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Role of Parents in Prevention of Substance Use among Adolescents in Selected Public Secondary Schools in Mumbuni Location- Machakos County, Kenya

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Abstract

Drug use is one of major problems facing the Kenyan youths today. The main purpose of the study to investigate the role of parents in prevention of substance use among adolescents in selected public Secondary Schools in Mumbuni Location- Machakos County, Kenya. This study employed descriptive survey design. The target population was 3,336 Form three and four students enrolled in 20 public secondary schools. Systematic and stratified random sampling methods were employed to select 9 out of 20 secondary schools for the purpose of the study. Data was collected by use of researcher's questionnaire guided by the research objective. The schools were stratified into three; boys, girls and mixed secondary schools. Data was drawn from 180 students and 100 parents and was analysed by use of inferential and descriptive statistics and presented using tables and charts. Chi-square technique was used to examine the relationship between parental mentoring and prevention of adolescent substance use. The study findings showed that the use of substances at home negatively mentored their children into substance use. Further, the study findings revealed that failure to set time to guide the children by parents had a negative impact in prevention of substance use. The study significantly showed association and positive correlation between negative parental mentoring and increased rate of adolescent substance use with the findings as (r=7.23, p=0.05 where r is the correlation coefficient and p is the significant level. The study concluded that students perceived that their parents mentored them into substance use. The researcher recommends more training; sensitization and awareness seminars and build rehabilitation centres to empower parents in prevention of adolescent substance use.

Keywords: *Substance use, adolescents, students, parental role, parental mentoring, parent respondents, students' respondents*

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1. Introduction

The World Health Organization's Global Burden of Disease studies on people aged 10-24 years were used to calculate cause-specific disability-adjusted in life due to substance use. The main risk factors associated to alcohol and substance use contributed to low physical activity and overweight/obesity which emerged in mid-to-late adulthood (Gore, Bloem & Patton, 2011).

Regular binge drinking of alcohol and other substance among the youth leads to risky sexual behaviour, mental health and neuro-cognitive problems that can persist into adulthood (Hanson, Medina & Padula 2011; Welch, Carson, 2013; Lander, Howsare & Byrne, 2013). Adolescents who start drinking alcohol before the age of 15 years are reported to be four times more likely to meet criteria for alcohol dependence at some point in their lives (Grant and Dawson, 1997). Children of parents who use psychoactive substances are almost three times more likely to have experimented with drug and substances used by their parents as compared with those whose parents do not use (NACADA, 2012).Health and Social Care Information Centre (2012) reported the analysis of 2011 data on smoking, drinking and drug use among 11–15 year olds in England. The study findings showed that 12% of the adolescents had consumed alcohol in the past week, 6% had taken drugs in the past month while 8% had smoked over the same period. The 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD) was carried out in 37 countries (Hibell, Guttormsson, Ahlström 2012). The study targeted students born in 1995 and the median age was 15.8 years.

In Africa, World Health Organization (2012) report on drug and substance use revealed that 22.1% of school youths aged 12-17 years in Nigeria used tobacco, 19.4% youths engaged in substance use in South Africa, Ghana reported 15.1% while in Kenya, 16.2% of youths engaged in substance/ drug use and use. National Campaign against Drug Abuse Authority (NACADA, 2012) reported that 11.7% of adolescents aged 14-24 years are current users of alcohol, 6.2% tobacco, 4.7% khat (miraa) and 1.5% cannabis. The study also found that the median age for tobacco products is 10 years; median age for alcohol is 10 years while the minimum age is 4 years.

