



Effectiveness of Parent-Adolescent Communication (PAC) Programme: Helping Parents to Respond to Adolescent Drugs Use

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ABSTRACT

It is acknowledged that parent-adolescent communication training programmes around alcohol and other drugs appear to be effective in assisting parents to respond to the demands placed on them by the increased number of adolescents using and abusing drugs and related harms. In response to the need identified by Rubavu Youth Friendly Center (RYFC), for research into the role of parent in addressing drugs among the adolescents, this study investigated parent and adolescent perceptions of effectiveness of parent-adolescent communication training programme offered by Imbuto Foundation in collaboration with RYFC in Rubavu district, Rwanda to equip them to deal with issues arising from having children at risk of drugs abuse in their families. A qualitative research design was followed to purposively select one site of PAC evaluation who had attended the PAC training to participate in focus groups to explore the phenomenon of parenting practices including communicating about drugs. The findings that emerged from the thematic data analysis provided supportive evidence that current parenting approaches in this regard are not perceived to be effective. The results are used to suggest guidelines for alternative approach to the forms of parent-adolescent communication (PAC) training that is more likely to be sustainable, culturally appropriate and suited to the context.

Keywords: *Communication; Adolescent; drugs; parent.*

1 INTRODUCTION

We report on a study that was initiated as a response to an appeal for research into parental role in addressing drugs use among the adolescents for Rubavu Youth Friendly center (RYFC) on how to make parent-adolescent communication (PAC) effective in addressing risk behaviour such as drugs use. The drugs prevention programme in Rwanda seems not to have enjoyed much success, tending to lack of structure and focus on family (Nsengiyumva, 2012). We propose that programmes based on real needs and experiences of parents and their children are more likely to be sustainable, culturally appropriate and suited to the context. This study thus explore parent and adolescent perception of the PAC training programmes offered to some families in

Rubavu district in Rwanda, and in particular how parents and their adolescents perceived parents to have been equipped to deal with issues that arise as result of having children and adolescents at risk of drugs in their home settings. The findings that emerged from this qualitative study are used to suggest guidelines for an alternative approach to the forms of parent-adolescent communication about drugs use training for parents that is more responsive to the lived experience of parents involved at grassroots level.

2 BACKGROUNDS TO THE RESEARCH

The quality of parenting and nurturing in Rwandan families is under severe threat as the findings demonstrates that tobacco, alcohol, marijuana and other substance use are realities in

the daily lives of youth in Rwanda (Kanyoni, Gishoma & Ndahindwa, 2015), worsening the existing socio-economic problems experienced in the mostly disadvantaged communities by contributing to the destruction of individuals, families and communities (Jackson, Usher, & O'Brien, 2006). The prevalence rate of substance use among the youth ranging, in age from 14-35 years was 34% for alcohol and 8.5 % for tobacco smoking (Kanyoni, Gishoma & Ndahindwa, 2015). Despite the fact that the statistics of illicit drugs use among the youth is pale with 2.54 % dependent on cannabis and 0.1 % of youth using diazepam to the region and the world, condition that expose them to this issue are present.

The presence of direct and indirect impact of genocide against the Tutsis and related consequences, such as being orphans of one or two parents, being neglected, destitute, abandoned, or abused, or having a parent or guardian with mental health problem due to exposure of organised violence, suffered increased poverty levels; being a victim of organised violence and family violence or is alcohol or drugs abuse themselves (Rieder & Elbert, 2013) may contribute to drugs use and abuse behaviours among the youths. It is evident that the above conditions could apply to the majority of Rwandan youth. For parents and other caregivers, therefore, there is no escaping the impact of the alcohol and other drugs use on the lives of their children and adolescents, resulting from an increased incidence of social, emotional, physical, economic problems (Velleman et al., 2005; Griffin & Botvin, 2010). The consequences of such problems are played out in the home setting (Velleman et al., 2005), as Rwandan parents struggle to balance the already challenging role of parenting in post genocide against the Tutsi worsened by the globalisation and new technology bringing new culture and family stressors with the additional demands imposed by increased levels of anxiety, severe trauma, stigma, and increased poverty experienced by youth involved in drugs abuse (Rieder & Elbert, 2013).

Given their unique relationship with adolescents, it has long been internationally recognised that parents and families have the ultimate responsibilities to protect and educate their own children about drugs (Velleman et al., 2005; Vimpani, 2005), and hence the government's role to equip parents and families in performing this task. However, although many countries have developed schools, families, media and community responses to meet the needs of children and adolescents at risk of drugs abuse (Velleman et al., 2005; United Nations' Office on Drugs and Crime (UNDOC, 2009), few family intervention if not in Rwanda seem to have directed attention to, or invested resources in parenting skills and drugs education for this purpose.

