# Relationship between perceived parental involvement and treatment adherence among adolescent substance use disorder patients in rehabilitation centers in Kiambu County, Kenya


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## Abstract

Adolescent substance use is a concern to families, schools, psychologists, and society at large as it hampers the ability to achieve personal and national goals. Despite efforts to provide quality treatment to adolescent substance users, there is scarce information on how parenting influences treatment dynamics. The purpose of the study was to determine the relationship between perceived parental involvement and treatment adherence among adolescent substance use disorder patients in selected rehabilitation centers in Kiambu County. Based on attachment theory, the study utilized a correlational survey design to establish the significance of the relationship between the study variables. The population targeted was 72 adolescents undergoing treatment in various rehabilitation centers in Kiambu County. Multistage sampling was used to obtain the sample. A questionnaire developed by the researcher was used to collect quantitative data. Descriptive statistics were used to analyze demographic factors, levels of adherence to treatment and perceived parental involvement. Correlations between perceived parental involvement and adherence to treatment were established using Spearman's Rank correlation coefficient. The study found that adolescents rated maternal involvement (p= 0.024) higher than paternal involvement (p= -0.080). There was a markedly weak relationship between perceived parental involvement and adherence to treatment among adolescents (p= -0.034). The study recommends more research into the current forms of parental involvement that facilities have adopted while treating in-patient adolescent SUD clients.



## Keywords:

*Adolescent substance use, perceived parental involvement, treatment adherence, substance use disorder, rehabilitation*


## Introduction

Adolescent substance use is a concern to families, schools, psychologists, and society at large and those affected are usually referred to rehabilitation centers for treatment (Lipari et al., 2017). Adolescents who seek treatment in rehabilitation centers are clinically complicated, with a history of physical and/or sexual abuse, high rates of co-occurring psychopathology, aggressive behavior, medical issues and substance use. Substance use treatment can lower drug use and enhance social and academic performance (Uliaszek et al., 2019).

Treatment adherence includes medical adherence, exercise participation, and nutritional observance as recommended in treatment programs. (Modi et al., 2012). Adolescents' treatment adherence has been explored in relation to various mental health

issues. The prevalence of comorbidity, specific medicines and amounts, drug side effects, embarrassment regarding mental treatment, and adolescents' attitudes toward taking medicine. (Acevedo et al., 2020). Previous research has found that adolescent adherence is directly linked to parental awareness of treatment risks and benefits.

A study on adherence to treatment among adolescents in a psychiatric ward measured the patients' response to attending all prescribed activities during treatment including willingness to undergo treatment. The study found that adherent adolescents had a good attitude towards the staff and concentrated well during activities; 71% took medication or agreed to attend outpatient sessions after discharge and one-third of them who attended group therapy were able to share. Adherence to treatment also relieved their symptoms in several cases, allowing them to be discharged. It also led to a decrease in suicidal thoughts and attempts and increased their socialization with others (Timlin, 2012)

Adolescents undergoing treatment for cannabis use disorder had a perception that reducing the quantity was a better treatment goal compared to total abstinence (James, 2019). However, other studies indicated that demographic features such as age, gender and living with parents had no relationship with adherence to the treatment program (Nagae et al., 2015)

The involvement of parents in the therapy for adolescents with SUD is essential because it fosters a sense of closeness that helps the patients learn coping mechanisms after treatment. With high levels of trust, agreement on treatment goals, and consistent effort toward achieving the goals, the parents, adolescent, and therapist collaborate therapeutically in a progressive working partnership (Mauro, 2017). Higher levels of parental involvement are linked to lower use of substances such as marijuana and tobacco, faster achievement of treatment goals, improved mental and physical health and reduced risk of new drug related cases. (Borca, 2017; Mauro 2017).

Patients receiving treatment in Nigerian rehabilitation center disclosed that parental engagement played a significant role in their recovery. This included providing financial and material assistance, making visits, and offering moral encouragement to participate in program decision-making. The patients recognized their mothers as the primary support system during their recuperation. (Adejoh, 2018)

Parental involvement can obstruct treatment if the frequency is not monitored or explicitly established. The rate of parent-adolescent engagement during treatment, according to McPherson (2017), raises the chance of short-term relapse. Frequent parental involvement may obstruct the treatment process in instances involving family-related domestic violence, financial issues, blaming, parental mental health, and the low literacy level of parents. In this case, the parent may not comprehend or appreciate the rehabilitation process and hence may demonstrate poor motivation to accompany the adolescent through it (Acevedo, 2020).

