

**A PARENT-EFFECTIVENESS PROGRAM TO IMPROVE  
PARENT-ADOLESCENT RELATIONSHIPS**

**BY**

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## **DECLARATION**

I Sibongile Primrose Zulu hereby declare that the information that has been given is true, and has been conducted on the subjects at Vulindlela location. Sources consulted or cited are acknowledged in the text as well as in the list of references.

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**S.P. ZULU**

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**DATE**

## **DEDICATION**

The project is dedicated to all young and old, male and female, parents of adolescents who are: single, divorced, widowed or married. Your contributions make up this project. May God Almighty be with you and bless you and your families.

## **SUMMARY OF THE STUDY**

The present research was motivated by the researcher's observation of an increase in the rate of juvenile delinquency (especially among those children who are from 12 years to 18 years) in the Kwa-Dlangezwa location of Kwa-Zulu Natal. Examples of anti-social behaviour that adolescents participate in are car hijacking, drug addiction, cigarette smoking, house breaking or burglary, shoplifting, robbery, murder, sexual immorality and school dropout or truancy.

The aims of the study were to identify the causes of adolescent problems that could be addressed by parents and health professionals, empower individual parents by developing effective parenting skills in workshops, improve adolescents' positive perception of communication with parents, evaluate workshops with regard to parents' perceptions of their improved parenting skills, and to evaluate adolescents' perceptions of their parents' improved skills. It was hypothesized that parent-effectiveness program would help to identify the causes of adolescent problems, the program would significantly empower parents by improving parent-adolescent communication and the program would result in effecting parenting and decreased adolescents' negative behaviour. Improvements in parent skills and parent adolescent communication were assessed over two assessments i.e. pre-test and post-test. A survey was used to determine the causes of adolescents' problems and the communication or relationship between parents and adolescents.

The following psychological measures were used: biographic inventory for parents, program evaluated interview guide, need analysis questionnaire and parenting skills-rating scale.

The program consisted of meetings with the group of parents and adolescents at weekly intervals over a period of six weeks. The group was comprised of educated and professional parents. The parent effectiveness program improved parent-adolescent relationships. Parents also explored ways to express warmth and love towards their

adolescents. Parents of adolescents evaluated the program helpful for their adolescent children. They all wished that the program could continue.

Limitations of the study were that the sample size for both survey and parent effectiveness group was small and biased in terms of female representation. A longer follow up would have helped determine program sustainability.

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## **CHAPTER ONE : INTRODUCTION**

### **1. Introduction**

The rapid growth in the rate of social change in the past several decades has led to certain difficulties of the adolescent period, both for parents and their adolescent sons and daughters (Ostrov & Howard, 1988). Adolescents and their parents have grown up in different worlds. In South Africa the differences caused by the shift from apartheid to democratic society gave black children certain rights and power in decision making. However, many contemporary parents may expect the behaviour of adolescents to be similar to their behaviour when they were adolescents (Peterson, 1984). Parents and families have to bear in mind that the psychological, social, sexual, political and economic climate in which contemporary adolescents are matured, and the pressure or challenges they face are contrary to those their parents encountered many years ago. For instance, socialization and peer interaction is quite different. Unless parents can understand the nature of these differences, efforts to help their children to fulfil their potential and to avoid self-destructive actions are likely to be unsuccessful. Consequently there is a need for establishing effective parent training for parents and their adolescent children (Van Hasselt, Hersen & Sisson 1987).

The family as a social unit is totally changed. It is very rare nowadays to find a family with communal child rearing patterns where all members (uncle, aunt, grandmother, grandfather, father and mother) of the family are responsible for rearing children. Moreover, the two-parent family, with the father as the breadwinner and the mother as the homemaker and primary caretaker of several dependent children is also seldom found. Instead, two income families, single parent families, one-child families, and blended families (resulting from remarriages) are becoming more common. This contributes to a number of social problems such as an increase of delinquency, adolescent pregnancies, runaways, reported cases of child abuse, family violence and a number of children being placed outside the home in foster care or institutions (Peterson, 1984).

In the face of increasing changes in today's world, parents are likely to feel somewhat unprepared to parent adolescents. As a result, parents have been using information from the media (such as television programs) in which they rely for parenting skills.

Gordon (1970) holds that in recent years psychologists have discovered that there is poor communication between children and their parents. Consequently, many parents miss thousands of chances to help their children with problems they have encountered in life. Through research and clinical experience, psychologists are beginning to understand the necessary ingredients for effective communication that leads to a positive helping relationship. Some ingredients are as follows:

- > using a language of acceptance
- > communicating acceptance verbally and non verbally
- > using simple conversation openers, and
- > active listening

### **1.1 Motivation**

The present research was motivated by the researcher's observation of an increase in the rate of juvenile delinquency (especially among those children who are from 12 years to 18 years) in the Kwa-Dlangezwa location of Kwa-Zulu Natal. Examples of anti-social behaviour that adolescents participate in are car hijacking, drug addiction, cigarette smoking, house breaking or burglary, shoplifting, robbery, murder, sexual immorality and school dropout or truancy.

Previous studies of programs on parenting skills and parent effectiveness training (Gordon, 1970 and Magwaza & Edwards, 1991) have also motivated the researcher. For example through interviews with parents and children, the following critical parenting skills emerged. When children were asked to grade their parents on the following criteria (Wood & Davison 1987).

- making the child feel important and involved
  - responding to the children's cues and clues
  - accepting the child for who s/he is, but expecting success
  - promoting strong values
  - using constructive discipline
  - providing routines and rituals to make life predictable and creating positive neural patterns
- in the developing brain.

It was also motivating to note a commitment to health promotion by health professionals (such as psychologists, social workers, counsellors and nurses) in mounting an array of prevention programs, particularly parent effectiveness for adolescents. However, there is a need to balance research and intervention (Witnett, King & Ahman, 1989). This balance includes valuing and focusing on common problems identified by researchers that adolescents are engaged in, the modification of conditions resulting in those problems, and empowering of individual parents to address problems through a variety of workshops and discussions. The present research seeks to engage in parent effectiveness training, research, and intervention with parents and their adolescents to improve parent-adolescent relationships.

## **1.2 Research problem**

Can parent effectiveness training improve parenting skills by improving communication between parents and their adolescents, and thereby decrease adolescents' problems and improve behaviour?

### **1.3 Aims**

The main aims of the study are to promote psychological health for adolescents. The study intends to:

- identify the causes of adolescent problems that can be addressed by parents and health professionals
- empower individual parents by developing effective parenting skills in workshops
- improve adolescents' positive perception of communication with parents
- evaluate workshops with regard to parents' perceptions of their improved parenting skills, and
- evaluate adolescents' perceptions of their parents' improved skills

### **1.4 Value of the study**

- the findings will be used to inform and help local professionals plan programs that reflect the ever-changing developmental needs of adolescents.
- parents will see that they can play a very important role in decreasing adolescents problems by improving their parenting skills.

### **1.5 Hypotheses**

- 1.5.1 The program will help to identify the causes of adolescent problems
- 1.5.2 Parent effectiveness training programs will significantly empower parents by improving parent-adolescent communication
- 1.5.3 The program will result in effecting parenting and decrease adolescents' negative behaviour

## **1.6 Resume**

It was predicted that being a parent of an adolescent is very stressful for many reasons. If not handled well, it could result in psychological problems for the adolescents. Mental health professionals need to provide some programs that will help parents handle those problems. The present research was aimed to empower individual parents through developing effective parenting skills that would promote mental health for both adolescents and parents. Literature related to health promotion, the tasks and problems of adolescence and parent-adolescent groups was reviewed and is presented in the next chapter.

## **CHAPTER TWO : LITERATURE REVIEW**

### **2.1 Introduction**

This chapter reviews previous literature on factors that cause adolescent problems, health promotion, Parent-Effectiveness Training programs for the enhancement of parent-adolescent relationships and other parenting skills. Studies reveal the importance of training parents on the following aspects: sex education, parent-child relationships, parent-child communication, and preventing drug and alcohol addiction. Literature on preventive measures by parents and mental health professionals or practitioners is also reviewed.

#### **2.1.1 Health promotion**

Health promotion is the ultimate goal of this study. In this section the researcher is going to review literature on how mental health professionals, the government of South Africa and other organizations are working to improve the status of adolescents in South Africa.

Adolescents have a variety of serious problems today such as AIDS and sexually transmitted diseases, early pregnancies in adolescent girls and drug or substance abuse. It has been noted that there is a need to increase access to health care services among adolescents with particular emphasis on reducing substance abuse, teenage pregnancies, HIV infection and sexually transmitted diseases (Nzimande, 1998). This will improve the health status of adolescents. According to Edwards (2001), health promotion refers to efforts to enhance positive health and to prevent ill health through education, prevention and protection.

The South African health review (2000) reveals that the catastrophic impact of HIV on our country is well documented and various programmes have been implemented to reduce infection rates. Some of these programs include the Love Life campaign, Soul City, Soul Buddyz and Department of education's initiatives. The efficacy of these

programs is uncertain, as there is no rigorous evaluation. Both parents and adolescents should watch these programs on their televisions. Although no evaluations have taken place, the programmes are very helpful. There is a need to implement programmes of this nature in many communities.

### **2.1.1.1 Health education during the present health reforms in South Africa**

Health promotion and health education cannot be separated from each other. If one wants to promote health, health education is one major tool to fulfil that aim.

Change is something that occurs each and everyday in this world. It helps individuals to adapt to the challenges that changes bring about. Disease patterns in the country have to change from time to time e. g, Acquired Immune Deficiency Syndrome (AIDS). The epidemic is rife in South Africa at present. So there is a need for health education in the country. The World Health organization defines health education as an active learning process aimed at health promotion. It is successful if it helps people to change behavioural patterns and habits that contribute to ill health.

The role-played by the Government of National Unity regarding health education is of vital importance. The government is committed to health promotion and disease prevention that is facilitated by effective health education programmes. There are special health education projects to facilitate the process of disease prevention and health promotion. The government supports initiatives such as AIDS campaigns:

- they consist of intensified health education programmes aimed at AIDS prevention and awareness. During AIDS campaigns, issues such as abstinence safe sex, patho -physiology of AIDS, and HIV and full-blown AIDS are dealt with. Various methods of health education such as lectures, films, puppet shows, video and television, including drama, are used with the aim of motivating people to fight with Aids. The communities are also involved in such programmes.

Key factors in preventing teenage pregnancy include contraception and education. Studies have shown that teenage mothers are often uninformed about pregnancy, as many believe that they are too young to fall pregnant. Others may have escaped pregnancy after their first few sexual encounters and then believe that they are infertile (Klerman, 1996).

As regard to contraception, the following health barriers have been identified:

- teenagers have difficulty in adhering to contraceptive programs
- there is no suitable contraceptive for those who have sex infrequently
- the use of condoms require condom self-efficacy
- on average, adolescents females wait a year after initiation of sexual intercourse before seeking family planning, but 50% of all teenage pregnancies occur within 6 months of first intercourse.

Programs to combat teenage pregnancy thus need to focus on more consistent and effective contraception, abortion, abstinence (which is only successful when a teenager has not been sexually active) and on emphasising the difficulty of attaining goals with unwanted children (Nzimande, 1998).

In evaluating programmes on school based HIV intervention, it has been found that enhancing adolescent knowledge of STD and HIV transmission produced little significant behavioural change. Effective programmes are characterised by focus on constructs that directly affect adolescent decision-making and risk taking. Therefore there has to be the following emphasis.

- risk information
- condom self-efficacy
- sexual negotiation skills
- beliefs of susceptibility
- barriers and belief of engaging in preventive behaviour

- > perception of the acceptability of norms

Such programmes results in lower frequency of intercourse with high risk partners, fewer partners and an increase in condom use (D'Angelo & DiClemente, 1996).

Health promotion programmes focusing on risk taking behaviours in general have to focus on the following:

- > providing information on the health, social and psychological consequences of his behaviour
- > examining the relationship between the person's values and the consequences of his behaviour
- > correcting erroneous perception of what is the norm e.g. misperception about the prevalence and acceptance of behaviour such as alcohol use.
- > teaching life skills such as communication skills, conflict resolution, stress management, decision making and resistance skills
- > enhancing self esteem
- > encouraging goals setting

Until now, the health initiatives in this country have tended to focus on curative measures. This is expensive and is dubious in its efficacy. If we are to utilize our financial and manpower resources more effectively, then there has to be significant shift to health promotion and prevention programmes. This is vital as trends suggest that youth risk behaviour is becoming increasingly problematic and that the initiation of risk behaviours is occurring at a progressively young age (Edwards, 2001).

There must be strong relationships between parents and their adolescents, so that it will be easier for parents to talk with their adolescent children about risk-taking behaviour. Parents should be ensured that if their children are to engage in sexual activities, they must encourage their children to use contraception. However, parents need to be trained in aspects of AIDS and sexually transmitted diseases, communication and substance use.

Family interaction and parental behaviour in particular are important factors in determining a child's risk for initiation of substance use or abuse. Prevention specialists have developed numerous family oriented education programs. For the most part these programs involve parents and sometimes children in learning parent-child interaction skills expected to strengthen family relationships and thus enhance a family's ability to protect youth from involvement with alcohol, tobacco or other drugs. A handful of the available programs have been scientifically evaluated. Reports of these evaluations usually suggest that, for parents as a whole, attendance in skill training programs can bring about the desired improvement in parents skills and family interaction (Martha, Conger, and Ramisetty-Mikler, 1999).