Chesang (2013) observed that drug use is a major problem confronting Kenyan youths. Incidences of substance use related to anti-social behaviour have tremendously increased in recent years. Substance uses contribute immensely to break down of order in schools. Learners engage in; illicit use of drugs and substances, unsafe sexual behaviour, unruly behaviour which lead to fighting and violence in schools among other acts of indiscipline. Continued use of substances has led to behaviour disorders, social maladjustments, and beastly acts such as rape of old women and minors and grisly murder of innocent people, all believed to be undertaken under the influence of drug and substance use. A study by Ngok (2011) on factors contributing to increased indiscipline cases in secondary schools in Kenya found that social factors contributed to 90% of student indiscipline. The study further revealed that parenting is one of the social factors significantly contributing to substance use among adolescents. This assertion is consistent with findings by Fowler (2009) which observed that parents are afraid to set firm guidelines to help promote student discipline. NACADA (2012) found out that experimentation of drugs and substances among children is greatly influenced by parental substance use, implying that those children whose

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parents abuse drugs and substances at home end up being recruited into consuming and habituation of the same substances.

It is a major concern that majority of the parents in Mumbuni have abdicated their role of parental mentoring and this could be a key contributory factor to the adolescent substance use. Although, there have been several studies on consequences of substance use and intervention measures on substance use among adolescents, little or no literature have been done on parental roles in prevention of adolescent substance use.Based on this, the current study intended to examine the role of parental mentoring in prevention of substance use among adolescents in selected schools in Mumbuni location, Machakos County in Kenya.

2. Methodology

The study employed a descriptive survey design where chi square and other inferential statistics such as frequencies and percentages were used to describe, organize and summarize collected data. Obwatho (2014) asserts that a design is a strategy adopted for a study to investigate and achieve predetermined objectives. The descriptive survey design collected quantitative information describing the basic features of the problem under study which was summarized through statistical analysis. Descriptive survey was found appropriate because it enabled the researcher to collect information that described the current status of population with respect to one or more variables (Mugenda and Mugenda 1999). The study was conducted within Machakos Sub-County. The Sub-County is part of the vast Machakos County in Eastern Kenya.

The location was considered eligible due to persistent cases of students' indiscipline in secondary schools. According to Obwatho (2014), a target population is the entire group with common characteristics the researcher is concerned with so as to draw conclusions. In this study, population referred to all form four and three students and their parents in Mumbuni Location (Machakos Sub-County Education Office, 2015). Target population was 3336 drawn from 20 public secondary schools in Mumbuni Location. A total of 180 students and 100 parents respondents used in the study drawn from a 3,336 Form Three and Four students population enrolled in 20 public secondary schools in Mumbuni Location- Machakos County, Kenya. The respondents included students from mixed, boys and girls secondary schools. Systematic and stratified sampling technique was used in the study to select the participants to obtain a representative sample and therefore allow generalizability of the results to the target population of the students and parents. The respondents were assured of anonymity and liberty to withdraw from the study.

The analysis of the sampled schools was represented by (23.7%) girl's schools, (23.4%) boy's school and (52.9%) mixed schools. This information indicated that more (1764) students in Mumbuni location were in the mixed schools as compared to those in single gender schools (1572).All mixed schools had day scholars who commuted from their parent's or guardian's homes to school. 51.11% of the student- respondents were in form three while 48.89% were students in form Four. The classes had almost equal representation and this helped to control any bias perception that could emanate from perceptions from students in form three or four. To determine the sample size, Nassiuma (2000) advocates for a sampling formula that can be used based on obtaining samples of population whose underlying probability distribution is not

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known. The lower the coefficient of variables (cv) and margin error (e), the more reliable the sample is. The convention is cv ≤ to 30% and e ≤ 5% in decimal.

n=NC2÷ C2 + (N-1) e2 where C is coefficient of variation
n is desired sample size
e is error of margin
N is the accessible population
Thus taking cv=20% and e=1.5%
n=3336× (0.2)2) N~
(0.2)2+ (3336-1) × (0.015)2
N=177.83 approximately =180

To take care of attrition, a sample size of 180 was sufficient for the study. Proportions were used to determine the sample size from each stratum using the formula,

X x 180
3336 where x is the student population in the stratum.

