



Parental Substance Abuse and Children's Psychosocial Well-Being in Maphiveni in The Kingdom of Eswatini

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Abstract: Substance abuse remains a pressing challenge among youth globally and within Eswatini, with profound effects on family systems. This study examined the impact of parental substance abuse on children's psychosocial well-being in Maphiveni, guided by Bowen's Family Systems Theory. A mixed-methods design was employed, targeting a population of 2,800, with a study population of 900, comprising parents, children, social workers, children's officers, and police officers. Using purposive sampling, data were collected through questionnaires, focus group discussions, and in-depth interviews, yielding 359 respondents. Quantitative data were presented through frequency tables, while qualitative analysis followed Tesch's approach. Findings indicated a rising trend of parental substance use in Maphiveni. Children of substance-using parents were disproportionately vulnerable to mental health challenges, poor academic performance, weakened social skills, economic hardship, and increased risk of substance use. The study also revealed limited interventions to safeguard children's psychosocial well-being, with families further burdened by financial strain and social stressors, including domestic conflict, abuse, and isolation. The study underscores the urgent need for formal and informal support networks, expanded counseling and rehabilitation services, and stronger government-led anti-drug initiatives through collaborative, community-based approaches.

Keywords: Substance abuse, psychosocial, well-being, Eswatini

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1. Introduction

Substance abuse has emerged as a critical global health concern with multidimensional effects at the individual, family, and community levels. The World Health Organization (WHO, 2021) underscores the severe social, economic, and health consequences of alcohol, illicit, and prescription drug misuse. When parents are affected, the repercussions extend beyond the individual, undermining children's emotional, cognitive, and physical development. Literature consistently highlights that children of

substance-abusing parents are disproportionately vulnerable to neglect, abuse, emotional instability, and poor psychosocial outcomes, which may persist into adulthood if unaddressed (UNODC, 2020).

Legal and policy frameworks attempt to mitigate these risks. In Eswatini, the Children's Protection and Welfare Act (2012) mandates safeguarding children from neglect and abuse, while ensuring access to essential services such as food, shelter, education, and healthcare. Similarly, the UN Convention on the Rights of the Child (UNCRC) calls for nurturing parental care and protective environments.

Despite these frameworks, substance abuse continues to undermine children's welfare globally.

Comparative evidence demonstrates the scale of this challenge. In the United States, an estimated 12.3% of children live with a substance-using parent (Child Welfare Information Gateway, 2021). Across Europe, prevalence varies—23% in Poland, 15.4% in Germany, and 10.5% in Denmark—reflecting both the pervasiveness of parental substance use and the urgency for policy-driven interventions (Annor, 2024). In South Asia, the situation is compounded by weak social welfare systems; in Pakistan, drug abuse contributes to nearly half of preventable deaths, leaving many children neglected or abandoned (Ghazal, 2019). Sub-Saharan Africa faces parallel challenges, where poverty, gender inequality, and inadequate healthcare amplify the effects of parental misuse. For instance, alcohol-related harms among young women exacerbate child neglect, maternal health complications, and cycles of domestic violence (Hlengwa & Mbele, 2023).

In Eswatini, the Lubombo Region, due to its location along major transport routes, has become a hotspot for substance abuse, with devastating consequences for families. Parents struggling with addiction frequently neglect their children, exposing them to malnutrition, emotional trauma, poor academic performance, and exploitation (Burford et al., 2019; Ebrahim et al., 2024).

Theoretically, this study is grounded in Bowen's Family Systems Theory (FST), which views the family as an interconnected emotional unit where individual behavior reverberates throughout the system. Parental substance abuse destabilizes family functioning, creating ripple effects that compromise children's psychosocial well-being. Using this lens, the study positions parental addiction not merely as an individual pathology but as a systemic disruption that reshapes family dynamics, relationships, and developmental outcomes for children.

1.2 Statement of the problem

Despite international conventions and national legislation aimed at safeguarding children, parental substance abuse in Eswatini, particularly in Maphiveni, Lubombo Region, remains a pervasive and under-addressed challenge. Children in these contexts often bear the compounded burdens of neglect, stigma, poor schooling, and limited psychosocial support. Existing interventions are minimal, fragmented, and insufficiently informed by systemic understandings of family dynamics. Consequently, a knowledge gap persists regarding the specific psychosocial impacts of parental substance use on children within Eswatini's rural communities. Addressing this gap is critical to inform holistic, family-centered interventions

that strengthen child protection systems and break intergenerational cycles of substance misuse.

