



Facilitators and Barriers of Discussing Drugs Use with Adolescents: Perspectives of Parents and Their Adolescents in Rubavu District, Rwanda

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Abstract

Background: *alcohol and other drugs (AOD) among children and adolescents are causes of increasing concern in Rwandan families. They are major contributors to crime, violence and to other social, health and economic problems. However, factors which might impact parent-adolescent communication about AOD, are unknown, and must be identified to effectively plan drug intervention in family setting. The purpose of this study was to identify the potential barriers and facilitators associated with parent-adolescent communication about AOD.*

Methods: *This study employed qualitative methods and community-based participatory research (CBPR) guided in large part by community members, in partnership with research and health practitioners from Imbuto Foundation and Rubavu Youth Friendly Center (RYFC). CBPR principles are aimed at improving the effectiveness of research by addressing locally relevant health issues and involve communities in every aspects of the research process. Through a systematic process, community participants and researchers work to achieve a shared understanding of facilitators and barriers of communication about AOD between parent and adolescent. Purposive sampling procedure was used to select participants for the study.*

Results: *A total of 20 families composed of (17fathers, 20 mothers and adolescents' between 15 to 24 years participated in individual interview and focus group discussions. Parents and adolescents perceived the following barriers to parent-adolescent communication about AOD: (1) lack of AOD-related knowledge and skills; (2) limited parent adolescent collaboration and communication around AOD; (3) concerns about negative adolescent reaction and limited adolescent motivation to discuss AOD issues and (4) logistical issues. Suggested facilitators of parent-adolescent communication about AOD related to: (i) Suggested facilitators included improved parents' knowledge, skills, communication and collaboration, expanded process of monitoring and parenting roles, utilizing support and focusing on benefits of communicating.*

Conclusions: *Parent-adolescent communication about drugs should include consideration of the following elements: comprehensive parents and other caregiver education on AOD, parenting and communication skills; and ongoing partnerships to facilitate generation of addition evidence for parent adolescent communication efficacy in family setting.*

Keywords: *Parent-adolescent communication, AOD, CBPR, Qualitative research.*

Background

Overall communication between parent and adolescent may be used as a protective factor against adolescent risk behavior and psychosocial adjustment. This ranged 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).

PAC also have been given a positive image to address depression (Brage & Meredith, 1994) and delinquency (Clark, & Shields,1997), all risk factors for drugs use and abuse. Given the importance of parent-adolescent communication about risk behaviors among the youths, more information is needed on communication about drugs use in rural families. Researchers argued that family communication between parents and adolescents, particularly in socio-economically disadvantaged families, has been linked with low levels of adolescent risk behavior and high psychosocial adjustment (Rueter & Koerner, 2008; Guilamo-Ramos et al., 2006). Family interaction, that generally facilitate communication such as parental knowledge, communication skills, confidence, and comfort discussing drugs use topics, beliefs that adolescents are ready to learn about drugs and perceptions that communication about drugs is of paramount importance (Fingerman& Berman, 2000; Ennet et al., 2001; Miller-Day & Dodd, 2004).

According to Fingermann and Nermann (2000), openness in communication refers to ability of both parents and their children to share their needs, feelings, and desires with each other, and this dialogue facilitates the ability of families to respond to changing needs in a supportive manner. Although some studies have speculated that good parent-child communication may have greater impact than parental monitoring and control in reducing drugs use (Cohen& Rice, 1995), the content and the context of such dialogues (Miller-Day, 2002) their perceived messages outcomes (Nelson, Patience, & MacDonald, 1999) and comfort level, the role parents play in communicating is vital because more information is gained about adolescent' activities from their own willing than from active surveillance by their parents (Stattin & Kerr, 2000).

It has been suggested that fathers are more rational, talk about few topics and focus on rules, academic and instrumental tasks (Stafford& Dainton, 1995) and spend little to no time in communications with their children in their development process (Buerkel-Rothfuss,Fink, &Buerkel, 1995). On the other hand, mothers are emotional in their communication and tend to have more time with their children and talk about a wider array of topics often related to human being (Youniss & Miller-Day,2002). However, no study in Rwanda has focused on factors that encourage or prevent parents from tackling adolescent drug use in rural area.

We summarized parents' and their children' perceived facilitators and barriers to communicating with adolescent about ways to prevent drugs use. Because studies have demonstrated that when parents effectively communicated their expectations regarding avoidance of certain risks behaviors such as drugs use, there was a significant positive correlation between parental expectations and adolescents' behavior (Nelson, Patience, & MacDonald, 1999), and parent and child gender (Buerkel-Rothfuss,Fink, &Buerkel, 1995; Stafford& Dainton, 1995; Miller-Day,2002) were associated with the frequency and content of preventive parent-adolescent dialogues, we also examined these factors. Parents' and adolescents' feedback on facilitators and barriers was examined qualitatively through focus group discussions and face-to-face interviews. This qualitative measures against parents and adolescents' personal descriptions of what they find helpful in discussing risk behaviors such as drugs use prevention provided more understanding of family communication and therefore, ways that prevention programs might be tailored to better support rural families in their effort to prevent drugs use.