The researcher developed Students' and parents' questionnaire and borrowed some items from Student Drug Involvement Scale (SDIS) in data collections from students and parents. (Faul and Hudson, 1997; Hawkins, Catalano & Miller, 1992).The researcher borrowed ideas so as to improve the quality of the research instrument. The questionnaire was divided into four parts; background information and the other part with items that addressed research question in line with the research objective. It comprised of open ended questions, closed ended questions and Likert type items modified to agree and disagree. Validity of the instrument was through expert review at the university. The items were modified to minimize ambiguity and to remove redundant items. A sample representation for students and parents were chosen from the target population to ensure external validity. The reliability obtained for student's questionnaire was 0.8101 which was considered quite adequate for the study. The researcher coded the responses to the questions by assigning a code value to each response. Data was then tabulated by counting the number of observations which were classified in certain categories. It was then entered, validated, edited for subsequent analysis which included the tasks involved with the direct input into STATA 11 software. This enabled the researcher to arrive at meaningful information and conclusions.

3. Results

All 180 student respondents filled and returned the questionnaires, showing a response rate of 100% while the 100 parents gave a 100% response rate. The high percentage of the response rate could be attributed to the fact that the researcher adopted a drop and pick method as the respondents filled the questionnaires. Many parents were literate and the five who were illiterate were guided by the deputy head teachers although three spoiled their questionnaires

3.1 Demographic Information of the Respondents

Out of the respondents who took part in the study, 50.56% were male while 49.44% of them were female. Further, the students were grouped into three group intervals according to their ages; 1.11% of the respondents were in the age bracket of 14-15 years, 32.78% ranged in the age bracket of 16 -17 years while 66.11% were in the custom range of 18-19 years. These

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adolescents were in their middle crisis in the adolescent stage where they were increasingly being exposed to the values, modes of behavior of their peers with different belief systems from different families. Parents' gender was considered in the study with 38% male 62% were female. The researcher further grouped parents' ages in group intervals; 4% of the parents were in the age brackets of 26-30 years, 8% ranged between 30-35 years, 36% ranged between 35-40 years and 52% were above 45 years. A high percentage of 45 years and above meant many parents had the experience of nurturing the adolescent and could give correct perception of their experiences in nurturing the adolescents.

3.2 Parental Role

The first section of the presentation was quantitative where the independent variable was parental role which entailed mentoring. Analysis was done in accordance to the research objective and research question to investigate how parental mentoring would help in prevention of adolescent substance use. Both descriptive statistics and inferential statistics were used to summarize data. Descriptive statistics was used where the question responses were grouped into two, agree and disagree. The predetermined level of significant was < 0.05 and statistically, the Chi-square calculated findings were (r=7.23, p=0.05 where r is the correlation coefficient and p is the significant level as shown in Table 1

Table 1
Relationship between Parental Mentoring and Prevention of Adolescent Substance use

	Prevention of adolescent substance use
Parental mentoring	r=7.23
	P=0.05
	n=180

Table 1 showed significantly very high and positive correlation between parental mentoring and prevention of adolescent substance use (r =7.23; p =0.05).The results revealed that the two independent variables were significantly associated with adolescent substance use.

3.3 Parental Mentoring in Preventing of Adolescents' Substance use

The objective was to seek perception of adolescents in secondary schools on parental mentoring and how it would help in prevention of substance use. In order to address this objective, the research question was "To what extent does parental mentoring prevent adolescent substance use?" The students were given five items on mentoring in the questionnaire with an aim of collecting views on how parents mentored their children.

The mean of student's perception on parental mentoring was calculated using STATA. The score was important to the study in that; majority of students agreed that parents exhibited substance use behaviours. The perception was parents needed sensitization and awareness seminars to help them innovate ways to reduce substance use among their adolescent children. This would enable them in intervention measures in prevention of adolescent substance use as indicated in Table 2.

