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## **Drugs Use Among the Youth In Rwanda: A Public Health Concern And Family' Challenge**

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### **Introduction**

Although the prevalence rate of illicit drugs among the youths in Rwanda is colorless compare to the statistics in the region, conditions are present exposing children and adolescents to drugs abuse. A token review of Rwandan newspapers and media as well as scientific paper reveals that alcohol and illicit drugs abuse among the youths is of major concern in rural and urban areas (Kanyoni, Gishoma, & Ndahindwa, 2015). Although drugs use among the youths is not new in Rwandan families and use in ceremony, the recent abuse of illicit drugs particularly cannabis among the teenager and adolescents population has become a major public policy issue and a serious public health problem.

The purpose of this section is to review the relevant literature, describe the existing knowledge regarding alcohol and drugs abuse among children and youth in the Rwandan context, and evaluate the plausibility of popular assumptions regarding the correlates of drugs outcomes in Rwandan children and youth in family settings. This study assesses the relationship between ecological processes of youth outcomes in Rwanda and is organized in the following manner: The first sub-section address epidemiology of alcohol and other drugs in Rwanda; the next section addresses the incidence of drugs abuse and its impacts on individual, family and society; followed by another that focuses on the overall conceptual framework and its effectiveness in assessing adolescent outcomes in the Rwandan context. Pursuant to that, the individual, family, and community attributes of drugs outcomes are addressed, as well as two levels of the ecological environment: the proximal (near) environment and the distal (far) environment. In the proximal context, the issue of parental involvement is addressed as two separate issues: father absence and mother absence.

This is due to direct or indirect effect of the 1994 genocide that left many orphans and widows, and recently with family stressors and poverty, the issue of mother absence has featured prominently in the discussions surrounding children and adolescents risk behaviors in Rwanda. Lastly section article discusses implications for policy decision making.

### **Epidemiology of alcohol and other drugs in Rwanda**

Based on frequent field work observations and reports from police and hospitals, in 2011 the Ministry of Youth and ICT in collaboration with the Kigali Health Institute in collaboration, a national research project to explore the prevalence of substance use among adolescents and youth adults was conducted in Rwanda (Kanyoni, Gishoma, & Ndahindwa, 2015). The target population was youth between 14 to 35 years. In total, 2479 youth were interviewed, and of these 56.0 were males and 44.0% females. The majority of respondents

were more likely to live in rural than urban areas (83vs16.7%). 45.8% of youth had both parents alive, 37% had one parent alive while 14.4% of the youth reported that both parents were dead. 23 % of respondents were- students, with 12 % had completed schools and 51.1% have dropped out of the school. About two thirds of participants lived in families considered as poor, 35% lived in resourceful families and 3.4% live in rich families (Kanyoni, Gishoma, & Ndahindwa, 2015) the results showed that more than half (52.5%) of the participants reported that they had used one or more substance at least once in their life time. Therefore, the study revealed that the overall lifetime prevalence rate for substance use among the Rwandan youth was 52.5%.

The mean age of onset (of all substances under study) was 11.4 years. In addition, the study revealed that the youth consumed more than one substance: 50.6% of the youth had consumed alcohol, reported to have used cigarette smoking was 10.6% tobacco, 4.4% cannabis, 5% solvents and 0.1% revealed that they had consumed other drugs such as diazepam. In addition about 1% had consumed local brews with a mixture of sorghum, sugar and cannabis (Kanyoni, Gishoma, & Ndahindwa, 2015). With regard to sex, the results demonstrated that the proportion of male youth consuming substances (67.03) was nearly double that of females (36.9%) and youth from rural areas were more likely to experiment with substances than those from urban areas. This research showed that parental status and students status was also been found to have an influence on drug use.

It was found that being a student was linked with low rates of substance experimentation while dropping out of school and never going to school were associated with a high prevalence rate of substance use (Kanyoni, Gishoma, & Ndahindwa, 2015).

