THE IMPACT OF FAMILIES MATTER PROJECT ON PARENT-CHILD COMMUNICATION: A CASE STUDY OF MBAGALA TEMEKE DISTRICT IN DAR ES SALAAM TANZANIA

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A DISSERTATION SUBMITTED TO THE OPEN UNIVERSITY OF TANZANIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MATER OF ARTS IN MONITORING AND EVALUATION

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled, "The Impact of Families Matter Project on Parent-Child Communication; Case Study of Mbagala- Temeke District in Dar es Salaam Tanzania" in partial fulfillment of the requirements for award of the degree of Master of Arts in Monitoring and Evaluation.

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Dr. Felician Mutasa

Supervisor

……

Date

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DECLARATION

I, Perpetua Masanja, do hereby declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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Signature

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Date

DEDICATION

I, dedicate this work to my parents Mr. & Mrs. Edmund Masanja, my brothers Peter, Paul and Athanas, and my niece Esther.

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ABSTRACT

This study assessed the effectiveness of Families Matter! Project in enhancing paentchild communication on sexual related matters using a quasi-experimental study design. The project was implemented by TMARC and Health Promotion Tanzania (HDT) focusing on Sexual and Reproductive Health (SRH) behavior of the adolescents and consisted of 4 communities in Mbagala kuu ward-Dar es Salaam. The study sampled 200 respondents from beneficiary communities and another 200 respondents from control communities. Purposive sampling technique was used to sample the respondents from treatment group while random sampling was used to select the respondents from the control group. The main research instrument used in this study was Focus Group Discussions (FGD) and interview guide. Frequency tables and graphs were used to present the research findings. The findings led the researcher to conclude that the implementation of Families Matter Project was an effective approach in enhancing positive parenting and parent-child communication about sexuality and sexual risk reduction in the treatment communities. Thus, the study did impact the beneficiary communities ranging from enhanced family environment, adolescents abstinence from sex, delay in sexual debut, to increased children self-efficacy including increased school attendance and dramatic decrease of the pregnancy cases. Moreover, project beneficiary communities would like to see the Families Matter Project sustained and scaled up to reach other communities in Tanzania. Since Families Matter! Project has been implemented in Tanzania for the first time; it has provided some important lessons for future implementation and scaling up. It has provided opportunities for partnerships between key health stakeholders, the media and local community leaders for effective parenting education.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CDC	Centre for Disease Control
FMP	Families Matter Project
HDT	Health Promotion Tanzania
HIV	Human Immunodeficiency Virus
LGA	Local Government Authority
NGO	Non-Government Organization
PEPFAR	President's Emergency Plan for AIDS Relief
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Diseases
TDHS	Tanzania Demographic Health Survey
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
TMARC	Tanzania Marketing and Communication
VAC	Violence Against Children

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Problem

TMARC in collaboration with Health Promotion Tanzania (HDT) implemented a seven-year PEPFAR funded Families Matter Project through Centre for Disease Control (CDC). The program targeted parents and guardians of pre-teens (children aged 9-12 years) and equipped them with the necessary parental skills through curriculum based training. The goal of FMP was to promote effective parent-child communication about sexuality education and sexual risk reduction among families and Increase uptake of HIV preventive services among parents of 9-12-year-olds.

UNICEF (2011) observed globally that half of all new HIV infections occur in people under 25 and half of infections in this group occur to young people between 13 and 21. Kirby (2002) points that in many countries around the world, sexually transmitted diseases and unplanned pregnancies always occur to adolescents and that a significant number of young people start sexual activities by age 15. To improve sexual and reproductive health of adolescents and young people is now a priority globally so interventions that delay sexual debut and promote healthy sexual behaviours among young people are highly encouraged.

Globally, there have been only few interventions that have focused on building parenting skills to narrow the schism between parents and children. The notable interventions among these are the "*Families Matter! Program"* in rural Kenya (Vandenhoudt et al., 2010) and *improving the communication between parents and adolescent in reproductive health and HIV/AIDS* implemented in Senegal (Diop and Di-

agne, 2008). Evaluations of these interventions suggest that exposure to the interventions had positive effects on parent-child communication, such as the ability to discuss sensitive matters and the quality of such interaction, and on sexual and reproductive health (SRH) outcomes for children (Vandenhoudt et al, 2010; Diop and Diagne, 2008). These experiences raise questions in the mind of the researcher on the need to evaluate the effectiveness of the implementation of model in Tanzania particularly in raising awareness of mothers and of fathers on Sexual and Reproductive Health (SRH) matters, in changing their attitudes towards socialization and communication with their adolescent children.

In Sub Saharan Africa risky sexual behaviours among young people seem to be common, (Manu et.al, 2015). Young people with risky behaviours such as having multiple sex partners, unprotected sex are very much exposed into acquiring HIV/AIDS, STIs and unwanted teen pregnancies. Manu et al (2015) explain the main reasons for these problems among young people is lack of accurate information and poor knowledge on sexuality matters. Young people prefer their parents to provide sexual knowledge though only few receive that information from guardians or parents.

Miller and colleagues (1998) noted that parents are in a very great position to help their children into becoming fully responsible and sexual aware adults. In Africa there is minimal direct parent involvement in the sexual conversation with their children. There is a taboo nature of sexuality discussion between parents and young people (Manu et al 2015). They add, there is evidence that parents play a great role in development, growth and sexual socialization of their children. So we cannot un-

derestimate parent-child communication on sexual issues as they manage many challenges which face young people. Ayalew et al (2014) and Manu et al (2015) noted parent–child sexual communication has positive influence on young people's sexual behaviours and that it is the principal means for parents to convey sexual knowledge, beliefs, expectations and values to their children.

Though Tanzania is making a good progress in containing its HIV and AIDS epidemic, it is still one among the countries in sub Saharan Africa with high HIV prevalence (UNICEF, 2011). Nevertheless, although HIV prevalence has slightly decreased, many challenges still exist in Tanzania's effort to achieve reduction in new HIV infections. It is estimated that about 100,000 Tanzanians between 15–49 years are newly infected with HIV each year. Overall, 2.0% of young women and men age 15-24 are HIV-positive, which is almost the same prevalence as measured in 2008.

