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SUBSTANCE ABUSE AMONG ADOLESCENTS IN THE LIMPOPO PROVINCE

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"Blessed is the man who passeth through the valley of Bacca and maketh it a well."

Psalm 84:6
Dedication

I dedicate this study to young people who are at the peak of life and facing many challenges which have positive and negative impact upon their lives.

To my family, you make me walk tall, I love you.
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SUMMARY

Globally, the use of substances which seem to be harmful in all life dimensions appear to be an alarming problem. Recent studies indicate that the use and abuse of these substances is more prevalent among adolescents than any other age group. This is so because there are enormous changes to the physical, psychological and social dimensions at this stage.

The use of these substances is a daily occurrence and reality for many people. However, for some individuals, the use of drugs can become overwhelming and be the focus of their lives and their existence. Among all abused substances, alcohol remains the dominant substance of abuse across sites.

In South Africa too, adolescents abuse substances than other age groups. Substance abuse is commonly observed among adolescents who dropped out of school before completion of matric, those who completed matric but failed to go for tertiary education due to financial constraints, and those who are already in tertiary institutions thus making it difficult for them to complete their careers. Adding up on alcohol as commonly used substances are marijuana and hallucinogens.

Some contributing factors of adolescent substance abuse have been identified as family environment factors, conflicting parental monitoring, peer group influence, psychiatric conditions and attention. To explore this problem of adolescents, the researcher conducted a study on the life stories of adolescents who abuse substances.

The objectives of the study were to:-
-Explore and describe the life stories of adolescents who abuse substances.
-Describe the guidelines for advanced psychiatric nurses to facilitate the mental health of adolescents who abuse substances.
This study was undertaken within the framework of Caplan's model of health promotion and prevention of illness based on the resources of community mental health care (Kaplan & Sadock 2003:1376). A qualitative, explorative and descriptive research design was used to answer the research questions. In depth, semi-structured phenomenological interviews were conducted with adolescents who met the sample criteria.

Steps were taken throughout the research to ensure trustworthiness. Data analysis was done according to (Cresswell 1994:155) Tech's model. The results of this study indicate that adolescents abuse substances in certain behaviours which lead to substance abuse, face challenges in the physical, social and psychological dimensions. However, positive feelings of determination and courage to quit the substance abuse behaviour are also expressed.

Conclusions were drawn and recommendation made concerning psychiatric nursing practice, nursing education and nursing research.
CHAPTER 1

RATIONALE AND OVERVIEW

1.1 Background and Rationale

Globally, the use of substances which seem to be harmful in all life dimensions appears to be an alarming problem. Recent studies have indicated that the use of these substances is more prevalent among adolescents than among other age groups. This is so because there are enormous changes to the physical, psychological and social dimensions at this stage (Parry, Pluddemann & Bhana, 2002: 83).

The use of substances is a daily occurrence and reality for many people. However, for some individuals, the use of drugs can be overwhelming and become the focus of their lives and their existence (Wessels, 2002: 32). Recent statistics indicate that drug or substance abuse is increasing worldwide and one would expect the abuser to become more prone, as adolescence is a stage of enormous change. Among all abused substances, alcohol remains the dominant substance of abuse across the globe (Parry, Pluddemann & Bhana, 2002: 85). In Cape Town 46% of patients who were sampled, abused alcohol, while 69% of patients identified alcohol as their primary substance of abuse.

Since the installation of the democratically elected government in 1994, South Africa has also seen a substantial increase in the trafficking and use of harder drugs such as crack, cocaine and heroin (Parry, 1999:01).

Substance abuse is commonly observed among: adolescents who have dropped out of school before completion of matric; those who completed matric, but failed to go for tertiary education due to financial constraints; and those who are already in tertiary institutions. This makes it difficult for them to complete their
careers. In addition to alcohol as a commonly used substance, there are also substance such as marijuana and hallucinogens (Stuart & Sundeen, 1995:347).

Some factors contributing to substance abuse by adolescents have been identified, such as family environment, family conflicts, parental monitoring, peer group influence, psychiatric conditions and attention deficit hyperactivity disorder. However, there seem to be some other aspects which are as yet unidentified (Wu, Lu, Sterling & Weisner, 2004: 02). Most of the drug abusers do not access drug treatment and the consequences of their drug use are unclear. Physical health problems aside, there are concerns that illicit drug use, particularly marijuana abuse, could cause psychological health problems reduce educational attainment and provoke antisocial behaviour. These associations could mean that “recreational” illicit drug use, in view of its apparent extent; represent an important, and substantially hidden, public health problem (Macleod, Oakes, Copello & Crome, 2004: 02).

Research on the prevention of substance abuse has focused on identifying the particular programme components that are responsible for the positive and negative effects on a given group of programme participants. This is particularly important in substance abuse prevention, because the results maximise the impact and effectiveness of such programmes. The development of effective substance abuse prevention programs has led to the use of multicomponent, health behavioural change programmes that are based on field tested theories which are aimed at reducing the increasing contributing factors. The results of one study suggested that the components that have produced the most consistent positive effects are derived from a variety of models, and using models of social influence is superior to using other common approaches such as scaring the participants, improving their self-esteem, or disseminating general information to them (Creswell, 1998: 104).
On the other hand, adolescents who end up abusing marijuana are mostly those who first smoke cigarettes. According to the report, 60% of repeat marijuana users smoked cigarettes first. Teenagers who smoke cigarettes are 14 times likelier than their counterparts who have never smoked to try marijuana, six times likelier to be able to buy marijuana in an hour or less, and 18 times likelier to say most of their friends smoke marijuana (Juvenile Justice Digest 2003, October 31st).

Another study revealed that substance abuse disorders are associated with other mental disorders in adolescence, but it is unclear whether less severe substance problems (supps) also increase the risk. Because youths with substance abuse problems are most likely to present first to their site of primary care, it is important to establish the presence and patterns of psychiatric morbidity among adolescents' primary care for those with diagnostic use of alcohol or other drugs (Shrier, Harris, Kurland & Knight. 2003: 113).

Adolescence is a unique and distinct stage of development that, although often seen in the context of contemporary social change, has great significance in the understanding of human behaviour. The new developmental tasks emerging during adolescence stress the individual’s defenses either positively, by developing new ways of coping with conflicts, or negatively, whereby regression and disorganisation emerge through failure to cope (Stuart & Sundeen, 1995: 305). Different theoretical perspectives of adolescent development which may channel an individual towards good or deviant behaviour on the way to adulthood are discussed hereunder.

- Physical and biological development

Kaplan, Sadock and Crebb (1994: 716) are of the opinion that the age of onset varies with girls entering puberty 12-18 months earlier than boys. The average age is 11 for girls and 13 for boys. The onset of puberty is triggered by
maturation of the hypothalamus pituitary adrenal gonadal axes leading to sex steroids. Furthermore, the hormonal activity produces the manifestations of puberty, which are traditionally categorised as primary and secondary sex characteristics. In many cultures, the onset of adolescence is clearly signalled by puberty rites, which usually involves the adolescent’s performance of feats of strength and courage. In technologically advanced societies however, the end of childhood and the requirements of adulthood are not clearly defined. The adolescent undergo a more prolonged and, in some cases, confused struggle to attain independent adult status (Kaplan, Sadock & Crebb, 1989: 717).

- **Psychoanalytic theory of development and adolescence**

Psychoanalytic accounts of adolescence share two underlying assumptions; first, adolescence is a period during which the personality is exceptionally vulnerable. Secondly, if one cannot cope with inner conflicts and tensions, then maladaptive behaviour is likely to occur (Sternberg, 1994: 84).

- **Cognitive and personality development**

Adolescents possess remarkable creativity which they express in writing, music, art and poetry. Creativity is also expressed in sports and in the adolescent's interest in the world of ideas. The ability to perform formal operational thinking has several impacts on the behaviour and personality of adolescents (Kaplan, Sadock & Crebb, 1994: 375)

- **Identity development theory and adolescence**

Four stages are identified in identity development and they are as follows:

- identity diffusion whereby identity issues have failed to chart future directions;
foreclosure whereby an individual has reached a choice but has not considered ideas that suit him/her best;
• moratorium whereby individuals are experiencing identity crises and are actively asking about life commitments and seeking answers; and
• identity achievement whereby individuals have made final decisions about life commitments (Erikson in Shaffer, 2002: 34).

Based on the above information, it is clear that some studies have been done with regard to substance abuse among adolescents across the globe, including South Africa. It is only in the deprived part of the country such as the Limpopo Province- where such studies have not been done before, taking in to account its unique cultures, traditions and philosophies. It is therefore important to have this kind of study done in this particular part of the country too.

1.2. Problem Statement

The researcher is a psychiatric nurse working in a general hospital – Nkhensani, under the Greater Giyani Municipality of the Limpopo Province. During the execution of her daily activities there, she realised that most of the adolescents, especially boys, are being admitted on account of having substance abuse as their primary diagnosis, or as an underlying trigger to mental conditions such as Bipolar Mood Disorders. This consequently led to recurrent episodes, addiction to the use of substances and also recurrent relapses. Out of concern the researcher had a brief interview with two of the adolescents who were admitted with the history of marijuana and/or alcohol abuse.

Case X: The researcher had an interview with the first adolescent and the conversation was summarized as follows.

The adolescent was a 19 year old boy doing his second year in a tertiary institution. He had never repeated a grade in his primary and secondary school
years. He started failing some courses while doing the second year of his tertiary education. He started smoking marijuana and abusing alcohol in his first year of study. He said he did that because the group of friends he used to socialise with were also smoking and drinking. He further explained that he regretted the habit and had decided to quit smoking and drinking.

**Case Y:** The researcher has interviewed another 16 year old boy. The boy was currently doing grade 10 in a certain secondary school. He said he started to taste alcohol at the age of 12 and only during special holidays like Christmas, New Year and Easter. He also drank when there were special family functions like ancestral celebrations (Mphahlo in Shangaan). He said that his father used to provide them with plenty of beers and told them to drink only for the occasion and never after that. He further explained that this had accustomed him to alcohol, and he started buying some beers with the pocket money that his parents gave him, but he only did that secretly. He said that he has a wish that he could quit drinking. This was his second admission with the same problem and it appeared that his first attempt to quit drinking had failed.

In the light of the problem statement, the researcher asked the following questions:

- What is the life story of adolescents who abuse substances?
- What can be done to improve these adolescents’ mental health?

**1.3. Research Objectives**

The researcher has formulated two objectives out of the research questions as follows:

- to explore and describe the life story of adolescents who abuse substances; and
- to describe guidelines for ensuring these adolescents’ mental health.
1.4. Paradigmatic perspective

The researcher will adopt Caplan’s Preventive model (Kaplan & Sadock, 2003: 1376) on the resources of community mental health care as a paradigmatic perspective of this research. The approach reflects the promotion of health and prevention of illness in the physical, psychological and social perspective and at the three levels of prevention which are primary, secondary and tertiary, among individuals. The assumption of this approach will be discussed below.

1.4.1. Meta-theoretical assumptions

The researcher will adopt Caplan’s preventive model (Kaplan & Sadock, 2003: 1376) because she believes that it forms an integral part of health promotion and prevention of illness. Caplan’s preventive model points out that individual health should be promoted and illness prevented in the physical, psychological and social dimensions at primary, secondary and tertiary levels. It is for this reason that the researcher has the views set out below about individuals, the promotion of health, and prevention of illness at physical, psychological and social dimensions by means of primary, secondary, and tertiary prevention.

**Individual** – This refers to adolescents who abuse substances. These individuals are being affected physically, psychologically, and socially. Threats to their health prevented at primary, secondary, and tertiary levels.

**Promotion of health and prevention of illness** – Promotion of health refers to taking some precautionary measures, such as eating a healthy diet, exercising and so forth, in order to build up the body’s resistance against diseases and other pathologies. Prevention of illness involves decreasing the onset (incidence), duration (prevalence) and residual disability in mental illness, which is done at primary, secondary, and tertiary levels.
1.4.1.1 The nursing theory

The nursing theory of this study will be based on Caplan’s model of resources on community mental health care (Kaplan & Sadock, 2003: 1375). The researcher will do qualitative research and thus will not be applying this model during data collection and analysis.

1.4.1.2 The theoretical assumption

The theoretical assumption of this study will be based on the nursing theories, theoretical assumptions and conceptual definitions. Adolescents who abuse substances are viewed as a point of focus, and appropriate steps should be taken to promote health and prevent illness in those individuals at primary, secondary, and tertiary levels. The researcher will enter the research field with an open mind utilising bracketing, that is, discarding all preconceived ideas.

1.4.1.3. Conceptual definitions

A list of definitions of major concepts that the researcher will to use in the study is as follows.