Methods

Settings

A descriptive qualitative method was employed to explore and help understanding of the risk and protective factors for AOD use among adolescents. This study was guided by the principles of CBPR as it was build on the strengths and resources of the community (Israel etl., 1998). As part of this approach, Imbuto Foundation in collaboration with the National Youth Council (NYC) through Rubavu Youth Friendly Center(RYFC) were engaged in all aspects of the study, including participant recruitment, training,

development of the interview guide, identification of content, data collection and analysis with the first author.

Imbuto Foundation is non-government organization initiated by the First Lady, Jeannette Kagame to address a variety of needs including health, youth empowerment, and the promotion of education. The RYFC is a youth-led group of National Youth Council (NYC) that aims to educate community health issues particularly risk health behaviors and advocate for change, and partner with researchers to make the center and surrounding community a healthier place for adolescents and youths.

Setting

The catchment area of the study was in rubavu, a rural sector of Rubavu district, Rwanda. Because of its geographical situation where this sector is bordering two major cities and tourism destinations of two countries (Gisenyi in Rwanda and Goma in Democratic Republic of Congo) it is found to have the highest substance prevalence and trafficking into the country.

Sampling and Recruitment

Initially, participants were recruited by Imbuto foundation in collaboration with RYFC and not the researcher. At the recommendation of the Imbuto foundation to conduct the research with participants in parent-adolescent communication(PAC) program, the first author was allowed to be part of facilitators in 20 families out of 200 involved in this program. Therefore to be included in this study, participants had to be parents or caregiver of adolescent aged between 15 to 24 years of age and both parents and their adolescents participated in PAC training conducted by Imbuto Foundation in collaboration with RYFC. Potential participants were from rural sector of Rubavu, a district with high prevalence and drugs trafficking area due to its geographic position. Given that 40 families' participants in PAC program were present during data collection, sampling of participants was done to point at which no new information was obtained from participants and redundancy was obtained (Polit & Beck, 2006). 20 families (17 fathers, 20 mothers and their 20 adolescents) were purposefully selected for this study by program developers. Participants of diverse demographic characteristics were sought before involving them in PAC program by Imbuto Foundation in collaboration with RYFC in order to obtain maximum variation.

Interview Guide

The interview instrument was a semistructured, nondirective, nondirective, interactive and informal process to elicit rich information of the parents and their adolescents regarding the risk and protective factors about alcohol and other drugs (AOD). The interview style was selected to provide flexibility for facilitators and also for following a participant's lead (Patton, 2002). The interview guide in this study consisted of open-ended questions aimed at minimizing bias and privileging participants' voices:

For adolescents interview guide was as follows:

Opening questions

- i. Tell me about what you experienced with respect to alcohol and other drugs(AOD) in your adolescents. Probes: what are the biggest issues and needs?
- ii. How is AOD use addressed in your family? What prevention practices currently in place?
- iii. Who currently bear responsibility for addressing adolescent health risk behavior such as drugs use?what is parents' current role and set of responsibility?

Introducing the idea of AOD communication intervention in family setting.

- iv. Does parent communicate with their adolescent about AOD use in the family setting? Probes:

-What do you communicate?

-How do you communicate?

Facilitators and barriers to perform AOD communication between parent and adolescent

- v. What are some of the potential facilitators and barriers of parent adolescent communication in the home setting?
- vi. What are some of the major barriers facing parents when it comes to potentially communicating about adolescent AOD use in home setting?
- vii. Is there anything else that we didn't talk about that you think is important for us to know? Is there anything you would like to add?

Procedures

Qualitative methods have become increasingly used health research, particularly when a complex detailed exploration of a phenomenon is needed and can only be obtained through hearing people's voices. This method has been given a positive image by researchers ' study things in their natural settings, attempting to make sense of, or interpret, phenomenon in terms of the meanings people bring them' (Denzin & Lincoln, 1994:2).

Focus group and individual interviews were employed for data collection. Individual interview and focus group discussions were used in this qualitative study. The purpose of the focus group was to bring the parents and their adolescents to understand their perspectives regarding risk and protective factors of AOD. In the focus group the basic themes that emerged from the interviews were discussed and all facilitators sought to understand how the participants constructed meanings to the themes. This method of member checking assists facilitators to further explore the meanings that were generated in the interview process with the adolescents and their parents.