Parent-adolescent communication (PAC) training opportunities for parents

In 2012, The parent-adolescent communication training opportunities offered by the Imbutu Foundation in Rwanda focused on equipping parents with knowledge about adolescent risk behaviours such as sex and related behaviors such as drugs use and information on how to communicating with their children about this sensitive topics. In 2015, selected families in Rubavu district (father, mother and one adolescent in each family) were targeted to be trained in parenting skills particularly communication, but the monitoring and evaluation of this initiative did not provide a clear indication of how successful this training was addressing the problem of drugs abuse. However, it was apparent that parents receive more training in adolescent drugs prevention as root causes of multiple risk behaviors such as school dropout, delinquency, unintended pregnancy and spread of HIV/AIDS, than in how to only focus on communication between parent and their children about sex in their homes alone.

The content of the programmes were decided on by the Imbutu Foundation and offered to parents and their adolescents in all sectors pilot in the country, irrespective of their specific context and

environments (e.g rural or urban). It is interesting to note that although some studies that evaluates parent-adolescent communication on alcohol, tobacco, or other drugs (ATOD) use seem to suggest a beneficial relationship (Brody et al.,1998), others have revealed a marginal or-non-existed relationship (Ennet et al.,2001) , while others have reported a negative impact (Van der Vorst et al., 2005) and suggesting that some parents' approach to communication may be so excessive that it could be described as 'destructive(Van der Vorst et al.,2005). Even although research has shown that communication alone have not been successful in reducing risk behaviors such as drugs use (Williams et al., 2010), Kelly at al (2002) found that having someone to talk about substance use greatly enhanced the adolescents' perceived restrictions were associated with lower alcohol, tobacco and other drugs use. In keeping with most drugs prevention programmes, the family has been described as having pivotal role and key player in both prevention and intervention to encourage and promote protection and resilience (Velleman et al., 2005; UNDOC, 2009). Based on this evidence, we hypothesize that parent-adolescent communication alone are not sufficient to influence adolescent drugs use behaviour. In order to further investigate this issue, this study evaluates parental attitude towards parent-adolescent communication(PAC) as this regard do not seem to have received much attention in developing country in general and in Rwanda in particular, nor has the parenting skills and education about drugs gained from personal experience of parents been examined in the training.

3 METHODOLOGY

Employing an interpretive paradigm (Denzin & Lincoln, 2008:31), a qualitative approach was chosen to answer the main research question: "How can parents best be facilitated to communicate with children and adolescents at risk of drugs abuse and related harms in families?"

Two sub-questions also emerged during the research:

1. What are perceived needs of parents with regard to communicate with adolescents about drugs?
2. What recommendations can be made to better equip and support parents to deal with adolescent drugs use problems in families?

A qualitative approach allowed us to collect a multiple faceted and holistic picture of the participants' experiences, perceptions and feelings about the topic (Cresswell, 2005). In keeping the qualitative approach, one group of 20 families participants in PAC evaluation by Imbuto Foundation in collaboration with Rubavu Youth Friendly Center in rural area near two major metropolitan areas (Gisenyi in Rwanda and Goma in Democratic republic of Rwanda) where it was assumed there was a greater likelihood that parents would have to deal with adolescents drugs abuse and trafficking issues. Parents and their adolescents eligible for the study had to have participated in PAC training workshops and evaluation offered by the Imbuto Foundation in collaboration with Rubavu Youth Friendly Center, and thus were all parents and their adolescents in one group of families selected in the PAC programme at the site of Rubavu Youth Friendly center. At the time of collection of the data with facilitators from Imbuto Foundation and RYFC, data were collected by means of unstructured focus group interviews with fathers, mothers and adolescents separately. This was to encourage spontaneity and in -depth discussion of participants experiences (Denzin & Lincoln,2008) in their home settings .

Data collection and interpretation of the data were done at the same time. Facilitators from imbuto Foundation and RYFC including the researcher sat in to take field notes, and discussed the findings immediately after interview in each focus group based on the family code. This process of data collection and interpretation is also suggested by Robson (2002) as effective.

One central question in this study was posed, namely: what was your experience of PAC training programme with regard to equipping you to deal with adolescent drugs use issues? The interviews were written on flip chart and audio-taped and transcribed verbatim. Four facilitators, with 20 mothers, 17 fathers and 20 adolescents, were conducted. Data analysis was conducted employing the suggestions of Tesch's steps in (Creswell 2005:238) to identify the emerging themes, which have to be supported by direct quotes of the participants in the study and controlled against literature (Woods & Cantazaro, 1998). In this study data collected among the parents participants and their adolescents in PAC training and evaluation was verified against the model of trustworthiness developed by Guba, using the criteria of truth-value (explanation of research methodology and data triangulation developed in this study by Imbuto Foundation in collaboration with RYFC, applicability of community based participatory research with rich description of process) and neutrality (with facilitators of Imbuto Foundation and RYFC and the First author as observer in interviews) (Krefting, 1991).

