parents and children, who could not read the English language. According to Welman, Kruger and Mitchell (2005), the respondents/participants should be given the assurance that they would be indemnified against any physical and emotional harm. The researcher and the respondents/participants acknowledged that *no harm to respondents/participants* transpired; however, the researcher explained that some questions might trigger reactions about their experiences, especially when prompting some personal experiences related to their parent-child relationship. The participants were assured that, should they be emotionally affected by any questionnaire item, they would be referred to organizations that render emotional support and counselling. *Anonymity* was ensured as the respondents/participants were guaranteed of their right to privacy, and that their names would not appear on the questionnaires. The researcher also maintained the principle of confidentiality and assured the respondents/participants that their personal information would not be disclosed without their consent, and that the findings of the study would not be used for any purpose, other than what it was intended to achieve. The questionnaires would also not contain any information to identify the respondents/participants. In order to ensure

privacy, names were not requested, as each questionnaire had a code number to guarantee anonymity. A code was placed on the questionnaire and other collected data by using an identification key.

The researcher was the only person who had access to the identification code, to ensure *confidentiality*. The data was stored in a lockable cupboard whereby the researcher was the only person with key.

4.12. Limitations of the study

This study was not without challenges and the following were encountered:

1. A problem arose during the initial stages of the research, when the researcher was unable to obtain permission from the initial sample population, which resulted in the sampling method having to be altered. Only three organizations, rendering a similar service, were utilized in this current study, which limited the population and the possible responses. Most probably, the study will not yield a clear solution, because people are unique as individuals, and their experiences can never be the same. The researcher, however, acknowledges that there are individuals with similar experiences.
2. The questionnaire was a bit lengthy, comprising 60 items (6 subscales, each with 10 questions). Some participants expressed a lack of patience, which suggests that some items might have been rushed.
3. The majority of the study sample comprised of adolescent males, since most organizations had more male than female adolescent substance users. This might have influenced the perceived parent-child relationship, as previous research has indicated that females and males relate to their parents differently; however, due to the limitations in literature regarding this statement, this aspect was not explored in this current study.
4. Generalization of the findings for the study was limited; however, it is hoped that the study indicates possible ways of improving future research.

4.13. Conclusion

Chapter 4 comprised the methodological design of this current study. A mixed methods design was selected, in order to provide a comprehensive representation of the phenomenon

of the parent-child relationship of adolescent substance users and their mothers. The researcher provided information regarding the various stages of the research process, such as, data collection, data analysis, ethical considerations and rigor, as well as a detailed account of how the population and sample of respondents/participants were selected, and a discussion about the instruments that were used to collect the data. The following two chapters, 5 and 6, contain the results of the quantitative and qualitative data analyses, respectively.

CHAPTER 5

QUANTITATIVE RESULTS

5.1. Introduction

This chapter comprises the results of the quantitative research analysis, which are presented in tables. The analysis was done through the SPSS 25 (Statistical Package for the Social Science v25) programme. *Firstly*, the demographic data of the respondents are presented in Table 5.1, as well as some insight into the sample in this current study; however, only descriptive statistics about the sample are provided. *Secondly,* information about the parenting approaches, used for this study, to measure the parent-child relationship, is disclosed. *Thirdly,* information on the descriptive statistics of the subscales of parenting practices is submitted. *Fourthly,* the comparison of the groups (mothers and children) is introduced. In Tables 5.2 to 5.5, information concerning frequencies, correlational and comparative relationships between the variables in the study is presented.

5.2. Demographic profile of the participants

The data were gathered from 45 mothers and 45 children (the total number of the respondents being 90). The 45 children were adolescent substance users, aged 14-17 years, and the 45 mothers were their biological mothers. An overview of the 90 respondents' demographic profile, in terms of gender, age, home language, educational level, as well as the work status of the mothers, are illustrated in Table 5.1.

Table 5.1: Demographic profile of the participants

Profile	Variables	N=90	%
Gender children	Male	27	60.0
	Female	18	40.0
Mothers	Female	45	100.0
Age: Children	14-17 years	45	100.0
Mothers	19-45 years	45	100.0
Home language	English	22	24.5
	Xhosa	30	33,3
	Afrikaans	38	42.2
Children Educational level	Less than high school	17	18.9
	High School	58	64.4
	Tertiary	15	16.7
Mothers' Work Status	Full time	2	4.4
	Part time	14	31.1
	Unemployed	29	64.5
	Retired	0	0

The representative adolescent respondents were predominantly males (60%), and females (40%). The majority of them spoke Afrikaans as their home language (42.2 %), followed by Xhosa (33.3%) and lastly English (24.5%). The level of education for the majority of the adolescent respondents was high school (64.5%). Twenty-nine (29) of the forty-five (45) mothers were unemployed, followed by those who were in part-time employment (14), and lastly, those who were in full-time employment (2).

The following research questions are addressed through the quantitative approach to determine the perceptions of the parents and adolescence on the parent-child relationship.:

1. What are parents' perceptions of the parent-child relationship, in light of their adolescent's substance use?
2. What are the adolescent substance users' perceptions of the parent-child relationship?

5.3. Subscales of the components of the parent-child relationship

Table 5.2: Means and SD for subscales (n = 90)

Variables	*N*		*Min*		*Max*		*M*		*SD*	
	P	C	P	C	P	C	P	C	P	C
Cohesion	45	45	1.7	1.7	5.0	4.3	3.31	3.07	.633	.658
Monitoring & Control	45	45	2.1	1.1	4.8	4.8	3.07	2.98	.604	.603
Warmth & Caring	45	45	1.1	2.0	5.0	5.0	4.3	3.78	.801	.778
Attachment/ Bonding	45	45	1.4	2.0	4.8	5.0	3.9	3.44	.720	.669
Support/Involvement	45	45	1.2	1.9	5.0	5.0	4.3	3.44	.723	.742
Communication	45	45	1.1	1.8	5.0	5.0	4.1	3.23	.747	.771
a. Participant = Child and Parent										

In Table 5.2, the mean (*M*) and standard deviation (*SD*) frequency scores for the subscales of the parenting-child relationship are illustrated. It also illustrates that 90 participants, comprising 45 adolescent substance users and their mothers participated in the study. The participants could score a minimum of 1.0 and a maximum of 5.0 for each of the 10 items in each subscale. In the parent-child relationship subscale, the highest mean and standard deviation score was indicated for subscale warmth and caring, with *M* = 4.3 and *SD* = .801 for the mothers and M = 3.78 and SD = .778 for the adolescents. The lowest mean and standard deviation score was indicated for monitoring and control subscale, with M = 3.07 and SD = .604 for the mothers and M = 2.98 and SD = .603 for the adolescents.

Table: 5.3: Comparison of groups

Variables	Participant	*N*	*M*	*SD*	*SEM*
Cohesion	Child	45	3.1	.658	.099
	Parent	45	3.3	.633	.094
Monitoring & Control	Child	45	3.0	.603	.105
	Parent	45	3.1	.604	.105
Warmth & Caring	Child	45	3.8	.777	.116
	Parent	45	4.3	.800	.119
Attachment/Bonding	Child	45	3.4	.668	.101
	Parent	45	3.9	.720	.107

Support/Involvement	Child Parent	45 45	3.4 4.3	.741 .722	.112 .108
Communication	Child Parent	45 45	3.2 4.1	.770 .747	.116 .111

In Table 5.3, a significant difference in how the parents and children perceive their parent-child relationship is illustrated. Warmth and caring has the highest mean and standard deviation scores (M = 3.8 with SD = .777 for the adolescents and M = 4.3 with SD = .800 for the parent). Monitoring and control has the lowest mean and standard deviation scores (M = 3.0 with SD = .603 for the adolescents and M = 3.1 with SD = .604 for the parent), with no significant difference between the perceptions of mothers and their children. In addition, there is significant difference between the perceptions of the mothers and the adolescents in three other subscales, attachment/bonding, support/ involvement as well as communication. In the cohesion subscale, a slight difference was observed.

Table: 5.4: Independent Samples Test

Subscales	Levene's Test for Equality of Variances		T-test for Equality of Means						
	F	Sig	t	df	Sig (2-detailed)	Mean Difference	Std Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Cohesion									
Equal Variance assumed	1.3	250	-1.8	87	.083	-.24	.14	-.51	.031
Equal Variance not assumed			-1.8	87	.083	-.24	.14	-.51	.031
Monitoring & Control									
Equal Variance assumed	.01	943	-.59	88	.551	-.09	.15	-.39	.21
Equal Variance not assumed			-.59	88	.551	-.09	.15	-.39	.21
Warmth & Caring									
Equal Variance assumed	1.9	167	-3.0	88	.003	-.51	.17	-.84	-.18
Equal Variance not assumed			-3.0	88	.003	-.51	.17	-.84	-.18
Attachment/ Bonding									
Equal Variance assumed	.00	947	-2.9	87	.004	-.43	.14	-.72	-.14
Equal Variance not assumed			-2.9	87	.004	-.43	.14	-.72	-.14
Supportive/Involvement									

Equal Variance assumed	3.2	.08	-5.5	87	.00	-.85	.15	-1.2	-.55
Equal Variance not assumed			-5.5	87	.00	-.85	.15	-1.2	-.55
Communication									
Equal Variance assumed	2.0	.16	-4.6	87	.00	-.75	.16	-1.1	-.42
Equal Variance not assumed			-4.6	87	.00	-.75	.16	-1.1	-.42

In Table 5.4, the Leven's test for equality of variances is interpreted to determine whether, or not, equal variances can be assumed. In this regard, the Leven's test results for equality of variances indicate that equal variances can be assumed in two subscales of parent-child relationship (Supportive/Involvement and Communication); however, the remaining four subscales have significant results (i.e. p value = 0.00 – less than that 0.05). Notably, the t-test results (i.e. mean difference between the two groups – mothers and children) for the four subscales of parent-child relationship, namely, Warmth & Caring, Attachment/Bonding, Supportive/Involvement and Communication are statistically significant.

5.4. Sub-scale items of the components of the parent-child relationship

Tables 5.2 to 5.5 outline the means and standard deviation results for parenting approaches on parent-child relationship of 90 participants, representing 45 adolescent substance users and their 45 mothers. There are 6 subscales of the components of the parent-child relationship with 57 items; cohesion with 10 items, monitoring and control with 9 items, warmth with 9 items, attachment with 10 items, support with 10 items and communication subscale with 9 items.