2. Literature Review

The rising prevalence of substance abuse continues to pose serious challenges for individuals, families, and societies worldwide. The World Health Organization (2024) defines substance abuse as the harmful or hazardous use of psychoactive substances such as alcohol, narcotics, marijuana, hallucinogens, and inhalants. While the immediate consequences are often physiological, the wider social and psychological impacts are profound, especially when the abuser is a parent. A growing body of literature highlights that parental drug and alcohol use destabilizes family systems, disrupts emotional bonds, and creates ripple effects that impair children's psychosocial, cognitive, and academic development (Kuppens et al., 2020). To understand this complexity, this study draws upon two complementary theoretical perspectives: Bowen's Family Systems Theory (FST) and the broader Family Systems Theory.

2.1 Theoretical Framework

2.2.1 Bowen's Family Systems Theory

Bowen's Family Systems Theory, developed in the mid-20th century, provides a useful conceptual lens for understanding the interconnected nature of family relationships. Bowen argued that individuals cannot be understood in isolation, as families function as interdependent emotional units. When adversity such as substance abuse arises, family members often adapt by shifting roles or suppressing emotions in an effort to maintain stability (Shen et al., 2025). Such adaptations, however, may have damaging consequences, particularly for children. For example, children may assume caregiving roles prematurely or withdraw emotionally, undermining healthy psychosocial development. Dykes and Casker (2021) emphasize that disruptions in one family member's behavior inevitably reverberate through the system, creating patterns of closeness or distance that may perpetuate dysfunction across generations.

Extending Bowen's framework, the general Family Systems Theory conceptualizes the family as a dynamic social system composed of interrelated subsystems that constantly interact (Pratt & Skelton, 2020). This approach highlights that changes in one member's behavior vector throughout the system influence collective patterns of adaptation. Importantly, families are also influenced by external environments such as schools, communities, and peer groups. Hunt et al. (2024) note that these multi-directional interactions underscore the importance of

viewing parental substance use not as an isolated individual pathology but as part of a systemic challenge that requires holistic interventions. Together, Bowen's theory and FST frame parental addiction as both a relational and structural issue, offering a comprehensive basis for exploring its impact on children's psychosocial well-being.

2.2.2 Family Systems Theory (FST)

The broader Family Systems Theory (FST) reinforces Bowen's ideas by framing the family as a dynamic and interactive social system rather than a collection of individuals (Pratt & Skelton, 2020). Within this model, each family member's behavior influences the entire unit, meaning that changes in one member inevitably reverberate throughout the system. In the context of parental substance abuse, this perspective highlights how addiction disrupts established roles and relationships, forcing families to adapt in ways that may compromise children's psychosocial development. FST therefore underscores the importance of addressing the family as a unit of analysis, rather than isolating individuals, when designing interventions to safeguard children's well-being.

Crucially, FST also recognizes that families consist of interconnected subsystems—such as parent-child, sibling, and marital relationships—that continuously interact. These subsystems generate patterned behaviors that shape the functioning of the whole system. As Hunt et al. (2024) observe, families do not exist in isolation but engage with broader external environments such as schools, communities, and peer networks. Consequently, behavioral outcomes are multi-directional rather than linear, influenced by both internal dynamics and external pressures.

Taken together, Bowen's Family Systems Theory and the broader FST offer a comprehensive lens for examining the psychosocial consequences of parental substance abuse. They illuminate how addiction destabilizes family roles, erodes emotional bonds, and exposes children to cascading risks that extend beyond the household. By applying these frameworks, the present study situates parental substance abuse as a systemic disruption rather than an individual pathology, thereby strengthening the basis for holistic, family-centered interventions.

2.2 Review of Empirical Studies

Substance abuse, broadly defined as the harmful or hazardous use of psychoactive substances such as alcohol, narcotics, marijuana, hallucinogens, and inhalants (WHO, 2024), has wide-ranging health, social, and economic consequences. While substance use directly affects individuals' physical and psychological health, its effects

extend far beyond the user, particularly when parents are involved. Children of substance-abusing parents face heightened risks of disrupted emotional bonds, neglect, abuse, and intergenerational cycles of addiction (Kuppens et al., 2020). This section reviews global, regional, and local empirical evidence on parental substance use, emphasizing its psychosocial impact on children and families, critiquing current interventions, and situating findings within social work practice and legal frameworks.

