BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



BLANDINA MAREDZA

REG NUMBER: B220182B

SUPERVISOR: MR SADOMBA

RESEARCH TOPIC: THE EXPERIENCES OF FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE A CASE STUDY OF WARD 9 SANYATI DISTRICT, KADOMA

ABSTRACT

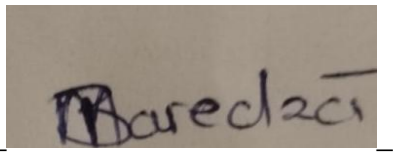
Youth drug and substance abuse poses significant social, emotional, and economic challenges not only to the users but also to their families. Yet, the lived experiences of families caring for youths involved in drug and substance abuse remain underexplored in many contexts, particularly in low-resource settings. This qualitative study examines the experiences of families with youths engaged in drug and substance abuse, with a focus on the objectives of the perceived causes of youth drug and substance abuse, the challenges the families face and the coping mechanisms they employ to manage caregiving demands. Using a case study design, in-depth interviews and focus group discussions were conducted with 50 families (parents, siblings and guardians) in Ward 9 Sanyati Ditrict, Kadoma. Participants were purposively selected to capture diverse family structures and levels of exposure to support services. Data were analyzed thematically to identify patterns in participants lived experiences, stressors, and adaptive strategies. Findings reveal that families encounter stigma, emotional distress, financial strain, and breakdown in parent-child communication as primary challenges. Despite these difficulties, families draw on coping mechanisms including peer support networks, faith-based resources, parental education programs and community awareness campaigns. The study highlights that social support and access to timely information significantly strengthen families resilience and ability to continue caregiving. Implications suggest that ministries and community organizations should prioritize family-centered interventions that reduce stigma, enhance knowledge, and build sustainable support networks. By centering family voices, this research contributes to the development of more responsive policies and programs for families affected by youth substance abuse.

DECLARATION FORM

TITLE OF DISSERTATION: THE EXPERIENCES OF FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT, KADOMA.

1. To be completed by the student:

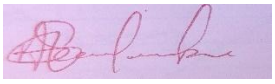
I certify that this project meets the preparation guidelines as presented in the Faculty Guide and Instructions for Typing Projects

B220182B ______

(Signature)

2. To be completed by the Supervisor:

This project id suitable for submission to the Department

Supervisor Name: Mr Sadomba 

(Signature of supervisor)

3. To be completed by the Chair of Department:

I certify that the required procedures have been followed and the preparation criteria have been met for this project.

_____Date _____

(Signature of the Chairperson)

.

DEDICATION

I dedicate this to my lovely mother, family and friends who were always been there for me in this journey.

ACKNOWLEDGEMENTS

Firstly, I would like to emphasize my greatest recognition to the Almighty God for countless blessings and also expressing my greatest acknowledgement and appreciation to Bindura University of Science Education for giving me the opportunity to study my degree of Social Work. I also take this opportunity to thanks to my supervisor for the provision of good learning environment.

LIST OF ABBREVIATIONS

MWA - Ministry of Women Affairs

MYAR- Ministry of Youths Arts and Recreation

SLT- Social Learning Theory

CBT- Cognitive Behavioral Therapy

DSA- Drugs and Substance Abuse

Contents

ABSTRACT 7

DECLARATION FORM 7

DEDICATION 7

ACKNOWLEDGEMENTS 7

LIST OF ABBREVIATIONS 7

LIST OF TABLES 7

CHAPTER 1: INTRODUCTION AND BACKGROUND 7

1.1 INTRODUCTION 7

1.2 BACKGROUND OF THE STUDY 7

1.3 Problem Statement 7

1.4 Research Aim 7

1.5 Research Objectives 7

1.6 Research Questions 7

1.7 Justification of the study 7

1.8 Delimitations of the study 7

1.9 Limitations of the study 7

1.10 DEFINATION OF KEY TERMS 7

1.11 CHAPTER SUMMARY 7

CHAPTER 2: THEORATICAL FRAMEWORKS AND LITERATURE REVIEW 7

2.1 INTRODUCTION 7

2.2 SOCIAL LEARNING THEORY BY BANDURA 7

2.2.2 COGNITIVE BEHAVIORAL THEORY 7

2.3 PERCIEVED CAUSES OF YOUTH DRUG AND SUBSTANCE ABUSE BY FAMILIES. 7

2.3.1 Economic constraints 7

2.3.2 Indolence 7

2.3.3 Stress relief 7

2.3.4 Peer pressure 7

2.3 CHALLENGES FACED BY FAMILIES WITH YOUTHS ABUSING DRUGS AND SUBSTANCES. 7

2.3.1 Poor Physical Health.....8
2.3.2 Poor Emotional Health.....8
2.3.3 Lack of Knowledge Related to Drug and Substance Abuse.....8
2.3.4 Lack of Knowledge on where to Get Help.....8
2.3.5 Inability to Assist their Youths out of Drug and Substance Abuse.....8
2.4 THE COPING STRATEGIES TO THE CHALLENGES FACED BY FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE.....8
2.4.1 Education of families through Parental Support Programs.....8
2.4.2 Community Awareness Campaigns.....8
2.4.3 Connecting the families with other families with same experiences through Support Networks.....8
2.4.4 Counselling.....8
2.4.5 Spiritual Support.....8
2.5 RESEARCH GAP.....8
2.6 CHAPTER SUMMARY.....8
CHAPTER THREE: RESEARCH METHODOLOGY.....8
3.1 INTRODUCTION.....8
3.2RESEACH PHILOSOPHY.....8
3.3 RESEARCH APPOACH.....8
3.4 RESEARCH APPROACH.....8
3.5 TARGET POPULATION.....8
3.6 SAMPLING SIZE.....8
3.7 SAMPLING TECHNIC.....8
3.7.1 Purposive Sampling.....8
3.7.2 Convenience Sampling.....8
3.8 DATA COLLECTION METHODS.....8
3.8.1.1 In-depth Interview Method.....8
3.8.1.2 Key Informant Interview Guide.....8
3.8.2 FOCUS GROUPS.....8
3.9 DATA PRESENTATION AND ANALYSIS.....8
3.10 TRUSTWORTHNESS.....8
3.11 ETHICAL CONSIDERATIONS.....8
3.11.1 Informed Consent.....8

3.11.2 Confidentiality 9
3.11.3 Conflict of Interest 9
3.11.4 Trustworthiness of Research 9
3.12 CHAPTER SUMMARY 9
CHAPTER FOUR: DATA PRESENTATION AND DISCUSSION OF FINDINGS 9
4.1 INTRODUCTION 9
4.2 DEMOGRAPHIC DATA OF PARTICIPANTS 9
4.3 THE PERCEIVED CAUSES OF DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT KADOMA 9
4.3.1 Economic constrains 9
4.3.2 Indolence 9
4.3.3 Stress Relief 9
4.3.4 Peer Pressure 9
4.4 THE CHALLENGES FACED BY FAMILES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT KADOMA 9
4.6.1 Poor physical health 9
4.4.2 Poor Emotional Health 9
4.4.3 Lack of knowledge related to drug and substance abuse 9
4.4.4 Lack of knowledge on where to get help 9
4.4.5 Inability to assist their youth out of drug and substance abuse 9
4.5 THE COPING MECHANISMS TO THE CHALLENGES FACED BY FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT 9
4.5.1 Education through parental support programs 9
4.5.2 Community awareness campaigns 9
4.5.3 Family support network 9
4.5.4 Counselling 9
4.5.5 Spiritual Support 9
4.6 CONCLUSION 9
CHAPTER FIVE: 9
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION 9
5.1 INTRODUCTION 9
5.2 SUMMARY OF FINDINGS 9

5.2.1 The perceived causes of youth drug and substance abuse in Ward 9 Sanyati District Kadoma 10

5.2.2 The challenges faced by families with youths in drugs and substance abuse in Ward 9 Sanyati District Kadoma 10

5.2.3 The coping mechanisms to the challenges faced by families with youths in drugs and substance abuse in Ward 9 Sanyati District, Kadoma 10

5.3 CONCLUSIONS 10

5.4 IMPICATIONS TO SOCIAL WORK 10

5.5 RECOMMENDATIONS 10

REFERANCE 10

APPENDEX 10

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Experiences of families with minorities in drug and substance abuse is a problem which is usually ignored as more focus is directed on the victims of drug and substance abuse. These experiences have consequences including emotional, psychological and social distress on the families. Through the investigation of evidence-based possibilities, this research is proposed to direct policy-makers, mitigate, prevent and combat the bad experiences families of youths in drug and substance abuse face and guarantee their safety in Zimbabwe.

1.2 BACKGROUND OF THE STUDY

The use of drugs and substances amongst youths has become a huge challenge for many households through disrupting family structures, disturbing the emotional, interactive and societal unsteadiness of all associates involved. Drug and substance use has developed to be a global concern as World Health Organisation, (2020) asserts that 14% of young woman and 18% youngsters aged 13-15 years have by now indulged in the abuse of drugs and substances. The consumption of these drugs has accounted for 5% of loss of life amongst individuals under 30 years of age. Worldwide, regions that include North America, European, Australia and Asia report highest rates of youths in drug and substance abuse (Rome-Aviles et al 2018). United Nations Office (2019) notes that, 35 million individuals globally are estimated to suffer from drug use illness, with only a single person out of the seven people receiving treatment. The challenge of drug and substance abuse became a notable problem both in developed and evolving countries but the harshness of the experiences is determined by social class, race and social networks. For instance, when a family notices that a youth is in drug and substance abuse some families may join hands to find ways to help the youths whereas in some families there might be divisions and blame shifting between parents on who contributed more for the youth to end up in drug and substance abuse which causes divorces in both developed and developing countries.

About 21% of the Canadian population, is estimated to meet the norms of addiction at some point in their lives (Canadian Mental Health Association, 2023). McCann and Lubman (2018) asserts that despite the studies examining drug and substance abuse, there is insufficiency of

literature producing the experiences and perceptions of family members who live with or support family members or relatives who are victims. Family members continue to support their relatives in drug and substance though they as well experience negative impacts such as stress and strains in coping with. A study in Canada asserts that the relatives usually attend family therapy where the whole family would have a counselling session, these family members also are encouraged to join support groups like Moms Stop the Harm and ADDICTION recovery which gives guidance to the family members on how to live and tolerate the youth's behaviour. In developing countries like South Africa, the families also face the same challenges as the developed countries face.

DSA is a challenge in South Africa and drug and substance usage is reported as double the world norm (Jordan, 2013). Youths are the foremost drug and substance addicts. Therefore, youth DSA is a common challenge in South Africa. Understanding that a minor abuses drugs and substances diminish the pleasure of being a parent. Coughlin (2017) asserts that, when parents come to know that their child is using drugs and substances, they develop vulnerability and they become shuttered. This is because of the realization that the future of the child is affected and they have nothing to do to address the problem. This results in the parents going through loss, anger and crying for the chosen child. Parents are likely to experience anger towards the child and the world at large which leads to isolation from the society and each other as a couple which contribute to separations and even divorce in some cases. A study done in Limpopo by Tollefson (2017) exposes that, parents experience stress which is connected to their child's state and conduct. They reveal their frustration over the condition, suffer disturbance of their sleeping cycles which results in tiredness. Parents as well suffer difficulties with concentration and they fail to manage personal care. These parents end up receiving therapy, support and counselling in rehabilitation centres where their youths are enrolled. The government has initiated of educating people on the ways to deal with these youths for example The Limpopo Department of Health conducted substance abuse awareness campaigns and support services. The National Department of Social Development provides 24-hour Substance Abuse Helpline (080012 13 14) which gives referrals on the cases of drug and substance abuse. All these elaborate the involvements of families with youths in drug and substance abuse in developing countries specifically South Africa.

The involvements of families with youths in drug and substances abuse in Zimbabwe includes financial burden due to constant financial drain associated with rehabilitation,

medical treatment and also unemployment due to the youth's inability to continue working. A study in Borrowdale West, Harare asserts that parents reported mental distress due to their adolescent child's drug abuse. Hopelessness, guilty, shame and excessive worry were expresses. Groenewald and Bhana (2015) parents often experience anxiety, helplessness and insomnia. Familial relationships are also negatively affected parents feel disconnected from their children and also martial relationships are also disrupted. Societal distress as the society would judge them causes emotional distress and feeling of isolation.

Zimbabwean administration has taken several steps to deal with these experiences of families with the victims of drug and substance abuse. The government has implemented laws like the Drug and Substances Act which has strict penalties including fifteen years' imprisonment the government has also reinforced rehabilitation centres as a way to make sure that the youths recover from the effects of drug and substance abuse which gives their families relief. The government of Zimbabwe is conducting awareness campaigns educating the families on the referral pathways so that the youth can get immediate assistance. In Zimbabwe non-government organisations like ADAAZ has also played a role in employing efforts to assist families with youths in drug and substance use which includes therapy of the youths and dissemination of information on drug and substance abuse.

1.3 Problem Statement

As drug and substance is a noticeable problem in Zimbabwe the victims are being helped greatly in order for them to recover. More focus is placed on the victims and the experiences that the families of the victims is ignored thus this study focus on these experiences. Despite the studies on drug and substance abuse, there is shortage of literature producing the experiences and views of family members who live with or support relatives in drug and substance abuse (McCann & Lubman, 2018). The people affected by this problem are the families of the adolescences in drug and substance abuse. The main cause of this problem is that more focus is placed on the victims and the experience of the families are ignored which negatively affect the families. The effects include disruption of familial relationships, isolation from the society because of shame, helplessness, fear of being judged, poor health as a result of anxiety and stress and also disruption of psychological well-being.

1.4 Research Aim

Exploring the experiences of families with youths in drug and substance abuse in Ward 9, Sanyati District Kadoma.

1.5 Research Objectives

1. To explore the perceived causes of youth drug and substance abuse by families in Ward 9, Sanyati District Kadoma.

2. To explore the challenges faced by families with youths in drug and substance abuse in Ward 9, Sanyati District Kadoma.

3. To determine the coping strategies to be used by families with youths in drug and substance abuse in Ward 9, Sanyati District Kadoma.

1.6 Research Questions

1. What are the perceived causes of youth drug and substance abuse by their families?

2. What are the challenges faced by families with youths in drug and substance abuse?

3. What coping strategies to be used by the families with youths in drug and substances use?

1.7 Justification of the study

The study on the topic, the experience of families with youth in drug and substance abuse is important because it brings enlightenment and deep insight on family dynamics, identifying needs and the challenges the families face, promoting awareness and education, all these can assist in informing intervention strategies, influencing policy development, enhancing treatment approach fostering resilience and building community support. These benefits vary some are benefits the target group which is the families of youths in drug and substance abuse, to organization or civil societies like Adult Rape Clinic, Government departments like Ministry of youths, Women Affairs and Health and also Academia.

The Target group

The families of youths in drug and substance abuse benefit from the study: The experience of families with adolescences in drug and substance abuse is that it helps families to enhances support systems, by engaging families in treatment process can their cement their network to the youth rather than abandoning the youth. The family will also increase their knowledge and awareness about how to help youths, it also contributes to reduction of stigma, it also gives clarity on the coping strategies of the challenges the would be facing, the study also elaborates the importance of engaging families in therapy and support to improve relationships in a family set up. Miller and Rollnick (2013) asserts that these family can be crucial for the youths' recovery. Through this study the families can connect with other

families facing similar challenges which alleviates the feeling of isolation. Thus, the study of: The experiences of the families with youths in drug and substance abuse is relevant to families of the adolescences in drug and substance abuse.

Organization or civil society

The benefit of the study: The experience of families with adolescences who are victims of drug and substance abuse includes that by understanding the experiences of families they can initiate informed program development which aim at addressing exact challenges faced by families with youths in drug and substance abuse. The study can also assist in improved resource allocation for usually funds would only cater for the victims only (youths) ignoring that the families also need support for they would be affected also. Green (2019) asserts that insights into the family dynamics and challenges allow the civil society to allocate resources more effectively, ensuring that support are tailored to need the unique needs of the families. This study is also important for it contributes to data driven decision making and expanding outreach efforts which increases community buy in of programs and initiatives aimed at addressing drug and substance abuse for the initiatives would be tailor made to suit the families and also the youths, this contributes more effective outcomes. Thus, the study: The experiences of families with youths in drug and substance abuse is important to the civil society.

Governments Departments

The study of the experiences of families with youths in drug and substance abuse can benefit the government in policy formulation and revision in several ways. Hennessy (2019), asserts that the study may contribute to evidence-based policy making where the government may implement policies that are data driven by using the data from this study which contributes to effective policy evaluation for it will be informed by the data collected. It may also help the government in revising policies that already exist. These discoveries of this study may also help the government in informing policy development; this can be achieved by understanding the experience of families with youths in drug and substance abuse it can identify gaps in he already existing policies. Thus, study of the experience of families with youths in drug and substance abuse may assist the government in policy implementation an identification of breaches in the current policies.

Academia

The study: The experience of families with youths in drug and substance abuse is important to various learning fields because it enhances academic research, the university will have more reading literature on the researches related to drug and substance abuse, specifically focusing on experiences of the families of the youths in drug and substance abuse. The study also contributes to strengthening ties of the community and the university for it the study would writing information gathered from the community, civil society and government organizations at large.

1.8 Delimitations of the study

This study is geographically restricted in Mashonaland West Province, Kadoma, Sanyati District, Ward 9 which may not indicate other regions in Zimbabwe. The delimitations may assure a targeted study of the experiences of families with youths in drug and substances abuse. However, the researcher suggests more literature review to be done on the same topic which can be achieved by analyse existing studies on the topic from other Zimbabwean regions or countries with similar contexts, this may inform the researcher on the research with knowledge from other regions Zimbabwe. The researcher also suggests future research directions Suggest further studies in other provinces to build a comprehensive understanding on the experiences of families with youths in drug and substance abuse.