Studies show that young people who feel a lack of parental warmth, love or care are more likely to report emotional distress, school problems, drug use and sexual risk behaviors (Resnick et al., 1997).Communication between a parent and his or her child is one of the most important parts of parenting, though not an easy one. It requires ongoing attention and time though the nature of Mbagala and Tanzania in general is not so easy for parent to child communication especially on issues regarding sexuality.

Catherine (2012) mentioned shame, traditional norms, religious belief, marital status, fear of directing their children to engage into sexual activities, feelings that their children are young and nature of the work tend to be the barriers that exist and tend

to make the process to be not easy.

HIV infection, STIs, pre-teen and teen pregnancies, and VAC are preventable among 9 to 12 year-old if parental communication is effective. Traditional HIV prevention interventions have not focused on parents/guardians as vehicles that influence personality development and induce behavior change. This is compounded by cultural traditions and norms in Tanzania that have been barriers to parent-child communication on sexual topics Communication within the family appears to be particularly important during the adolescent years especially concerning sexual and reproductive health issues. Family communication affects adolescent identity formation and role-taking ability (Cooper et al., 1982). Cooper et al. suggest that adolescents who experience the support of their families may feel freer to explore identity issues.

In the early findings which were conducted in Mtwara and Temeke Dar es Salaam it was observed that these places are the victims of early pregnancies, school dropout, HIV infections and STIs (TMARC; FMP-Dissemination report, 2014) and communicating about sexuality is regarded as taboo. Across Temeke district, a number of deep-rooted social and cultural norms and practices contribute to the cause. Data from schools in Mbagala shows that about 10% of school girls become pregnant below 15 years and cultural dances *(kigodoro*) being a major contributing factor to the HIV prevalence inTemeke district estimated at 6.9 percent which is above the National average of 5.1 percent (FMP Baseline Report, 2014).

These and many reasons made the Centre for Disease Control (CDC) through PEPFAR adapts the U.S evidence based intervention, Parents Matter. The Parents Mat-

ter! Program (PMP) was developed based on research conducted on the parent-child communication patterns of African American families in the U.S., which highlighted the critical role of parent-child communication about sex topics in prevention of adolescent sexual risk (Families Matter Program Overview, 2014).

In Africa, FMP was firstly adapted in Kenya after a research in 2002 which identified Parents Matter Project to be a promising intervention for improved parents-child communication about sexuality. The adapted intervention was renamed Families Matter Program and in 2004 the program successfully increased parenting skills as well as parent-child communication on sexuality and risky sexual reduction. Based on the positive results in Kenya, countries throughout sub-Saharan Africa requested FMP. Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC provides technical support to assist in building capacity for FMP at all stages of implementation, from culturally adapting materials to bringing the program to national scale.

FMP is culturally and linguistically adapted for implementation in countries that request the program. As of August 2012, CDC/PEPFAR supports the adaptation, implementation, and scale-up of FMP in 8 countries in sub-Saharan Africa, including Kenya, Tanzania, Cote d'Ivoire, South Africa, Zambia, Botswana, Mozambique, and Zimbabwe. On average, country programs maintain over 90% retention of participants across the original 5 FMP sessions. The program has been delivered to over 300,000 families and is currently available in English, Spanish, French, Portuguese, Kiswahili, Setswana, Lozi, Tonga, isiXhosa, isiZulu, Afrikaans, Xitsonga, isiSwati, Sesotho and Oshiwambo.

Families Matter project was tailored to help parents overcome communication barriers between them and their children, especially on issues regarding sexuality (FMP Business Plan, 2014). The project was implemented in two phases; the first phase was implemented between 2010 and 2013, while the second phase ran from 2014 to 2015. The primary aim of the project was to reduce risky sexual behaviors among youth and ultimately decrease both HIV infection rates and early pregnancy among school children. The main goal of FMP was to promote effective parent-child communication about sexuality education and sexual risk reduction among families and Increase uptake of HIV preventive services among parents of 9-12-year-olds.

Families Matter Project gives parents the knowledge, skills, comfort, and confidence to discuss sex-related issues with their children. FMP is unique in that it does not dictate what parents should say to their children but instead guides them in defining the values and messages they want to convey. The intervention increases parental awareness and parenting skills through a series of six weekly three-hour sessions. The sessions focus on increasing parental awareness about the issues children face, improving parents' ability to communicate with their children about sex, and encouraging parenting practices that increase the likelihood that children will not engage in sexual risk behaviors. Parents are also asked to bring their child to a designated session in order to practice the communication skills learned during the intervention. The goal is that, upon completion of the program, parents will feel more competent and comfortable in addressing issues related to sex and sexuality with their children. Generally Families Matter Project had the following objectives:

1. Enhance knowledge/skills of parents/guardians to be effective sexuality edu-

cators for their children;

2. Increase knowledge/skills of pre-adolescents 9-12 years to effectively delay sexual debut and reduce sexual risk behaviors;
3. Create a supportive environment that increases adolescents' self-efficacy to delay sexual debut and avoid risk, including preventing child sexual abuse; and
4. Build local human/material capacity to roll out and scale up the FMP intervention.

Table 1.1: Families Matter Project' 6 Sessions Schedule

Session Number	Session Name
1	Getting To Know You and Steps To Understanding Your Child
2	Effective Parenting
3	Sexuality Education, Sexual Health and Parents As Sex Educators
4	Increasing Comfort and Skills in Discussing Sexuality Issues
5	Discussing Sexuality and Handling Peer Pressure
6	Children' session with their parents

The project also involved the community in different ways such as *capacity Building to NGO/CBO and LGA about the Project:* The project was also responsible to build the capacity for implementation of FMP to one NGO/CBO and LGA in each region. HDT monitored and mentored the identified NGO and develop their capacity. The organization was involved to provide their support during the wave implementation to cementing what they had already learned. The Local Government Authorities was also involved from the beginning of the implementation to the end.