2.2.1 Global Perspectives

International evidence reveals that parental substance abuse is a cross-cutting public health and social problem. In North America, the opioid crisis has devastated families, with an estimated 12.3% of children living with a parent who misuses substances (Child Welfare Information Gateway, 2021). Hunt et al. (2024) link the crisis to over-prescription of opioids, socioeconomic inequalities, and untreated mental health conditions. Children in such families are more likely to experience foster care placement, behavioral disorders, and long-term psychosocial distress. While North American systems often prioritize child protection through removal, critics argue that such approaches neglect systemic family interventions that could promote reunification and resilience. From a social work perspective, principles of family preservation and permanency planning are underutilized, despite being emphasized in instruments such as the United Nations Convention on the Rights of the Child (UNCRC).

In Europe, empirical evidence demonstrates comparable challenges. Annor (2024) found that 23% of Polish children, 15.4% in Germany, and 10.5% in Denmark live with a substance-abusing parent. Studies across Scandinavia highlight that robust welfare systems mitigate some harms, but social workers still struggle with balancing child safety and parental rehabilitation. Zeng et al. (2021) critique European research for often focusing on individual pathology rather than systemic family dynamics, a gap that underscores the need for models informed by Family Systems Theory. Social work practice in Europe has increasingly adopted integrated case management approaches, combining counseling, rehabilitation, and family support services. Nevertheless, stigma remains a barrier, with children of addicted parents frequently facing bullying and social exclusion.

In Asia, urbanization, changing family structures, and weak community support systems contribute to rising methamphetamine and opioid use (Amin et al., 2023). For example, in India and Pakistan, substance abuse is linked to family disintegration, child labor, and intergenerational poverty (Ghazal, 2019). Unlike North America and Europe, where social service infrastructures are relatively

well-developed, many Asian countries lack coordinated child protection systems. Social workers often rely on community-based interventions, peer support groups, and informal safety networks, but these remain underfunded and fragmented. Importantly, cultural norms often discourage open discussion of parental addiction, which exacerbates children's isolation and limits help-seeking behaviors.

2.2.2 Regional and African Perspectives

In Sub-Saharan Africa, parental substance abuse intersects with poverty, conflict, and political instability. Alcohol and cannabis are the most widely abused substances (Annor et al., 2024), while trafficking routes have increased access to drugs in rural areas. Empirical studies emphasize that substance abuse exacerbates child neglect, domestic violence, and economic vulnerability. Funmilayo et al. (2019) highlight that peer influence, unemployment, and lack of recreational facilities fuel both adolescent and parental drug use. Unlike Western contexts, African families often lack access to structured rehabilitation services, forcing children into caregiving roles or early income-generating activities. This resonates with Bowen's Family Systems Theory, which explains how children adapt to fill disrupted roles within dysfunctional family systems.

In South Africa, Hlengwa and Mbele (2023) note the rise of substance use among young mothers, which contributes to child neglect, HIV transmission, and poor maternal health outcomes. Social work interventions often emphasize community-level prevention, but these are hampered by resource constraints. Welby-Solomon (2020) adds that teenage mothers engaging in drug use are more likely to lose custody, perpetuating cycles of trauma for both mothers and children. These findings raise questions about the adequacy of punitive child removal strategies, suggesting instead the need for strengths-based social work approaches that focus on family preservation, harm reduction, and empowerment.

2.2.3 Local Evidence from Eswatini

Eswatini, particularly the Lubombo Region, faces growing challenges due to its location along major trafficking routes. Ebrahim et al. (2024) found that parental substance abuse in this region correlates strongly with child neglect, malnutrition, and emotional trauma. In Maphiveni specifically, widespread poverty and unemployment intersect with high rates of drug and alcohol abuse, particularly among men. Burford et al. (2019) document that children in these households often exhibit anxiety, low self-esteem, and academic difficulties, frequently missing school to care for siblings or contribute economically.

Despite these realities, empirical studies on Eswatini remain sparse, often limited to descriptive accounts rather than systematic analyses. Moreover, there is limited evaluation of social work-led interventions, leaving significant gaps in understanding how professional skills and methods can effectively safeguard children.