## Methodology

A correlational survey approach was to establish significance of relationship between the study variables. The target group was all adolescents getting treatment in Kiambu County's various rehabilitation centers. Multi-stage sampling was used to identify both the rehabilitation centers and participants. The first level was identifying rehabilitation centers that admitted adolescents for in-patient

treatment, which was done using a purposive sampling technique. Purposive sampling was then used to select all the adolescents in the identified treatment facilities. The study included all males and females between the ages of 13-19 years

Data was collected using a questionnaire. The questionnaire was developed by the researcher and borrowed a number of concepts from The Multidimensional Scale of Perceived Social Support (Zimet, 1988). It was tested through a pilot study conducted in Nairobi City county. The instrument comprised two sections; Section A captured the demographic information while Section B covered adherence to treatment and perceived parental involvement. Adherence to treatment was assessed using an 11-item questionnaire on a 5-Likert scale: 1=Not at all, 2=Sometimes, 3=Not sure, 4=Most times, 5=All the time; while all negative statements were the reversed scored. The responses were then added up and averaged. A score of; 0-18= not adherent; 19-37= moderate adherent; 38-55= Adherent.

The perceived parental involvement was assessed using a 42-item questionnaire borrowed from The Multidimensional Scale of Perceived Social Support, on a 5-Likert scale: 1= strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= strongly agree; while all negative statements were reversed scored. The responses were then added up then averaged. A score of; 0-9= low parental involvement; 10-19= moderate parental involvement; 20-29= high parental involvement.

## Ethical considerations

Ethical clearance was granted by Kenyatta University's Ethics Review Committee. The researcher obtained written consent from the rehabilitation centre's management to conduct the study. Prior to collecting data, the researcher explained to the adolescents the procedure, what questions they would be asked, and that they had the right to join or withdraw at any moment throughout the research without penalty.

Throughout the study, the researcher guaranteed that the adolescents' safety and well-being were protected. There was no photography, audio or video recording. No reimbursement or compensation was given for data collection. The researcher ensured that the questionnaires were completed anonymously to preserve the privacy of the adolescents.

## Data analysis

Both inferential and descriptive statistics were used to analyze the data. Data was analyzed using the Statistical Package for Social Sciences (SPSS). Correlation between perceived parental involvement and adherence to treatment was established using Spearmans' rank correlation coefficient.

## Results

The study respondents were seventy-two; sixty-three were male and nine female; aged between 15 years to 19 years. 41 respondents had secondary education, 12 had college education while 1 and 18 had TVET and university education respectively. 49 respondents (68.1%) lived with both parents while 23 respondents (31.9%) lived with a single mother. This is indicated in the Table 1.1.

| Features of the respondents | Frequency | Percentage | Features of the respondents | Frequency | Percentage |
|---|---|---|---|---|---|
| **Age** | | | **Gender** | | |
| 15 | 9 | 12.5% | Males | 63 | 87.5% |
| 16 | 12 | 16.7% | Females | 9 | 12.5% |
| 17 | 20 | 27.7% | Total | 72 | 100% |
| 18 | 15 | 20.8% | | | |
| 19 | 16 | 22.2% | | | |

| Features of the respondents | Frequency | Percentage | Features of the respondents | Frequency | Percentage |
|---|---|---|---|---|---|
| **Level of education** | | | **Living arrangements** | | |
| Secondary | 41 | 56.9% | With both parents | 49 | 68.1% |
| College | 12 | 16.7% | With a single-parent | 23 | 31.9% |
| TVET | 1 | 1.4% | | | |
| University | 18 | 25% | | | |

***Table1.1: Demographic information***

## Levels of adherence to treatment

Adherence to treatment was operationalized based on several factors such as: participating in a class program, attending to any assigned duties, taking meals, personal grooming (making the bed and doing laundry), participating in co-curricular activities (such as games) participating in individual counseling sessions, group therapy and family therapy sessions. This is indicated in the Table 1.2 below:

| Adherence to treatment | | |
|---|---|---|
| | Frequency | Percentage |
| Low adherence | 27 | 37.5 |
| Moderate adherence | 31 | 43.1 |
| High adherence | 14 | 19.4 |
| Total | 72 | 100.0 |

31 respondents (43.1%) reported moderate adherence to treatment. 27respondents (37.5%) reported low adherence to treatment while 14(19.4%) reported high adherence to treatment.

### Perceived parental involvement

Perceived parental involvement was subdivided into questions that focused on how adolescents perceived their mothers and or fathers. This is indicated in the Table 1.3 below.

**Table 1.2: Adherence to treatment**

| Levels | Frequency | Percentage |
|---|---|---|
| Low perceived maternal involvement | 26 | 36.1 |
| Moderate perceived maternal involvement | 22 | 30.6 |
| High perceived maternal involvement | 24 | 33.3 |
| Total | 72 | 100.0 |
| Low perceived paternal involvement | 28 | 38.9 |
| Moderate perceived paternal involvement | 21 | 29.2 |
| High perceived paternal involvement | 23 | 31.9 |
| Total | 72 | 100.0 |

**Table 1.3: Perceived Parental Involvement**

On maternal involvement, 26 respondents (36.1%) reported low perceived maternal involvement, 24 (33.3%) and 22 (30.6%) reported high and moderate perceived maternal involvement respectively. On paternal involvement, 28 respondents (38.9%) reported low perceived paternal involvement, 23 (31.9%) and 21 (29.2%) reported high and moderate perceived paternal involvement respectively.