A total of 4 focus group interview (n=48) with 4 families (composed of father, mother and one adolescent) and ranged in size of 12 participants. A limitation of focus group interviews, however, is that due to cultural barriers not all parents and adolescents may feel comfortable discussing topics related to drug use behavior in such group setting (Sim,1998). Thus, individual perceptions from participants, was obtained by interviewing fathers, mothers and their adolescents separately, one after the other. In collaboration with facilitators who are health practitioners and nurses from Imbuto foundation and RYFC, we conducted individual interviews with 17 fathers, 20 mothers and 20 adolescents and field notes were taken throughout the interviews. In general individual interview ranged from approximately 8 to 12 minutes. Participants were provided transport tokens and received a 3,000 Rwandan francs incentive.

Ethical considerations

As noted above, this study is a part of findings in the research of PAC programme evaluation conducted by Imbuto Foundation in collaboration with Rubavu Youth Friendly Center. It was conscious of the requirements of the Ministry of Youth and ICT with regards to conducting research in Rwandan communities.

Hence, the ensured that Imbuto Foundation and Rubavu Youth Friendly Center already have legally binding collaboration with both the government of Rwanda, and had permission to operate in the community. 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 family number (e.g

mother 10 means belonging to a family with a number). Permission to conduct and publish the data was obtained from National Youth Council Center, Rubavu Youth Center(RYFC).

Data analysis and Interpretation

Kinyarwanda transcripts were used for analysis to maintain the originality of the data. Only the context related to final themes generated from the data were translated to English by the first author and were checked by colleagues who are fluent in both languages. Each interview and focus group session were written in narrative format and were analyzed employing ground theory approach. The facilitators from Imbuto Foundation and RYFC and the first author transcribed all the interviews and focus group sessions. This way helped facilitators and researcher in engaging into data more deeply and also to create more familiarity with the interviews and focus groups.

Analysis was done employing line-by-line coding, identifying themes, coding categories, and by drawing cluster diagrams to uncover relationships between themes and categories (Straus & Corbin,1998). The transcripts and fields notes were read by each facilitator several times for familiarity. Line-by-line coding helped facilitator and researcher to understand even smallest hidden in the data. This initial analysis generated a number of categories, themes, and patterns from data.

It was overwhelming in the initial process. Themes were later organized by interconnectedness and patterns in the themes. In addition, cluster diagrams were developed and the themes were reduced into patterns and later developed into a story line based on the research questions.

Trustworthiness of Data

Trustworthiness of data is the process by which methodological accuracy used to minimize researcher bias and ensure study findings accurately describe the participants' perspectives (Graneheim & Lundman, 2004; Morrow, 2005). In this study trustworthiness was established through credibility, transferability, dependability (Morrow, 2005) and confirmability.

To ensure credibility, or rigor in the research process, the research team (the first author, Imbuto Foundation, RYFC) participated in prolonged engagement with participants, research flexibility, and coanalysis. Interviews were conducted until data saturation was achieved; this provided deeper information about the phenomenon under study. Data triangulation was used and it was achieved by focus group and individual interviewing adolescents and their both parents about the same topic (Polit & Hungler, 1995). To ensure dependability (Morrow, 2005), an interview guide was employed to ensure consistency during data collection. Conformability acknowledges that in qualitative research, when the researcher is the data collection instrument, create potential for biases. In each subsequent interview, the researcher and other facilitators provided template informed by feedback from participants' interviews. This was done once participants (adolescents, fathers and mothers) shared their perspectives and served as member checks.

Results

Participant characteristics

In total, 20 families composed of 17 fathers, 20 mothers and their 20 adolescents aged between 15 to 24 years all participants in parent-adolescent communication program developed by Imbuto Foundation.

Themes

In their discussions of anticipated barriers and facilitators associated with parent-adolescent communication about drugs, parents and adolescents anticipated the following barriers: (1) parents' lack of drugs-related knowledge and skills; (2) limited parent-adolescent collaboration and communication around drugs; (3)

concern about negative adolescent reaction and limited adolescent motivation to address drugs use and (4) logistical issues(e.g lack of time). Suggested facilitators of parent-adolescent communication about drugs related to: (i) improved parental knowledge, skills, communication and collaboration; (2) expanded processes of support and parenting role. In our descriptions and analysis below, we provide direct quotations from parents and their adolescents from focus groups and individual interviews in order to illuminate these themes. Within each quotation participants are numbered to identify each speaker' family in the exchange(e.g father1, mother 7, adolescent 6)..