### **2.1.2 Prevention by parents and professionals**

Prevention is defined as keeping something from happening or making something impossible. Illness prevention is an important area of research and intervention. Health professionals and psychologist have shown commitment to health prevention and have made some progress in the diverse programs they put forth (Levine and Perkins, 1997). Prevention can be carried out into three levels: primary, secondary and tertiary prevention. Primary prevention's goal is to stop the occurrence of a problem i.e., before it even starts. It is directed towards those individuals at potential risk. An example might be programs to encourage sex. Secondary refers to programs aimed at improving human rights, and empowerment. Such a program might include education or self-help strategies for disadvantaged communities. Tertiary prevention is indicated to reduce illness, disability and handicap typically in individuals with genetic predisposition, such as bipolar disorders when individuals receive lithium carbonate. Its concern is with rehabilitation after an illness has occurred (Edwards, 1999).

Health professionals are not the only ones who can prevent illness. Researchers believe parents and children can also play vital roles in prevention of illness, particularly mental illness. The idea is for two parents share responsibility for child rearing. This often leads to

custody battles. However, it is now public policy in most locales for parents to have joint custody as courts now recognised the important role that collective parenting plays in the best interests of children (Goron, et al 2000). Individuals must be educated to understand the importance of a two-parent family and the potential problems of single-parents families, which often lead to behaviour problems in children. Perhaps if individuals understand how vital both parents are they will try not to have a child out of wedlock or make a decision to divorce or separate.

While two-parents families are important in preventing many disorders in adolescents, they are not sufficient. Family interactions are very important. Many parents must be trained or educated in use of these interaction skills. Prevention specialists have developed numerous family oriented education programs. The programs involve the parents or sometimes children in learning parent-child interaction skills that are expected to strengthen family relationships, and thereby protect youth from involvement with alcohol, tobacco or other drugs. A handful of these programs have been scientifically evaluated. Reports of the evaluations suggests that, for parents as a whole, attendance in skills training programs can bring about the desired improvement in parental skills and family interaction have been scientifically evaluated (Martha, Conger, and Ramisetty-Mikler, 1999).

#### **2.1.2.1 Services rendered by mental health professionals and their views in adolescent problems**

Mental health professionals have done much. The University of Zululand Community Psychology Centre (CPC) is a joint project of the Department of Psychology, Zululand Mental Health Society and various community stakeholders. This centre was not only established to provide relevant training for postgraduate students, but also to meet needs within the Zululand community for affordable psychosocial and psycho-educational services. These include:

- assessment and interventions for emotional, social, behavioural and learning problems.
- therapy & counselling for individual children and their families and counselling adults experiencing marital work related and other interpersonal problems.
- crisis counselling for victims of violence, sexual, emotional, physical abuse and neglect.
- guidance with respect the career choice and planning
- community- based participatory project.
- preventive programmes.

The statistics revealed that out of 220 cases were seen in 1999, through the CPC project, half were adolescents. The cases of children with behavioural problems and conduct disorder accounting from 7 to 10 percent of cases. Family interventions took place in 8 cases. Eight community workshops were held at a variety of centres (Mandini clinic, Portnet; Lifeline and Ngwelezana hospital). The workshops included topics such as support for people with AIDS, sexual education, drug abuse and usage, stress management and assisting the perpetrators of child abuse. These workshops were preventive measures.

In the United States of America, the Congressional Office of Technology Assessment (1986) and Institute of medicine (1989) critically evaluated the systems serving the children and adolescents with serious emotional and behavioural problems. In response to this documentation attesting to the inadequacy of social services responses to these clients, many federal state and foundation supported programs have been developed. The federally funded Child and Adolescent Service System program (CASSP) and the Robert Wood Johnson Foundation programs are two examples of emerging trend in care for children and adolescents with various problems (Collins and Collins, 1994).

The overall goal of CASSP is to facilitate the development of a multiagency co-ordinated community based system. CASSP also advocates a comprehensive spectrum of mental

health and other services e.g. welfare special education and juvenile justice, that are organised into a network to meet these children and adolescent needs (Collins and Collins, 1994).

This results in a study involving mental health professionals (mental health counsellors, psychologists, social workers, psychiatrists and psychiatric nurses) who provide mental health services to adolescents with emotional problems in school settings, correctional services, child welfare systems, and in both private and public mental health centres and programs. The mental health counsellors aim to bring a change to the client as an individual, the client's family and his or her environment. The mental health counsellor's working relationship with the parents of their clients has a great impact on improving family relationships (McHale, Updagraff, Tucker & Crouter, 2000).

The professionals revealed many shared perceptions about the nature of children and families' problems. Every group of professionals mentioned the high incidence of physical and sexual abuse in the histories of children they treated. Most professionals in the group agreed that many of the juveniles' emotional problems were in some manner a product of their home environments and believe that family issues and dynamics were important to address (McHale, et al, 2000).

Professionals spoke of the frustration of parents "unwilling to address their own problems" and parents who expect professionals to "fix" or "cure" their children. The multiple stresses facing families were cited by many of the mental health professionals as contributing to the problem and many parents, particularly those with hospitalised children, were described as "burnt out, hopeless, and disempowered. A corollary to this latter point was a belief that parents often do not understand their children's needs. As one of the professionals noted, many times there are extremely stressed parents, who are stressed over many things, such as economic, job and marriages issues. however parents have little conceptions that the children are absorbing all this.

In conclusion, it seems that increasing dialogue, between mental health professionals in direct services positions with children who have serious emotional problems, the parents of emotionally disturbed children, and children's mental health policy makers, is critically needed. Although children mental health policy makers emphasised a family-centred family involved system of care, these professionals interpretation of their experiences suggest continuos barriers to the attainment of that objective. Although these potential barriers may seem to be endemic to mental health professionals, this research suggests that barriers such as bureaucratic regulations, institutional policies, familial work conflicts, transportation difficulties and financial exigencies may also interact to have a negative impact.

## **2.2 The meaning of adolescence**

### **2.2.1 Tasks of adolescents and problems they encountered**

In the early adolescent years, young people have several developmental tasks. There are six tasks or goals of adolescents. In some cultures, some of them will not be completed until teenage years are over and the period of young adulthood has begun. It is very important that each and every adolescent accomplish these following tasks or goals:

- adjust to physical or physiological changes
- relate to opposite sex or same sex peers
- develop a sense of ego-identity
- establish independence
- prepare for a vocation
- develop a guiding philosophy of life (Rosemond, 1992).

Many problems may arise if these above mentioned tasks have not been accomplished.

Adolescence is a very challenging period. Nzimande (1998) stated that adolescence challenges the flexibility and adaptability of the family more than any other. Bench (1991)notes that during this stage abstract reasoning emerges and stimulates the

questioning that facilitates the adolescents' quest for identity. The continual struggle with their role in the family and their relationship with parents and peers call for flexibility on the part of the family. The adolescent is half in and half out of the family framework. Parents must adopt an attitude favouring increased flexibility of family boundaries so to allow child independence. These events seem more destructive in teenagers than in young adults.

## **2.2.2 Factors that cause adolescent problems**

This section is a review of research on parent-child relationships. It includes studies investigating how family environment, especially that of single parent families, affect relationships at home. It discusses in detail how family interactions can affect or promote psychological well being of adolescents (Sprinthall & Collins, 1995). The discussion will be structured from three perspectives: social, psychological and biological.

### **2.2.2.1 Social and environmental factors**

Parents can play an important role in determining whether their adolescents become involved in antisocial behaviour by modelling positive behaviours. For example, parents who abuse substances or who have a permissive attitude towards substances, are associated with children who themselves begin abusing substances during early adolescence. A poor family environment also increases the possibility of adolescents' antisocial behaviour (Igra & Irwin, 1996). Longitudinal studies showed that adolescents who have severe behavioural problems in this stage (adolescence) and possibly beyond, frequently have already been marked by having many problems during childhood. Adolescents who are emerging from families in which parents have been hostile and neglectful, and perhaps overly abusive, are likely to be aggressive and violent at ages as young as 8 years. Marital instability, especially resulting from antisocial personality characteristics of parents, also is frequently a part of the adolescent's history (Sprinthall & Collins, 1995).

These negative family environments reflect the neglectful, ignorant, and parent- centred pattern of some types of families. Inadequate parental support may halt an adolescent's process of normal social-emotional development. With the onset of puberty, adolescents' development may be at a level that is similar to that of an early elementary school student. The adolescents' inadequate level of maturity can result in hostile, antisocial activity, a lack of self-direction and a deficit in the process of identity formation. In case of antisocial children, such environments are linked to particular characteristics that sustain antisocial patterns of behaviour into the adolescent's years. Dishion, Pattersons, Stoolmiller, and Skinner (1981) argue that inconsistent parents may set the stage for early associations with aggressive peers, the effect of which are seen more intensely in adolescence and may also continue toward later dysfunctional behaviours in adulthood. The developmental course by which ineffective parenting may be linked to antisocial peer influences, is that ineffective parenting in early childhood leads to the development of destructive behaviour in adolescents

Consequently, programs to improve family environment by teaching parents to exhibit more positive behaviours and how family environment are needed.

#### **2.2.2.1.1 Single-parent families**

The most common single-parent families are those led by women. These type of families are often born out of the decay and collapse of marriage, a time that is psychologically exhausting for all those involved (Arosi, 1992). There are many kinds of single parents, who may be unmarried, divorced or widowed. All are single parents in the sense that they bear the major or entire responsibility for bringing up their children (Gerdes, 1988).

Single-parent families are subjected to numerous forms of economic and psychological stress, which are often accompanied by non-custodial parents, whose contacts with their children are often, irregular and unrewarding ( Malanahan & Adams, 1987). A single

parent family due to divorce usually experiences adjustment problems. According to Price (1998), it is the quality of interpersonal relationships with others that make the difference in coping or not coping during the first five years after divorce. Knowles (1989) noted that it represents major emotional problems to be both the sole source of love and comfort and the sole source of discipline.

Single-parent families have become a general phenomenon. Single parenthood are regarded as a particular type of family with a higher risk factor and with needs for which a society has to provide particularly services. Single parents need to be empowered through self -help groups, so that they can change their attitudes of being single parents, and can learn how to cope with that situation.

#### **2.2.2.1.2 Divorce and adolescents self-concept**

Previous research and experiences reveal that divorce has a negative impact on a child's self-concept (Wallerstein, 1991). Self-concept refers to how one view one's self. The most important thing about a child's self-concept in cases of divorce is how the parents describe the child's personality, the child understanding of the divorce, the parent- child relationship and the child's current living arrangements and activities. The child's ability to cope with divorce depends on the quality of relationship each parent shares with the child. Each child's personality needs to be taken into consideration. If the child fails to cope or adjust well with the new home situation, this could result in low self-esteem, loss of confidence and poor self-identity.

In family focused models of decision making, the parents are encouraged, even required to be flexible and responsible to their children's current and changing developmental needs. Instead of viewing divorce as simply an event with a definite conclusion for children, parents are taught to think of divorce as a process of adjustment that requires significant co-parenting skills. Instead of focusing energies on parenting weaknesses as in an adversarial process, parents are asked to focus on how their respective parenting strengths

can best complement the changing developmental needs of their children (Goron et al, 2000). Divorce is not simply one event in the life of a parent or a child, but a complex adjustment process that needs support from both parents. A child understanding of parental divorce and separation is dependent upon many factors including the parent-child relationship, child's personality, child's health, and other relationships that the child may have.

Divorce and remarriages can strain parent-adolescents relationships. It is believed that strained relationships account for some of the negative impact on adolescents. The degree to which divorce and remarriage present difficulties for adolescent relationships with both parents and step-parents probably depends on the following factors. The first one is the relationship between divorced parents. The conflict between an adolescent and the biological mother and father generally make it more difficult for the adolescent to adjust. Adolescents may also consider the step-parent an obstacle to the biological parent. Another factor in adjustment is the personality and adjustment of the non-custodial parent. Non-custodial parents who put welfare and adjustment of children before their own personal difficulties can make it easier for children to adapt.

#### **2.2.2.2 Biological factors**

The potential biological contribution to problem behaviours may be subtler or, like aggressiveness, may effect behaviours through interaction with social and psychological factors. Early maturation increases a girl's risk of developing problem behaviours. This link seems to occur through a complicated path of peer rejection, more contact with deviant peers, and in middle adolescence, greater self-derogation. Igra and Irwin (1996) state that asynchronous puberty maturation is a major factor in risk-taking behaviours: the person who matures earlier than his peers will appear physically more matured and older. Because of his appearance, he may be expected by society to engage in adult behaviour. The social world may thus have unrealistic expectations of mature appearing adolescents who do not have the corresponding experience or cognitive skills to cope adequately. The support of

parents, however, helps to protect early maturing girls against the possible negative outcomes of early maturation (Sprinthall & Collins, 1995). Neurological abnormalities have also been proposed as possible sources of antisocial behaviour. This is especially true for those who argue for biological bases for attention deficit disorder with hyperactivity (ADHD). However, the strongest evidence seems to support a combination of factors, such as neurological problems interacting with abusive or rejecting parents, as a cause of serious problem behaviours in adolescents.