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Table 2
Parental Mentoring in Preventing Adolescent's Substance use

Parental mentoring in preventing adolescent substance use	Disagree F	Agree F	Mean	SD
My parents have set enough time to guide and mentor me during the holidays	156	24	1.99	1.23
My parents mentor me on important matters concerning my life	130	50	2.65	1.38
My parents have mentored me into substance use as they use drugs in my presence	80	100	3.04	1.82
Parents desire to mentor me by assisting me in making important decisions against substance use	154	26	1.82	1.39
I desire to have parents/guardians as my mentor	166	14	1.68	1.07
Average			**2.25**	**1.38**

This attribute as shown in Table 2 had a mean ranging from (M=3.04 to M=1.68), with a mean of (M= 2.25) which was an average score on the Likert scale. The students score for the parental role in mentoring was (2.65) which was higher than the parents score of (M=2.25). The parents were reported to influence their children into substance use as students agreed that parents abused substances in their presence, thus encouraging the habit and weakening parental role of controlling the adolescents from substance use. Abusing substances at home in the presence of their children seamed to support the vice. A parent who has used drugs has no courage to rebuke and correct an adolescent who is using the same. The Standard Deviation (SD) score of 1.38 however was average and hence the need for parents to develop the attribute of positive mentorship to enable their children to develop assertive skills to enhance prevention of adolescent substance use.

The findings further revealed that 86.67% of student respondents disagreed with the item that "My parents have set enough time to guide and mentor me during the holidays" This meant that their parents did not set time to guide and mentor them in prevention of adolescent substance use during the holidays. When parents have no time to mentor their children, their peers get the chance and mentor them into many negative behaviors' including experimentation with various substances. The item "My parents mentor me by training on important matters concerning my life" showed that 72.22% of student respondents were never trained by parents. When parents fail to train children, their peers have time for them and they recruit them into groups of their choices where they are influenced into many anti-social behaviors and other vices that adolescent's desire. The item "My parents have mentored me into substance use as they used drugs in my presence" as indicated that 44.4% of student respondents agreed they observed their parent's use substances in their presence. This was alarming as children learn by imitating their parents. This was followed by 85.56% of adolescents who disagreed with the item "Parents desire to mentor me by assisting in making important decisions'', meaning that the students did not desire to be assisted by their parents in making important decisions. Majority of students

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indicated by 92.22% disagreed with the item "I desire to have parents/guardians as my mentor" meaning they did not want to be mentored by their parents. Those students who have the experience of any form of abuse inflicted on them by their parents while under influence of substance may not desire to have their parents as their mentors.

3.4 Parental Awareness in Role in Mentorship

However, the study further sought weather parents were aware of their role in mentorship. The data on how parents mentor their children was put in a chart as observed in Figure 1.

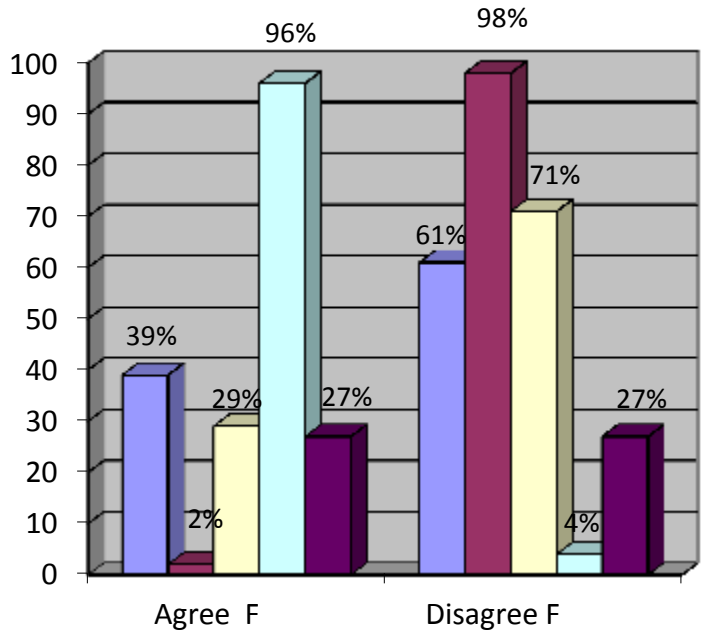

Figure 1 Parents' Perception in mentoring their children in Prevention of Adolescent Substance use