The ethical consideration

The study was conscious of the requirements of the National Youth Council, Rubavu Youth Friendly Center with regards to conducting research in family and community in Rubavu district. Hence, working on PAC evaluation, a programme developed by Imbuto Foundation and implemented in Rubavu in partnership with RYFC, ensured that these two institutions already have legally binding collaboration with government of Rwanda, and had permission to operate in the family and community. It is these that offered provided free access to the data of PAC by RYFC employed in this study and ensured the collaboration of all stakeholders of PAC at one of Rubavu PAC site. The research under investigation does not represent any kind of harm to society, since it does not manipulate the teenage population. Generally, the confidentiality

was assured by replacing individual member of a family (e.g a son of family headed by John) was assured by replacing identifies names with codes (e.g mother 10 means belonging to a family with a number 10). This study used individual interview and focus group discussions. Although it is suggested that involving men and women as well as their adolescents in the same group discussions could achieve a high level of comprehensiveness, the interviewers found this suggestion unsuitable (Sim, 1998). For cultural reasons, fathers, mothers and their children were separated.

4 DATA ANALYSIS AND FINDINGS

We analysed the interviews employing thematic analysis and the principles of the grounded theory approach (Sargeant et al., 2009), to identify any recurring themes across the parents' experiences (Glaser & Strauss, 1967; La Rosa, 2005). All the transcribed interviews were read by each interviewer (Facilitator) i.e interviewer for fathers who was the researcher, interviewer for mothers and interviewer for the adolescents in their groups to gain a holistic view of the experiences and viewpoints of the parents and their children adolescents. A highlighted approach was used to identify the essential themes and patterns, which were clustered into core themes. This procedure was performed by four facilitators one from Imbuto Foundation and three from Rubavu Youth Friendly Center (RYFC).

Although parents reported to communicate with their children adolescents about sex and drugs, data analysis revealed that parents did not perceive themselves to have been adequately equipped to deal with adolescent drugs use and abuse problems. It was also evident that the parents were experiencing many difficulties in communicating what they had learnt into action, and that they experienced needs that were not addressed in the training particularly how and what to communicate about drugs use among the adolescents. The emergent themes, supported by direct quotations from the parents, will be

discussed in relation to relevant literature. The following themes emerged from data analysis:

Theme 1: Parents experienced difficulties interpreting knowledge into action.

Some of the parents in focus groups with fathers and mothers were obstinate that they have still problem in implementing what they had learnt in parent-adolescent communication (PAC) training, although theoretical knowledge and attitudes on communicating about sensitive topics with their adolescents were improved.

Participant parents reported that the PAC training had equipped them with knowledge and improved their attitudes with regard to communicating and deal with adolescent risk behaviors:

The PAC' workshop has helped a lot in changing our attitude. Our warm and loving toward children with negative behavior increased, harsh discipline disappeared, now it is communication that is working [Mother 4].

The majority of parents in this study have reported that PAC training increases knowledge and improved their attitudes, but did not necessary improve their level of comfort in talking about adolescent behaviors particularly in matters related to sexual and drugs use behaviors. Research has revealed that interventions that focus on both parenting skills including communication and family bonding appear to be the most effective in reducing or preventing drugs use (Griffin & Botvin, 2010). However, in addition to an important limitation of family-based prevention that lies in the difficulty of getting parents to participate, particularly of adolescents most at risk for drugs abuse, if parents and other caregivers are uncomfortable discussing risk behaviors such as drugs and related behaviors, it is likely that they will tend to avoid discussing such topics in family or discuss it in a way that motivate children and adolescent participate in the dialogue (Griffin & Botvin, 2010). These researchers reported a positive change in parent knowledge and behavior about drugs after prevention training with parents alone or parents and children together. The programmes with

parents and children together aimed to improve family functioning, communication skills, and provide training to help families discuss and develop family policies on drugs abuse, along with teaching parents how to effectively enforce these rules. The programme provided to parents without children present, teach specific parenting skills such as ways to nurture, bond, and communicate with children; how to help children develop prosocial skills and social resistance skills; training on rule-setting and techniques for monitoring activities; and ways to assist adolescent reduce aggressive or antisocial behavior (Griffin & Botvin, 2010). Participants adhered to family programme with parents and adolescents present.

Although the parent-adolescent communication was mentioned as being particularly useful in helping parents to be more approachable and more empathetic towards adolescents, participants also stated that they did not have enough knowledge about drugs and communication skills. In addition, because of new technology and globalisation, some parents thought that their children know more than them. This was seen as a dilemma, because they did not feel equipped to offer the necessary help:

Because of new technology, the children have more knowledge about risk behaviors such as sex and types of drugs than their parents...as a result of that I become reserved in communicating with them about sensitive topics [Father 8].

The development of PAC and the confidence to implement them in the home setting takes time and the opportunity to practice in a supportive environment (Griffin & Botvin, 2010). When communicating about drugs and related behaviors such sex, parents, teachers and other caregivers are also called on to discuss risk factors and protective factors and this expertise cannot be acquired on a short term course and need a follow-up (Griffin & Botvin, 2010).

All parents have gained some knowledge about the importance of dialogue on the adolescent risk

behaviors and concerns through attending PAC workshops, which was short term.

It is apparent that the PAC training did not do more than provide knowledge on communication about sex behavior and little about drugs yet it the most risk factors and there was little emphasis on how to implement that knowledge back at the family. There was no training offered on ways to nurture, bond, and communicate with children; how to help children develop prosocial skills and social resistance skills; training on rule-setting and techniques for monitoring activities; and ways to assist adolescent reduce aggressive or antisocial behavior, in the eyes of the parents.