Table 5.5: Mean (*M*) and Standard Deviation (*SD*) for Subscale items (n = 90)

ITEMS	N		M		SD	
	PARENT	CHILD	PARENT	CHILD	PARENT	CHILD
Cohesion (Closeness and Conflict)						
1. Spending time	45	45	3.82	3.73	.995	1.05
4. Disagree and quarrel	45	45	3.02	2.82	1.25	1.03
15. Yelling	45	45	3.16	2.89	1.40	1.09
17. Go places together	45	45	2.64	3.27	1.32	1.29
23. Getting in arguments	45	45	2.67	3.04	1.35	1.07

36. Playing and have fun	45	45	2.64	3.53	1.19	.991
39. Being around each other	45	45	3.60	3.60	1.14	1.14
42. Arguments	45	45	3.11	2.96	1.27	.999
55. Spending time together	45	45	3.00	3.49	1.26	1.20
Monitoring and Control						
2. Letting go places	45	45	2.91	3.62	1.38	1.05
10. Spanking for misbehaviour	45	45	2.64	2.31	1.32	1.24
13. Taking away privileges	45	45	2.38	3.33	1.17	1.13
18. Feel ashamed or guilty	45	45	2.69	2.87	1.43	1.10
20. Doing thing together	45	45	3.11	3.56	1.32	1.18
21. Not letting to do something	45	45	3.27	3.22	1.37	1.43
29. Hitting	45	45	3.04	2.36	1.28	1.13
32. Forbidding	45	45	3.11	2.96	1.23	1.27
37. Feeling bad	45	45	2.82	2.51	1.25	1.10
40. Worrying	45	45	3.84	3.98	1.17	1.22
Warmth/ Caring						
3. Caring	45	45	3.98	4.42	1.20	.917
5. Doing nice things	45	45	3.38	3.93	1.17	1.01
11. Admiration	45	45	4.00	4.16	1.04	1.09
12. Respect	45	45	3.80	4.31	1.20	.925
22. Love for each other	45	45	4.24	4.47	.981	.919
41. Feelings of affection	45	45	3.80	4.51	1.290	.920
7. Respect opinion	45	45	3.71	4.24	1.06	.981
8. Making one feel better	45	45	3.67	4.29	1.13	.944
9. Become responsive	45	45	3.60	4.31	1.14	.949
Attachment/ Bonding						
6. Liking same things	45	45	3.11	3.51	1.15	1.26
51. Tell each other everything	45	45	2.93	3.53	1.25	1.24
16. Ask for opinion	45	45	3.07	4.04	1.20	.852
25. Have a lot in common	45	45	3.22	3.64	1.17	1.09
28. share secrets and feelings	45	45	2.53	3.67	1.25	1.26

30. Feeling proud	45	45	4.20	4.31	1.01	.973
31. Feeling really proud	45	45	3.76	3.96	.883	1.11
44. Being alike?	45	45	3.47	3.78	1.04	1.20
50. Think highly	45	45	4.22	4.04	.850	1.13
49. Thinking very highly	45	45	3.84	4.27	1.01	.915
Support/Involvement						
56. Praise and compliments	45	45	3.60	4.29	1.10	.920
14. Show how to do things	45	45	3.60	4.24	1.07	.957
24. Giving each other a hand	45	45	3.38	4.27	1.09	.780
54. Tell when doing a good job	45	45	3.20	4.31	1.16	.821
33. Help with things one can't do	45	45	3.16	4.40	1.13	.809
43. Doing special favours	45	45	3.40	4.20	.963	1.14
52. Teach things that doesn't know	45	45	3.49	4.29	1.10	.944
34. Help when there is need	45	45	3.56	4.42	1.20	.917
26. Give expectations & guidelines	45	45	3.56	4.42	1.20	.917
Communication						
19. Talk about why being punished	45	45	3.45	3.93	1.17	1.21
35. Listen to ideas	45	45	3.20	3.20	1.04	1.04
38. Give reasons for rules	45	45	2.93	4.00	1.07	1.04
45. Like what he/she did	45	45	3.29	4.13	1.27	.919
47. Talk about things	45	45	3.02	3.56	1.34	1.34
57. Give reasons for decisions	45	45	3.31	4.22	1.20	.974
27. Speak in a friendly voice	45	45	3.56	3.87	1.18	1.16
48. Respect opinions by encouraging	45	45	3.18	4.09	1.17	1.02
46. Encourage to talk about troubles	45	45	3.24	4.20	1.32	.944
53. Allow to give input	45	45	2.98	4.02	1.34	1.03

Responses were on a Likert scale of 1=Hardly at all, 2=Not too much, 3=somewhat, 4=very much and 5=extremely much.

In Table 5.5, the standardized coefficients for the subscale items indicate that all parenting approaches provided their unique contribution to the mother's differences, in relation to the

adolescent substance users. According to Table 5.5, the mothers and adolescents had different perspectives about the parent-child relationship, as their responses were significantly different to each other. Only two items displayed similar perspectives of the parent-child relationship, for both mothers and adolescents.

- Item 39: Being around each other (M = 3.6 and SD = 1.14 for each set of respondents)
- Item 35: Listening to ideas (M = 3.2 and SD = 1.04) for each set of respondents)

5.5. Conclusion

The main findings of the quantitative analysis reveal that there is significant difference in some of the six subscales of the parent-child relationship, according to the perceptions of the adolescents and their mothers. There is significant difference in the warmth and caring, attachment/bonding, supportive/involvement and communication subscales and only slight difference in the cohesion, as well as the monitoring and control subscales. The responses to the subscale items of the parent-child relationship indicated that only two items out of 57 displayed similar perspectives for both mothers and adolescents (Item 39 – Being around each other, and Item 35 – Listening to ideas).

However, the findings should be interpreted with care, as there are limitations to the study, which are addressed in Chapter 7. The following chapter presents the results of the qualitative findings of the study. The results of the current chapter and the next chapter are integrated and discussed in Chapter 7.

CHAPTER SIX

QUALITATIVE RESULTS

6.1. Introduction

The qualitative results conclude the second phase of the mixed methods design of this current study. In this chapter, the researcher's main aim is to provide more insights into the mothers' and their adolescent substance users' perceptions of their parent-child relationship. One-on-one, face-to-face, semi-structured interviews were conducted with the mothers and their adolescent children, who were randomly selected as participants for this current study, in order to gather data/information for analysis. Thematic analysis was employed during the data analysis process to arrive at the results that are presented in this chapter.

The following research question was the focus of the qualitative phase of this research study:

- What are the similarities and differences of the perceptions of adolescent substance users and their parents on their parent-child relationship?

The similarities and differences of the parents' and the adolescents' perceptions of their parent-child relationship were explored and described to answer this research question.

6.2. Demographic information of the participants

The semi-structured interviews were conducted with five mothers and their five adolescent substance users; bringing the total number of the participants to ten. The five adolescent substance users were between the ages 14-17 years, and the five mothers were their biological mothers.

Tables 6.1 and 6.2 comprise an overview of the demographic profile of the 10 participants in the qualitative phase of this current study. Table 6.1 contains the demographics of the mothers, including their age, employment status and education level. Table 6.2 contains the demographic profile of the adolescents, including their age, schooling and current school grade.

Table 6.1: Demographic data of the Parents

Participant	Parent	Age	Employment	Education
1	Mother	36	Yes	Grade 12
3	Mother	35	No	Grade 11
5	Mother	50	Yes	Grade 12
7	Mother	48	Yes	Grade 12
9	Mother	42	No	Grade 10

Table 6.2: Demographic data of the Adolescent substance users

Participant	Adolescent	Age	School	Grade
2	Male	17	In school	Grade 10
4	Male	17	In school	Grade 10
6	Male	15	In school	Grade 9
8	Female	16	In school	Grade 9
10	Male	16	In school	Grade 10

6.3. Presentation of the qualitative findings

The researcher completed the verbatim transcript of the 10 interviews with the participants, who were randomly selected from the 90 respondents (mothers and their adolescent substance users) of the first quantitative phase of this research study. The qualitative phase of this study is a phenomenological study; the data were analysed, following the qualitative data collection by the researcher, drawing attention to the significant statements of the mothers and the adolescents, and structuring their significant responses into themes. The themes and sub-themes that emerged are captured in Table 6.3. The responses of the mothers will be discussed along with the responses from their adolescent substance users, to provide insight into how they both perceived their parent-child relationship. The last number of the codes

after each quotation indicates the participants' age, with numbers above 17 signifying mothers' responses.

Table 6.3: Themes and sub-themes

Themes	Sub-themes
Theme 1 **Cohesion**	**Sub-theme 1.1**: Strong memories **Sub-theme 1.2:** Reason for substance use **Sub-theme 1.3:** Relationship after revelation **Sub-theme 1.4:** Keeping a healthy relationship **Sub-theme 1.5**: Highlights of best experiences
Theme 2 **Monitoring and control**	**Sub-theme 2.1:** View on parenting **Sub-theme 2.2:** Rearing **Sub-theme 2.3**: Start of substance use
Theme 3 **Warmth/ Caring**	**Sub-theme 3.1:** Relate to one another **Sub-theme 3.2:** Impact of substance use
Theme 4 **Attachment/ Bonding**	**Sub-theme 4.1**: Describing the relationship **Sub-theme 4.2**: Choosing to use substances after first time experience
Theme 5 **Support/ Involvement**	**Sub-theme 5.1**: Parenting in development of child **Sub-theme 5.2**: Parent role **Sub-theme 5.3**: Important decision
Theme 6 **Communication**	**Sub-theme 6.1**: Parent-child relationship **Sub-theme 6.2**: Reaction first time

6.3.1. Theme 1: Cohesion

The day-to-day interactions between young children and their parents help drive their emotional, physical, and intellectual development (Brazelton & Cramer, 1990). When parents are sensitive and responsive to children's cues, they contribute to the coordinated back-and-forth communication between the parent and the child (Tronick, 1989). These interactions help children develop a sense of self (Tronick & Beeghly, 2011), and model various emotional expressions, as well as emotional regulation skills (for example, self-calming and self-control skills).

6.3.1.1. Sub-theme 1.1: Strong memories

The mother-participants were asked to share the strong memories of their relationship with their adolescent substance users. Most of the mother-participants remained silent for a moment, as if trying to think of an answer.
This question appeared to be a difficult one, as the mother-participants did not respond immediately after the question was posed. One mother-participant responded as follows:

> "*There have not been much memories of happiness since the using of substances; all I am seeing is his negativity towards everything" (R5-F42)*

Another mother-participant responded in a similar manner, as follows:

> *"I cannot think of anything at this point in time as there has not been much that we are doing together". (R2F-36)*

The two mothers of the adolescent substance users could not immediately recall anything positive about their relationship; however, both their adolescents were able to identify strong memories of their relationship with their mothers; memories that they would never forget, as the following quotations confirm:

> *"The first time when she took me to the picnic talking and walking together". (R1-M17)*

> *"A trip to Durban when we were all together as family and we had too much fun". (R4-F16)*

The adolescent substance users could recall strong memories of their relationship with their mothers; even through their non-verbal cues, as their facial expressions displayed recollection of those memorable days. The researcher observed that the adolescents responded effortlessly to this question and were able identify their best moments with their mothers. For the mothers, however, relating strong memories of their children were problematic. Both mothers and adolescents agreed that their relationship was not a healthy one, which indicated that the bond between them was fragile.

