

Family-Based Intervention Strategies and Substance use Disorders among the Youths in Selected Rehabilitation Centers in Nairobi, Kenya

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ABSTRACT

This study investigated the influence of family-based interventions strategies and substance use disorders among the youth in the rehabilitation centres in Nairobi, Kenya. The study was guided by the family structure theory. The research approach was qualitative and phenomenological design was used. The target population was 303 youth in selected rehabilitation centers in Nairobi County, aged between 18-35 years and their parents. A sample of 12 clients who had stayed in rehabilitation centers for the longest time were purposively selected in order to provide qualitative data. Similarly, 12 parents were conveniently selected in order to provide the same data. Therefore, the total sample size comprised of 24 respondents. The qualitative data collected through interviews was analyzed thematically backed by narratives from respondents. The study found out different family-based intervention strategies utilized. These included counselling, prayer, corporal punishment and keeping youths busy. The study recommended that, the home and hence the family creates the first contact for the child in this world. The home environment needs to be right, such that the youth will not want to look outside the family circles for emotional support. Communication channels should be open and free flowing. The parents should also be careful what kind of examples they set for their youth. They should be good role models themselves. Parenting is a natural occurrence but with the current serious parenting problems, the parents need to be empowered to be able to steer their children in the right direction so as not to go the direction of substance use disorders.

Key words: Substance use disorder, Youth

BACKGROUND TO THE STUDY

Substance Use Disorders (SUDs) refers to a mental condition which results from the use of one or more substances that could lead to clinical impairment or distress (Chesang, 2015). The problem of substance use disorders among young people has been on the rise globally and locally. This problem has been of great concern worldwide and different countries are using different means to address this vice. Chesang (2015) defines substance use disorders as a mental condition which results from the use of one or more substances that could lead to clinical impairment or distress. Globally, there are estimated 271 million people who abuse substances (United Nations Office of Drugs and Crime, 2019). Out of these 271 million people, 13 percent suffer from Substance use disorders (United Nations Office of Drugs and Crime, 2019). World Health Organization (WHO), (2019) report on substance use disorders added that about 5.3 percent of all the deaths globally in 2018 were due to substance use disorders.

Another report on substance use disorders among the youths by World Drug Report (2018) asserts that some 200 million people, or 5% of the worlds population aged 15-64, had used drugs at least once in the last 12 months. This is 15 million higher than 2017 estimates. Lastly, the report stated that this increase has been attributed to greater availability of drugs and other substances and hence higher demand for treatment in the

treatment centers.

In support of WHO and United Nations Office of Drugs and Crime Substance Abuse reports, Substance Abuse and Mental Health Services Administration (SAMHSA), 2017) reports that approximately 9% of the total population of young people aged 18 years and above in the United States are users of illicit drugs. UNODC (2018) report added that in United Kingdom, about six million people are estimated to drink above the recommended daily guidelines with almost two million of youths drinking at harmful levels.

National Treatment Agency (2014) also conducted survey of 100,000 young people from European countries such as: Austria, Belarus, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia, the Slovak Republic, Slovenia, Sweden, Switzerland and Ukraine to understand the behaviours, knowledge and beliefs concerning cigarettes, alcohol, solvents and illegal drugs by young people. The study findings showed that there were high rates of substance use disorder amongst youths across all these countries. These results agreed with the findings of other global reports on substance use disorders.

While genetic, temperamental and environmental factors all contribute to shaping child and youth development, family dynamics play a very important role (Glantz & Leshner, 2012). A review of literature shows that parents and family-oriented intervention programs can be effective in preventing and reducing youth alcohol and substance abuse (Lochman & Steenhoven, 2013). Families can protect children from many different risky behaviours and mental health problems, including substance use disorders and delinquency, by providing children with emotional and economic security, guidance and appropriate limit-setting, supervision, satisfaction of basic needs, security, developmental stimulation and stability (Jones, 2014).

Henggeler (2015) Clinical and research overviews of family-based treatments that have been identified as effective or highly promising in the treatment of adolescent criminal behaviour and substance abuse are provided. The theoretical basis, clinical approach, outcomes from clinical trials conducted by the treatment developers as well as findings from any independent clinical trials and mediation research are addressed for each treatment model.