Although PAC have helped parents and their adolescents deal with drugs problems, the lack of attention given to PAC about drugs within the programme design could be a result of using training agents who are not familiar with drugs in family system, who therefore are not familiar with the circumstances and contexts in which family and parents influence adolescent drugs abuse in their parenting roles (Velleman et al., 2005; Griffin & Botvin, 2010). Continuity of training, coupled with skills on communication based on parenting style, is essential if successful implementation of PAC training about drugs is to take place (Yang et al., 2007). Another barrier to take action could be the fact that communication about drugs with adolescent abusing drugs requires other training skills particularly family functioning, communication skills and how to set family rules, but getting these parents may be difficult (Griffin & Botvin, 2010).

Theme 2: Parents participants in PAC programme are stressed by their perceived marginalisation and increased role expectations.

The participants in PAC, particularly parents all expressed positive attitudes towards the programme but they revealed their concerns about those parents in their community, who are not part of the PAC programme, particularly those parents with deviant adolescents. Their concerns about

these parents and their children were the following:

‘This PAC programme has helped us to know that the problems of drugs abuse among the adolescents are a problem of many parents’. However, our concerns are parents of deviants adolescents who did not attend to this programme with the probability to influence our children to their negative behaviors particularly drugs abuse[Mother 16].

Adding to this external resentment, the parents of substance abusing young people attending PAC programme themselves were indignant, because they did not think they had been adequately trained for the assigned role of communicating with their children about their risk behaviors:

Being the parents of adolescents using drugs makes people think you do not discuss the problem with them or we are the one responsible for their actions, whereas we have done what other parents do to protect our children from drugs abuse and other behaviours related. For example I have one adolescent who used drugs, when we started implementing the discussions about drugs at home, he found it bored and decided to leave home [Mother 8].

In response to the dilemma whether communication about drugs is effective or not, scholars noted that this can be attributed to the type of communication being used. In terms of Baumrind’s communication styles such as authoritarian, authoritative, and passive, on one hand,(Baumrind, 1978), Yang et al (2007) suggested that perhaps many youth are receiving ”passive communication”. This communication style is generally warm and receptive, but lacks clear restrictions, which may explain which parent-adolescent communications alone may not be effective. On the other hand, youths may be receiving authoritarian communication, an approach suggested by some researchers to be so excessive to the point that it could be described as ‘destructive’ (Van der Vorst et al., 2005). In this approach it is suggested that parents offer their adolescents very little emotional support and

expected to be submissive to their parent's demands, while parents were expected to be strict to the rules imposed, directive, and emotionally detached and hold the absolute control of power (Baumrind, 1978).

These two communication styles do not create a safe and enabling climate conducive to dialogue between parents and adolescents, one of the prerequisites for effective drug prevention intervention and researchers suggested the democratic/authoritative parents. Parent with this communication style is expected to exercise control over their children, but at the same time offer an important emotional support, which provides a good attitude of dialogue in the family (Melgosa, 2012: 65).

Participants also experienced stress as a result of feeling responsible for responding to the needs of the children:

Because of psychological factors associated with drugs including stigma, both parents and adolescents reported that alcohol and other drugs abuse among our young people has truly affected our families, this behavior has a negative impact and its presence is left by all, by individuals abusing drugs in the family, young people are dropping schools and the health of drug abusers are deteriorating with some developing mental health problems. They suggested that parents have to cope with all types of drugs but they have no training with regards to drugs in spite of their concerns about this behavior as no family can not be affected whether poor or rich this makes it very difficult for all parents.

Researchers argued that some of the psychological factors that affect the alcohol and their family include the stigma linked with alcoholism, emotional withdrawal, guilt and craving (Nace et al., 1982). Velleman (1982) added that the impact of drinking on family roles, communication, social life and finances.

Poverty was also noted to be a concern in response to the needs of the children:

Poverty is one of the barriers in response to the needs of our children as we fail to send our

children to the school we expect to have good education and character [Father 6].

Some adolescents confirmed that poverty is a serious problem that makes difficult for parents to respond to their needs. One adolescent female said: 'some of our parents are not able to provide for our needs as girls with regard to female hygiene [adolescent 4]

The participant parents felt the pain of their adolescents, leading them to try to provide for their needs by involving them in the activities that generates revenues for those who are out of school. For example, one parent described how he initiated his son to make breaks to avoid useless time that may lead him to be associated with deviant peers and using drugs and able to meet his basic needs:

I tried to have dialogue with my child and initiated him to make breaks when he is at home. [Father 14].