Naidoo (2001) stated that there is some evidence that certain risk behaviours such as substance abuse, have a familial component and therefore youth or teenagers may have a genetic pre-disposition to such behaviours.

It is true that biology has much contribution in adolescents' problems. Unfortunately we cannot change biology, therefore, parents need to be trained on how to maintain and manage these conditions.

#### **2.2.2.3 Psychological factors**

Naidoo (2001) further points out that, legal statutes governs the age at which a person may begin a potential risky activity, e.g., the legal age to drink, drive or consent to sexual intercourse. Unfortunately this does not mean that the person has the psycho-social-skills to cope with potential consequences. Good judgement, negotiation skills, and assertiveness are some of the skills believed to be necessary to avoid negative consequences of risk-taking.

Poor judgement is often based on misperception of potential consequences. Adolescents are generally, more concerned with the consequences that affect their immediate lives than long term outcomes. Some engage in sensation seeking behaviour in which there is a need for varied, novel and complex sensations and experiences, and are willing to take physical

and social risks to achieve these ends. The input of their peers is also very important in their process of decision making ( Naidoo, 2001).

DiClemente and Cobb (1996) argue that adolescence is a period in which the individual attempts to establish an identity for himself. There may thus be a need to appear unconventional to gain the respect of peers and to demonstrate autonomy from parental control. In any event adolescents do need to participate in some aspects of risky behaviour to be able to function in the adult world. This may, therefore, be seen as an exploratory phase, in which they can learn to cope with anxiety and frustration, anticipate failure and affirm their maturity and identity. Naidoo (2001) describes this exploratory phase as developmentally adaptive risk-taking behaviour.

Psychologically, the child has urges, motives, needs and emotions. If these needs are not adequately satisfied, or if sufficient opportunities for socially acceptable expression of the urges do not exist, then the child may engage in malpractice such as theft, damage to property and assault. The adolescence stage is a period of transition. During this period the relationship between parents and adolescents change and conflicts occur. If parents and adolescents do not attempt to resolve the disagreement between them and if resolutions consistently ignore the need and the interest of the other party, then conflict will have a negative impact. Parents must be knowledgeable that adolescents have unique needs, which depend on them as parents to be satisfied.

It is the role of socialisation in adolescence to direct and channel instinctual drives, needs, urges and emotions into socially acceptable forms. The family or parent is the major agent of socialisation. Parents need to develop strong relationships with their adolescents, and understand that adolescents have unique needs to be satisfied. Parents must create warm and accepting environment. Parents need to be supportive and avoid coercive interaction.

## **2.3 Parent-effectiveness**

This section is a review of research in the parent training literature. It includes studies investigating the efficacy of the Adlerian and behavioural programs as well as other programs for parent effectiveness training. A child's disruptive behaviour usually identifies parents as the desired focus of treatment. This brings the whole family into treatment because, rather than focusing on the child's family, therapists typically envision the family system as problematic (Bell, 1963). It is not exclusively the child, but the family constellation, interactional patterns and developmental level or some combination of these (Carter & McGoldrich, 1989) that must be considered.

One method of assisting a family is through parent-training programs. These programs are primarily concerned with teaching parents ways of influencing their child's behaviour through altering parent-child interactions. If this intervention is desired, the practitioner and parents typically choose from several programs. This choice may be difficult because each program is based on its own theoretical orientation, with its own method of education and approach to change.

Although several approaches to parent training are available, two are most commonly researched. The first approach in parent training uses specific curricula that advocate democratic child-rearing practices. There are two major orientations within the democratic approach. The first is Gordon's (1970) Parent Effectiveness Training (PET), which emphasises communication and listening skills. The second orientation represents the Adlerian philosophy (Dreikurs & Soltz, 1964) and systematic training for effective parenting (STEP: Dinkmeyer & McKay, 1976). The second approach is based on principles of behaviour modification, characterised by establishing behavioural baselines and then creating schedules of parental punishment and reinforcement directed toward modifying the child's behaviour.

A review of the most commonly researched training programs is presented. Studies focused on PET are discussed, followed by investigation of Adlerian philosophy, behavioural modification, and PST.

### **2.3.1 Review of different approaches**

#### **2.3.1.1 Parent Effectiveness Training**

Parent Effectiveness Training (Gordon, 1970) is a program for improving child-rearing practices that are based on the work of Carl Rogers (1957). PET uses laboratory or workshop experiences to facilitate parental attitude change and equip parents with skills consistent with these newly acquired attitudes. PET consists of eight 3-hours sessions that include lectures, reading, role-playing, demonstrations, and homework assignments. The use of active listening, "I" messages and "no-lose" methods of conflict resolution are emphasised.

Investigations have indicated that parents who participate in PET become less authoritarian (Mitchell & McManis, 1977). Parents also have demonstrated possession of more respect for their children and appreciation of communication with their children (Root & Levant, 1994). Studies have reported parent acquisition of basic empathy (Therrien, 1979) and knowledge of PET's principles (Wood & Davidson, 1987). Also experience as a parent has been reported to significantly increase one's ability to learn PET (Mitchell & McManis, 1977). There was no effect reported on children, whose parents participated in PET, in either career maturity or grades (Root & Levant, 1984).

### **2.3.1.2 Adlerian Parent Training and Systematic Training for Effective Parenting (STEP)**

Adlerian programs are based on a philosophy that focuses on the family constellation as a total unit. The needs of the family members are seen as family group needs, which each member attempting to establish a place in the family structure.

Adlerian parent training has been found to increase parental democratic attitudes, to increase parental acknowledgement of the child's right to privacy in emotional and physical settings (Moore & Dean-Zubritsky, 1979), and to reduce parental restrictiveness and authoritarianism (Freeman, 1975). Adlerian parent training also increases the child's self-esteem.

Unfortunately, the results indicate an associated decrease in play with the child (Freeman, 1975), and an increase in observed parental directiveness (Moore & Dean-Zubritsky, 1979). This suggests that further training may be necessary as parents increase personal involvement with their children. It also appears that an informal group discussion of parenting alternatives is not as effective as a formal presentation of Adlerian philosophy (Freeman, 1975).

STEP focuses on helping parents understand the purposive nature of their children's behaviour (and mis-behaviour), as well as their social consequences. Parents develop their children's sense of responsibility by applying natural and logical consequences instead of punishment, as well as by using encouragement rather than praise. Because STEP is an organised presentation, a higher degree of treatment consistency is possible than with less structured program (Mooney, 1995).

Although based in Adlerian principles, STEP also incorporates some of the communication strategies that are taught in the PET program. These communication strategies involve parental education in reflective listening skills and "I" messages

(statement about a person's thoughts and feelings conveyed by using word "I"). The additional emphasis on communication may be partially responsible for STEP's reported increase in family cohesion (Campbell & Sutton, 1983).

In numerous studies, STEP has been found to change parents' attitudes in accordance with Adlerian philosophy, democratic attitudes and the right of each family member to have independence ( Campbell & Sutton, 1983). Mothers' perceptions of their children's responsible behaviours (McKay & Hillman, 1979) have been found to increase. Studies also have indicated that STEP has decreased parental strictness and control (Campbell & Sutton, 1983; Nylsul, 1982).

### **2.3.1.3 Behavioural Parent Training (BPT)**

In Behavioural Parent Training, parents are educated in the principles of behavioural modification. The importance of baseline, punishment and reinforcement are emphasised. This method is primarily concerned with altering specific problem behaviour of the child. Behavioural training has been effective in decreasing parental perception of their children's problem behaviours (Firestone, Kelly & Fike, 1980). Observations of parents with their children have indicated an increase in positive interactions, with a decrease in parents non-acceptance and dominance behaviours (Webster-Stratton, 1981). Parental perceptions of family cohesion have also been found to increase (Karoly & Rosenthal, 1977). It is likely that when the child's problematic behaviour was reduced, the family environment was less disruptive and therefore was perceived as being more cohesive.

Objective assessment of children whose parents participate in behavioural training clearly indicates improvement in terms of targeted problem behaviours. However, the behavioural intervention appears to be situationally specific. It appears that improvement in the child's behaviour at home does not transfer to his/ her other environments such as the classroom. Research has indicated that a child's behavioural gains associated with environmental

reinforcement do not occur in other situations in which reinforcement is not present (Firestone et al., 1980).

### **2.3.2 Parent Survival Training (PST)**

Parent survival-training aims to show parents how to take charge of parent-child relationships and how to create a home environment consisting of love, warmth, respect and minimal conflict. PST techniques will enable parents to help their children to control their own behaviour, so that more focus can be on the more positive aspects of the relationship.

In PST, behavioural psychologists primarily have discovered effective strategies for changing behaviour, including parent-child communication, peer pressure and a variety of other adolescent troubles. They also discovered the ways of helping parents avoid becoming angry when dealing with their children and used these strategies in therapy sessions with great success. The PST principles are presented in a clear fashion, which permits them to be implemented easily into the household (Silverman, & Lustig, 1987).

#### **2.3.2.1 The Principles of Parent Survival Training**

Parents need to implement the following PST principles in their home settings and wherever they are. These principles have been proven by the professionals, as effective in building good relationships at home, not only in adolescents, but useful to all children and other family members.

- Always be consistent**

Children react swiftly and negatively to any perceived inconsistency in the actions of their parents, seeing them as easily controlled.

- Parents have greater rights than children**

By virtue of their position, parents can and should exercise control over privileges (e.g. decision making) that they have not yet granted to their children.

- **Don't feel guilty when you are right.**

Parents should not feel guilty for doing what is right for their child's well being, even if the child doesn't like it.

- **No arguing**

Parents should not argue with a child, or risk legitimating their right to call the shots in decision-making situations.

- **Punishment must be an unpleasant experience**

For punishment to be effective, it must be unpleasant enough so that the child would not want to have to go through it again.

- **Educate whenever possible**

Parents should take every opportunity to explain to the child what s/he did that was "good" or "bad", what the consequences will be, and (if improvement is needed) what s / he should do the next time a similar situation arises.

- **Don't be intimidated by your child's anger**

When parents try to help their child to change his/ her behaviour, they may react at first with anger and resistance. It is important that the parent stick to the aims, so that the child will see that he has no choice but to change.

- **You are always a model for your child**

As children observe the way in which parents' act, they will pick up parents behaviour and reactions, parent must always be aware of the example that they are setting.

The findings revealed that PST has been most helpful in improving parent-child communication. Both parents and their children were able to develop a home environment consisting of love, warmth and respect, and conflict decreased. Children learned to control their behaviour and focus on more positive aspects of relationships. Although PST is regarded as an effective and helpful strategy, it has been difficult for parents to learn because they require training in psychology ( Silverman & Lustig, 1987).

### **2.3.3 Conclusion**

The review on various programs of Parent-Effectiveness Training indicated that each program has a great impact on improving some aspects of parenting skills. In comparing and contrasting the aforementioned parent training approaches, the Adlerian training creates significantly more consistent discipline and parent-child interaction than does behavioural training. Although, it is effective in reducing deviant child behaviours, behaviour modification was significantly less effective than PET in increasing children's self-esteem, positive parental consequences and family cohesion. PET study groups also influence mother-child interactions and incorporate role-playing and skill practice whereas Adlerian study groups fail to be effective in this regard. Although all three of these approaches significantly increased parental democratic attitudes, behavioural training did not generalise to other settings, nor did it sustain these attitudes after one year. Hughes and Wilson 1996) reported contingency management training (based on behavioural principles) to be significantly more effective in reducing a targeted child's than a communication skill conditions (based on PET).

Both Parent Survival Training and Parent Effectiveness Training are helpful in improving parent-child communication, developing home environments consisting of warmth, love and respect, and decreased conflict. In PST children also learn to control their behaviour and focus on more positive aspects of relationship. Although PST is regarded as having effective and helpful strategies, it is difficult for parents to learn because its strategies require training in psychology. PET particularly valuable for its effectiveness and suitable methodology.

The present study used a Parent Effectiveness Training model program to empower the parents of Vulindlela Township. Not all strategies of PET were used in this study, but only selected parts were chosen on the basis of their advantages that seemed to fit well with the targeted group. The PET was used in combination with other parenting skills by

Rosemond (1992), like sex education, parent prevention of substance use and positive communication.

## 2.4 Parent-adolescent group

### 2.4.1 Empowering parents through various parenting skills

The main aim of this section is to describe and explain how to empower parents in different parenting skills such as parent-child communication, particularly sex education, substance abuse education and the “**do’s and don’ts**”. There is a great need for such special parents’ education programmes in the community, for parents of adolescents.

Fawcett, White, Balcazar, Suarez-Balcazar, Mathews, Pane-Andrew, A & Smith, (1994) defines empowerment as the process of gaining influence over events and outcomes of importance to individual or groups. The idea of empowerment is uniquely powerful as a model for policy in the field of social and community interventions. Empowerment is viewed as the mechanism by which people, organizations and communities gain mastery over their lives. However the content of the process is of infinite variety and as the process plays itself out among different people and settings, the end products will be valuable and even inconsistent (Collins; Collins Botyrius-Maier and MacIntosh-Daeschler, 1994).