1.9 Limitations of the study

Diverse short comings are recognized in this study. To start with, sampling bias whereby getting a representative sample can be challenging. Families in Sanyati District, Ward 9 willing to participate may have different experiences or perspectives compared to those who do not engage in the study, potentially leading to biased results (Creswell, 2018). Thus, the researcher will have chosen families with experience which have many similarities. Moreso, social desirability maybe faced whereby participants may provide socially required response or underreport negative experiences related to drug and substance abuse due to the fear of judgment, stigma and also concerns about confidentiality (Fowler, 2014). In this case the researcher will have to conduct the research on a more private and conducive environment where the families would feel comfortable to discuss their experiences and also giving them assurance that the information they are giving the researcher will be confidential. Moreover, variability of family dynamics differences in family structure can complicate comparisons and generalization across different families. Cultural, socio-economic and contextual factors may influence experiences differently (Holt, Hagger-Johnson and Moore, 2020).

Furthermore, the interviewer bias whereby the presence of the researcher may influence the families' response and giving false answers just to impress the researcher. This bias occurs in qualitative interviews where the researcher's expectations and attitudes may shape the dialogue (Kvale and Brinkmann 2015). Thus, the researcher will have to be neutral for the family members to explain their experiences without the desire of fulfilling the expectations of the researcher for the researcher will hide her expectations. These limitations highlight the need for more research to conform and build on the research conclusions.

1.10 DEFINATION OF KEY TERMS

Drug and substance abuse refers to a complex, chronic deteriorating brain disease characterized by compulsive drug seeking and use despite devastating negative consequences (Mugari, 2024). It involves long-term changes to brain function specifically the brain's cognitive abilities, memory, and reward systems. Contemporary definitions go beyond traditional illicit substances (like cannabis, cocaine, and heroin) to aggressively include the non-medical misuse of pharmaceutical prescription drugs, over-the-counter medications, and cheap local synthetic substitutes (Jacobs & Strumpher, 2024; Mugari, 2024). Experience refers to the subjective, lived realities, cognitive appraisals, and emotional impacts of an event or environment on an individual or a collective group (Fourie-Van Tonder, 2020). Sociologically, youth is defined as a critical transitional developmental phase characterized by rapid biological, cognitive, and psychosocial maturation, where individuals actively explore identity, autonomy, and social boundaries (Reyes, and Saladino, 2021). Family is defined as a dynamic, interdependent primary social system that serves as the core source of human attachment, nurturing, stabilization, and socialization (Lander, 2013)

1.11 CHAPTER SUMMARY

The background and the importance of the study of the experiences of families with youths in drugs and substance abuse has been established in this chapter. The objectives of the study are also mentioned in this chapter.

CHAPTER 2: THEORATICAL FRAMEWORKS AND LITERATURE REVIEW

2.1 INTRODUCTION

This chapter highlights the overview on the experiences of families with youths in drug and substance abuse. This will be achieved through reflecting works done by other scholars. The review pursues to explore the experiences of families with youths in drug and substance abuse. Criado and Paul (2020) asserts that literature review is an organized review and integration of the existing studies on particular topics, in this study the experiences of families with youths in drug and substance abuse. This includes studying scholarly articles, procedural approach and theoretical frameworks. The scope of the literature review is borne to the specific research objectives of the study on the experiences of families with youths in drug and substance abuse.

2.2 THEORATICAL FRAMEWORK

Connaway & Radford (2021) described a theoretical framework as a tool or set of approaches that is used to interpret and analyse the gathered data in a research project. Within this framework, a theory is employed to offer a contextual understanding and explanation of the research findings. This section presents the Social Learning Theory by Albert Bandura as a the theoretical framework of the study.

2.2.1 SOCIAL LEARNING THEORY BY BANDURA

The researcher utilized the Social Learning Theory to understand the experiences of families with youths in drugs and substances abuse. Bandura (1965), in his social learning theory notes that, individuals learn behaviours, attitudes as well as emotional reactions through the process of observation and imitation of others within their social environment. People learn not only through direct experiences but also through observing others and imitating their actions (Bandura, 1965). It as well emphasises the role of social relations, modelling and intellectual processes in shaping behaviour. This theory highlights that learning is not only a result of direct reinforcement or punishment but also occurs naturally as individuals observe the consequences of others' actions. Scholars such as Walters and Bandura (1963) further elaborated on this theory by integrating concepts of cognitive processes, suggesting that attention, holding, reproduction, and motivation are crucial for effective observational learning. The theory has subthemes which state that people learn from others through observation, imitation and modelling. These three subthemes are utilized to explain the alleged causes of youth drugs and substance abuse by families, the challenges faced by families with youths in drugs and substance abuse and the coping mechanisms to the challenges faced by the families with youths in drugs and substance abuse. Thus, social learning theory highlights the importance of social context and mental factors in shaping behaviour, offering a comprehensive understanding of how people acquire new behaviour through social interactions.

Social learning theory highlights that, behaviour is learnt through observation and imitation of others, particularly significant models such as friends, family members, and media figures. In the context of drug and substance abuse among youth, several factors can contribute to this behaviour. For instance, youths who observe their peers engaging in substance use may perceive these actions as acceptable or even desirable, leading them to imitate such behaviours (Bandura, 1977). Additionally, if these youth witness positive outcomes associated with drug use such as social acceptance or perceived enjoyment, they are more likely to experiment with substances themselves (Schunk, 2001). The role of media also cannot be overlooked, as portrayals of drug use in movies, music, and social media can normalize and idealize substance abuse, further encouraging young individuals to engage in these risky behaviours (Miller et al., 2017). Overall, the interplay of observational learning, perceived norms, and environmental influences significantly contributes to the prevalence of drug and substance abuse among youth.

Families with youths facing drug and substance abuse challenges often grapple with the influence of social learning theory, which highlights how behaviors are acquired through observation and imitation. Youths model the substance use behaviors of family members or peers, leading to a cycle of abuse that can be difficult to break. For instance, if a youth observes parents or older siblings using drugs or alcohol as a coping mechanism for stress, they may internalize this behavior as an acceptable way to manage their own challenges (Bandura, 1977). This modeling effect can strain family dynamics, as parents may feel helpless or frustrated when their attempts to intervene are undermined by the youth's social environment. Furthermore, families may struggle with stigma and communication barriers, making it challenging to address the issue openly and seek appropriate support (Miller et al., 2017). The challenges the families with youths in drugs and substance abuse face includes poor physical and emotional health, lack of knowledge about drugs and substance abuse, where to get help and how tto assist their youth out of drugs and substance abuse. The face these challenges mainly as a result of not modelling other families with youths in drugs and substance abuse. Ultimately, the interplay of observational learning and familial relationships complicates the efforts of families to combat substance abuse among their youth.

The theory suggests that behaviors, including substance abuse, are learned through observation and imitation of others (Bandura, 1977). Families facing challenges with youths involved in drug and substance abuse can employ coping mechanisms that focus on positive modeling and communication. For instance, parents can actively demonstrate healthy coping strategies such as stress management techniques, open dialogue about emotions, and seeking help when needed thereby providing their children with alternative behaviors to imitate. Additionally, fostering an environment where discussing substance use openly is encouraged can help dismantle stigma and promote understanding, making it easier for youths to seek support (Miller et al., 2017). By modeling resilience and healthy behaviors, families can create a supportive atmosphere that counters the negative influences that contribute to substance abuse, ultimately guiding youths toward more constructive choices.

2.2.2 COGNITIVE BEHAVIORAL THEORY

The study of the experience of families with youths in drug and substance abuse was conducted by the use of the Cognitive Behavioral Theory. Cognitive Behavioral Theory asserts that emotions, thoughts, and thinking for example, cognitive restructuring in

individuals develop skills which foster individuals' practical way to address challenges (Beck, 1993). The Cognitive Behavioural Theory has sub themes which includes cognitive reconstruction therapy, mindfulness therapy, cognitive relapse therapy and the exposure therapy. These techniques were utilised by the researcher to understand the coping mechanisms used by the families to the challenges faced.

The mindfulness therapy helps the individuals to disengage from continuously think about negative things and redirect their attention to other things. This therapy assists the families to disengage from negative experiences they experience and redirect their attention to what is happening to their youth. Hill, and Pettit, (2019) asserts that when experiencing an event, a person's reasonings can influence their emotional and behavioural response more than the event itself thus individual need to redirect their cognitions. This therapy improves the concentration, emotion regulation and pain management of the families. This is whereby the families shift their focus from the negative experiences they had and focus on understanding the causes of drug and substance use in youths from their own point of view. For example, rather than focusing on challenges like lack of knowledge related to drug and substance abuse their shift their attention to what is happening to their that when they begin to reflect the perceived causes of drug and substance abuse and try to mitigate the causes to avoid future use of drugs and substances by the youths.

The sub theme cognitive restructuring asserts that challenging and reframing negative thoughts as a way to do away with the negative thoughts to ensure development of better positive thoughts this can be achieved through engaging in peer groups, education through awareness campaign and focus groups. Hopwood (2015) asserts that cognitive reconstruction assists the families to decreases feelings of guilt, shame, and anxiety, enhances ability to manage stress and challenging situations, fosters more positive and supportive relationships within the family. This therapy can be used to when understanding the perceived coping mechanisms by the families. The families with youths using drugs and substances challenge their thoughts concerning the behavior of their youths hoping for a change in the future rather than focusing on the negative thoughts only. For example, rather than thinking if the challenges they are facing like poor physical health and poor emotional health they can shift their thoughts into thinking some other better things which ward off those thoughts. Thes themes will be utilised by by the researcher to understand the perceived coping mechanisms by the families living with youths in drug and substance abuse.

2.3 PERCIEVED CAUSES OF YOUTH DRUG AND SUBSTANCE ABUSE BY FAMILIES.

2.3.1 Economic constraints

Economic hardships cause of drug and substance abuse. With rise of unemployment youths end up using drugs and substances as a managing mechanism. World Drug Report (2020) asserts that drug abuse can be directly influenced by socioeconomic structures at the individual, community, and country levels. This shed more light on the fact that economic constraints differ in developed and developing countries. Studies in the United States have highlighted how economic downturns and unemployment rates correlate with increased rates of substance abuse among young people (Substance Abuse and Mental Health Services Administration, 2020). Research in countries like Nigeria and India has shown that young people often face overwhelming economic pressures due to social instability, leading them to use substances as a means of escape or survival (Adelekan, 2019 and Gupta, 2020). Additionally, the availability of illicit substances can be more pronounced in areas where economic conditions are poor, making it easier for youth to access drugs. Both developing and developed countries acknowledge that economic constraints play a significant role in youth drug use but differ in their emphasis on specific factors. Developed country writers tend to focus on the psychological impact of economic inequality and the resultant feelings of hopelessness. In contrast, developing country writers may emphasize the direct relationship between poverty, lack of opportunities and the accessibility of drugs.

2.3.2 Indolence

The youths who are unwilling to make progress in life end up using drug and substances with indolence as a significant cause. The youths end up using drugs and substances as a result of lack of motivation to work hard and responsibility as they avoid difficulties of real life and end up using drug and substances. Youths who have limited skills upon graduating from school face challenges in securing job and attaining financial independence, including the ability to rent a residence, provide for their family members as well as gaining societal acknowledgement as adults. Research in United States suggests that youth who experience boredom or lack purpose may take drugs as a way to cope with their feelings of inertia (Hawkins, 2015). Youths put the whole blame on their community, relatives and the nation at large. Matutu and Mususa (2019), asserts that the high incidence syndrome of dependence syndrome has had an adverse effect on numerous youth individuals. This causes the youths to

end up using drug and substances as a way to excuse themselves from expected responsibilities. Rugoho (2019) asserts that have enough money for shelter and meeting basic requirements lead to significant stress, causing those who have these responsibilities to have psychosocial stress and preferred pathway to relief of this stress would drug and substance usage. Youths in both developing countries turn to use drug and substance abuse because of indolence and use drug and substances as a way to run away from responsibilities and spent most of the time drunk.

2.3.3 Stress relief

Youths use drug and substances as way to relief themselves from the pressures of life. Youths turn to use drugs and substances because of the challenges they face in life. Economic declines and the rise in unemployment are linked to higher rates of drug and substance abuse. Dlamini (2023), asserts the hardships renders ambitions of pursuing higher education, employment and similar endeavour appear unattainable contributing factor to substance abuse. Youths alternatively turn to drug and substance use as a strategy to deal with social and economic limits such as academic challenges, financial hardships, anxiety, joblessness, disputes and their inability to fulfil their basic needs. Minorities who lack productive activities frequently become victims of drug consumption as a way to alleviate their emotional distress (Makosa, 2020). This is when the youth will start to use drug and substances to relief themselves from the pressures of life. In countries like Zimbabwe the youths end up using drugs and substances preferring to spend the whole drunk and use it as a stress reliever for they will not be thinking about anything and when they are sober the use the drugs and substances again to avoid the realities of life ending up being a cycle and later a lifestyle of using drug and substances as a way to relieve stress. In developed countries, the focus is on individualistic stressors related to personal achievement and social pressures. In contrast, developing countries writers highlight systemic issues that contribute to collective stress among youth, framing drug use as a response to socio-economic adversity. Both developing and developed countries acknowledge stress relief as a cause of youth drug and substance abuse.

2.3.4 Peer pressure

Peer pressure is a catalyst for drug abuse among youths engaging in drug and substance misuse. (Mugari & Bushu, 2024), poverty intensifies stress which causes youths to be more vulnerable to substance abuse. Hirschi's (1969) advocates that, persons involved in antisocial activities struggle to form or maintain a strong relationship with the society that is marked by

attachment, commitment, involvement and belief. They end up joining drug and substance abuse. Research indicates that in environments where substance use is normalized among peers, youth are more likely to partake in similar behaviors, viewing drug use as a rite of passage or a means to enhance social status (Hussong, 2011). European writers argue that adolescents may feel compelled to use drugs to fit in, cope with social anxiety, or gain approval from their peers, which can lead to a cycle of increased substance use within social circles (Simons, 2017). The need of maintaining links with families, schools, peer groups as well as other social, political and religious organisations causes them to be involved in drugs and substance use. In developing countries peer pressure is sometimes viewed through the lens of collective experiences shaped by economic hardship and social instability. Chikoko (2021), supported this highlighting that young people may face not only the typical pressures associated with fitting in but also the additional stressors related to poverty and limited opportunities. All these causes the youths to engage in drugs and substance abuse. In developed countries, the focus tends to be on individualistic motivations tied to social acceptance and conformity. In contrast, African writers emphasize the collective experiences shaped by socio-economic challenges, illustrating how peer dynamics can reflect negative influences. All these elaborate how peer pressure influences youths in using drug and substance in both developing and developed countries.

2.3 CHALLENGES FACED BY FAMILIES WITH YOUTHS ABUSING DRUGS AND SUBSTANCES.

2.3.1 Poor Physical Health

Usually, the parents are reported to have lost weight and became sick after discovering that their youths are in drug and substance abuse. Brown (2020), in a study done in Canada asserts that some parents reported that the need help from the nurse to elaborate to the why they become sick whenever their youths also become sick. Research indicates that caregivers often experience increased levels of anxiety, depression and even physical ailments like hypertension due to the emotional strain (Jones, 2019). Research in South Africa Azamik (2022) asserts that some parents are also reported to have high blood pressure which makes it difficult to manage the blood pressure because of the behaviors they will be experiencing when living with youths in drug and substance abuse. Other African writers argue that limited access to healthcare, poor living conditions, and high levels of poverty significantly impact families' overall health (Moyo & Chikoko, 2021). The families who live with victims of drug

and substance abuse face poor physical health. The violent behavior of the youth affects the physical health of the family with a youths in drug and substance abuse.

2.3.2 Poor Emotional Health

The feelings of shame, hopelessness can overwhelm these families leading them to have poor emotional health. Chong (2018), reported in a study done in America that some parents would be depressed because of the fear of what the future holds for their youth in drug and substance abuse. They note that families may undergo feelings of shame, guilt, and helplessness, which can lead to strained relationships and communication breakdowns (Vanderplasschen, 2018). The stigma associated with drug use can isolate families from their communities, making it difficult for them to seek support or access resources (Smith, 2019). These have psychological impact on parents and siblings, who may experience anxiety, depression, or feelings of inadequacy as they grapple with the consequences of a loved one's substance use. African writers emphasize that the lack of resources and support systems exacerbates the challenges families face, as they may feel overwhelmed by the dual pressures of economic instability and the need to manage the youth's substance use. In a study done in Botswana, Burns (2014), reported that some parents face emotion distress for they would be facing humiliation from the society putting the blame on them for the youths' behavior. On the other hand, limited access to healthcare and rehabilitation services, which can hinder their ability to address substance use effectively. Families in developed countries and those in developing countries both face the challenge of poor emotional health though the root cause will be same some parents will be worried about the youth's future whereas other families will be worried about what the community might be labelling them for what their youths is doing. All this elaborate how families of youths in drug and substance abuse face poor emotional health.