*Training of Community Members who supported the project***:** The project provided an opportunity for community members to support implementation such as Community Advisory Group, Village Reporters, Registrars and/or Patrons/Matrons. Before engaging them, they were orientated on the project and signed terms of reference to ensure they performed their roles well.

1.1.1 Families Matter Project in Temeke Dar es Salaam

In Dar es Salaam, Families Matter Project was implemented in Temeke district in four phases in a total of five wards which are Charambe, Chamazi, Mianzini, Kibondemaji and Mbagala Kuu. A total of 38 streets were reached including; Kilungule, Kwazimboko, RangiTatu, KurasiniMjiMpya, Nzasa B, Nzasa A, Majimatitu B, Majimatitu A, Mianzini, Mponda, Machinjioni, Dovya, Mkondogwa, Msufini, Vigoa, Kisewe, Magengeni, Rufu, Mwembe Bamia, Kiponza, Kilungule, Mchikichini, Maji matitu C, Kimbangulile, Kibonde Maji, Magengeni, Kichemchem, Jeshi la Wokovu, Mbagala Kuu Kaskazini, Mbagala Kuu Mashariki, Mbagala Kuu Magharibi, Kibonde Maji B, Kizuiani, MakukaKusini, MakukaKaskaziniandMpakani.

A total of 3445 parents were registered with FMP and only 3252 out the 3445 registered parents participated in all six sessions. 4445 more children had also been reached with this project indirectly for those parents with more than one child as the project directly reached 3252 children which is the requirement of reaching only one child per family. In early discussion with parents, right after the end of the project some said their perception changed and they could now talk to their children on sensitive matters including sexuality and early pregnancies. Though many parents were reached but mostly were women because men were not available during training

hours as most of them are bread earners in their families, (Stakeholders' Report, 2015).

1.2 Statement of the Problem

Parents are in a unique position to influence their children's health, personal development and transition into adult life (World Health Organization [WHO], 2007). However parent-child communication in Tanzania is limited while HIV and other sexual diseases are high (Nundwe, 2012). Parents struggle to discuss with their children sensitive matters such as puberty and the physical changes associated with it, sex, pregnancy and sexually transmitted infections (STIs)/HIV. With this background, implementation of the intervention projects like *Family matters* is considered to be important step toward building parenting skills, helping parents develop closer relationships with their adolescent children in order to effectively discuss with them various matters of concerns, particularly those related to growing up and SRH matters. Thereby enable healthier development of adolescents in the long run. This study was conducted to assess the impact of Families Matter Project on parent-child communication so as to identify positive parenting practices.

1.3 Objective of the Study

1.3.1 General Objective

The purpose of this study was to evaluate the effectiveness of Family Matter Project in enhancing sexual education within families.

1.3.2 Specific objectives

i. To evaluate the program's effectiveness in enhancing positive parenting practices.

ii. To evaluate whether the project has helped parents overcome communication barriers, and promoting parent-child discussions about sexuality and sexual risk reduction.

iii. To evaluate whether there is improvement in the children's behavior in relation to good communication with their parents.

1.4 Research Questions

i. How is the parent-child relationship towards sexual education communication?

ii. Are there any barriers which hinder the parents-child communication?

iii. Has the children's behavior improved in relation to the improved communication with their parents?

1.5 Significance of the Study

This study is considered to be an important step towards evaluating the efficacy of family intervention programs that can reduce risky sexual behavior among adolescents in Tanzania. The findings of this study contribute to an understanding of effective parent-focused projects that can reduce adolescents' exposure to HIV and STD's. As far as Sexual and Reproductive Health is concerned, not many people are even aware that enhancing parenting skills can reduce adolescents' risk of engaging in unsafe sexual behaviors. It is hoped that the evaluation of the FMP helps to inform health sector stakeholders about appropriate family interventions that can reduce HIV/STD's transmission and pregnancy among the adolescents.

1.6 Limitation of the Study

Since the FMP intervention was carried out in 6-sessions, within six weeks, it is in-

sufficient to bring about changes in parental and community norms and practices. This may limit parents' participation in the evaluation study. The researcher is aware of the fact that sexuality issues are considered to be too sensitive by local communities especially when discussing with a stranger specifically the Researcher. Thus the researcher will be required to probe more on these issues without offending respondents.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter focuses on the literature review of this study. Theoretically and empirically, it shows what other researchers have said on the parent-child communication its influence their children's health, personal development and transition into adult life especially on issues concerning sexuality. Moreover evaluation theories guiding this study are discussed.

2.2 Concepts and Definitions

2.2.1 Families Matter Project

TMARC (2014) defines Families Matter Project as evidence based intervention for parents and guardians of pre-teens (9-12 year-olds) that promote positive parenting practices and effective parent-child communication about sexuality issues and sexual risk reduction including delayed onset of sexual debut. The goal of FMP is to reduce sexual risk behaviours among adolescents including delayed onset sexual debut. FMP pursues this goal by giving parents the tools they need to protect and guide their children through a program comprises of six sessions delivered in three hours each. Each session builds upon the foundation laid in the previous session.

The project started in United States of America before it was adapted in Kenya in 2004. Great results in Kenya made 8 countries in sub-Saharan Africa to adapt the program through Centre for Disease Control (CDC) including**,** Tanzania, Kenya, Cote d'Ivoire, South Africa, Zambia, Botswana, Mozambique, and Zimbabwe. In Tanzania, FMP has been implemented in Ruvuma, Mtwara, Shinyanga and Dar es

Salaam.

Families Matter! Project emphases on; risky sexual behaviours among teenagers, inspiring positive parental practices to protect their children's from risky sexual behaviours and empower parents to successfully communicate on sexuality to their children.

2.2.2 Parent Child Communication

Blum (2002) considers parent-child communication as Parent-child connectedness and he defines it as the degree of closeness experienced between children and their parents. How children perceive the connection with their parents is more important than parents' perception on this connection. Resnick (1997) points positive parents-child communication greatly helps young people to establish personal values and make healthy decisions. Young people who lack parental connection, love or care are more likely to report emotional distress, school problems, drug use and sexual risk behaviors.

2.3 Theoretical Framework

This study reviewed three theories that explain the nature of relationship that exist between parents and their children.