Empowerment may be the result of programs designed by professionals, but more likely will be found in those circumstances where there is either true collaboration among professionals and the supposed beneficiaries, or in settings and other conditions where professionals are not the key actors. Professionals therefore have to intervene in the form and style that is consistent with the idea of empowerment rather than the idea of controlling others (Dhlomo, 2000).

This means parents of adolescents will be empowered with various skills that will enable them to handle their adolescent problems. As a researcher attempts to work with a group of parents, s/he will not control them, but give them an awareness of some important issues to rear up healthy and happy adolescents.

#### **2.4.1.1 Parent-child communication**

The single most important point in dealing with an adolescent is **communication**. Parents must be able to communicate with their teenagers if there is to be any hope of an improved relationship. It is suggested that parents must set up the stage for a real sense of openness by sitting down with the adolescents and explaining that although there are undoubtedly differences between them, parents are prepared to understand, appreciate and listen to them. Communication has a meaning on its own (Galinsky, 1999). It is the imparting and exchanging of thoughts, ideas, messages and wishes. Successful communication enables the listener to do more than listen, it offers him the opportunity to hear as well. Many children listen to their parents. The problem, unfortunately, is that so few of them hear what their parents are saying, and that such communication is not effective (Silverman, & Lustig, 1987).

#### **2.4.1.2 Positive parenting**

To build a satisfying relationship with their children, parents must be able to communicate effectively with them. Everyone talks to his or her children, but how much of this talking is nagging, reminding, criticising, cajoling, threatening, questioning, probing or ridiculing? Communication with children means letting them know that the parents want to hear about them and care enough to listen to them. This involves more than just listening to their words, it requires parents to listen to their feelings and tune in to what their behaviour is saying. Parents sometimes struggle to deal with emotions such as anger, disappointment and fear when expressed by children. The parents usually, respond in ways that block communication such as ordering commanding, preaching, moralising,

lecturing, judging, criticising, reassuring, and placating their children (Sunday times, October 7, 2001).

#### **2.4.1.3 The meaning of parent-child communication**

Good communication is based on mutual respect. This means that both parents and children should allow each other to express their thoughts and feelings honestly, without fear of being ridiculed or negated. It means accepting (not necessarily agreeing with) what each person says. Parents need to develop their skills of listening and responding in a way that children know that their parents have heard and understood their feeling and experiences. Reflective open responses, which accurately state their feelings, act like a mirror for them to see themselves more clearly. This also helps children to find their own solutions. Closed responses that ignore the feelings of the children indicate that parents have not heard nor understood what the children are trying to say. A parent needs to remain non-judgmental to give the adolescent an unthreatening condition (Sunday times, October 7, 2001).

Communication also involves sharing ideas, experiences, feelings, disappointments and hopes with children. They enjoy talking, they are curious and ask lots of questions. Parents must answer honestly and patiently. Parents need to communicate with their children in a way that their ideas, needs, feelings and behaviours can be clearly understood. They also need to keep communication as friendly as possible, treat children with respect and communicate their confidence and love. As a result, positive relationships will be established (Sunday times, October 7, 2001).

As a parent, one must be able to communicate with teenagers if there is to be any hope of improved relationships. PST suggests that parents can set the stage for real openness by sitting down with their adolescents and explaining that although they have different opinions, they still understand and appreciate the way they feel and are still prepared to listen to what they say.

Parents of adolescents could note the followings “don’ts and “do’s:

- do respects your adolescents privacy
- don’t nag in an effort to alter behaviour
- do set realistic limits
- don’t demand perfection
- do set good examples without demanding limitations
- don’t rob your teenager of a sense of being independent
- do offer to help when you can, even if it is difficult
- don’t portray yourself as having been a model teenager
- do play the role of a parent, not of a best friend
- don’t over do it when offering your teenager freedom
- do promise to help first, and punish later
- don’t forget that adolescence is a very difficult time
- do remember that your teenager is neither a child nor an adult
- don’t be surprised by your adolescent’s egocentrism
- do show sensitivity to what your teenager really feels
- don’t claim that you know how your teenager really feels
- do communicate to the best of your joint abilities
- don’t be intolerant of the things that you don’t like; be insistent that your own rights not be violated
- don’t allow your adolescent to “get away” with anything
- do what is necessary if things become too serious
- don’t feel helpless, even things if aren’t going well
- do remember always that you are an adult and act like one

These above mentioned “do’s” and “ don’ts” are regarded as some major strategies that parents can adopt in handling adolescent problems. Teenagers want freedom, seek independence, and need opportunities in which to mature, but must be given realistic limits beyond which they cannot go. Being a caring parent means to find a compromise that is

possible in nearly every area of disagreement. Parents must allow their teenagers to see that they can count on parents in bad times as well as in good times, instead of being treated as enemies. Trust and communication are inseparable qualities, and they form the foundation of adolescent's behaviour management. Adolescents have different rights from young children, but their rights are different still from those of their parents. If parents can help adolescents explore their limits without breaking them, the parent has done the best that any parent will be expected to do (Goron, Donner & Peacock , 2000).

#### **2.4.1.4 Interpersonal communication**

Interpersonal communication refers to a child's development into a social being who can empathise and relate well with others and consequently have healthy, trusting, intimate relationships. The need assessment for a parenting plan looks closely at the child's relationships with parents, extended families and peers. A poor environment that the child grows up in can affect the child's interpersonal communication. If the child cannot compete as an equal with his or her peers and experienced failure in life, the child will develop poor social relations and a general lack of confidence. As a result his or her behaviour will be characterised by truancy, theft, lying and neglect of schoolwork. It is indicated that the parent acknowledges the important relationships that foster interpersonal development in the child and state how these relationships can be maintained (Goron, et al 2000).

#### **2.4.1.5 Sex education**

It is very important for parents to teach their children about sex while they are still young than to start to teach them while they are adolescents. However, parents need to acquire or have information about sex, physiological changes and parts of the body and its function before they can teach their children. This information is important for the parents to know for two different reasons: not to teach the child about sexual development, but firstly to permit the parent to teach everything that the child needs to know. Secondly

parents must make sure that if the child asks, they will give the correct or right answer. Most parents probably don't want to sit down with their children and explain the details of sexual intercourse. PST suggests such training if one of the following criteria is met. Whether the child asked about it and is expecting the parent to supply him / her with the answer, or the child has reached the age of 10. Unlike other theories, PST does not promote the notion that a very young child should necessarily learn about sex. Instead it is suggested that young children be taught about sex if they show an interest in learning about it, because in the long run children will experience some problems (Silverman & Lustig, 1987).

According to Koch & Freeman, (1992) sex education has become an area of controversy with some parents feeling strongly that human sexuality is a subjects that should be taught at schools. If parents do not develop comfortable environments that allow children to talk about it freely, children are likely to learn it through magazines, books, from equally uninformed boyfriends or girlfriends. Learning about sex from parents helps the child to know the whole truth about sex and to not be misled by peers.

Both parents should talk about sex with pre-adolescents. This is the age when young people may relate better to the parent of their gender, like sons to father, and daughters to mothers. In this way they can get the right information they need while being comfortable in the gender related atmosphere. The dramatic changes of puberty are accompanied by social and emotional changes in the young adolescents. These changes that require an altered style of parenting. Young adolescents begin to change old rules of family life and this testing causes parents' anxiety to rise. The pre-teen may try cigarettes, wine or beer or experiment with drugs. The parent should keep comfortable communication with their children, especially when they understand that appropriate sex education can protect their children from sexually transmitted diseases, including AIDS. Reassurance, love and support are just as important as scientific accuracy when talking about sex. As children approach adolescence, they may seem less likely to listen, and more anxious to pull away

from parents' influence. Although children need to show more respect and support for other people, they still need more support and guidance themselves (Washington, 1996).

Sprinthall & Collins (1984) further say that, the problem of adolescents' sexuality can be viewed from a developmental perspective. In a national survey conducted in 1981, adolescents were questioned confidentially about their sexual behaviour, how they had obtained information about sex, and from what sources. Findings revealed that there is a higher percentage of adolescents who had not taken sex education had sexual intercourse than those who had taken sex education. In addition sex education programs help parents not have total responsibility for teaching young people about sex. Although children have an opportunity for sex education at schools, it is also important for them to have the opportunity to talk with parent about sexuality.

#### **2.4.1.6 Substance abuse education**

It is also the responsibility of the parents to tell their children that drugs cannot help them solve problems. Parents can help their children not to be involved in drugs or alcohol. They can do this by expressing their wishes and feelings, as basic skills that children need for emotional well being and to avoid drug use. Previous studies show that personal feeling of sadness, boredom and stress often cause children to try drugs. Parents can help children share feelings throughout childhood into adolescence. For example, the parent must allow the child to say "I am angry because Mommy made me stay in the room, etc. They should show encouragement, making time for the child to express his / her feelings, especially showing them how to overcome stress and sadness without drugs. The parents can tell their children that they are aware of pressures to drink and use drugs. Helping children to confront their emotional problems will help to prevent later drug use. Parents should let their children know that drug use does not solve problems but put them into a roller coaster that can lead to depression and death. Parents need to be role models to their children by modifying their habits regarding alcohol and other drug use (Rosemond, 1992).

It was noted that adolescents use drugs or take alcohol because of certain reasons. Koch & Freeman (1992) stated that in a survey, adolescents gave five main reasons for using drugs. The reasons are as follows:

- to get away from problems
- to experiment
- because friends are using them
- to make themselves feel good
- because they had nothing else to do

Sometimes it is difficult for parents to see whether adolescents are using drugs or not. In order to solve this problem, Koch & Freeman (1992) highlighted the related behaviours of drug use, which can help parents. Therefore, if many of the following behaviours happen regularly, they are symptoms of drug use.

- extreme mood swings
- unreasonable anger
- lying and cover-ups, even for minor things
- change from old friends to new friends not known to parents or known to be involved with alcohol and other drugs
- extreme secretiveness and regularly avoiding contacts with family members
- school problems such as dropouts or drop in grades, absences and misbehaviour
- change in activities and general boredom and lack of caring
- money- even large sums - appearing and disappearing without cause
- unusual things showing up - such as drug related objects like, pipes and roach clips, badges, liquor bottles and matches.
- physical changes like frequent illness, changes in eating habits, loss of weight, glassy -eyed look and mumbling

## **2.5      Resume**

The literature review gives insight into the argument of this thesis. Clearly parent effectiveness training groups help to equip parents with skills in improving parent-adolescent relationships and communication. The review includes various programs that are primarily concerned with teaching parents ways of influencing their child's problematic behaviours through altering parent-child's interactions. The government organisations and mental health agencies which rendered some services to promote health of teenagers in South Africa are included as they are important resources that can guide parents effectiveness and parent training programs. The design of this study's programme and the evaluation of the programme will be discussed in the next two chapters.

## **CHAPTER THREE:      METHODOLOGY**

### **3.1     Introduction**

In this study, the researcher was working with black South African adolescents and their families. The main aims of the study were to promote psychological health for adolescents, identify the causes of adolescent problems that could be addressed by parents and health professionals, empower individual parents by developing effective parenting skills via workshops, form and evaluate an ongoing parent-adolescent group relationship on communication skills; and evaluate adolescents' perceptions of their parents improved skills.

This chapter presents a detailed description of all procedures followed to accomplish these aims. Following is the sampling method of data collection and data analysis.

### **3.2     Sampling**

Sampling is described by Champion (1993: 83, 89) as the taking of a proportion of elements from a whole population of these elements. It helps to economise resources such as money, time and person power. When compared with the entire population, sampling is economical because fewer respondents are used. The data of a sample is also more manageable than that of an entire population. Sampling also makes it possible for a researcher to fulfil the requirements of particular experiments that require fixed numbers of elements.

There are several types of sampling techniques that are widely used in the social sciences. They each fall into either probability or non-probability sampling categories. In this study a quota sampling method has been used. Quota is a non-probability sampling method (Huysamen 1994: 43, 44). It was used in this study because of its economical advantages.

The main purpose of purposive sampling, according to Frankfort, Nachmias & Nachmias (1992: 176), is to design a sample with any elements of the researcher's interest that have certain qualities. Three groups of adolescents were selected. The researcher preferred this method because it is the simplest method, time saving and inexpensive. The researcher tried to minimize sampling bias by including both males and females in the sample.

A sample size of 100 respondents (parents and adolescents) was predetermined. The sample of 30 respondents or students was drawn at Ongoye High School, which is located at Vulindlela Township. It begins from grade 8 to grade 12. Previously, it was reported as one of the best schools with good results in matric, but more recently, the school was reported as having quite a number of teenage students with behavioural problems. There were three classes that the researcher targeted (that is three grade levels, grade 10, grade 11 and grade 12). Twenty questionnaires were distributed in each class, including one for the parent and one for each adolescent student. In the parent questionnaires, letters (in Zulu and in English) for permission were attached. Another sample of 40 respondents was drawn through home visits where parents and their adolescents were interviewed through face to face interviews.

For group meeting, the researcher called for volunteers to join the group. An announcement constituting an appeal for volunteers (married, single, widowed, divorced) was made at a local church. A response form was issued for volunteers to fill out and return to the researcher. Many parents were willing to join the group, but only eight of them were committed for more sessions. During the first session only two female parents with their adolescents attended the sessions. According to Yalom (1987), the ideal size of an interaction group is approximately seven to eight. The groups of parents and their adolescents ran for three weeks with two-hour sessions twice a week.