This sense of responsibility adds to the stress in the lives of the parents, since it is unlikely that they can meet all the needs of these adolescents at risk of drug abuse, particularly in the presence of risk factors such as poverty and availability of drugs increasing their likelihood of drug abuse (Hawkins, Catalano, & Miller, 1992; Velleman et al., 2005) as well as the reduction and for some extent lack of familism, an important aspect in Rwandan culture that placed a high value on familial ties and supported by the researchers to be a central source of social, economic, and emotional support (Alvarez, 2007; Castro et al., 2007) which may be due to genocide against the Tutsi or absence of cooperation from the rest of the community. In the words of one participant, this creates a problem, as the children and youths are deprived of the parents', teachers' and other adults' full attention in the community. On the other hand, the parents are emotionally affected by the children and adolescents involved in alcohol and other drug abuse and related harms putting a burden on their physical and mental health and their well-being and families creating more stress. All participants agreed that

families are affected by the problem of drugs use among the youths and the quality of parenting and communication between parent and adolescent is understandably severely impacted. They reported incidents of having to follow up adolescents coming late at home or passing night out of the home, deal the unsupported behavior of children and deviant peers due to drugs use, struggle to get financial support for children and offer emotional support to traumatised adolescents-all of which left little time for actual parenting and communication to take place:

I used to have problems with children because of coming late at night without telling me where they were and with who. It is only by communication they are starting telling me if they will come a bit late[Mother15].

The majority of the parents reported that they do not trust their children behavior not only because little time they have with their children but also lack of monitoring and supervision: I don't trust my son because when he is in Goma (Goma is a city of Democratic republic of Congo) for job he is with different friends and at the work place he may be dealing with different culture which may expose him to risk behaviors such as drugs and sex [Father 14].

The adoption of the roles of parenting in the age of drugs and other adolescent risk behaviours is not easy for parents, as reported in studies (Velleman et al., 2005). Parental communication with children and adolescents at risk or abusing drugs abuse also calls for a good understanding of how to boost self-esteem and help them to development of positive family environment and parent-child attachment (Califano, 2000; Velleman et al.,2005), factors that do not seem to have been addressed in the PAC training.

Given the stress of the participants both parents were experiencing (Butler & Bauld, 2005), it would appear that they need to be helped to explore their understandings of the drugs behaviors and how parents could best respond to the needs of the adolescents, while containing their emotional needs. One father said:

One of the barriers to effectively communicate with our children is lack of knowledge in their risk behaviors such as drugs abuse [Father 19].

On the other hand, the majority of the adolescents reported that parents are not able to provide emotional support and they are unaware of our world that exposes them to risk behaviors. One adolescent shared:

We do not have enough information from our parents with regard to our behaviors[Adolescent 18]

The development of parents' and adolescents' values and beliefs around alcohol and other drugs prevention, and their need for parenting skills, particularly how and what to communicate with children to cope with drugs abuse among the adolescents, seems to have been ignored in PAC training. The emphasis has been on how to change parent' attitude toward communicating with their children about sensitive topics in their home settings in order to best reduce or avoid risk behaviors and related harms such as teenager' pregnancy and HIV/AIDS.

The stress experienced as a result of having to improve their responsibilities and roles was increased by the fact that, according to the participants, the majority of parents were themselves either alcohol or other drugs abusers and/ or severely affected due to the involvement of their children in drugs abuse or deviant peers using drugs.

After participating in PAC programme, I decided to avoid my behavior of alcohol abuse and starting to respect my parents and others. However, my concern is my parents who do not play their roles and responsibilities towards their children and abusing alcohol [Adolescent20].

The 2012 national survey (Kanyoni, Gishoma,& ndahindwa, 2015) indicated that the drugs use prevalence rate among the Rwandan youths was 52% in 2012, a figure that may be higher today, given the risk factors influencing drugs and related behaviors such as the absence of parents due to family stressors and youth growing up in single parent or youth head of household

(Ntaganira et al., 2013). In addition, many parents are affected by the direct and indirect effects of genocide that costs the lives of loved ones and extended families, leaving them with major emotional and financial problems (Rieder & Elbert, 2013) that impact on their ability to respond to the needs of the children and adolescents. These factors do not seem to have been specifically addressed as risk factors in the PAC training, although it was discussed in PAC evaluation with the researcher.

Theme 3: Parents' perceptions of environmental barriers to parent-adolescent communication (PAC)

Parent-adolescent communication about drugs was also hampered by perceived interpersonal and environmental barriers. One of the biggest problems facing parents in addressing drugs abuse issues, according to the participants, was the stigma attached to drugs. As one parent said:

I have a child who is drugs abuser. However, the attitude I get from other parents is that having a child using drugs in a village is a threat to those having a healthy children of the same age, for they regard this behaviour as a burden and an added responsibility to monitor their children and protect them from being friendly with drugs users [Mother 9].

Stigmatisation was not only confined to adolescent using drugs, but was also rife among the parents themselves:

The majority of participants expressed that parents of adolescents using or abusing drugs may choose to not seek external support or communicate with other parents having the same problems due to stigma attached to it.'

Family environment, and parental attitudes and expectations have been found to play a significant role in determining the success or failure of drugs use prevention intervention (Nash, McQueen, & Bray, 2005), therefore the development of positive climate within the family is imperative for effective communication about drugs among the adolescents (Melgosa, 2012:65).

The participants adolescents also complained about the lack of support and parent-child relationships that may help them avoid risk behaviors such as drugs abuse. Even although some parents employs parenting practices such as discipline and setting rules to address children and adolescents' wellbeing, some of the parenting relationship styles (Newman et al., 2008) were actually not effective to address risk behaviors such drugs abuse:

We need to overcome fear and start telling the truth to our parents and be satisfied with the support and care of our parents [Adolescent 12].