- **Substance Abuse**

According to Barlow and Durand (1999: 17), substance abuse is associated with the abuse of alcohol and other drugs that adolescents and other people take to alter the way they think, feel and behave. Many people start using substances such as alcohol, marijuana and intravenous drugs as early in life as adolescents and go on to abuse more substances in adulthood. Substance abuse can interfere with normal cognitive and psychological development, and is associated with poor decision-making and inferior educational and job performance (Akinade, 2001: 41).
Adolescence is a time of transition, that is, an age when one is no longer a child but not yet an adult. Yet the issues reflected in the adolescent experience are central to one's development as a person. Of profound importance in adolescence, they are often recapitulated later in life. The intense feelings during the teenage years are perhaps the most meaningful of any experienced in a lifetime. The biological and subsequent psychological growth that occurs results in adolescence being a conflict-filled period. When these conflicts are intensified, certain maladaptive behaviour may be seen, and a variety of nursing diagnoses can be made, among which is drug abuse (Stuart & Sundeen, 1995: 347).

1.4.2. Methodological Assumptions

A qualitative research study will be conducted. The life story of adolescents who abuse substances will be explored and described, and the guidelines for improving these adolescents’ mental health described. According to the research model in nursing (University of Johannesburg, 2008:10), the central assumption is that research should be functional, and the knowledge thereof should be applied in practice. In this study, the researcher will gain knowledge and information about the life experiences of adolescents who abuse substances and will therefore be able to identify possible guidelines in ensuring adolescents' mental health. Truth value will be established by the accurate description of the data, the conclusion and recommendations logically inferred from the identified themes. Verification will be made by literature control (Holloway & Wheeler, 1996: 101).
1.5. RESEARCH METHODOLOGY

1.5.1. Research design

A qualitative research design (Burns & Grove, 1997: 67) that will be exploratory and descriptive (Brink, 1996: 11) in nature will be applied. It will be conducted in order to explore and describe the life story of adolescents who abuse substances and also to describe guidelines for improving adolescents' mental health. A full discussion will appear in chapter two. This will assist in identifying problems in current situations and making judgments.

1.5.2. Research method

1.5.2.1. Phase 1: The exploration and description of the life stories of adolescents who abuse substances

a) Population and Sampling

In this study, the population will all be adolescents who have been admitted into the Nkhensani Hospital's Psychiatric Ward having been diagnosed with substance abuse or it being an underlying trigger of their mental illness. Purposive sampling as described by Kuzel (1992: 27), Morse (1991: 56) and Patton in Sandelowski (1995: 180) will be utilised as it is suitable for qualitative studies because it requires "information rich cases". Participants should be those who have direct and personal experience about the phenomenon to be studied. The first ten adolescents who will be admitted to the hospital with the history of substance abuse within a period of three months will be selected.
b) Data collection methods

Data gathering of this study will be done through semi-structured in-depth phenomenological interviews conducted face to face (Kvale, 1996: 174). Data will be recorded on audiotapes and later transcribed. Field notes will also be taken to record the events as they occur (De Vos, 1998: 285). The researcher will carry out a pilot study with one of the adolescents who abuse substances. This will enable the researcher to evaluate whether the questions are easily understood by the participants. If the data collection method needs to be modified, it will be determined by the pilot study.

c) Data analysis

Data will be managed and a method of reduction used in order for the data to be analysed. Clustering will be used in order to analyse core concepts of the findings. The researcher will use the service of an independent coder who is an advanced psychiatric nurse for data analysis.

d) Literature control

The results of phase one will be contextualised within the literature.

1.5.2.2. Phase two: Guidelines for the improving of mental health of adolescents who abuse substances

Guidelines will be derived from the results of phase one.
1.5.3. TRUSTWORTHINESS

For measures to ensure trustworthiness, the researcher will apply Guba’s model. The model uses four criteria for trustworthiness (Lincoln & Guba 1985: 289) which are as set out below.

- The method for ensuring trustworthiness is credibility.
- The method for applicability is by using strategy for transferability.
- The consistency is attained by using strategy for dependability.
- The neutrality is attained by using a strategy for confirmability.

The application of these strategies will be discussed in depth in chapter two.

1.5.4. ETHICAL CONSIDERATIONS

Ethical conduct will be adhered to as outlined by the Democratic Nursing Organisation of South Africa (DENOSA 1998).

Substance abuse is one of the social pathologies that must be addressed with caution and sensitivity because the information given is highly personal and could potentially compromise either the individual or the organisation. In this study, the principles of ethical standards of human dignity and human rights, benefit and harm, autonomy and individual responsibility, consent, privacy and confidentiality, equity and justice, as stipulated by the Democratic Nursing Organisation of South Africa (DENOSA, 1998) will be adhered to and applied as follows.

Respect for human dignity and human rights: Every participant in this study will enjoy the respect of human dignity and human rights that is due to him /her just as for any other person. In order to achieve this, the researcher is committed to being honest while explaining the process of the study; to respect the times of
interviews; to make the place where interviews will be conducted welcoming; to act professionally; and to avoid any behaviour that may compromise the safety of participants as a result of the research study.

Benefit and harm: In this study, no harm is anticipated, and the participants will not benefit financially. However, their contribution for sharing their life stories will benefit those who may be in the same situation and will certainly add to the scientific knowledge of what is already known about adolescents who abuse substances in South Africa, particularly in the Limpopo Province. Should any participant experience emotional or psychological problem due to relating his/her life story as a substance abuser, the researcher will provide information as to how to obtain professional help.

Autonomy and responsibility: The autonomy of persons to make decisions while taking responsibility for those decisions and respecting the autonomy of others should be considered. Participants will decide which information to share and how to share it. The participation is in itself the decision of the person concerned. Nobody will be coerced or persuaded against his/her will to participate in the research study. There will be no penalty for refusing to participate. Participants may withdraw from participating any time they choose, without any discrimination.

Consent: Scientific research should only be conducted with the prior, free, and expressed informed consent of the person concerned. Prior to the participation, every participant will sign a consent form, allowing the researcher to interview and audiotape the conversation. A letter has been written explaining what every participant needs to know. This letter will be attached in as an annexure (Annexure C).

Privacy and confidentiality: The privacy of participants and the confidentiality of their personal information should be respected. To the greatest extent possible,
such information should not be used or disclosed for any purposes other than those for which consent was granted. In order to comply with this principle, the researcher undertakes not to ask the participant’s name during the recording of interviews, to keep audiotapes in locked cupboards and keep the key so that unauthorised persons may not access these tapes. After transcription, independent coding and examination, the audiotapes will be stored for two years and then destroyed.

Equality, justice and equity: The fundamental equality of all human beings, and rights should be respected so that they are treated justly and equitably. In this study, participants share equal chances to participate, provided they meet the criteria. However, as not everyone who meets the criteria participate due to limited means and purpose of the study, the first ten volunteers to participate in the research within a given period will be considered. Impartial and fair treatment will be ensured.

Particulars about alternative information such as attending counseling classes and joining support groups will be furnished to participants.

Contact details will be given to participants in case they want to ask some questions or gain clarity about issues related to the research study.

1.6. CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

The conclusion, limitations and recommendations will be formulated after results of the research study have been obtained.
1.7. DIVISION OF CHAPTERS

Chapter One: Background and rationale.
Chapter Two: Research design and method.
Chapter Three: Results of objective One. The life story of adolescents who abuse substances.
Chapter Four: Results of objective Two. The guidelines for the facilitation of adolescents' mental health.
Conclusion, limitations, and recommendations.

1.8. SUMMARY

Chapter one has given an overview of the research study that is captured in the background and rationale, problem statement, research objectives, the paradigmatic perspective of the study, research design, method and division of chapters.

In Chapter Two the researcher will discuss the research design and method in details.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1. INTRODUCTION

In Chapter One an overview and rationale of the study were outlined. In this chapter the researcher will give a detailed plan and structure of the research design and method which will be used in the study.

2.2. RESEARCH RATIONALE

Once adolescents find themselves being trapped in a situation where they are substance abusers, it becomes a serious problem because it is difficult to escape the trap. They may be aware of the dangers it imposes and wish to give up the habit but fail due to lack of knowledge of how this can be achieved. The researcher needs to explore and describe those adolescents' experiences so that guidelines for promoting their mental health can be developed.

2.3. PURPOSE OF RESEARCH

The purpose of this study is:

- to explore and describe the life story of adolescents who abuse substances; and
- to describe guidelines for ensuring these adolescents' mental health.

2.4. RESEARCH DESIGN

The research design will determine the planning and execution of the study. The research design will be qualitative (Burns & Grove, 1997: 67), exploratory and descriptive (Brink, 1996: 11).
2.4.1. Qualitative

Qualitative research involves the systematic collection and analysis of more subjective narrative materials, using procedures in which there tends to be a minimum imposed control on the part of the researcher (Polit & Hungler, 1993: 24).

A qualitative design enables one to gain insight through understanding the whole phenomenon. Qualitative research enables one to understand the whole through exploring the depth, richness and complexity of inherent phenomena (Burns & Grove 1997: 67). It will enable the researcher to gain new insight into the nature of the experiences of adolescent substance abusers, which are of course unique to them.

The researcher will use the phenomenological approach to encourage the adolescent substance abusers to describe their experiences as they are lived (Burns & Grove, 1997: 71), and measure the depth and understand the complexity of their experience (Uys & Basson, 1991: 51). The researcher will use a phenomenological interview together with communication skills and techniques such as focus, clarification, paraphrase, reflection, probe, validation and open-ended questioning to gain insight (Streubert & Carpenter, 1995: 43) and (De Vos, 1998: 307).

According to Burns and Grove (1997: 29), the researcher is involved as participant observer and interviewer in qualitative research. The participant is a self-interpreting person and is viewed by the researcher as the only reliable source of information to answer the researcher’s questions. The participant will interpret the experience for the researcher, and the researcher will, in turn, interpret the explanation provided by the participant.
In qualitative research design, reasoning strategies are required so that the researcher can make sense of research phenomena by using data analysis approach such as comparison, organisation, category themes and coding (De Vos, 1998: 338).

2.4.2. Exploratory

The researcher's main objective in using the exploratory design is to explore the dimensions of a phenomenon, the manner in which it is manifested; and factors with which it is related; to provide more insight about the nature of the phenomenon (Brink 1996:11). The main focus of this research is to explore the life story of adolescents who abuse substances. Polit and Hungler (1993: 19) state that the researcher will engage in an explanatory research to have a richer understanding of the phenomenon and will also engage in an in-depth interview. For the researcher to pursue the interview in more depth, a relationship of mutual trust must be established between the interviewer and the participant. The researcher must also display empathy and not be prejudiced (Uys & Basson, 1985: 58).

As the researcher is exploring to gain an in-depth understanding of the phenomena, open-ended questions, effective communication skills and techniques will be used to help and encourage the adolescents to relate their stories as they are lived (De Vos, 1998: 309).

2.4.3. Descriptive

Brink (1996: 11) explains a descriptive design as a way of obtaining complete and accurate information about a phenomenon through observation, description and classification.
The qualitative research interview aims at obtaining uninterpreted descriptions. The participant describes as precisely as possible what he/she experiences, feels and how he/she reacts (Kvale, 1996: 175).

In this study the researcher will follow a descriptive approach in order to obtain complete and accurate information from adolescents who abuse substances. Their description of lived experiences as adolescent substance abusers will be uninterpreted. Guidelines for helping and supporting these adolescents will be developed to assist psychiatric nurses in promoting and restoring their mental health.

2.5. ETHICAL CONSIDERATIONS

In this study humans are going to be the source of information and therefore the researcher should ensure the protection of her informants and should practice great care. It is for this reason that those are protected by adhering to the following ethical considerations listed below.

2.5.1. Competence of the researcher

The researcher must have the ability; that is; knowledge, skills and attitude to execute the research process (DENOSA, 1998: 223). The researcher has attended a research methodology course and studied advanced psychiatric nursing skills, therefore these will enhance the communication skills needed; especially during data gathering.

2.5.2. Granting of permission

The researcher will make an application, and her request for permission to conduct the study will be forwarded to the ethics committee at the University of Johannesburg. It is only when permission has been granted that she will commence with her study.
The researcher will also make sure that she obtains permission from each individual participant in the form of written informed consent which will be explained next.

2.5.3. Informed consent

Informed consent means that the subject has adequate information regarding the research, is capable of comprehending the information, and has the power to free choice, enabling him/her to consent voluntarily to participate in the research or decline participation (Polit & Hungler, 1993: 36). The following information will be given to participants:

- what is going to be researched;
- the objectives of the research;
- the research method and transparency as far as objectives and method are concerned;
- their right to access the research report;
- their right to withdraw anytime during the research process; and
- the potential benefits of the study which may be direct or indirect (DENOSA, 1998: 223; Polit & Hungler, 1993: 36).

The researcher will prepare a consent form, and during the data gathering phase it will be signed and it will also be included in the annexures (Annexure C).