### **3.3 Psychological techniques**

#### **3.3.1 Biographic inventory for parents and adolescents**

The biographic inventory was constructed and administered to parents and adolescents.

The following information was obtained from each participant.

- identifying details
- occupational and educational status
- number and ages of children in a family
- nature of problems and difficulties with their adolescents

(See Appendix I)

#### **3.3.2 Program evaluation interview guide**

It was predicted that this intervention program would have a positive impact on the participants of the program. The program evaluation guide sought to find out whether participation in the program actually did help. It gave an opportunity for each participant to comment on the interview.

Program evaluation by participants has advantages. According to Magwaza and Edwards (1991) the person who receives the service is in an excellent position to evaluate the different aspects of the programme, in that the program was specifically designed for the participants, they were therefore the best people to assess whether it met their needs.

In this study an open-ended questionnaire was constructed. This part was constructed to make it possible to secure precise details of personal reactions. It consisted of items related to the overall impact of the program on parent effectiveness training and their own suggestions about the programme from (both parents and adolescents) the participants (see appendix I).

Rossi, Freeman & Wright (1979) identified stages in programme evaluation research. They are:

- > planning the programme: which means identifying the aims and features in designing programmes
- > monitoring the programme: which means evaluating the implementation of the programme
- > evaluating the impact of the programme: that is the evaluation of the results of the program and
- > determining the economy and evaluating the cost and benefits of the programmes.

### **3.3.3 Need analysis questionnaire**

The need analysis questionnaire was designed to elicit information concerning the meaning, joys, frustration, special needs, expectations and possible future contribution of the parents of adolescents. It was also designed to ensure that the program specifically addressed the genuine needs of the present group (see Appendix J).

### **3.3.4 Parenting skills rating scale**

The rating scale was developed to find out how parents of adolescent perceive their effectiveness as parents. Parents were supposed to rate themselves quantitatively by assigning values designated poor, fair, good, excellent, to ten items measuring parents' effectiveness (See Appendix G).

## **3.4 Procedure**

The social-action model of community psychology expresses socio-political causes of human behavioural problems and takes action against them. This may foster community participation, increase morale, resources, skills, local leadership, liberation of the oppressed and sharing of resources amongst professionals and non-professionals. In line

with the model this was a participatory action research, program evaluation type of design, where adolescents and parents co-researchers jointly defined the aims of the group, theme to be discussed and the meanings of such variables as psychological health, improved communication or relationships and parent effectiveness. The participants were pre-and post-tested on the above variables. The group ran for a contracted period of three weeks and the members met twice each week for a total of six 1-hour sessions.

This is one of many facilitation methods for fostering community involvement in the process of enquiry into their conditions and development needs. Freire's epistemological framework (Durkheim 1996) is an interesting example in that it is a dialogical and a participatory research, conceived of as a joint effort of a facilitator (or animator) and a group of people aspiring to understand their own circumstances better in order to change these. Research, therefore, becomes an intervention in the community setting.

Participatory action research is critical research driven by action and values. It has the following advantageous aims:

- to produce knowledge in an active partnership with those affected by that knowledge
- to improve social, educational and marital conditions
- to be more practical than scientific
- to bring about a change rather than just knowledge
- to be relevant to community needs
- to mediate between individual and collective needs in that it is instrumental in promoting communal participation
- to promote a good relationship between a researcher and the researched.

Instead of the researcher knowing about participants, she or he knows them.

In this regard participants are not called subjects.

### **3.4.1 Group sessions**

For 30 minutes of the first session, the aims of group meeting were explained to the participants. Each parent was asked to state problems encountered with adolescent children and vice versa. It was noted that almost all participants had problems with their adolescents. Then parents were given “parenting rating scales” to rate their effectiveness in parenting, and “need assessment forms” to state their needs as parents of an adolescents (see appendices). Each of the six two hour sessions focused on empowering parents with parenting skills. Neither parents nor adolescents attended all two hour six sessions. Attendance was inconsistent. Home assignments were given after each session. The first session (for over 30 minutes) included the program overview followed by a discussion of risk factors that can lead to substance abuse among teenage children. Parents learned that by developing strong family relationships and setting clear family expectations, they could help to protect their children from problems such as substance abuse. Family meetings were introduced as a vehicle for developing good family relationships and discussing family rules. For their home assignment, parents were asked to hold a family meeting with ground rules that allowed everybody at home to speak while others were listening attentively.

In the second session, parents were expected to learn ways to improve parental communication and parent-child relationship quality and also to learn to use “I” messages. Program sessions aimed to build the basis for improving both parental communication (assertiveness and listening skills) and the quality of the parent-child relationship (emotionally positive and supportive interaction). Session two home assignments included holding a family meeting, discussing family problems and doing budgeting together.

Session three emphasised assertiveness in the form of resistance skills. Both parents and adolescents were expected to improve their communication skills. Parents were taught to coach their children in peer resistance and asked to practice these skills with their adolescents throughout the week.

Constructive anger expression and the practice of self control skills were the focus of session four. During this session, parents learned the importance of avoiding power assertion, and that anger can be destructive if attempting to resolve disagreements with adolescents. Parents practised calming themselves and approaching the conflict in a manner that would build and promote strong adolescent relationships. Parents were expected to show less negativity in parent -adolescent interactions.

In session five, parents were allowed to ask questions, give suggestions and also role-play what they had learned. Parents learned the importance of giving clear task instructions and performance expectations.

In the last session, parents focused on specific ways to involve teenagers in family tasks and to reward that involvement. Parents explored ways to practice warmth and love towards their adolescents. For homework, parents were asked to practice expressing positive feelings with their children and to improve the emotional quality of parent- child relationship for both fathers and mothers. Finally, parents and their adolescents were combined together. Both parents and adolescents gave feedback about the program. Parent rating scales and evaluation forms were given to them to be filled and returned to the researcher (See appendices F & G)

### **3.4.2 Data collection and data analyses**

Participants were engaged in data collection and analysis. This involved a dialogue and flexibility among participants and the researcher. A t-test for dependant data was used to analyse results: community members had access to and control over the findings. Research results enabled the community to act on its own behalf. Details of the meetings and themes that came up in each session will be discussed in the next chapter.

For the survey, which was conducted, the researcher used content data analysis, as it was a descriptive study. Neuman (1997) states that the descriptive statistics serves as a tool for organization, tabulation, depicting and describing, summarising and reducing into comprehensible form an otherwise unwieldy mass of data.

### **3.5      Resume**

The study elicits the needs of parents of adolescents for training and the improvement of parent-adolescent relationships and communication. These were discussed among participants in group sessions. The procedures used in the present research have been discussed, including the questionnaires that were used for pre-testing and post-testing. The participants rated themselves under the guidance of the researcher. The focus strength of the research was that it encouraged community participation.

## **CHAPTER FOUR : PRESENTATION AND ANALYSIS OF DATA**

### **4.1 Introduction**

In this chapter, the researcher analyses and discusses the data, which had been collected at Vulindlela location through interviews and group meetings. This chapter is divided into three sections. With the survey, the researcher's aim was to identify problems of adolescents from both parents' and adolescents' perspectives. In participatory-action methods the researcher aimed to empower parents in different parenting skills, to evaluate the workshops, parents' skills and parenting skills as perceived by adolescent. The adolescents participated in the group to share problems they had encountered as young people and as teenagers.

### **4.2 Presentation of data**

Data is presented in tabular form and for clarity a brief explanation follows each table. Frequency is depicted by "f" and percentage by "%".

#### **Part 1 Parents in a survey**

##### **4.2.1 Biographic information for the parents (see Appendix C)**

**Table 4.1: Age of the participants**

<b>Age</b>	<b>f</b>	<b>%</b>
45 and above	6	12
40-44	14	28
35-39	12	24
30-34	18	36
Total	50	100

Twelve percent of parents fell within the interval of 45 years and above. The majority of parents were between 30-34 years of age. All participants were above 30 years.

**Table 4.2: Educational level of the participants**

Educational level	f	%
No matric	8	16
Matric only	13	26
Tertiary level	29	58
Total	50	100

Table 2 indicates the educational level of the participants. It is noted that there were a high percentage of parents who have reached tertiary level (36%).

**Table 4.3 : Gender of the participants**

Gender	f	%
Male	12	24
Female	38	76
Total	50	100

Table 3 illustrates the gender of parents who participated in this study. Twenty four percent were males and 76% were females. This may indicate that females, usually, like to commit themselves in activities which will help them in raising up their children, while males may be engaged in employment or otherwise occupied, or may not have as much faith in counselling as a method to improve parenting skills.

**Table 4.4: Occupation of the participants**

<b>Occupation</b>	<b>f</b>	<b>%</b>
Professional	19	38
General Worker	5	10
Self-employed	10	20
Unemployed	15	30
Student	1	2
Total	50	100

The majority of parents of adolescents were working. A high percentage of parents, were professionals (38%), followed by self-employed (20%) and general workers (10%). The percentage of those who were unemployed was 30% and 2% of the participants were student.

**Table 4.5 Number of children per family**

<b>Number of children</b>	<b>f</b>	<b>%</b>
7-8	17	34
5-6	5	10
3-4	25	50
1-2	3	6
Total	50	100

The number of children in each family ranged from 1-8. Fifty percent of parents in the study had 3-4 children.

## **4.2.2 The views of parents**

### **4.2.2.1 The time in which parents expect their children to be back when they go out during the evening (see Appendix C).**

Fifty parents in the sample were asked to state the time in which adolescents should be back if they went out during the evening. The time in which parents expected their children to be back during the evening was not the same (for instance, it ranged from 15:h30-20:h00). No parents expected their children to be back after 12 midnight. Seventy four percent of parents who wanted their children to be back at 18h: 00. Only 6% of participants did not want their children to be out during evening and all of these children were female adolescents. Twenty percent of respondents (parents) stated that they expected their children to be back at any time. The difference in age and gender is significant. Female adolescents were expected to be back earlier (18h00) than male adolescents. In terms of age, it has been noted that children who are between 12-13 years are expected to be back at home not later than 18h00. (See Appendix C)

### **4.2.2.2 The ways in which parents discipline their children if they disobey the rules (see Appendix B).**

Parents discipline their children in different ways. Fourteen percent of parents discipline their children by using negative reinforcement (withdraw favours) and corporal punishment. Eighteen percent of parents gave their children at least two warnings and then followed them by corporal punishment if the same behaviour was repeated. Sixteen percent of parents used only corporal punishment. Lastly, 50% of parents sat down, talked with their adolescents, gave them advice, told them the danger or the consequence of that behaviour. Two percent of parents shouted and scolded their children if they misbehaved.

**4.2.2.3 Parents who communicate with their children concerning rules that they want them to follow, and the time they spend talking to their adolescent (see Appendix B).**

Out of 50 participants, 65% of parents did not communicate well with their adolescents or tell them about the reality of life or involvement in rules they had to follow. Professional parents seemed to have better communication than non-professional parents. They allowed their children to give suggestions and ideas regarding rules they had to follow. All parents spent time with their adolescent. The amount of time spent was different. Too little time was spent.

**4.2.2.4 Parents need to be trained, so that they will be able to handle the problems they encountered with their adolescents. (See Appendix B)**

Almost all parents of adolescents needed to be trained. It has been noted that, out of 50 participants, 94% of parents agreed that they needed programs or workshops that would help them handle their adolescents' problems. Whereas only 6% of parents said they did not need training. The areas in which the participants wanted to be trained were communication and sex education, as this area was viewed as the most difficult in black cultures. Eighty-four of parents reported that they were experiencing problems with their adolescents. Sixteen percent of parents reported no serious problems. The problems that parents were experiencing with their adolescents were, drugs and alcohol abuse, truancy, burglary, car hijacking, stubbornness, demanding behaviour, and children coming back at home later than the rules allowed. It was reported that if parents approached their children about those problems, adolescents did not respond.

#### **4.2.2.5 Sex education and age it began**

**Table 4.6 Starting time for sex education**

Starting time	f	%
8-11yrs	8	16
13-15 yrs	22	44
16-18	15	30
Not started	5	10

Ninety percent of adolescents had been taught about sex. Some parents started earlier and others later. Only 10% of parents had not yet started. The reason they gave was that they found it difficult to approach their children about the topic. Younger or professional parents started earlier than aged or non-professional parents.

#### **Part 2 Adolescents survey (see Appendix E)**

#### **4.2.3 Biographic information for adolescents**

**Table 4.7 Age of the participants**

Age	f	%
18-19	15	30
16-17	21	42
14-15	9	18
12-13	5	10
Total	50	100

The ages of the participants ranged from 12 years to 19 years. There was a high percentage of adolescents who were between 16-17 (42%). The majority of teenagers were in grade 11 and 12.

**Table 4.8: Gender of the participants**

Gender	f	%
Male	11	22
Female	39	78
Total	50	100

Table 2 illustrates the gender of the participants. Out of 50 parents participants 78% were female and 22% were males.