2.3.1 Social Exchange Theory

This theory focuses on the outcomes of relationships. It suggests that the outcomes of relationships can be positive (rewards) or negative (costs). A relationship with positive outcomes includes social rewards and material rewards. While that with negative outcomes include opportunity costs. As far this theory is concerned, parent-

child communication can be evaluated in terms of actual rewards and costs and in terms of anticipated rewards and costs. In this theory, outcomes are determined by what people think they deserve, or can expect to get, in a relationship. People also think for alternatives in case their positive outcomes are not seen. That is, what they could get if they were to forge a different relationship. A parent-child communication is comprised of parts that have low comparison level and low comparison level for alternatives, and therefore, the majority tends to have a high level of *dependency* on their relationship, feeling unable to leave.

2.3.2 Social Learning Theory

This theory focuses on behavior as the central aspect to relationships. Parent-child communication is explained in this theory as being affected through the behaviors the two exchanges. Children can learn from their parents' behaviors. Each time parents engage in positive behaviors, children learn to trust and view the relationship positively. Each time parents engage in negative behaviors, children ask whether they can trust them but begin to view the relationship negatively. This theory also captures the cycles of behavior. This theory states that, if children get a response from their parents after engaging in a particular behavior (e.g., yelling to get their children's attention), they will continue to engage in that behavior. On the other hand, if a behavior brings an end to an uncomfortable situation especially to children, they will repeat that behavior.

2.3.3 Attachment Theory

Attachment theory explains how the child development is influenced by the parents' caring relationships with them. Antonucci et al (2004) explain attachment theory as a

good nurturing relationship between parent and child shapes future social, cognitive, and emotional development of that child. According to this theory, Children develop internal representations of relationships by interacting positively with their parents or guardians or any primary care givers and a good relationship between parents and their children is great for shaping the psychology of the children.

Varga, (2011) says the loss of the attachment figure is accompanied by anxiety and grief, which can lead to problems in the child's social and emotional development. That is, negative parent-child relationship leads to less child's supervision which may later lead to risky behaviours among children such as alcohol and drug use. Importantly, parents not just affect their children's behaviours but the general actions of the child will always determine the parents' reactions.

Attachment theory can help to understand the state of parents-child communication in Tanzania. Family structure is still very strong in Tanzania and plays a major role in the lives of youth. The family often provides support, love, and a caring environment but fails to respond to the need for reproductive health information for youth. Moreover Evidence from Tanzania indicates that there is loss of attachment among many families. Family socialization is gendered and hierarchical and that parent-child communication is limited, particularly with regard to sensitive matters such as puberty and the physical changes associated with it, sex, pregnancy and sexually transmitted infections (STIs)/HIV.

Studies suggest that parents are not fully informed about SRH matters themselves and that they hold many misperceptions about communicating with their adolescent

sons and daughters on these topics, such as fears that this communication would lead their children astray. Limited Parent-child communication on sexual matters often result to rise in early sexual activity among the adolescents and increased exposure to unwanted pregnancy or sexually transmitted infections.

2.4 General Overview of Parent-Child Communication

Generally, parents do communicate with their children on other life related matters. Usually these issues are not so sensitive to them and fathers talk more to their sons as mothers talk to their daughters. On these talks parents seem to be more satisfied than their kids are; Burgess et al (2005) analyzed that 75% of parents are usually satisfied with the talks they have with their children while only 45% of children reported to have been satisfied when they ask and talk to their parents. Wang (2000) parents are not always free to talk to their children on matters related to sexuality though they do not want their children to engage on sexuality because parents especially mothers never want their babies to grow up and talking sexuality matters seems like agreeing to the fact that their children are no longer their little babies. What triggers parents–child communication on sexuality is children's incidents on these matters, once the kids have been involved on risky behavior that is when parents tend to talk on risky sexual issues and the effects involved like STIs, HIV/AIDS and early pregnancies to girls.

Namisi et al (209) in the study which was conducted in Dar es Salaam and South Africa was found that girls prefer to receive sexual information from their mothers and boys prefer their fathers though ta moments boys preferred their mothers over their fathers. Some reported to have never discussed sexuality with parents, some discuss

with other family members and others with teachers on a proportion of 37%, 41% and 29% respectively. Compared to South Africa, adolescents in Dar es Salaam reported to have never discussed sexual issue with no one and girls were reported to be more than boys concerning this matter.

Wang (2000) reported on the nature of families and the impact on parent-child communication on sexuality. He found that parents' marital status had effect on the relationship with their children; children raised with single parents are exposed to risky sexual behaviours than those raised with married parents. Also children who are raised in the families whose fathers are deceased discuss more on sexuality matters than those whose fathers are still alive. Also children who are raised with grandparents reported to talk on sexual issues in their families.

Barnes and Olson (1985) reported that children are more open and prefer their mothers over their fathers because compared to their fathers; mothers are more open and tend to respond to their questions often. Mothers were reported to have a more positive parent –child communication than the fathers have with their children. More mothers are usually discussing with their children matters relating sexuality than their fathers. Though parents reported to satisfy their children whenever they talk, children reported otherwise because usually they are not so satisfied with the talks they have with their parents. Therefore this dissertation report using both parents and children perceptions, attempted to show how programs which aim at providing parents with knowledge on how to talk to their kids on sexual issues are not only effective but they also improve the children's behaviours.

2.5 Empirical Literature Review

Referring to his paper on Parent-child communication: promoting sexually healthy youth, Lagina (2002) says young people become more involved in the activities that put their health at risk if they feel unconnected to home, families or even schools. But things change when parents see value of their children, then kids usually develop positive and healthy attitudes. Sexual communication between parents to children might seem the hardest when parents want their children to know about abstinence and how to prevent HIV and other STIs, but positive communication helps young people make great and healthy choices.

Lagina (2002) used interview to his 192 student respondents and qualitatively analyzed the data. He revealed the findings that young children who are more connected to their parents and families delay initiating sexual activities than those who are not connected to their parents or families. Children with great communication within families were reported to feel less anxiety and have more self-esteem but those who didn't have good communication were reported to be engaging in drugs problems and more schools problems.