### Relationship between Perceived parental involvement and adherence to treatment

The study sought to find out whether there was a relationship between Perceived parental involvement and adherence to treatment. The null hypothesis to be tested was:

H01: There is no relationship between parental involvement and adherence to treatment.

To test this null hypothesis a Spearman correlation coefficient was calculated.

| | | | Perceived Parental involvement | Perceived Maternal involvement | Perceived Paternal involvement |
|---|---|---|---|---|---|
| Spearman's rho | Adherence to treatment | Correlation Coefficient | -.034 | .024 | -.080 |
| | | Sig. (2-tailed) | .777 | .841 | .505 |
| | Perceived Maternal involvement | Correlation Coefficient | .632** | 1.000 | .411** |
| | | Sig. (2-tailed) | .000 | . | .000 |
| | Perceived Paternal involvement | Correlation Coefficient | .893** | .411** | 1.000 |
| | | Sig. (2-tailed) | .000 | .000 | . |
| | | N | 72 | 72 | 72 |

**Table 1.4: Relationship between Perceived parental involvement and adherence to treatment**

There is a markedly weak negative correlation (-0.034) between perceived parental involvement and adherence to treatment N (72) = p<0.01. There is a markedly weak positive correlation (0.024) between perceived maternal involvement and adherence to treatment while there is a markedly weak negative correlation (-0.08) between perceived paternal involvement and adherence to treatment.

## Discussion

The findings of this study showed that there were more males than females at 87.5% and 12.5% respectively in the treatment centers indicating that more males are admitted for treatment as supported by Lake, (2018) who found that the difference in the number of males and females may be because females are more prone to stigma because of their substance use conditions thus they tend to shun seeking treatment. On the other hand, males use substances more frequently, in greater quantities and often begin using substances at an earlier age as compared to females (Lake, 2018).

On the level of education, 41 respondents (56.9%) had secondary education, 12 (16.7%) had college education while 1(1.4%) and 18(25%) had TVET and university respectively. 49 respondents were living with both parents while 23 lived with a single parent.

The study found that respondents reported 43.1% moderate adherence to treatment based on factors such as: participating in a class, attending to assigned duties, taking meals, personal grooming and participating in individual counseling sessions, group therapy and family therapy sessions. This is consistent with Timlin (2012) who found that a third of the respondents attended group therapy sessions and 71% took their medication or agreed to attend outpatient sessions after discharge. Another study on favorable factors for treatment dropout and adherence among adolescents in Brazil

indicated that they preferred a center that had activities that were motivating, specific to their age group, a working relationship with the staff and parental involvement (Vaster and Pillon 2011)

The findings of this current study revealed a weak negative relationship (p= -0.034) between perceived parental involvement and adherence to treatment. This indicates that parental involvement lacks significant bearing on the adolescents drive for treatment once they are admitted for treatment. Related Literature on the relationship between perceived parental involvement and adherence to treatment has presented mixed results. Some studies have found a positive relationship for example a study by Borca et al., (2017) on the relationship between parental control and support and adolescent substance use in Italy found that greater parental involvement was linked to lower adolescent substance use. Equally, a study that explored the relations between adolescent substance use treatment and parental engagement in Australia found that high parental involvement predicted lower substance use, better participation in therapy and fewer missed appointments (Mauro et al., 2017). However, a study by Hardway (2015) revealed that younger adolescents benefitted more from treatment without parental involvement compared to the older adolescents.

This study also found a weak positive correlation (p= 0.024) between maternal involvement and adherence to treatment. This is consistent with Bertrand et al. (2013) who looked at the association between changes in adolescents' SUD and parental practices. They revealed maternal usage of services led to an increase in their adolescent self-disclosure and a decrease in substance use as the adolescents perceived their mothers as warm, supportive and friendly. These findings may help explain those of this study showing a weak positive correlation between maternal involvement and adherence to treatment and a weak negative correlation between perceived paternal involvement and adherence to treatment. It might be the case that mothers are perceived as mother empathetic by their adolescent children hence being rated higher than fathers on involvement. It is likely therefore that this perception may have a healthy contribution to the effectiveness of in-patient treatment of adolescent clients with substance use disorders.

## Conclusion and recommendation

Based on the study, there is a markedly weak relationship between perceived parental involvement and adherence to treatment by adolescents in rehabilitation centers in Kiambu County.

The study recommends that counsellors and psychologists working in in-patient treatment facilities make considerations for the nature and form of maternal involvement to ensure that mother-child dynamics do not dilute the effectiveness of treatment programs.

The authors recommend more research into the current forms of parental involvement that facilities have adopted while treating in-patient adolescent SUD clients. The authors also recommend that a similar study be conducted in another County. In addition, a follow-up study on perceived parental involvement post-discharge is also recommended

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