The study found that the 30-days and 12 months prevalence rate for alcohol was, by far, the most widely reported substance used, at 34% and 39% respectively. The next commonly used is cigarettes with 9.5% of youth reported smoking cigarettes in past 12 months and 8.5% used cigarettes in the past 30 days. The study showed that small proportion of youth (0.2%) reported to use glue in the past 12 months and same proportion had used glue in the previous 30 days. Based on the lifetime prevalence the researchers in this study stated that substance use is currently a reality in daily lives of youth in Rwanda. Moreover, even though the prevention programs effort have been established particularly national rehabilitation Center of Iwawa accommodating young male as a results demonstrated that the proportion of male using AOD(67.03) was nearly double than of females (36.92%), there is no evidence that the rate of decline is slowing, or has ended. Of particular concern is the fact youth from rural areas were more likely to experiment with AOD than from urban areas (Kanyoni, Gishoma, & Ndahindwa, 2015). Following the 1994 genocide against the Tutsis, the social and economic changes in Rwanda have resulted in number of orphans, declined standard of living, growing deprivation, poverty, unemployment, and migration (Reider & Albert, 2013). The study by Kanyoni, Gishoma and Ndahindwa(2015) demonstrated that family and school have an influence on AOD use. For example, the study revealed that being a student was linked with prevention from drug use. On the other hand however, school dropout and never going to school were associated with increased risk of drugs use. Youth living with household headed by youth were more likely to use drugs than those with one or both parents.

They also found that the majority of youth who reported to use drugs (alcohol, tobacco and marijuana) came from families where other families' members (parents, spouse, brothers and sisters and other members of extended family staying with them) used drugs. The study demonstrated that the rate of AOD use increases as youth get older. However, they did not found any significance in usage rates relative to current marital status, level of education of head of household, and the socio-economic of youth households (Kanyoni, Gishoma and Ndahindwa, 2015).

Thus, it is important to further disseminate and sustain preventive interventions that target factors associated with adolescent drugs use. However, the development of successful interventions relies upon a clear understanding of the developmental precursors of such health-risk behaviors.

### **Impact of drugs abuse among the youths**

The devastating impact of alcohol and other drugs abuse among the youths has been widely documented. As is the case worldwide, all types of drugs abuse among the children and youths pose serious public health risks and increasing social problem that contributes to the destruction of individuals, families and communities (Rossow, 2001; Velleman et al., 2005). The impacts of alcohol and other drugs abuse is vast ranging from mental health, education, violent crimes, number of deaths, and suicides (Brake, 1994).

Drugs abuse inhibits the recruitment and retention of a highly skilled workforce and forces government to expend a disproportionate amount of its national budget on drugs-related prevention, rehabilitation, treatment, and crime fighting related to drugs (Republic of Rwanda. Ministry of Health, 2014). Rwanda is no exception, spending an extraordinary high percentage of its gross domestic product on drugs abuse –related issues which should be used in the activities of economic development. Police records show most of criminal activities committed in Rwanda such as theft, violence, underage prostitution and murder are related to drugs abuse (Republic of Rwanda. Ministry of Health, 2014).

Besides of these problems are other adverse effects such as school dropout, unexpected pregnancies and exposure to HIV/AIDS and other sexual transmitted diseases. Therefore, the use of alcohol and other drugs by children and youths is not just an issue of criminal activity in Rwanda but also has long-term economic and social repercussion and thus, a need to address the problem at individual, family, school and community levels. It is worthy of note that, consistent with global trends, the cost of alcohol and other drugs abuse are unevenly distributed since high prevalence of drugs abuse and related harms in Rwanda have been found among the lowest economic segment of the society living in rural or near metropolitan (Kanyoni, Gishoma, & Ndahindwa, 2015).

Conceptual framework literature demonstrating that adolescent drugs use is related both to both the adolescent's view of her/himself and to the contextual factors such as family, school, and peer (Velleman et al., 2005). To understand the etiology, course and influence of adolescent drugs use, researchers are, with increasing frequency, relying on developmental-ecological frameworks.