2.2.4 Emerging Themes

Across contexts, several themes emerge. First, parental substance abuse consistently destabilizes family functioning, confirming Family Systems Theory's proposition that shifts in one member reverberate across the whole unit. Second, children's psychosocial well-being is affected across multiple domains, emotional, academic, behavioral, and relational. Third, while global evidence highlights effective interventions such as family-based counseling, peer support, and integrated rehabilitation, their application in African contexts remains limited.

Critically, much of the existing research focuses on prevalence and risk factors but pays insufficient attention to protective factors, resilience, and systemic interventions. For example, North American and European studies highlight the effectiveness of multi-agency collaboration and case management, but few African or Eswatini-based studies assess similar models. Likewise, most African research adopts public health lenses, with limited integration of child and family social work perspectives that emphasize empowerment, advocacy, and holistic support.

2.2.5 Social Work Perspective and Legal Alignment

From a child and family social work perspective, addressing parental substance abuse requires the application of key skills such as assessment, case management, counseling, advocacy, and community mobilization. Social work methods, including family therapy, group work, and community organization, are especially relevant, aligning with principles of human dignity, self-determination, and best interests of the child. Global legal instruments such as the UNCRC and regional frameworks such as the African Charter on the Rights and Welfare of the Child call for child protection systems that prioritize both survival and development. Locally, Eswatini's Children's Protection and Welfare Act (2012) underscore the right to safety, education, and family life, obligating parents, communities, and government to act in children's best interests. Yet, the gap between policy and practice remains wide, with limited child-focused rehabilitation services and weak inter-agency coordination.

2.2.6 Research Gaps

Despite substantial evidence on the harms of parental substance abuse, empirical gaps remain. Few studies explore the psychosocial experiences of children in Eswatini, particularly in rural communities like Maphiveni. Research often neglects children's own voices, focusing instead on adult perspectives or aggregate statistics. Furthermore, there is limited evaluation of social work interventions that apply systemic approaches informed by Family Systems Theory. These limit understanding of how professional skills, such as counseling, advocacy, and community engagement, can be tailored to local cultural and socioeconomic contexts. Addressing these gaps is essential to inform policies and interventions that not only protect children but also strengthen family systems against the intergenerational cycle of substance abuse.

3. Methodology

3.1 Research Design

Hassan (2022) describes the research approach as a systematic framework for conducting a study. It serves as a comprehensive guide for selecting appropriate research methods—tools used to gather data. Selecting the most suitable methodology requires careful consideration of several factors.

This research adopted a mixed-method approach, integrating both qualitative and quantitative techniques for data collection. A mixed-method approach does not replace a given approach, but it combines both quantitative and qualitative methods so as to bring a wider and more comprehensive understanding. This study design was chosen to evaluate how substance abuse by the parents may affect the psychosocial welfare of children in the town of Maphiveni, Eswatini.

Qualitative research aims at interpreting human behavior, experience, and life from the perspective in which people are immersed (Lim, 2024). It is concerned with what people make out of their experiences, and it is usually narrative rather than numerical data. This is in a bid to explain actions and perceptions within natural environments.

On the contrary, in quantitative research, there are techniques in gathering and processing numerical data that will reveal trends, make projections, arrive at conclusions about relations and generalize the results to other populations (Pritha, 2020). It usually deals with converting qualitative data into measurable variables, with the help of descriptive and inferential statistics. Quantitative research is based on deductive-based research hypotheses, as deducted through empirical observations (Lim, 2024). It is supposed to give an objective and systematic-based

analysis of variables and relations between them.

A research design refers to a plan of how to do a study. The research was conducted as an exploratory-descriptive survey in a research design that was suitable to generalize the research to the wider parts of the Lubombo region. As McCombes (2019) defines, a research design gives a general look at the layout of the research including the data collection and analysis. According to Creswell et al. (2019), research findings will be valid, accurate, and objective in case of a well-constructed design.

Exploratory-descriptive designs have the ability to provide a richness of information concerning a large sample (Doyle et al., 2020). Such a design was especially appropriate because of time and financial constraints. Such designs are applicable in the provision of baseline information (Lim, 2024). Also, they are adaptable, can promote the thorough analysis of the problem and may result in the suggestion to conduct the research in the future.