Effective family-based approaches in the treatment of delinquency include multi-systemic therapy, functional family therapy, and multidimensional treatment foster care. Promising treatments for adolescent substance abuse include these aforementioned approaches as well as family behavior therapy, contingency management, brief strategic family therapy, and multidimensional family therapy. The commonalities of these models are noted, and suggestions are made for future research priorities.

Thomas, Baker, and Tomas (2016) examines the effectiveness of family-based interventions alone and combined with school-based interventions to prevent children and adolescents from initiating tobacco use in the US. The study consulted 14 bibliographic databases and the internet, journals hand-searched, and experts were consulted. In addition, randomized controlled trials (RCTs) with children, adolescents, and families, and interventions to prevent starting tobacco use, and follow-up for more than 6 months were conducted. Risk of bias was assessed by Cochrane risk-of-bias tool and inter-coder was used to enter the data.

The results of meta-analysis indicated that family interventions had significantly fewer students who started smoking. In addition, results from 2 RCTs of combined family and school interventions compared with school only indicated additional significant benefit. Lastly, authoritative parenting was seen as common characteristics of effective high-intensity interventions. The reviewed study is relevant to this research because it examined different family-based interventions for preventing use of tobacco among children and adolescents. This study investigated family-based interventions for substance use disorders among youth in

Nairobi County using embedded design.

Lee, Estrada, Soares, Ahumada, Molina, Bahamon, and Prado (2019) investigates that the moderating and mediating roles of positive family-based intervention, and prevention as usual condition, and substance use among Hispanic youth. Eighth grade Hispanic adolescents (mean age = 13.86) and their primary caregivers (mean age = 42.32) were randomly assigned to two conditions: Familias Unidas ‘united family’ (n = 376) or prevention as usual (n = 370). Participants were assessed at baseline and at 6-, 18-, and 30-months post-baseline. The results indicated that relative to prevention as usual, united family reduced positive parenting discrepancies across time, when parent reports were higher than adolescent reports at baseline; which in turn predicted substance use at 30 months post-baseline.

The findings provide important evidence supporting the need to collect multiple informant reports on positive parenting and examining the directionality of these reports among Hispanic families. The reviewed study is relevant to this research because it examined the moderating and mediating roles of positive family-based intervention, and prevention as usual condition, and substance use among Hispanic youth. This study explored the family-based intervention strategies for substance use disorders among the youth in rehabilitation centers in Nairobi County.

Tobler and Kumpfer (2013) studies Family strengthening approaches for the prevention of youth problem behaviours. They identified the critical family factors that help to protect children from substance abuse. These include: secure and healthy parent/child attachment, parental supervision, monitoring and effective discipline, communication of pro-social family values, parental involvement in child's life and supportive parenting (emotionally, cognitively, socially and financially). Research on resiliency has also confirmed these points. This body of research focuses on youth and families living through acute or chronic stressful life events and confirms that parental and family factors contribute to the capacity of youth to overcome adverse family situations and achieve positive outcomes (Rutter, 2014).

Research by Stephenson and Helme (2015) involved data from 1,461 adolescents attending 6th through 8th grades in central Colorado. The study gathered a semester-long classroom-based intervention to prevent the onset or further use of cigarettes. The study shows that parents who are supportive, who encourage their children to become independent, expect compliance with rules and are consistent and fair in their discipline practices have children who are more resilient than other children. Stephenson & Helme (2015) labels this style of parenting as authoritative parenting. Other factors that have been found to contribute to resiliency are an organized family environment, supportive relations, family beliefs, family cohesion and flexibility, family problem-solving and coping skills, and communication. Lastly Stephenson & Helme (2015) provide strong evidence that parents and families can be powerful protective factors in the lives of children and youth; conversely, the research provides clear evidence that certain family characteristics can act as strong risk factors.

A study done by Kosterman, Hawkins, Guo, Catalano and Abbott, (2013) was guided by the social development model. It examined the dynamic patterns and predictors of alcohol and marijuana use onset. The sample was derived from a longitudinal study of 808 youth interviewed annually from 10 to 16 years of age and at 18 years of age. Strong parental norms against youth drinking and communication of parental disapproval of alcohol and substance abuse have also been shown to reduce the risk of initiation in early youth (Kosterman, Hawkins, Guo, Catalano & Abbott, 2013) and have been linked to less peer influence to use alcohol, greater self-efficacy to refuse alcohol, and lower frequency of alcohol and substance abuse behavior.