He further explains how parents face challenges discuss sexuality to their children and many of them are not able to provide all the information that young people need. He pointed how parents are primary source of information about sexual and reproductive health to their children but the problem is, there are few programs that help parents to positively influence their children's sexual behaviours. Lagina (2002) did suggest having more programs to help parents overcome communication barriers to their children especially on matters concerning sexuality.

Zolten & Long (2006) explains how important parent to child communication is. They say early communication between parents to children creates a sense of trust and expectations to child and always lives up to his/her parents' expectations. If the communication is effective the children behaviours will be according to what the parents wants and expect them to behave but if their communication is ineffective, the child will feel not important to their parents and usually they end up seeking the attention from elsewhere. Zolten & Long (2006) continues to point out on ways to communicate and they insist to start communicating at early ages of the child as at early age children tend to trust their parents more than anyone else around them.

2.5.1 Parent –Child Communication in Tanzania

It has been assumed that parents in African families do not talk about sexual and reproductive health with their children, (Wamoyi et al, 2010). The assumption made Wamoyi et al (2010) to conduct a study in rural Tanzania to explore more on parent-child communication about sexual and reproductive health in families. The study was conducted using in-depth interviews, focus group discussions and participant observation to the parents and their children of 14-24 years.

Wamoyi et al (2010) found that though parents seemed to lack appropriate knowledge on the matter, the communication was mainly on the same sex basis due to cultural norms which restrict interactions on the opposite sex and mothers were more active than fathers. Children were more relaxed to their mothers than they were to their fathers and that generally parent child communication is limited by cultural barriers and parents missing the appropriate knowledge. They also suggested if par-

ents will be given some skills training on how to communicate with their children on sexual and reproductive health, then parents may be a natural avenue for sexual education to their children.

Muthengi & Ferede (2015) agree with Lagina (2002) that adolescents who communicate with their parents about sexual and reproductive health are more likely to make healthy decision. They conducted a survey in Tabora Tanzania to examine the associations between parent child communication and reproductive health outcomes. Muthengi & Ferede (2015) found that parental sexuality is an important consideration for adolescent behavior. They ended by suggesting that not only involving parents in interventions on parent child communication helps, but parents should also be given guidance on how to communicate clearly and comprehensively with their children on sexuality, contraceptives and HIV/AIDS.

According to Nundwe (2012), parent –adolescent communication is more likely to reduce adolescent risk taking sexual behaviors. Usually parents fail to communicate on sensitive issues like sexuality, puberty and STI though would rather talk on effects of HIV. In her study done in Kinondoni Dar es Salaam, Nundwe (2012) wanted to find the barriers to communication between parents and their children on sexuality and reproductive health. She conducted a descriptive exploratory study using in-depth interview tool and qualitatively analyzed her data where she found how parents are more comfortable to talk on maters which are no so sensitive but not sexuality. She points, gender differences, low education status of parents and traditional norms prohibit parent to child communication on sensitive matters.

Nundwe, (2012) concluded by agreeing how hard it is for parents to talk to their children on sexuality and reproductive health but parents need to empowered with special interventions that will be building their capacities on how to communicate freely and in full range when it comes to matters on sexual and reproductive health.

Kajula, et al. (2013), say parent –child communication is one of the potential factors for adolescent sexual health. After qualitatively analyzing the data, Kajula et al (2013) found that communication between parents and their children was happening just not in a friendly way. Parents seemed to use fear to make sure their kids do not engage in sexual business though their kids saw it as ambiguous conversations which fill with warnings about the dangers on HIV/AIDS. They also talked on the barriers for communication which are cultural barriers and parents' lack of knowledge. Kajula et al (2013) suggested on how parents of adolescents would benefit from HIV/AIDS communication skills.

2.6 Conceptual Framework

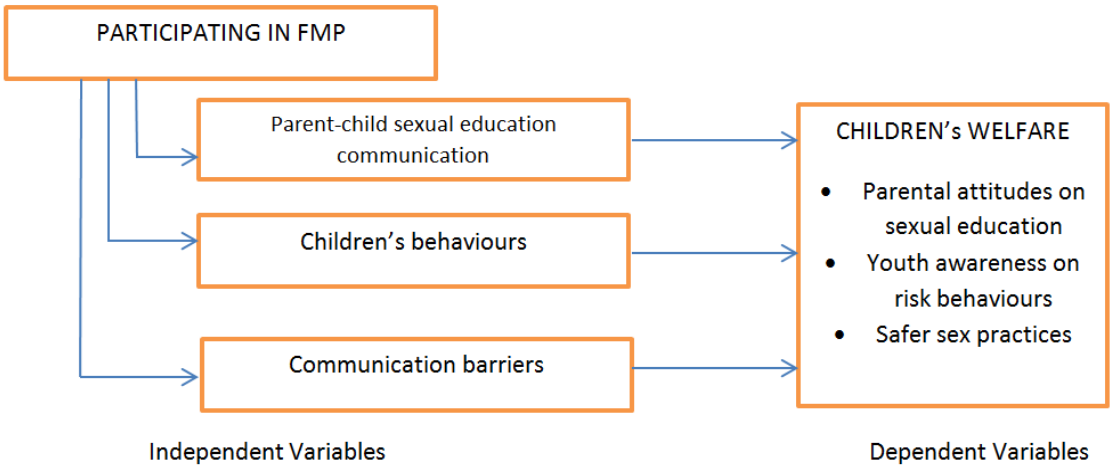

Figure 2.1: Conceptual Framework Developed For this Study

Source: Author's construct

As illustrated in the Figure 2.1, the program identified the cause of adolescents' engagement in risk sexual behaviors namely; poor parent monitoring of the adolescents specifically limited parent-child communication on SRH. *Family matter* program was introduced to build parental awareness of adolescent health and development, and help the adolescents reduce risk sexual behaviors. Evaluation of the intervention indicate the increase of positive parenting skills, increase in the awareness of the adolescents' sexual and reproductive development therefore increase of safe sex behaviors and decrease of HIV and STD transmission among the adolescents.