3.2 Study Location

This study was conducted in Maphiveni, which is in the country of Eswatini in the Lubombo region. The reason of choosing this area is that the researcher was familiar with the territory and the major issues concerning substance abusers. Drug and alcohol abuse is prevalent in Maphiveni and the population of vulnerable children is high and thus the fact makes it a pertinent setting to study. Lubombo in eastern Eswatini is a region with a population of 212,531 with an area covering 5,849.11 km². The capital of it is Siteki and it consists of 11 constituencies. Maphiveni lies within Mhlume constituency, alcohol and other drugs abuse, which is a mounting menace both to the individuals and families as well as the community in general is of major concern.

3.3 Study Population and Target Population

Taylor (2019) underlines that it is crucial to define the target population to make it possible to obtain relevant and usable data. The Mhlume Inkhundla houses the Maphiveni area and its population as of the 2017 census was 22,239 people. The Maphiveni area has about 2800 people living in it. Therefore, the target population consists of 2800 people.

Based on research, the estimated study population was the 900 parents who had substance use disorder and their children on the basis of the data registered by the Royal Eswatini Police Anti-Drug Unit, Lubombo Regional Headquarters (2023). People were chosen because of the cases they have been involved with the abuse of substances every year. Other members of the study population were

social workers, child protection officers, and police members among other major players in the government on child welfare and substance abuse intervention.

3.3.1 Sample Size

The number of study population in Maphiveni area (parents with substance abuse disorder) is 900 (LRHQ, 2023). In determining the sample size to be used, the Yamane Taro (1967) formula was used. It utters that preferred sample size is a function of the population and has the highest satisfactory margin of error (also known as the sampling error) and is articulated mathematically thus:

Like:

$$\begin{aligned} n &= \text{sample size} \\ N &= \text{target population} \\ e &= \text{maximum acceptable margin of error (5\%)} \end{aligned}$$

Hence, the required sample size set that the sum population of parents with substance abuse disorder is 900:

$$n = \frac{900}{1 + 900(0.05)^2}$$

Using the above formula, the study determined a minimum sample size of 399 parents with substance use disorders and their 399 children. An appropriate sample size for most academic studies typically ranges from 30 to 500 participants. Khan (1993, p.47) emphasizes that there is no definitive number for an ideal sample; rather, it should be large enough to represent the population and small enough to manage efficiently, considering available resources, participant accessibility, and data analysis complexity.

To ensure fairness in selection, purposive sampling was applied to the 344 respondents (parents and children), allowing each individual an equal opportunity to participate. Additionally, 15 key informants—including 5 social workers, 5 police officers, and 5 child welfare officers—were purposefully selected due to the crucial role they play in addressing parental substance abuse. This brought the final sample size to 359 participants. A sample size covering 20–30% of the accessible population is typically sufficient to make generalizations about the wider population.

3.3.2 Sampling Procedures

The researcher first used purposive sampling in the criminal justice and social welfare systems to find children who needed care because their parents were abusing drugs to find participants. This was followed by simple random sampling to ensure each potential respondent had a fair chance of being selected. The same process was used to

identify participating parents.

For professionals such as social workers, police officers, child officers, and government officials, purposive sampling was used due to their expert knowledge and relevance to the research topic. Questionnaires were given to parents and children, while interviews were conducted with key informants using structured interview guides.

3.4 Data Collection Methods and Instruments

As Stewart (2022) explains, data collection instruments are tools used to gather, evaluate, and analyze information related to a study's subject matter. In this research, which employed mixed-methods and descriptive design, the primary data collection tools included in-depth interviews, questionnaires, and focus group discussions.

Data were gathered through questionnaires administered to 277 parents and 277 children, both identified as needing care and protection or being reported to the justice system. Focus group discussions were held with 5 social workers and 5 child officers, while semi-structured interviews were conducted with 5 police officers, all selected through purposive sampling.

3.4.1 Pilot Testing of the Instruments

A pilot study was conducted in the Maphiveni Agriculture Department Settlements with 5 parents and their children (not included in the main study). The pilot helped assess clarity, correct misunderstandings, and ensure that tools captured the intended data.

3.4.2 Instrument Reliability

Reliability refers to the consistency of a measurement tool or process (Patino & Ferreira, 2019). A reliable study yields similar results when repeated under the same conditions. Also, a reliable instrument consistently measures what it intends to.

To guarantee reliability, a pre-test by the researcher was done on the data collection tools with 10 individuals from the target population (excluded from the main study), and necessary adjustments. This pilot test helped refine the instruments for clarity, consistency, and effectiveness.