Although it can be argued that there is a need for a change in communication style (Yang et al., 2005) to address the problem of drugs at the family level, it is evident that parents are in need of expert assistance in dealing with social problems experienced by adolescents.

Both parents expressed their need on expertise to deal with adolescents' behavior problems. They reported that even those children they think are safe, due to the availability of drugs, deviant peers and effect of our history that reduced the role of parents and other adults as a guardian of both physical and moral health of children and youth in the community expose them to the problems that are beyond their control.

The participating parents did display a sense of intervention, supporting the notion that they 'have' much to offer to the alcohol and drugs abuse debate. They offered ideas around how parent support groups could be formed in their villages, churches and schools and how the families could cooperate more with agencies such as Imbuto Foundation and National Youth Council responsible for drugs prevention so that parent could work hand-in-hand with them to offer assistance to adolescents at risk, experimenting and addicted of drugs:

If the resources at the family level can be made available, the parents are willing to make a positive impact, given the time spend with them and their influences to expose or protect them from drugs abuse [Mother 9].

Although there is much rhetoric around the need for the Ministry of Youth and ICT to work in an integrated way to address drugs use behavior in community in the program 'neighbour eye', little of this seems to have been translated into practice (Nsengiyumva, 2012) and call upon active participation of parents.

The participating parents and adolescents also voiced a need for more support from other families that did not have chance to participate in PAC training. Since adolescent risk behaviors such as drugs and sex require holistic intervention, all parents have to benefit these skills to be able to play their role in addressing behaviour problems (Velleman et al., 2005; UNDOC, 2009). However, according to the participant parents and adolescents, most heads of household do not have the necessary knowledge, skills or experience to strategically plan to communicate drugs abuse issues from holistic perspective. This is highlighted by the response of participating parent:

"Children have today skills we do not have as a parents, I still lack of self-confidence to communicate with my children about drugs and sex because I see that they have more knowledge" [Father 8].

Although the PAC participants are expected to enlist the help of other parents who did participate in PAC programme yet having problems with their deviant children, the lack of support by local community at the village level may make this almost impossible:

Despite the limited time parents may have to attend training, in group discussion both parents and adolescents together said that, other parents in the community may not show interest, and need to have specialist to advice on how to deal with adolescent problems.

Being threatened with drugs abuse among the youth in the community and families, the parents and their adolescents decided to leave their usual duties in order to attend both parent-adolescent communication (PAC) training workshop and evaluation. Thus, the problems of drugs abuse

among the adolescents is something that can effectively be dealt with at family level under the leadership of head of household with the support of the government. Research has showed that parent groups have proven to be one of the most effective means of preventing the use of alcohol and drugs among the youths and working with school and community leaders. Such parent support groups have helped to change attitudes and provide a drug-free environment in which children can achieve productive adulthood (Burns, 1986).

5 Conclusion and Recommendations

The findings of this study provide little evidence of the parent-adolescent communication (PAC) training programme developed by Imbuto Foundation having evaluated with parents and their adolescents on lived reality of parenting particularly communication in a family where drugs have increased the vulnerability of the majority of adolescents. The current PAC training workshops, while well-intentioned to address the sexual behaviour and HIV/AIDS, it has also helped to address drugs abuse as some of adolescents in PAC programme reported to abstain from alcohol and other drugs use as a result of PAC programme.

Communication development skills, and different needs of parents need to be factored into any parenting skills training (UNDOC, 2009) for it to be successful. Instead of relying on parenting experience in shaping the adolescent behaviour that have been challenged by the direct and indirect effect of genocide against the Tutsi and currently fuelled by globalisation and new technology, the participating parents believed that PAC about drugs would be able to provide valuable input to the strategies that would help them to address drugs abuse among the adolescents. The parent is more familiar with their family stressors the daily demands of parenting children and adolescents exposed to multiple risk factors for drugs use and abuse than an outside agency, whose expertise may be based on an

idealistic view of parenting and communication , often impossible to operationalize given the poor conditions prevailing in the majority of sub-Saharan African families and particular countries destroyed by wars and genocide against the Tutsi in Rwanda (Rieder & Elbert, 2013). Many adolescent behaviour prevention programme such as drugs are often founded on Western cultural understandings and do not recognise the complex interplay of cultural and social norms that shape the behaviour of young people associated with Rwandan ecologies.

The findings also make clear that there is a need for all parents in the Rwandan families to work together to address drugs abuse among the adolescents; there is a need for government to take the initiative to strategically plan how to train parents to fulfil their roles as protectors of their children; and there is a need for cooperation with outside agencies such as government and non-government organisation and other sources of support, including teachers and general community(Burns, 1986). These findings are supported by other studies that call for a comprehensive, holistic and coordinated approach to drugs abuse in family (Velleman et al., 2005).