2.3.3 Lack of Knowledge Related to Drug and Substance Abuse

The families of youths in drug and substance abuse face the challenge of lack of knowledge connected to drug and substance abuse which makes it difficult to deal with the youths in drug and substance abuse. European writers argue that families frequently lack adequate information about the risks associated with various substances, which can lead to misconceptions and ineffective responses to youth substance use (Johnson & Smith, 2018). For example, many parents may not recognize the signs of substance abuse or may underestimate the severity of their child's situation, leading to delayed intervention and

worsening health outcomes. Additionally, the lack of knowledge can result in families being ill-equipped to provide appropriate support or guidance to their youths. Research indicates that parental involvement and informed communication about drugs can significantly reduce the likelihood of substance use among youths and its impact (Taylor, 2020). In a study done in South Africa, Allen (2016, reported that some families had a lot of question on what medication should they use to stop their youths from using drug and substance, how to support them during their journey of recovery. Many families want to be taught on what would be done to their youths when they are enrolled in drug and substance abuse reintegration for the do not have a clear knowledge of the services offered during the rehabilitation process, which discourages the families to enroll their youths in the rehabilitation because of the fear of the unknown. All these shows that though families with youths in drug and substance abuse lack knowledge on drug and substance abuse those in countries will start to look for knowledge on drug and substance abuse when their youths are already in it. All these shows how the families with youths in drug and substance abuse deal with the youths in drug and substance abuse without knowledge of drug and substance abuse which make it difficult for them to live, cope with the youths' behaviors. Thus, the other challenge the families of youths in drug and substance abuse face is lack of knowledge relating to drug and substance abuse.

2.3.4 Lack of Knowledge on where to Get Help

Many families face the challenge of lack knowledge on how to assist their youths in drug and substance which affect then negative with a guilty conscience of not being able to help their youths to get medical help and counselling. Researches in Europe argue that many families lack knowledge about available support services, treatment programs, and community resources, which can result in feelings of isolation and helplessness when dealing with a youth's substance use (Smith & Jones, 2019). Studies indicate that families may not be aware of local counselling services, helplines, or rehabilitation centres that specialize in youth substance use (Brown, 2020). Furthermore, the stigma associated with drug use can deter families from reaching out for help, as they may fear judgment or repercussions (Johnson, 2021). Conn (2018) asserts that according to findings in South Africa, all the parents would want to help their youths to quit drug and substance abuse but lack the knowledge of where to get help. Some families were able to enrol their youths in drug and substance abuse rehabilitation but the youths continued to do drug and substance abuse and they are now helpless on where to get help for their youths to recover. Many families may not know where

to seek help due to a lack of established support networks or community resources that address substance abuse (Moyo & Chikoko, 2021). Families are facing the challenge of helplessness on where to get help for their youths to recover. In Zimbabwe some families lack the knowledge of the services like counselling to youths in drug and substance abuse by governmental ministries like Ministry of Youth, Ministry of Women Affairs and Non-Governmental Organizations like Adult Rape Clinic whereas in developing countries many if not all parents would enrol their children in rehabilitation in order for them to recover. Thus, the other challenge faced by families with youths in drug and substance abuse both developing and developed countries is the lack of knowledge on where to get help for their youths to recover from the effects of drug and substance abuse.

2.3.5 Inability to Assist their Youths out of Drug and Substance Abuse

Another challenge faced is the family's inability to assist youths out of drug and substance abuse. Many families face the challenge of failing to take part in the recovery process of their youth. In research done in Canada, Greenberg (2014) assert some parents reported that they lack the knowledge on how to support their youth which hinder them from supporting them, for many at times the parents are so surprised with the reactions of the youths and are not able to do anything thus they end up enrolling them in rehabilitations. In research done in Limpopo, Allen (2016) asserts that parents reported that they need to be taught on how to assist on the recovery of their youths for example being taught on the diet that favorable to a person who is drug and substance abuse. The families cannot help their youths when they do not know anything about drug and substance abuse, thus the require to be taught on how to assist their youth in drug and substance abuse. Martins (2017) asserts that parents want to involved in the lives of their youths as they go through the stage of treatment and rehabilitation, but they face a challenge that they do not know how to do it. Cultural stigmas also play a crucial role in developing countries, where societal attitudes toward drug use can prevent families from acknowledging the problem or seeking professional help (Dube & Ndlovu, 2020). Though in developed countries the families they will rehabilitate the youth and in developing countries they will get the informal education from friend and families. All this elaborate the challenge families with youths with youths in drug and substance abuse face which is their inability to assist their youths out of drug and substance abuse.

2.4 THE COPING STRATEGIES TO THE CHALLENGES FACED BY FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE

2.4.1 Education of families through Parental Support Programs

The parents of the victims of drug and substance abuse can join parental support programs in-order to get counselling and support as a group of parents with the same problem of youths in drug and substance abuse. Writer in developing countries argue that parental support programs are essential in equipping parents with the information and skills necessary to identify early signs of substance use, communicate effectively with their children, and foster a supportive home environment (Smith & Johnson, 2021). Research highlights the importance of involving parents in community efforts, as engaged parents can act as positive role models and advocates for their children (Williams & Carter, 2020). Furthermore, these programs often promote collaboration between schools and families, ensuring that parents are informed about school policies and resources available for addressing substance abuse (Taylor & Brown, 2019). During these parental support groups psychiatric nurse can provide the parents with a safe space to share their experiences and learn from other other's experiences All these helps the families to have knowledge on drugs and substance abuse. In developing countries researches argue that these programs must be culturally relevant and incorporate local customs and practices to be effective (Chikozho & Mhlanga, 2021). By attending these support programs parents can regularize their emotions, reduce feeling isolated and foster resilience. Both developing and developed countries writers recognize the importance of education through parental support programs in addressing youth drug and substance abuse. Writers from developed countries focus on structured, evidence-based approaches that equip parents with the necessary tools to engage with their children effectively. They highlight the role of collaboration between families and educational institutions as crucial for creating a supportive environment.

2.4.2 Community Awareness Campaigns

Families with youths in drugs and substance abuse also utilise awareness campaigns a coping mechanism to the challenges they face of lack of knowledge. A study in Canada highlights that these campaigns play an important role in educating the public on the risks associated with substance use, promoting prevention strategies, and reducing stigma (Smith & Johnson, 2021). Community awareness initiatives are typically designed to engage various stakeholders, including schools, healthcare providers and local organizations to create a unified front against substance abuse. Writers highlight successful examples where awareness campaigns have led to increased community engagement and a better understanding of the complexities surrounding substance abuse (Williams & Carter, 2020). These community awareness plays a transformative role of educating the public about the realities of drug and

substance abuse and spilling the common misconceptions can make community to have empathy and understanding the families dealing with youths in drug and substance abuse which reduces judgement and isolation usually faced by these parents. These awareness campaigns can be done physically, through televisions and other social media platforms like Facebook and so on as a way to make sure everyone is educated on this issue. In Zimbabwe, research indicates that these campaigns should be tailored to resonate with local customs and practices, ensuring that the messaging is relevant and impactful (Chikozho & Mhlanga, 2021). Another study in Zambia argues that these initiatives can empower families by providing them with resources and information on how to seek help and support for their youth (Taylor & Brown, 2019). Both European and African writer acknowledge that families with youths in drugs and substance abuse benefit from community awareness campaigns to cope with the challenges of lack of knowledge of drug and substance, where to get help and how to support their youth out of drugs and substance abuse. All these are important in addressing stigma at a community level to families with youths in drug and substance abuse.

2.4.3 Connecting the families with other families with same experiences through Support Networks

A study in Germany asserts that structured support systems, such as community organizations, educational institutions, and healthcare providers, play a crucial role in providing resources and assistance to families (Smith & Johnson, 2021). These networks often include counselling services, parenting workshops, and peer support groups that empower parents to navigate the complexities of substance abuse issues with their children. These groups can form community centers and online platforms to discuss with the families who might feel uncomfortable to meet physically. These networks facilitate the exchange of practical advice, emotional support and coping strategies. This would assist the families to erode their guilt. A study in Zimbabwe asserts that community-based initiatives are essential in fostering a sense of collective responsibility for youth well-being. For example, local leaders may organize workshops that educate parents about substance abuse while also reinforcing cultural norms that discourage drug use (Ndlovu & Dube, 2020). These community organizations frequently facilitate networking opportunities for parents to connect with one another, share experiences, and build resilience against the challenges posed by youth substance use. The services offered in peer groups builds resistance capacity in the families. Both developed and developing countries focus on structured, formalized support systems that integrate various community resources, emphasizing collaboration among

multiple stakeholders as a way to make sur families with youths in drugs and substance abuse cope with challenges they face when living with a youth in drugs and substance abuse.

2.4.4 Counselling

The families with youths in drugs and substance abuse utilises counselling as a mechanism to the challenges of poor emotion health. Families usually seek counselling services to manage the challenges the face. A study in Cameroon argue that professional counselling provides structured support and guidance, enabling families to navigate the emotional turmoil associated with substance use (Jones & Taylor, 2021). Others emphasize that trained counsellors can help families develop coping strategies, improve communication, and rebuild trust (Anderson & Miller, 2020). Additionally, many developed countries have integrated counselling services within schools and community organizations, making them accessible to families in need (Roberts & Green, 2019). All this is to make sure that the families with youths in drugs and substance abuse and the youth get an opportunity to express their emotions kept inside which affects their emotional and physical health. While study in Zimbabwe acknowledge the benefits of professional counselling, they also stress the importance of integrating culturally relevant approaches into counselling services (Chikozho & Mhlanga, 2021). This can be achieved by advocating for a holistic approach that involves the entire family in the counselling process, fostering a sense of collective responsibility and support. Both European and African writers acknowledge the importance of counselling services as a coping mechanism to the challenges faced by the families with youths in drugs and substance abuse though African writers emphasise the importance of holistic and tailored approaches for the counselling efforts may fail to achieve its goal which is emotional healing. When counselling is done to one family's member and the others remain the same, the person will likely to be emotionally damaged again. Also, it is important to address these families' physical and financial needs rather than offering emotional support only.

2.4.5 Spiritual Support

Spiritual support is as well used to manage all the challenges they faced by the victims such as poor emotional and physical health, lack of knowledge on drugs and substance abuse. A study Canada argue that spirituality can provide emotional comfort, a sense of community, and a framework for understanding and coping with the challenges posed by substance use (Smith & Johnson, 2020). Many families turn to religious organizations or spiritual practices as a means of finding hope and resilience in the face of adversity. The emphasis on spiritual

support is linked to the idea that faith-based communities can offer not only moral guidance but also practical resources such as counselling, support groups, and rehabilitation programs. These communities often foster an environment where families feel safe discussing their struggles without fear of stigma (Brown, 2021). Moreover, spiritual practices such as prayer and meditation are seen as tools that can help families cope with stress and anxiety associated with their loved ones' substance use (Williams & Davis, 2019). Research in Zimbabwe highlights that spiritual beliefs and practices are deeply embedded in the fabric of society, making them a natural coping mechanism for families facing the challenges of youth substance abuse (Moyo & Chikoko, 2021). Other writers advocated for a balanced approach that integrates spiritual support with evidence-based interventions to effectively address substance abuse issues (Chirisa & Maphosa, 2022). Writers from developed and developing countries focus on the emotional and community benefits that faith-based organizations can provide to families with youths in drugs and substance abuse to cope with the challenges they face.

2.5 RESEARCH GAP

Whilst the research exists on the involvements of families with youths in drug and substance abuse, several scholars have highlighted ways to assist these youths to overcome drug and substance use. Most researchers focus mainly on the youths in drug and substance use and ignore what the families of these would be experiencing as a result of the behaviour change of their youth who is in drug and substance use. McCann & Lubman (2018) asserts that despite the studies examining the issue, there is shortage of literature synthesizing the experiences and perspectives of family members who live with or support relatives in drug and substance abuse. Thus, the research will focus on the experiences of the families with youths in drug and substance abuse and shift the focus from the experiences of the drug and substance users.

The researcher will also conduct the research on the experiences of families with youths in drug and substance use in Sanyati District Ward 9 Rural to recognise the experiences of families in rural area areas for many researches were done in urban areas. This will enable the researcher supplement the fewer literature on the experiences of families with youths in drug and substance use.

2.6 CHAPTER SUMMARY

This chapter highlighted the analysis of the existing literature related to the research questions and objectives. It elaborated how previous researchers addressed the experiences of families with youths in drug and substance abuse. The chapter gave a conceptual review on diverse literatures that are connected to the research. This section stressed the drivers of drug and substance abuse by the youths as well as the challenges that the victims and their families are facing. Furthermore, ways to curb and reduce challenges where highlighted in the chapter.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the methodological frameworks to understand experiences of families with youths in drug and substance abuse. It provides steps of analysing data, ways to ensure trustworthiness and ethical considerations during the research. This chapter reveals how qualitative research approach and a case study design were adopted as appropriate for elaborating the experiences of families with youths in drug and substance abuse. It highlights the data collection methods and tools utilised to obtain insights and reliable data from targeted population. Research ethical principles guiding the research process are highlighted to establish observance to academic integrity and respect for participants involved in the research.

3.2RESEACH PHILOSOPHY

Research philosophy refers to the framework guiding how research is conducted based on the ideas about reality and nature of knowledge (Collis and Hussey, 2014). The study used the interpretivism philosophy, which supports the understanding of subjective meanings, experiences and interpretations of individuals or groups with youths abusing drugs and substances. Tight (2010) asserts that the interpretivism philosophy assumes that reality is socially created and that knowledge is gained through interpretation. This philosophy assisted in understanding the subjective experiences of families with youths in drug and substance abuse as it postulates that a reality is socially constructed through interactions through focus groups and interviews and interpretation of these interactions. Through interaction the researcher had information about the experience of families with youths in drug and substance abuse and from the findings the researcher then interprets the findings. The interpretivism philosophy is important for this study for it is flexible it has research designs which gives the researcher to get more information for instance during interviews. It also has many research designs which gave the researcher chance to choose from the which one to utilize. It also gave the researcher contextual understanding of the experiences of the families with youths in drug and substance abuse.

3.3 RESEARCH APPOACH

Saunders, (2012) asserts that research approach is the overall plan to conduct a study and includes the procedure for collecting, analysing and interpreting data. This study utilized the qualitative research approach to understand the experiences of families with youths using

drug and substance. Moser (2017), defined qualitative research as a type of research that explores and provides deeper insights into real-world problems through creating hypotheses to further investigate and understand data. Qualitative research enabled the researcher to gather the experiences, perceptions and behaviours of families with youths in drug and substance abuse. Cleland (2017) notes that qualitative research is important to explain processes and patterns of human behaviour that can be difficult to quantify. Experiences, attitudes and behaviours can be difficult to capture thus, the qualitative approach permits participants to explain how, why and what they feel, thinking or experience when they engage (Foley, 2015). This elaborate how qualitative research was utilized by the researcher.

3.4 RESEARCH APPROACH

Research design refers to the plan and structure used to `conduct a study, outlining the research questions, methodology, data collection and analysis and the potential biases (Creswell, 2014). Yin, (1984), asserts that a case study investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident. This involves a detailed examination of single or a small number of cases to acquire better understanding of a particular situation or individual, in this study the researcher revised case studies of families with youths in drug and substance abuse in order to have a deep and better understanding of the experience of families with youths in drug and substance abuse. The strengths of this design are that it gives the researcher a room for deep understanding on a specific topic which is the experience of families with victims. This design focuses on one or more case studies which gives the researcher a clearer picture of the experiences of families with victims. All these assisted the researcher to have in-depth analysis of the area of focus which is the experience of youths in drug and substance abuse.

3.5 TARGET POPULATION

Target population refers to the specific group of individuals that a study aims to investigate generalize findings(Willie, 2024). This study's primary target population was fifty families (parents, guardians and siblings, each family represented by one member) with youths in drug and substance abuse in Ward 9 Sanyati District, Kadoma Mashonaland West. The study conducted on families to explore the experiences the went through as a result of their family member (a youth) being involved in drug and substance abuse. These families will provide the researcher with the first-hand information on the causes of youths' drug and substance abuse, the challenges they faced and the coping mechanisms to deal with the challenges. The

study's secondary target population are social workers in organizations like Adult Rape Clinic, Ministry of Youth, Ministry of Women Affairs, Community, Small and Medium Enterprises development. These are the key informants for they have better understanding and expert knowledge of the experiences of the primary target population for they work with the families with youths in drug and substance abuse.

3.6 SAMPLING SIZE

Teesside University (2017), asserts that a sample are cases or individuals selected from a large population for the reason of study or analysis, the findings from these individuals would be used to make generalization about the whole population. Shu (2013) asserts that sample size is the number of cases of individuals selected from a large population for the reasons of study or analysis. The study selected 50 families with youths abusing drug and substance abuse (one person representing each family) as the primary target population and 3 secondary target population with two Community Development Officer one from Ministry of Women Affairs and another from Ministry of Youth and a psychologist from Adult Rape Clinic in Sanyati District to give information on the experiences of families with youths in drug and substance abuse. The primary target population gave the experiences that they had gone through for they have the first-hand information. The second target population substantiated, confirm or disregard the information given by the primary target population for they have expert knowledge they get by working with families with youths in drug and substance abuse.

3.7 SAMPLING TECHNIC

Thornhill (2012) defined sampling technic as a method utilized to select a set of entities from a large population for the reason of research and analysis, this set of individuals would accurately represent and reflect the characteristics of the larger population. This study utilized the purposive sampling for the primary key informants and the convenience sampling for the secondary key informants to select people in ward 9, Sanyati District to understand the experiences of families with youths in drug and substance abuse.

3.7.1 Purposive Sampling

Patton (2002), asserts that purposive sampling is a method used to select participants based on skill, experience or unique perspectives. This technic helped the researcher to select families with experience of living with youths in drug and substance abuse, to understand the

research study. The researcher utilized the purposive sampling to selecting 50 families (one person representing each family maybe parents, siblings or relatives) with youths struggling with drug and substance abuse. The researcher also selected youths in recovery from drug and substance use to provide unique perspective on the experiences their families went through. The selection criteria were based on the participants' direct experiences of living with a youth in drug and substance abuse, the preparedness of the selected participants to share their experiences and their insights to the experiences. The strengths of the purposive sampling are that it helped the researcher in selecting a population which can provide with in-depth understanding of the experiences of families with youths in drug and substances abuse for the researcher would have selected a sample of individuals with relevant experience of living a youth in drug and substance abuse. The purposive sampling is a pathway for the researcher to select a population that can provide relevant information about the experiences of youths in drug and substance abuse for the researcher would be getting information from the people who are directly affected by the situation being researched on.