3.5 Data Analysis Procedures

As Amaran et al. (2022) explain, data analysis involves organizing and interpreting data to answer research questions. Both qualitative and quantitative methods were used in this study, consistent with its mixed-methods

approach.

Qualitative data from interviews and focus groups were analyzed using Tesch's method .1. Transcripts were written out verbatim and translated into English; 2. The researcher carefully read each transcript and took notes 3. Notes were coded and organized into themes based on recurring ideas; 4. Themes were grouped and labeled based on commonalities and aligned with research objectives 5. Color coding was used to help identify recurring themes 6. A framework of themes and categories was developed to guide the discussion and analysis and 7. Direct participant quotes were used to support the findings and comparisons were drawn with existing literature.

Quantitative data were processed using frequency tables and cross-tabulations, bar graphs and pie charts for visual representation of demographic and other variables. Percentages were calculated and data were categorized for interpretation. This approach helped identify trends supported by the literature. This means that descriptive analysis is useful for understanding the current conditions and patterns reflected in the data.

3.6 Ethical Considerations

The important fact is that the participants were assured that the information on their identity and answers would be treated as confidential. They were also given a chance to use pseudonyms, or to be anonymous in that there would be trust and frankness when collecting the data.

The American Educational Research Association (2019) was along the lines of informed consent, since participants were fully knowledgeable on the form of study, any potential risks, and their right to participate or withdraw without consequences.

In this study, the researchers prioritized participant comfort and safety, recognizing the sensitive nature of the study topic. If any participant became emotionally distressed, the researchers were trained to manage the situation appropriately. Therefore, it allowed that a visible research procedure and debriefing sessions were executed to avoid and alleviate any harm (Semaan & Khan, 2023). On this

consideration, the participants were given full disclosure about the study's rationale, and there was no misleading information provided. Hence, the goals outlined in the consent form were the only ones that were pursued during the research session.

Participation in this study was entirely voluntary for every participant. The respondents involved were open to declining or removing themselves from the study at any given time without facing fines or consequences.

In this study, a debriefing session was conducted at the end of each data collection session. This had allowed contributors to reflect on the experiences they had, moreover clarified their misunderstandings, and then expressed their concerns. Moreover, debriefing also toughened the confidentiality conformity and permitted the researcher to deal with any remaining questions or emotional discomfort.

4. Results and Discussions

4.1 Questionnaire Return Rate

A total of 420 questionnaires were distributed (210 to parents and 210 to children), and 344 were returned—198 from parents and 146 from children, resulting in an 82% response rate. The remaining 76 (18%) were not returned. All 344 questionnaires returned were complete and suitable for analysis.

4.2 Parental substance abuse effect on children's psychosocial well-being

Based on the findings of this objective, the following data were gathered when this question was considered: how does parental substance use affect the psychosocial well-being of children in Maphiveni in the Kingdom of Eswatini?

The participants had these responses as per the illustrations on the table below.

Table 1: Substance abuse effect

Statements relevant to respondents	Yes		No	
	F	%	F	%
a. Is substance abuse caused by unemployment	121	64	77	41
b. Is substance abuse caused by lack of social supports	110	58	88	47
c. Is substance abuse caused by mental health disorders	89	47	100	53
d. Is substance abuse caused by economic pressures	139	74	59	31
e. Is substance abuse caused by family structures	77	41	106	56
f. Is substance abuse caused by urbanization	80	42	98	52
g. Is substance abuse caused by family problems	149	79	49	26
h. Is substance abuse caused by lack of money	135	71	65	34
i. Is substance abuse caused by having partners who are substance abusers	46	24	73	39
j. Is substance abuse caused by availability and affordability of substances	82	43	106	56
Effects :				
k. Misuse and Lack of Money	60	32	31	16
l. Lack of Quality Time	103	54	45	24
m. Avoidance and Lack of Communication	97	51	60	32
n. Family Jealousy and Infidelity	53	28	38	20
o. Conflict and Domestic Violence	135	71	22	12
p. Absent Parents and Parental Roles	110	58	49	26
q. Poor Role Models	93	49	73	37
r. Inconsistent Parenting	101	53	64	34
s. Exposure to Volatile Family Dynamics	37	20	19	10
t. Effects on fractured family Attachment	65	34	26	14
u. Effects on poor monitoring Children’s Schooling	134	71	28	15
v. Poor Parentification	137	72	18	10

F = Frequency % = Percentage

From the parents' perspective, substance abuse is primarily driven by factors such as unemployment (64%), lack of social support (58%), economic hardship (74%), family issues (79%), and financial scarcity (71%). These conditions contribute to various negative outcomes, including financial misuse (32%), limited quality family time (54%), poor communication (51%), domestic conflict (71%), absence of parental roles (58%), inconsistent parenting (53%), and lack of supervision over children's education (71%).