6.3.1.2. Sub-theme 1.2: Reasons for substance use

Many reasons have been identified by researchers and theorists that explain why adolescents use substances, as previously discussed. The participants provided their reasons as follows:

> *"The reason are friends, want to be on the same league, they don't want to be friends with person who don't do the things that they do". (R1-F35)*

> *"Peer pressure, Gang related as well as it is a norm in the gang to use substances and traumatic events". (R2-F36)*

> *"Friends are the reason, if you want to belong in their group, you have to do what they do, or you will not be part of them" (R3-M15)*

> *"It is an experiment, it is peer pressure, it is for fun, feeling great, on top, it is curiosity, to be famous, feeling of insecurity". (R4-F48).*

The majority of the adolescent-participants cited peer pressure as a reason for their substance use. There were similarities in the responses of both the mothers and the adolescents on how they perceived this matter.

6.3.1.3. Sub-theme 1.3: Relationship after revelation

The participants were asked whether their parent-child relationship remained the same once the substance use was revealed. If not, they needed to identify the way things were done differently, or indicate how the relationship changed. The majority of the mothers reported that the relationship changed considerably, as the behaviour of the adolescent changed within the household. The following quotation refers:

> "*Trust broke, as a result we hide money in the house, have to check his books to confirm attendance at school. Can no longer send him to shops/mall to buy or pay accounts, unlike before his substance use when I could rely on him for safe keeping of my funds". (R2-F36)*

One adolescent, whose mother indicated strongly that their relationship had changed, surprisingly, believed that it was still the same, because the mother discussed the substance use and its dangers, as per the following quotation:

> *"It is still the same because she talked to me about substance usage and how dangerous it is". (R2-M17)*

6.3.1.4. Sub-theme 1.4: Keeping a healthy relationship

The responses of two mothers indicated an understanding of keeping a healthy relationship with their adolescent substance users, regardless of any challenges that they may face, as per the following quotations:

> *"It needs lot of commitment and strength because there is good future but it is not easy." (R4-F48)*

> *"A common understanding in healthy relationship is needed though it is not easy to keep a healthy relationship with the substance user". (R5-F42)*

This was unlike the majority of the mothers, who simply said no, it was not easy to keep a healthy relationship. All the adolescent substance users responded that it was not easy to keep a healthy relationship with their mothers. The following quotations refer:

> *"It is not easy, but necessary." (R2-F36)*

> *"No, that is why a third party is necessary." (R3-F50)*

> *"No, because of things like peer pressure." (R2-M17)*

> *"No, we don't like same things" (R5-M17)*

6.3.1.5. Sub-theme 1.5: Highlights of best experiences

The participants were asked to highlight their best experiences in their parent-child relationship, or particular challenges and transition points in their relationship. Similar to the question on strong memories, the researcher observed a reticence and deep inhalation, as the majority of the mothers struggled to relate

their best experiences with their adolescent substance users, except for one mother who expressed the following:

> *"The foundation phase of parenting did help me to pick it up early that she is on substance because she could tell me what is happening in her life despite the present circumstances". (R3-F50)*

The majority of the adolescent substance users also struggled to highlight their best experiences, except for one who responded as follows:

> *"Yes, to always support each other and never lose love for each other". (R1-M17)*

Cohesion is perceived as one of the difficult characteristics in the parent-child relationship, as was demonstrated by the manner in which the mothers struggled to respond. However, there were similarities and differences identified in the responses of the mothers and the adolescents. When parents are sensitive, responsive, and predictable care, young children develop the skills they need to succeed in life (Tronick & Beeghly, 2011). The early parent-child relationship has a powerful effect on a child's emotional well-being (Dawson, Ashman & Carver, 2000), basic coping and problem-solving abilities, and future capacity for relationships (Lerner & Castellino, 2002). Through these interactions, children learn the skills they need to engage with others and succeed in different environments (Rogoff, 2003). In addition, this author believes that children learn to manage their emotions and behaviours, as well as to establish healthy relationships with adults and peers through these interactions. They also learn how to adjust to new situations and to resolve conflicts.

6.3.2. Theme 2: Monitoring and control

Parental monitoring is a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts, activities and adaptations (Dishion & McMahon, 1998). Research on parenting practices has revealed that parental monitoring secures the safety of young children (Petersen, Ewigman & Kivlahan. 1993). The research on how the parent-child relationship affects substance use has centred on the effects of parental monitoring (Steinberg *et al.*, 1994), how parents

influence their children's association with different types of peers (Brook, Brook, Gordon, Whiteman & Cohen, 1990), and how parents transmit conventional values (Brook & Whiteman, 1993). Therefore, researchers have concluded that parental monitoring is an effective tool in preventing and ameliorating substance use (Lezin *et al.*, 2004).

Strongly monitored adolescents are doubly protected from involvement in substance use, and the levels of substance use are decreased (Steinberg, Lamborn et al., 1994). Parental monitoring and control has been established as one of the parenting practices that are relevant to the safety of children. The participants were questioned about monitoring and control in terms of their parent-child relationship. The views of the majority of the participants, on their understanding of parenting, were similar; specifically, that being a mother was about loving and caring unconditionally for their children, being supportive, teaching the children ethical morals, principles and the values. The following quotations refer:

> *"It is the step by step process where a parent ensures that his/her child is raised in a way that s/he hold on to the ethical morals, principles and the values that builds an individual". (R3-F50)*

> *"I would say parenting is to develop a child to a positive future and help him to establish his goals". (R4-F48)*

> *"Parenting is a way of showing a child life and ensuring that the child's future is good". (R5-M16)*

The participants had similar views on parenting, as both the mothers and the adolescent substance users agreed that parenting comprised guiding, supporting, assisting, educating and loving the child. They considered that the parent should be able to develop the child to ensure a positive future, in which the child is able to make informed decisions.

6.3.2.1. Sub-theme 2.1: Rearing

The mothers, as participants, were asked to share how they viewed their nurturing by their parents, and how it prepared them for their own children. The adolescent substance users were asked to provide their views on the rearing of their parents. There following quotations refer:

> *"My parents taught me how to behave to elders and taught me to respect old people even if he/she isn't my mother nor father". (R1-F35)*

> *"It has never prepared me at all as their style of discipline was old fashioned as compared to today's challenges that children are faced with". (R3-F50)*

> *"The fact that my parents were not educated and they were not financial stable I could not go further for studies. They were able to upbringing me and my siblings from that inadequate source of income because there was always a bread on the table. I told myself I do not want my children to experienced life like me, I always motivate them about school". (R4-F48)*

> *"My parent is a good person and I would like to be like her when raising my children". (R4-F16)*

The majority of the mothers viewed their rearing as preparation to enable them to nurture their parent-child relationship, as they were taught by their parents, except one mother, who viewed her parents as being backward, due to them being uneducated. She expressed that her upbringing focussed on ensuring that her basic needs were met at home, and not really on nurturing, as the following quotation explains:

> *"I spend most of the time outside home, we only relate when I need something or watch television when I am home." (R5-M16)*

However, the adolescent substance users viewed their parents' rearing as preparation for them to face life and be respectable individuals. They all agreed

that there was a form of rearing within their parent-child relationship, as the following quotations explain:

> *"It has prepared me of how to be well-mannered around elders and that the decisions I choose to make should be beneficial for me in all ways." (R1-M17).*

> *"It has prepared me to be a good parent to my children." (R2-M17)*

6.3.2.2. Sub-theme 2.2: Start of substance use

The mothers-participants were asked to share their experiences of when their adolescent substance users started using. The mothers' experiences were similar; specifically, the behaviour of the adolescents changed, and the distance between them grew, which affected their parent-child relationship. The following quotations refer:

> "*There was a distance between us, he came back home late, became sensitive about his privacy and consumed lots of liquids in the house (drinks)". (R2-M36)*

> *"She started by staying out at night (coming home late) when confronted she claimed that she was with friends, I could see that she started to lose interest in her studies, house chores and general cleanliness". (R3-F50)*

The majority of the adolescent-participants explained that they started using substances with friends, while experimenting during their first years at high school; they starting using from the age of 13 years. Two adolescent substance users expressed that they were angry at the time that they started using. The facial expressions changed when responding to the question; the researcher observed anger in the adolescents, as well as frowning and tears, as they were talking. The following quotations refer:

> *"At first I was very angry, but realised that anger cannot solve the problem but only make the problem worse". (R1-M17)*

"I started when I was very angry with my parents and that never stopped". (R5-M16)

Chambers, Power, Loucks and Swanson (2000), who conducted a study utilising the parental bonding instrument to measure psychological distress, observed that cross cultures, the combination of high control and low caring by parents predicted psychological distress in children, and that punishing control was linked to aggressive behaviour and substance use. Low levels of parental monitoring have also been linked to early substance use by Steinberg, Darling and Fletcher (1995). Poor monitoring after school, in early adolescence, have been associated with substance use (Radziszewska, Richardson, Dent, & Flay, 1996). It has been established that parental monitoring is correlated with risky behaviour in young children, early drug experimentation and substance use in adolescence (Chilcoat & Anthony, 1996). Both the mothers and the adolescent substance users in this current study agreed that the onset of the substance use occurred during their time with friends, who were experimenting, and after school. The mothers reported a detachment between them and their children, which concurs with the findings of many researchers regarding low levels of monitoring, leading to substance use.

6.3.3. Theme 3: Warmth/Caring

Parental responsiveness (warmth) is the degree to which parents attend to their children's needs, in an accepting, supportive, warm and encouraging manner (Slicker, Picklesimer, Guzak & Fuller, 2005), and the extent to which the child is allowed to grow individually through self-assertion (Baumrind, 2005). Responsive parents develop reciprocal relationships with their children, practice inductive, non-punitive discipline, and show consistency in their child rearing practices (Maccoby & Martin, 1983). They encourage their children's autonomy and enable them to make their own decisions, as well as regulate their own activities. They avoid confrontation, tend to be warm, supportive people and do not care to be viewed as figures of authority (Dwairy, 2004). Warmth relates to the presence of an intimate, affectionate and enduring bond between parents and their children (Brook & Whiteman, 1993). According to Lezin *et al.* (2004), a warm and emotional climate is the key fundamental conditions required for the development of a healthy parent-child relationship.