2.5.4. Privacy

Siebert in (De Vos, 1998: 27) defines privacy as that which normally is not intended for others to observe or analyse. Singleton, Straits and Straits in (De Vos, 1998: 27) further explain that the right to privacy is the individual's right to decide when, where, to whom and to what extent his/her attitude, beliefs and behaviour will be revealed. The researcher will ensure the privacy of the participants, being sensitive where their privacy is relevant. Privacy can also be
ensured through anonymity and confidentiality. The information will be treated anonymously to ensure the privacy of the participants.

**Anonymity** means that no one, including the researcher should be able to identify the participant afterwards (Rubin & Babbie, 1993: 342)

**Confidentiality** implies that only the researcher and possibly a few members of his/her staff should be aware of the identity of the participants, and should also have a commitment with regard to confidentiality (De Vos, 1998: 28).

**Sampling**- The researcher will ensure the privacy of the participants when selecting them for a sample. Participants will be notified that they have been purposely selected because they are the ones most likely to provide the researcher with the relevant understanding and comprehension of the phenomena being investigated.

In this study, the researcher will ensure the privacy of participants by protecting their names, and will also protect their dignity and worth, and will not mention the exact place where they stay.

**2.5.5. Protection from harm and discomfort**

DENOSA (1998) stipulated the standards and criteria for ensuring the protection of participants from harm and exploitation as follows.

- The researcher must assess the possibility of physical/psychological harm or discomfort before commencing with the research study.
- Any possible identified harm/discomfort for participants should be explained during the process of obtaining informed consent.
- Participants, who refuse to participate in the research, or have withdrawn from participating, should not be victimised.
The researcher will ensure the protection of the participants by respecting and abiding by the above mentioned principles.

2.6. RESEARCH METHOD

The researcher will conduct this study in two phases which are described below.

2.6.1. Phase one: to explore and describe the life story of adolescents who abuse substances.

In this study the researcher will explore and describe the life story of adolescents who abuse substances.

2.6.1.1. Population and Sampling

The study population means target group. A target group meets the sample criteria for inclusion in the research study. A sample is a portion of the population that is selected for the study (Burns & Grove, 1997: 58). In this study the target population will be made up of adolescents who are admitted into this hospital with a history of substance abuse.

2.6.1.2. Sampling Criteria

The sampling criteria list the characteristics essential for membership in the target population. The criteria are developed from the research problem. Inclusion criteria are characteristics that must be present for the element to be included in the sample (Burns & Grove, 1997: 294). In this study the researcher will look for specified characteristics of the target population, which in this case are adolescent substance abusers.

The researcher’s inclusion criteria for the sample will be as follows.
• Adolescents who have started abusing substances.
• These adolescents should be residing in the Limpopo Province under the Greater Giyani Municipality.
• They must have been admitted at Nkhensani Hospital Psychiatric Ward.
• If possible, the participants should be able to understand and speak English to accommodate the researcher's supervisors and the independent coder.
• In the case where participants are unable to speak English, they will be interviewed in their own language so as not to interfere with the richness of the data and interpretation made.

2.6.1.3. Sample size

The size of the sample depends upon the size and nature of the population and the question of data saturation. Seaman and Talbot (1995:529) explain that data saturation will determine the sample size. Qualitative studies tend to use small samples. A small sample size may better serve the researcher who is interested in examining the situation in depth from various perspectives. The qualitative researcher will stop seeking additional participants when theoretical saturation is achieved (Burns & Grove, 1997:309). Lincoln and Guba (1985:201) also confirm that data will be collected until information can be deemed redundant. In this study, the sample size will be ten adolescents who will have been admitted to the Nkhensani Hospital Psychiatric Ward with a history of abusing substances within three consecutive months.

2.6.1.4. Role of the researcher

The researcher's role in qualitative research is not concerned with the end product but with the whole research process (Creswell, 1994:145). The researcher must adhere to the standard of assessing, planning, implementation, evaluation and recording the research process as a whole (DENOSA, 1998:223).
The researcher must demonstrate integrity, honesty and acting in good faith with adherence to predetermined agreements through the process, especially those mentioned under (2.5) as ethical considerations. The researcher will write letters to ask for permission from relevant stakeholders (Wilson, 1989:218). The researcher will also ensure the trustworthiness of the process and results (DENOSA, 1998:223).

2.6.1.5. Data Collection

Polit and Hungler (1993:643) define data collection as the gathering of information needed to address the research problem. The researcher will carry out a pilot study on one of the adolescents who abuse substances. The adolescent will be chosen on the grounds that he conforms with the inclusion criteria.

In this study the researcher will gather information needed to address the research problem by using an in-depth phenomenological interview which will be audio-taped. This will help the researcher to develop insight regarding the lived experiences of adolescents who abuse substances. When conducting the interview, the researcher will ask the participant one central question, “Can you share with me your life story?”. While the participant is talking, the researcher will listen extremely carefully so that probing open-ended questions that can elicit more information can be used. Field notes will be made simultaneously with the audiotape recording of the interview. The researcher will observe and record all events as they occur to help her remember everything which transpired during the interview (Wilson, 1989:434). During the interview the researcher will make use of communication skills and techniques to reach the heart of the problem. These communication skills and techniques are explained below.

Probing: The objective of research is to collect reliable information. It is therefore important that the researcher should evaluate the participant’s response
continuously and stimulate the participant through probing so that he/she can provide additional information, and where there are vague answers give further particulars. Probing should be done in a friendly, reassuring and non-threatening way. In other words interviewers should make it clear that although the response given is acceptable, further information is required (De Vos, 1998:310).

The researcher will also use techniques fostering description of phenomena such as:

- active listening: paying close attention to verbal and non-verbal communication, patterns of thinking, feeling and behaviour;
- silence: planned absence of verbal remarks to allow participant to think and say more;
- empathy: recognising and acknowledging participant’s feelings;
- questioning: using open-ended question to achieve relevant depth in discussion;
- general leads: using neutral expressions to encourage the participant to continuing talking;
- restating: repeating exact words of the participant to remind him/her of what he/she said, and to let him/her know that he/she is being heard;
- verbalizing: rephrasing the participant’s words to highlight an underlying message;
- clarification: asking participant to restate, elaborate or give examples of ideas or feelings; and
- focusing: pursuing a topic until its meaning is clear (Keltner, Schwecke & Boston, 1999:119).

Reflecting: This refers to communicating with the participant with the understanding of his/her concerns and perspectives. The researcher will reflect on stated or implied feelings, what has been observed non-verbally, what is felt
has been omitted or emphasised, and specific context for example, “It sounds like you are fed up with excessive drinking.” (Okun, 1992: 70).

Paraphrasing: It is a verbal statement that is interchangeable with the participant’s statement, although words may be synonymous to the ones that the participant has used (Okun, 1992:70).

Clarifying: it is an attempt to focus on or understand the basic nature of the participant’s statement (Okun, 1992:70).

Minimal responding: Stuart and Sundeen (1995:122) say that minimal responding means that the interviewer will adopt a less active role and allow the participant more time to talk.

2.6.1.6. Data Analysis

Burns and Grove (1997:527) explain that qualitative data analysis occurs concurrently with data collection. Qualitative analysis techniques use words rather than numbers as a basis of analysis. Creswell (1994:153) confirms that data analysis is simultaneously conducted with data collection.

In this study verbatim transcription of data analysis will be done according to the descriptive analysis method as suggested by Tesch in (Creswell, 1994:155; De Vos, 1998:343).

Tesch (1990:78) provide eight steps to consider in data analysis for the researcher and these are listed below.

(a) Gain a sense of the whole. Read through all the transcriptions carefully, jotting down ideas as they come to mind.
(b) Choose one interview that is short and interesting. Go through it and ask yourself what it is about, and think about its underlying meaning. Write your thoughts in the margin.

(c) When the task is complete, several informants make a list of all topics, cluster similar ones together, form these topics into columns that might appear as major topics, unique topics and left overs.

(d) Compare the list with the data. Topics will be abbreviated as codes next to the appropriate segment of the text. This preliminary organizing scheme enables the researcher to see whether new categories and codes emerge.

(e) Find the most descriptive wording for your topic and turn those into categories. Reduce your total list of categories by grouping topics that relate to each other. Draw lines between your categories to show interrelation.

(f) Make a final decision on the abbreviation for each category and alphabetise these codes.

(g) Assemble the data material belonging to each category in one place and perform a preliminary analysis.

In this study the researcher will discuss and reach consensus with an independent coder about the findings.

2.6.1.6. Literature Control

The researcher will discuss the results of this study in relation to the relevant literature and the information obtained from similar studies. Phenomenologists support the view that literature should be reviewed at the end of the research project. The findings from the phenomenological study are compared and combined with the actual literature to determine the current knowledge of the phenomenon (Burns & Grove, 1997:711).

The study will determine similarities and differences and the findings will be combined to reflect the current knowledge of the life stories of adolescent substance abusers.
2.6.2. Phase two: To formulate and describe the guidelines for advanced psychiatric nurses to improve the mental health of adolescents who abuse substances.

This will present a description of guidelines for psychiatric nurses to support and help adolescents in order to promote their mental health. In this phase, the data already collected from the participants and literature control will be used as stepping stones for describing the guidelines for psychiatric nurses so that this can be utilised in supporting adolescents, and in promoting, maintaining and restoring their mental health.

2.7. TRUSTWORTHINESS

De Vos (1998:348) strongly suggests that researchers need alternative models appropriate to qualitative designs that ensure rigour without sacrificing the relevance of the qualitative researcher. It is for this reason that the researcher in this study will follow Guba’s model (Lincoln & Guba, 1985: 290) to ensure trustworthiness, in order to persuade her audience, including herself, that the findings of her research are worthy of attention.

Guba’s model identifies four aspects of trustworthiness that are as follows:

- truth value;
- applicability;
- consistency; and
- neutrality.

2.7.1. Truth value

Truth value asks whether the researcher has established confidence in the truth of the findings for the subjects and the context in which the study was undertaken. It establishes how confident the researcher is concerning the truth of
the findings based on the research design, information and situation (De Vos, 1998:349).

Streubert and Carpenter (1995:265), argue that the purpose of nursing research is to uncover the truth of a phenomenon as the precautions in the identified setting see it. De Vos (1998:349) also share this argument when he says truth value is usually obtained from the discovery of human experiences as they are lived and perceived by participants. Truth value is subject-orientated and Lincoln and Guba (1985:301) call it credibility.

Credibility can be achieved when accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognise the description (De Vos, 1998:349). It is important that the researcher produces credible findings and interpretations. Lincoln and Guba (1985:301) identify six techniques that can be used to make and ensure the credibility of findings and these are as set out below.

- **Prolonged engagement**: This means that the researcher needs to spend sufficient time achieving certain purposes. The researcher will apply this technique by identifying adolescent substance abusers who fit in the inclusion criteria. She will first build rapport with them before the actual interview. The researcher will also use some of the communication skills such as the use of “silence” to allow the participants’ time to think before they actually respond.

- **Persistent observation**: Lincoln and Guba (1985:304) explain that the purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and to focus on them in detail. In this study the researcher will apply this technique so that she can observe and identify those characteristics in adolescents who abuse substances and record them in details.
- **Triangulation**: This is explained by De Vos (1998:359) as the use of multiple methods in the collection of data. The researcher in this study will use triangulation as a technique. She will conduct an in-depth interview, while simultaneously using a tape recorder, persistent observation, and taking of field notes.

- **Re-flexibility**: The researcher will use this technique and in her application will use a tape recorder and take field notes.

- **Member checks**: Lincoln and Guba (1985:314) explain that the member check whereby data, analytical categories, interpretations and conclusions are tested with members of those stake-holding groups, from whom data was originally collected, is the most critical technique for establishing credibility. The researcher acknowledges that the member checks can be done on those participants she will use for the study. Participants will also be given the opportunity to validate whether or not the researcher’s interpretations and conclusions tally with the facts given.

- **Peer debriefing**: Lincoln and Guba (1985:308), explain that for the sake of credibility, the researcher will be exposed to searching questions by an experienced protagonist. The researcher will also employ this technique whereby she will have two research supervisors as well as the external coder.

- **Structural coherence**: In this study the researcher will only focus on the life story of adolescents who abuse substances.

### 2.7.2. Applicability

Applicability refers to the degree at which the findings can be applied to other contexts and settings or other groups. It is the ability to generalise from findings to a larger population, and also includes how well the threats to external validity have been managed (De Vos 1998:349). The strength of the qualitative method is that it is conducted in natural settings with few controlling variables.
Lincoln and Guba (1985:297) use the criterion of transferability to assess applicability. However, they also explain that:

- Transferability is more of the responsibility of the person wanting to transfer the findings to another situation or population than that of the researcher of the original study; and that as long as the original researcher represents sufficient data to allow comparison, therefore she will have addressed the problem of applicability.

In this study the researcher will give a complete description of results from all transcriptions of the interview and analysed data from the independent coder after consensus is reached.