Frequency of communication

Some parents particularly fathers expressed uncertainty about their ability to communicate with adolescent about drugs use given logistical concerns, such as lack of time and lack of motivation to discuss risk behaviors. Regarding frequency of communication after PAC training with their adolescence in their home, parents and adolescents reported moderate to high levels of communication with adolescents about risk behaviors in their home settings. Some family members reported that their families sometimes talked about sex [Family 2, 9], reproductive health [family 1,2, 5, 3, 7,8,4,19,20] drugs [family 2, 3, 6,14, 2,7,4,20], AIDS [Family, 11], and pregnancy [family,4,7, 14, 16]. Similarly, some parents felt confident they could discuss the above topics with their adolescents. They reported that they did not have problem in communicating these risk behaviors [fathers 1, 2,3 Mothers 1, 2,4, 5,6. 17, 18, 19, 20].

Anticipated barriers

Parents' lack of drugs-related knowledge and skills

All parents overwhelmingly cited their lack of drugs related knowledge and skills as a potential barrier to parent-adolescent communication, particularly knowledge and skills of managing drugs withdrawal syndrome in adolescent or youths with physical drugs dependence. The majority of parents reported a general inability to identify and classify drugs risk, and inability to assist adolescent at risk, experimenting and addicted to drugs use. For example, with respect to address the problem of drugs among adolescents, one parent stated: “ because of culture the majority of parents do have different beliefs on legal and illegal drugs and their constitutions as well as the problems associated with them[father14]. Regarding the knowledge of drugs, another parent stated: “ I’ am not sure I know enough about drugs to extend that I can effectively help adolescents abusing drugs. Due to new technology, adolescents have more knowledge than parents. I think parents need training on that [Father12]. Parents also specially cited a lack of communication skills and a parenting relationship style for effectively talking with adolescent about their behaviors including drugs use and abuse and being a role model. Adolescent said : I was an alcohol abuser but due to parent-adolescent communication training I stopped. However, as my father is often drunker, it’s going to be a barrier for him to really be talking to his children about the harm related to use drugs [adolescent 20].

Limited parent-adolescent collaboration and communication around drugs

Through individual interview and focus groups, parents and their adolescents also consistently noted different degrees of attention and importance of drugs issues. With regard to differences in the prioritization of addressing drugs problems among the adolescents, parents and their adolescents noted the following: our parents are less involved in our activities and our peers as well pay little on our concerns [adolescent 8]. While the majority of adolescents said that they fear to risk telling the truth to their parents, one adolescent stated: “My parents do not trust me as a result I prefer not to tell the parents about my concerns [adolescent9].

On the other hand however, one parent stated: We do really fight to get [adolescent] the help they need to avoid risk behaviors [father7]. Another parent described her frustration in attempting to communicate the need for more effective drugs problems: I think I need more skills on how and what to say in addressing the problem of drugs particularly with adolescent abusing drugs[Mother 8]

Across focus groups and individual interviews, parents and adolescents were consistently unfamiliar with variety of drugs, mode of use and immediate and after effects of drugs use on health. A parents stated: I do not have knowledge about the types of drugs available but adolescents may be aware [father 10]. However, parents revealed that they are able to identify some signs and symptoms of drugs abuse. Below is exemplary quotation from parents.My son use to get out more often and coming back late or sleeping and this raised a concern as he may be using drugs with friends there[father19]. And other parent added: my son used to skipped classes and having lower academic performance later decided to drop out. It is for this signs that I realized that he used drugs[father14]. The majority parents noted the lack of effective communication and shared parenting planning to address drugs, as noted in the following exchange: communication between parent and adolescent can do a lot to prevent risk behavior particularly drugs, but I do have problem on how I can talk to my son who have problem of drugs” [Mother 9]. Another parent added:’ although we have found that family meal is important protective factor for adolescent risk behavior, setting clear rules and monitoring adolescent are still a challenge to many families[Father 17].

Concerns about negative adolescent reactions and limited motivation to address drugs use

With respect to adolescent drugs use and intervention, parents expressed concerns about adolescent denial, anger, offense, dishonesty, and even aggression in the context of drug-related discussions. For instance, with respect to perceived adolescent using drugs in denial, one parent commented: “I have a son with behavior problems, we tried to integrate a program of discussing matters in the family including behaviors. This son could not accept that he is drug user and found such dialogue to be a problem and decided to leave home[mother 8]. Regarding a lack of adolescent honesty in general and drugs abuser in particular, adolescent stated: “I fear to risk the truth and prefer being dishonest ’[adolescent14]. In other parent describe adolescent reactions particularly those showing signs and symptoms of drugs such as coming late at night to discussing drugs matter in the following ways: “They get defensive”, They often say parents we do not trust them and it worsen when you try and asked them where they were and with who”[Mother 9]. One parent described aggression from adolescent using drugs in the context of discussions about drugs in the family: We tried to open discussion about drugs and often they tend to be angry and sometime raise voices [Father 19]. This reactions have been confirmed by adolescents using and abusing drugs. One adolescent said: I was drugs abuser and often do things that please me. I did not seek advice or approval for my parents in anything [adolescent 6]. Another adolescent added: ‘when as alcohol abuser, I often misbehaved towards my parents and others’[adolescent 20].