The framework of this study is ecodevelopmental theory (Szapocznik & Coatsworth, 1999), which postulates that a full understanding of adolescent drugs use must include careful consideration in which development occurs (cf. Bronfenbrenner, 1979). The most proximal of these social systems are microsystems, which refer to the specific context in which adolescents function (family, peers, school). Ecodevelopmental theory grew out to integrate structural family systems theories with a more expansive ecological focus on risk and protective factors (Hawkins, Catalano, & Miller, 1992). Ecodevelopmental theory consists of three interrelated components: (i) a social-ecological perspective focusing on contextual domains such as family, peers, and school; (b) a developmental perspective exploring changes in individuals and their contexts overtime; and (c) a social interactional perspective highlighting ways in which various ecological process transact to produce behavioral and psychosocial outcomes (Szapocznik & Coatsworth, 1999).

Therefore, ecodevelopmental theory adds to social-ecological theory by focusing on the ways in which systems influence one another, and on the ways in which these sequences of influence affect developmental outcomes. Studies on microsystem-level function and adolescent behavior problems have generated findings consistent with ecodevelopmental theory. For instance, low parental support and high parent-adolescent conflict are predictive of adolescent drug use behavior (Velleman et al., 2005). Other risk factors include

hash discipline and unsupportive parenting practices, poor family communication and insufficient parental involvement (Devore &xxx, 2005). Within the peer domain, lack of peer support and association with antisocial peers are risk factors of adolescent drug use (Devore and Ginsburg,2005). With regard to school domain, studies showed that, poor school bonding and adjustment have shown to increase the likelihood of adolescent use of drugs (Devore and Ginsburg,2005; Velleman et al.,2005). In addition, given that Bronfenbrenner's (1979) socio-ecological perspective emphasizes how inseparable the individual and social environment are. The perspective implies that to understand an individual's development, the interrelationships of the layer of systems and context within which that individual develops must be understood. It is assumed that developmental outcomes originate from a complex web of exchanges between the individual and the culture.

These exchanges occur within a layer of system of proximal and distal contexts to either promote or suppress development; thus, all systems work together to influence what individual becomes (Bronfenbrenner, 1979).

Proximal processes consist of direct interactions between the individual and his/her immediate environment. On the other hand, distal processes, are those interactions that occur outside of the immediate environment, but yet affect the individual through consequences on the proximal processes. Based on this theory, it is argued that drug use in some Rwandan adolescents and youths develop from the interactions of distinct social forces and individual characteristics, often through feedback from the environment to the adolescent.

### **Individual Factors**

Individual level factors encompass cognitive, attitudinal, social, personality, pharmacological, biological, and developmental factors (Swadi, 1999 in Griffin & Botvin, 2010). A deficiency of knowledge regarding the risks of use and abuse, along with misperception that alcohol and other drugs use is 'normal and that the majority of people involve in use (Griffin & Botvin, 2010) have been identified as robust predictors of drugs tendencies in children and youth. Biology is another risk factor for alcohol and other drugs use and abuse among the children and adolescents, but the relationship is unclear. However, biological theory of drugs abuse illustrates that drugs abuse is determined by the individuals biological or genetic factors of parental addicted to child which make adolescents vulnerable to drug addiction (Griffin & Botvin, 2010). Regardless of what parents may do to protect their children from alcohol and other drugs use and abuse, some genetic problems are present from birth and cannot be changed. Familial alcohol-using behavior and is strong predictors of adolescent alcohol use providing evidences that genes may play a role in influencing people to use drugs.

Studies showed that some people with ancestry that have a natural and unpleasant response to alcohol that prevents them from drinking too much. Other people however, have a high tolerance to alcohol with potential to drink more than others. Researchers concluded that having a parent with alcohol addiction increase a risk for developing an alcohol problem (Stormshak & Dishion, 2009; Griffin & Botvin, 2010).

Psychological characteristics such as low self-esteem, poor social problem-solving skills, and low assertiveness (Griffin & Botvin, 2010) have been identified as robust predictors of alcohol and other drugs abuse tendencies in children and adolescents. Studies showed that negative self-representation, and low sense-of-self predicted the development of aggression and overall maladjustment in children. Maladjusted youth show a propensity to exhibit increased resistance to social integration and be attracted toward deviant peer activities such as using and abusing drugs (Griffin & Botvin, 2010).