2.7.3. Consistency

This is the third criterion of trustworthiness and it considers the consistency of data, that is, whether the findings would be consistent if the inquiry was replicable with the same subjects or in a similar context (De Vos, 1998:350). Dependability is a strategy in which the researcher attempts to account for charging conditions to the phenomenon chosen for the design created by an increasingly refined understanding of the setting (De Vos, 1998:351). The researcher will use techniques so that they become applicable in her study:

- **audit trial** where the researcher will utilise field notes;
- **code re-codes procedures** where the researcher will reach consensus with the independent coder for the planning of themes; and
- **dense description and peer examination** which will be the same as above.
2.7.4. Neutrality

Neutrality is the freedom from bias in the research procedures and the results. It refers to the degree to which the findings are a function solely of the informants and conditions of the research, and not of other biases, motivations and perspectives (De Vos, 1998:350).

Confirmability is a strategy that focuses on whether the results of the research could be confirmed by another and which places the evaluation on the data itself (De Vos, 1998:351).

The tactics or techniques that can be used are exactly the same as those used in dependability to ensure consistency.

2.8. CONCLUSIONS, LIMITATION AND RECOMMENDATIONS

After the data has been analysed, the researcher will draw her own conclusions, and will identify limitations and recommendations of the study that will be based on her findings.

2.9. CONCLUSION OF CHAPTER 2

In Chapter Two, the researcher gave a description of the research design and method for data collection and analysis. Measures to ensure trustworthiness, as well as ethical measures to be undertaken for the study, were also explained. Chapter Three will deal with the results of the study about experiences of adolescents who abuse substances and literature control.
CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS

3.1. INTRODUCTION

In Chapter Two a detailed plan of the research design and method was explained. In this chapter, focus will be directed mainly to the discussion of the research findings from the analysed transcriptions of interviews on the life stories of adolescents who abuse substances.

3.2. SAMPLE DESCRIPTION

Data saturation was reached and the size of the sample was made up of eight male adolescents who were admitted to the Nkhensani Hospital Psychiatric Ward and had a history of having abused substances at certain stages of their lives. The age of the participants ranged between 15 and 21. All the participants' ethnic group was Shangaan.

Seven of the participants were fluent and comfortable in communicating in English, and only one chose to express himself in Shangaan.

One left school in grade 4 in 2002 because his father forced him to go to school with long dreadlocks and to take dagga to smoke at school which was against the school's code of conduct. Three were in grade 10 and one among them was repeating the grade. Two were in grade 11 and one among them was also repeating the grade. One passed grade 12 two years previously and failed to continue with tertiary education due to financial constraints. One was repeating second year at a technicon due to failing some of the second year major subjects.
Six of the participants lived with both parents and siblings while two stayed with their mothers only. Out of the six who stayed with both parents, five earned a living through their fathers who were working, the mothers were housewives. The sixth one's father was not working but sells dagga for the family to survive. Among the remaining two who live with their mothers only, one is being maintained by his father from a distance, and the other one depended solely on his mother who worked as a domestic worker. Three among the eight were addicted to marijuana, three to alcohol, one to mandrax and the last one to glue.

### 3.3. DATA COLLECTION AND ANALYSIS

The initial agreement was that the phenomenological interviews would be conducted in the hospital in an office to ensure privacy and less noise. All eight interviews were indeed conducted in that office so as to be able to do tape recordings. However, some disruptions such as noise created by other patients from outside, particularly out-patients were still experienced. The period of data collection commenced from August to October 2007.

Appointments were secured well in advance and all eight participants appeared interested. Before the actual interview, the participants were given a brief explanation of the research theme, the objectives of the study and the request for permission to use the audio-tape for the recording of the whole process in the interview, so that they could consent after thoroughly understanding the information. Since the other five were still minors, and could not consent for themselves, when their parents came to visit, these parents were given a thorough explanation of the information and they consented for their children. The participants agreed and volunteered on their own to participate in the research study.

The researcher conducted interviews until saturation of data. The sample was made up of eight male adolescents admitted to the Nkhensani Psychiatric Ward.
with the history of substance abuse. Interviews were audio-taped, transcriptions made and field notes taken, followed by a process of data analysis.

The researcher made a written appointment with the independent coder, who has a Masters Degree in Psychiatric Nursing Science and is knowledgeable and experienced in qualitative research. The researcher started the process of data analysis by underlining all the words and important that captured the life experiences of adolescents who abuse substances, and in the meantime gave the independent coder the eight transcriptions, the first two chapters of her study and field notes for her analysis. After the coder had completed her work, there was discussion of the findings and consensus reached on the analysed transcriptions and field notes.

The researcher and the independent coder agreed on the themes, categories and sub-categories identified in the transcriptions and field notes. Data from the transcriptions and field notes was grouped into five themes out of which categories and sub-categories were formulated. Most of the life stories of those adolescents who abuse substances were similar. The discussion of the research findings is set out in Table 3.1.

Table 3.1. An overview of the themes, categories and sub-categories of the life stories of adolescents who abuse substances

<table>
<thead>
<tr>
<th>THEME</th>
<th>CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance abuse behaviour by adolescents.</td>
<td>1.1. Adolescents engage in certain behaviour which eventually leads them to substance abuse. They also initiate means with which to acquire those substances.</td>
</tr>
</tbody>
</table>

- Initiation of substance use leading to later abuse is associated with:
  - peer group introduction;
  - parental modelling and values; and
  - curiosity by adolescents.

- The means through which adolescents acquire the substance they abuse are:
  - saving pocket money;
  - stealing;
  - selling drugs; and
  - sharing with friends.

- Substance abuse as a social activity.

2.1. External and internal factors leading to motivation of adolescents to continue with substance abuse are:

  - fear of peer group rejection;
  - fear of victimization; and
  - substance abuse as a means of addressing emotional and social challenges in order to:
3. The effects of substance abuse on the adolescent’s life.

• avoid feeling lonely;
• increase courage; and
• reduce numb emotional pain.

3.1. Adolescents who abuse substances are affected socially, psychologically and cognitively.

- Challenges related to volition of the adolescent abusing substances are:
  • difficulty in problem solving;
  • decreased motivation and energy; and
  • lack of future vision.

- Psychological effects related to substance abuse. The emotional and cognitive functioning are affected as evidenced by:
  • hallucination;
  • regret;
  • fear;
  • hopelessness;
  • guilt;
  • hurt; and
4. Factors affecting discontinuation of substance abuse by adolescents.

- Anger.

- Challenged interpersonal relationships manifested in:
  - Lack of trust in adolescents;
  - Termination of relationships; and
  - Avoidance of contact with other adolescents.

- Decreased educational performance associated with substance abuse and hospitalisation for the treatment thereof.

- Labeling, stigmatisation and rejection by the community due to mental health problems and hospitalisation associated with substance abuse.

4.1. There are some factors that affect adolescent substance abusers in discontinuing the behaviour, such as insight, addiction and inability to...
change behaviour.

- Adolescent's experience of being controlled by the substance.
- Adolescent's motivation to discontinue abusing substances, namely:
  - pleasing another person;
  - stigmatization due to hospitalization;
  - wanting a better future; and
  - the need to regain credibility and trust in interpersonal relationships.

- Insight in the cycle of substance abuse as evidenced in:
  - doubting whether substance abuse is the cause of psychological difficulties;
  - blaming others; and
  - intellectual insight.
5. Adolescent substance abusers’ plan of action.

5.1. Adolescents’ proposed plan of action to change the behaviour of substance abuse.

- Inability to change substance abuse behaviour despite the insight.

- Termination of contact with friends who also abuse substances which is also seen as a contradictory plan in this study because the adolescent talks of quitting while on the other hand the same person says he is afraid of losing friends.

- Reducing substance intake until totally quitting the use of the substance.

- Addressing underlying psycho-social challenges.
3.4. DISCUSSION OF FINDINGS

Note: to some of the findings in the study, literature for control was not obtained.

3.4.1. Substance abuse behaviour by adolescents

Fisher (1985:45) defines motivation as the original internal stimulus causing mobilisation of chemical, metabolic and psychological energy into a unifying force to achieve a goal.

In all the transcribed interviews it is significant that the adolescents who abuse substances has had a starting point or a motivation that made them to pursue the activities which eventually lead to a habit of substance abuse. This is evidenced in the following statements:

“I started drinking at an early age. I began when my father started buying us liquor during special holidays like Christmas, Easter, New Year and when there were ancestral celebrations at home.”

“My friends who were already smoking and drinking so they started laughing at me because I was the only person who was not smoking and drinking in the group.”

“He said this extending his arm that I should have a taste of it by sniffing to see what would happen.”

“I decided to drink beer and get drunk so that I will not be afraid to ask my mother who my real father was.”

On the way they showed me the pills. They told me that I may join them if I wanted to make extra money while I continue to learn.”

“I was wondering how he was doing it when I saw some smoke coming out through his nose and nostrils. He appeared to be enjoying when he was smoking and I admired him.”
"U sindzisa ndyangu hinkwawo ku va xiphemu xa vurhasta hi ku dzaha mbangi na ku fuwa misisi leyikulu leyi swothiwete." (He forces both the family to engage in Rastafarian activities such as smoking dagga and keeping long hair which is styled to dreads.)

“All that I have just explained made me frustrated and I started drinking beer a lot thinking that it would help me forget all that was happening.”

All above statements highlight the fact that all influences and motives such as family role, cultural factors, psychological reasons, access and affordability, community attitude and peer pressure can contribute profoundly to the habit of abusing substances.

A study by Parry and Beunetts (1999:70) indicates that many people drink alcohol to escape from reality or to help them to deal with their problems. They further indicated that where alcohol is sold through the informal sector, access to alcohol is virtually unlimited.

Pelzer and Ebigbo (1989: 21) state that, in spite of increased economic and social pressures, the African family has remained a major influence on the lives of its members, alcohol and drug dependence inclusive.

3.4.1.1. Adolescents engage in some activities which eventually lead to substance abuse and also initiate the means of acquiring those substances

Adolescent substance abusers involve themselves in certain activities that may direct them into a habit of substance abuse (Maylor, 1995: 87). This is evident in the following statements:

“I decided to make friends with those boys and started smoking and drinking a little bit. I gradually got used to it because I did not want to lose my friends.”

“I tried to imitate what daddy was doing when he was smoking.”
"Initially the craving was not coming so frequently, but as time went on I started to drink more frequently."

"From there I sometimes could crave for liquor when I felt lonely and during weekends."

"Now when I am not in hospital like I am at present, I drink almost every day."

"Later when he left I told myself I want to taste it (glue) again. From there I got used to it and sniffed more often."

"I am addicted to drinking and I am told it is one of the reasons I am in hospital because it has affected my mind. It may be true because now I drink more frequently."

"I wanted to experiment with them myself and I eventually got used to them."

"Hi sungule ku dzaha mbangi mikarhi yo tala tani hi leswi a hi nga ha yi exikolweni." (We started smoking the dagga more and more often as we were no longer going to school.)

Adolescents living with family members who have a drug problem are more likely to have friends who use drugs. Parental use of drugs is related to adolescents’ choice of friends (Wu, Lu, Sterling & Weisner, 2004: 324). Boulevard (2004: 153) defines engage as a means of occupying the attention of an individual. Activity is also defined as an act of occupation. This means that these adolescents spend most of their time and money to occupy themselves with substance related activities.

3.4.1.2. Peer group introduction

Adolescents are introduced to a group of peers with whom they share common interests. That is where one finds that they have to conform with the requirements of the group to acquire a sense of belonging (Rikhotso, 2002: 40). This is seen in the statements below.
"I put the stompies together until I manage to make a big tobacco wrap, which together with boys of my age from the neighborhoods got to a corner and smoked."

"My friends who were already smoking and drinking started laughing at me because I was the only person in the group who was not smoking."

"He said extending his arm that I should have a taste of it (glue) by sniffing and see what will happen."

"Even if I happen to be without money, as liquor is expensive, my friends with whom I drink share with me."

From the above statements it is evident that adolescent substance abusers initially involve themselves with peers and are thus influenced to engage in substance abuse activities. Peer pressure is a common reason given by adolescents for alcohol or drug abuse (Rikhotso, 2002: 39).

3.4.1.3. Parental modeling and values

Parents serve as role models to their children and are the ones who are involved in the primary socialisation of those children. The way they value things in life contributes to the way their children’s perception of their own values in life (Wu, et al, 2004: 353). This is evident in the following statements:

"I began when my father started buying us liquor during special holidays such as Christmas, Easter, New Year and during ancestral celebrations (Mphahlo) at home. He used to tell us that he is buying us the beer and want us to enjoy just for the occasion."

"My father is a heavy smoker and he used to smoke in front of me. All along when he was smoking I was wondering how he was doing it when I saw some smoke coming out through his mouth and nostrils. He appeared to be enjoying when he was smoking and I admired him"
“U hi sindzisa hinkwerhu lahaya kaya ku endla swilo swa xirhasta ku fana na ku dzaha mbangi na ku fuwa misisi leyo leha ya ma-dreads.” (He forces all the family members to engage in Rastafarian activities such as smoking dagga and keeping long hair which is styled into dreads.)