3.7.2 Convenience Sampling

Miles and Huberman (1994) assert that convenience sampling involves selecting participants based on ease of access and accessibility. The researcher used this sampling technique on the secondary key informants to select informants on the research to provide information on the experiences of families with youths using drugs and substances quickly and efficiently. Through the utilization of this technique the researcher access to Community Development Officers in Ministry of Women Affairs and Youth. The strength of the convenience sampling technique is that the researcher selects individuals who can provide the researcher with information faster which is beneficial when studying the experiences of families with youths in drug and substance abuse in a short period of time. The research utilized the convenience sampling technique to gather information from the secondary key informants.

3.8 DATA COLLECTION METHODS

Bryman (2011) asserts that data collection methods are systematic approach utilized to measure, gather and analyse data for evaluation or research purposes. The study used in-depth interviews and targeted at having a better understanding on the experiences of the families with youths in drug and substance abuse.

3.8.1.1 In-depth Interview Method

The researcher utilized in-depth interviews method to gather information about the experiences of families living with youths in drug and substance abuse. The researcher conducted the in-depth interviews on 50 families in Sanyati District. The interview guide had semi-structured question which the researcher used to probe for more questions and information during the interview with the primary target population. The researcher made use of an in-depth interview guide with open ended questions during the interview to allow in depth exploration of data. The strength of the in-depth interviews is that it involves open-ended questions to encourage detailed responses, active listening and probing for clarity and gather more information and they ensure conversation to involve emerging themes. All these makes it clear that in-depth interviews were useful and helpful in understanding the experiences of families with youths in drug and substance abuse.

3.8.1.2 Key Informant Interview Guide

Lewis (2013) asserts that key informant interview guide is a tool structured which facilitates in-depth interviews with individuals who have knowledge and experience related to a specific topic. This guide was utilized by the researcher to ensure that all the relevant information about the experiences of families with youths in drug and substance abuse are explored. The key informant guide consists of brief introduction of the research and its purpose, open ended questions, probes as a way to gather more information and also clarify responses. The researcher utilized the key informant interview guide to gather to get more insights of the experiences of families with youths in drug and substance abuse.

3.8.2 FOCUS GROUPS

Krueger and Casey (2000), asserts that a focus group is a data collection method involving structured, moderated discussions with small and diverse group of participants to gather collective insights, opinions and perspectives on a specific topic. The researcher utilized the focus groups method to collect data on the experiences of families with youths using drugs and substance. Ten focus groups were initiated by the researcher with each group having five participants. The researcher also observed nonverbal indications and group subtleties. The focus group discussions involved moderate discussions with open ended questions, audios or video recording which was used for data analysis, transcript and coding theme identification and the duration of these discussions were 30-45 minutes.

3.9 DATA PRESENTATION AND ANALYSIS

Delaney, (2019) asserts that data presentation is a way of communicating results of a research, insights and recommendations in a clear and engaging manner. Palermo (2019) defined data analysis as the process of examining, transforming and modelling data to extract meaningful insights and patterns. This study utilized the thematic analysis which involve identifying and the interpretation of patterns or themes and it is structured into six stages (Braun & Clarke). Thematic analysis begins with familiarization as the researcher is immersed with the data, reading and re-reading transcripts, notes, or texts. The process of coding is the second stage which involves breaking down real data into smaller, more manageable pieces that can be categorised and analysed. Braun & Clarke (2006), asserts that a theme is generated at the third stage to represents a patterned meaning from the data collected.

Defining and naming themes becomes the fourth stage. Glaser (2002), asserts that a concept is defined as the naming of a developing social pattern grounded in research data. A report is created as the fifth stage. The last stage was putting findings down in writing. The conclusion described how the analysis addresses the research questions as well as summarizing the key points.

3.10 TRUSTWORTHNESS

Murphy (2017) asserts that trustworthiness is defined as the reliability, reliability and validity of qualitative research. This is to ensure that the research is directed in a rigorous, synthetic and transparent way which gives accuracy and confidence in the results of the research. It has four themes which includes:

Credibility, Creswell (2015), asserts that credibility is how corresponding are the findings with reality, this is a highly particular question, one that relies on individual judgments. Thus the researcher made sure that the results of research should elaborate the experiences of the participates in this study the families of youths in drug and substance abuse. This was achieved by utilization of in-depth interviews which enables the researcher to get deep understanding of the families when they express their feelings and emotions in the interviews. The researcher also conducted in-depth interviews to the key informants to substantiate the information given by the families.

Transferability The researcher monitored the influence of her values and passions in the research to ensure findings can be used on other population. In this study the results of this

study should not benefit the population in Sanyati District only but should be applicable to other populations and also be utilized with other researcher on the same study. The researcher achieved this by utilization of proper sampling techniques for example utilization of purposive sampling to gather information on the experiences of families with youths in drug and substance abuse.

Dependability The researcher made sure that the research procedures are systematic transparent and consistent as a way to ensure dependability. The researcher achieved this by maintaining detailed record of research processes, data collection methods, tools, analysis to ensure the research will be accurately conducted.

Confirmability, Bogdan & Biklen (2003), asserts that there must be objective reality existing rather than constructing a reality in findings, qualitative researchers who believe and pursue objectivity, rely on constructs like precision and accuracy in their research practice and the involvement of other researchers. Thus, the study was grounded on the findings of the research not to be researcher biased. The researcher achieved through data triangulation whereby the researcher utilized many data sources to find the experiences of families with youths in drug and substance abuse. This researcher utilized in-depth interviews and observations during interviews and also studying of document of other researches on the same study.

3.11 ETHICAL CONSIDERATIONS

3.11.1 Informed Consent

This ethic elaborates how the researcher seeks the intentional informed consent of every participant prior to any data collection (Bera, 2004). This ethic ensures participants are given the autonomy to make informed decisions which concerns their involvement in the research of the experiences of families with youths in drug and substance abuse. The researcher provided request written, informed consent from potential participants before engaging them in research of the experiences of families with youths in drug and substance abuse. This was done as a way of respecting dignity and worth of a person which is achieved by allowing the participants weather to participate or not after explaining the potential risks, benefits, the purpose of the research obtaining verbal or written consent. Resnick (2012) asserts that informed consent is important to ensure participants understand the research and its implications. Informed consent is going to be achieved, as the researcher clearly elaborated the purpose and the scope of the research, the aspect of confidentiality, risks and benefits

likely to be encountered during the research and the right to withdraw. All these was achieved or obtained through the use of plain and simple language so as to make sure the participants understand, providing written information for instance consent form and allowing time for questions to clear misquotes.

3.11.2 Confidentiality

The researcher ensured by all means that the information and responses given by the primary participants during the research of their experiences with youths in drug and substance abuse are kept private and protected from unauthorized access. Pseudonyms and anonymous IDs referred to as data anonymization technique were used by the researcher to ensure confidentiality. Pseudonyms is the removal of identifiable characteristics and also storing data securely so that no one can access the information. The researcher ensured anonymity during data collection from primary participants in a manner which ensured that even the research cannot associate with the primary participants this would be achieved by proceeding with the survey without even asking them their names of the primary participants. Audios recording was done but would be deleted soon after transcription.

3.11.3 Conflict of Interest

The researcher minimized conflict of interest by maintaining neutrality, engaging in peer debriefing, informing participants on potential conflicts and also separating potential research from other roles during the research on the experience of families with youths in drug and substance abuse. The researcher raised awareness on the research participants about the researcher's neutral and unbiased stance, otherwise it can result in distortion of the truth ad falsification of the findings (Mack 2005). Thus, the researcher avoided conflicts of interest with research participants during the research on the experiences of families with youths in drug and substance abuse.

3.11.4 Trustworthiness of Research

Trustworthiness refers to the extent at which data is influenced by the researcher's presence in a way that does not lead to misleading conclusions (Boulton and Hammersley, 1996). Flick, (1998) asserts that to establish credibility and consistency of the findings, the researcher must issue reliability. The researcher in the study of the experience of families with youths in drug and substance abuse avoided intrusiveness and bias, the researcher achieved this by preserving the credibility of the research. The researcher accomplished this by prolonging engagement with the participants.

3.12 CHAPTER SUMMARY

The chapter examined the involvements of families of youths in drug and substance abuse. It has provided a detailed overview of the research approach, design, data collection methods and tools, data analysis techniques, strategies to ensure trustworthiness and also research ethics.

CHAPTER FOUR: DATA PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The chapter illustrates and presents the data collected on the experiences of families with youths in drugs and substance abuse, highlighting the perceived causes of drugs and substances. Revealing the challenges faced by families with youths in drugs and substances and the coping mechanisms to these challenges.

4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

4.2.1Demographic characteristics of primary participants (families with youths in drugs and substance abuse)

Name	Age	Sex	Marital status	Relationship with the youth	Class
P1	37	Female	Single	Mother	Low
P2	25	Male	Single	Brother	Middle
P3	31	Female	Married	Mother	Low
P4	28	Female	Single	Sister	Middle
P5	45	Male	Married	Father	Middle
P6	49	Male	Divorced	Father	Low
P7	58	Female	Married	Mother	Low
P8	31	Male	Single	Cousin	Middle
P9	17	Female	Single	Sister	Middle
P10	29	Male	Married	Brother	Middle
P11	39	Female	Married	Mother	Low
P12	41	Female	Divorced	Mother	Middle
P13	61	Female	Widow	Grandmother	Low
P14	35	Male	Married	Uncle	Middle

P15	39	Female	Married	Mother	Low
P16	27	Male	Single	Brother	Middle
P17	26	Female	Single	Sister	Middle
P18	36	Female	Widow	Mother	Low
P19	40	Male	Married	Father	Middle

4.2.2Demographic information for key informants

Name	Sex	Occupation	Organization	Experience
KI1	Female	Social Worker	Ministry of Women Affairs	10 years
KI2	Female	Community development officer	Ministry of Women Affairs	14years
KI3	Male	Community development coordinator	Ministry of Women Affairs	24 years
KI4	Male	Social worker	Ministry of Youths Arts and Recreation	7 Years

This section presents the demographic information of the primary participants, the families (each family presented by a parent, guardian or sibling), with youths in drugs and substance abuse in Kadoma Sanyati District, Ward 9. The researcher utilized pseudo names to present the demographic information of the primary participants and key informants. The sample of the participants included both the female and males to ensure balanced understanding of the experiences of both genders. The individuals involved were from age ranges to ensure that all the families members' contribution is consider thus producing results with information from all the family members.

4.3 THE PERCEIVED CAUSES OF DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT KADOMA

The study identifies that the root causes of substance abuse are a complex blend of systemic economic issues, social pressures, and individual psychological states. Economic constraints

wherby high unemployment rates and economic instability in Zimbabwe leave many graduates and school-leavers idle. These youths turn to drugs like tumbwa to "escape thoughts" of their financial dependence and lack of opportunity. Indolence, whereby some participants believe a "dependency syndrome" exists, where youths lack the seriousness to be creative or innovative, preferring leisure at "drug bases" over productive activities. Stress Relief this is when drugs provide a "temporary relief" from academic hardships, family disputes, and the trauma of losing loved ones. Peer Pressure where in some situations relocating to high-density suburbs or associating with unemployed peers can lead youths into drug use, even when they have academic potential or personal resources. These are the major causes of drugs and substances abuse by families.

4.3.1 Economic constrains

The study shows that economic challenges in Zimbabwe has caused unemployment. This situation discouraging and demotivating as it pertains to youths after high school and tertiary education. These youths are expected to be financially independent but due to the economic instabilities in Zimbabwe they end up being unemployed and turn to drug and substance abuse as a coping strategy to economic constraints.

One participant said:

> *'The reason why the youths take 'tumbwa' is because it makes the escape the thoughts of the situation of unemployment. It's sad and disappointing that I financed his tertiary education as a single mother and after graduating he is not working, it pains me. So, come to think it, it is affecting me as the parent how about my son it affected him and later on, I realized that he is taking drugs.* ***(P11, 39years)***

Similarly, another participant said:

> *'My daughter started taking drug when after passing her Advanced level and economic hardships I failed to finance her tertiary education and she understood. I advised her to look for a job and she failed to get one that's when she started to have funny behaviors later, I was told that she is using drug and substance. I once had a conversation with her and told me that spending the whole day sitting makes me overthink about my situation and life thus, I prefer taking drugs and spent most of my time sleeping 'ndakasticker'. Maybe, if I was able to finance my daughter's tertiary education she would have been at university not, I drugs and substance abuse.'* ***(P14, 35years)***

A key informant from Ministry of youths supported this and said:

> *'When we assess why youth in our communities are turning to drugs and substance abuse, economic constraints keep showing up as a key driver, it creates conditions where substance abuse becomes more likely. High youth unemployment and lack of vocational mean the youths feel stuck and with no clear income and path to work after dropping out of school or finishing undergraduate degree, the youths use drugs and substance to cope with the frustration, some even get pulled in drug dealing giving the excuse that their parents failed to pay their school fees.'* ***(KI4, Social Worker)***

The accounts provided by the participant elaborates how economic challenges in Zimbabwe have caused unemployment which is contributing to the factors that causes youths to engage in drug and substance abuse. Economic constraints are affecting both the parents whereby parents are failing to finance the children's tertiary education thus they end up being idle. The parents even fail to give them capital to start their business so that they can be financially stable and independent, this causes the youths to engage in drugs and substance abuse. The youths who graduate when they fail to get employed, they start to take drugs as a way to cope with the stress of being unemployed. This is supported by the World Drug Report which asserts that drug abuse can be directly influenced by socioeconomic features at the individual, community, and country levels. This is whereby the youths who are experiencing economic hardships are the ones that are likely to engage in drugs and substance abuse. Mazuru (2018) assert that after finishing school youths are expected to be financially independent, when they fail due to unemployment it leaves the youths clueless and desperate. All these elaborate how economic constrains causes youths to indulge in drugs and substance abuse. However, some scholars' findings are different as they elaborate how youths from wealthy and prestigious families also engage in drugs and substances. This shows that even youths who are financially and economically stable can also be victims of drugs and substance abuse. Thus, youths who engage in drugs and substance is by choice for those who are rich are in drug and those who are poor are also in drugs and substances, so blaming the economy is valid to elaborate why youths engage in drugs and substances. The causes of youth drugs and substance abuse is elaborated by the Social Learning Theory whereby the youth learn by observation; they see others doing it and when they get a chance the imitate the observed behaviour for, they would have noticed the rewards of consuming drugs and substances which is forgetting economic constraints for a short time. All these explains how economic constraints causes youths to engage in drug and substance abuse.

4.3.2 Indolence

According to the study, participants also reflected the fact that youth turn to drug and substance abuse because of indolence. The youths of this generation are described as people who are not willing to make an effort for personal progress and growth. The youths are described as group of people who constantly blame their backgrounds and economy which contributes to the causes of drug and substance abuse but people should also consider the youths' indolence.

One participant said:

> *'I totally disagree that youths engage in drugs because they lack something, personally I think laziness is the real cause of drug and substance abuse. Yes, there is economic instability, unemployment everywhere instead of the youths to continuously blame their parents and the economy they have to stand up and find something to do for themselves and resort from drugs and substance abuse. In Zimbabwe you need to be creative and innovative for you to survive the harsh conditions. The truth that should be said is that the youths do not want to work and spent most of their time in bridges and end up using drugs and substances. They prefer leisure over productive activities. Imagine a vibrant youth spending the whole at drug and substance bases 'goshto' which is a clear picture that they lack seriousness with live.'* ***(P5, 45years)***

One participant supported this though the contribution was a bit inconstant and said:

> *'My young sister started to take drugs and substances as a result of lack of motivation, yes, I failed to pay her tertiary school fees but she could have started some income generating project to keep herself occupied but because she expected me to do everything for her…. though to a certain extent she is correct it was my responsibility to do it for her'* ***(P8, 31years)***

A key informant from the MTAR had different remarks said:

> *'yes, we agree that by working with the youths, yes indolence creates the conditions where drug and substance abuse takes root. But the main problem is lack of knowledge of the services and resources we offer, not all youths lack creativeness and innovation, some are creative but don't have the skills and capital thus they end up in drugs and substance abuse. These youths lack knowledge on the vocational training centers which specifically benefits the*

*youths in order for them to get skills. Other like MWA grants soft loans like Community Development Fund for the to start their own business but no one comes because of lack of knowledge. Thus, it would be unfair to label all the youths as a group of people who lack innovation and creativeness, yes some are but not all of them are like that. The most paining part is that all the youths both those who are creative and lack knowledge and those who are not innovative end up in drugs and substance abuse.' (**KI4, Social Worker)***

The collected date shows that indolence is considered as a contributing factor to youths' engagement to drugs and substance abuse. The discussion reflected that though other socio-economic pressures also contribute to the use of drug and substance abuse, the youths are considered as the vibrant and energetic group thus they should try as much as possible to create their own opportunities than to continuously blame the economy. This is supported by the fact that both the educated and those who did not have the priviledge to be educated they are all using drugs thus the youths have idle minds which revolves on the blaming someone for their own actions. The youths have gradually developed dependency syndrome which is shown by lack of creativeness in order to survive. Furthermore, the youths who are educated are failing to think outside the box. This is supported by Hirchi and Gottfredson (2000) asserts that persons lacking commitment to their work, future prospects, accomplishments and personal objectives are prone to participate in crime activities such as drugs and substance abuse. Matutu and Mususa (2019). asserts that the high incidence syndrome of dependence syndrome has had an adverse effect on numerous youth individuals. All these clearly explains how the youths' idleness is causing them to engage in drugs and substance abuse. They continuously hope that someone will employ them rather than starting their own business. The youths imitate their relatives or peers who are drugs and substance abuse, they imitate the behavior of the models expecting to gain the same results for instance positive rewards compliments from fellow drug addicts when drunk. Thus, the youth continues to take drugs and substances as elaborated by the Social Learning Theory. All these explains how indolence causes drug and substance abuse.