2.7 Literature Gap

Referring to the above researches, all the researches have discussed on the importance of parent child communication on sexuality. They all suggested on having special skills training which will empower parents to communicate to their children on issues regarding sexuality. However, there is still a literature gap on communities' perceptions on the effectiveness of the efforts done to empower parent-child communication. Families Matter Project was implemented for the purpose of enhancing good and free parent-child communication on issues regarding sexuality and violence against children. It is the intention of this study to evaluate the impact of FMP on parent-child communication using the Mbagala community's perceptions.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology of this study. The researcher explains how she used both qualitative and quantitatively ways in data collection and analysis. The aim of the study was to evaluate the effectiveness of Families Matter Project on parent -child communication. Focus groups discussions and structured questionnaires was be used to obtain the information from the respondents.

3.2 Research Design

The research design used in this study was descriptive exploratory that aimed at collecting data and information from two groups of parents and children aged 9 to 12. Group 1 involved all parents and children who participated in the Families Matter Project which was implemented in Mbagala in Temeke District and group 2 involved all parents and children who did not participate in Families Matter project. By observing the two groups the researcher was able to isolate the impact of Families Matter project without counterfactuals.

Kombo and Tromp (2006) points out that "descriptive studies are not only restricted to fact findings, but may often result in the formulation of the important principles of knowledge and solution to significant problems. They are more than just a collection of data." The respondents were asked on their opinions relating to parent to child communication and if there has been any improvement concerning the matter since the project ended.

3.2.1 Study Area

This research took place in Mbagala Kuu in Temeke District. Mbagala Kuu is an administrative ward in the Temeke district of Dar es Salaam region in Tanzania. According to the 2002 census, the ward has a total population of 74774, 38628 females and 36146 males. The main activities for the people around this area are small scale businesses Mbagala Kuu ward has 4 public primary schools namely, Mbagala Kuu, Kizuiani, Maendeleo and Kibonde Maji primary schools. The total number of students in these schools is 12189 of which 5812 are boys and 6377 are girls. Approximately, students of 9-12 years are 6245 in total where by boys are 2912 and girls are 3333 (National Bureau of Statistics, 2016).

3.2.2 Target Population

The target population for this study were parents/guardian/caretakers and their target preadolescent children (aged 9-12) residing in respective communities (only one child per parent who participated and attended all the 6 session of the Families Matter Program intervention). Therefore, this study involved two intervention groups i.e. parents and children.

TMARC (2014) points that FMP targets parents or caregivers of children of 9 - 12 years old and parents must be atleast 25 years of age and above. So the selection of respondents from the two groups followed the same inclusion criteria as it was during the intervention. Selection of the sample was then based on: a parent was at least 25 years of age and was the primary caregiver of a preadolescent aged 9–12 years at the time of the baseline assessment. For children respondents, selection criterion based on preadolescent child aged between 9–12 years.

3.3 Sample Size

According to the World Bank (2007), a good sample will accurately represents the whole group of the program meaning include both the eligible and non-eligible participants so that the results are valid. According to Masuku (2014), a statistical significance criterion is customarily set to 5 percent of the total population. He also adds that a sample of 70 is adequate to predict significant results. The intervention reports suggest that each selection group had more than a 1000 population. The study covered; 100 parents and 100 children for control group and another set of 100 parents and 100 kids for the treatment group. Purposive sampling technique was used to sample the respondents from treatment group while random sampling was used to select the respondents from communities that did not participate in the intervention

3.4 Data Collection Plan

Data was collected within one week through focus group discussion (FGD) and in-depth interview by the researcher with the help of one (1) researcher attendants. In addition the research assistant was trained by the researcher for two days to help in the task. Swahili language was used in collecting information from respondents.

3.5 Research Instruments

The study employed two instruments; Focus Group Discussions (FGD) and interview guide for both parents and children.

3.5.1 Focus group Discussion

According to Overseas Development Institute (2016) focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to

discuss a specific topic of interest. The study used focus group discussions as a data collection tool. A total of eight focus group discussions groups were conducted; four from the control group and the other four from the treatment group. Group membership ranged from eight to ten participants in order to evaluate the effects of intervention activities on the knowledge, attitudes and behaviors of the parents. Parents were probed in groups to give their perceptions about extent to which their participation in the programs had influenced socialization practices and parent-child interaction and communication, especially on sensitive Sexual and Reproductive matters.

3.5.2 Interview Guide

The researcher used this instrument to supplement the questionnaires by capturing qualitative information (Amin, 2005). Interview guide was used among 9–12 year-old adolescents to evaluate their experiences of socialization and communication with parents and changes experienced over the course of the intervention. Simple and clear language that is understandable to children was used but the content basically covered demands of the research questions. Though respondents were given exactly the same context of questioning (both closed and opened ended questions inclusive) so that the replies could be aggregated, semi-structured interviews by nature are mostly flexible and this gave the interviewees a great deal of leeway in how to reply (Bryman, 2008). It also offered the interviewer the opportunity to probe further and to clarify issues of relevance to the study.

3.6 Data Analysis

The researcher employed both qualitative and quantitative methods in this study.

Qualitative data analysis was centered on data and content interpretation. Data col-

lected from the recorded interviews and focus group discussion was summarized into contents and themes which thoroughly formed the basis for the developing story interpreted by the researcher. The researcher also marked quotes from respondents that were useful in creating and discuss the contents. Quantitative data analysis was done by using a Statistical Package for Social Sciences (SPSS) programme. The process involved data entry, categorization, organization and coding. A part of this study also based on descriptive statistics analysis which was also done by SPSS computer software basing on frequency analysis and percentages.

3.7 Ethical Considerations

Resnik (2015) speaks of ethics in research as methods, procedures or perspectives for deciding how to act and analyze a situation at hand. He explains the importance of adhering to ethical norms in research which include helping a researcher get the public support because usually researches involve people from different discipline.

Confidentiality was observed to both the information that was provided and to the selected respondents. Respondents did not write their names on the questionnaires sheets, and the questionnaires were destroyed right after finishing the study.