A family is typically defined as a complex web of relationships that includes relations by blood, clan, tribe and formal and informal adoption (Waller, Okamoto, Miles & Hurdle, 2003: 82).

Peele (1985: 41) conducted a study on the cultural and psychological context of approaches to alcoholism. He found that moderate drinking is notable in ethnic and cultural groups such as the Chinese, Greeks, Jews and Italians where such drinking is modelled for the young and maintained by social customs and peer groups. Children are gradually introduced to alcohol in the family setting.

Barber, Bolitho and Bertrand (1999: 56) conducted a study on predictors of adolescent drug use. Their results indicated among other things, the indicator of parental involvement. This was found to be important to boys than girls as it is also in this study.

Another study conducted by Mason and Windle (2001: 39) focused on cross temporal relationships between family social support and adolescent alcohol use. Results showed that boys reported a higher frequency of alcohol use as well as slightly greater increase in drinking over time than girls.

Moshome (1997: 65) also conducted a study on adolescents which reflected that children were concerned about the fact that their parents were not fulfilling their moral obligation towards them. There was concern about the parents’ failure to act as a role model for discipline in the family, disregard of family values by parents, failure to control their own behaviour, and also neglecting to meet their children’s educational, emotional, material and spiritual needs.
Pelzer and Ebigbo (1989: 89) state that the family is at the receiving end and a source of help for the afflicted. Parents serve as definers and models they have influence at the early stage of drug involvement and retain an indirect influence over their teenage child's peer associates (Wu, Lu, Sterling & Weisner, 2004: 334).

Based on the above statements, it is clear that parental modelling and values have a significant impact and influence on their children in a negative or positive way.

3.4.1.4. Curiosity by adolescents

Adolescents have more energy and want to explore and know more about things around them (Botha, 1994: 81). This is evident in the following statements:

“I was wondering how he was doing it when I saw some smoke coming out through his mouth and nostrils. He appeared to be enjoying when he was smoking and I admired him.”

“I wanted to experiment with them myself and I eventually got used to them.”

“Later when he left, I told myself I want to taste it again.”

According to Boulevard (2004: 115) curiosity is defined as the desire to find out about a thing. Botha (1994: 73) points out that one of the personality factors that contribute to substance abuse tendency is curiosity.
3.4.1.5. Adolescents initiate the means by which to acquire the substances they abuse

Since most or all the adolescents are still at school and not working, to obtain the substances they abuse they should initiate some measures as is seen in the following statements (Rikhotso, 2002: 43):

"I accumulated that pocket money until it was more enough to buy beer whenever I felt like drinking."

"When it comes to a push, I even steal some coins at home to make sure I go to buy some glue."

"They told me I may join them if I want to make extra money while I continue to learn."

"The money that I was given for pocket money to buy some fruits and sweets at school I used to buy tobacco and dagga"

"Even if I happen to be without money, as liquor is expensive, my friends with whom I drink share with me."

The above-mentioned statements reveal the fact that adolescent substance abusers initiate some means such as stealing, saving pocket money, selling drugs and sharing with other people to make sure their desire for substances is quenched.

3.4.2. Adolescents' motivation for continuing with substance abuse

Adolescents are motivated by some internal and external influences to continue abusing substances. They also use this as a means of addressing some emotional and social challenges (Maylor, 1995: 77).
3.4.2.1. Fear of peer group rejection

In some interviews adolescents were seen to be afraid of being rejected by their other peer group members. The following statements confirm this.

"I need to tell my friends that I don't want to drink again and say no when they invite me to take rounds with them, but I still feel that they will laugh at me and I might lose them."

"If I quit smoking my friends will laugh at me saying I am a coward. If I make friendship with non-smokers they will reject me and say I want to teach them my bad behaviour. So it means I am in the middle. I don't know where I belong anymore."

It is evident from the above statements that the adolescents have a desire to give up substance abuse behaviour, but on the other hand they are afraid of loss of relationship, so they can't stop.

3.4.2.2. Fear of victimisation

Adolescent substance abusers are fearful of being victimised when they withdraw from the group with which they used to smoke or drink (Rikhotso, 2002: 39). The following statements account for this.

"This time they were a bit harsh and I could see that my life was in danger."

"If I decide to leave them even if I could, these guys will kill me thinking that I will reveal their secret to the police."

"Embilwini ya mina a ndzi swi navela ku va byela leswaku ku dzaha mbangi swi bihile kambe a ndzi nga ta swi kota hikuva papa a va lava leswaku hi vuyisa mali leyi hi nga xavisa mbangi masiku hikwawo." (In my heart I did desire to tell that smoking dagga is a bad habit, but I couldn't because my father wanted us to bring money home every day.)
“Siku leri ndzi nga vuya na mali yintsongo a ndzi ta tsoniwa swakudya swa madyambu.” (The day I brought little money I was denied of having supper.)

It is evident from the above statements that adolescent substance abusers do have the desire to do well but they cannot for fear of being put in danger and thus they continue with the habit.

3.4.2.3. Substance abuse is used as means of addressing emotional and social challenges

Adolescent substance abusers use substances as means of addressing their emotional and social problems. Challenges such as feelings of loneliness, decreased energy and the need to numb emotional pain are experienced as expressed in the following statements (Maylor, 1995: 78).

“I sometimes could crave for liquor when I am lonely and during weekends.”
“I drank beer and get drunk and then I would not be afraid of asking my mother who my real father is.”
“In my spare time I used to drink beer telling myself that maybe I will forget.”
“All what I have explained made me frustrated and I started drinking, thinking that it will help me forget all that was happening.”
“What I have discovered is that even if I get drunk, when I’m sober the problems and frustrations remain.”

A study by Parry and Beunetts (1999: 75) indicates that many people drink alcohol to escape from reality or to help them deal with their problems. Regardless of socio-economic status, alcohol can also become an instrument for managing one’s social life and deal with psychological tension.

Another study by De Jongh (1997: 34) sought to determine the relationship between leisure boredom and substance abuse in adolescents attending school
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in Cape Town. The degree of leisure boredom experienced by adolescents was investigated. The results indicated that leisure boredom was associated with a number of variables, alcohol being one of them.

It is evident from the above statements that some individuals abuse substances as a way to address their emotional and social challenges that they encounter during their life time.

3.4.3. The effects of substance abuse on adolescents

Adolescents' lives are affected in different dimensions and from different perspectives such as the psychological, cognitive, educational and social dimensions (Rikhotso, 2002: 40).

3.4.3.1. Effects on volition

These adolescents' willpower to decide what to do in a given situation is remarkably affected. This is accounted in the statements quoted below.

"I don't know what to do to solve this problem."
"I am confused and don't know what I can do to come out of this mess."
"This whole thing makes me left in the middle without knowing what to do to some out of this problem."
"Mhaka leyi yi endla leswaku ndzi nga ha voni ndlela yo hundzela emahlweni."
(This matter makes me feel I have reached a cul-de-sac.)
"Ndzi lahlekeriwe hi xikongomelo xo hanya na swona andzi tivi leswaku ndzi nga endla yini." (I have lost my reason for living and do not know what to do.)

Boulevard (2004: 508) defines volition as an act of using one's own will in choosing to do something. In the case of these adolescents that willpower is no longer there.
The adolescents also experience decreased energy and motivation as seen on statements such as:

“Sometimes when I have taken them myself I don't feel like doing anything else rather than sleep and wake up the following day.”

The above statement reveals that adolescents who abuse substances are at times lethargic and powerless.

Adolescents who abuse substances see their future as being uncertain. Supporting statements are seen below.

“A ndzi voni ku xavisa timbangi swi ri na vumundzuku lebyinene.” (I don't see selling drugs as having good future.)

“A ndzi ali leswaku ndzi kuma mali yo tala hi siku, kambe siku rin’wana ndzi ta helela ejele.” (I don’t deny that I get a lot of money a day but one day I will end up in jail.)

“Ndza swi vona leswaku vumundzuku bya mina byi le nghozini.” (I am aware that my future is in danger.)

“In short this means that my future is blunted.”

All of the above statements reveal that in adolescents who abuse substances the abilities of decision-making, problem-solving and also hope for their future have been badly affected.

3.4.3.2. Psychological effects

The psychological perspective of adolescents who abuse substances is also affected (Rikhotso, 2002: 42). This is evident when they express the feelings described below.

“I wish I was one of my sisters because I wouldn't be where I am now.”
“I feel sorry, I regret.”
I am fearful that I may again fail this year because I am in hospital like last year.”
“I am also afraid that maybe I am not going to make it at the end of the year since I have already explained that my academic performance is dropping every time.”
“I even think that if my father can hear that I am drinking he will discontinue our communication.”
“I also feel hopeless as it is now in many occasions that I tried to quit drinking but I am failing.”
“I sometimes tell myself that it would be better if I was dead because my whole life is destroyed.”
“Maybe if I can die it would be better because living this type of lie is horrible.”
“I am overwhelmed by feelings of guilt, shame and I feel hopeless.”
“I think it will be difficult for me to have that happen and that make me feel hopeless.”
“These things make me feel hopeless especially when I think that my life may be badly affected.”

According to Rawlins, Williams and Beck (1993: 257), with hopelessness, there is loss of confidence followed by a sense of entrapment, convincing the person that what is wanted is beyond reach. The energy to think and act is lacking and passiveness immobilises the individual. Feelings of guilt associated with effects on family members and failure to make the right decision about whether or not to continue with drugs are experienced by the adolescents and these are evident in the following statements:

“I feel guilty as it seems I am interfering with her feelings of safety.”
“Still guilt feelings remain haunting me.”
“I am overwhelmed by feelings of guilt, shame and hopelessness.”
“I also feel guilty for failing to say no when I was offered with business of selling drugs.”
Boulevard (2004: 203) defines guilt as a feeling of being to blame for something that has happened.

Adolescents who abuse substances feel hurt, angry, embarrassed and have decreased self confidence as marked in these statements below.

"People think I am a mad person and that alone hurts me very much." This makes me feel I am no longer accommodated by anyone. I feel isolated from other people."

"I feel embarrassed and discouraged for being admitted here with people who are mad."

"I no longer have confidence in myself because boys of my age and younger than me are progressing at school, and they laugh at me for not schooling."

"I also feel angry for my father because he seems not to be caring about our future."

"I feel angry with my mother for all what she is doing."

Alienation is defined as the act of being estranged or isolated (Maylor, 1995: 75). Isolation is an interpersonal stress or because it denies the satisfaction of social needs and distorts social process (Rawlins et al, 1993: 34). Adolescents feel isolated because of the stigma attached to their mental condition and just being admitted in a mental ward.

Relief (1995: 102) explored the lifeworld of the aggressive adolescent boy. The cause of aggressive behaviour in the adolescent boy can be ascribed to inadequate family relationships. An unrealistic positive or negative self-concept may develop and that may lead to involvement with a negative peer group.

Anger is a defensive emotional reaction that occurs when one is frustrated, thwarted or attacked. Anger is an acceptable but defensive reaction to frustration.
and aggression based on undimensional perceptual focus, a physical demand to take action, and a belief that one must get one's own way (Johnson, 2006: 415). Anger is a normal human emotion that is crucial for individual growth and it is a factor present in all relationships. Anger may be expressed indirectly as passive aggression, or may be passively internalised and this can lead to unpleasant emotional and physical problems (Keltner et al, 1999: 157). Adolescents expressed feelings of anger during the transcribed interviews.

3.4.3.3. Effects on interpersonal relationships

The relationship of adolescent substance abusers with other people in their lives is affected in different ways. Trust on the part of those who are related to them is diminished in one way or another as confirmed in this statement (Maylor, 1995: 78).

"My father does not trust me anymore."

Mokoena (1998: 57) conducted a study which was aimed at measuring the prevalence of drug and alcohol use and its possible relationship with socio-biographic and adjustment factors. One of the indicators that the study reflected was that regular adolescent substance abusers lack parental supervision. A number of adolescent substance abusers indicate that their family relationships are unhappy.

Johnson (2006: 424) explains trust as that complex concept that involves relying on others and making oneself vulnerable. It also involves the perception that such a choice can lead to a gain or loss that whether one will gain or lose depends on the behaviour of the other person. Any loss one might suffer will be greater than any gain, and that the person will probably behave in such a way that one will gain rather than lose. The above statement indicates more of a loss than gain on the side of the adolescent who abuses substances.
Relationships for substance abusers are also challenged by termination signals. It is seen in the following statement:

"My girlfriend is also threatening to leave me."

Knowledge of how a person's life is peopled, that is, the people who are related to that person and the kind of the relationship is very important (Yalom, 2001:210).

It is clear that in this person's life, his girlfriend plays a significant role hence he is afraid that the relationship may be terminated.

Adolescents feel challenged when they are avoided. This is noted in the following statements.