**Table 4.9 Number of children at home**

Number of children	f	%
3 and above	45	90
2 children	4	8
1 only	1	2
Total	50	100

The table above illustrates the number of children in each home or family. Ninety percent of families had three or more children. Eight percent had two, and 2 % has only one child

#### **4.2.4 The views of adolescents**

##### **4.2.4.1 The time in which adolescents were expected to be back if they went out in the evening**

The time in which adolescents said they were expected to back by their parents if they were out during the evening was not the same. The time ranged from 3 p.m. to 12 midnight. Sixty nine percent of which were expected to be back between 17h:00-18h:00. The participants who were expected to be back anytime were 21%. Ten percent were not

allowed to be out of the home in the evenings. Both parents and adolescents reported 3 p.m. as the earliest time. Adolescents data illustrated that 12 midnight was the latest time for them to be back at home whereas parents had reported that the latest time was 10.00 p.m.

#### **4.2.4.2 The way in which adolescents were disciplined if the rules were broken and the level of communication**

Adolescents said their parents discipline them in various ways. Fifty four percent of adolescents reported that their parents sat down and gave them advice. Moreover, 25% of teenagers reported that their parents always used corporal punishment, 11% said their parents shouted and scolded them and 10% of adolescents reported that their parents gave at least two warnings before they used corporal punishment. There was a high co-relation between the information given by parents and adolescents concerning the ways in which discipline occurred.

Ninety percent of adolescents reported that they had good communication with their parents. Adolescent children perceived their parents as having good parenting skills (especially mothers) for the following reasons:

- they could afford to buy them food, clothes and pay school fees ( fulfil their basic needs)
- they gave them good advice in order to face the challenges in life

The reasons adolescents gave show that they did not understand well what the word communication meant, for support and communication are two different things and giving advice is not necessarily communication. Communication is a two-way interaction. For example, parent can support a child even if there is poor communication between them. Only 10 % teenagers reported that their parents were bad or had poor communication because they failed to give them money.

#### **4.2.4.3 Sex education and parents' response to their children's problems (as reported by adolescents)**

The teenagers were interviewed as to whether they received sex education from their parents at home. About ninety four percent of adolescents agreed that their parents had taught them about sex and physiological changes. Only 6% adolescents had not received sex education from their parents. It was also noted that some adolescents were physically, emotionally and sexually abused by parents, especially, step-parents. It is predictable that these adolescents were deprived of their rights and freedom of choice. This hinders adolescents' self-concept, self-confidence and their self-esteem. Twenty-four of teenagers reported that they had problems with the opposite sex, and twenty four percent of adolescents reported that drinking, smoking and pimples were the major problems. Twelve percent of adolescents reported no problems. Thirty eight percent of adolescents informed parents about problems they had. Twelve percent of teenagers stated that they did not inform their parents (12 parent) about problems they experienced because their parents were very strict and there was poor communication.

#### **4.2.4.4 The question of staying with both parents.**

During interviews adolescents were asked whether they stayed with both parents. It has been revealed that there were a high number of teenagers (37 teenagers out of 50) who stayed with single-parents (50% teenager stayed with mothers only). Twenty four percent of teenagers stayed with step-parents because of divorce, never married or death of parents. Only 26% of teenagers stayed with both parents.

#### **4.2.4.5 The hours that parents spend talking with their adolescents per week**

The amount of time in which parents spent with their adolescents per week was not the same. Almost all adolescents indicated that they spent a certain time with their parents per

week (98%). The overall results indicate that 100% of parents did not spend enough time talking to their children as adolescents.

#### **4.2.4.6 The involvement of parents in their children's love affairs**

One hundred percent of adolescents agreed that they liked to involve their parents in their love affairs. The problems they stated were that their parents did not understand or accept that their children should fall in love, because they thought they were too young. Some children did not involve their parents in love affairs as their parents are too strict, but they wished they could.

### **Part 3 Group data**

#### **4.3 Parent- adolescents group data**

In this section themes which emerged from the meetings with groups of parents and their adolescent children are analysed and discussed. There was a problem with attendance in group meetings. Only eight parents came. However not all of them came with their children, only six adolescents came to group meetings. Irregular attendance was a big problem experienced by the researcher in this study.

##### **4.3.1 Presentation of data**

Data is also presented in tabular form and for clarity a brief discussion follows each table. Frequency is depicted by "f" and percentage by "%"

#### **4.3.1.1 Biographic information**

**Table 4.10 Age of the participants**

<b>Age</b>	<b>f</b>	<b>%</b>
50-59	1	12.5
40-49	4	50
30-39	3	37.5
Total	8	100

All participants were above 30. Fifty percent were between 40-49 years.

**Table 4.11 Educational level of participants**

<b>Educational level</b>	<b>f</b>	<b>%</b>
No Matric	1	12.5
Matric Only	1	12.5
Diploma / degree	6	75
Total	8	100

Most participants had reached matric. There were mixed professionals (principals, head of departments, teachers counsellors and librarians,) and non-professionals.

**Table 4.12 Occupation of participants**

<b>Occupation</b>	<b>f</b>	<b>%</b>
Head Of Department	2	25
Director	1	12.5
Teacher	4	50
Unemployed	1	12.5
Total	8	100

The majority of participants were working and reached a tertiary education level. There was only one participant who was unemployed. There was a high percentage of participants who were teachers.

**Table 4.13 Number of children in the family**

<b>Number of children</b>	<b>f</b>	<b>%</b>
5-6	3	37.5
3-4	2	25
1-2	3	37.5
Total	8	100

The number of children, in each family, ranged from 2-5. All participants had experienced the problems of raising an adolescent child. They all gained and contributed something in the group. The ages of adolescent children ranged from 14-18 years. The more experienced parents shared their expertise with the new adolescent mothers. They also admitted their weaknesses.

**Table 4.14 Marital status of participants**

<b>Marital status</b>	<b>f</b>	<b>%</b>
Never married / single	1	12.5
Separated/ divorced	1	12.5
Widowed	1	12.5
Married	5	62.5
Total	8	100

In this study, most parents were married. Out of 8 participants, only one parent came with her partner. Seven participants were females. This reflects less involvement of fathers in activities that would help them to raise their children.

#### **4.3.2 Group meetings**

The purpose of each meeting was for the researcher, co-researcher and participants to meet each other and list the problems and challenges they had with adolescents. Meeting also gave adolescents an opportunity to state the problems they experienced with their parents, and also to evaluate their parents. Meeting helped to identify problems and select common topics to be discussed or handled in the next five sessions. Every parent signed a contract form in order to commit themselves to the group.

Problems were listed and prioritised and a schedule made of topics to be discussed at each subsequent session. The researcher authorised the participants to volunteer to present and facilitate the discussions for each session. The most important areas of interest seemed to be effective parenting and sex education communication. The parents allowed their adolescents to give ideas, and advice, which they accepted with love and care. They did not demand perfection from the adolescents, but rewarded good behaviour and maintained good relationships.

The group of parents agreed that to have an adolescent child was not an easy task, it was problematic, challenging and strenuous. It needed one to exercise love, patience and to be brave in spite of the child's deviance or misbehaviour. Parents stated that to be the parent of an adolescent, one needed to be brave, intelligent, responsible, committed, organised, calm and realistic. They noted that as the mother or father of an adolescent, parents should always be available for their children, faithful, and to try to educate children about the realities of life. The adolescents reported that the adolescence stage was very difficult with many challenges especially trying to adjust to the demands of the outside world, and to the rules of their parents. The adolescents who participated in the groups reported the same problems that the adolescents in the survey reported.

The joys of being the parent of an adolescent was that, as children grow up into this stage, parents feel that they have been successful. The adolescents at this stage become

responsible at home, and had good ideas. If adolescents were behaving well the parents saw themselves as “being blessed by God”.

It was frustrating to the parents when they saw their adolescents engaging in antisocial behaviour. They experienced this as an embarrassment. It was frustrating to the parents to acknowledge their children were involved in sexual activities, for they feared that their children would become pregnant and / or be contaminated by the virus HIV and other sexually transmitted diseases. If children, especially boys, engaged themselves in deviant / criminal behaviour, parents feared that their children would be killed, arrested, be mentally disturbed by drugs and their future destroyed. As the child became older, the demands also increased, and then parents found it difficult to cope financially with those demands. Merely to be a parent of an adolescent was seen as a stressor itself. Parents with boys reported that when they reached this stage they became stubborn and aggressive. Sometimes parents over-emphasised perfection from their adolescents, and thus broke positive communication relationships and made things worse. Parents realised that it was difficult to convince their children that they did love them, had concern about them and knew that they were their children’s best friends.

The ongoing workshops were unanimously rated as important to the parents in managing adolescent problems. Assistance with child rearing and being effective as parents was a priority, as all parents wanted to see their children grow up to be responsible adults. Spiritual growth was seen as a prerequisite for both parents and adolescents. For instance if parents taught their children the “word of God”, they believed this would control them automatically. Consequently, they will not misbehave and engage in pre-marital sexual activities. They believed that it violated God’s will if one engaged him in premarital sex, stealing, alcohol intake and other anti-social behaviours. It was believed that children would learn to put their trust in God if parents taught them to do so.

Most parents expressed the need for their partners or husbands, families, community and friends to be more supportive and involved in handling adolescent problems. The

participants emphasised the need for open lectures on HIV/ AIDS for the adolescents, films during holidays to keep the teenagers busy and also temporary jobs during weekends and holidays.

The participants hoped to give and to gain support from each other as a group. They believed that the group was what they needed to share their concerns and failures about parent-effectiveness, discipline, and parent-child communication. Parents learnt that by developing strong family relationships and setting clear family expectations they could help to protect their adolescents from problems such as drugs or substance abuse. They realised that expressing feeling was of utmost importance, and family meetings at home could create freedom and responsibility. They also believed that they would learn from one another how to be independent and treat their children as unique without comparing them with other teenagers. Parents hoped to acquire more parenting skills. They were willing to support each other, to listen and encourage if necessary, and share their strengths. Moreover, they were willing to change their attitudes about things they had done wrong previously.

Strategies used in running the parent effectiveness training groups included lectures, homework assignments, role-playing, discussion and issuing of reading materials. At each session, parents chose for themselves topics to present in the next sessions. At each of the six two hour sessions, all parents attended. Adolescents attended the first and last sessions with their parents.

#### **4.3.3 Quantitative and qualitative research analysis of data and results**

The t-test for small dependent data was used to test research hypotheses. These hypotheses were as follows:

- the program would help to identify the causes of adolescent problems

- parent effectiveness training programs would significantly empower parents by improving
- parents-adolescents communicationthe program would result in effective parenting and decrease adolescents' antisocial behavior

At 0,01 level of significance

t-crit = 2,99

Degree of freedom (df = n-1 = 8-1 = 7)

This type of test has been preferable to the researcher because it has the following assumptions:

- the t-test is the most powerful of the related / dependant sample tests
- the measurements are made on the interval scale
- the subject has been randomly selected from the defined population
- the standard deviation of the scores for the two samples should be approximately equal
- the population from which the sample has been drawn are normally distributed. This means, in practice, the distribution of the scores for the subject in each condition must be normally distributed.

#### **4.3.3.1 Parent-effectiveness**

Parents experienced lectures, role-play and presentations on how to be an effective parent, maintaining good parent-adolescent relationships, involving adolescents in family tasks and reinforcing that behaviour, respecting the adolescents and involving them in decision making, encouraging their adolescents to be unique and enjoying them. Parent also explored ways to express warmth and love towards their adolescents. The participants reported an improvement in parental communication which was defined as a parent's ability to exchange thoughts and ideas in a confidant, open manner that promotes conversation. As sex education took place in groups meeting, parents noted that the best

tool to fight AIDS, and sexually transmitted diseases is abstinence which can be promoted by Christianity (for instance to “be born again”).

**Table 4.15 Displaying a change in parent - effectiveness as perceived by the participants**

Participant	Pre-test	Post-test	D	D2
1	30	32	2	4
2	19	21	2	4
3	25	30	5	25
4	14	19	5	25
5	23	26	3	9
6	28	31	3	9
7	16	18	2	4
8	31	32	1	1
			$\Sigma D=23$	$\Sigma D^2=81$

$$t\text{-obt} = \frac{\sum D}{\sqrt{n}} \frac{\sum D^2 - (\sum D)^2 / n}{(8-1)}$$

$$= \frac{23}{\frac{(8 \times 81) - (23)^2}{7}}$$

$$= \frac{23}{\frac{(648-529)}{7}}$$

$$= 5.58$$

The null hypotheses were as follows:

- the program can not help to identify the causes of adolescent problems
- Parent effectiveness training programs can not significantly empower parents by improving parents-adolescents communication
- program would not results in the effecting parenting and decrease adolescents' antisocial behaviour

Decision : reject null hypothesis

Conclusion : participation in the program of parent-effectiveness improves parent-adolescent relationships

After parents participated in the groups and many sessions on how to be effective parents, their adolescent children were asked to grade their parents on the following parenting skills: raising their adolescents with good values, appreciating them for who they were, encouraging and motivating them to learn, spending time talking to them involving the adolescents in making rules and decisions and educating them about sex.