Using and abusing drugs and related behaviors activities fills the youth's need for identity, sense of belonging, and worthiness (Faroe, 2010). Researchers found that youth who suffered from deficient self-esteem tended to restore their self-esteem by engaging in drugs use and abuse and other delinquent activities

(Fletcher, Steinberg , & Williams-Wheeler , 2004). In Rwanda, the prevailing contention is that due to the direct and indirect legacy of the 1994 genocide many Rwandan children and youth are vulnerable group. According to Schaal et al. (2011 in Reider and Albert, 2011), Rwandan genocide widows and orphans represent particular vulnerable groups and poses a risk factor for development of depressive and anxious symptoms Youth who suffers from depression and anxiety may not have any inspiration or motivation to plan positively for the future (Reider & Elbert, 2013) and may tend to be escape the reality of the life faced by using drugs.

Researchers argued that stress can increase dopamine and can facilitate behaviors such as drug-seeking and drug-taking that may develop into addiction. As a result it was found that psychiatric problems may be caused by genetic traits, and such problems can increase risk for drugs use and dependence (Griffin & Botvin, 2010).

## **Promixal Environment**

### **Family factor**

In recent years the importance of family/parents' role in addressing alcohol and other drug use and abuse has been widely acknowledged, as many of major causes of substances use and abuse among adolescents are preventable and linked to healthy behaviors and lifestyles (Velleman et al.,2005).

Given the fact that parents spend time with their children, it is argued that they have a potential key role in protecting their children particularly in the adolescence period by strengthening their relationships (Steinberg, 1988). However, much of family/parents' role to protect their children from risk behaviors such as involvement in drugs use is opportunistic and their ability to promote adolescents' health has been questioned (Escandon & Galvez, 2007).

Although the anti-drug policy in various countries including Rwanda encompasses various areas to include preventive education particularly through media and policy, treatment and rehabilitation, legislation and law enforcement, external cooperation, and research, there has been less investigation of family-based prevention roles in addressing alcohol and other drugs use and abuse in less developing countries, exploring the experiences and factors involved. In developing countries such as Rwanda, if not little nothing is available evaluating the role of family/parents in influencing alcohol and other drugs among the youths. Yet due to direct and indirect effect of 1994 genocide, risk factors associated with alcohol and other drugs are presents and thus this gap need to be examined. Like other parents worldwide, families/parents in Rwanda are urged to play their role of parenting into practice. Yet little evidence is available to inform the development of parents' role in parenting practice and style and to deliver culturally competent drug prevention intervention matching adolescents' needs (Vellenman et al., 2005). Understand family and parents' role in influencing alcohol and drug use and abuse among the youth in one country might contribute to the national debate about culturally competent intervention.

### **Cultural Influences**

The family is the primarily and fundamental social system for nurturing children's development and socializing them for future healthy and adult (Steingburg, 1998). The family used to be a particularly important factor influencing adolescent risk behaviors among the Rwandan youth as a result of the concept of familism. In response to social problems that are related to the consequences of wars and genocide against the Tutsi since 1959 (Rieder & Elbert, 2013), the government of Rwanda is currently restoring familism as an important aspect in Rwandan culture, places a high value on familial ties and high regard for family members as a source of social, economic, and emotional support through various projects.



For example, one cow per family a project initiated by the president Paul Kagame. Because of effectiveness of the familism, researchers have examined the relationship between family and parenting factors and youth drugs use.

Factors of family and parenting such as acculturation discrepancy, family traditionalism, family bonding/connectedness, parental disapproval of alcohol and other drugs (Sale et al., 2005), parental warmth and acceptance, parent-child communication, and parental monitoring have been found to play a key role in influencing adolescents' drugs use (Velleman et al., 2005).

According to Berry (2003), acculturation is defined as a process through which individuals from one culture modify their attitudes or behaviors as a result of contacting the new culture. Due to globalization and new technology, today Rwandan families, parents and their adolescent children may experience differential modes and rates of acculturation and therefore may have different role and expectations. In addition to other Rwandan social problems associated to direct and indirect impact of organized violence and family violence (Rieder & Elbert, 2013), these various expectations play critical roles in parenting behaviors and, in turn, may contribute to Rwandan adolescents' drugs use.