"My sister is afraid of me and I am not happy about that."
"She is no longer comfortable when I am around and she avoids me when I am home."
"My mother avoids talking to me and I believe she thinks I can shout at her again like that day."
"My father is deserting me and he is blaming my mom that she didn't do enough to prevent me from doing this."
"I am not happy if my own sister is afraid of me."

Boulevard (2004:31) defines avoidance as an act of keeping someone away from you. From the above-mentioned statements, adolescents are obviously being avoided by their family members and friends because of their behaviour. Nevertheless some adolescents are still loved and respected by their family members although to some it is because they are still secretive about their substance abuse behaviour. The following statements confirm this.

"My parents are not aware that I am smoking."
“All in all I get along well with my family.”
“My parents are caring and they are not aware that I smoke dagga.”

This positive relationship of getting along well with family members and being cared for may be on a temporary basis and may change to the opposite, as soon as the secret story is uncovered.

3.4.4. Factors surrounding the discontinuation of substance abuse

Several factors are identified which negatively or positively influence the adolescent to discontinue substance abuse either (Rikhotso, 2002: 43). These are discussed below.

3.4.4.1. Addiction

During the transcribed interviews with adolescents, it was noted that they have lost control over their own lives and are controlled by the substances they abuse. The following statements reveal this.

“I see myself as a slave to beer. I want it with all my heart to quit drinking.”
“I have turned to be a slave of smoking dagga because it is not simple for me to leave it.”
“But since I got used to sniffing glue, I cannot control it. I frequently crave for it and make sure I get it.”
“I realized he was in a trap which is the same as where I am now.”
“I am now a slave of drugs and can’t do without them.”

Boulevard (2004: 06) defines addiction as an act of doing or using something that one cannot give up. From the above statements it is evident that adolescents are also addicted to alcohol and/or dagga and other drugs which they find it difficult to give up.
3.4.4.2 Adolescents' motivation for discontinuing the substances

In one way or another adolescents are having some degree of motivation to discontinue the substance abuse behaviour.

Adolescents feel stigmatised especially when they are hospitalised in a mental ward where they meet other people with different mental conditions. This was noted during the interviews when they said:

"I have many things to do than to come and stay here in hospital. I don't like this place. Some people who are here are madder than me, so I don't feel good staying with them. I will try by all means to avoid being brought here again."

"I can be happy if I can quit sniffing glue. I don't want to come to this place again. It was better if I came because my body was sick not my mind."

"My other friends will see me as a mad person when I come out of here."

"People will say I am mad and that alone hurts me very much."

"Some say I am mad and they do not accept even if I tell them I am not mad."

Stigmatisation is to regard something as disgraceful (Boulevard, 2004: 444). This implies that adolescents consider it as a disgrace to be hospitalised on account of mental illness or just to suffer from mental illness.

Other adolescents are motivated to leave substance abuse behaviour with the reason of wanting to please another person. It is evident when one said:

"If I can leave smoking my mother can be very happy."

"I am also worried that my mother is disappointed by my bad behaviour as I am the only boy at home. It was not my plan to let her down."

Some adolescents feel that their future is in trouble because of their substance abuse behaviour as seen in the following statements:
"And this means that my future is at stake because these days if a person is not educated it becomes a problem."
"I was seeing frightening things, and if that is going to come again it means life will be difficult for me."
"This affects my life and my future."

Yalom (2001: 133) highlights the fact that, as people perform their daily activities they are trying to seek the meaning of their lives. He realised that two thirds of people who came to him for therapy had the same reason that is, seeking the meaning of life. He picked this up when they made remarks like this: "My life has no coherence."; "I have no passion for anything."; I feel so empty." and "Why am I living?"

The same questions apply to adolescents who abuse substances. As they look back and check with their past life events, they start asking themselves questions and comment just like some of Yalom's patients. This indicates that they are also seeking the meaning of their lives and future.

Another reason for adolescents wanting to discontinue abusing substances is that they want to regain credibility. This is seen when they comment as follows:

"My mother takes advantage that everything I say is because I was drunk even if I'm saying the truth. So I want to quit drinking and show her I can still say the same words."

Everyone in life wants to be heard and listened to when he/she talks. The same is observed with adolescent substance abusers who feel they are not taken seriously when they express their concerns because other people don't believe adolescents can contribute constructively being substance abusers. This perception by others motivates adolescents to change their behaviour in order to regain credibility.
3.4.4.3. Insight as a factor in the cycle of substance abuse

Some adolescents have partial or full understanding of the impact the substances they abuse has on their lives. In most instances of the interviews, the level of insight that adolescents have does not motivate them enough to enable them to discontinue substance abuse behaviour. They are aware of substance abuse as a problem, as seen in the statements quoted below.

"It is a bad habit. It is just that once a person get used to it, it is not simple to leave."

"I know that they say I'm mad because of it. I do think of leaving smoking, but it is going to be difficult because I am already used to it."

"I am addicted to drinking and I am told it is one of the reasons I am admitted in hospital because it has affected my mind. It may be true because now I drink more frequently."

"I can see that my life has been badly affected and is continuing to do so. I am saying this because now I am in a trap of drinking beer."

Boulevard (2004: 236) defines insight as being able to perceive or understand the truth about a thing. The above statements make it clear that adolescents do understand the impact the substances they abuse have on their lives. Even then they are unable to discontinue the behaviour due to addiction, and other reasons beyond their willpower to do so.

On the other hand adolescents have a positive judgment about the abuse of substances in the light of the following statements.

"It is wrong because I am still under age. I just did it in order to get the truth from my mother and now I realize I used the wrong way."

"I started to realise that I made the wrong decision."
These adolescents are able to see that the decisions they made are wrong but they still seem to be unable to make a U-turn of their life.

The adolescents go on to put blame on significant others in their lives for having engaged in substance abuse behaviour. This is seen in the following statements:

"I blame my mother for having kept these secrets all along. If she had told me long ago, by now I would have adjusted myself. Maybe I would not be drinking."
"I feel my father is responsible for where I am now. If he didn't buy us liquor while we were still young, I don't think I would be here now."
"I it was not because of them (friends) I would not be where I am now."
"My father forced us to sell and smoke dagga."

From the above-mentioned statements, adolescents are blaming the significant others in their lives for having engaged in substance abuse activities. They do not take responsibility for their own actions. In other words they are projecting their behaviour onto others. Fisher (1985: 65) defines projection as a device for attributing to others guilt-laden, tension-fraught and thus unacceptable wishes or actions which one will not, or cannot claim as one's own. In the same way those adolescents are projecting their behaviour onto their friends and parents.

Some of the adolescents question the possibility that substance abuse may be the cause of mental illness. Evidence is obtained from the statement below.

"I am still doubtful of this because I am not smoking alone. Why are those who smoke with me not getting sick? I think it is something else besides smoking (dagga) that causes me to be admitted (in hospital), maybe I am bewitched."
Few adolescents among those who were interviewed do understand that they themselves are to blame for their own action and not others. This is seen in the following statements.

"It is not her (mother) fault but mine."
"I blame myself for starting to smoke particularly dagga."

The Constitution of South Africa (1996: 06) stresses much about the Human Rights. It further explains that those rights have got limitations upon which individuals must take responsibility to observe. In other words, rights go with responsibility. The two are equally important. This includes our young people. They must take responsibility for their own actions and be able to make choices that they will not regret afterwards.

Contradiction is noted when the same individual say two different contradictory statements such as:

"If I quit smoking my friends will laugh at me saying I am a coward."
"I don't care about them (friends), as long as my decision satisfies me then I will be pleased."

The above statements indicate that the adolescent is still undecided about what action to take.

3.4.5. Adolescents' proposed plan to discontinue substance abuse

Almost all the interviewed adolescents had thought of some plan of action concerning their substance abuse behaviour. The plans appeared to be positive although some adolescents still doubt whether the pursuit and success of the plans will work. The following statements describe those plans.
“One of the plans is that I am deciding to quit sniffing glue. I know it is going to be a difficult thing to do since I’m already used to it, but I am ready to struggle with it this time. When my friends come to invite me to go and sniff glue, I will learn to say no.”

“I have something in mind; I am just not sure if it is going to work well for me. I was thinking of breaking the relationship with people I used to smoke with. Even if they invite me to go with them, I will not agree. I will tell them straight away that I don’t belong to their group anymore.”

“Ndzi na makungu yo karhi. Ku fika sweswi ndza chava ku endla makungu lawa. Ndzi chava papa mina. Rin’wana ra makungu ya kona I ku pota papa emaphoriseni leswaku va xavisa mbangi na leswaku va xanisa vandyangu lavan’wana.” (I do have some plans. So far I am still afraid to pursue those plans. I am afraid of my dad. One of those plans was to report him to the police for being a dagga dealer and for abusing my other family members.)

“I want to quit drinking and show her that I can still say the same words even if I am not drunk.”

“I plan that when my friends come to invite me to take rounds, I will tell them I am busy with something else. I will try to reduce the cigarettes I used to smoke per day bit by bit. I will also talk to my father to buy me nicotine tablets so that when I crave for tobacco I chew them.”

“I am thinking that if I can be able to leave drinking, maybe my life can be fine again.”

“I need to tell my friends that I don’t want to drink again, and say no when they invite me although I still feel they will laugh at me and I might lose them.”

“I am afraid of those guys. One of my plans was to leave the group, but I fear that if I do this while still studying in the same institution and residing in the same place which they know, I may lose my life.”

It is evident from the above statements that the adolescents have hope and are determined to pursue their plans; though to some there are still some doubts.
Rawlins, Williams and Beck (1993: 257) explain that with hope, a person acts, moves, and achieves. Hope defends against hopelessness. It enables an individual to tolerate difficult situations and maintain motivation.

The adolescents are determined, and they have the courage to leave substance abuse behaviour and start new life on a clean page. Proverbs 23 v 20-21 and 29-35 is a poetic address in the Bible by King Solomon to discourage and prevent alcoholism and it reads as follows:

Do not join those who drink too much wine
or gorge themselves on meat,
for drunkards and gluttons become poor,
and drowsiness clothes them in rags

Who has woe? Who has sorrow?
Who has strife? Who has complaints?
Who has needless bruises? Who have bloodshot eyes?
Those who linger over wine,
who go to sample bowls of mixed wine.

Do not gaze at wine when it is red,
when it sparkles in the cup,
when it goes down smoothly!

In the end it bites like a snake
and poison like a viper.

Your eyes will see strange sights
and your mind imagine confusing
things.

You will be like one sleeping on them
high seas,
lying on top of the rigging

“They hit me, but I don't feel it!
When will I wake up
So I can find another drink?”

3.5. FIELD NOTES

At the beginning of the interviews, none of the participants appeared to be free to express themselves, despite the assurance of confidentiality made during the pre-session meeting. As the interviews progressed, they started to open up and share their deep secrets some of which had never been shared with anyone before.

Some of the adolescents started abusing substances at an early age and this affected their lives in many different ways such as in their social relationships, and also academically, psychologically and otherwise. Their response indicated that they did not like the situations that they found themselves in due to substance abuse. They put blame on others like their parents and friends for being engaged in substance abuse activities. Some of the statements of the interviews were contradictory whereby the researcher found the same participant planning to give up the behaviour, and on the other hand say he is afraid of
losing his friends. Nonetheless, some parents seem to have contributed intentionally or unintentionally to the involvement of their children with drugs.

Different negative feelings such as frustration, anger, disappointment, doubt, hopelessness, guilt, fear and many others were expressed by those adolescents during interviews.

Fortunately most adolescents ended up with the courage and hope to have their life style changed and plans on how they could achieve this. Insight was noted with regard to the impact the substances they abuse has had on their lives. To some that insight was not powerful enough to propel them towards the achievement of their desire to give up the substance abuse behaviour.

3.6. RESEARCHER'S PERSONAL NOTES

The researcher observed that all the participants were having difficulties in continuing with their life situation and needed professional assistance. It was unfortunate that the researcher could not assist them instantly. However, she managed to do debriefing after the interviews and also made referrals to relevant professionals like this social worker, psychiatrist and psychologist. The researcher would have loved to refer them to a qualified Psychiatric Nurse Specialist, but unfortunately there are no such persons or services in the area.

3.7. Caplan's model for health promotion and prevention of illness based on the resources of community mental health care

In this study, an adolescent is viewed as a whole person interacting with the environment from the physical, social and psychological dimensions (Kaplan & Sadock; 2003:1376). During the transcribed interviews the adolescents have expressed themselves and it was evident that they function inter-relatively and interactively with the environment, thus reflecting their health status as seen hereunder.
### Table 3.2. Examples of experiences adolescent substance abusers had. Tabulated according to Caplan's health promotion and illness prevention model

<table>
<thead>
<tr>
<th>3.7.1. The environment</th>
<th>3.7.1.1. Physical</th>
<th>3.7.1.2. Social</th>
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<tbody>
<tr>
<td>- Adolescent substance abusers experience feelings of slavery under the substances they abuse.</td>
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<tr>
<td>- Adolescent substance abusers dislike being admitted to hospital on account of mental illness but they cannot help it.</td>
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<td>- I have turned to be a slave of drinking because I cannot manage a day without beer.</td>
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<td>- If it were not for this dagga that I smoke, I wouldn't be in this place now (the hospital).</td>
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</table>
3.7.1.3 Psychological

- All adolescent participants have in one way or another been negatively affected psychologically.