The drugs prevention intervention programme in Rwanda is mainly focused on the youth and little with parents. Although studies (U.S . Department of Health and Human services, 2007) have shown that it is important to: communicate early and often, in developmentally appropriate ways, with children and youth about parental concerns and theirs regarding drugs and establish policies early on, and be consistent in setting expectaions and enforcing rules, working with other parents to monitor children and youth activities, work in with community to promote dialogue about underage drinking, it cannot be assumed that every parent possesses the necessary knowledge, skills, attitudes and values to respond to these demands. Thus, some parents may have difficult to deal with their children' emotional, material and character education needs or the ability to deal with their own intensified stress and emotion

responses as having children abusing drugs. Since the adolescent risk behaviour such as drugs abuse always depends on the quality of parenting particularly communication style (Yang et al.2007), effective training for addressing drugs issues among adolescents has to focus more on parental needs, so they can be effective protectors. The conclusions reached from the findings of this study indicate that the current approach to PAC training with regard to parenting and communication about sensitive topics with adolescents is overcome problems. The PAC about drugs in Rwanda need to take into account the lived realities of parenting in the communities that are plagued with the problems some related to genocide and associated with endemic poverty and other social challenges. Few drugs prevention programme designed to help communities to find workable solutions for drugs abuse among the youths, it isolates a specific group of parents who are then perceived to be solely responsible for addressing and protection to children and adolescents from drugs abuse.

Based on the conclusions, it is recommended that parent support groups to communicate about drugs would be more suitable. Parent groups have proven to be one of the most effective means of preventing the use of drugs and alcohol by our young people. Working with school and community leaders, such groups have helped to change attitudes and provide a drug-free environment in which children can achieve productive adulthood (Burns, 1986). A large body of research shows that family and peers influences have the greatest effect on adolescent drug use (Nash, McQueen,& Bray, 2005; Velleman et al., 2005; Griffin & Botvin, 2010). Unless these influences are discussed, then any training specifically aimed at dealing with the consequences of drugs abuse is likely to be ineffective.

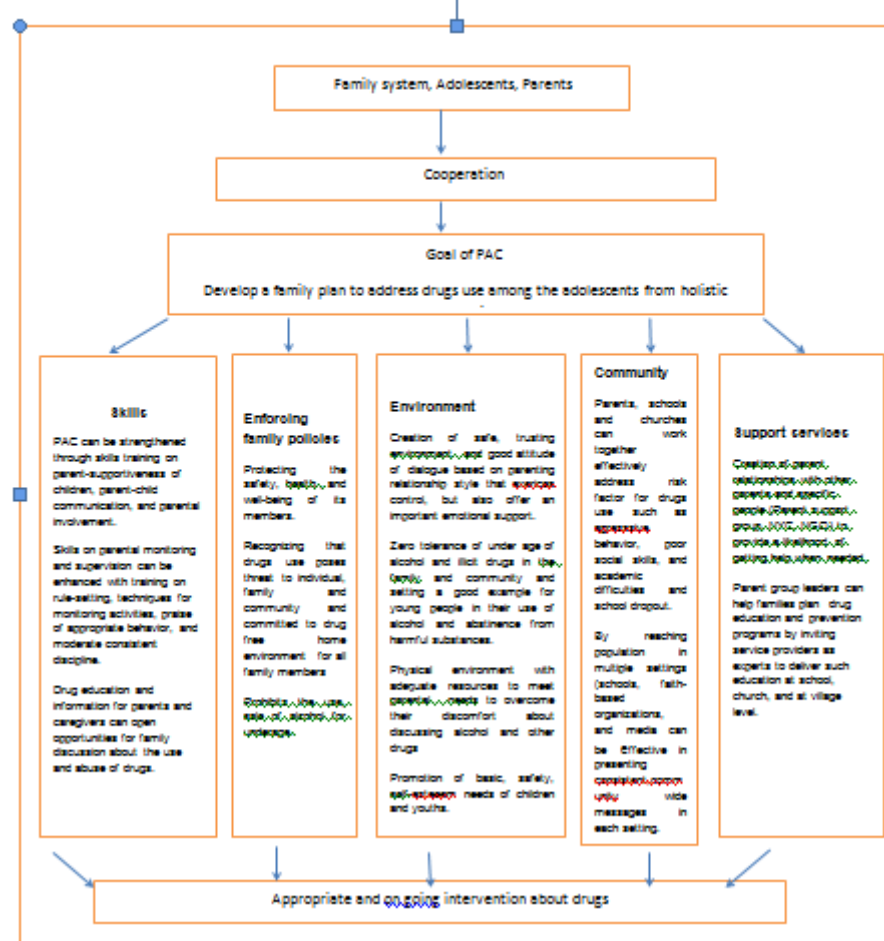
Parent Support group (Burns, 1986) offers an opportunity for parents who are having difficulty with their own children to find support and reinforcement in meeting and working with other

parent who are experiencing the same problems. A parent group is any group of parents coming together to try to influence their children to adopt drug-free attitudes and behaviour. For example parent peer groups centered around the friendship circle of a group of children, involving sharing and communication by parents of children in the peer group (Burns, 1986).