3.8 Reliability and Validity

To ensure validity of the data the researcher pilot-tested data collection tools prior to the actual study, this guaranteed the study with valid information. On the other hand, the researcher ensured reliability of the data by collecting data from adult-minded respondents who guaranteed the study with sound information. Moreover data was collected from children aged between 9 to 12 using a guided interview technique that also guaranteed the study with reliable data.

CHAPTER FOUR

4.0 DATA ANALYSIS AND DISCUSSIONS OF FINDINGS

4.1 Introduction

This chapter presents the empirical findings implored in the field from 100 parents and 100 children in the control group and another set of 100 parents and 100 kids in the treatment group. The chapter is divided into four parts; these include Socio-demographic characteristics, parenting practices, communication on sexual and reproductive health matters and children behavioral change.

4.2 Socio-Demographic Characteristics

4.2.1 Adolescents: Distribution by Sex and Age

For the quantitative data collection, 100 preadolescents were interviewed in treatment communities and another set of 100 respondents from control communities. Out of those who were interviewed, 122 (61%) were male and 78 (39%) were female.

Table 4.1: Adolescents - Distribution by Sex and Age

SAMPLE SIZE	Male	Female	Total
Treatment	56 (55.8%)	44 (44.2%)	100
Control	66 (66.3%)	34 (33.7%)	100
Total	122	78	200

Source: Data analysis, 2016.

Table 4.2: Social Characteristics of Preadolescents

	Control	Treatment
Mean Age	**10**	**11**
Religion (%)		
Muslims	**72**	**66**
Christians	27	32
Other	1	2
Total	**100**	**100**
Education (Class) (%)		
Class IV	12	10
Class V	39	23
Class VI	28	49
Class VII	21	18
Total	**100**	**100**

Source: Data analysis, 2016.

The age category for the evaluation ranged from 9 to 12 years. This age group is considered as the most at risk in terms of sexual reproductive health due to poor parenting practices. Average age of the preadolescents interviewed in control and treatment groups were 10 and 11years respectively.

In the areas studied, Most of the preadolescents interviewed were undertaking elementary education. In control group, more than a half of preadolescents were in standard five while most of the respondents in treatment group were in standard six. Findings on preadolescents' characteristics relating to religion suggest that majority (72 percent of control group and 66 percent of treatment group) were Muslims.

Table 4.3: Socio-Demographic Characteristics Of Parents

	Control	Treatment
Mean Age (years)	42	11
Men	47.5	48.3
Number	**30**	**27**
Women	42.2	40.4
Number	**70**	**63**
Marital status (%)		
Married	79	72.9
Single	10.4	12.3
Divorced	10.3	15.1
Total	**100**	**100**
Religion (%)		
Muslims	80	75
Christians	18.5	24
Other	0.9	1
Total	**100**	**100**
Education level (%)		
Without education	22	24
Elementary	52	55
Secondary	23	20
Tertiary	3	1
Total	**100**	**100**
Main Livelihood occupation		
No job	33.1	29.2
Trade	23.3	33.1
Employment (informal)	19.5	21.6
Formal employment	12.9	9
Other	11	8
Total	**100**	**100**

Source: Data analysis, 2016.

Table 4.4 shows that about Majority of the parents interviewed were female; 70% of control group and 63% of treatment group, as they are the ones who were found at home by interviewers. This discrepancy between men and women is attributed to the fact that men tend livelihood activities while women take care of the children to a large extent.

On average, men were older than women. In treatment group, however, the average age of men interviewed increased slightly (from 47.5 years in control group to 48.3 years in 2016. This difference is not significant. As found among the adolescents, the dominant religion is Islam, followed by Christianity and remaining was either non believer or Hindu. The research findings points out that majority of the respondents have had some level of formal education both in treatment group and control group mainly elementary education. Markedly 22 percent and 24 percent in control and treatment groups respectively had no schooling (influenced by both the high proportion of women among the parents, and more conservative attitudes about women's education during earlier generations).

There were more educated parents in control group than treatment group. It was revealed that one third of the interviewed parents did not engage in any economic activity (33% in control group and 29% in treatment group). This is attributed to the fact that most of the parents participated in this study were females whereby traditionally women are responsible for caring the family when are engaging in livelihood activities. Overall demographic results indicate that both control and treatment groups were drown from the similar environment this is indicated by slight differences between age, education level, marital status, religion and occupations. This

guaranteed the study on the isolation of counterfactuals from the impacts of Families Matter project on parent child communication.

4.3 Parent-Child Relationship Towards Sexual Education Communication

The study set out to find communities perception of *family matter* program in enhancing positive parenting practices particularly effective parent-child communication.

4.3.1 Awareness of the Family Matter Program

As mentioned earlier, the intervention comprised a total of 6 sessions conducted among parents, and in the sixth session in which parents were invited to bring their son or daughter. The participants in this survey were probed about their awareness of and participation in the intervention. Findings suggest (Table 4.4) that awareness about the program was notable in the treatment group. Indeed overwhelming majority of parents (89 percent) and 92 percent of preadolescents were aware that an intervention focused on parent-child relationships (or an intervention project by the Americans or project implemented by TMARC) had been implemented in their community. On the whole, 81 percent parents attended all sessions, but 19 percent discontinued their participation after attending just one session. Those who discontinued were not considered in the treatment group by the researcher.

Table 4.4 Awareness of the intervention

Awareness of the intervention in Treatment communities	Percent (%)
The program was about parent child-relationship	**56**
The project by American People	**36**
Intervention project implemented in our schools	**6**
Government initiative	**1**

Source: Data analysis, 2016

4.3.2 Children Perspective

The Family Matter Project (FMP) was designed to build positive parenting practices, as well as increasing child parent socialization with regard to children sexual development. In this regard the study set out to find whether there are differences in parent-child relationship between treatment communities and control communities. Most of children in both treatment and control group indicated to have warm relationship with their parents.