In both interview and focus groups, parents’ and adolescents’ descriptions of negative adolescent reactions to communication and intervention attempts included references to extremely challenging adolescent behavior and lack of motivation to change exhibited by drug-dependent adolescents.

Logistical issues

Some parents also expressed uncertainty about ability to discuss with their adolescents about drugs in their family given logistical concerns, such as lack of time and life demand. Some parents revealed that they felt confident in discussing these topics with their adolescents while others reported that they find difficult and desired more supports. Both parents and adolescents agreed that time has never been a valuable commodity for families who struggle to make ends meet like to day. However, parents reported that with the increase

in population and extension of the city, the usual work for tilling the land and grazing is ending and there is dramatic change in the workforce. They reported that some may find unskilled jobs away from home or having difficulty attending family meal during the night, a right time for parent-adolescent communication due to the nature of work. Regarding time management, one parent noted: parenting is all about prioritizing your tasks...having time for children particularly during or after meal is no longer priority due to stressful life and new technology [father 10]. Expressing doubts about his potential ability to integrate discussion in the family, another parent commented, "I spend days working away from home and come home once or twice per month...time to discuss the family matter and children behavior is definitely limited"[father1]. With respect to adolescent' lack of time due to new technology, a parent exchange within one focus group went as follows: "even those parents having chance of being present at home evening time raised concerns about having uninterrupted time to discuss with their adolescents on life style due to technology particularly watching international football match on TV or spending time on social media such as Facebook, YouTube, Twitter [father19]. Adolescents added: " we think a lot of adolescents would feel uncomfortable discussing with parents...knowing peers are watching international match or have friends online[adolescents20].

Suggested facilitators

While equal time was allotted during individual interview and focus group discussions for exploration of barriers and facilitators, parents and adolescents identified fewer potential facilitators. Our questions about facilitators were hypothetical questions that asked participants to determine potential facilitators to parent-adolescent communication about drugs in family setting. Nonetheless, parents and adolescents were actively engaged in generating specific ideas and practical suggestions for how implementation of parent-adolescent communication about drugs could be facilitated. The majority of parents and adolescents reported facilitators that can be summarised in three (1) employing support, (2) focusing on the benefits of communication, and (3) developing parent-adolescent relationships.

Employing support

Parents reported that they use social and information support to help them in communicating with their adolescents about risk behaviors. Some parents stated: 'integrating family daily prayer using religious values was effective to make communication interactions more manageable' [mother 16]. Others found fosters family table time and conversation vital for their communication [father, 10, 12]. Both parents and their children adolescent reported that Parent-adolescent communication (PAC) workshop led to several opportunities to discuss various sensitive topics including drugs use in a supportive environment[Father 1,10,12, 8,17,20; Mother 10, 4,14,15, adolescent 3,6,10,20]. Although, other types of informational resources that may help them communicate with their children such us books, brochures, radio or TV were not mentioned, at the end of evaluation of PAC program, books were donated to each family.

Focusing on the benefits of discussing risk behaviors

The majority of parents believed that it was easier for them to talk about drugs and related behaviors and harms if they focused on the potential benefits of open communication and consequence of leaving deviant peers and social media advertising alcohol and other drugs fill them with their own information. The benefits reported ranged from (i) the desire to protect their children from deviant peers, drugs use related harm and misinformation about drugs use, fulfilling one of the parenting duty such as discussions that promote the health and well-being of their children in their dangerous phase of life. One parent stated: ' when I started sharing the benefits of discussing risk behaviors with my children, one adolescent who was

delinquent has changed his behavior and helped others in the housework [mother 8]. Adolescents added: 'with benefits of communication in the family we have decided to quit drugs use[adolescent 6,10,20].

Parents expressed a deep desire to protect their children from drugs use and related behaviors and harms, along with the hope that the risk of their children to be involved in drugs use or deviants peers using drugs would reduce. A parent shared: 'My children used to go out and come late without informing where they are. But today with discussion about the danger of lack of communication, my children can tell me where they go and with who'[Mother 15].

Developing parent-adolescent relationship before talking sensitive topics

Parents reported that after being informed in the workshop the benefits of developing the good relationship with their children before moving on to discuss sensitive topics or desire to change the child's negative behavior, they found it beneficial. One mother stated: 'by increasing our relationship love and warm support increased, harsh discipline disappeared; now it is communication [mother 4]. Adolescents agreed that once their relationships with their parents established communications about drugs use and related behaviors such as sex, unintended pregnancy and AIDS become less difficult and easier to reveal to our parents our problems and our friends [adolescents , 12, 16, 20].