Similarly, data demonstrate that youths who believe that their parents would strongly disapprove of them using substances are significantly less likely to use that substance than adolescents whose parents only somewhat disapproved (Office of Applied Studies, 2015). Further, communication of substance-specific rules in a clear and strict manner is associated with the postponement of drinking in both younger and older

adolescents. Yet, other studies have shown that younger adolescents are more strongly affected by the attitudes of their parents (Zhang, Welte and Wieczorek, 2014) suggesting the need to intervene early on.

Reviews of prevention programs indicate that active parent participation is a key element in effective alcohol and substance use programming with children, adolescents and youths (Cuijpers, 2013). In another review, Cowan and Cowan (2002) provide further evidence that parents have effects on youth in the family, at school, and within their peer groups, and that family-focused interventions can affect positive changes on child development. Lochman & van den Steenhoven (2014) also report multiple positive effects for parent training and family skill building prevention programs, including decreased child problem behaviors, increased prosocial behaviors, decreased substance use, and improved family relations and parenting practices.

In conclusion, the researcher sought to identify the family-based intervention strategies that would deter the youth from getting involved in alcohol and substance abuse. No studies of this nature have been done in Kenya. This study sought to understand the Kenyan context. The study brought forth these family-based intervention strategies that would deter the youth from substance abuse more so by focusing on the youth in selected rehabilitation centres in Nairobi. This was to be an eye opener to the parents who were to be more responsible having understood the serious role they need to play as parents in as far as youth alcohol and substance abuse is concerned.

Research objective

The study purposed to identify the family based interventions strategies on substance use disorder among the youth in selected rehabilitation centres in Nairobi, Kenya.

MATERIALS AND METHODS

The qualitative design was a phenomenological design. For persons who have experienced the phenomena, this design gives an opportunity to express views and perceptions (Creswell, 2014). Interview guides with open ended were used to collect qualitative data of the participants. This included attitudes and feelings about the family-based intervention strategies for substance use disorders among the youth in selected rehabilitation centres in Nairobi County.

Location of the Study

The study was based in Nairobi. Nairobi County has a higher prevalence of substance abuse (NACADA, 2017). The county has 18 rehabilitation centres which represent the highest number of rehabilitation centres in a single County (NACADA, 2017). The choice of Nairobi County was based on the high number of rehabilitation centers which provided a good sample for this study. Secondly, these rehabilitation centers have addicts or almost all the types of drugs and alcohol brands. Nairobi also is preferred for the rehabilitation centres partly due to the rich source of experts who are working in the rehabilitation centres to help the addicts recover from the various addictions. Most of this rehabilitation centers had a similar focus in the process of reforming the addicts.

Target Population

The target population for this study was the youth admitted in selected rehabilitation centres in Nairobi and their parents/guardians. Nairobi County has 18 rehabilitation centers with a population of 303 youth (NACADA, 2020). The study targeted all the 18 rehabilitation centers with the 303 youths admitted. According to NACADA (2020), these rehabilitation centers do have more clients than these under normal circumstances but the numbers were affected by the COVID 19 pandemic. However, the population targeted

and identified had salient characteristics hence the study was carried out.

Sample Size

Leedy and Ormrod (2005) assert that, for qualitative-phenomenological study, the ideal size is between five to twenty-five participants. The size is small because the study is concerned with an in-depth understanding of an observable fact and the entire number depends on the goal of attaining saturation. Saturation occurs when adding more participants to the study does not result in additional information (Creswell, 2015). A sample of 12 clients who had stayed in rehabilitation centers for the longest time were purposively selected in order to provide qualitative data. Similarly, 12 parents were conveniently selected in order to provide the same data. Therefore, the total sample size comprised of 24 respondents.

Data collection Instruments

The research instruments used for this study were the interview guides for youth in rehabilitation centres and their parents or guardians. This was to facilitate an in-depth understanding of family based intervention strategies.

RESEARCH FINDINGS

Family Based Intervention Strategies for Substance Use Disorders (Youths view)

This section took into consideration qualitative data that was collected from the youths. This data was analyzed through the process of thematic finding and content analysis, narrations analysis and arising themes were found and explained.