From Figure1 the findings from the respondent were grouped into agree and disagree. Two (2%) of parents' respondents agreed that they mentored their children through motivational speakers. The study further found that 61% of the parents did not set time to mentor and train their children. The findings in this section show a gap in training and mentoring programs. It indicated that parents have failed in positively mentoring children in prevention of substance use. This has led to increased rate of adolescent substance use in Mumbuni location.

3.5 Hypothesis

The hypothesis of the study was to assess the role of parents in prevention of substance use among the adolescents. The null hypothesis stated "There is no significant relationship between parents mentoring perception and prevention of substance use in adolescents". A Chi-square was similarly used at a significant level of 0.05 to determine the perception of parental mentoring in prevention of adolescent substance use. The findings are presented in Table 3.

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Table 3
Parental Mentoring in Prevention of Adolescent Substance use

Parental mentoring (students' data)	**Observed**	**Expected**	**Residual= (Obs-Exp)**	**(Obs-Exp)^2**	**Component =(Obs-Exp)^2/Exp**
The perception of parental mentoring	156	144	12	144	1
	130	144	-14	196	1.36
	80	144	-64	4096	28.44
	154	144	10	100	0.69
	166	144	22	484	3.36
	24	36	-12	144	4
	50	36	14	196	5.44
	100	36	64	4096	113.86
	26	36	-10	100	2.77
	14	36	-22	484	13.44
Total level of support through mentoring					174.36

From Table 3, the predetermined level of significant was 0.05 degrees of freedom df=12. Statistically, the Chi-square calculated was 174.36. Significantly, very high value of 174.36 indicated that the variables of student's perception and parental mentoring in prevention of adolescent substance use did not move together.

The researcher therefore concluded that, students perceived that their parents who used substances had mentored them into drugs use. Parents who used substances had negatively mentored their adolescents into substance use. The null hypothesis was therefore rejected as there was significantly very high relationship (174.36) between student's perception and parental mentoring into adolescent substance use. These results indicated that there was relationship in the two categorical variables: parental mentoring and adolescent substance use.

3.6 Analysis of Extend to which Parents' Mentored their Adolescent into Substance use

The researcher in this study entered the data in tables and analysed the findings on parents' perception on mentoring in prevention of adolescent substance use. The study objective was set to establish the extent to which parents mentored their adolescent in prevention of adolescent substance use. The items in this section were parents training their children, motivational speakers, self-disclosure, role modelling and non-judgemental attitudes as indicated in Table1.4.

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Table 4
Students' Perception of Parental Mentoring in Prevention of Adolescent Substance use

Parents as Mentors	Agree F	Disagree F	Mean	SD
I positively mentor my child in prevention of substance use	39	61	3.03	1.29
We have formed groups in the village to mentor adolescents through motivational speakers	2	98	1.81	0.73
I share personal experience on substance abuse to prevent my child from following my example	29	71	3.910	1.12
I need training to help me stop abusing drugs so that I may be a good role model to my children.	96	4	1.752	0.94
Abusing substance at home makes me mentor my child negatively to abuse the same drugs which I use.	73	27	2.66	1.05
Average			**2.63**	**1.03**

From the study as observed in Table 4, 39% of the respondents agreed they mentored their children into substance use. This was important in the study as it indicated the number of parents who took time to positively mentor children in prevention of substance use. High percentage of 61% failed to mentor their children in prevention of substance use. Parents' substance abuse at home can be a strong attribute to adolescent substance use as children like imitating behaviour from significant others. The study found 98% of parents did not form groups which would involve motivational speakers to give information to their children on dangers of substance use. Professional speakers have the information on drugs and substance which many parents lack. This would help in by empowering adolescents in prevention of substance use. The study however, on the item "I share personal experience on substance use to prevent my child from following my example" showed that 71% parents agreed they never shared their personal experiences with their children on substance use. When parents take time and give their personal experience on dangers of substance use, their own children take their advice and avoid using substances. However, parents seemed to be aware of their role in mentorship, as 96% of the parents agreed they needed training to help them stop using substances so as enhance them to be role models to their children.