6.3.3.1. Sub-theme 3.1: Relate to one another

The participants were asked to provide insight into their parent-child relationship, concerning how they relate to one another, specifically. The relationship between the mother and the child is of outmost importance and it is important to understand how one relates to the other (Baumrind, 2005). The majority of the mothers expressed that they related well with their children, although at times there were challenging behavioural problems. One of the mothers shared a specific incident, which resulted in a broken relationship that directly affected her relationship with her adolescent child. The following quotation refers:

> *"I reach out but he no longer avails himself. He spends most of his time with friends, at school. If he's in the house then he's on substances and that makes it difficult to have a normal relationship with him". (R2-F36)*

The parent-child relationship is reported to be negatively affected, when the child uses substances, as the majority of parents agreed that there were 'ups and downs', irrespective of their best efforts to reach out to their adolescents. In contrast, the adolescent substance users believed that they related well with their mothers, as per the following quotations:

> *"I relate with my parent in many ways, but the most way we relate in is that we enjoy spending quality time together and our relationship is not just that we are parent and child but friends to". (R1-M17)*

> *"I relate to my parent by doing things that we enjoy e.g. Cooking, jogging and watching movies together". (R2-M17)*

> *"I relate to my parent as a sister, a friend and someone I can talk to when I need to talk". (R3-M15)*

> *"I have time that I spend with my parent like shopping and watching television together". (R4- F16)*

> *"I spend most of the time outside home, we only relate when I need something or watch television when I am home". (R5- M16)*

6.3.3.2. Sub-theme 3.2: Impact of substance use

The majority of mothers were of the opinion that the use of substances had a negative impact in their parent-child relationship, as well as the lives of their adolescent children, as the following quotations confirm:

> *"Physically he has changed, mentally as well. It affects his abilities, eg academic, recreational, etc". (R2-F36*

> *"Yes, it is a negative impact. She does not have any aspirations any more, life seem doomed for her". (R3-F50)*

> *"He lost focus in his books, no concentration to future and violent behaviour". (R4-F48)*

> *"He has not been himself, self-distracted and not interested in education". (R5-F42)*

One mother indicated that the use of substances did not have much impact; although her body language was indicating something different. The researcher observed that, as much as she was saying there was no impact, her body language was responding differently, as she started to frown and look defensive. The adolescent substance users displayed similar trace signals, when they also responded that there was no impact. One adolescent substance user carelessly responded as follows:

> *"There is no reason I guess because I give her whatever she like". (R3-M15)*

According to Bogenschneider (1998), the responsiveness of the mothers may produce adverse consequences, if the mothers are not aware of their adolescents' involvement in potentially risky behaviours. In 2006, the results of a study on teen perceptions of parent-child connectedness indicated that a high percentage of the participants (88.6% of girls and 90.8% of boys) expressed a sense of being cared for by their parents (Akard, Neumark-Sztainer, Story & Perry, 2006). Both adolescents and mothers in this current study agreed that the mothers cared for

their adolescent substance users. Therefore, warmth and caring for children did not appear to be a challenge in this current study.

6.3.4. Theme 4: Attachment/Bonding

The study conducted by Ainsworth, Blehar, Waters and Wall (1978) demonstrated how responsive parenting supports the emotional health and security of infants and young children. Their findings also revealed how different parenting styles contribute to different types of relationships.

However, the parent-child interactions are also affected by each child's individual qualities, and how the child's temperament relates with the parents' (Kagan & Snidman, 1991), for example, a very shy child may be challenging for an extroverted parent to understand, and very active child may be exhausting for any parent, especially one who is already stressed. These aspects of children's temperaments and other genetic traits, along with their unique reactions to particular parenting behaviours and styles, also affect the parent-child relationship (Deater-Deckard & O'Connor, 2000). In addition, poverty impacts children's development, parent-child interactions and family functioning, both directly and indirectly. Families living in poverty are more likely to have limited education, be unemployed, dependent on public assistance, and raising their children as single parents. When families are isolated, lack resources, and live with great stress and instability, the risk of negative child health and behavioural outcomes is higher (Duncan & Brooks-Gunn, 2000).

6.3.4.1. Sub-theme 4.1: Describing the relationship

The parent-child relationship was described as not good by all the participants of this current study. The biological mothers of the adolescent substance users alluded that their adolescents' behaviours changed when they started using substances, and, therefore, could not be trusted. The adolescent substance users were of the opinion that the relationship changed once the mothers *discovered* that they were using substances. One of the adolescent substance users expressed that as much as it *had* changed, it was not *that* bad, as the following quotation confirms:

"Our relationship is not that bad because she sometimes listens to what I ask her to do". (R3-F50)

There were similarities on how the mothers and their adolescent substance users considered their parent-relationship, regarding their attachment and bonding, to be. The following examples of the participants' quotations elaborate their views:

"My child is using substance which created a poor relationship between us due to the way he is behaving amongst family members and the community, he is very disrespectful". (R4-F48)

"Our relationship is not good as we argue most of the time". (R4-F16)

"He disappointed me and I lost trust in him. The relationship is not good at all". (R5-F42)

"We do not have a good relationship ever since I started using drugs". (R5-M16)

6.3.4.2. Sub-theme 4.2: Choosing to continue the use of substances after first time experience

The majority of the mothers believed that associating with the same friends was the reason for the continued use of substances and the need to be intoxicated. They believed that the first-time-experience motivated the continuation, as their adolescent substance users apparently enjoyed the first-time-feeling, which urged them to continue using. The adolescent substance users had similar views on this question, as they were mentioned that, when their friends were using in their presence, they craved the sensation they felt the first time. Both mothers and adolescent users had similar views, as the following quotations indicate:

"May be to experience the pleasure he experienced when he used for the first time". (R2-F36)

"Friends do it all the time and you want to do it as well". (R2-M17)

"The first experience feeling motivated him". (R4-F48)

"The substances are available and you want to have that exciting feeling". (R4-F16)

"The fact that the friends were doing it and enjoying the feeling". (R5-F42)

"Craving and enjoying that feeling of being high". (R5-M16)

Children's development could be compromised when parents are highly stressed, lack social support, or when they perceived their children's temperament as difficult (Hess, Teti & Hussey-Gardner, 2004).

The participants of this current study (mothers and adolescent substance users) expressed that the adolescents continued to use substances after the first-time experiment; therefore, their relationship continued to be a negative one, with the mothers venting their anger at the revelations of their children using substances. This build-up of risk factors negatively affects parent-child interactions (Hess, Teti & Hussey-Gardner, 2004). This current study's findings concur with the afore-mentioned statement, as all the participants articulated that their parent-child relationship was affected. In addition, children's language, cognitive, and social-emotional development could be affected negatively (Ayoub *et al.*, 2009; Ayoub, Vallotton & Mastergeorge, 2011). However, when protective factors exist, for example, concrete support, social connections, and enhanced communication skills and programmes, the risks could be reduced.

6.3.5. Theme 5: Support/Involvement

According to Houzel (2003), the parenting process includes two dimensions that are placed at different levels of analysis; parental experiences and parental practices that constitute support and involvement. Piovano (2004) highlights several indicators of vulnerability in individuals, parenting adolescents, who are using substances.

6.3.5.1. Sub-theme 5.1: Parenting in development of the child

The participants were asked how they view parenting, in relation to the development of the child. Both mothers and their adolescent substance users

agreed that parenting should include support, guidance and involvement in the child's life to ensure that they make positive and informed decisions. The parent has to teach and prepare the child to deal with difficult situations. The following quotations clarify their sentiments:

> *"Parenting is when you a mother nor father and you take a good care of your children and you teach them good things in life not to drag them down". (R1-F35)*

> *"Parenting is the most important guide line as far as development of a child, because parenting is making sure that your child is well taken of and should be sent to school for education so he\she can be something or someone you can be proud of through success". (R1-M17)*

> *"It is the step by step process where a parent ensures that his/her child is raised in a way that he/she hold on to the ethical morals, principles and the values that builds an individual". (R3-F50)*

> *"Parenting is when you a mother nor father and you take a good care of your children and you teach them good things in life not to drag them down". (R3-M15)*

> *"It is to ensure that you guide your children well so that they are good examples and prepare them for the future". (R5-F42)*

> *"Parenting is a way of showing a child life and ensuring that the child's future is good". (R5-M16)*

6.3.5.2. Sub-theme 5.2: Parent role

The mothers/participants perceived the parental role as loving, caring, supportive, educative and providing guidance. The majority of the adolescent substance users also strongly agreed that parents should be caring and supportive. The researcher observed that the adolescents were of the opinion that it was the parents' responsibility to care for their children, which raise a question whether they were receiving the care they were expecting, as they were continually nodding their

heads, while responding. It appeared that both the mothers and the adolescents had a clear understanding of the roles of the parent, as the following quotations indicate:

> *"As a parent my role with my child is to take a good care of him/her, teach him how to behave, know his/her needs and wants". (R1-F35)*

> *"My parent's role is making sure that my I have a roof to leave in and never goes to sleep hungry, and gets quality education". (R1-M17)*

> *"To love, care, protect and provide security and support for my child, I have to be able to see when she is struggling with life challenges be a good parent however tough love has to be practice also when needed". (R3-F50)*

> *"The parent's role is to take a good care of the child, teach him/her how to behave, know his/her needs and wants". (R3-M15)*

6.3.5.3. Sub-theme 5.3: Important decisions

The majority of the parents and adolescent substance users were of the opinion that children should be involved in important decisions about their lives. The adolescent substance users strongly agreed that they should be allowed to express their opinion, when decisions affect them. Most adolescents indicated they were allowed to be involved, except for two adolescent who indicated that it did not happen all the time, as per the following quotations:

> *"Not all the time as I am not consulted when taking the decision". (R5-M16)*

> *"I should but most of the times she does not want to consult me for my opinion or disregard my advice". (R2-M17)*

According to Söderström and Skårderud (2009), when the mind is occupied by substances, the parent-child relationship is at risk, as the child suffers from the absence of emotional availability. This statement supports the views of the

mothers in this current study, as they mentioned that the adolescent substance users would appear preoccupied at home and present with challenging behaviour which led to broken relationship. When the parent focuses on the substance consumption, and is in the reflex circuit that gives rise to, and enables the act of consumption, there is no psychological space, or relational space, for the child (Allen *et al.*, 2008). The participants in this current study agreed that when the parents realised that their children were using substances, they reacted angrily, and the relationship changed. The adolescents need proper guidance so that they may not stray in the wrong direction and the literature has revealed that the support of parents during the adolescent stage is a key factor. A study conducted by Orbuch, Parry, Chesler, Fritz and Repetto (2005) supported the notion that parent-child relationships are a source of strength that can foster more positive outcomes for children and adolescents at risk.