4.3.3 Stress Relief

According to the data collected, participants elaborated that the use of drugs and substance abuse is also utilized by the youths as a strategy to cope with socio-economic challenges which includes academic hardships, financial challenges, loss of loved ones, family disputes,

anxiety, inability to fulfil their basic needs and joblessness the list is endless. Drugs and chemicals provide temporary relief for they be drunk and no longer thinking about their problems. Participants emphasized that on the fact that, that temporary relief is what contribute to the factors that leads the youths to be drug addicts.

One participant said that:

> *'My nephew started to smoke weed and consuming bronco after the death of my sister and her husband and his two in a car accident. He was the only one who survived, he started to live with aunty from the father's side. Later I was conducted to come and take my sister's son for he was using drugs and substances. And took him to MWA where he received counselling.'* ***(P14, 39years)***

Another participant's remarks were congruent she said:

> *'He started to take drugs and substance after our divorce with my ex-husband. Personally, I think he felt disconnected from us for he started to line with his grandparents. Later he reviewed to me that he did not have a say in our decision of divorcing and the only to deal with that trauma we caused him was to take drugs and substance for he felt abandoned.' (****P12, 41years)***

One key informant had similar remarks and said:

> *'We once attended to a case of a young man who survived I a car accident and lost his two sisters and parents in one day. After the burial the young man was taken by the father's relative but later on their cold his uncle from the mother's side to come and take him for, he was in drug and substance abuse. During counseling sessions, the young man revealed that his late father's relative blamed him for the death of his whole family, some calling him a cultist. According to the young man the pressure was too much for me to handle alone the true friends who are had at that time were drug addicts who were always there for me and later became like family to me thus I had to join them and whenever I smoke 'mbanje' I see my late family members and even talk with them.'* ***(KI1, Social Worker)***

According to the study, it is considerable proportion of youths to resort to drug and substance abuse because of the pressure the get in various ways, these pressures cause stress and the youths engage in drug and substance abuse in order to relieve themselves from the stresses of life. According to the participants' contribution drug addicts have compassion and empathy

for one another which makes it easier for the youths to share the problems with drug addicts and they will be given the option of taking drugs as a way to relieve stress because that is what they know. This is supported by Nhapi (2019) asserts that a considerable proportion of youths partake in excessive drug and substance consumption as a result of insufficient empathy, affection and comprehension from their parents and relatives. According to the contributions of the participants when the youths are in all these situations like loss of loved ones, lost relationships, unemployment, neglect and so many other problems a youth can face, the only way the youth decide to cope with their stress is drugs and substance abuse. Makichi (2023), highlighted that the socio-economic issues in the country have produced advantageous circumstances for individuals for youths to be involved in drugs and substances. Makosa (2020), also noted that youths who lack productive activities frequently turn to drug and substance consumption as a method to alleviate their emotional stress. All these scholars elaborate the different challenges faces by youths which causes them to engage in drug and substance. They learn to use drugs and substance abuse as a way to relieve their stress by modelling what other youths do to cope with life challenges as explained by the Social Learning Theory. When the youth imitate the behaviour of the model, they expect to get the similar results of being stress free. This elaborates how the need to relieve stress cause the youths to engage in drug and substance abuse.

4.3.4 Peer Pressure

A noteworthy point on the causes of drugs and substance abuse is peer pressure. Peer pressure the process by which humans develop certain components like attitudes, lifestyle and ideas which can be conventional, abnormal or deviant. Some youths engage in drug and substance only because their friends are also doing the same.

One participant said:

> *'My son started to take drugs and substance when we relocated to high densities suburbs. At first, I told him to stop associating with those new friends for I knew that they are drug addicts but he constantly told if he wanted to engage in drugs and substance, he can do it even without their influence and they are only friends nothing much. These boys were unemployed and their had failed Ordinary Level my son was in Advances Level and later on my son started to use drugs and substances.'* ***(P11, 39years)***

Another participant had similar remarks, said:

'my brother started to use drugs due to peer pressure, all his friends were older than him and in drugs and substance abuse. Because of the stress of losing his job he would spend the whole with those addicts so somehow, they persuaded him to take drugs and substance…. he always blamed us for not supporting him or standing with him during this difficult time…according to him his friends supported him during this difficult time and end becoming like them.' ***(P17, 26)***

The key informant had congruent remarks said:

'In my work experience with youths in the MYAR, peer pressure is the most immediate and consistent factor of drugs and substance abuse. the youth live in tight social space where belonging is critical, considering that informal groups in the streets and neighbourhoods are the primary social space to the youths and the majority of the member will be in drug and substance abuse. The pressure operates in both direct and indirect. Directly, peer offer drugs and substance and encourage each as a way to relief stress. Indirectly, the visible behavior of the group creates a norm where not using drugs and substance feels abnormal. For a youth with limited exposure to other social environments and positive role models the peer group becomes the main reference for what is acceptable behavior. Thus, peer pressure is a cause as an outcome of lack of exposure.' ***(KI4, Social Worker)***

The study findings elaborate that even though the youth has everything they can still engage in drug and substances as a results of who they associate with and where spent most of their time. Participants suggest that youths partake in substance as a result as a result of the influence exerted by their surroundings for example their classmates or the people in their immediate surroundings. The youths turn to engage in drugs and substance abuse for their peers will be doing the same thus the end up doing the same. The need to feel the same as their peers causes them to engage in drugs and substance abuse. This is how youths end up using drug and substance. All these elaborate how peer pressure is part of the causes of drug and substance abuse among the youths.

4.4 THE CHALLENGES FACED BY FAMILES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT KADOMA

Participants explained that living with an addicted youth creates a ripple effect of physical, emotional, and social trauma for the entire family unit. The challenges include poor physical health, the constant worry and "mischievous behavior" of the youth lead to chronic stress for

parents, manifesting in physical illnesses like hypertension (high blood pressure) and significant weight loss. Poor Emotional Health, families experience a state of "grief and emotional damage" as their hopes for the youth's future are shattered. This results in anxiety, depression, and feelings of helplessness. Lack of knowledge and awareness, major hurdle is the family's "quest to help" being blocked by a lack of valid information. This includes not knowing the science of addiction or the specific locations where free, local professional help is offered. Inability to Assist, parents often feel powerless because they lack the "expertise to know how to effectively support" their child, leading to unintentional enabling or constant domestic conflicts. These are the major challenges mentioned by the participants during the discussions.

4.6.1 Poor physical health

A noteworthy point on data analysis on the challenges face by families with youths in drugs and substance abuse is poor health of the parents due to the worry of the condition of their youth. The parents of the youths in drug and substance abuse usually experience poor health due to the stress they experience because of their youth's condition.

One participants said:

> *'it has affected the whole family especially our mother. It pains so much to see our brother like that. If you look at our mother, has lost weight because she is sick because of my brother's behavior. Sometimes he fights with our mother when she tries to talk with him regarding the issue of using drugs and substances when our father is at work. Our mother now has hyper tension'* ***(P2, 25years)***

Another participant said:

> *'As a mother, i also need treatment and medical attention or maybe a nurse to talk to me to explain to me why every time when my daughter is sick I also become sick. Recently I was told I have high blood pressure. There is nothing I ca do I need to be there for my daughter and support her.'* ***(P15, 39years)***

The key informant had similar remarks, said:

'in my work with families with youths in drugs and substance abuse, poor healthy is a recurring and severe challenge the whole household carries. The family members especially parents report chronic fatigue, headaches, high blood pressure and sleep loss from malnutrition from neglected meals and monitoring the youth in drugs and substance abuse.

From the cases we handle poor physical health becomes a family wide challenge that reduces the household's capacity to function, work and support recovery.' ***(KI1, Social Worker)***

These thorough answers elaborate the challenge faced by families with youths in drugs and substance abuse. According to the study's findings on poor health of the families, participants explained their worry of their health as a reaction of their youth using drugs ad substances. This affects the family in many ways for instance it cripples the family financially for the family would be utilizing its financial resources to support the youth and the parent who is no longer feeling well. The parents are likely to experience feelings of guilt, shame and helplessness for the worry of what the community will say and think about their families. This causes families to experiences mental health issues. Poor health conditions may also be as a result of strained relationships due to marital conflicts, blaming each other constantly. Azamik (2022) asserts that some parents are also reported to have high blood pressure which makes it difficult to manage the blood pressure because of the behaviors they will be experiencing when living with youths in drug and substance abuse. During these time families break easily. The challenge of lack of poor physical health is elaborated by the Social Learning Theory whereby families observe others how families with youths in drugs and substance abuse for instance living in high risk environments like poor neighborhoods and substance using social circles limits the families' access to health choices which contributes to poor physical health. However, theories like Biological Theories which suggest that though families might experience poor health as a result of their youth's use of drugs and substances other factors like genetics, brain chemistry or neurobiology influence the experiences of the families. All these elaborate how families with youths in drug and substance abuse experience poor health.

4.4.2 Poor Emotional Health

According to the study poor emotional health is also an experience which the families with youths in drugs and substance abuse go through. Families expects a brighter future from their youth youths so when the same youth indulge in drug and substance abuse it brings grief and emotional damage to the families' feelings and emotions which negatively impact them.

One participant said:

> *'My son gives me stress, I don't even understand him, he changes every day. Sometimes I end up talking to myself about his condition. It depresses me for I'm worried about his future, how will he become independent.'* ***(P6, 49years)***

Another participant also said:

> *'I was stressed depressed and disappointed for he is our only child. We had many dreams about many things in his life, we had had hope that he would grow up and become a better person. With this behavior all our hope has been shuttered.'* ***(P7, 58years)***

The key informant had the similar view, she said:

> *'in my direct wok with families MWA, poor emotional health is one of the heaviest and most consistent burden the family carries when their youth is in drug and substance abuse. Parents, especially mothers describes living in a state of constant anxiety and fear for the will worried about the youth, these uncertainty creates chronic stress that wears their emotional stability. Many report sleep loss, panic attacks and a persistent sense of hopelessness because they feel unable to protect their youth. On the other side siblings often feel neglected as family attention and resources focus on managing the youth in drug and substance, they end up having feeling of resentment, anger and guilt leading to withdrawal from family life and their mental health struggle. The home environment becomes tense and unpredictable, eroding the emotional safety that a family needs to function.'* ***(KI1, Social Worker)***

Participants clearly explained how the emotional stability depends on the future of their youth, so when the youths turn to engage in behaviors that destroys the future of the youth it gives the parents and the whole family at large emotional instability. The families are likely to experience grief and emotional pain as they try learn the new behavior of their youth in drug and substance abuse. Constant worry and uncertainty of their youths' future and their wellbeing causes parents to experience anxiety and depression. Some families experience anger and frustrations towards the youth for they feel the youth has destroyed the hope that they had on their youth this makes the families to have self. All these contribute to strained relationships and isolation which triggers emotional challenges to families with youths in drugs and substance abuse. Burns (2014), reported that some parents face emotion distress for they would be facing humiliation from the society putting the blame on them for the youths' behavior. This affects the families' emotional health negatively. This is supported by the Cognitive Behavoiral Theory which emphasizes the interconnectedness of the thoughts, feelings and actions. For instance, the parents may have negative thoughts blaming themselves for failing to train their youth properly which causes hopelessness and anxiety

which causes the feeling of self-blame exacerbating distress. This results in the parents experiencing poor emotional health. Though the Social Learning Theory elaborate the effects of the external environment it is also important to appreciate the contribution of a person's cognition. All these elaborate the challenge of poor emotional health of families with youths in drugs and substances in drugs and substance abuse.

4.4.3 Lack of knowledge related to drug and substance abuse

According to findings, families with youths in drugs and substance abuse have lack of knowledge related to drug and substance abuse. This hinder the family to assist their youth for they do not have knowledge about drugs and abuse.

One participant said:

> *'I need to know how I can help her, what kind of medication can I use for her to stop using drugs and substance. Another thing is that I don't even know how to support my sister in her journey of recovering and quitting drugs and substances. The whole family don't know nothing about drugs and substance abuse.'* ***(P16, 27years)***

Another participant said:

> *'I just want to know how to take care of my son. I want to learn more about drug and substance abuse for I wonder how it can change my son from being normal into a mentally challenged person. I have a lot of questions.'* ***(P15, 39years)***

One key informant had similar remarks, said:

> *'in my work with families, lack of knowledge about drugs and substance is a challenge that prevents them from responding effectively when a young starts using them. The family fail to recognize the early warning signs shown by the youth. By the time they realise substance use is involved, the pattern is already established and harder to interrupt. Families also lack accurate information about the substance themselves without the knowledge, they cannot explain what will be happening and they often rely on myths or fear based warnings that young people dismiss. There is also a gap in knowledge about how to respond, parents whether to use strict discipline, ignore the behavior, seek*

medical help or involve law enforcement. All these cause the families to be confused on what to do.' ***(KI1, Social Worker)***

Data shows that family's quest to help their youth but they fail because the they lack knowledge on drug and substance abuse. Some participants elaborated how the families have misconceptions on drug and substance abuse; families hold myths or misconceptions about drug and substance which causes them to fail to assist the youth for they do not have valid information on drug and substance abuse. Some participants showed that they have very little and limited information on drug and substance which makes it difficult live with the youth in drug and substance abuse. Other participants elaborated how they interpreted their youth's use of drugs and substance as moral failing which causes them to fail to assist their youth. Participants were very eager to be taught more on drugs and substances how they can live peacefully with their youth and they even requested if there was a diet specifically made for people I drugs and substance abuse. All these contribute to ineffective strategies were by families utilize unhelpful and enabling approaches. It increased stress which causes frustration and helplessness due to lack of understanding. Allen (2016) reported that some families had a lot of question on what medication should they use to stop their youths from using drug and substance, how to support them during their journey of recovery. The families are willing to help their youth but unfortunately, they lack the knowledge of drug and substance abuse. The challenge of lack of knowledge on drugs and substance abuse can be understood by the Social Learning Theory which asserts that knowledge and behaviors is acquired through observation and interaction. Thus, the families lack knowledge on drugs and substance abuse as a result of limited modelling of other families which have recovered from living with a youth in drugs and substance abuse. Families might be lacking exposure to accurate information about drugs and substance abuse, considering the fact that drugs and substance abuse has become an alarm in the whole countries the topic is discussed everywhere in schools and almost everywhere some television programs discussing about it so lacking knowledge of drugs and substances abuse is a result of limited modelling. Thus, the families face the challenge of lack of knowledge on drugs and substances.

4.4.4 Lack of knowledge on where to get help

According to the findings of the research, participants reflected the fact that they lack knowledge on where to get help for their youths to recover. Participants elaborated how lack of knowledge jeopardise them from assisting their youth effectively.

One participant said:

> *'I longer think straight perhaps im now mentally challenged because of him. I don't know where I should go for my nephew to be helped and that disturbs me a lot.' (**P14, 39years)***

Another participant had congruent remarks said:

> *We always attend to offenses he commits; many people continuously complain about his mischievous behavior, we tried to rehabilitate him and he failed. He does not stay at home anymore, unfortunately he is an adult I can't tie him he will overpower me. I don't know what to do with him im now confused.' **(P7, 57years)***

A key informant had the same remarks, said:

> *'Many families reach out us only after the situation has escalated to a crisis. The families often state their willingness to assist their youth but they do not know the services existed, they do not know which office to contact. Most of them assume that help means police involvement or expensive private treatment they believe neither option is available or appropriate for them. This lack of knowledge leaves families trying to manage the problem alone. Usually the families end up spend more time moving between neighbors, religious leaders and informal advice because they lack of knowledge of the services offered at the MWA. **(KI1, Social Worker)***

Data shows that many families wish to help their youth to get help for them to leave drug and substance abuse but the challenge they are facing is that they have no idea on where to get help. Respondents emphasize how lack of awareness for the families would be willing but the lack of knowledge of where to turn for help or what services are offered in different organizations. Stigma and isolation is also a contribution to lack of knowledge for some participants clearly elaborated how they did not even attempt to ask where they could get help for the felt embarrassed to ask for referrals. Some parents elaborated their journey whereby their youth was enrolled in rehabilitation and it did not work for the youth, now the family in such a situation is left with confusion on what to do for the youth to be helped. On the other side there are parents who failed to enroll their youth in rehabilitation due to financial constraints, these families lack knowledge on where to get local and free help for their youths. All these contribute to delays in the treatment of the youth in drug and substance abuse. Conn (2018) asserts that all the parents would want to help their youths to quit drug

and substance abuse but lack the knowledge of where to get help. All these elaborate how families with youths in drugs and substance abuse face the challenge of lack of knowledge on where to get help which is explained by the Social Learning Theory whereby the families faced or experienced negative rewards when trying to get help from the community or on the where to get help. This may be a result of these families witnessed some families being judged after seeking help this cause them not to seek help for the fear of the negative rewards. The families may lack knowledge on the knowledge of where to get help as a result of limited modelling, whereby the families may observed that some families tried to seek help and their efforts went vain thus the do not even attempt to seek help for they know they will also fail like how other families failed in the past. The Cognitive Behavioral Theory explains how distorted thoughts of failing to access the knowledge causes the families to have the feeling of avoiding the reality and finally leading to self-blame of the lack of the knowledge on where to get help. These theories elaborate the contribution of the environment and cognition of families to the lack of knowledge on where to get help.

4.4.5 Inability to assist their youth out of drug and substance abuse

According to the study, the families are failing to assist their youth in drug and substance abuse for they do not have any knowledge on drug and substance abuse. For the families to help their youth they need to have knowledge on how the can assist the youth, their inability to assist their youth cause to have both physical and emotional health.