Improved parents knowledge , skills, communication , and collaboration

With regard to drugs monitoring and communication, parents articulated explicit needs for learning more about types of drugs available in their community, mode of use and their health effects. As one parent stated: "I think I need to be trained on parenting and adolescent behavior education particularly on subject of drugs as a whole. The health risk associated with cannabis is witnessed by parents with adolescents abusing it, but as far as more specific things go, I really am not comfortable with my knowledge to help drugs addicted. I would definitely want to study more about drugs in general before I'd be comfortable having conversation with my children suspected to abuse drugs [father17].

Parents also spoke about the need for improved the need for improved face-to face communication and shared parenting planning with addiction specialists, and social workers particularly those parents with adolescents reported to be drugs dependence[parents in focus groups]. Parents also articulated the perceived need for drugs related education for community as well, particularly in the context of parent support group in the churches, schools and at village level. One parent said,"[we need] to have the consultants come speak to us in our community support groups...teach us what and how to discuss drugs problems with our adolescents[father3]. A mother commented:'we had chance to be trained on communication but the problem remain with those parents and their adolescents who did not participate and who may influence our children in drugs[mother16]. Finally, one parent summarised shared responsibility for addressing drugs use among the adolescent in this way: " parents need to think more that protecting adolescents from drugs use is their responsibility[mother9]. They only need support to play such a role from government in terms of training on how to address the problems. ...it is parents' responsibility to make sure that drugs use and abuse is being addressed at home instead of thinking government through services providers is going to address the problem alone[father20].

Expanded processes of support and parenting roles

Participating parents also generated ideas about creating expanded parents and other caregivers roles for promoting protective factor for adolescent at risk of drugs use. Suggestions included a new, exclusive role for dedicated parents who can serve as trainer of trainee (TOT) in their village and community. One parent said:' we need to have parents specifically trained on adolescent behavior such as drugs, who can help other

parents address this problem [father3]. Other parents suggested drugs risk reduction through follow up visits by drugs specialist or social worker in family hosting adolescent with known or suspected drugs withdrawal.

Discussion

Parent-adolescent communication (PAC) is a protective factor and strategies to address alcohol and other drugs (AOD). To date, early attempts to implement PAC addressing risk behaviors including AOD use and abuse have mainly occurred in family setting and have involved substantial challenges (Cohen& Rice, 1995; Nelson, Patience, & MacDonald, 1999; Miller-Day, 2002). In Rwanda, parent-adolescent communication program is an initiative of Imbutu Foundation carried out in the family in collaboration with Youth center to address multiple health risk behaviors. Engaging parents and adolescents in discussions and strengthen relationships early is imperative for effective and sustained implementation of parent-adolescent communication about AOD in family setting (Stattin & Kerr, 2000). Parents and adolescents in our study perceived numerous barriers to parent-adolescent communication, but also proactively suggested a variety of facilitators of parent-adolescent communication when addressing the problem of AOD use among adolescents. To our knowledge, if not few, this study is only Rwandan-based studies exploring the potential implementation of parent-adolescent communication about AOD, and the only study to explicitly and comprehensively explore the perspectives of parents and adolescents involved in parent-adolescent communication program for the purpose of drugs prevention intervention.

Barriers and facilitators to parent-adolescent communication (PAC) about AOD

Findings from our study include the barriers of (i) limited parent-adolescent collaboration and communication around AOD, (ii) i Parents' lack of drugs-related knowledge and skills, (ii) Limited parent-adolescent collaboration and communication around drugs,(iii) Concerns about negative adolescent reactions and limited motivation to address drugs use and (iv)Logistical issues particularly lack of time. In turn, the corresponding facilitators of PAC about AOD included (v) focusing on the benefits of discussing risk behaviors, (vi)developing parent-adolescent relationship before talking sensitive topics,(vii)improved parents knowledge , skills, communication , and collaboration and (viii)expanded processes of support and parenting roles, are also relatively novel and have previously received little emphasis in the extant literature. Parents and adolescents in our study perceived improved parent-adolescent communication and collaboration and roles of parenting as essential prerequisite for, and facilitator of, discussion about AOD problems in the family setting. Alcohol and other drugs (AOD) use among the adolescent particularly beer and tobacco have not traditionally been conceived as a problem and therefore, it was not conceived as parent responsibilities to address this problem in Rwandan family. However, with the use of illegal drugs including cannabis among adolescents, the the Minister of Youth and ICT in Rwanda Mr Nsengiyumva Filbert argued that unless parents take the responsibility to protect their children from using drugs and active collaboration with government any prevention program in place will not sustain (Nsengiyumva, 2012).