6.3.6. Theme 6: Communication

Communication is an important requirement for harmonious parent-teenager relationships (Bavolek, 2006). Communication is essential for family members to know and respect each other's needs and wants. The respect that parents display towards their adolescents' opinions, contributes greatly to the happiness in the home (Bavolek, 2006). Communication is a key element of healthy relationships, as it is reported that adolescents want sympathetic understanding, an attentive ear and parents who acknowledge that teens have something worthwhile to say, or contribute (Bavolek, 2013). It is very important for parents to be able to communicate openly and effectively with their children. Open, effective communication benefits not only the children, but every member of the family. Relationships between parents and their children are greatly improved, when there is effective communication taking place (Bavolek, 2006).

6.3.6.1. Sub-theme 6.1: Parent-child relationship

The participants were asked to offer their opinion on the parent-child relationship. The majority of the mothers/participants responded by agreeing that it involves communication between the parent and the child; the manner in which both the child and the parent relate to one another. The adolescent substance users agreed,

while a few added that it was a *good* relationship between the parent and the child. The following quotations refer:

> *"It's a relationship between child and a parent". (R1-F35)*

> *"A parent-child relationship is a relationship between a parent and child, the connection or affiliation which takes place between them'. (R1-M17)*

Both the parent and her adolescent substance user had a similar understanding of the parent-child relationship, as per the following quotations:

> *"It the openness of communication, showing of love, understanding of personalities between the child and the parent". (R3-F50)*

> *"It's a relationship between child and a parent". (R3-M15)*

> *"I would say, it is good interaction between the two, knowing the responsibilities as a parent and teaching your child about good qualities in life. Informing your child about risky situations". (R4-F48)*

> *"It is a relationship between the child and the parent". (R4-F16)*

6.3.6.2. Sub-theme 6.2: Reaction first time

The participants were asked to describe the reactions of the parents when they discovered that their adolescents had started using substances. The majority of mothers responded that they were angry and disappointed, simultaneously. The responses were similar to those of the adolescent substance users, as they agreed that their parents were angry after discovering that they (adolescents) were using substances. The following quotations refer:

> "*I was angry, disappointed". (R2-F36)*

> *"At first she was angry but then realised that anger will not solve the problem but speaking to me about substance usage and how dangerous it will do". (R2-M17)*

"I confronted her and was so disappointed as I thought that I fully prepared her not to get into that trap". (R3-F50)

"She was very furious and did not know what to do or how to prevent the using of substances and me not taking them again". (R3-M15)

"I was very disappointed and I was not feeling well at all struggling to accept cohesion". (R5-F42)

"She could not believe and became ill with the stress". (R5-M16)

In general, if the communication between the parents and their children was good, their relationship was good, as well. In a study on teen perceptions of parent-child connectedness, Ackard, Neumark-Sztainer, Story and Perry (2006) chose to measure parent-child connectedness in two dimensions; opinions valued, and communication.

The teen-participants in that study felt that they could talk to their parents about problems, as well as how much they perceived their parents cared about them (Ackard *et al.*, 2006). The adolescent substance users in this current study also sensed that they could talk to their parents, and valued their parents' opinions more than those of their friends. The results of the study of Ackard et al. (2006), similarly, indicated that an overwhelming number of the participants (75.5% of girls and 82.2% of boys) valued their parents' opinions more their friends', when serious decisions were involved.

6.4. Summary of the findings: Components of Parent-child relationship

A number of researchers have collaborated in identifying the parenting components of parent-child connectedness, to gain insight into the parent-child relationship (Lezin *et al.*, 2004). The following main components were identified as the main focus of this current study: cohesion, monitoring and control, warmth/caring, attachment/bonding, support/involvement and communication. According to Lezin *et al.* (2004), these components contribute to the existence of a positive and high quality emotional bond between parents and their children. In addition, these authors believe that, when these components are effectively

communicated to a child by the parents, a climate of trust is created, where the children and parents communicate positive reactions to one another in a bi-directional manner.

Parenting practices and parenting styles may be important determinants of the parent-child relationship, as parents decide to adopt a certain way of parenting (Baumrind, 1991). There are a number of contributing factors that may affect the manner in which parents treat their adolescents. The amount of control, as well as the level of demand from parents, may influence many areas of the adolescent's development of self and identity. Too much, or too little parental involvement is predicted to have negative effects (Lezin *et al.*, 2004). Parents are significant to adolescent identity development, as was discussed in the theoretical framework chapter of this study. According to Pittman, Keiley, Kerpelman and Vaughn, (2011), Erikson and Bowly state that adolescents initially identify with important socialization figures, namely, parents. Parents play an important role in adolescent development by recognizing, supporting and helping to shape their identity (Erikson, 1968). Spera (2005) concurs that parents fulfil a crucial role in socializing and shaping adolescent's values and belief systems.

This socialization process occurs within the parent-child relationship and through the parenting style of the parents (Akinsola, 2011).

6.5. Conclusion

Adolescence provides its own challenges to parents as their children begin to feel independent. Mothers believe that the parent-child relationship should be a positive one of supporting their children to become responsible adults. The differences between the mothers and their adolescent substance users occurred in the understanding of communication and cohesion, as the adolescent substance users could not agree, while the mothers were of the opinion that there was a communication breakdown, especially when the using started. The mothers could not relate experiences that they enjoyed with their children, while the adolescent substance users were able to. The mothers and adolescent substance users were similar in their descriptions of the parent-child relationship, the positive aspects in their relationship, as well as what was expected. The following chapter integrates the statistical findings of Chapter 5, with the similarities and differences of the perceptions and feelings provided by the interviews with the mothers and their adolescent substance users in this current chapter.

CHAPTER SEVEN

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

7.1. Introduction

The application of a mixed methods research approach, including both quantitative and qualitative methods of data collection, allowed for a holistic assessment of the phenomenon under study. A sequential exploratory mixed methods design was applied in this study, in which the quantitative phase (conducted first) was complemented by the qualitative phase. While striving towards satisfying the research goal and objective/s, as well as answering the research questions, the researcher sought to explore and describe the parent-child relationship, through both quantitative and qualitative research methods. The first phase of data collection provided the parents' (mothers') perception of the parent-child relationship, regarding their adolescent substance users, as well as their adolescent substance users' perceptions of the parent-child relationship. The second phase sought to explore and describe the similarities and differences of the perceptions of parents and their adolescent substance users. In this chapter, the researcher discusses the results of both the quantitative and qualitative phases of this study.

7.2. Overview of the results

The results of the study suggest that the mothers' and their adolescent children's perceptions of each other, were similar. The majority of mothers and adolescents had limited communication with each other and displayed no cohesion. The mothers admitted to not having a healthy relationship with their adolescents, ever since the disclosure of substance use. This study's results reveal that the parent-child relationship was very fragile, as they had not been able to spend much time together, or to communicate easily with each other. The results also suggest that parental monitoring and control was very low, as the children were allowed to do as they pleased, with their peers. There were times that the majority of mothers admitted to not knowing where their children were, stating only that they were with their peers. They also claimed to care for their children, regardless of the substance use; however, there was no warmth between them. Attachment and bonding was also very low between the

majority of mothers and their adolescent substance users. The mothers and their children admitted to not bonding with one another, due to the use of substances.

The findings suggest that there had been some support provided by the mothers, regardless of the substance use, to which all agreed in unison. The findings of this present study concurred with national and international studies on the parent-child relationship.

7.3. Summary of the findings: Components of the Parent-child relationship

The following main components are the main focus of this current study; cohesion, monitoring and control, warmth/caring, attachment/bonding, support/involvement and communication. Lezin *et al.* (2004) assert that these components contribute to the existence of a positive and high quality emotional bond between parents and their children. Therefore, when these components are effectively communicated to children by their parents, a climate of trust is created.

7.3.1. Cohesion

When adolescents feel connected to their families, and when parents are involved in their children's lives, adolescents are protected from risky behaviours, like substance abuse (Blum & Rinehart, 1997). The findings of this current study revealed that there had not been a connection between the parents and their children. Both the mothers and the adolescents verbalised that their relationship was challenging and not close or intimate. The mothers, as respondents in this current study, struggled to relate to strong memories of their children. Both the mothers and adolescents agreed that their relationship was not a healthy one, and that it was an indication of a fragile bond between them, which was revealed in both the quantitative and qualitative findings. When cohesion has been established, the children want to imitate their parents and there is mutual warmth (Lezin *et al.*, 2004). This current study revealed that there was no cohesion between the mothers and their substance abusing adolescents; therefore, the researcher concurs with other researchers, namely Blum & Rinehart (1997), who assert that, when there is no closeness (cohesion), the children tend to engage in risky behaviour. The mothers tended to underestimate their children's engagement in risky behaviour, while the adolescents tended to underestimate their mothers' disapproval (Perrino, González-Soldevilla, Pantin & Szapocznik, 2000). Dittus and Jaccard (2000)

observed that the adolescents' connectedness with their parents influenced the accuracy of their perceptions of maternal disapproval.

The mothers in this current study expressed their concerns about their adolescents not listening to them, when they disapproved of their relationships with certain of their peers, which concur with the findings of the above-mentioned researchers' views on parents' disapproval. When parents are sensitive, responsive, and predictably care, adolescents develop the skills they need to succeed in life (Tronick & Beeghly, 2011). Early parent-child relationships have a powerful effect on children's emotional well-being (Dawson & Ashman, 2000), their basic coping and problem-solving abilities, and future capacity for relationships (Lerner & Castellino, 2002). Through these interactions, children learn skills they need to engage with others and to succeed in different environments (Rogoff, 2003). Rogoff (2003) further believes that children learn how to manage their emotions and behaviours, as well as establish healthy relationships with adults and peers through these interactions. This led to researchers concluding that, when the parents and children do not have a healthy relationship with one another, there is a high possibility of children not being capable of managing their emotions and behaviours.

7.3.2. Monitoring and control

Parental monitoring is a set of correlated parenting behaviours involving attention to, and tracking of the child's whereabouts, activities and adaptations (Dishion & McMahon, 1998). Research on parenting practices has revealed parental monitoring as a way of ensuring the safety of young children (Petersen, Ewigman & Kivlahan, 1993). The research on how the parent-child relationship affects substance use, has centred on the effects of parental monitoring (Steinberg, Fletcher & Darling, 1994), how parents influence their children's association with different types of peers (Brook et al., 1990), as well as how parents transmit conventional values (Brook & Whiteman, 1993). In this current study, both parents (mothers) and their adolescent substance users agreed that the substance use transpired during their (adolescents) time with friends, while experimenting after school.

Monitoring was reported to be low, as some mothers expressed that they did not know where their children were with their friends, while others stated that they hardly saw their children at home. The adolescents revealed that they did not to care about their

mother's perception or knowledge of where they went with their friends, as they regarded it strictness. Monitoring has a direct effect on the levels of substance use, as well as the choices of peers.