**Table 4.16 Adolescent rating of perceived change in parenting skills**

<b>Participants</b>	<b>Pre-test</b>	<b>Post-test</b>	<b>D</b>	<b>D2</b>
1	29	30	1	1
2	30	32	2	4
3	25	27	2	4
4	26	28	2	4
4	17	20	3	9
6	27	31	4	16
			$\Sigma D = 14$	$\Sigma D^2 = 38$

$$T_{obs} = \frac{\sum D}{\sqrt{n - \sum D^2 / n}} - \frac{(\sum D)^2}{n(n-1)}$$

$$= \frac{14}{\sqrt{6 - 38/6}}$$

$$\frac{(6 \times 38) - (14)^2}{6-1}$$

$$= \frac{14}{\sqrt{228 - 196}}$$

$$5$$

$$= 5.53$$

Decision : reject null hypothesis

Conclusion : participation in the parent effectiveness group helped to identify adolescent problems, improves parent-adolescent relationships as perceived by adolescents.

The program resulted in effective parenting and decreased adolescents' negative behaviour.

#### **4.3.3.2 Evaluation of the program (see Appendix F)**

The programme has been scientifically evaluated. It was rated as excellent by 37.5% of the participants, and good by 62.5%. No participants rated the program as fair, poor or not helpful. They reported it empowered and brought the desired improvements in their parental skills such as family interactions and also helped them to deal with their feelings as well as adolescent feelings.

The program was reported as helpful to both adolescents and parents, in terms of their psychological well being, interpersonal effectiveness and personal empowerment.

**Table 4.17      Displaying the overall parent-effectiveness group program**

Participants were asked whether there was any improvement in the following aspects: communication, parent-adolescent relationships and interpersonal relationships. Response are indicated in the table below

Communication	100%
Parent-adolescent relationships	70%
Interpersonal effectiveness	100%
Psychological well being	80%
Sex education	70%

Absenteeism of some members in some sessions was a main problem. Other problems were that the time assigned for each session was too short, i.e., not everything was discussed as they had wished and this made it difficult for the researcher to evaluate the program effectively. Most of the participants were not punctual and the attendance was

therefore inconsistent. One hundred percent of the participants wanted the program to continue as it had taught them different parenting skills as parents of an adolescent. The adolescents reported that they saw a change in their parents and that the program was very helpful.

Suggestions included more group sessions within a couple of months. There was a suggestion for adolescents to be involved in all sessions not in their own group so that parents will know what their problems were. It was suggested that the program should be applicable to young adult children. Parents also suggested that there must be an open lecture to the community which will address issues like AIDS / HIV, teenage pregnancies, and other relevant topics. Parents had an idea that if someone other than parents could address adolescents, maybe they could change as they are egocentric and self-centred attitudes. Workshops for everybody (parents, adolescents, young adults) were suggested by parents, so that they could share their problems and experiences with the people who will render them help and everyone could be motivated for serious commitment. The way in which the group was run motivated and encouraged participants to share the skills with other parents and colleagues at school. Each member had a chance to reflect on sessions at home, and to practice the skills they had learned.

Other comments were that the parents wished to change their parenting skills, they were aware of their mistakes and did not want to repeat them. Adolescent participants saw the need for parents to be good role models in everything they do. It was noted that parents needed to do their budgets together with adolescents to decrease unrealistic demands for money and clothing and other items from adolescents. They saw the importance of family meetings to discuss important issues at home. Everyone should be involved in decision making. Parents needed assertive training and financial counselling to help them in dealing with teenagers who were demanding and to be brave enough to say no where necessary to their adolescents.

#### **4.4      Resume**

All information, themes from all sessions, interviews and observations have been presented and analysed. The program has been evaluated and there is evidence that the study has been effective. However, due to poor attendance, small sample size and inadequate time to complete session goals, results should be regarded with a reasonable degree of caution.

## **CHAPTER FIVE : SUMMARY AND FINDINGS, RECOMMENDATIONS AND CONCLUSION**

### **5.1 Introduction**

In this chapter, the researcher will conclude the present study, on the basis of literature review, parent-adolescent groups, pre-testing and post-testing of participants, and the testing of the hypotheses. Limitation of the study and recommendations for future studies of this area mark the end of the project.

### **5.2 Summary of the main findings and their discussions**

This study was designed to investigate whether parent-effectiveness programs can improve parent-adolescents relationships and can decrease adolescents' problems. In other words, it aimed to promote psychological health for both parents and adolescents. The main aims of the study were:

- identify the causes of adolescent problems that could be addressed by parents and health professionals
- empower individual parents by developing effective parenting skills in workshops
- improve adolescents' positive perception of communication with parents
- evaluate workshops with regard to parents perceptions of their improved parenting skills, and
- evaluate adolescents perceptions of their parents improved skills

The following hypotheses were formulated to fulfil the aims of the study:

- the program would help to identify the causes of adolescent problems
- parent effectiveness training programs would significantly empower parents by improving parents-adolescents communication
- the program would result in effective parenting and decrease adolescent's negative behaviour

### **5.2.1 Parent effectiveness as perceived by both parents and adolescents**

It has been asserted with ninety-nine percent confidence that the study promoted parent - effectiveness of participating parents with adolescents. The results are significant due to factors that really exist. This variable has shown an improvement. This could be due to the fact that the change in parent effectiveness was experienced immediately after sessions as the parents of adolescents went home and practised the skills they have learned or acquired. Parents also had an opportunity to alter their philosophies and learn skills that helped reinforce a change.

In the parent effectiveness program parents learned about real communication, sex education, alcohol and drugs intake and family interaction. Communication assisted parents with a right way of relating with their children and other people in and outside the home environment. Parents learned to express themselves, how to treat their children with warmth, love and respect, how to take time out when they were angry for each other and how to handle that situation. During the sessions parents were exposed to this communication content as individuals and as a group. Communication, of course, is a key intervention in coping with problematic adolescents as well as building and strengthening relationships.

In this program, parents also learned of risk factors that can lead to substance abuse among teenagers. Parents learned that developing strong family relationships and setting clear family expectations can help to protect their children from problems such as substance abuse. Family meetings were introduced to parents, as a vehicle for developing good relationships and discussion of family rules. Parents started holding meetings at homes, and reported them as very powerful tools. Parents also learned the importance of avoiding power assertion, and that anger can be destructive in attempting to resolve disagreement with adolescents.

### **5.2.2 The causes of adolescent problems**

Identifying factors that contribute to adolescent problems was one of the goals of this study. The findings indicate that parents of adolescents inadvertently cause adolescents problems. Parents always play a major role in children's behaviour and this is based on parenting skills. The extent of parents' knowledge about adolescent problems is reflected in communication and time spent with their children. It was articulate 90% evident that communication is a key to improve family interaction.

The time parents spent with their children did not seem to be enough. During interviews with parents and children 96% evidence proved that parents spent little time with adolescent children. They spent more time eating meal, watching TV, praying and doing homework than telling them about facts of life. The findings further revealed that mothers usually spent more time with teenagers and were more knowledgeable about their relationships and love affairs than fathers. For this reason, teenagers mostly share their problems with mothers rather than fathers. About 45 adolescents out of 50 reported that fathers were very strict and liked to use corporal punishment, which resulted in a break in their relationships. In terms of educational status, it has been noted that professional mothers are more open and friendly to their children and involve adolescents in rules and decision-making more than non- professionals. This was articulated with 98% evident.

Socially, it has been revealed that parents can play an important role in determining their adolescents' involvement in social or antisocial behaviour by modelling certain behaviours. Parents who abuse substances or who have a permissive attitude towards substance abuse, are associated with children who themselves begin abusing substances at early adolescence. A poor family environment also increases the possibility of antisocial behaviour (Igra & Irwin, 1996). Longitudinal studies show that adolescents, who have severe behaviour problems in this stage (adolescence), have already been marked by having many problems during childhood. Adolescents who emerge from families in which parents have been hostile and neglectful, and perhaps overtly abusive, are likely to have been aggressive and violent themselves at ages as young as eight years. Marital instability,

especially resulting from antisocial personality characteristics of parents, was also frequently a part of the adolescent's history (Sprinthall & Collins, 1995).

Therefore, programs to improve family environments by teaching parents to exhibit more positive behaviours, and teaching parents how family environments lead to problem behaviours in adolescents, need to be established.

Biological or physiological changes like early maturation, especially, in girls increase risk of developing problem behaviours. The support of parents, however, helps to protect early maturing girls against the possible negative outcomes of early maturation (Sprinthall & Collins, 1995). Genetic pre-disposition is believed to be one of the factors that leads to certain risk behaviours like substance abuse. Parents may not be able to change biology, but they can be taught how it affects adolescents and what can be done to minimise its impact in their relationships with adolescents.

The findings revealed that, psychologically, adolescents are generally more concerned with the consequences that affect their immediate lives rather than long term outcomes. Some engage in sensation seeking behaviour in which there is a need for varied, novel and complex sensations and experiences, and are willing to take physical and social risks to achieve these ends. The input of their peers is also very important in their process of decision making ( Naidoo, 2001).

DiClemente and Cobb (1996) argue that adolescence is a period in which the individual attempts to establish an identity for himself. There may thus be a need to appear unconventional to gain the respect of peers and to demonstrate autonomy from parental control. In any event adolescents do need to participate in some aspect of risky behaviour to be able to function in the adult world. This may be therefore seen as an exploratory phase in which they can learn to cope with anxiety and frustration; anticipate failure; and affirm their maturity and identity. Naidoo (2001) describes this exploratory phase as developmentally adaptive risk-taking behaviour.

Psychologically, the child has urges, motives, needs and emotions. If these are not adequately satisfied, or if sufficient opportunities for socially acceptable expression of his / her urges do not exist, then the child will likely engage in mal-practices such as theft, damage to property and assault. The adolescence stage is a period of transition. During this period the relationship between parents and adolescents change and conflicts occur. If parents and adolescents do not attempt to resolve the disagreement between them or if resolutions consistently ignore the need and the interest of the other party, then conflict will have a negative impact. Parents must be knowledgeable that adolescents have unique needs that depend on them, as parents, to be satisfied.

It is the role of socialisation in childhood and adolescence to direct and channel instinctual drives, needs, urges and emotions into socially acceptable forms. The family or parent is a major agent of socialisation. Parents need to develop strong relationships with their adolescents, and understand that as adolescents have unique needs to be satisfied, parents must create warm and accepting environments. Parents need to be supportive and avoid coercive interaction.

### **5.2.3 Psychological health for both parents and adolescents**

There was a significant improvement in the psychological health of the participants (98% evidence). It has been noted that during sessions parents were sharing more or less the same problems and challenges. Both adolescents and parents felt accepted, recognised, shared information and experiences and gained emotional support from others. This decreased the stress of being a teenager and of being an adolescent parent.

### **5.2.4 Limitations of the study**

The limitation of this study was that in both the survey and in group meetings there were more female participants. The researcher was not able to measure and from male parents. The researcher hypothesised several reasons for male lack of participation. Males may

been engaged in employment or otherwise occupied or might not have had much faith in counsellings as a method to improve parenting skills.

Another limitation was lack of mixed types of parents of adolescents (in terms of race and gender). Also all parents were educated. In other words, limitations to generalization apply to the study. Replication samples of parents and adolescents from varied cultures, ethnic background and locations are needed. Furthermore, the findings of the study represent short-term post-test results. Follow-up would help to determine the sustained effectiveness.

The researcher found it difficult to begin the program with the group of parents. Initially some parents were not open.

There was a limited number of parents and the group was regarded as too small for reasons of poor attendance. According to Yalom (1987) the requirement of an interaction group should be eight.

In the survey, not all parents of the adolescents returned questionnaires (only 20 parents), thus the researcher drew another sample of parents that did not have adolescent matches.

### **5.2.5 Recommendations**

The recommendations of this study are as follows.

- It is therefore recommended that more groups of this kind should be run all over the country to promote the mental-health of both parents of adolescents and adolescents.
- The group of parents and the group of adolescents should run concurrently, so that both parents and adolescents will discuss important issues that need to be highlighted as family members.
- Workshops on HIV/ AIDS and other sexually transmitted diseases should be run in both townships and reserved areas.

- Communication need not only be theorised by family members, but it needs to be practiced by both parents and their children at home and other places of interaction in order to build and strengthen the relationships.
- Such programmes also need to be implemented in rural areas that are under-developed and with disadvantaged people.
- It is recommended that sex education should take place as early as childhood until late adolescence.
- Parents should receive counselling before their children reach the adolescent stage, as a primary level of prevention. They also need financial counselling.
- Communication or relationships between parents and adolescent children should be very strong, so that children will be free to say anything if they have problems.
- Family meetings should be held every month, to discuss important issues in the family, like budgeting.
- There should be lessons such as how to avoid AIDS and other sexually transmitted diseases, how to prevent hypertension and other important illness.

### **5.3 Conclusion**

The findings illustrate that lack of strong and positive communication between parents and their adolescent children have a great impact in causing adolescents' problems. More especially, those teenagers who are from broken families, unemployed and low economic class, suffer a lot. However, programs that will assist parents in the community and strong relationships with friends and family members can make a change. Parents will feel more empowered, become more effective parents, their communication and interpersonal skills will improve and consequently their mental health will be promoted.

It is also predicted that the parent effectiveness group will empower participants to be able to empower other parents of adolescents. The participants in the present research committed themselves to starting more groups of the same kind. In that way, they will be transferring the skills and knowledge they learn from the group.

It is the researcher's hope that this research has made a valuable contribution to health promotion in the South African population. It is hoped that health professionals will be challenged to assist communities in implementing programs that will decrease adolescent problems and stress in both parents and adolescents. This will be done through taking measures that will make individuals in communities better able to control their own lives. It is important to note that healthier families make healthier communities, which in turn make a healthy and productive country.