One participant said:

> *'I need to know how to help my son, if I know I will help him. The medication I should use on him to stop using drugs and substances. We are not taught how support our kids in drugs and substance abuse, which makes it difficult as parents to deal with them.'* ***(P12, 41)***

Another participant had similar remarks said:

> *'I don't know what to do with him when he is home. I need to be taught on drugs and substance abuse, maybe there are foods that he should eat, they must tell me so that I can also help my son.'* ***(P12, 41)***

A key informant's remarks were consistent with what the primary participants said, they said:

> *'the families see that the youth is in drugs and substance abuse and wish to end it, but they don't know what steps to take once the youth admits to using drugs and*

substance. Many families try shouting, giving threats, cutting off money or even forcing the youth out of the home not knowing these responses usually push the youth further away and deepen secrecy because the families have not been taught how to set boundaries while keeping communication open. On the recovery process, families usually expect that once the youth agrees to stop, the problem is solved, when scenarios like relapse occurs the interpret it as defiance or failure and lose hope. They do not know relapse is common and recovery involves skills, support and time and their role is to encourage treatment than managing only. But the most paining part is that the families do not know this information. ***(KI1, Social Worker)***

The participants underlined that they wish to assist their youth out of drug and substance abuse but they are not able to do so and it affects them. This inability to assist their youths in drug and substance abuse the families especially parents feel powerless for they will be struggling to understand and address their youth's addiction. In some cases, family members may unintentionally end up having conflicts with youth for they do not know how to live with the youth this is cause of endless fights between the family members and the youth in drug and substance abuse. The participants also elaborated their quest to assist their youth to recover but due to lack of expertise to know how to effectively support their youth in the journey of recovery. Due to the families' inability to assist their youth there will be limited control of the youth, the family will have less or no control of the youth's choices. Martins (2017) asserts that parents want to involved in the lives of their youths as they go through the stage of treatment and rehabilitation, but they face a challenge that they do not know how to do it. This is explained by the Cognitive Behavioral Theory which suggest that thoughts drive emotions and behaviours. Negative thoughts fuel helplessness, cognitive distortion which causes underestimation of self-efficacy and block action and the birthed behavoural pattern will be helplessness as a result of avoidance. All these explain how families with youth in drug and substance abuse face the challenge inability to assist their youths.

4.5 THE COPING MECHANISMS TO THE CHALLENGES FACED BY FAMILIES WITH YOUTHS IN DRUGS AND SUBSTANCE ABUSE IN WARD 9 SANYATI DISTRICT

The coping mechanisms identified by the participants focus on transforming the family from a state of confusion to a state of informed action. The coping mechanism include education is the primary tool used to replace "myths and misconceptions" with scientific understanding. These programs aim to teach parents how to handle the youth at home and provide the correct

diet or support system. Community awareness campaigns, these campaigns are vital for breaking the "stigma and isolation" that prevents families from seeking help due to embarrassment. The objective is to ensure families know exactly where to turn so that "delays in the treatment" of the youth are minimized. Family support networks, connecting with others reduces the emotional burden and prevents parents from "talking to themselves" in isolation. Networks help families navigate the "uncertainty of their youths' future" by providing shared emotional stability and collective wisdom. Professional counselling which addresses the trauma that often triggers drug use, such as surviving accidents where other family members died. Spiritual and faith-based perspectives help families cope with the "moral failing" stigma and accusations of "cultism" or bad luck often associated with addiction in the community. All these are the major coping mechanisms to the challenges mentioned by participants and key informants.

4.5.1 Education through parental support programs

The research indicates that is primary tool to the families' inability to assist their youth in drugs and substance abuse. Almost all the parents expressed a desperate need for education and knowledge to replace unhelpful or enabling approaches which useful and effective approaches. Participants clearly elaborated how education help them to deal their youth for at the beginning they will be lost on what to do and how to live with the youth but through information from parental support programs they have little knowledge how to live with their youth in drugs and substance abuse.

One participant said:

> *'the education I received changed my thinking. They explained how addiction works, understanding that it took away some of the anger I was carrying, I stopped seeing every relapse as disrespect and started seeing it as part of a process I need to learn to handle. I also learn how to talk with my son without turning every conversation into a fight like before. I learnt to set boundaries without cutting my son off completely. Yes, we still argue, but now how to calm things down and keep the door open for him to come back to me.'* ***(P21, 41)***

Another participant had similar remark, said:

> *'the education I received changed my thinking. They explained how addiction works, understanding that it took away some of the anger I was carrying, I stopped seeing every relapse as disrespect and started seeing it as part of a process I need to learn to*

handle. I also learn how to talk with my son without turning every conversation into a fight like before. I learnt to set boundaries without cutting my son off completely. Yes, we still argue, but now how to calm things down and keep the door open for him to come back to me.' ***(P21, 41)***

One key informant said*:*

'when parents of youths in drugs and substance abuse gather together to interact and share experiences on drugs and substance abuse, it helps the parents of youths who just started using drugs and substances but it is of great importance for that when we get time to educate them more about drugs and substance abuse and later on parents with youths who have recovered from drug and substance abuse also elaborate their journey and experiences this motivates those who had lost hope.' ***(KI2, CDO)***

Another key informant supported this, said:

'when families enter these programs, the immediate change is in understanding. They learn the signs of drugs and substance use, how it develops and what to expect during recovery. That knowledge replaces fear and confusion with a frame work they can act on, instead of feeling helpless, they know what is happening and why? This reduces the constant anxiety and panic that was affecting their emotional and physical health.' ***(KI1, Social Worker)***

According to the findings of the study, it clearly shows that education is an essential tool for families who lack knowledge on drug and substance abuse and how to live with a youth in drug and substance abuse. These parental support programs are tailored to provide valid information, which can help these families to move from the past myths and misconceptions that hinder the process of recovery. The programs aim to equip and educate the families with the expertise needed to effectively support their youth's journey towards quitting drugs and substance abuse. It also assists families to implement helpful approaches to help the youth rather than utilizing enabling approaches. By attending these support programs parents can normalize their emotions, reduce feelings of isolation and foster resilience (Ennett, 2017). The coping mechanism of education is elaborated by the Social Learning Theory which explains learning through observation and interaction. This is done when the families get education on drugs and substance abuse through modeling the coping strategies that were utilized by survivors of their current situation. Positive reinforcement, whereby the families hear about the positive feedback this encourages reinforcement of adaptive behaviors. All

these assists the families in reducing isolation and stigma, gaining practical advice and it also enhances self-efficacy and empowerment. Thus, families of youths in drug and substance abuse also utilize the information and education acquired from parental support groups as a coping strategy to the challenge of lack of knowledge on drugs and substance abuse.

4.5.2 Community awareness campaigns

According to the findings of the study community awareness campaigns is pivotal for addressing the challenge of lack of knowledge on where to get help. These awareness campaigns is where different organization educate the whole community on the organisations they can get help, where these organization can be found and the numbers to contact if they need help. The information given during awareness campaigns helps everyone for everyone will hear what will be said by weather one uses the information or not but they will hear it. During these awareness campaigns that's where the families get the knowledge of where to get help.

One participant said:

> *'...many people had advised me to go with my daughter for counselling but all of them said they don't know where professional counseling is offered so I had to take her for informal counselling at her aunt's place but still it did not help…… one day as I was walking in the CBD I heard these people educating on the referral pathways for victims of drug and substance abuse, I recorded the address and then came with her and she received counselling and it started to change day by day.'* ***(P11, 39years)***

Another participant said:

> *'my son in secondary school told me about the services offered at MWA which includes counselling and referrals of victims of drugs and substance abuse. My son said these people came at his school and taught them about drugs and substances abuse. He was the one who one who encouraged me to take my son to MWA for I actually thought it only helps female victims of GBV. When I arrived with my son at MWA we were help in many ways.'* ***(P1, 37years)***

One key informant said:

‘*in my work with families one of the biggest challenges with these families is isolation, that is why community awareness campaigns are not only for information sharing. When taking conversations to churches, markets and community halls we break the silence. Parents hear that drugs and substance abuse is a health and social issue not moral failure which reduces the failure there carry. These campaigns also connect families to resources they did not know existed like counseling, rehabilitation options and peer support groups. A parent who knows where to go and who to call is a parent who feels less helpless. All this knowledge is a direct coping tool. From my practice standpoint, I have noticed families who participate in these campaigns report lower stress and better communication at home. All in all community awareness campaigns is doing more than education, it is strengthening the families’ ability to cope with the challenges they face when living with a youth in drugs and substance abuse’.* ***(KI2, Community Empowerment Officer)***

Another key informant had congruent remarks:

‘when conducting these awareness campaigns will be targeting the victims of drugs and substance abuse and their families for the main goal of an awareness campaign is to educate the community on the services we offer. The main goal of awareness campaigns is bridge the gap between available organizational services and the families who are currently isolated by stigma or lack of information.’ ***(KI1, Social Worker)***

The study clearly shows that awareness campaigns are important to address the challenge of lack of knowledge regarding where to seek professional help for the families would know that they need help but lack the knowledge where to get help. The initiative of community awareness campaigns is also a way to address and reduce stigma and isolation which often prevents families from asking for referrals and accessing services due to embarrassment. The increase in awareness of available organizational services, these campaigns ensure that families are no longer confused or paralysed by lack of information and ultimately preventing delays in treatment. Hoeck (2012) asserts that these community awareness plays a transformative role of educating the public about the realities of drug and substance abuse and spilling the common misconceptions can make community to have empathy and understanding the families dealing with youths in drug and substance abuse which reduces judgement and isolation usually faced by these parents. The coping mechanism of awareness

campaigns is explained by the Social Learning Theory which suggest that behavior is learned through modelling positive behaviors that would shown by role models who would be educating them during the awareness campaigns. The results of these campaigns are increased knowledge, shift in attitude and behavoural change. All these elaborate how community awareness campaigns is a coping mechanisms used by families to the challenge of lack of knowledge on where to get help, for the awareness campaigns aim to bridge the gap between available organizational services and families who are currently in isolation by stigma and lack of information.

4.5.3 Family support network

According to the findings of the study, review the point that family support networks serves as a buffer against the poor emotional health and grief experienced by family members. These networks help families to manage the shattered hopes and anxiety regarding the youth's future by sharing experiences it reduces emotional instability suffered by the families with youths in drugs and substance abuse.

One participant said:

> *'I was stressed, depressed and disappointed because he is my only child, we had many dreams about his future and we invested our all in his life but when he started taking drugs we were shutter to tell the truth. When my wife and I joined family support networks, the moment we heard about the experience and what other parents went through we actually noticed that its not worth it to lose our emotional health for some youths killed their families when they were under the influence of drug compared to us we are only talking about money.'* ***(P15, 39years)***

Another participant had congruent remarks said:

> *'By mingling with others families it also opened us to see that we are not the only ones there is no need to isolate myself. Before I used to blame myself and shame would engulf me but nowadays I walk with confidents knowing its not my fault and im not the only one.'* ***(P12, 41)***

One key informant said:

> *'in our daily work with families with youths in drugs and substance abuse the main challenge is not drugs and substance abuse itself but the isolation these families face. They carry guilt, fear and exhaustion because they are afraid to be judged which*

breaks them down and makes it difficult to stay engaged with their youth. Family support networks directly address that when connected with other families. Through these support networks the families get emotional relief for they will realise that they are not alone. The families get practical knowledge for they will share what other families worked for them for instance how they set boundaries, where they found help and how they talked with their youth during the period of using drugs and substance. The through family support networks encourage them through check in, encourages parents to keep attending counseling and helps them stay consistent when things get hard. These helps the families with youths in drugs and substance abuse. ***(KI3, Community Empowerment Officer)***

Another key informant had similar remarks:

'the major role of these support networks is for emotional support which reduces isolation, information sharing, families also get practical help to assist the youths in daily tasks or crisis situations. They also encourage and motivates the families to keep supporting their youths.' ***(KI3, Social Worker)***

According to the findings of the study, family support networks is also a coping mechanisms utilize by families to deal with emotional instability. Support networks allow families to share their experiences and reduce the emotional burden of living with a youth in drug and substance abuse. These networks provide a space where participants can address the grief, anxiety, and depression caused by their shattered hopes for the youth's future. By connecting with others in similar situations, family members can find emotional stability and collective strategies to manage strained relationships and the "dependency syndrome" often seen in the youths. The coping mechanism of family support networks is explained by the Social Learning Theory which states that individuals learn from people that surrounds them. During the family support networks families learn and imitate the learned behavior with the desire to get positive results. All those elaborate how participants utilize family support networks to deal the emotional burdens.

4.5.4 Counselling

According to the findings of the study counselling is one of the coping strategy utilized by families with youths in drug and substance abuse. Counselling is used to mage both the physical health issues like hypertension and the underlying trauma of the youths. Counselling provides a structured environment to address the socio-economic pressures and family

disputes that lead to addiction. The families get an opportunity to express their feelings which lessens their emotional grief. On the other side the youth also receives counselling where the will explain why they started to take drug and substance this information can help the families to improve areas they were lacking.

One participant said:

> *'before I started the counselling sessions I would overthink the whole situation and blamed myself,…. I asked myself a lot of question blaming myself for I had failed to cater for daughter's tertiary education. After the counselling sessions I had to realise that it was her own decision for she is not the first person to fail to go to university but they upgrade themselves rather than taking drugs…… the counselling sessions were really helpful it made me to stop blaming myself which is contributing positively to my emotional and physical health.'* ***(P14, 35years)***

Another participant had different remarks on professional counseling said:

> *'the counseling sessions I received from the MWA is similar with that I received from my pastor, personally I advise other to seek spiritual support cause the will pray for you after counseling and it gives relief….you will be healed both emotionally and spiritually.'* ***(P18, 36years)***

One key informant said:

> *'in my work with families affected by youth drug and substance abuse, the hardest part is not always the substance use itself but it is what it does to the family systems. Families come carrying guilt, anger, fear and exhaustion. These families would be stuck in cycles conflict with their youth and lack of knowledge on how to communicate without it turning into a fight. Counseling is a direct coping mechanism for it gives families a safe space to process their own emotions. Talking through these feelings with professionals reduce emotional overload. Counseling also gives families practical skills on how to set boundaries without violence, how to respond to relapses without collapsing. From my experience, in working with families with youths in youths in drugs and substance abuse families who engage in counselling sessions stay engaged longer, report lower stress, report lower stress and are more likely to access other services. These explains how counseling is a coping mechanism to the*

challenges faced by families with youths in drugs and substance abuse.' ***(KI1, Social Worker)***

Another key informant had similar remarks:

'counselling is good coping mechanisms which benefits both the families and the youths in drugs and substances. During the sessions youths get an opportunity to deep seated pressures that caused them to start drugs and substances and why they are continuing to take them. On the other hand, the families reveal the deep seated pressure from other family members and the community at large. These sessions are important for reintegrating families which were broken for we will be the third part in the process.' ***(KI3, Social Worker)***

The findings of the study, highlights how crucial counselling is for both the family and the youth in drug and substance abuse. The key informants from the MWA and other departments noted that counselling helps the families with emotional support as the whole community would be blaming the for being the cause why their youth is in drug and substance abuse. This helps the families to do away with feelings of self-blame, stigma and isolation. After counselling sessions, the families connect with others who have faced similar challenges which helps the gain valuable insights. Participants elaborated how counseling has heled them reduce isolation for they now feel less alone, reduced stigma and stress. The key informants noted that during the counseling sessions they get an opportunity to share information with the families on how they can access other services and expert advice. The coping mechanism of professional counseling is explained by the Social Learning Theory whereby families imitate behavior after seeing the positive reinforcement od rewards of those who benefited from counseling. The families also attend counseling sessions in order to get the same reward of regaining emotional stability. All these explains how families with youths in drugs and substances utilise counseling as a coping mechanism to all the challenges faced by the families.

4.5.5 Spiritual Support

According to the findings of the study, participants also noted that spiritual support is also an important coping mechanism to poor emotional and physical health. This is when families seek help from spiritual mentors like pastors for some believe that drug abuse and substance use is a result of demons which would have attacked the youth. The participants clearly explained how spiritual support is actually helping them to overcome all the challenges they

are facing though their religions differ from one participant to the other some are from Pentecostal churches, some from apostolic churches and some believed in African Traditional Religion but all of them have religious leaders who guide them. The participants also mentioned that spiritual support helps families to deal with the feelings of powerlessness and moral failing. The families also turn to faith based perspectives to address the misconception and myths surrounding the youths' addictions to drugs, such as accusation of cultism, bad luck and witchcraft.