These findings suggest that parental substance abuse is often intertwined with broader issues such as poverty, mental health struggles, domestic violence, and a lack of support networks. Substance misuse not only results in poor parenting but also reflects deeper systemic challenges within families.

The discussion that follows is a narrative analysis of the themes that emerged from all the interviews that were conducted with fifteen officers allocated in Maphiveni area in the Lubombo region.

4.3 Effects of Parental Substance Abuse

This study has identified a broad collection of factors causative of parental substance abuse in the Maphiveni area of Eswatini. This collection of factors may include curiosity, peer pressure, psychological or physical issues, environmental influences, unemployment, unmet life expectations, the accessibility and affordability of drugs, media advertising, economic hardship at home, parenting style, broken family structures, negligence, location, cultural transition, co-wife rivalry, depression, frustration, and the perceived need for extra energy for daily tasks. Participants shared powerful examples of how substance abuse affects family dynamics:

Child C45: *“My father acts like a teenager since he is trying to fit because of drugs.”*

Police Officer PO5: *“They claim it’s their culture as men; they must meet up every weekend for booze.”*

Media exposure was also cited as a risk factor, suggesting that advertising can spark substance use interest. Additionally, substance abuse prevalence varies between areas—higher in some zones than others—highlighting the need for regular local awareness campaigns to shape

meaningful interventions.

The research revealed that when parents are consumed by addiction, emotionally, physically, or psychologically—they neglect their children’s needs. Mood swings, erratic behavior, lack of empathy, and inconsistent care make home life unstable and anxiety-inducing. Social Welfare Officer SW1 noted that *‘child neglect, domestic violence, and poor parenting often stem from addiction, resulting in impaired attachment when a child’s primary bond shifts to the substance.’*

Further, addiction fosters disorganized attachment styles. Children Officer CO4 observed that *‘children can feel unloved, unwanted, and consistently undervalued.’* These children also face separation from parents due to situations like imprisonment or hospitalization. Children Officer CO1 described behavioral signs mimicking post-traumatic stress, such as rocking, sleep disturbances, and bedwetting, and Social Welfare Officer SW5 added that *‘the lack of routine adds unpredictability and distress to their lives.’*

Neglect can also extend to daily responsibilities; thus, some parents delegate child care to relatives. Children Officer CO3 said: *“A parent would neglect my child a lot, leaving him in the care of her parents.”* In extreme cases, participants mentioned financial desperation leading to the sale of belongings or even involuntary prostitution to obtain drugs. Police Officer PO2 stated: *“Drunkard parents don’t care if their children had a bath, they tend to ignore the child’s cleanliness,”* underscoring how addiction compromises basic caregiving and erodes children’s self-esteem.

4.4 Interpretation of Findings of the Study

The research found that substance abuse has a profoundly negative effect not only on children’s psychosocial development but also on the broader socioeconomic stability of families. In Eswatini, the issue continues to escalate yearly, contributing to broader societal challenges such as crime, violence, corruption, and the misuse of valuable human and financial resources. The study observed that substance abuse is more common among uneducated and male parents, though it’s not absent among the educated.

The key contributing factors to substance abuse was discovered to include unemployment (64%), lack of social support (58%), financial hardship (74%), family dysfunction (79%), and lack of income (71%). The effects on children and family life were discovered to include: Financial mismanagement (32%), Reduced quality family time (54%), Poor communication and emotional distance

(51%), Infidelity and jealousy within the family (28%), Domestic conflict and violence (71%), Absentee parenting (58%), Inconsistent role modeling (49%), Exposure to chaotic home environments (20%), Weakened emotional bonds (34%), Neglect in schooling and parental monitoring (71%), and Parentification of children (72%).

Additionally, the affected families were more likely to experience life-altering circumstances such as grief, isolation, and poverty, further increasing the risk of substance use.