This research has revealed that good communication is based on mutual respect. This means both the parents and the children allow each other to express their thoughts and feelings honestly without fear of being ridiculed or negated. It means accepting (not necessarily agreeing with) what each person says. It is predicted that parents have developed their listening skills and respond in a way that children can be convinced that their parents have heard and understood their feelings and experiences. An October 2002 Sunday Times magazine revealed that parents need to remain non-judgemental and avoid threatening conditions towards adolescents. In this research parents have also realised the importance of this point, as it gives adolescents freedom and boost their self-esteem.

In parent effectiveness groups, parents saw the importance of communication. They gained more insight into what communication entails. For instance, they understood that communication also involves sharing ideas, experiences, feelings, disappointments and hopes with children. As adolescents enjoy talking, they are curious and ask lots of questions. Therefore, parents must answer honestly and patiently. Parents agreed that they would communicate with their children in a way that their ideas, needs, feelings and behaviours could be clearly understood. They also need to keep communication as friendly as possible, treat children with respect and communicate their confidence and love. As a result, positive relationships will be established.

Silverman, & Lustig (1987) further stated that the single most important point of dealing with an adolescent is communication. As a parent, one must be able to communicate with one's teenagers if there is to be any hope of improved relationships. PST suggests that parents can set the stage for real openness by sitting down with their adolescents and explaining that, although they have different opinions, they still understand and appreciate the way they feel and are still prepared to listen to what they say.

Parents who adopted the “do’s” and “don’ts” of Silverman, & Lustig (1987) also regarded them as major strategies in handling adolescent problems. Parents realised that teenagers want freedom, seek independence, and need opportunities in which to mature, but must be given realistic limits beyond which they can not go. Therefore, being a caring parent, means to find a compromise that is possible in nearly every area of disagreement. Parents saw the need to show their teenagers that they can count on them in bad times as well as in good times, instead of treating each other as enemies. Goron, Donner & Peacock (2000) stated that trust and communication are inseparable qualities, which form the foundation of adolescents’ behaviour management. Adolescents have different rights from young children, and their rights are different still from those of their parents. If parents can help adolescents to explore their limits without breaking them, these parents have done the best that any parent can be expected to do.

It is hoped that parents should start to teach their children about sex as early as possible, before their peers mislead them. Both parents should talk about sex pre-adolescence children, especially, parents of the same sex, like father to son and mother to daughter. It has been noted that the dramatic changes of the puberty stage are accompanied by social and emotional changes in the young adolescents. Young adolescents begin to change old rules of the family life that causes parents’ anxiety to rise. Pre-teens may try cigarettes, wine, beer or experiment with drugs. Parents should keep comfortable communication between their children, especially, if they understand that appropriate sex education can protect their children from sexually transmitted diseases, including AIDS. Re-assurance, love and support are just as important as scientific accuracy when talking about sex.

It has been revealed that many parents failed to confront their adolescent children and tell them about what is right and wrong. It has been noted that parents can decrease adolescent problems by telling them the whole truth about life while they are still young. In the survey, it has been revealed that parents are either too strict with their children or overprotecting of their children, instead of being supportive if necessary and disciplinary if there is a need.

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## **APPENDICES**

### **APPENDIX A**

University of Zululand  
Private Bag X 1001  
Kwa-Dlangezwa  
3886

*Dear parent*

I am a psychology masters student at the University of Zululand. I am studying the relationship between parents and their adolescents and I would like to know how parents think children should be brought up.

I humbly request your contribution in this research project, and promise that all the information you are about to furnish will be treated strictly confidential.

Your contribution is of utmost importance and will be highly appreciated.

Thank you in anticipation

By

---

S.P Zulu (Miss)  
(Masters student)

## **APPENDIX B**

University of Zululand  
Private Bag X 1001  
Kwa-Dlangezwa  
3886

Mzali

Ngingumfundi wasenyuvesi yaKwa-Zulu. Ngicwaninga ngobudlelwane phakathi kwabazali nabantwana babo (Adolescents) abeneminyaka eyishumi nambili kuya kwengamashumi amabili nanye.

Ngokuzithoba okukhulu, ngedlulisela lesisicelo sokuhlanganyela kuloluncwaningo ngokuphendula lemizo ekuleliformu. Ngiyethembisa ukuthi yonke imininingwane ozoyinikeza ngizoyigcina iphephile (confidential).

Iqaza ozolibamba noma igaleleo ongaliphonsa kulolucwaningo libalulekile futhi liyobongeka kakhulu.

By

---

S.P Zulu (Miss)

( Psychology masters student)

## **APPENDIX C**

### **PARENTS' QUESTIONNAIRE**

#### **Instructions to the respondents**

**Part 1 : tick the appropriate box or yes or no**

**Part 11 : answer all questions by filling in the spaces provided**

#### **Part 1 : Biographic information**

##### **1. Age:**

30-35	35-40	40-45	45 and above

##### **2. Gender**

Male	Female

##### **3. Educational level**

Matric	No matric	Tertiary

##### **4. Occupation**

General	Professional	Self-employed	Unemployed	Student

12. Is there any behaviour by your child you don't like? Yes / no

If yes, state the reason

---

---

---

13. What problems are you experiencing with your adolescent children?

---

---

---

14. Have you talked to your child about those problems? Yes / no

---

---

---

If no, state the reason.

---

---

---

15. How does your child react when you talk to him about those problems?

---

---

---

16. How many hours per week do you spend talking with your adolescents?

---

17. How is the relationship between you and your child / children?

---

18. Do you allow your child to give any ideas about rules s/he must follow? Yes / no

---

19. Is there anything more you would like to report about your child?

## APPENDIX D

### IMIBUZO YOMZALI

#### Indlela yokuphendula imibuzo

Isigaba 1 : maka ebokisini elifanele noma yebo / qha

Isigaba 11 : phendula yonke imibuzo ngokugcwalisa esikhaleni onikwe sona

Isigaba 1 : imininingwane yomzali

#### 1. Unyaka:

30-35	35-40	40-45	45 kuyaphezulu

#### 2. Ubulili

Owesilisa	Owesifazane

#### 3. Izinga lokwemfundo

Unomatibeletseni	Awunaye umatibeletsheni	Usesikhungwini esiphakeme

#### 4. Umsebenzi owenzayo

uqeqliwe	Uyazisebenza	Awusebenzi	Umfundi

#### Isigaba 2

#### 5. Unabantwana abangaki?

6. Yisiphi isikhathi othanda ukuba abuye ngaso umntwana wakho uma kade eyodlala ebusuku?

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7. Ngabe bukhona yini ubudlelwane phakathi kwakho nomntwana? Yebo / cha

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8. Umntwana wakho uyamnika yini ilungelo lokuphonsa uvo emithethweni eniyibekile ekhaya njengabazali? Yebo / cha

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9. Umeluleka kanjani umntwana wakho uma eqe umthetho noma onile?

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10. Ngabe uyadinga ukuqeleshwa ukuze usize umntwana wakho ekuxazululen i zinkinga zokukhula na? Yebo / cha

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Uma uvuma, mayelana nani?

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11. Uyambonisa yini umntwana wakho ngocansi, nokushintsha kwezitho zomzimba kanye nezifo zocansi ezithathelanayo ? Yebo / cha

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Uma uvuma, waqalanini ukukwenza lokho?

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Uma ungavumi, chaza

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12. Ngabe kukhona yini akwenzayo umntwana ongakuthandi? Yebo / cha

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Uma kukhona chaza.

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13. Wake wabonisana yini naye ngalokho ongakuthandi akwenzayo na? Yebo / cha

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Uma ungakaze, yisho isizathu.

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14. Wenza njani umntwana uma umbonisa ngaleyonto ongayithandi?

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15. Ngabe uchitha amahora amangaki uxoxa nengane yakho ngesonto elilodwa na?

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16. Ngabe uyamnika yini umntwana wakho ithuba lokuphawula mayelana nemithetho okumale      ayilandele ekhaya? Yebo / cha

17. Ngabe kukhona okunye othanda ukukusho mayelana nomntwana wakho?

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## **APPENDIX E**

### **ADOLESCENT'S QUESTIONNAIRE**

#### **Instructions to the respondents**

**Part 1 :** tick the appropriate box or yes / no

**Part 2 :** answer all questions by filling in the spaces provided

#### **Part 1: Biographic information**

##### **1. Age:**

12-14	14-16	16-18	18-21

##### **2. Gender**

Male	Female

##### **3. Educational level**

Grade 10	Grade 11	Grade 12

##### **4. Number of children at home**

1	2	3 and above

#### **Part 2: Open ended questions**

5. At what time do your parents expect you to be back at home when you go out at night or during the evening?

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6. Do you have a good communication with your parents? Yes / no

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7. Do your parents involve you in rule making? Yes / no

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8. How do your parent (s) discipline you if you break the rules?

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9. Do you think your parents have good parenting skills? Yes / no?

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If yes give examples!

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10. Do your parents talk to you about sex and changes in your body? Yes / no

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If yes, when did she / he start talking to you about it?

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11. Is there anything about your parents that you don't like? Yes / no

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If yes, what is it?

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12. Do you live with both parents (your father and mother)? Yes / no?

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If not why?

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13. What problems are you experiencing as an adolescent?

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14. Have you talked to your parents about those problems? Yes / no

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If no, state the reason.

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15. How does your mother or father handle those problems?

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16. How many hours per week do your parents spend talking with you?

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17. Do you like your parents to be involved in your love affairs? Yes / no

If no, why?

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18. How is the relationship between you and your parents?

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19. Do your parents accept your views or ideas, on rules that you must follow? Yes / no

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20. Is there anything more you would like to report about your parents?

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## **APPENDIX F**

### **Program Evaluation Interview Guide**

Please evaluate the program as sincerely as you can. I would like to know how you feel and think of it. Feel free to express your views, as it is important to the researcher to know whether it made any impact in your life and your circumstances.

1. How would you rate the program? Make the cross in the appropriate box:  
exellent 1, good 2, fair 3 and poor 4

Excellent	Good	Fair	Poor

2. Do you think the program was helpful?

Yourself	yes / no
Parent-adolescent relationship	yes / no
Interpersonal effectiveness	yes / no
Personal empowerment	yes / no
Psychological well being	yes / no

3. What do you believe were the main strength (s) of the program?

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4. Would you like the program to continue?

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5. What suggestions would you give to improve the program?

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6. Is there anything more that you would like to say about the program?

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## **APPENDIX G**

### **Parenting skills rating scale**

#### **Directions**

I am studying the relationship between parents and their adolescents and how parents think children should be brought up. Would you like to know how parents perceive their effectiveness in parenting skills. You can help in this study by rating your perception of your own effectiveness in each statement listed below, from poor to fair, good or excellent. You can circle the appropriate column. Be honest and frank. Use the following scale: excellent 1, good 2, fair 3 and poor 4

1.	Treating your children with respect	1	2	3	4
2.	Giving praise and attention	1	2	3	4
3.	Involving children in rule making	1	2	3	4
4.	exercising firm discipline	1	2	3	4
5.	Being constant in punishment	1	2	3	4
6.	Encouraging your children to be unique	1	2	3	4
7.	Being a model to your child	1	2	3	4
8.	Rewarding appropriate behaviour	1	2	3	4
9.	Maintaining a good parent-adolescent relationship	1	2	3	4
10.	Enjoying your children	1	2	3	4

## **APPENDIX H**

### **Parental skills as assessed by adolescents**

#### **Directions**

I am studying the relationship between parents and their adolescents and how parents think children should be brought up. Would you like to know how parents perceive their effectiveness in parenting skills. You can help in this study by rating your parents' parenting effectiveness in each statement listed below, from poor to fair, good or excellent. You can circle the appropriate column. Be honest and frank. Use the following scale: excellent 1, good 2, fair 3 and poor 4

1.	Treating you with respect	1	2	3	4
2.	Giving praise and attention	1	2	3	4
3.	Involving children in rule making	1	2	3	4
4.	exercising firm and constructive discipline	1	2	3	4
5.	Being constant in punishment	1	2	3	4
6.	Encouraging you to be unique	1	2	3	4
7.	Being a good role model	1	2	3	4
8.	Rewarding appropriate behaviour	1	2	3	4
9.	Maintaining a good parent-adolescent relationship	1	2	3	4
10.	Making you feel important and loved	1	2	3	4

## **APPENDIX I**

### Auto-biographic information

1. Full names and Surnames \_\_\_\_\_
2. Age \_\_\_\_\_
3. Number of children at home \_\_\_\_\_
4. Your educational \_\_\_\_\_
5. Level \_\_\_\_\_
6. Your Position (e. g firstborn) \_\_\_\_\_
7. Number and ages of your children \_\_\_\_\_
8. Are you

Married	Never married	Divorced	Widowed

## **APPENDIX J**

### **Needs Assessment Questionnaire**

1. What does it mean to you to be a parent of an adolescent?

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2. What are your joys of being the parent of an adolescent?

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3. What are the frustration of being the parent of an adolescent?

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4. List your need as a parent of an adolescent.

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5. What do you hope to gain from this parent-effectiveness program?

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6. What do you hope to contribute to this program in terms of your expertise and experience?

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