Researchers conducted a study on relationship between parent-child acculturation discrepancies and drugs use and found that it was associated with alcohol and marijuana use (Unger et al., 2009). While some studies showed that familism to be a protective factors of drugs use among the youth, acculturated adolescents were found to have weaker familism (Alvarez, 2007).

Based on these literature findings and increasing conflicting messages about alcohol and other drugs from various sources to include peers, media and community, effective communication about parents' disapproval attitudes toward alcohol, tobacco and other drugs use will assist Rwandan children and youth clarify and understand family norms.

### **Childrearing**

Research showed that parental warmth and acceptance to be associated with overall competence, fewer problem behaviors, and lower psychological distress among adolescents (Broman, Reckase, & Freedman-Doan, 2006). It has been suggested that parent-child relationships that facilitate communication can prevent deviant adolescent behavior. On the hand, Devore and Ginsburg (2005) found that parental control is directly and negatively associated with adolescent drugs use. With parental relationship style, parent who exercises 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) facilitate favorable child outcomes.

The research findings showed that adolescents were less likely to use drugs when they had warm, involved parents who solicited information concerning activities and provide higher levels of control all consistent with authoritative/democratic parenting style (Fletcher et al., 2004). Parental support is a relationship characteristic that has received a lot of attention and has been studied as a protective factor against adolescent substance abuse ( Devore and Ginsburg, 2005) Parent-adolescent activities, parent-adolescent attachment, and open communication have been studied as protective factors against adolescent substance abuse (Devore & Ginsburg, 2005; Velleman et al., 2005).

Conversely, ineffective parental control is related to alcohol and other drugs among adolescents (Velleman et al., 2005). According to Reider and Elbert (2013) cumulative stress such as exposure to organized violence and family violence in Rwandan descendants poses risk factor for the development of the depressive and anxious symptoms. Besides the support for families to cope with stress, awareness-raising initiatives challenging the current discourse of discipline toward children in schools or at home need to be fostered". A national Rwandan study of more than 1000 adults aged between 20 and 64 years reported 47% of physical abuse (beating and assaulting), five times more often perpetrated by men compare to

women(NURC,2008 in Rieder & Elbert,2013). Parents and other caregivers such as teachers may hit children with belt and sticks may be present particularly in rural areas as a response to perceived misbehavior.

The study showed that boys compared to girls experienced more family violence due to differences in the way education and discipline principles are extended on children in Rwanda (Rieder & Elbert, 2013). Researchers have contended that if community used strategies to reduce abusive, hostile parenting, the incidence of alcohol and other drugs abuse among the children and adolescents would decrease significantly (Escandon & Galvez, 2007).

### **Parental involvement**

The period of adolescence is that phase of life when parental involvement in the adolescent's lives is essential for both the normal development of adolescents, both biological and psychological development (Steinberg, 2000). Thus parents who are detached physically and /or emotionally expose their children at risk of serious negative development outcomes (Crawford-Brown, 1999).

Research have revealed that adolescents with disengaged parents are more likely to exhibit psychiatric difficulties, academic failure, and serious deviant behaviors to include delinquency, sexual behaviors, violence and alcohol and drug use (Steinberg, 2000). Even though mothers often spend more time taking care of their children, and seem to know more about their adolescents daily activities than do fathers and are more likely to obtain it by active supervision or voluntary disclosure from adolescents.

It is vital to consider parenting effects of both mother and fathers as fathers often receive information about their adolescents activities from their spouse (Waizenhofer et al., 2004). This because in spite of limited time in quantity of father spend with children compared to mother, their contributions or influence may also differ. The UNICEF in (Ntaganira et al., 2012) estimated that 290,000 children under 18 were double orphans while the Ministry of Local Governance and Social Affairs of Rwanda was reporting one million vulnerable children (Republic of Rwanda. Ministry of Local Government, 2003).