The family is the basic unit of interaction in as far as the growth and development of the youth is concerned. The goal of family intervention strategies is to promote positive youth development. It is usually a big problem when parents get to know that their young one is involved in substance use disorder. The parents usually have no peace at this juncture and try to do anything possible to salvage the young ones life. Family intervention strategies have been shown to be the most effective prevention and treatment interventions for adolescents struggling with substance use disorders. The treatment of youth involved in substance use disorder has to involve the parents who will have struggled with the youth for some time before finally making a decision to take them to the rehabilitation centres for further treatment and management.

From the data analysis in this study, it was observed that there are those things that the parents did to support the youth. Many of the youth accepted that their parents took the initiative to take the youth for counseling so as to help them stop using alcohol and other substances.

One respondent said,

My mother was very concerned about my drinking habits. She was so devastated and wondered how to help me. It was not easy for her. She consulted widely according to her potential and finally made a decision to take me for counseling to assist me stop drinking.. By this time I was beyond counseling and hence it did not fully work. She finally made a decision to take me to a rehabilitation centre. It was not an easy decision for her because of the expense involved considering that most of the rehabilitation centres in Kenya are privately owned. (Respondent 005, personal communication, May 13, 2021)

There were other participants who said that their parents tried taking them to church in an effort to help them stop getting involved in substance use disorders. She would even go for overnight prayers in an effort to pray for me to stop drinking. It was good to note that others resorted to prayers as a way of asking the

Almighty God to deliver their youth from substance use disorders

A respondent said, My mother really cares about me. She has also been very supportive to me. She would really pray for me, and she could even go for keshha (overnight prayers) to pray for me. She even would mobilize her friends and prayer partners to pray for me. She even tried to keep me busy by opening a business for me but I was drinking too much by this time to recognize the effort and hence the business collapsed (Respondent 006, personal communication, May 14, 2021) .

Most of the participants said that another intervention strategies adopted by their parents and guardians was taking them to the rehabilitation centres for treatment.

One youth respondent said:

My parents care so much about me. Rehabilitation services are not cheap in Kenya and it costs my parents quite a fortune and I do not take it for granted. Here we are treated well, taken through the rehabilitation programme and I do not feel alone in this journey anymore. I am hopeful that I will achieve sobriety and become useful in society (Respondent 007, personal communication, May 14, 2021)

Another respondent said:

My father had to make the hard decision to take me to a rehabilitation centre. He had to do what it takes to help me get sorted in a rehabilitation centre. Fortunately, my dad could easily afford and he actually took me to an expensive rehabilitation centre. I am happy to be here with others working through my treatment program. My counselors say am doing well and am on my way towards achieving sobriety. I am very excited about this and looking forward to recovery. (Respondent 001, personal communication, May 13, 2021)

It also came out from the data analysis that some parents would take their children to the police stations and have them put into the police cells for some hours and even bribing to have them imprisoned for some time to threaten them to keep away from substances. This was meant to scare the substance abusers (youth) who felt very bad about this kind of approach. For some it made things worse than they already were. Others would be beaten up and insulted by their parents and guardians thinking that this would work in stopping and keeping them away from substance abuse. Some of these efforts elicited very negative results in that youth would run away from home and only get deeper in substance use disorders. The parents would later regret their actions.

One respondent said

One morning my mother literally forcefully put me into her car and literally drove me to a police station. On the way she told me that I would stop misbehaving and did the right thing. She drove to a police station, bribed the police officers on duty and had me put in the police cells for six hours. She argued that this was to teach me a lesson and stop taking cannabis. She was threatening me saying that I will be locked up for months if I do not stop drinking. (Respondent 001, personal communication, May 13, 2021).

Another respondent said:

My father used to beat me up senseless. He was saying that nobody had a right to drink and come to his house. He said that he was the only one who had a right to drink because he was of age and none of his children should get involved in drinking. This one day I went out and got involved in drinking overnight. When I came home my father was waiting for me and gave a thorough beating. When I managed to escape I run away and he never saw me until after another six months. By this time I was a real wreck and looking

really bad. A friend of his saw me in this pathetic situation and reported this to him. He came begging and took me to a rehabilitation centre promising never to beat me up again (Respondent 011, personal communication, May 18, 2021).

Family Intervention Strategies (Parents View)

Parents explained the different strategies that they tried to use so that they could help the youths not to engage in substance abuse. It was noted that most of these intervention strategies came into place when it was too late. Most parents took so long to discover that their children were already into substance use disorders and are already into addiction. This was always when serious problems related to substance use had set in.