- My girlfriend is threatening to leave me.

- I become frustrated when I feel that I may fail again because now I am in hospital while others are progressing at school.

- I blame my father for buying us liquor while we were still young,

- I feel guilty for having agreed to get involved with drugs.

3.8. UNIQUENESS OF THE STUDY

This is a unique study because the researcher could not find a similar study where the life stories of adolescents who abuse substances were explored. Although studies in the country and abroad have been done on adolescent substance abusers, they did not focus on their life stories and experiences. Most of the studies focused on the prevention programmes that are in place for substance abusers and their effects.
3.9. CONCLUSION

In this chapter the researcher focused on the discussion of the findings of her study. Transcribed interviews, field notes and personal notes were used in the process. During the sharing of life stories by those adolescents, it was evident that they were not happy about the situations they found themselves in and this had a negative impact on their physical, social and psychological perspectives.

In Chapter Four, the researcher will focus on the guidelines, limitations and recommendations of the study.
CHAPTER 4

GUIDELINES, LITERATURE CONTROL, STUDY LIMITATIONS, AND RECOMMENDATIONS

4.1. INTRODUCTION

The previous chapter focused on the discussion of the research findings and literature control. In this chapter, guidelines will be described for advanced psychiatric nurses to facilitate the promotion of the mental health of adolescent substance abusers in the Limpopo Province.

The guidelines, logically inferred from the research findings of the transcribed interviews will be validated and supported by relevant literature for control. These guidelines will be described as: guidelines for the advanced psychiatric nurses to facilitate the promotion of mental health and prevention in mental illness of adolescents who abuse substances.

Research findings tabulated in Table 3.1 confirm that adolescent substance abusers experience different problems such as feelings of slavery, broken relationships, poor academic performance, negative emotional feelings and stigma attached to mental illness, which consequently lead them to view their future as blurred and without direction. All these adolescents need assistance and support from psychiatric nurses to improve and restore their mental health. Despite the negative feelings that they have, these adolescents have hope and courage to act in order to have their life situations changed for the better. The adolescents in this study are seen as complex beings with physical, social and psychological needs and functioning interactively and inter-relatively with the environment.
The guidelines will be tabulated in Table 4.1 and will be described in the form of the nursing process where the health diagnoses, objectives and interventions for the identified problems experienced by adolescent substance abusers will be stipulated. These guidelines have three columns which are, identified problem, objective and intervention.

### 4.2. DESCRIPTION OF GUIDELINES FOR ADVANCED PSYCHIATRIC NURSES

**Table 4.1. Guidelines for advanced psychiatric nurses**

<table>
<thead>
<tr>
<th>Problems identified</th>
<th>Objective</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adolescents engage in certain behaviour or activities which eventually lead to substance abuse.</td>
<td>- To encourage the initiation of activities which will direct the adolescents towards positive behaviour.</td>
<td>- Empowering young people to be able to make right choices for a good future by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Encouraging the youth to check on the type of company (friends) they have and stick to the company of those friends;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Alerting them to distinguish between good and bad advice from friends;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Encouraging</td>
</tr>
</tbody>
</table>
assertiveness, that is when to say yes and when to say no to an offer;

- promoting self-introspection about behaviour by adolescents at all times and evaluating the consequences;

- encouraging openess of ideas and thoughts to adolescents with similar problems;

- encouraging parents to attend parenting classes in order to gain knowledge on how to handle these children;

- encouraging them to engage in activities that will keep them occupied such as:

- sports activities;
- attending church;
- and
- Adolescents are motivated by certain factors to continue abusing substances and also as a means of addressing social challenges.

- To empower adolescents with alternative resources that can help them.

- Let the adolescents be a resource for one another by forming a support group.

- Empower adolescents with decision-making skills (Uys & Middleton, 1997:10)
- Empower adolescents with problem solving skills (Okun, 1992:86).
- Empower adolescents with communication skills (Johnson, 2006:105).
- Encourage adolescents to seek counseling services by advanced psychiatric nurses.
- Refer to relevant social services as dimmed necessary.

- Attending different community youth clubs.

- Provide a value sharing environment.
-Adolescent substance abusers are negatively affected in different perspectives, that is, socially, psychologically and academically.

-To empower adolescents coping skills to face the challenges that they experience in the social, psychological and academic perspectives.

-Encourage adolescents and their parents or partners to go for family therapy.

-Empower adolescents with the following steps to manage their emotional feelings.

- Recognise and acknowledge that they have negative feelings.
- Clarify others’ intent by getting all facts before reacting.
- Decide what to do with the emotional feeling through adherence to the following.
  - Describe others’ behaviour.
  - Describe their emotional feelings.
  - Focus on the task.
  - Be assertive.
  - Assess the impact of their feelings on others.
- Let go of the feelings through catharsis (Johnson, 2006:296)

- Encourage adolescents to re-narrate their lives according to stories and practices of self and relationships that have preferred outcomes (White, 1995: 21; Dulwich Centre Publications, 1998: 24).

- Encourage constructive inter-personal relationships with parents, peers and other community members at large.

- Encourage adolescents to protect their value system and learn to accept themselves as they are.

- Encourage them to continue studying while still in hospital to catch up
with the school work as soon as they are able to do so.

- Encourage treatment compliance to reduce relapse.

- Encourage them to attend extra classes after discharge to make up for the missed lessons.

- Encourage sharing of coping skills by forming a support group (Gillies, 1989: 398; Sullivan & Decker, 1992: 201).

- Empower adolescents on problem-solving skills.

- Encourage adolescents to attend counselling by advanced psychiatric nurses.

- Empower adolescents with problem-solving and decision-making skills (Okun, 1992:86)
<table>
<thead>
<tr>
<th>Factors influencing adolescents' desire to discontinue substance abuse like addiction, stigmatisation of hospitalisation, pleasing others, looking at their future, regaining credibility, blaming others and insight.</th>
</tr>
</thead>
<tbody>
<tr>
<td>-To promote acknowledgment of the bad consequences of substance abuse by adolescents and to encourage termination.</td>
</tr>
<tr>
<td>-Encourage adolescents to seek professional help including rehabilitation services.</td>
</tr>
<tr>
<td>-Encourage adolescents to be responsible for their own actions and to avoid blaming others.</td>
</tr>
<tr>
<td>-Encourage adolescents to form a support group in order to be a resource for one another.</td>
</tr>
<tr>
<td>-Conduct brief counselling and refer to relevant professionals.</td>
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<tr>
<td>-Encourage adolescents to join group therapy.</td>
</tr>
<tr>
<td>-Instill insight about the causes of substance abuse and their consequences.</td>
</tr>
<tr>
<td>-Encourage adolescents to be a resource for one another by forming a support group (Uys &amp;</td>
</tr>
</tbody>
</table>
Adolescents' proposed plan of action to change substance abuse behaviour.

- Provide group therapy to enable them to share thoughts and ideas amongst themselves (Poggenpoel, 1994: 39; Yalom, 1995:01).
- Provide crisis intervention as a resource in case the adolescents cannot cope and are out of balance because of their experience (Gilliland & James, 1997:28).
- Empower them with skills to use alternative strategies to deal with their underlying psychosocial challenges.
- Encourage them to be assertive so that they will be able to protect their rights without infringing those of others (Johnson, 2006: 370; Gmeiner & van Wyk, 1998:47).
The above described guidelines have been formulated for advanced psychiatric nurses to enable them to facilitate the promotion of mental health of adolescents, and not exclusively for those that met the inclusive criteria of the study.

**4.3. CONCLUSION OF THE STUDY**

The researcher decided to conduct this study out of concern when she observed the increasing number of adolescent substance abusers being admitted to the Nkhensani Hospital in the Limpopo Province. Through interviews she identified that they are experiencing negative feelings and have difficulty in discontinuing the behaviour.

In the light of the identified problems the researcher asked the questions as set out below.

- What are the life stories of adolescents who abuse substances?
- What guidelines can be formulated for advanced psychiatric nurses to promote the mental health of adolescents who abuse substances?

From the above research questions two objectives were formulated as follows:

- to explore and describe the life stories of adolescents who abuse substances; and
- to formulate and describe guidelines for advanced psychiatric nurses to promote the mental health of adolescents who abuse substances.

To achieve the above objectives a qualitative, explorative, descriptive and contextual research design was implemented to answer the questions. The researcher conducted in-depth, semi-structured phenomenological interviews with adolescents who abuse substances. The inclusion criteria of these
adolescents were that they should be admitted to Nkhensani Hospital in the Limpopo Province during the three consecutive months chosen for the study and should have a history of substance abuse.

The research findings reveal that adolescent substance abusers experience different problems such as feelings of slavery, broken relationships, poor academic performance, stigma attached to mental illness, and negative emotional feelings. Because of these, they see their future as uncertain and without direction. These findings are tabulated in Chapter Three (refer to Table 3.1)

From the findings of the study a set of guidelines were formulated for psychiatric nurse specialists to facilitate the mental health of adolescents who abuse substances. The researcher can therefore conclude that: the research questions of the study have been answered, research objectives have been achieved, and the problem statement of the study is supported.

4.4. STUDY LIMITATIONS

As the interviews were conducted in a psychiatric setting other patients came to the venue where they were conducted to see what was going on and thus interviews were sometimes interrupted.

4.5. RECOMMENDATIONS

The recommendations of this study are threefold:
psychiatric nursing practice;
nursing education; and
further nursing research.
4.5.1. Psychiatric nursing practice

Psychiatric nurse practitioners should be sensitive when dealing with adolescents with a history of abusing substances. The adolescents must be treated with caution and respect so that they feel accepted and cared for. These adolescents tend to hide their habit of abusing substances for fear of being victimised and maybe apprehended. It is therefore important for psychiatric nurse specialist to utilise herself as a resource through effective use of communication skills, so as to explore the complexity of the problem and create an environment that will encourage them to uncover their real problems. The nature of the experiences which the adolescent substance abusers have had require the psychiatric nurse specialist to be cautious when rendering service to them during individual, family and group therapies.

The psychiatric nurse specialist must bear in mind that, no matter how hopeless and discouraged adolescents may be because of their experiences, her primary role should just be to assist them to make their own decision and to develop their own insight (Johnson, 2006: 206).

The psychiatric nurse specialist must attend workshops and seminars for psychotherapies to enrich herself with skills in the health care delivery.

4.5.2. Nursing Education

The current emphasis on community-based care brings to light that the community must be reached through education by making them aware of the resources that are available for helping youth who are involved with drugs.

Promotion of health can be achieved through health education to assist adolescents to deal with day-to-day life challenges.
All this can be achieved if there is incorporation of adolescents’ issues in the curriculum.

4.5.3. Nursing Research

It is important to remember that this study was conducted in a psychiatric setting which is the Psychiatric Ward of Nkhensani Hospital. It would be interesting if a similar study be conducted in a different setting, for example, in schools where these adolescents are learning. A small sample was chosen for this study and it can be interesting to have a larger sample in order to validate the results of the study.

All the participants were boys. It would be interesting if in another study of the same phenomenon where the sample this time is made up of girls to make a comparative study.

More and more research studies need to be conducted in order to empower psychiatric nurse specialists to extend the quality of their care and to improve the lives of all South Africans.

4.6. CONCLUSION

It is important that the guidelines formulated for psychiatric nurses be utilised to promote the mental health of adolescents who abuse substances. The researcher will conduct an awareness workshop with advanced psychiatric nurses to make them aware of the challenges faced in the case of adolescents who abuse substances and provide these nurses with guidelines on how the adolescents’ mental health can be promoted.
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University of Johannesburg, Department of Nursing paradigm 2008. Johannesburg.


ANNEXURE A

ETHICAL CLEARANCE BY THE UNIVERSITY OF JOHANNESBURG ETHICS COMMITTEE
31 July 2007

Clearance Reference Number: 27/07

TO WHOM IT MAY CONCERN

TITLE OF RESEARCH PROJECT: "Substance abuse among adolescents in the Limpopo Province"

RESEARCHER: Rikhotso T N
SUPERVISOR: Prof M Poggenpoel
CO-SUPERVISOR: Prof C P H Myburgh

The Committee for Academic Ethics of the Faculty of Health Sciences of the University of Johannesburg evaluated the research proposal and consent letters of the above research project and confirms that it complies with the approved Ethical Research Standards of University of Johannesburg.

The study supervisor and researcher demonstrated their intent to comply with approved Ethical Research Standards during conduct of the research project.