### **Father absence**

Scholars have argued that adolescents growing up in family without a father and in the poverty that is related to fatherless are root causes of crime and drug trafficking, and likelihood of adolescent drugs use and abuse. In case of Rwanda, youths affected by direct effect of genocide that left them orphans may be vulnerable to the secondary adverse effects such as familial economic decline, malnutrition, lack of education or lasting familial conflict (Joshi & O'Donnel, 2003). Researchers added that family stressors such as the loss of beloved ones, the absence of, for example, fathers or ruptures in daily routines may disturb their social-emotional and cognitive development (Miller & Rasmussen, 2010).

This has been evidenced in the study conducted in the United States, revealed that children living in the homes with father absent experience significantly more physical, cognitive, psychiatric, and behavioral problems than their peers grew up in home with father present (Robin & Spires, 1989). Furthermore, they are more likely to live in poverty, fail school and emotional neglect and suffer some type of abuse as well increase risk for higher odds of incarceration than their peers with a father present in the home. In other studies children' home with father absent often experience feelings of hostility and rejection, increase the likelihood of associated with deviant peers, and involvement in negative peer activities such as experimentation of alcohol and other drugs abuse (Fagan & Rector,2000).

Various researchers showed that there are positive effects of family well-being when the father is present and involved in children activities (Robin & Spires, 1989; Fagan & Rector, 2000). Despite the fact that the genocide left many orphans and widows, no attempt has been made so far to investigate the describe

relationship between exposure to drugs abuse and father absence in post-genocide in Rwanda. However, the noticeable increase in the number of youth using and abusing alcohol and other drugs, research output showed that in Rwanda youth without parents were more likely to use drug than those with one or both parents (Kanyoni, Gishoma & Ndahindwa, 2015).

### **Mother-absence**

Despite the "new" societal alarm regarding mother absence, the mother in the family must bear the ultimate responsibility for the character of the children (White, 1905). Although there is not research in Rwanda that has documented adolescent risk behaviors associated with the mother absent, because of financial burden particularly with single parent, few mother today remains with their children all the day.

According to Schaefer (1975:47) 'someone in a relationship needs to consider the family as a career...Taking on the career of being a mother and wife is a fabulous rare life-work in the twentieth century, and every challenging job. A wasted effort? A thankless job? An undignified slave? No, a most exciting possibility of turning the tide, of saving the species, of affecting history, of doing something that will be felt and head in ever-widening circles'.

In last two decades in Rwanda, couples lived with their parents independently in the family home, when mothers involved in trade or any work, children were left in the care of close family members, such as grandparents and aunts. In present-day, when family migrate from rural to urban areas of the country (for example families migrating from rural areas of neighboring districts of Rubavu) in search for employment opportunities in the city of Rubavu or crossing the border, children are, in many cases, are left with domestic helpers who are often themselves youth either from dysfunctional families or deviant youth themselves.

This can put children at extremely high risk for physical and sexual abuse, and suffer the social and emotional development of youth children, including attachment issues, separation anxiety (especially involved in the change of this domestic helper), issues in children' personality and social attitudes if they spend extensive amount of time with the children.

Crawford-Brown (1999) investigated the relationships between family variables and conduct disorder in a group of adolescent boys and found mother-absence, low contact with mother, and instability in living arrangements to be the factors most related to adolescent conduct disorder. This risk may be caused by the lack of parenting practices needed to protect them. As surrogate mother, domestic helper should have certain power to discipline the children, yet as the children's subordinate they may not have the power to, or has reservation about, when and how to discipline the children.

To some extent, there are likely to seek for the children's cooperation rather than playing a role in teaching or disciplining them (Ip et al., 2008). In the study conducted in Singapore, Ebbeck and Gokhale (2004) found that majority of the parents surveyed do not expect the house helper as being one of the disciplining, despite the amount spent with children compared to the parents in caring the children.

Their concerns is to see children have a clear understanding of boundaries and misbehavior and their consequences if consistent behavior and correcting strategies are not enforced by domestic helpers versus by parents. Ebbeck and Gokhale (2004) found that 87% of risk behavior group were boys from homes where the mother was absent during childhood, compared to only 13% for the comparison group. In addition, 81% of mothers of boys in the study group reported little contact with their children during childhood, compared to 19% of mothers in the comparison group. In spite of lack of research on the effect of the phenomenon of mother absence in Rwanda and issues about inconsistent parenting practice by domestic helpers versus parents, ineffective monitoring, and poorer attachment to parents (particularly facing domestic helpers more than parents because of long work hours) is both significant and disturbing.