Some of the strategies involved taking the youth for counseling. But most of the times, these counseling sessions were not conducted by professional counselors and that is why they bore less fruits. Parents reported taking their children to other relative and friends for guidance. However, a few of them sort the assistance of professional counselors.

One parent said;

I have made efforts to talk to my son personally so that he could come home and stay away from the streets but he has always refused to do so because of the poverty at home. I have also asked my older brother to talk to him but no changes have come about. My church minister has also tried counseling him, tried to instill positive values and morals but the damage was already done and my son has continued drinking until I had to take him to a rehabilitation centre where there are professional counselors and I am hoping for the best (Respondent 024, personal communication, May 26, 2021)

Other parents tried to keep the youth busy as an intervention strategy. This was an effort towards the youth having little or no time for mischief and getting involved in substance use disorders. Parents also tried to separate the youths from bad company and influence. This was especially done when parents believed that peer influence led their youth to substance use disorders. Some relocated to different places so as to separate them from bad company, misleading friends and conducive environment for substance use disorders.

A parent said;

One of the strategies I put in place is trying to separate my son from negative friends and this was not easy. This is because he really values the time he spends with them. Another strategy I used is to put him into various programs to keep him busy. I tried to change the environment by moving from where we were staying with an intention of separating him from the different people whom I thought were influencing him negatively. But this still did not work because he quickly got other acquaintances. I also tried to get him a job to do but he was sacked for non-performance. I tried putting up a business for him but this too collapsed. This really pained me as a parent and the investment I had put in was a lot. Finally, I made a decision to bring him to the rehabilitation centre which was not an easy decision for me (Respondent 014, personal communication, May 17, 2021)

It was noted that all the youth and the parents in this study had religious affiliations one way or another. None was interviewed that said that they did not know God. Some of the parents were very prayerful and believed in supernatural interventions even over matters of substance abuse disorders among their young ones.

A parent expressed thus;

I took him for prayers in our church. I would also come for overnight prayers on several occasions pleading

with God to deliver my son from substance use disorders. There has been times when I would also pray and cry to God the whole night in my house over my sons drinking habits. But it was like my son was already very deep into substance use. I finally resolved to take him to the rehabilitation Centre and I am hopeful that he shall recover (Respondent 023, personal communication, May 26, 2021)

It is important to note that according to this study, most parents had a lot of hope that the treatment in the rehabilitation centres would do the trick in providing the long sort remedy for their sons and daughters involved in substance use disorders. They believed that the professional counseling provided at these centres would help their youths. This is why when all other interventions failed, taking their youths to the rehabilitation centres seems to be the last option. In the rehabilitation centres, there are different approaches to healing including detoxification, emphasis on behaviour change, working the treatment program, mental health treatment and medication where appropriate, Psycho-education, social reconnections with family and significant others and also after care among other approaches. These treatment programmes are meant to help the youth deal with their addictions as well as social re-integration back into their families and communities.

One parent said;

It is like taking my son to the rehabilitation centre was the only option left for me. All my other efforts have failed. Rehabilitation services are quite expensive but if that is the only way to salvage my son, I will have to do it even if it means borrowing the money. I cannot let my son die of substance use disorders as I watch. I have to do something about it (Respondent 024, personal communication, May 25, 2021).

DISCUSSIONS

These findings were supported by Thomas, Baker, and Tomas (2016) study. Their study examined the effectiveness of family-based interventions alone and combined with school-based interventions to prevent children and adolescents from initiating tobacco use in the US. The study consulted 14 bibliographic databases and the internet, journals hand-searched, and experts were consulted. In addition, randomized controlled trials (RCTs) with children, adolescents, and families, and interventions to prevent starting tobacco use, and follow-up for more than 6 months were conducted. Risk of bias was assessed by Cochrane risk-of-bias tool and inter-coder was used to enter the data. The results of meta-analysis indicated that family interventions had significantly fewer students who started smoking.

Similarly, Lee, Estrada, Soares, Ahumada, Molina, Bahamon, and Prado (2019) study findings corroborated with this study findings. Their study investigated the moderating and mediating roles of positive family-based intervention, and prevention as usual condition, and substance use among. The results indicated that relative to prevention as usual, united family reduced positive parenting discrepancies across time, when parent reports were higher than adolescent reports at baseline; which in turn predicted substance use at 30 months post-baseline.