One participant said:

> *'after nephew lost his parents and his two sisters in a car accident and he was the only survivor his father's relatives called him a cultist and he used his whole families for money rituals. This caused him to start taking drugs. This made me to take him to the pastor to be prayed for my nephew always tell me that whenever when he smokes he sees his late family and even talk to them…. this made me seek spiritual intervention for I know for we buried all of his family members.'* ***(P14, 39years)***

Another participant had similar regards said:

> *'when growing up we were told for everything a person does there is spiritual connection. Besides that's we give God all our problems that is why we went spiritual support from our religious leaders.'* ***P19, 40years)***

One key informant said:

> *'faith can not be separated from one's daily live, that is where these families get their strength. Spiritual support hope unlike counseling it give them the skill and spiritual support gives families meaning. When these families connect in prayer the find resilient language like 'this is a trial not the end' this hope keep them engaged with their youth. Spiritual support also reduces isolation, churches becomes the community where families feel safe to talk about whats happening in their lives, that sense of belongingness reduces stigma which is very helpful. Faith teachings on forgiveness, patience and responsibility helps the families reset boundaries and keep showing up even after relapse.spiritual support gives families a framework to cope with the challenges they face when professional services are not immediately available.'* ***(KI2, Social Worker)***

Another key informant had similar remarks:

'besides the services we offer families also seek spiritual explanations to get peace and understanding to cope with constant worry and uncertainty that threatens their mental stability.' ***(KI4, CDO)***

According to the findings of the study, the participants emphasized the fact that the youths and the families would receive spiritual counseling which is indeed helpful to them. The participants said religion goes beyond all the other coping mechanisms for God will be involved. The participants also mentioned how their faith leaders collaborate to assist them, they help them in many ways like counseling from church advisors, support group whereby they women, men and youths gather separately to talk and discuss many topics including drugs and substance abuse these helps them to relieve stress. In these church gatherings stakeholders also conduct awareness campaigns and the participants also get knowledge of where to get help. Spiritual workshops also help the participants for during these workshops stakeholders are usually invited to educate the participants about drugs and substances abuse and the referral pathways this is done to ensure that the families balance and utilize both spiritual and physical help to cope with the challenges of living with a youth in drugs and substance abuse. During church services that when leaders usually create spaces where families with youths in drugs and substance abuse can share spiritual perspectives and support one another. Key informants also mentioned the fact that a church is a place where the families share resources that is by providing access to spiritual texts, prayers and even online services. The coping mechanism of spiritual understood by the Social Learning theory whereby individuals learn behavior by observing others seeking spiritual support when facing the challenge of living a youth in drugs and substance. When the families have a chance and an opportunity they imitate the same behavior. All these elaborate how the families utilize spiritual support to cope with the challenges the face when living with a youth in drugs and substances abuse.

4.6 CHAPTER SUMMARY

This chapter presents a summary of the study's findings on the experiences of families with youths in drug and substance abuse in Ward 9, Sanyati District in Kadoma. The results are organized according to the study objectives- the perceived causes of youth drug and substance abuse by families, the challenges of living with a youth in drug and substance abuse and also the coping mechanisms to the challenges. The objectives are explained by the Social Learning Theory and the Cognitive Behavioral Theory.

CHAPTER FIVE:

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.1 INTRODUCTION

The study on the experiences of families with youths in drugs and substance abuse in Ward 9 Sanyati District, Kadoma is summarized in this chapter along with its main conclusions, recommendations and findings. The study aimed to investigate the experiences of families with youths in drugs and substance abuse placing more emphasis on the perceived causes of youth drug and substance abuse by families, the challenges faced by families with youths in drugs and substance abuse and the coping mechanisms utilized by the families with youths in drugs and substance abuse. The study focused on the experiences of the families for many writers focus on the experiences of the youths and ignoring the experiences of the families. The study collected data from the family members (parents, guardians and siblings) with youths in drugs and substances and Social Workers from MWA, Ministry of Youths also gave information but the information was just to clarify what the primary participants had already said. The data was collected using a qualitative methodology. The research utilized the Social Learning Theory and the Cognitive Behavioral Theory to explain the findings of the study. According to the findings of the study families with youths in drugs and substance abuse face challenges like lack of knowledge about drugs and substance abuse, lack of knowledge of where to get help, lack of knowledge on how to assist their youth out of drugs and substance abuse, poor physical and emotional health.

5.2 SUMMARY OF FINDINGS

Information on the experiences of the families with youths in drugs and substance abuse is revealed in this study. The study on the experiences of families with youths in drugs and substance abuse was conducted utilizing the Social Learning Theory which suggest behavior is learned by observation and imitation of models, this theory was utilize to understand the role played by the physical environment and surrounding to the perceived causes of drugs and substance abuse, the challenges faced by the families with youths in drugs and substance abuse and the coping mechanisms to the challenges. The study also utilized the Cognitive Behavioral Theory which asserts that there are connection thoughts, feeling and action, which is influenced by the personal decisions which are internal rather than external. This theory substantiates the environmental contribution. The perceived causes of youth drugs and substance abuse by families which include economic constraints, indolence, stress relief and peer pressure. The challenges faced by families with youths in drugs and substance abuse which includes poor physical and emotional health, lack of knowledge on drugs and substance abuse, lack of knowledge on the where to get help and lack of knowledge on how to assist their youth out of drugs and substance abuse. The coping mechanisms utilize by the families includes spiritual support, counselling, education from family support networks and community awareness campaigns. The abundance of studies on the experiences of youths in drugs and substance abuse called for the study of the experiences for their families for their experiences are overlooked and the youths are given all the attention. The research utilised the interpretivism philosophy to understand the subjective meanings, experiences and interpretations of individuals and groups (families) with youths in drugs and substance abuse. Qualitative research was conducted to understand the experiences of the families with youths in drugs and substance abuse. Case studies research design was utilized. The study's primary targets were 25 families (parents, guardian and siblings) of the youths in drugs and substance abuse, the secondary target population are 3 social workers from MWA AND MYAR . The study utilized purposive sampling for selecting families and convenience sampling to select key informants. the research was conducted by in-depth interviews method and focus groups methods to collect data. Thematic data analysis was utilized in this study to analyse the collected data. The research ethics followed in the study are informed consent, confidentiality, conflict of interest and trustworthiness of research.

5.2.1 The perceived causes of youth drug and substance abuse in Ward 9 Sanyati District Kadoma

The study illustrates the perceived causes of youth drugs and substance abuse by families. According to the findings, youths engage in drugs and substance as a result of many factors which the causes are mainly socio-economic cause though some causes are personal. The causes vary depending on the youth's social status all these contribute to the reasons why youths engage in drugs and substances. According to findings of the study youth engage in drugs and substance abuse as result of economic constraints, due to economic hardships unemployment is a t its pick many families fail to finance their youth's tertiary education which causes the youths to engage in drugs and substance as a way to run away from the pressures. According to the findings indolence is also a cause of youth drugs and substance abuse, this is whereby the youths are seen as individuals who lack innovation to create their own income generating projects rather than depending on the government to get formal jobs. The findings of the study, stress relief is also a cause of drug and substance abuse whereby the youths are facing many challenges like unemployment, loss of loved ones and academic pressure these are challenges likely to be faced by those from families that financially unstable however the youths from families try to relive themselves from stresses like academic pressures, trying to impress their families and competition from their parents' competitors. According to the study, peer pressure also causes youths to engage in drugs and substance abuse, this is when the youths consume drugs and substance as result of dwelling around people who are in drugs and substance abuse. By interacting with people in drugs and substance the youth end up also doing the same on the other side some youths end up in drugs and substance abuse as results of loneliness and the people in drugs and substance abuse will comfort that youth and later on join them. All these elaborate the perceived causes of youths' drugs and substance abuse.

5.2.2 The challenges faced by families with youths in drugs and substance abuse in Ward 9 Sanyati District Kadoma

The study also highlighted the encounters faced by the families with youths in drugs and substance abuse. The results showed that the families with youths in drugs and substance abuse face the challenge of poor health as a result of the families placing more focus on the changed behavior of the youth and ignore their health and also the pressure placed upon them by the society cause them to develop diseases like high or low blood pressure and hypertension. The study discovered that the families also experience poor emotional health, when a youth start consuming drugs and substance the interprets in different ways, some

blame the upbringing of the youth this causes the families especially parent to isolate themselves because of shame and guilt of the youth's behavior which hinder their emotional health negatively. The study discovered that the families lack knowledge on drugs and substance abuse which confuses them a lot be it on how the react to the youth's behavior. According to the findings of the study families lack knowledge on where to get help, the families knows that the youths needs help but lack knowledge on where to get it. The findings of the study reveal the families of youths in drugs and substance abuse also face of challenges of lack of knowledge on how to assist the youth out of drugs and substance abuse, all the families wished if they could assist their youth out of drugs and substance abuse but they have no ideas on how to assist the youth out of drugs and substance though they are willing to assist. All these elaborate the challenges faced by families with youths in drugs and substance abuse.

5.2.3 The coping mechanisms to the challenges faced by families with youths in drugs and substance abuse in Ward 9 Sanyati District, Kadoma

The study identified the multiple coping mechanisms utilized by the families with youths in drugs and substances abuse. According to the findings of the study the families seek spiritual support to assist the youth in drugs and substance abuse, the families elaborated that behind everything that a person does there is a spirit behind thus the families seek spiritual support though some seek help from Pentecostal churches some from white garment churches and some seek African traditional healers. The study also reveal that the families also utilize counseling from different service providers to cope with the challenges they are facing for they get a chance to express all their feelings and the service providers assist them even with family therapy and they end up knowing how to leave with the youth in peace, during these counseling sessions the families are also referred to other organisations they can get help. The findings of the study also highlighted that, families also utilizes education they get from support groups to cope with the challenge of lack of knowledge on where to get help, the families when they gather and hear where others got help makes the families also consult these organization so that they can also get help. According to findings of the study families, the families also attend family support networks to cope with the challenge on how to assist their youth out of drugs and substance abuse. During these sessions the families will hear the testimonies of how other families assisted their youth out of drugs and substances and the families will utilizes the same information to assist their youth out of drugs and substance abuse. The findings of the study reveals that the families utilize information they get from

awareness campaigns to deal with the challenge of lack of knowledge on drugs and substance abuse. During these campaigns the officers educate the ordinance on the everything about drugs and substance abuse including the causes, effects, ways to prevent drugs and substance abuse and also the referral pathways. The information from these campaigns helps the families to cope with many challenges. All these are the findings of the coping mechanisms to the challenges faced by families with youths in drugs and substance abuse.

5.3 CONCLUSIONS

According to the findings, the perceived causes of youth drugs and substance abuse by families are influenced by the socio-economic factors. Economic constraints and indolence are a result of the economic hardships in Zimbabwe, which cause some youths to drop out of school, some not to pursuit their dream career, some youths are educated but are missing opportunities to get the informal jobs and some youths are breadwinners yet unemployed and on top of this the youths have developed dependence syndrome on the government to create employment for them instead of creating their own employment. These causes the youths to engage in drugs and substances abuse. Stress relief and peer pressure also cause the youths to engage in drugs and substance abuse for the youth would be seeking to get rest from all the troubles of adulating. The causes of drugs and substance abuse are the same in developing and developed countries but the difference is seen for in developed countries its due to pressure of impressing the parents or the public whereas in developing countries it due to poverty. From the findings the causes of youths drugs and substance abuse are mainly socio-economic factors, however other scholars have different views. Kandel and Chen (2000) asserts that research indicates that mental health disorder such as depression and trauma are strongly correlated with drugs and substance use. For instance, Kessler (2005) asserts that individuals with mood disorder are significantly more likely to engage in drugs and substance use regardless of their socio-economic background. The perceived causes of drugs and substance abuse is understood by the Social Learning Theory, this is when the youths observe a behave from peers that surrounds the youth and when the youth in in the same situation which he or she observed the model in, the youth imitate the behavior. However other theories like the Cognitive Behavioral Theory suggest that the youths use drugs and substance as a result of the interconnections of the feelings, thoughts and actions All these elaborate how the youths end up in drugs and substance abuse.

Furthermore, the challenges faced by the families with youths in drugs and substance abuse are poor physical and emotional health this is whereby the families turn to ignore themselves and focus on the youth. The families would also experience isolation as a result of the reaction of the community towards the youth's use of drugs and substances. That's when the disease like high or low blood pressure and hypertension start to develop. The families also lack knowledge on drug and substance abuse, where to get help and how to assist their youth out of drugs and substance abuse. All these makes the families to feel useless for they will be will to assist the youth but fail to do so because of lack a knowledge. These challenges differ in a certain way between developed and developing countries. These are the challenges faced by families with youths in drugs and substance abuse. The study findings show that lack of knowledge of the families affects them greatly thus they face these challenges. However, other scholars blame economic factors as the main trigger of the challenges faced by the families. McCaffrey (2002), indicates that the families in lower socio-economic brackets often experience higher levels of stress, limited access to resources and fewer opportunities for positive engagement which causes them to have many challenges. The National Institution on Drugs Abuse (2018), highlights that poverty contributes significantly to the triggers of the challenges faced by families with youths in drugs and substance abuse. The challenges of families with youth in drugs and substance abuse is understood by the Cognitive Behavioral Theory whereby the families connect their thoughts, feelings and action, the feelings that the families have influence the challenges that the families experiences which results in the challenges the families face for example poor emotional and physical health as a result of thing about the youth and what the society would be saying about their family.

The families utilizes many coping mechanisms to deal with the challenges they face when living with a youth in drugs and substance abuse. The coping mechanisms includes seeking spiritual support and professional counseling to cope with the challenge of both poor physical and emotional health and even lack of knowledge. The other coping mechanisms are education from support groups to cope with the challenges of lack of knowledge on where to get help. Family support networks to cope with the challenge of lack of knowledge on how the assist the youth from drugs and substance abuse. Community awareness campaigns to cope on the challenge of lack of knowledge on drugs and substance abuse and even where to get help. All these vary in developed countries and developing countries. Scholars like Wong

(2015) offered the same view that Asian Americans often rely on collectivist coping strategies emphasizing family unity and seeking support from extended family networks. In contrast Westerm families adopt more individualistic approaches, focusing on personal accountability and professional intervention. These cultural differences underscore the need for tailored interventions that respects and incorporate the unique coping styles of diverse families. The coping mechanisms are elaborated by the Social Learning Theory whereby by families observe how other families coped lived with families with youths in drugs and substance abuse and imitate the same behavior in order to achieve the same positive result which include recovery from poor physical and emotional health. All these are the coping mechanism utilized by families with youths in drugs and substance abuse.

5.4 IMPICATIONS TO SOCIAL WORK

The study of the experiences of the families with youths in drugs and substance has significant implications for various domains of social work, including remedial social work, case work, group work, and community work. Understanding these experiences allows social works to develop targeted interventions, support systems and policies that address the multifaceted challenges faced by the families, advocate for tailored interventions, increased collaboration with other services, focus on prevention and education and also policy advocacy. It also supports the finding of the social work theories like the Social Learning Theories and the Cognitive Behavioural Theory.

In remedial social work the findings of the study by understanding family dynamics and the broader context of substance abuse allows social workers to design holistic interventions that address not just the individual youth, but the entire family system. This may include counseling for family members and strategies to improve communication and support.it also gives knowledge of family experiences can lead to more personalized treatment plans that consider the specific challenges and strengths of each family, thereby increasing the likelihood of successful outcomes. Remedial social work can focus on immediate support needs, such as safety planning and access to emergency resources, while also addressing longer-term recovery goals. This can be done utilizing the findings of the study on the experiences of families with youths in drugs and substance abuse.

In case work, case workers can utilize insights from family experiences to conduct thorough assessments that capture the complexities of substance abuse within the family context. This includes understanding familial relationships, socioeconomic factors, and cultural influences.

By recognizing the resilience and strengths within families, case workers can empower families to engage in their own recovery processes and support systems. This approach fosters a sense of agency and collaboration. Case work can be structured to provide continuous support and follow-up with families, ensuring they have access to necessary resources and interventions over time. This may involve regular check-ins and adjustments to care plans as needed.

In group work, the study of family experiences can inform the development of support groups for families dealing with substance abuse. These groups can provide a safe space for sharing experiences, reducing stigma, and fostering mutual support among families. Group work can include workshops focused on developing skills for coping with substance abuse issues, such as effective communication, conflict resolution, and stress management techniques. This empowers families to better navigate their challenges. Families who have successfully navigated substance abuse challenges can be involved in peer-led initiatives, providing mentorship and support to others facing similar situations. This can enhance community resilience and foster hope.

In community work the insights from family experiences can guide the creation of community awareness campaigns that address substance abuse, promote prevention strategies, and reduce stigma surrounding addiction. Community work can focus on building partnerships with local organizations, schools, and healthcare providers to create a network of support for families affected by substance abuse. This collaborative approach enhances resource availability and accessibility. By understanding the systemic issues faced by families allows social workers to advocate for policy changes that promote better access to treatment services, educational programs, and community resources aimed at preventing substance abuse.

The findings on the experiences of families with youths in drugs and substance abuse support social work theories like the Social Learning Theory, this theory posits that behaviours are learned through observation and imitation. In the context of substance abuse, youths may model behaviours seen in their peers. Social workers can utilize this understanding to develop prevention programs that focus on positive role modelling and teaching coping skills which can motivate the youth imitate positive behaviours rather than negative behaviour. For youths struggling with substance abuse, CBT helps to identify and change negative thought patterns that contribute to their substance use. Social workers can implement CBT techniques in

individual or group therapy to help youths develop healthier coping mechanisms to the challenges faced by families with youths in drugs and substance abuse.

The study on the experiences of families with youths in drugs and substance abuse also informs drugs and substance policies at local, state and federal levels, the policies are often shape the resources and writings available for families dealing with youths in drugs and substance abuse. Thus, the findings inform how social workers can advocate for policies that promote prevention, treatment, and recovery services for youth and their families. Moreso, the findings also explain the importance of family support legislation whereby policies that support family involvement in treatment (such as family therapy funding) can enhance recovery outcomes for the families with youths in drugs and substance abuse on also the youths. Social workers can influence policy by providing data on the benefits of family engagement in treatment processes. Lastly, policies that fund educational initiatives aimed at preventing substance abuse among youths can be informed by research on family experiences. Social workers can play a role in developing these programs to ensure they address the needs of families effectively.

5.5 RECOMMENDATIONS

According to the findings of the study the researcher recommends

5.5.1 Families with youths in drugs and substance abuse

- The researcher recommends families to establish open communication the researcher encourages families to create a safe and non-judgmental environment where youths feel comfortable discussing their feelings, struggles, and experiences. Open communication can help in identifying issues early and fostering trust. This helps the families to work hand in hand with their youths be it in avoiding the youth to engage in drugs and substance abuse or dealing with challenges they face as family.
- The researcher also recommends the families to seek professional support, when families engage with professional counselling services or support groups tailored for families dealing with substance abuse it helps them to be assisted quicker and professionally rather than isolating themselves due to hopelessness. This can provide them with coping strategies, resources, and a sense of community.