The study reveals a growing trend of alcohol and drug use among parents in Swaziland, primarily driven by poverty and unemployment. Cannabis, in particular, is reported to be commonly cultivated for both personal and commercial use.

The findings suggest that substance use is more prevalent among uneducated, illiterate, and male parents, although younger, educated parents are not exempt, especially due to curiosity, peer influence, and recreational reasons, as also noted by Barrett (2024) and UNODC (2021).

In Maphiveni, parental substance abuse is becoming more common, particularly among individuals undergoing significant life challenges such as grief, social isolation, lack of support, and financial hardship. These stressors are known to increase the likelihood of substance use. Interestingly, employed males in the region had higher substance use rates than their unemployed counterparts, possibly due to work-related stress. Literature by Tindimwebwa et al. (2021) supports these findings, identifying boredom, lack of entertainment, and life changes as additional triggers.

This research aligns with previous studies, which show that parental substance abuse significantly impacts children’s well-being. Children in such households are often exposed to domestic violence, frequent conflicts, and unstable environments, which can severely disrupt their emotional development (Kuppens et al., 2020). They can also be exposed to family chaos, exposure to dangerous behaviors, and traumatic events, all of which attach a long-lasting negative impact.

5. Conclusion and Recommendations

5.1 Conclusions

There were a variety of factors that have been discovered as contributors to substance abuse. The study highlighted the consequences of raising consciousness about how parental substance use negatively affects children’s psychosocial development. Accordingly, it is vital to support parents in assuming healthier outlooks, behaviors, values, skills, and lifestyles that will promote their

children's emotional and psychological well-being.

This study has revealed a significantly towering prevalence of substance and drug use amongst the parents in the Maphiveni area of the Lubombo region. Since there is a strong impact that parental behavior has on children's psychosocial health, there is a clear requirement for a home-based counseling service for the parents. Thus, such an approach supports an extra all-inclusive treatment of substance use disorders. The participants emphasized the need for prearranged counseling and systematic educational programs that will support responsible performance and help reduce the use of harmful drugs and alcohol.

The researchers again recognized a major call for both formal and informal support systems to support affected parents and their families. The parents have to be sensitized to the value of accessing support services. A couple of parents are in serious need of psychosocial support and schooling on substance abuse to assist them in managing their circumstances. Particularly, they seek help in mending anxious parent-child bonds and some other fractured family relationships. Support groups should include not only the parents but also other family members, such as partners, as a unified family approach greatly improves the chances of successful recovery.

Additionally, participants stressed the importance of community involvement. Community members should refrain from enabling drug use and instead take active steps to support those struggling with addiction. Public education campaigns are needed to reduce the stigma surrounding substance abuse and to foster understanding and empathy toward affected families.

The study also highlights the role that religious institutions can play in addressing this issue. Some respondents expressed deep religious beliefs, indicating an opportunity for churches and other faith-based organizations to contribute to local drug prevention and intervention efforts. Drug awareness programs could be run through churches, with religious leaders being educated and encouraged to actively participate in supporting parents with substance use disorders.

5.2 Recommendations

This study makes the following recommendations:

Actions by Social and Children Officers

1. Utilizing Evidence-Based Interventions - Evidence-based approaches like counseling and therapy are effective tools for tackling parental substance abuse. Therefore, there is a strong need to implement these interventions more

extensively.

2. Focus on Root Causes and Rehabilitation - Efforts should prioritize identifying and addressing the underlying causes of substance abuse while strengthening rehabilitation programs.
3. Promoting Interdisciplinary Collaboration - A multidisciplinary approach is crucial for protecting children affected by parental drug use. Professionals from various sectors must work collaboratively, recognizing their roles in identifying and supporting at-risk children.

Action by the Government via the Ministry of Social Welfare:

1. There is an urgent need to establish drug rehabilitation centers in strategic rural and semi-rural regions across the country.
2. To address substance misuse effectively, it is essential to gather up-to-date data on alcohol and drug use among parents.
3. Organize Indabas (community dialogue forums) focused on substance use among parents to explore the root causes of their involvement with illegal substances and identify strategies to reduce the associated harms.
4. Develop Comprehensive Referral and Rehabilitation Policies – Create a well-defined framework for referring and rehabilitating parents dealing with alcohol or drug issues, including an alternative approach to punitive measures for non-violent, drug-related offenses.

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