These findings provide important evidence supporting the need to collect multiple informant reports on positive parenting and examining the directionality of these reports among Hispanic families. The reviewed study is relevant to this research because it examined the moderating and mediating roles of positive family-based intervention, and prevention as usual condition, and substance use among Hispanic youth.

Another study whose findings supported the findings of this study was by Tobler and Kumpfer (2013). They studied Family strengthening approaches for the prevention of youth problem behaviours. Their study identified the critical family factors that help to protect children from substance abuse. These include: secure and healthy parent/child attachment, parental supervision, monitoring and effective discipline,

communication of pro-social family values, parental involvement in child's life and supportive parenting (emotionally, cognitively, socially and financially).

Similarly, Stephenson & Helme (2015) study factors identified factors that have been found to contribute to resiliency to stop drug use among the youth. These were an organized family environment, supportive relations, family beliefs, family cohesion and flexibility, family problem-solving and coping skills, and communication. Lastly Stephenson & Helme (2015) provide strong evidence that parents and families can be powerful protective factors in the lives of children and youth; conversely, the research provides clear evidence that certain family characteristics can act as strong risk factors.

A study done by Kosterman, Hawkins, Guo, Catalano and Abbott, (2013) was guided by the social development model. It examined the dynamic patterns and predictors of alcohol and marijuana use onset. The sample was derived from a longitudinal study of 808 youth interviewed annually from 10 to 16 years of age and at 18 years of age. Strong parental norms against youth drinking and communication of parental disapproval of alcohol and substance abuse have also been shown to reduce the risk of initiation in early youth (Kosterman, Hawkins, Guo, Catalano & Abbott, 2013) and have been linked to less peer influence to use alcohol, greater self-efficacy to refuse alcohol, and lower frequency of alcohol and substance abuse behavior.

Similarly, data demonstrate that youths who believe that their parents would strongly disapprove of them using substances are significantly less likely to use that substance than adolescents whose parents only somewhat disapproved (Office of Applied Studies, 2015). Further, communication of substance-specific rules in a clear and strict manner is associated with the postponement of drinking in both younger and older adolescents.

Lastly, a study by (Cuijpers, 2013) had findings similar to this study. The study found that prevention programs such as active parent participation is a key element in effective alcohol and substance use programming with children, adolescents and youths. In addition, Lochman & van den Steenhoven (2014) also reported multiple positive effects for parent training and family skill building prevention programs, including decreased child problem behaviors, increased prosocial behaviors, decreased substance use, and improved family relations and parenting practices.

The studies reviewed above clearly agree with the findings of this study. The studies support that family-based intervention strategies play a role in protecting the youth from getting involved in substance use disorders. Prevention strategies seem to play a positive role here and the youth seem to respond well. These findings are similar to the findings of this study that found that family-based intervention strategies are positive in helping the youth stay away from substance use disorders. Most of the above studies were done mostly in the Western countries and this study done in Kenya has yielded similar results. This really confirms that family-based intervention strategies as an aspect of family dynamics play a key role in protecting the youth from the adverse effects of substance use disorders.

CONCLUSION OF THE STUDY

The kind of family intervention strategies adopted by the families on the youths determines if they will get into substance use disorders or not. Some talked to the youth and at times got other reputable people like the clergy to talk to them, other sought divine intervention by praying for them. When all these did not seem to yield fruits in terms of managing substance use disorders among the youth, the parents went for family intervention strategies like professional counseling that seemed to work best. Taking the youths to the rehabilitation centers also helped so much as they were guided step by step to ensure that they recover and are able to go on with their lives.

RECOMMENDATION

The home and hence the family creates the first contact for the child in this world. The family being regarded as the first school where children learn, parents and guardians should take up the responsibility of passing values onto their children through a value-oriented life. The children should be socialized and learn their social expectations from their parents. The home environment needs to be right, such that the youth will not want to look outside the family circles for emotional support. Communication channels should be open and free flowing. The parents should also be careful what kind of examples they set for their youth. They should be good role models themselves. The parents should be seen to be caring, coming up with intervention strategies in support of the positive development of their youth. Parents and guardians are therefore expected to be more vigilant and responsible as they engage themselves in this crucial role of taking care of their youth in the proper manner and guide them to taking up the role of responsible future citizens.

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