Researchers conclude that effectively monitored adolescents are, quintessentially, doubly protected from becoming involved in drug use (Steinberg, Fletcher & Darling, 1994), and parental monitoring is an effective tool to prevent and ameliorate substance use (Lezin *et al.*, 2004). In a study conducted on the contribution of parent involvement to the motivation of 196 students at two high schools in Florida, USA, Gonzalez (2002) observed that parent involvement, as perceived by the student, predicted a "mastery" orientation to learning, characterized by persistence, seeking new challenges, and overall satisfaction.

Research studies on how the parent-child relationship affects substance use has centred on the effects of parental monitoring (Steinberg, Fletcher & Darling, 1994); how parents influence their children's association with different types of peers (*Brook et al.*, 1990); and how parents transmit conventional values (Brook & Whiteman, 1993). The first fact refers to control and the other two refer to caring. The findings of a study that utilised the parental bonding instrument to measure psychological distress, revealed that, across cultures, the combination of high control and low caring by parents, predicted psychological distress in children, and punishing control was linked to aggressive behaviour and substance use (Chambers, Power, Loucks & Swanson, 2000). Several authors have linked low levels of parental monitoring to early substance use (Dishion & McMahon, 1998). Ineffective monitoring after school in early adolescence has been associated with substance use (Radziszewska, Richardson, Dent & Flay, 1996). Parental monitoring has been linked with risky behaviour in young children, early substance experimentation and substance use in adolescence (Chilcoat & Anthony, 1996).

7.3.3. Warmth/Caring

Parental responsiveness (warmth) is the degree to which parents attend to their children's needs, in an accepting, supportive, warm and encouraging manner (Slicker, Picklesimer, Guzak & Fuller, 2005), and the extent to which the child is allowed to grow individually by self-assertion (Baumrind, 2005). Both child and parents in the current study agreed that the parents cared for their adolescent substance users. Warmth

was identified as low in this current study, however, caring did not appear to be the challenge, as both the mothers and the adolescents believed that they cared about one another.

The mothers were unable to understand the children's needs and wants, as the relationship with each other was an unhealthy one. Affection is an important factor in this component; however, it also appeared to be at a low level.

Warmth is concerned with the presence of an intimate, affectionate and enduring bond between parents and their children (Brook & Whiteman, 1993). It appears that a warm and emotional climate is the key fundamental conditions required for the development of a healthy parent-child relationship (Lezin *et al.*, 2004). According to Bogenschneider and Pallock (2008), the responsiveness of mothers may have adverse consequences, if mothers are unaware of their adolescents' involvement in potential risky behaviours. The results of a study on teen perceptions of parent-child connectedness in 2006, indicated that a high percentage of the participants (88.6 % of girls and 90.8% of boys) considered themselves as cared for by their parents (Akard *et al.*, 2006). This current study displayed the same findings, as the majority of the adolescent substance users felt that they were cared for by their parents.

7.3.4. Attachment/ Bonding

The work of Ainsworth, Blehar, Waters and Wall (1978) demonstrated how responsive parenting supports the emotional health and security of infants and young children. These authors also revealed how different parenting styles contribute to different types of relationships. Children's development could be compromised when parents are highly stressed, lack social support, or when they perceive their children's temperament as difficult (Hess, Teti & Hussey-Gardner, 2004). In this current study, all the subjects agreed that the adolescents continued to use substances, after the first time experiment, as their parent-child relationship continued to be contrary, with the mothers displaying irritation at the disclosure of their children using substances. Inadequate attachment was being developed or fostered, as the mothers and their children were not reportedly sharing their thoughts and feelings; therefore, virtually no relationship existed between them. Instead, the adolescent users were reportedly close with their peers.

Research on the bonds between children and their parents has its formal roots in the Theory of Attachment. Attachment Theory is based on the idea that an infant's first attachment experience (initially to the mother) profoundly shapes the social, cognitive, and emotional developments that follow (Bowlby, 1969).

Although Attachment Theory is not exclusively used (nor intended) to describe relationships between mothers and their children, this early interaction has dominated the literature on attachment. Attachment Theory could be described as a unilateral model, in which parents play the dominant and active role in determining the parent-child relationships (Kuczynski 2003).

In the broader view of the parent-child relationship that is emerging from child development research, both parents and children are acknowledged as active players, or agents (Maccoby & Martin, 1983). The parent-child relationship is characterized by the quality of the emotional bond between the parent and the child, as well as by the degree to which this bond is both mutual and sustained over time. The findings of this current study suggest that there has not been an active role played by the mothers in establishing that mutual relationship with their adolescent substance users, therefore, it is safe to conclude that there was no attachment, or bonding established.

7.3.5. Support/Involvement

According to Söderström & Skårderud (2009), when the mind is occupied by substances, the parent-child relationship is at risk, as the child suffers from the absence of emotional availability. The majority of the subjects of the current study, both mothers and adolescents, verbalised that when it was disclosed that the child was using substances, the mothers were irate and the relationship between them changed. Support and involvement was limited towards the adolescent substance users. When the parent focuses on substance consumption and is in the reflex circuit, it enables the act of consumption, as there is no psychological space, or relational space for the child (Allen *et al.,* 2008). This statement concurs with the views of the mothers, who were involved in this current study, as they confirmed that during that particular period, the adolescent substance users were distant and presented with challenging behaviour. Adolescents without proper guidance may stray in the wrong direction.

Parents' supportive behaviour has been established as a key factor in buffering the effects of poverty, and any other negative factors in families (Sampson & Laub, 1994). A study by Orbuch, Parry, Chesler, Fritz and Repetto (2005), conducted in 2005, supports the notion that the parent-child relationship is a source of strength that could foster more positive outcomes for children and adolescents at risk.

7.3.6. Communication

Communication is crucial for harmonious parent-child relationships (Bavolek, 2006). Communication is essential for family members to respect each other's needs and wants. Research indicates that the respect parents hold for adolescents' opinions contributes greatly to the happiness in the home (Bavolek, 2006). The adolescent substance users in this current study believed that they could talk to their parents, and valued their parents' opinions more than their friends; although the majority of the mothers were of the opinion that there was no healthy communication with their children. According to a study conducted by Bovalek (2006) on communication, it is crucial to healthy relationships, as it is reported that adolescents want sympathetic understanding, an attentive ear and parents, who believe that adolescents have something worthwhile to say. It is important for parents to be able to communicate openly and effectively with their children. Open, effective communication benefits not only the children, but every member of the family.

Relationships between parents and children are greatly improved when there is effective communication taking place. In general, if communication between parents and their children is good, their relationships will be good as well. In a study on teen perceptions of parent-child connectedness, Ackard *et al.* (2006) chose to measure parent-child connectedness on two dimensions; opinions valued and communication. The participants of that study sensed that they could talk to their parents about problems, and believed that their parents cared about them (Ackard *et al.*, 2006). The results of that study, similarly, indicated that an overwhelming number of the participants (75.5% of girls and 82.2% of boys) valued their parents' opinion over their friends, regarding serious decisions. Spend time talking together, as well as sharing of thoughts and feelings are some of the main elements of communication, which was not apparent, as expected, in this current study.

The majority of the subjects in this current study agreed that good communication was important; however, the findings revealed a lack of communication among the subjects. Both qualitative and quantitative methods revealed limited communication between the mothers and their adolescent children.

7.4. Limitations of the study

This study was not without challenges, and the following limitations were encountered:

1. During the initial stages of the research, the researcher was unable to obtain permission from the initial sample population. This resulted in the researcher having to alter the sampling method. Three organizations, rendering a similar service, were involved in this study, which limited the population, as well as the possible responses. The study would most probably not yield a clear solution, as people are unique as individuals, and their experiences could never be identical. The researcher, however, does acknowledge that there are individuals, who have similar experiences.
2. The questionnaire was a bit lengthy with 57 items and 6 subscales. Some respondents displayed impatience, which may suggest that some items might have been rushed through, without proper thought behind the responses.
3. The majority of the study sample comprised adolescent males, since most organisations accommodated more male clients, than females, who were adolescent substance users. This might have influenced the perceived parent-child relationship, as previous research indicate that females and males relate to their parents differently; however, due to the limitations in literature on this phenomenon, a more in-depth inquiry was not explored.
4. Generalisation of the findings for this study was limited; however, it is anticipated that the study suggests possible ways of improving future research.

7.5. Conclusion

Adolescence has to be regarded as one of the most challenging stages in human development. This current study reveals that parenting styles, parenting practices and the components of the parent-child relationship play equally critical roles in behaviour outcomes of adolescents. It is also clear that there is no “one size fits all” solution, as the results of this study reveal that the

mothers and adolescent substance users hold similar perceptions of the parent-child relationship; although the children became substance users.

A clear framework on the parent-child relationship is needed, to guide and educate parents on how best to interact with their children, in order to eliminate the possibility of adolescent substance use. Although all the subjects in this study held similar views of the parent-child relationship, there were differences regarding displaying affection for one another, as well as a breakdown in communication.

Communication, amongst all the components of the parent-child relationship, was identified as the key element, which needs to be effective and efficient to greatly improve the relationship. Adolescent substance use has been reported to be influenced, not only by the parent-child relationship, but also through peer pressure, when there is limited parental monitoring. The existing research strongly support parental monitoring as one of the components that is crucial to healthy parenting, which was highlighted in this current study Adolescent substance use has been encouraged through experimentation with peers, as most of the adolescent substance users indicated that they started using, when they initially witnessed their friends using. Attachment Theory and other relevant research identify key dimensions of the early relationship between children and their parents, which should form the basis of the parent-child relationship. Positive parent-child relationships could help to reduce the adolescent substance use, especially with a positive focus on the components of parent-child relationship, providing children with a better chance to succeed in new learning settings.

7.6. Recommendations

7.6.1 Research

Further research should focus on accessing a more representative sample of parents and adolescent substance users. South Africa has a paucity of research on the parent-child relationship; therefore, future studies should focus on fathers, as well as different types of families.

7.6.2. Intervention Programmes

There is a need to develop an inventory of potential interventions, assess the extent to which the current interventions have been evaluated and found to be effective, and develop new

interventions that are designed to enhance the parent-child relationship. In order to work towards positive parent-child relationship outcomes, the services and programmes could be developed to:

- provide emotional support to parents;
- respect diverse parenting styles;
- value cultural differences and home languages; and
- help parents to connect with their children

These interventions should focus on increasing positive interactions between the parent and the child, while decreasing behavioural problems and emotional disorders in children. The professionals, who work with parents and children, could assist in strengthening the parent-child relationship.

7.6.2.1 Training Programmes

The training programmes need to be aligned with the current reality of South Africa as discovered by the outcomes of the research findings of the study. The training programmes should incorporate:

1. **Building Approaches and Services** to provide support to the parents. Help staff members to know that they have a role to play in supporting positive parent-child relationships. Provide professional development opportunities for professionals to be educated on how to help the parents.