5.5.2 Government ministries and departments

- The researcher suggests the implementation of awareness campaigns that educate families about the signs of substance abuse and available resources. These campaigns should focus on prevention, intervention, and support for affected families, particularly highlighting the role of women as caregivers. This helps the families to deal the youth's behaviour with knowledge.
- The researcher also recommends government ministries to enhance support services for the families with youths in drugs and substance abuse not only the youths in drugs and substance abuse. The researcher suggests the establishment or enhancement of support services specifically designed for women who are caregivers of youths struggling with substance abuse. This could include counselling, training programs, and resources to empower women in managing these challenges.

5.5.3 Civil Society

- The researcher recommends the creation of comprehensive support programs, whereby the NGOs develop holistic support programs that include counselling, educational workshops, and community outreach initiatives aimed at families affected by substance abuse. These programs should focus on resilience-building and recovery pathways.
- The researcher also recommends NGOs to advocate for policy change whereby NGOs engage in support efforts to influence policy changes that address the origin causes of substance abuse, such as poverty, lack of education, and mental health issues. Collaborating with other organizations can amplify their impact. All these helps the families with youths in drugs and substance abuse.

5.5.4 Recommendations for future Researchers

- To conduct further research whereby they conduct longitudinal studies to better understand the long-term effects of substance abuse on families rather than focusing on the short-term effect of the experiences and to identify effective intervention strategies to these effects. This research can inform policy and practice.

The researcher also recommends future research to conduct research on the challenges by the families to access resources and services to cope with the challenges they face when living with a youth in drugs and substance abuse. For the researcher noticed that the families later access the services offered by the government, civil society and churches but they are facing challenges when getting these services.

REFERANCE

Adelekan, M. L. (2019). Economic pressures, social instability, and substance use among youth in developing nations. *Journal of Substance Use, 24*(3), 245– 251.

Allen, R. P. (2016). Family responses and misconceptions regarding youth addiction. *Clinical Social Work Journal, 44*(2), 189–198.

Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research, 1*(3), 385–405.

Bandura, A. (1965). Influence of models' reinforcement contingencies on the acquisition of imitative responses. *Journal of Personality and Social Psychology, 1*(6), 589– 595.

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Beck, A. T. (1993). Cognitive therapy: Past, present, and future. *Journal of Consulting and Clinical Psychology, 61*(2), 194–198.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bryman, A. (2011). *Business research methods* (3rd ed.). Oxford University Press.

Canadian Mental Health Association. (2023). *Addiction in Canada: Statistics, criteria, and public health impact*. https://cmha.ca

Chikoko, L. (2021). Socio-economic challenges and peer dynamics among youths in Zimbabwe. *African Journal of Social Work, 11*(2), 67–75.

Cleland, J. A. (2017). The qualitative orientation in medical education research. *Korean Journal of Medical Education, 29*(2), 61–71.

Collis, J., & Hussey, R. (2014). *Business research: A practical guide for undergraduate and postgraduate students* (4th ed.). Palgrave Macmillan.

Conn, J. M. (2018). Barriers to rehabilitation and the impact of delayed treatment in youth substance abuse. *Journal of Adolescent Health, 62*(4), 412–419.

Coughlin, E. F. (2017). Vulnerability and processing parental grief: Living with a child's addiction. *Family Process, 56*(3), 601–614.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Criado, M., & Paul, J. (2020). Literature review: Systematic integration and methodological approach. *International Business Review, 29*(4), 101–115.

Delaney, H. (2019). *Communicating data insights: Techniques for clear and engaging presentation*. Academic Press.

Dlamini, S. N. (2023). Unattainable aspirations: Academic challenges, socio-economic barriers, and substance abuse among youth. *South African Journal of Education, 43*(1), 12–21.

Foley, G. (2015). Understanding qualitative research approaches in captures of complex lived experiences. *Qualitative Health Research, 25*(8), 1105–1116.

Fourie-Van Tonder, M. (2020). Subjective realities and cognitive appraisals: Defining the lived experience. *South African Journal of Psychology, 50*(2), 174–185.

Fowler, F. J. (2014). *Survey research methods* (5th ed.). SAGE Publications.

Green, T. A. (2019). Informed resource allocation and family dynamics in civil society organizations. *Nonprofit Management and Leadership, 30*(2), 215–229.

Groenewald, C., & Bhana, A. (2015). "It is a daily battle": Parental experiences of adolescent substance abuse in South Africa. *Journal of Child & Adolescent Substance Abuse, 24*(5), 323–332.

Gunda, M., & Mbwirire, J. (2020). Peer pressure and drug abuse patterns among secondary and tertiary students in Zimbabwe. *International Journal of Social Sciences, 8*(1), 45–58.

Gupta, S. (2020). Direct availability of pharmaceutical substances and youth substance misuse patterns in India. *Indian Journal of Psychiatry, 62*(4), 380–387.

Hawkins, J. D. (2015). Boredom, lack of purpose, and the inertia-driven cycle of drug misuse in American adolescents. *Journal of Youth and Adolescence, 44*(3), 511–523.

Hayek, F. A. (2016). Cognitive processes, systematic exposure, and behavioral patterns. *Cognitive Therapy and Research, 40*(5), 612–624.

Hennessy, E. A. (2019). Evidence-based policy making and data-driven policy evaluation in health services. *Health Policy, 123*(7), 643–650.

Hill, M. A., & Pettit, J. W. (2019). Cognitions and emotional-behavioral reactivity: The role of mindfulness in cognitive redirection. *Cognitive and Behavioral Practice, 26*(2), 304–315.

Hirschi, T. (1969). *Causes of delinquency*. University of California Press.

Hirschi, T., & Gottfredson, M. R. (2000). Lack of personal commitment, social attachment, and engagement in criminal or delinquent activity. *Criminology, 38*(2), 321–335.

Holt, R., Hagger-Johnson, G., & Moore, S. (2020). Variability of family structures, socio-economic factors, and their effects on qualitative comparisons. *Journal of Family Studies, 26*(4), 502–517.

Honwana, A. (2012). *The time of youth: Work, social generation, and politics in Africa*. Kumarian Press.

Hopwood, N. (2015). Cognitive restructuring, support networks, and the reduction of parental shame and guilt. *Family Relations, 64*(3), 415–428.

Hussong, A. M. (2011). Peer normalization, status enhancement, and rites of passage in youth substance use. *Development and Psychopathology, 23*(2), 431–444.

Jacobs, K., & Strumpher, J. (2024). The evolution of substance abuse definitions: Prescription misuse and local synthetic substitutes. *African Journal of Drug and Alcohol Studies, 23*(1), 15–29.

Jordan, M. L. (2013). Substance usage trends and epidemiological norms among South African youth. *South African Medical Journal, 103*(8), 520–525.

Kvale, S., & Brinkmann, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). SAGE Publications.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). SAGE Publications.

Lander, L. (2013). The impact of substance use disorders on families and children: Interdependent primary social systems. *Social Work in Public Health, 28*(3–4), 194–205.

Lewis, J. (2013). *Key informant interviewing techniques for qualitative data collection*. Wiley.

Makosa, P. (2020). Idle minds, emotional distress, and youth drug consumption in urban Zimbabwe. *Journal of Humanitarian Studies, 9*(1), 89–97.

Manhica, H. (2021). Economic recessions, unemployment spikes, and drug abuse rates in Sweden. *Scandinavian Journal of Public Health, 49*(3), 288–295.

Martins, D. R. (2017). Self-efficacy, parental involvement, and boundaries during the rehabilitation of youth addicts. *Journal of Rehabilitation Research, 34*(1), 74–86.

Matutu, V., & Mususa, T. (2019). The dependency syndrome and its adverse socio-economic effects on contemporary Zimbabwean youth. *Zimbabwe Journal of Science and Technology, 14*, 112–125.

Mazuru, S. (2018). Unemployment, delayed financial independence, and psychological distress among school-leavers in Zimbabwe. *Journal of Development Studies, 35*(2), 101–114.

McCann, T. V., & Lubman, D. I. (2018). Review: Scarcity of literature synthesizing the experiences and perspectives of family members supporting relatives with substance use problems. *Frontiers in Psychiatry, 9*(56), 1–12.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). SAGE Publications.

Milkman, H. B., & Wanberg, K. W. (2007). *Cognitive-behavioral treatment: Interconnecting emotions, thoughts, and behaviors in correctional and clinical rehabilitation*. SAGE Publications.

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.

Miller, G., Schunk, D., & Bandura, A. (2017). Observational learning, media glamorization, and behavioral modeling in adolescent substance abuse. *Journal of Communication and Behavior, 41*(4), 312–329.

Moser, A. (2017). Guidance on conducting qualitative research: Providing deeper insights into real-world problems. *European Journal of General Practice, 23*(1), 4–11.

Palermo, F. (2019). *Data analysis methodologies: Transforming data to extract meaningful insights and patterns*. Springer.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications.

Reyes, M., & Saladino, R. (2021). Psychosocial maturation, identity exploration, and social boundaries in the developmental phase of youth. *Journal of Adolescent Research, 36*(3), 241–256.

Rome-Aviles, O., et al. (2018). Global epidemiological reports on youth substance abuse across North America, Europe, and Australasia. *World Psychiatry, 17*(2), 198–206.

Rugoho, T. (2019). Psychosocial stress, systemic socio-economic limitations, and substance abuse as a pathway to relief among Zimbabwean youth. *African Journal of Disability, 8*(1), 110–121.

Saunders, M. (2012). *Research methods for business students* (6th ed.). Pearson Education.

Schunk, D. H. (2001). Perceived behavioral norms, self-efficacy, and experimental substance use among youth. *Educational Psychologist, 36*(2), 125–137.

Shu, X. (2013). *Formulating qualitative structures: Sample size, definitions, and in-depth interview methodologies*. Academic Press.

Simons, J. S. (2017). European youth subcultures: Social anxiety, peer conformity, and cycles of increased substance use. *European Journal of Social Psychology, 47*(4), 415–429.

Substance Abuse and Mental Health Services Administration. (2020). *National survey on drug use and health: Economic inequality and correlation with youth substance use*. U.S. Department of Health and Human Services. https://www.samhsa.gov

Teesside University. (2017). *Research guidelines: Population sampling and statistical generalizations*. Teesside University Press.

Thornhill, A. (2012). *Sampling techniques and population representation in social research*. Open University Press.

Tight, M. (2010). *The interpretivist paradigm and the social construction of reality in qualitative inquiry*. Routledge.

Tollefson, D. R. (2017). Sleep disruption, frustration, and personal care failures among parents living with children experiencing conduct conditions in Limpopo. *Journal of Community Psychology, 45*(6), 755–769.

United Nations Office on Drugs and Crime. (2019). *World drug report 2019: Global analysis of drug use disorders and the substantial impact of peer networks* (United Nations publication, Sales No. E.19.XI.9). United Nations.

Walters, R. H., & Bandura, A. (1963). *Social learning and personality development*. Holt, Rinehart and Winston.

Wong, S. (2015). Collectivist coping strategies, family unity, and extended networks among Asian American families. *Journal of Cross-Cultural Psychology, 46*(3), 367–381.

World Health Organization. (2020). *Global health estimates: Drug and substance use prevalence and mortality among youths aged 13–15*. https://www.who.int

United Nations Office on Drugs and Crime. (2020). *World drug report 2020: Socioeconomic features at individual, community, and country levels influencing drug abuse patterns*. United Nations Office on Drugs and Crime

APPENDEX

FOCUS GROUPS RESEARCH GUIDE

(FOR PARTICIPANTS)

SEX:……..

AGE…….

MARITAL STATUS:……

SECTION A: The perceived causes of youth drug and substance abuse by families.

1.What are the common pressures do you think youths face which causes them to engage in drug and substance abuse?

2.How does the local factors or community contribute to youth drug and substance abuse?

3.How does the family communication play a role in youths' engagement in drug and substance abuse?

SECTION B: The challenges faced by families with youths in drug and substance abuse.

1.What do you find the most difficult part in living with a youth using drugs and substances?

2.How is the use of drug and substance by your youth affecting your health?

3.How did community receive the news that your youth is in drug and substance use?

SECTION C: The coping mechanisms to the challenges faced by the families with youths in drugs and substance abuse

1.What support system do rely on to deal with challenges you are facing?

2.How has the community assisted you in dealing with the challenges you mentioned?

3.Personally, what are you doing to deal with the challenges of living with a youth in drug and substance used.

IN-DEPTH INTERVIEW GUIIDE

(FOR PARTICIPANTS)

SEX:……..

AGE…….

MARITAL STATUS:……

SECTION A: The perceived causes of youth drug and substance abuse by families.

1.What are the common pressures do you think youths face which causes them to engage in drug and substance abuse?

2.How does the local factors or community contribute to youth drug and substance abuse?

3.How does the family communication play a role in youths' engagement in drug and substance abuse?

SECTION B: The challenges faced by families with youths in drug and substance abuse.

1.What do you find the most difficult part in living with a youth using drugs and substances?

2.How is the use of drug and substance by your youth affecting your health?

3.How did community receive the news that your youth is in drug and substance use?

SECTION C: The coping mechanisms to the challenges faced by the families with youths in drugs and substance abuse

1.What support system do rely on to deal with challenges you are facing?

2.How has the community assisted you in dealing with the challenges you mentioned?

3.Personally, what are you doing to deal with the challenges of living with a youth in drug and substance use?

IN DEPTH INTERVIEWS RESEARCH GUIDE

(FOR KEY INFORMANTS)

SEX: …….. PROFFESION: ……...

ORGANISATION: …….

SECTION A: The perceived causes of youth drug and substance abuse by families.

1. What are the common pressures do you think youths face which causes them to engage in drug and substance abuse?
2. How does the local factors or community contribute to youth drug and substance abuse?
3. How does family communication play a role in youths' engagement in drug and substance abuse?

SECTION B: The challenges faced by families with youths in drug and substance abuse.

1. What do you find as the most difficult part for families living with a youth using drugs and substances?
2. How is the use of drug and substance by the youth affecting their families' health?
3. How did community receive the news that a youth is in drug and substance use?

SECTION C: The coping mechanisms to the challenges faced

1. What support system does the families rely on to deal with challenges you are facing?
2. How has the community assist the families in dealing with the challenges you mentioned?
3. Personally, what do you think the families are doing to deal with the challenges of living with a youth in drug and substance use?

CONSENT FORM

Dear Participant

This is to inform you that will would like participation in the study of 'The experience of families with youths in drug and substance'. We assure you that the collected data would be kept confidential and used only for academic purpose.

I ……., have read the consent for and recognized that my participation in the study of 'The experiences of the families with youths in drug and substance abuse' is entirely voluntary and that I am free to withdraw at any time during the course of the study will be strictly confidential. I realize that I may further information about this study I wish to do so at any time.

I have received a copy of this consent form for my own records, I agree to participate in the study of 'The experiences of families with youths in drugs and substance abuse.

Signature of the researcher: ……

Signature of participants: ……

FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 7531-6, 7621-4
Fax: 263 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, MAREDZZA BLANDINA, Student Registration Number B220182B, who is a HBSc Social Work student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student in accessing data relevant to the study, and, where possible, conduct interviews as part of a data collection process.

Yours faithfully

Ms. E.E. CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK
CHAIRPERSON
16 MAR 2026
FACULTY OF SOCIAL SCIENCE & HUMANITIES
PRIVATE BAG 1020, BINDURA, ZIMBABWE

TOWN CLERK
CITY OF KADOMA
07 APR 2026
P. O. BOX 460, KADOMA
TEL. 068-22044/5/6

Telephone :- 22038 (068) *All correspondence to be addressed to the District Dev Coordinator not Individuals.*	ZIMBABWE	MINISTRY OF LOCAL GOVERNMENT AND PUBLIC WORKS DISTRICT DEVELOPMENT COORDINATOR'S OFFICE SANYATI P O BOX 490 KADOMA

REF:

April 7, 2026

The Town Clerk
Kadoma City Council
P.O. Box 460
KADOMA

PERMISSION TO CONDUCT RESEARCH: BLANDINA MAREDZA: BINDURA UNIVERSITY OF SCIENCE EDUCATION

The above subject matter refers:

Blandina Maredza has been granted permission to conduct her study on the topic: The experiences of families with youths who are into drugs and substance abuse. Case study :kadoma city .

Kindly assist and ensure the research is entirely academic.

Regards.

T.B. DUBE

For: DISTRICT DEVELOPMENT COORDINATOR SANYATI

City of Kadoma

Telephone: +263-6821-22044-6
Fax +263-68-22691
Email: kadomamail@icomline.co.zw

Town Clerk/Chief Executive
Central Administration Department
P. O. Box 460
Kadoma, Zimbabwe

OUR REF .....

YOUR REF.....

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO THE CHIEF EXECUTIVE

7 April 2026

Bindura University of Science and Technology
P. Bag 1020
Bindura, Zimbabwe

Zimbabwe

Dear Madam,

RE:REQUEST T FOR PERMISSION TO CONDUCT A RESEARCH : BLANDINA MAREDZA RFQ E20182B

Reference is made to your letter on the above mentioned subject.

Please be advised that your request to conduct research on ".The experiences of families with youths who are into drugs and substance abuse, Kadoma" has been granted and the information shall be used solely for academic purposes . A copy of the results be given to council. By copy of this letter Heads of Departments are requested to assist you.

Yours Faithfully

.....

R.MUTENDA
A HUMAN RESOURCES AND ADMINISTRATION MANAGER

Cc: Town Clerk
All Heads of Departments
Blandina Maredza

CITY OF KADOMA
HUMAN RESOURCES AND
ADMINISTRATION MANAGER
07 APR 2026