Parents and adolescents in our study explicitly describe reluctance or resistance to addressing AOD-related issues among the parents in their community. Some parents attributed this resistance to lack of awareness or education and training on AOD, and family demands. In this latter vein, our findings regarding parent adolescent communication about AOD have also been minimally discussed elsewhere particularly in sub-Saharan Africa. Additionally, other authors have explored parents' perceptions of their responsibilities with respect to provide for family needs and prepare for children future taking children to school and paying little for building the character (Parvizy& Ahmadi,2009). In an era of drugs prevention costs allocated to rehabilitation center, prevention and low-cost intervention are both appealing and prudent, but integrating drug prevention into family setting with life demand reducing time for family may be especially difficult, particularly if it challenges the perceived family mission and family providers who are already with other

family responsibilities. Parents today do not have enough time for monitoring and communicating with their children. When discussing how to potentially incorporate parent-adolescent communication about AOD into parenting practices, parents and adolescents participating in our study overwhelmingly foresaw a prominent and central role for the parenting skills training and education about drugs. Few authors have explored the role of the parenting and drugs education in facilitating the implementation of discussion about AOD in family (Melgosa, 2012). In various studies found that the use of substance use among the adolescent from the family integrate communication about alcohol was perhaps due to parenting style (Yan et al., 2007)

Nuanced findings validating the literature

The findings of this study are consistent with other research findings on both ability of family to respond to AOD use among the adolescents in supportive manner (Fingermann and Nermann, 2000) and concerns about negative reactions and limited motivation to discuss about AOD use. In particular, we describe several points of these findings which have only token been reported elsewhere. Irregular attention has been provided to parental approval or how parents' own alcohol and other drugs consumption might affect the type or extent of AOD risk prevention discussions that they have with adolescents (Dovan, 2004).

Our findings related to parents' feelings of potential role through building relationship and family cohesion (Miller-Day, 2002; Birkmay et al., 2004). Other authors have reported relationships between parents' own AOD consumption and their degree of dissatisfaction and personal discomfort, and inability in discussing with their adolescents about AOD problems (Dovan, 2004). These phenomena suggest that parents' own AOD consumption may be an important but relatively under-considered barrier to their approval of evidence based communication practices around AOD reduction (Miller-Day, 2002).

These data were consistent with studies indicating that communication needs to pay more attention to the ways in which communication is organized and experienced, message outcomes, comfort level and how adolescents perceive communication from adults (Miller-Day, 2002; Nelson, Patience, & MacDonald, 1999; Stattin & Kerr, 2000). We identified that some adolescents perceived their parents as an unfriendly and humiliating parental relationship with their children. They agreed that their parents do many things for them, but do not teach them how to live in their adolescence period. Being unfriendly and humiliating relationship with their adolescents was special issue that increased lack of trust discomfort in discussing about with adolescent risk behavior discussion including AOD and fear to risk the truth particularly those involved in risk behavior (Faroe, 2012; Parvizi & Ahmadi, 2009). Furthermore, while parents have also expressed concerns about potential negative adolescent reactions, parents in our study are among the few reporting explicitly aggressive adolescent reactions, as many adolescents may become depressed and feeling unhealthy as a result of an unfriendly and humiliating relationship (Parvizi & Ahmadi, 2009).

The above-mentioned parents' and adolescents' perceptions on adolescent attitudes and behaviors while communicating with adolescent using AOD, may serve as contributing factors in these reported instances of aggression as a consequence of poor relationship and may explain the absence of similar reports in studies of parenting practices that may address drugs use and abuse. Finally, our findings also validate similar results previously reported in the literature, including parental knowledge deficit about adolescents' health risk factors and characteristics (for example AOD-related knowledge), protecting their children from such risks through parenting practices and logistic issues such as lack of time and privacy (Parvizi & Ahmadi, 2009; Faroe, 2012).

In turn, parents' education and training on AOD communication and intervention tends to focus on developing adequate knowledge and skills in these practices. The extent to which parent adolescent communication (PAC) training address the how and what to communicate about AOD such intervention is unclear. Failure to adequately and openly address the social factors addressed in the findings may be an

important limitation in current training and implementation strategies for parent-adolescent communication about drugs.

Implications

Parent-adolescent communication (PAC) intervention program may effectively address the problem of alcohol and other drugs (AOD) among adolescents in Rwanda and the program developers may need solid and consistent evidence for the efficacy of the components of communication about AOD in family setting. The role of adolescent alcohol and other drugs use disclosure as a result of communication in the family setting showed how important communication about drugs can effectively reduce the prevalence of drugs use in rural areas and in socio-economically disadvantaged families and where prevention programs among the youth are limited (Rueter & Koerner, 2008 Guilamo-Ramos, Jaccard, Dittus & Bouris, 2006).