This because in the past mother had always been there and when not alive aunts or grandmothers played the role in providing the physical and emotional comfort for developing child so desperately needs. Thus, a parents who must place a child under another's care should choose someone with high quality holding similar family's values so that they may provide a positive impact on children's social competence and positive development (Ip et al., 2008) as the children learn so quickly. The research showed that many youth who used alcohol, tobacco and marijuana in Rwanda came from families where other family members such as brothers and sisters or other members of the extended family staying with them use drugs ( $p < 0.001$ ) (Kanyoni, Gishoma & Ndarindwa, 2015).

### **The context of community**

School is a propitious environment for children and adolescents to develop a healthy way of living, involving cognitive, emotive, affective, cultural, behavioral, and social patterns with potential to resist drugs offer and lowering that risk (Oetting & Beauvais, 1987; Velleman et al., 2005). Given that children spend most of their time outside of the family, it is a prime factor in children's adjustment and functioning where teachers are valuable partners in the delivery of health and social material, including that relating to alcohol and other drugs (Marie Claire et al., 2012). Findings show that environmental factors and degree of bonding to schools are associated with adolescent drugs use and abuse (Oetting & Beauvais, 1987).

In view of adolescent risk behaviors including drugs use and abuse problem among children and adolescents toward the academic achievement which is salient aspect of children's self-worth, the Ministry of Education in Rwanda integrated the promotion of health school to educate, protect and promote children physical, social, and psychological well-being (Republic of Rwanda. Ministry of Education, 2014). The promotion of health school goes in hand with the purpose of schools which are to provide the future generations with knowledge, abilities, and skills to promote and care for their health, and create and maintain a healthy study, work and cohabitation environment (Oetting & Beauvais, 1987).

According to Griffin and Botvin (2010) schools that teach some combination of skills such as general problem-solving and decision making skills; general cognitive skills for resisting interpersonal or media influences; skills for increasing self-control and self-esteem, adaptive coping strategies for relieving stress and anxiety through the use of cognitive copying skills or behavior relaxation techniques and general social skills and general assertive skills. Thus, in Rwanda, there is a need for school principals to go beyond sports and anti-drugs clubs and link up with other institutions such as National Youth Council (NYC) and health services to provide a culture of health promotion and drug prevention, which should be integrated in school curriculum. This because student who use drugs is likely to not engage in school, fail to develop and maintain relationships with their teachers, and those who fail academically are more likely to abuse and later be addicted with drugs (Griffin & Botvin, 2010). Adolescents who are actively involved in community institutions such as school and church are less likely to use or abuse drugs or to have friends who are deviants (Griffin & Botvin, 2010). Schools and communities can play a protective role by taking active steps to engage children and young people in their institution's activities in order to avoid drug use and other problem behaviors (Griffin & Botvin, 2010).

### **Distal Context**

#### **Poverty and income inequality**

Socio-cultural factors such as poverty, racism, sexism, homophobia and the generational transmission of negative family patterns may impacts on an individual's likelihood of becoming addicted to alcohol and other drugs (Vimpani, 2005).

In Rwanda, a country in its reconstruction, conditions are present that contribute to vulnerability of the population to use and abuse hard drugs to include poverty associated with direct and indirect effect of the 1994 genocide against Tutsis. Research found that children and adolescents in the families affected by the organized violence are particular vulnerable group and may not only be affected by direct exposure to organized violence but also by indirect negative effects, such as family economic decline, lack of education and lasting familial conflict (Joshi & O'Donnell, 2003).

This may be caused by the families experiencing poverty possess neither the material nor the psychological resources to protect their children from the pressures that accompany economic deprivation (Evans, 2004). Parents' economic status was found to have an influence on drug use in Rwanda. In addition being a student was associated with low rates of substance experimentation while dropping out of school and never going to school were associated with high prevalence of substance use (Kanyoni, Gishoma & Ntarindwa, 2015).