2. **Involve parents in services as early as possible (Prevention Programmes)** so that positive parenting relationships can grow from the start, beginning at the pre-natal stage, whenever possible.

3. **Parent Support Groups/Programmes** that promote parent engagement, reduce parental stress, expand knowledge of child development, and deepen overall parenting satisfaction (McIntyre, 2008). Provide programmes for mothers, fathers, co-parents, and other caregivers that encourage families to work

together, as a team. Programmes may need to be offered in different packages and schedules, to meet the needs of all families.

4. **Drug Rehabilitation Programmes** that assist the children to withstand the use of substances.

5. **Life Skills Prevention Programmes at School** that can provide the children with interventions and training that can help them build their Self Confidence, resist the influences of Peer Pressure and be educated on Substance Use.

7.6.3 Policy Development

The Chapter 8, section 144 of the Children's Act NO.38 OF 2005 has provision on Prevention and Early Intervention programmes to be rendered for the children and families to preserve the families. The programmes aim at strengthening and capacity building of the parenting skills and having good relationships within the family. It is therefore desirable that there should be policies that stipulates clearly how these programmes should be implemented in operational level and manuals be developed to guide the implementation of these services. The parent-child relationship is a critical issue that needs attention more especially parenting the children who are using substances**.** The development of the policy should encompass the resources needed and be allocated to ensure that the intervention programmes are being implemented. Policy Development that seeks to address this epidemic social ill is a critical issue to ensure that there are services available for children and the parents

7.6.4 Parents and Children on positive parent-child relationships

Communication is the key to all the parental approaches; whether it is positive or negative, effective or ineffective. Relationships between parents and their children are greatly improved when there is effective communication. Children learn how to communicate by watching their parents. If parents communicate openly and effectively, the chances are that their children will, too. Good communication skills will benefit children for their entire lives. Effective communication with the children will make them feel that they are heard and understood by their parents, which is a boost to their self-esteem. Communication between parents and children that is ineffective or negative may lead children to believe that they are

unimportant, unheard, and misunderstood. Effective communication needs to start from an early age. Children, who feel loved and accepted by their parents, are more likely to share their thoughts, feelings, and concerns with their parents. Parents must communicate at their children's level, both verbally and non-verbally. Listening is a skill that must be learned and practiced as an important part of effective communication. When parents listen to their children, they indicate that they are interested and care about what their children have to say. Parents need to listen with mouths closed, and children need to know that they had been heard and had asked the correct questions. Effective, open communication takes a lot of hard work and practice. Parents are allowed to make mistakes; however, what is important is that parents make the effort to communicate with their children, effectively.

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APPENDICES

APPENDIX A: Information Sheet

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INFORMATION SHEET FOR MOTHERS & CHILDREN

Project Title: An exploration of adolescent substance users and the parent-child relationship in Mitchell's Plain

What is this study about?

This is a research project being conducted by Nwabisa Vuza at the University of the Western Cape. We are inviting you and your child to voluntarily participate in this research project because your child is an adolescent client reported to be using substances at the Department of Social Development, Mitchell's Plain**.** The purpose of the study is to explore and describe the parent-child relationship of adolescent substance users and their parents.

What will my child be asked to do if I agree to let him/her participate?

You will both be asked to complete self-administered questionnaires pertaining to the study and the interviews. The questionnaire will take approximately 45-60 min to complete and the interview will take 60 minutes. The questionnaires and interviews are confidential and anonymous therefore there will be no consequences to you or your child based on the information provided by you or your child in the questionnaires.

Would my participation in this study be kept confidential?

We will do our best to keep you and your child's personal information confidential. To help protect your confidentiality, the information you and your child provides will be totally private; no names will be used so there is no way you and your child can be identified for participating in this study. Your information will be anonymous and treated confidentially.

Therefore, your names will not be included on the report. If we write a report or article about this research project, your identities will be protected to the maximum extent possible.
The reports will be kept in a locked cabinet and only the interviewer and the research supervisor will have access to this information. The research findings will not include any personal details.

What are the risks of this research?
There are no risks in participating in this study

What are the benefits of this research?
This research will be beneficial to professionals, lay persons, parents and social services offering intervention and advocacy. It may be especially helpful in family interventions. The outcome of the study may suggest the need from government to fund projects that assist with family interventions related to substance use.

Describe the anticipated benefits to science or society expected from the research, if any.
It allows organisations focusing on interventions to substance use to educate communities about the parent-child relationship. Parents and caregiver may benefit from the findings as it would provide insight into their relationship with adolescent's substance users, thus allowing them to implement alternative strategies for managing this behaviour and fostering an environment where basic parental needs can be met.

Does my child have to be in this research and may he/she stop participating at any time?
Both you and your child's participation in this research is completely voluntary. You may choose not to take part at all. If you or your child decides to participate in this research, you and your child may stop participating at any time. If you and your child decides not to participate in this study or you stop participating at any time, you and your child will not be penalized or lose any benefits to which he/she otherwise qualify.

Is any assistance available if my child is negatively affected by participating in this study?
Every effort has been taken to protect your child from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

What if I have questions?

You may contact me at: 083 9877899, nwabisanwai2@gmail.comor liezillejacobs.phd@gmail.com or the departments Co-ordinator

Professor Roman in the Social Work Department

University of the Western Cape. If you have any questions about the research study itself, please contact Profr Roman at: Department of Social Work, tel. 021 959 2970, email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:
Dr M Londt
University of the Western Cape
Private Bag X17
Bellville 7535
mlondt@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:
Prof A Rhoda
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX B: Consent form for parents

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592277, Fax: 27 21-9592845
E-mail: 9907863@myuwc.ac.za

CONSENT FORM FOR PARENTS

Title of Research Project: An exploration of adolescent substance users and the parent child relationship in Mitchell's Plain

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……..

Participant's signature…….

Date……

APPENDIX C: Consent form for parents of children

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592277, Fax: 27 21-9592845
E-mail: 9907863@myuwc.ac.za

CONSENT FORM FOR PARENTS OF CHILDREN

Title of Research Project: An exploration of adolescent substance users and the parent child relationship in Mitchell's Plain

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my child's participation will involve and I agree to let him/her participate of my own choice and free will. I understand that my child's identity will not be disclosed to anyone. I understand that he/she may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Parent's name……..

Parents' signature…….

Date……

APPENDIX D: Assent form for children

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592277, Fax: 27 21-9592845
E-mail: 9907863@myuwc.ac.za

ASSENT FORM FOR CHILDREN

Title of Research Project: An exploration of adolescent substance users and the parent-child relationship in Mitchell's Plain

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……..

Participant's signature…….

Date……

APPENDIX E: Ethics Letter

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

08 September 2015

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Ms N Vuza (Social Work)

Research Project:	An exploration of adolescent substance abuse users and the parent-child relationship in Mitchell's Plain.
Registration no:	15/6/13

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

APPENDIX F: Questionnaire

QUESTIONNAIRE: PARENT VERSION

This questionnaire to be completed by ***MOTHER***

SECTION A: IDENTIFYING INFORMATION (Please tick the appropriate box)

1.	Gender
MALE	A
FEMALE	B

2.	Age
19-25	A
26-35	B
36-45	C
46-55	D
56-60	E
Over 60	F

3.	Home Language
English	A
Afrikaans	B
Xhosa	C
Other (Please specify)	D

4.What is the highest level of education?

Less than high school	A
High School	B
Attended tertiary institution	C
College	D
Other (please specify)	E

5.What is your current work status?

Full time	A
Part time	B

Unemployment	C
Retired	D

SECTION B: Parent-Child Relationship Instrument

Please carefully read through the list below. Please rate how often you engage in the different statements listed below. As you read each statement, decide how much you agree with it, and then circle in the number that corresponds to your level of agreement next to the statement. Please be honest. Thank you.
Scores ranges from:

Hardly at all	Not Too much	Somewhat	Very Much	Extremely Much
1	2	3	4	5

B (i) Cohesion (Closeness and Conflict)

1. Some parents want their children to spend most of their time with them, while other parents want their children to spend just some of the time with them.

How much do you want your child to spent most of his/her time with you? 1 2 3 4 5

2. How much do you and your child disagree and quarrel with each other? 1 2 3 4 5

3. How much do you yell at your child for being bad? 1 2 3 4 5

4. How much do you and your child go places and do thing together? 1 2 3 4 5

5. How much do you and your child get mad to at and get in arguments with each other? 1 2 3 4 5

6. How much do you play around and have fun with your child? 1 2 3 4 5

7. How much do you want your child to be around you all the time? 1 2 3 4 5

8. How much do you and your child argue with each other? 1 2 3 4 5

9. Some parents and children spend a lot of free time together, while other parents and children spend a little free time together. How much free time do you and your child spend together? 1 2 3 4 5

10. How much do you give your child comfort and understanding when he/her is upset? 1 2 3 4 5

B (ii) Monitoring and Control

1. How much do you not let your child go places because you are afraid something will happen to him/her? 1 2 3 4 5

2. How much do you spank your child when he/she misbehaved? 1 2 3 4 5

3. Some parents take away privileges a lot when their children misbehave,

while other parents hardly ever take away privileges. How much do you take away your child's privileges when he/she misbehaves? 1 2 3 4 5

4. How much do you make your child feel ashamed or guilty for not doing what he/she is supposed to do? 1 2 3 4 5

5. How much do you want your child to do things with you rather than with other people? 1 2 3 4 5

6. How much do you not let your child do something he/she wants to do because you are afraid he or she might get hurt? 1 2 3 4 5

7. How much do you hit your child when he/she has been bad? 1 2 3 4 5

8. How much do you forbid your child to do something he/she really likes to do when he/she has been bad? 1 2 3 4 5

9. Some parents make their children feel bad about themselves a lot when they misbehave, while other parents do this a little. How much do you make your child feel bad about himself/herself when he or she misbehave? 1 2 3 4 5

10. How much do you worry about your child when he/she is not at home? 1 2 3 4 5

B (iii) Warmth/ Caring

1. How much do you and your child care about each other? 1 2 3 4 5

2. How much do you and your child do nice things for each other? 1 2 3 4 5

3. How much do you admire and respect your child? 1 2 3 4 5

4. How much does your child admire and respect you? 1 2 3 4 5

5. How much do you and your child love each other? 1 2 3 4 5

6. How much do you and your child have strong feelings of affection (love) towards each other? 1 2 3 4 5

7. How much do you respect your child's opinion? 1 2 3 4 5

8. How much do you make your child feel better when he/she is upset? 1 2 3 4 5

9. How much do you become responsive to your child's feelings and needs? 1 2 3 4 5

10. How much do you take into account your child's preferences in making plans for the family?

1 2 3 4 5

B(iv) Attachment/ Bonding

1. How much do you and your child like the same things? 1 2 3 4 5
2. How much do you and your child tell each other everything? 1 2 3 4 5
3. How much do you ask your child for his/her opinion on things 1 2 3 4 5
4. Some parents and children have a lot of things in common, while other parents and children have a little in common, How much do you and your child have things in common? 1 2 3 4 5
5. How much do you and your child share secrets and private feelings with each other? 1 2 3 4 5
6. How much do you feel proud of your child? 1 2 3 4 5
7. Some children feel really proud of their parents, while other children do not feel very proud of their parents. How much does your child feel proud of you? 1 2 3 4 5
8. How much are you and your child alike? 1 2 3 4 5
9. How much do you think highly of your child? 1 2 3 4 5
10. Some children think very highly of their parent, while other children don't think so highly of their parent. How much does your child think highly of you? 1 2 3 4 5