Kind Regards

Ms M H SELOLO
FACULTY RESEARCH ADMINISTRATOR
ANNEXURE B

REQUEST FOR PERMISSION TO CONDUCT RESEARCH
Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT NURSING RESEARCH

I am Tinyiko Nelly Rikhotso, an M Cur (Psychiatric Nursing Science) student at the University of Johannesburg, Faculty of Health Sciences, Department of Nursing Science. I am presently engaged in a research project titled "Substance abuse among adolescents in the Limpopo Province". The study will be conducted under the supervision of Professor M Poggenpoel. Professor C Myburgh and Ms V van Niekerk will be co-supervisors.

To complete this study, I need to conduct interviews with adolescents who abuse substances. These interviews will be audio taped and transcribed for verification with my supervisors and the independent coder.

The research study will be conducted at Nkhensani Hospital. Since it falls under the jurisdiction of your province, I therefore request permission from you to conduct the research study.

I am committed to observing and adhering to the following ethical considerations throughout the research process:-

- Participants will freely sign a consent form before the beginning of the interviews.
- Participants will be protected from harm and discomfort by protecting their names, dignity and place.
- Participants will be informed about voluntary participation, that is, freedom to participate and withdraw from participating at any stage during the research process without posing any penalty on them.
- Confidentiality will be ensured by omitting or using false names when discussing information pertaining to the research study and also by keeping all raw data and field notes confidential and under lock and key.
- Access to data will be limited only to the researcher, supervisors and independent coder.
- I will make summary of the research results available to participants and to you

Information gathered from the participants will be used to explore and describe the life stories of adolescents who abuse substances and to develop the guidelines for psychiatric nurses for the facilitation of those adolescents' mental health and others with similar problems.
Please respond in writing as this will serve as a legal proof that I have been granted permission to conduct the study in the named institution.

My contact details are: (015) 814 1124(H), (015) 812 3251(W) and 079 186 7659(Cell)

Thanking you in anticipation and banking on your cooperation and support.

Yours truly,

TN RIKHOTSO (B.A Cur)
M.Cur (Psychiatric Nursing Science)
Student researcher (St. no. 920411659)

PROF M POGGENPOEL
SUPERVISOR

PROF C MYBURGH
CO-SUPERVISOR

Ms V VAN NIEKERK
CO-SUPERVISOR

UNIVERSITY OF JOHANNESBURG
ANNEXURE C

REQUEST FOR CONSENT TO PARTICIPATE IN RESEARCH
Dear Sir/Madam

REQUEST FOR CONSENT FOR YOUR CHILD TO PARTICIPATE IN RESEARCH

I am Tinyiko Nelly Rikhotso, an M Cur (Psychiatric Nursing Science) student at the University of Johannesburg, Faculty of Health Sciences, Department of Nursing Science. I am presently engaged in a research project titled "Substance abuse among adolescents in the Limpopo Province". The study will be conducted under the supervision of Professor M Poggenpoel. Professor C Myburgh and Ms V van Niekerk will be co-supervisors. I want to invite your child to participate in this research.

Your child's participation in this research study is on voluntary basis and he/she is under no circumstances obliged to participate. Should your child decide to withdraw at any time of the research process, your child may do so and no penalty will follow.

To complete this study, I need to conduct interviews with adolescents who abuse substances. These interviews will be audio taped and transcribed for verification with my supervisors and the independent coder.

The study will be conducted at Nkhensani Hospital Psychiatric ward. As the hospital fall under the jurisdiction of your province, I hereby request authorization from you to conduct this study, with your child.

Please respond by signing the consent form if you intend participating in this research study on the form that will be provided.

I am committed to observing and adhering to the following ethical considerations throughout the research process:-

• Your child will freely sign an informed consent before the beginning of the interview
• Your child will be protected from harm and discomfort by protecting your name, dignity and place.
• Participation is voluntary, that is, your child has freedom to participate and your child may withdraw from participating at any stage of the research process without imposing any penalty on your child.
• Confidentiality will be ensured by omitting or using false names when discussing information pertaining to the research study and by keeping all raw data and field notes confidential and under lock and key.
• Access to data will be limited only to supervisors and independent coder.
• Audiotapes and field notes will be destroyed after use as soon as it is convenient.
• I will make summary of the research results available to you.
Information gathered from the participants will be used to explore and describe life stories and to develop guidelines for psychiatric nurses in order to facilitate and maintain your child’s mental health and others with similar problems.

My contact details are: (015) 814 1124 (H), (015) 812 3251 (W) and 079 186 7659 (Cell)

Thank you

Bibliographic Information of Participants

Name:
Gender:
Age:
Signature:
Date:

TN RIKHOTSO (B A Cur)
M Cur (Psychiatric Nursing Science)
Student researcher (St. No.920411659)

PROF M POGGENPOEL
SUPERVISOR

PROF C MYBURGH
CO-SUPERVISOR

Ms V VAN NIEKERK
CO-SUPERVISOR
ANNEXURE D

LETTER TO THE INDEPENDENT CODER
Dear Yolanda

RE: Request for your service as coder of my Research Study.

Following the discussion I had with you over the telephone, I formally request for your service as coder of my research study. The theme for my research is “Substance abuse among adolescents in the Limpopo Province”.

Kindly reserve some time for this.

Thanking you in anticipation.

Ms Nelly Rikhotso
ANNEXURE E

AN EXAMPLE OF A TRANSCRIBED INTERVIEW WITH AND ADOLESCENT WHO ABUSES SUBSTANCES
INTERVIEW 3

This is one of the interviews held with an adolescent who abuse substances.

Key: I = Interviewer
     P = Participant

I: Hello Tiyani. I called you to this meeting in this office concerning the interview I explained to you few days back. What language do you prefer to use?

P: We can talk in English.

I: I believe you still remember when I talked to you few days back about what is involved in an interview. I remember having explained to you about some important aspects which include the following:
Firstly, all the information you are going to share with me is going to be kept confidential. Only my supervisor and the independent coder will access it and all information in the form of field and audio cassettes will be kept under lock and key and will be destroyed as soon as it is convenient, your name, age and any personal information will be protected at all costs. You have the right to withdraw from being a participant at any stage if you feel like. Feel free to share any information you feel is necessary to share regarding the theme. To remind you also about the theme it says, “substance abuse among adolescents.” Tell me about your life story regarding this.

P: We are two boys in a family of five siblings. This means I have three sisters and a brother. I am still in the secondary school doing grade 11. One day, some three years back as I was asleep in my room as it was school holidays; I heard a knock at the door. I could identify the voice of the person that was knocking as my brother’s friend. Then I responded that my brother was not in the house, but left without telling me where he was going. I said this thinking that the boy would go away because the person he was looking for was not there. Instead he continued to knock demanding that I open for him. Indeed I
opened the door with the intention of explaining that his friend is not there and he could leave some message if he felt like. He came in and sat on my bed and said that if my brother wasn’t there then he may as well spend time with me. On his hand, he had a plastic bag. Looking through it as it was transparent; I saw a small tin but could not see what was written on the tin. I asked him what he was carrying and he said it was a tin of glue. I further questioned him if my brother asked him for some glue to mend his shoes, but he looked at me and just laughed. Later he told me that he and my brother use the glue to sniff and have fun. He said this extending his arm that I should have a taste of it sniffing and see what would happen. I did not resist as I did not think it could be so disastrous. I sniffed once. At once I felt my brain was transparent and everything in the room was funny. I also felt excited for no reason. On that, he left the room and told me he will come back the following day to see my brother. He left the tin on the floor saying I am free to use it whenever I feel like. At first, I was not interested in using it. Later when he left, I told myself I wanted to taste it again. I took it and sniffed it again, this time two times. I even hid under my pillow so that my brother could not notice it when he came home. From there I got used to it and sniffed more often. When my brother discovered that I had learnt to sniff glue, he was angry at me saying that it was not a good habit. I was surprised because I saw him sniffing it more often than I did. It is only now that I realised that he was in a trap which is the same as where I am today. He just didn’t say it clearly to me why he didn’t like it. And now it is late for that. I am also hooked up. My brother’s friend became my own friend than he was my brother’s friend. When he got home and found me and my brother together, he would invite me to go out with him and we leave my brother alone at home. I now blame myself and that guy. If only I had told him I don’t like it, I would be safe now. Now I am used to it. When I am at home I cannot manage a day without glue. Now that I am in hospital, I crave for it a lot. I am amazed at how my brother and his friend smoke but were never admitted in hospital because of it, it makes me doubt if it is really the glue that I sniff that made me to come to the hospital. But if that is the case, it means I have made the wrong move, especially because I am already used to sniffing glue and I think it will be difficult for me to leave it, but anyway, I have to try by all means to quit.
I: How do you think this habit might have affected your life?

P: When I eat food, maybe pap and relish, I do it when I feel like it when I feel like. But since I got used to sniffing glue, I cannot control it. I frequently crave for it and always make sure I get it. When it comes to a push, I even steal some coins at home to make sure I go buy glue. So far, my parents have not discovered it that some of their money is missing because of me, and I believe that if I continue with the behavior of stealing, one day I will get caught and knowing that makes me feel uncomfortable and to say the honest fact, it means I am a thief even if I am not yet discovered. I have become a slave of glue and I use it in different ways which are bad to ensure that I have stock in case I crave for it. I am progressing at school, but obviously my performance standard has dropped. The average percentage is dropping down quarter. I can see that I may end up having to fail. On top of that I am now in hospital while others are continuing to learn when I go back to school after my discharge, the teachers are not going to teach me what I missed being alone. Though I am going to request some notes and hand outs, it will not be the same as those who were taught directly. Having been admitted here is one of the things that I hate much. I never dreamt I will be a patient in this ward. When I go home, people will say I am a mad person. So it means I am uncounted among the mad people.

I: How do you feel about all these things you were just explaining?

P: I feel embarrassed, discourage for being admitted here with people who are mentally-ill where as I am not. I feel I am a slave of glue and I’m trying to think I need to leave it but in the meantime I think it is going to be difficult for me to have that happen and that makes me feel hopeless. I am also afraid that maybe I am not going to make it at the end of the year since I have already explained that my academic performance is dropping every time. My class teacher even called me at the end of the previous quarter to ask me why I am not performing well. I just told him I don’t know and even told him I am studying well I am also surprised; but I knew deep inside me that I was reluctant, and spend most of my time with my friends with whom I sniff glue and by, the time I come home its to late for me to concentrate in studying and doing homework, I am already tired.
and I just get to bed and sleep I also feel guilty for failing to say no, when I was offered with glue. If it is really the one which caused me to be admitted, it means I wouldn’t be here, and I regret it a lot. So far my parents do not know that it is because of glue that I am admitted because they don’t even know that I’m sniffing glue, when the will, they will be very much disappointed and I keep on asking my self how they are going to react when they discover it.

I: From what you said concerning the way you think this has affected your life and the way you feel about it, have you ever planned to do something about it or thought of a plan, if so what is it?

P: Of course I have thought of some plans and intended to do them as soon as I get of this hospital. Some of the plans are that I am deciding to quit sniffing glue. I know it is going to be a difficult thing to do since I am already used to it, but I am ready to struggle with it this time when my friends come to invite me to go and sniff glue, I will learn to say no. it affects my life and my future and I think I need to stand up for myself if I can manage to do that I think it will be also help me because I will get enough time to concentrate on my school work. Doing that I believe will make me improve my performance at school. I can be very happy if I can be able to quit sniffing glue. I don’t want to come to this place again. It was going to be better if I came because my body was sick, not my mind.

I: How is your relationship with your family, teachers and friends?

P: My parents are not aware of this habit. They love me a lot and strive to care for me by all their means. My elder sister is married and we barely see each other, but she loves and cares a lot about me. She frequently calls me and sends me some pocket money to buy what I want. She is not even aware that I used some of the money to buy glue. As for my brother, he loves me too. These days we just quarrel because he did not want me to sniff glue but I can see that he also cares about me. My two younger sisters also love and respect me. All in all I am getting on well with my family. At school, my teachers are treating me just like the other learners. They are concerned about my academic
performance that's why the class teacher called me to ask me. They even told me that they will call my parents to explain to them if don't improve, and that makes me fearful and that's why I want to pull up my socks, maybe I can make it at the end of the year.

With my friends, I can say we are relating well. Some of them are even coming to visit me here in the hospital. I just think that maybe the relationship will change when I tell them I am no longer smoking dagga. But I don't care, as long as it is a good decision for my health. Even if I can lose them it is fine. I will get some new friends with whom I live a good life and concentrate on our school work to make up for our future. In grade 11, the end-year results are used to make bursaries and university applications. It means if don't perform well; I will as well miss those opportunities. From now on, I am prepared to relate with good friends, the ones who are going to influence me to doing good.

I: Is there anything you would like to share?

P: No, I think I have said everything. I just pray that when I get discharged, God will help me to do what I have planned to do with success. But I know I will make it. I am prepared to have my life change.

I: I thank you for your time and for everything that you shared with me. I believe it is going to be very much helpful.

Have a good day.