This evidence will be essential for policy maker buy-in during implementation initiatives as recent data showed that the majority of youth involved in AOD are those living in rural areas (Kanyoni, Gishoma, & Ndahindwa, 2015). Additionally, the results of our study indicate the need for consideration of the following problems during the design of future PAC about drugs and implementation strategies. (i) Comprehensive parental education on parenting and AOD. Our findings suggest that parent-adolescent communication about AOD will require increasing parent's basic capacity to address the problem. In addition, comprehensive continuing education and skills training will be needed for parents potentially participating in PAC program to help other parents of adolescents at risk, experimenting and dependent of AOD. Furthermore, successful execution of parent-adolescent communication about AOD would potentially impact Rwandan families through (i) school-based parent groups as it may focus on educating parents and/or children early onset drug use, (ii) parent support groups which may be composed of parents who are having difficulty with their own adolescents as a support and reinforcement in meeting and working with other parents who are experiencing the same problems, and (iii) community wide-group at the village level (Burns, 1986).

Training should be interdisciplinary, tailored to the culture, issues, and adolescents populations found in the community. In addition to specific AOD-related knowledge (Types of AOD, varieties, origin, characteristics, mode of use and immediate and after effects) and communication skills, our findings suggest that parent education should explicitly and meaningfully address (a) role of communicating AOD, (b) the role of health promotion in family setting, (c) parents' own use of substances/personal

(c) providers' own use of substances (d) misperceptions about AOD consumption and risk among adolescents (e), unique challenges which might arise in the context of parent-adolescent communication about AOD (e.g adolescent denial and aggression, or culturally related influences of parent-adolescent communication about AOD). Educational approaches commonly used to train large groups of parents and adolescents, such lectures and online training modules, may be of limited value in teaching the skills needed by Rwandan parents to effectively deliver AOD communication to their adolescents at risk, experimenting and addicted. Because parent-adolescent communication about AOD involves semi structured discussion and therapeutic communication techniques, one of the challenges for parents and adolescent training efforts will be incorporating "booster sessions" and opportunities for skills modeling, role playing practice, and feedback; single-session training workshops such as the one received in PAC program organized by Imbuto Foundation in collaboration are unlikely to provide the role support needed to sustain practice change over time although some adolescents abusing AOD reported to quit this behavior due to this training. In particular, because formal communication about AOD likely involve unfamiliar skill sets and unfamiliar professional roles for most parents, reiteration of training concepts, ongoing role support, and intervention monitoring will be of paramount importance for assurance of intervention fidelity in family-based drug prevention intervention. In the context of individual discomfort with addressing AOD, parents and

adolescents have also revealed their uncertainty and needs of skills for addressing substance use (xxxx). While the literature on parent acceptability for communication about AOD with their adolescent is scarce, adolescents nonetheless generally report comfort with discussion with their parents about risk behaviors including AOD, even in family setting (Parvizy& Ahmadi, 2009). The implementation of parenting practices that address sensitive behaviors particularly discussion about AOD, present challenges that implementation of other behavior change do not for instance hand washing initiatives. The frequency with which parents expressed discomfort about AOD use may be reduced particularly those using alcohol or tobacco as they should be role model and their practice communicate more than words. This finding is not surprising as parents lived in the community settings in which alcohol and other drugs are available due to its geographic position.

However, at this time, our goal was not to produce generalizable knowledge applicable to family settings, but to catalyze consideration and discussion of potential barriers and facilitators to implementation of parent-adolescent communication about AOD through exploration of these issues with parents and adolescents engaged in PAC program. Because initiatives to address the problems of AOD within family setting will most likely involve a high degree of parental responsibility, we chose to focus on barriers and facilitators anticipated by both parents and their adolescents involved in PAC program developed by Imbuto Foundation and implemented in collaboration with Rubavu Youth Friendly Center (RYFC). Confirmation of these findings in additional studies, particularly in family settings that have not been selected to this program, is nonetheless warranted, as is inclusion of the perspectives of parents and adolescents from the PAC program. We explored and identified anticipated barriers and suggested facilitators of communication about AOD because at this time, no local or national parent-adolescent communication efforts addressing AOD are underway within family settings.

Conclusions

Parent adolescent communication about AOD, may be a novel approach to addressing risky substance use among Rwandan adolescents. Despite perceived parents and adolescents barriers to communication about AOD, communication between parent and adolescent may constitute part of viable model for addressing AOD use among the adolescents after additional efficacy and effectiveness research is conducted. Calls have been issued for adolescent behaviors researchers to evaluate PAC model in addressing the drugs problems. Parents and adolescents can provide valuable perspectives informing the design, feasibility, and delivery of PAC intervention which can address the problem of drugs among the adolescents and challenges of Rwandan families. Ongoing partnerships between family and adolescent services, researchers, parents and adolescents through community based participatory research(CBPR) may facilitate the development, testing, and potential implementation of rigorous interventions designed to improve the identification, management, and prevention of adolescent AOD use in family setting.

Competing interests

The authors declare that they have no competing interests.

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