3.7 Need for Rehabilitation Center in Mumbuni

The study sought views from 180 student respondents on the item on a need for a rehabilitation centre in Mumbuni Location as in Table 5

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Table 5
Students need for a Rehabilitation Center

Rehabilitation Centre	Frequency	Percentage
Yes	148	82.22
No	32	17.78
Total	180	100.00

The study found that 82.22% of the respondents indicated a great need of a rehabilitation centre in Mumbuni location. The high percentage indicated students view from what they were currently experiencing or observing in schools and home environment. It was a strong indicator that adolescents wanted help from disorders associated with substance abuse.

3.8 Students Support through Parents Organized Educational Programs in Prevention of Substance use

The study further sought to seek if parents organized educational programs to create awareness on dangers of the adolescent substance use as in Figure 2

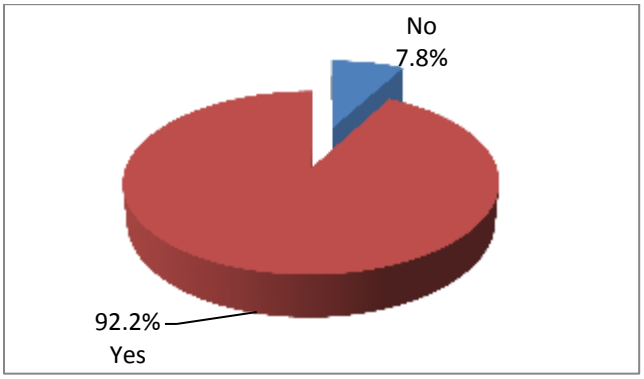

Figure 2 Students Support through Parents Organized Educational Programs

The study findings in Figure 2 showed that 92.2% of students' respondents did not get organized educational programs. Only 7.8% had programs organized to educate and create awareness on dangers of substance use by their adolescents. When parents fail to educate adolescents on dangers of substance use, their peers take the chance and introduce them to substance use where majority conform to drugs due to peer pressure.

3.9 Qualitative Data Analysis from Students and Parents

Content analysis was used to process the raw data from student and parent questionnaire to elaborate on the choices they made. The written interviews were analyzed in order to understand the perceptions of students on two items. The study sought students' comments in connection to substance use, areas they wanted to be addressed on substance use and the importance of a rehabilitation center.

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The students' responses revealed that they strongly believed there was a strong connection between substance use in the community and school.
One student wrote:

> Drugs impair the way they think and behave. When people use alcohol, they drop their guards and always become volatile in different situations. The people involved in drug trafficking and use exhibit a behavior of extreme violence. A person needs to think clearly and quickly before responding to different situations in life and this can only happen when one is sober.

Another student remarked that "those who use alcohol and other drugs do not reason rationally; they are constantly fighting and assorting others in school and in the community". Students under constant use of alcohol and other drugs are unable to identify peaceful ways of resolving conflicts. Instead, they explode and begin fights which may lead to permanent injuries. Those who use drugs increase the risk of being assaulted.

On the issue of rehabilitation centers, one student observed "that a rehabilitation center will solve the problem of school expulsion". Using drugs and other substances places young people at risk of dropping out of school due to poor grades. Intervention measures should help these students before they become permanently addicted to drugs.

Qualitative data analysis from parents was captured on the item: "areas they should work on to address the issue of substance use." One parent commented;

> Alcohol and other drugs have led to domestic violence within the family. Most acts of violence in the family have led to increased anger, hostility and aggressive feelings. Children in such families are constantly abused by their parents.