Rather than taking one or two families from each village for once-off PAC workshops, it may be better to send facilitators into villages to work together with all key players in establishment of effective parent groups through community wide groups. Depending upon the group's goals, the members may wish to include some parents who have access to other organisations or facets of community, such as mental health, law enforcement, educational, recreational, church or other professional organisation (Burns, 1986). In this way, families can self-generate specific solutions to their particular problems increasing the likelihood of drugs abuse. The whole family system then becomes responsible for creating conditions that are conducive to the mental, physical, environmental and social health of adolescents and parents, as well as schools and community members, rather than the selected parents and adolescents alone involved in the prevention programme. Research showed that in many countries, many parent groups are working cooperatively with local schools, youth agencies, the media, the judiciary, law enforcement, mental health professionals and others to encourage the community at large to adopt attitudes and policies that discourage and diminish the use of drugs, including alcohol, by young people (Burns, 1986). This approach would also help to reduce the stigma associated with drugs abuse, since everyone in a group realise that trust grows over time, they may take risk of sharing and receiving the advice that promote health. Taking risks is necessary part of recovery in a support groups. Drugs abuse is not singled out as the only threat to

adolescent health, but is also risk factors for multiple risk behaviors addressed in PAC programme such as unintended pregnancy, violence and spread of HIV/AIDS. The focus of PAC about drugs is on promoting knowledge, beliefs, skills, attitudes, values and support (Burns, 1986) that undergird healthy behaviour, thereby creating a climate that is less stigmatised. Since PAC approach may be used as a protective factor against adolescent risk behavior and psychosocial adjustment ranging from the development of depression and anxiety and engagement in antisocial activities (Barnes & Olson, 1985), the development of the adolescent's moral reasoning, academic achievement and self-esteem (Holstein, 1972; Hartos & Power, 2000), mental health (Collins, Newman, & Mckenry, 1995), depression (Brage & Meredith, 1994), delinquency (Clark, & Shields, 1997), all risk factors for drugs use and abuse, and present in the majority of Rwandan children and youths as a results of direct and indirect effects of genocide against the Tutsi, there have been many evidence-based studies that suggest parent-adolescent communication is effective in addressing drugs use among the adolescents (Miller-Day, 2002) Scholars have speculated that a healthy parent-adolescent communication and parenting style may have greater impact than parental monitoring and control in reducing drugs use (Cohen & Rice, 1997) and comfort level.

Figure shows Areas of concern by PAC participants that can be addressed through the skills, policies, environment, community and support services areas.



The approach can be categorised into five main areas of action:

□ The development of family skills training: this would address the reported need of the parents to have every parent, including those with stable and safe family about prevention of drugs use among the adolescents; all parents could be trained on monitoring and supervision of children's activities, communication and setting age appropriate limits. This can help them not only to cope with stress and negative emotions reported they were experiencing, it can also improve family functioning, organization, communication and interpersonal relationships and have been found to have multiple positive outcomes for children and adolescents such as decreased alcohol and other drugs use, increased child attachment to school and academic performance, decreased child depression,

increased child social competence and prosocial behavior and decreased family conflict and this programme appear to be cost-effective (UNDOC, 2009).

The design and implementation of an effective family drugs use prevention policy: the reported issues of drugs use and abuse among children and adolescents and positive attitudes about drugs could be addressed by exploring these issues and developing policies to promote drug free in the family. The common principles that should be included in family drug prevention policy include why the family established the policy, what is expected of children and adolescents, and clearly explain the consequences for violating the policy/family rules. An effective family drug prevention policy should include commitment to protecting the safety, health, and well-being of its family members, recognizing that the use of legal

(alcohol or tobacco) and illegal (e.g marijuana) pose a direct and significant threat to the individual, family and community and the family is committed to ensuring drug-free family environment for its members. Family thus, strictly prohibits the illicit use, sale and distribution, strictly prohibits the underage use and sale of alcohol and the use of alcohol and other drugs will result in disciplinary action or referral for treatment and rehabilitation services in case of addiction and harms. Policy could also be developed around how and what to communicate which would help the need for individual parents to try and provide basic needs of the children as they try to address drugs as they currently apply PAC about drugs in the family.

Creation of healthy social, emotional and physical environments: parents and other caregivers have to to implement and monitor strategies that would promote the creation of a safe, trusting family environment based on a combination of warm, acceptance, and appropriate control and discipline. –when parents exercise control over their children and at the sametime offer an important emotional support, this may provide a good attitude of dialogue (Melgosa, 2012:65). The Strategic goals could be set for equipping the family environment with adequate resources to meet parental needs and promote the fulfillment of basic, safety and self esteem needs of children and adolescents.

The lived experiences of the teachers could then be taken as a starting point from which agencies could develop training and helping initiatives that would be truly responsive to the needs of the particular school.

The involvement of community members, agencies and development of effective working relationships with support groups and services: as no one is immune because good kids from good homes are getting involved in drugs use, the identification of community resources and cooperation with specific people in support services would effectively prevent drugs abuse. The experiences of the parents in addressing drugs use particularly through communication could

then be taken as a starting point from which agencies could develop family skills training and helping initiatives that would be truly responsive to the needs of the particular family at risk of drugs abuse.

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