Poverty is widespread in many low income countries, broken homes and unemployment is on increase, as a result children and youth leave school looking for employment in the areas where drugs are available and accessed. The increasing economic deterioration that lead to poverty and disempowerment of people has led some parents to send their children out in search of money for contribution to family income. These children engage in unskilled jobs are prone to alcohol and other drug in order to gain more energy to work for long hours (Faroe, 2012).

The poverty may contribute to parents' psychological impairment often have an impact on parenting practices and negative parenting increase the risk for alcohol and other drugs use among the adolescents (Evans, 2004). Research showed that stressful social and economic conditions may create anger, frustration, and hostility in parents (Lund et al., 2010). However, findings in recent study in Rwanda with regard to this relationship are inconsistent and suggest that poverty rather functions as a mediator between physical health and mental health outcomes (Rieder & Elbert, 2013).

Although alcohol use and abuse among the young people in Rwanda is not new, other drugs particularly cannabis has become more frequent and vicious than it was last twenty years. Hence, drugs abuse and related harms among the children and adolescents have changed both quantitatively and qualitatively and have a more devastating impact on individual, family, school and community than they formerly did (Republic of Rwanda. Ministry of Health, 2014). However, family influences, does not occur in vacuum, as there are other determinants on alcohol and other drugs use and abuse.

These determinants range from intra-personal factors, peer influence, and wider-community as well as environmental factors such as media influences, advertising, availability of drugs and environmental deprivation (Velleman et al., 2005). For instance, poor parenting, socialization with deviant peers, school dropout, and living in poor neighborhood are social factors that have increase the likelihood of adolescent drugs use and abuse; when poverty is added, the role of parents to protect their children from drugs and other risk behaviors is reduced. If the human ecological reasoning is correct, it would appear that the social dynamic of Rwandan society fuelled by direct and indirect effect of the 1994 genocide against Tutsis had led some adolescents to encounter a complex and potent mix of negative experiences that has exposed them at risk of health behaviors including drugs abuse. Living in single-parent or family with chronic poverty severely inhibits many families' capacity to provide the basic necessity for their children and prevent parents' ability to deliver effective parenting practices that have been shown to effect optimal child development and potential for protecting adolescent from drugs involvement. Thus, it is incumbent on government and its supporters to make an investment of time, effort, and money to institute programs aimed at providing skills needed to address drugs use and reducing poverty which are risk factors for drugs abuse and related harms.

Because adolescence is a transition phase between child hood and adult age, which is characterized by the group of physical, psychological, emotional and social changes, together with internal and external physical development making most of adolescents victims of drugs abuse, strategy to protect them are imperative.

In addition, because the risk factors that expose adolescents to drugs abuse are embedded in the family, community, and society, programs that address the drugs problems must be directed at all those levels. Program such as Parent-adolescent communication (PAC) applicable in some families and schools as pilot in Rwanda, can address the problematic dynamics of the whole family. As it provide services to teach good parenting skills, and communication about adolescent risk behavior in home setting. Good quality programs such as parent-adolescent communication can help create healthy family relationships, improve academic performance and reduce school dropout, as well as behavioral problems (Griffin & Botvin,2010).

Numerous news and debate on various media in Rwanda have noted rapid change of the entire Rwandan family system affecting children and adolescent health and well-being. In addition to the problems of youth living in single-parent or youth head of household, family stressors that led both fathers and mothers absence contributing to children and adolescent risk behaviors including drugs abuse need to be addressed. Sending children to expensive schools is not enough, but effective programs with strong parent-school partnerships and fostered good interpersonal relationships (e.g teacher-parent, teacher-student, and student-student) can provide a caring and non-threatening environment where children and adolescents will feel nurtured and potential to reduce risk for drugs use and other risk behaviors.

In sum, the scholars suggest that oppressive environment and lack of skills in parenting particularly communication are closely associated with drugs abuse. Therefore, policy makers must focus on both prevention and intervention strategies to reduce children's exposure to alcohol and other drugs and youth involvement drugs abuse or peer involved in anti-social activities. To prevent and reduce drugs use and abuse among the adolescent in ensuring a healthy generations, it is obligatory that risk factors at all levels of the ecological system be addressed, preferably at the same time.

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