3.10 Study Implications of the Findings

Research findings from the students response on parental role through mentoring was (2.65), higher than the mean score of (M=2.25) while parents score on mentoring their children were 1.82, above the average of M=1.32. From the study, 73% of parents agreed that abusing substances at home lead to negative mentoring of children into substance use. 55.6% students' respondents had been mentored into substance use by their parents while 85.56% were not helped by parents in making important decisions. Further, 86.67% of the respondents indicated that their parents did not set time to guide and mentor them in prevention of substance use during the holidays. The study further found that 61% of parents disagreed with the item that they set time to positively mentor their children. Significantly, a very high value of 174.36 indicated that the variables of student's perception and parental mentoring in prevention of adolescent substance use did not move together. Likewise, 71% parents did not share their personal experiences with their children on substance use. The study showed a significant and positive correlation between parental mentoring and prevention of adolescent substance use with the findings as (r=7.23, p=0.05) where r is the correlation coefficient and p is the significant level. This showed a very high level of parental mentoring into substance us which negatively influenced the prevention of adolescent substance use. 92.22% of the students did not desire to be mentored by their parents or guardians who abused drugs. The study also sought to seek

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opinion of students in their wish to have parent's involvement in the prevention of substance use in school and home environment. Majority of the respondents 86.67% wanted their parents to be involvement in prevention of substance use. 96% of the parents agreed they needed training to help them stop using substances so as enhance them to be role models to their children. The researcher therefore concluded that students perceived that their parents had mentored them into substance use. 98% of parents did not form groups which would involve motivational speakers to give information to their children on dangers of substance use. The speakers would equip the adolescent with knowledge and skills necessary in prevention of substance use. 82.22% respondents indicated that they wanted a rehabilitation centre since cases of student who used substances were common in schools. The null hypothesis from the study "There is no significant relationship between parents mentoring perception and prevention of substance use in adolescents" was therefore rejected as the two categorical variables (Parental mentoring and adolescent substance use) were related. Further, the study found that 92.22% of students' respondents did not get organized educational programs during the holidays to educate and create awareness of dangers of substance use.

4. Discussion

The study mainly focused on parents' time to guide and mentor adolescents, train and help them in making important decisions in prevention of adolescent substance use. The study established that 86.67% had parents who did not set time to guide and mentor their children in prevention of substance use during the holidays. This concurs with study by Forehand and Long (2002) where parental control comprises of setting and enforcing boundaries for the adolescents in an appropriate manner.

The study findings showed that 72.22% students' respondents were never trained by their parents in life skills in prevention of substance use while 55.6% students role modeled their parents who used substances in their presence. This meant that parents' negatively mentored their children into substance use. This concurs with study findings by Komro, Maldonado-Molina and Tobler (2007) who observed that 6th, 7th, and 8th graders allowed to drink alcohol at home, experienced the steepest escalation into drinking. Another study suggested that adolescents who are allowed to drink at home become heavy drinkers outside their home (van der Vorst, Engels & Burk, 2010).

Similarly, 85.56% of students were not helped by parents in making important decisions in prevention of substance use. Children who have experienced abuse and violent abuse in the family resulting from parental substance use may not desire to be assisted by their parents in making important decisions as they affected them negatively as they grew up. Wilcy (2013) describes parental mentorship as the capacity or power of a person to be a compelling force on or produce effect on someone else. Parental mentor programs work with families to bring about constructive change through instruction, treatment and guidance. They assist families to meet success in prevention of substance use as children transit from foster care and residential program into adulthood. They help in maintaining safety from dangers caused by dysfunctional families and ineffective parenting responses. They manage the children's behavior and intervention of specific child and adolescent problems related to substance use. Similarly, these

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findings concurs with a study by USA Department of Health and Human Services (2007) which stated the importance of parents letting their views known to their children in order to help them in making informed decision. Knowing parents opinions and expectations helps children to maintain reference to parental authority.