B (v) Support/Involvement

1. Some parents praise and compliment their children a lot, while other parents hardly ever praises and compliment their children, How much do you praise and compliment your child? 1 2 3 4 5
2. How much do you show your child how to do things that he/she doesn't know what to do? 1 2 3 4 5
3. How much do you and your child give each other a hand with things? 1 2 3 4 5
4. How much do you tell your child that he/she did a good job? 1 2 3 4 5
5. How much do you help your child with things he/she can't do by him/herself? 1 2 3 4 5
6. Some parents and children do special favors for each other a lot, while other parents and children do special favors for each other a little. How much do you and your child do special favors for each other? 1 2 3 4 5
7. How much do you teach your child things that he/she doesn't know? 1 2 3 4 5
8. How much do you help your child as you he/she need? 1 2 3 4 5

9. How much do you give your child expectations and guidelines for his/her behaviour? 1 2 3 4 5

10. How much do you approve of your child's choices and support him/her? 1 2 3 4 5

B (vi) Communication

1. Some parents talk to their children a lot about why they're being punished, while other parents do this a little. How much do you talk to your child about why he/she is being punish or not allowed to do something? 1 2 3 4 5

2. How much do you listen to your child's ideas before making a decision? 1 2 3 4 5

3. How much do you give your child reasons for rules you make for him or her to follow? 1 2 3 4 5

4. How much do you tell your child you liked what he/she did? 1 2 3 4 5

5. How much do you and your child talk to each other about things that you do not want other to know? 1 2 3 4 5

6. Some parents give their children reasons for their decisions about what they can and can't do a lot, while other parents do this a little. How much do you give your child reasons for decisions about what he/she can or can't do? 1 2 3 4 5

7. How much do you speak to your child in a friendly voice? 1 2 3 4 5

8. How much do you show respect for your child's opinions by encouraging him/her to express them? 1 2 3 4 5

9. How much do you encourage your child to talk about his/her troubles? 1 2 3 4 5

10. How much do you allow your child to give input into family rules? 1 2 3 4 5

Thank you very much for your willingness to be part of the study, your contribution is highly appreciated.

QUESTIONNAIRE: CHILD VERSION

SECTION A: IDENTIFYING INFORMATION (Please tick the appropriate box)

1.	Gender
MALE	A
FEMALE	B

2.	Age
14	A
15	B
16	C
17	D

3.	Home Language
English	A
Afrikaans	B
Xhosa	C
Other (Please specify)	D

4. What is your highest level of education?

Less than high school	A
High School	B
College	C
Other (please specify)	D

SECTION B: Parent-Child Relationship Instrument

Please carefully read through the list below. Please rate how often you engage in the different statements listed below. As you read each statement, decide how much you agree with it, and then circle in the number that corresponds to your level of agreement next to the statement. Please be honest. Thank you.

Scores ranges from:

Hardly at all	Not Too much	Somewhat	Very Much	Extremely Much
1	2	3	4	5

B (i) Cohesion (Closeness and Conflict)

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How much do you want your parent to spent most of his/her time with you? 1 2 3 4 5

2. How much do you and your parent disagree and quarrel with each other? 1 2 3 4 5

3. How much does your parent yell at you for being bad? 1 2 3 4 5

4. How much do you and your parent go places and do thing together? 1 2 3 4 5

5. How much do you and your parent get mad to at and get in arguments with each other? 1 2 3 4 5

6. How much do you play around and have fun with your parent? 1 2 3 4 5

7. How much do you want your parent to be around you all the time? 1 2 3 4 5

8. How much do you and your parent argue with each other? 1 2 3 4 5

9. Some parents and children spend a lot of free time together, while other parents and children spend a little free time together. How much free time do you and your parent spend together? 1 2 3 4 5

10. How much do your parents give comfort and understanding when you are Upset? 1 2 3 4 5

B (ii) Monitoring and Control

1. How much does your parent not let you go places because he/she is afraid something will happen to him/her? 1 2 3 4 5

2. How much do you get spank by your parent when you misbehaved? 1 2 3 4 5

3. Some parents take away privileges a lot when their children misbehave, while other parents hardly ever take away privileges. How much does your parent take away your privileges when you misbehave? 1 2 3 4 5

4. How much does your parent make you feel ashamed or guilty for not doing what you were supposed to do? 1 2 3 4 5

5. How much does your parent want you to do things with him/her rather than with other people? 1 2 3 4 5

6. How much does your parent not let you do something you want to do because he/she is afraid you might get hurt? 1 2 3 4 5

7. How much does your parent hit you when you have been bad? 1 2 3 4 5

8. How much does your parent forbid you to do something you really like to do when you have been bad? 1 2 3 4 5

9. Some parents make their children feel bad about themselves a lot when they misbehave, while other parents do this a little. How much does your parent make you feel bad about yourself when you have misbehaved? 1 2 3 4 5

10. How much does your parent worry about you when are not at home? 1 2 3 4 5

B (iii) Warmth/ Caring

1. How much do you and your parent care about each other? 1 2 3 4 5

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6. How much do you and your parent have strong feelings of affection (love) towards each other? 1 2 3 4 5

7. How much do you respect your parent's opinion? 1 2 3 4 5

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9. How much does your parent become responsive to your feelings and needs? 1 2 3 4 5

10. How much do you parent took into account your preferences in making Plans for the family? 1 2 3 4 5

B(iv) Attachment/ Bonding

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2. How much does your parent show you how to do things that you don't know what to do? 1 2 3 4 5
3. How much does your parent and you give each other a hand with things? 1 2 3 4 5
4. How much does your parent tell you that you did a good job? 1 2 3 4 5
5. How much does your parent help you with things you can't do by yourself? 1 2 3 4 5
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7. How much does your parent teach you things that you don't know? 1 2 3 4 5

8. How much does your parent help you as you need? 1 2 3 4 5

9. How much does your parent give you expectations and guidelines for your behaviour? 1 2 3 4 5

10. How much does your parent approve of your choices and support you? 1 2 3 4 5

B (vi) Communication

1. Some parents talk to their children a lot about why they're being punished, while other parents do this a little. How much does your parent talk to you about why you are being punished or not allowed to do something? 1 2 3 4 5

2. How much does your parent listen to your ideas before making a decision? 1 2 3 4 5

3. How much does your parent give you reasons for rules he/she make for you to follow? 1 2 3 4 5

4. How much does your parent tell you that he/she liked what you did? 1 2 3 4 5

5. How much do you and your parent talk to each other about things that you do not want other to know? 1 2 3 4 5

6. Some parents give their children reasons for their decisions about what they can and can't do a lot, while other parents do this a little. How much does your parent give you reasons for decisions about what you can or can't do? 1 2 3 4 5

7. How much does your parent speak to you in a friendly voice? 1 2 3 4 5

8. How much does your parent showed respect for your opinions by encouraging you to express them? 1 2 3 4 5

9. How much does your parent encourages you to talk about your troubles? 1 2 3 4 5

10. How much does your parent allow you to give input into family rules? 1 2 3 4 5

Thank you very much for your willingness to be part of the study, your contribution is highly appreciated.

APPENDIX G: Interview Schedule

INTERVIEW SCHEDULE

1. Opening of the interview:

Aim of the study: to explore and describe the parent-child relationship of adolescent substance users.

Purpose of the study: I would like to ask you some questions about yourself, your relationship with your child, your views about substance abuse, some experiences you have had with your child, and some general thoughts about adolescent substance abuse.

The interview should take about 30-45 minutes. Are you available to respond to these questions at this time? Thank you for agreeing to be interviewed.

2. Transition: Let's start with some information that will help me describe the sample: **General demographic information**

A. How old are you? _____years

B. Note if the respondent is male or female. M F

C. Are you going to school? YES NO

D. Which grade have you completed? 6/7/ 8/9/10/11/12

Transition to the topic: Bonding

1. How would you describe your relationship with your (substance using) child/ parent/mother?
2. Tell me about how you view your/mother' parenting towards you/your child?
3. In your opinion what is parent-child relationship? Can you give an example in your own experience?
4. How has the rearing of you/your parent prepared your child/you?
5. In your view what is parenting as far as the development of the child is concerned?
6. As a parent/child, what is your role in your relationship with your child/parent?

7. How do you relate to your child/ parent?

8. Do you have a say about important decisions that your child/parent take regarding her life?

9. What strong memories do you have about your relationship with your child/parent?

Transition to the next topic

1. Please tell me about when your child/ started using substances?

2. What do you think are the reasons for adolescent substance abuse?

3. 'How did you / your parent react when you/he/she started to realise that he/she/you is/are using substances?

4. Has your relationship with your child/ parent remained the same once the use of substances was revealed or has it changed? If so, please identify the way things are done differently or how it changed?

5. What do you think are the reasons behind your child/you to be interested in using substances?

6. Have you ever thought of how the use of substances impact on your child's/your life? If so, how is it impacting?

7. What do you think is the reason why your child/you choose to use substances after the first time experience?

8. Do you find it easy to keep a healthy relationship with your child/ your parent?

9. Are there any experiences you would highlight as best for your relationship or particular challenges and transition points experienced by you on your relationship with your child/ parent?

10. What do you think can make the epidemic decrease in your opinion and what could be the reason for the increase?

11. Is there anything else that you would like to say about adolescent substance abuse and parent child relationship?

Transition: Closing

A, Well, it has been a pleasure talking to you. Let me briefly summarize the information that I have recorded during our interview.

B. (Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?

C. (Action to be taken) I should have all the information I need. Would it be alright to call you at home if I have any more questions?

D. Thank the interviewee for his/her time.

APPENDIX H: Editorial Certificate

Idea Corporation t/a
AQUARIAN PUBLICATIONS

07 October 2017

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

An exploration of adolescent substance users
and the parent-child relationship
in Mitchell's Plain

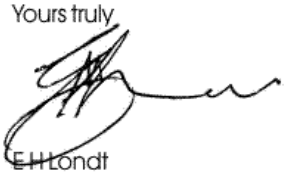
Author

Nwabisa Vuza

The research content, or the author's intentions, were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



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