However, the study found that 73% of parents agreed they were using substance at home which impacted negatively on their children into substance use. These findings concur with a study by Pudo (1998) who noted that children from homes were parents took drugs tended to imitate their parents' behavior of using illegal drugs. Adolescents learn by imitating what parents and other people in the community like doing. Similarly the study findings by Mackenzie, Annette, Jennifer and Mark (2013) identified risk factors associated with adolescent substance use as familial, social and individual risk factors. Familial risk factors include childhood maltreatment by parents such as child abuse and neglect, parental or familial substance use, level of parental education, parent-child relationships, familial socio-economic status, and child perception that parents approve of their substance use. The study finding also agree with a study by U.S.A Department of Health and Human Services (USDHHS, 2010) which estimated that more than eight million children aged 18 years and below lived with at least with one adult who used substances. The study also found that, more than one child in every 10 children lived with one parent who used substances.

The study found that 92.22% did not want to be mentored by their parents. A critical look at the nature of relationship between children and parents should be studied. There is a gap in how parents bring up their children and what they ought to do so as to fulfill their parental roles in mentoring. Further, 86.67% of the respondents in the current study indicated that parents did not set time to guide and mentor them to help in prevention of substance use during the holidays. It could also be observed that 61% of parents had failed to set time to mentor and train desired behaviors. These findings concur with a study by NACADA (2010) were 89.5% of the parents were aware that their children used substances where 67.5% of the parents knew support services for substance users. Despite their awareness of the support services, 98% of parents did not form groups which would involve motivational speakers to give information to their children on dangers of substance use. The speakers would equip the adolescent with knowledge and skills necessary in prevention of substance use.70.4% were aware of drug counseling centers where their children could get help. In addition, 31.8% knew specific facilities/institutions in Nairobi or elsewhere that supported substance use through rehabilitation centers. The researcher therefore concluded that parents who displayed poor performance on their mentoring parenting roles made many adolescents luck timely interventions in prevention of adolescent substance use.

Further, with reference to the hypothesis;
HO: "There is no significant relationship between parents mentoring perception and prevention of substance use in adolescents"; The results showed that there was a significant and positive correlation between parental mentoring and prevention of adolescent substance use ($r = 7.23$; $p < 0.05$). The results showed a very high level of parental mentoring (174.36). This therefore showed that parental mentoring affected the prevention of adolescent substance use. The null hypothesis which stated that:" There is no statistically significant relationship between parental

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mentoring and prevention of adolescent substance use" was therefore rejected and the alternate was accepted implying that positive parental mentoring influences the prevention of adolescent substance use.

5. Conclusion

Most parents did not set time to guide and mentor adolescents in making important decision which could help them in prevention of substance use during the holidays. Majority of the adolescents have not been trained by their parents in life skills in prevention of substance use. Many adolescent students were not willing to be helped by their parents who abused substances at home and this impacted negatively in prevention of adolescent substance use. This has made many adolescents not willing to be mentored by their parents as parents who used substances had negatively mentored their adolescents into substance use. The study showed a gap in how parents bring up their children and what they ought to do so as to fulfil their parental roles in mentoring. The study concluded that there was need for rehabilitation centre for intervention measures in Mumbuni Location. The current study therefore concluded that there was a significant and positive correlation between parental mentoring and prevention of adolescent substance use.

Further studies should be done to explore the use of training to sensitize parents to innovate ways to reduce substance use among their adolescent children. Many parents need more time to positively mentor and training adolescents to develop assertive skills which would in turn help prevention of substance use. A critical look at the nature of relationship between children and parents should be studied. Secondly, subsequent study aimed at finding the relationship between services offered by rehabilitation facilities in nurturing adolescents who have been involved in substance use should be done. Third, further research in this area should investigate the variables that mediate the relationship between the age children experiment with substances and their availability in the home environment. The government should be firm on policy of selling of drugs so as to prevent adolescent from buying and using substances.

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