The same was observed in Focus Group Discussions (FGD) with parents whereby both parents in control and treatment group indicated to have friendly relationship with their children. However this friendly relationship was described differently among control and treatment participants. Parents in control group seem to communicate with their children more often about children' responsibility to the family and at school than converse about sexual and reproductive health matters. While in treatment communities, parents communicate with their children various matters of significance ranging from personal and cognitive development to sexual and reproductive health.

Moreover preadolescents were asked to indicate which parent (between mother and father) they preferred to discuss SRH matters. Majority (61%) of the interviewed preadolescents in the treatment communities preferred discussing Sexual and Reproductive Health (SRH) affairs with both male and female parents. Contrary over half (55%) of respondents in control communities preferred discussing SRH matters with female parent only.

Table 4.5: Parent Preferred by Preadolescents in SRH Discussion

Parent Preferred in Discussion about SRH matters (Percent)	Control	Treatment
Female parent only	55	23.2
Male parent only	7.3	15.5
Both Male and Female parents	37.7	61
Total	100	100

Source: Data analysis, 2016.

Generally, adolescents who were informed on reproductive health communicated significantly more with various people, while those who were not exposed did not.

These findings were also echoed in Focus Group Discussion (FGD) with parents whereby parents in treatment and control communities expressed varied opinions on how they communicate SRH matters to boys and girls. Female and male parents who benefited from the FMP discussed sexual and reproduction matters with both boys and girls regularly. For the control discussions of SRH maters are much engendered whereby only few parents predominantly females reported taking care of both girls and boys sexual affairs.

4.3.3 Sexual and Reproductive Matters of Discussion

The study examined most discussed matters of sexuality between parents and their preadolescents. Physical maturation stands to be the most discussed topic in both control communities (78%) and treatment communities (59%). Strikingly, preadolescents in control group (21%) are far less likely to talk about HIV and STD's transmission with their parents compared to treatment communities (35%). However, the percentage in both communities that discuss about the use of condoms and contraceptives was low.

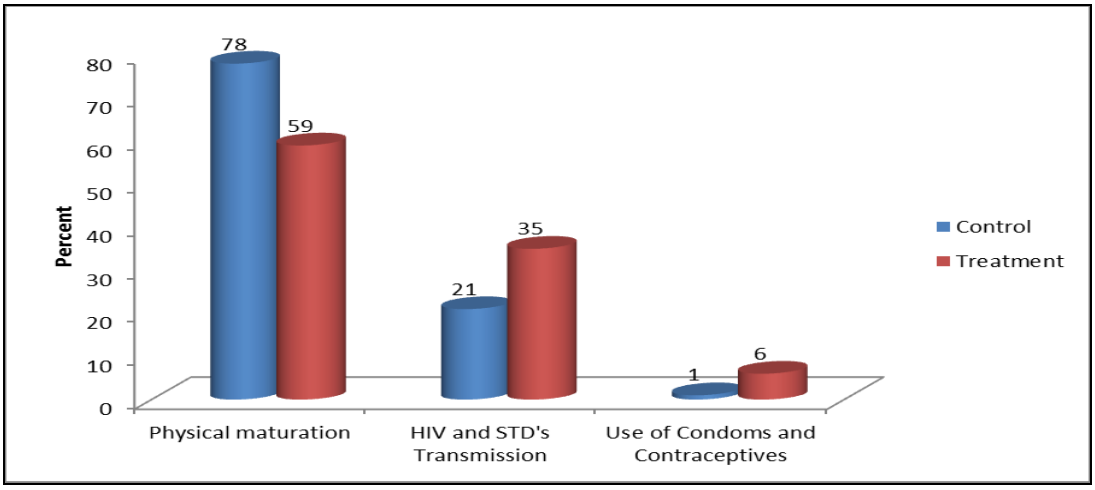

Figure 4.1: Most SRH Matters Discussed in the Families

Source: Data analysis, 2016.

4.3.4 Parent's Perspective

As part of this study parents were asked to explain the extent to which family matter program has enhanced parent-child communication, particularly discussion about sexual and reproductive matters. Majority (62%) of the parents in treatment stated that they easily convey SRH information to their children while (49%) the control stated that they experience difficulties when discussing SRH matters with their children.

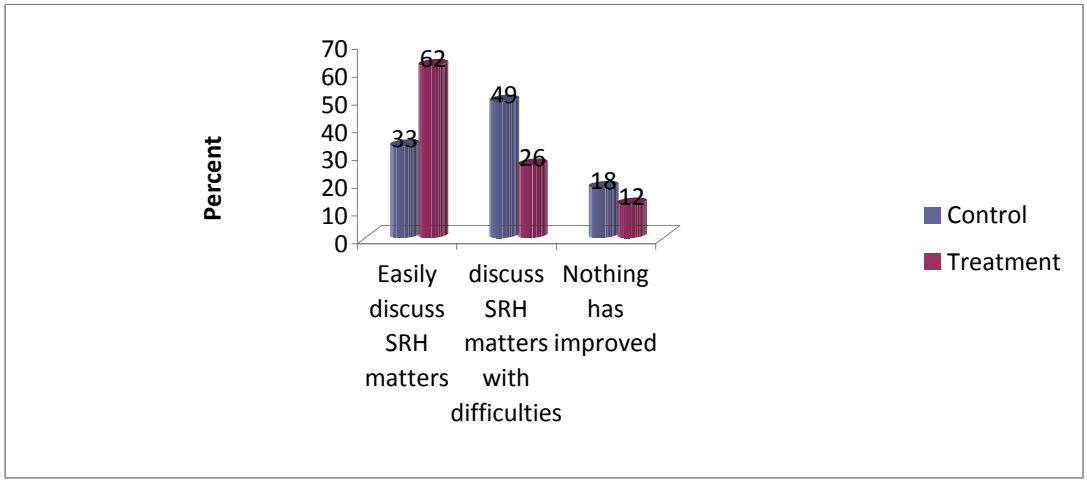

Figure 4.2: Parents' Difficulty Level in Conveying SRH Information
Source: Data analysis, 2016.

4.4 Barriers Hindering Parents-Child Communication

This section intended to find overall achievement of the program in relation to factors affecting parent- child communication between treatment and control communities. It was noted that majority of parent treatment communities have managed to effectively overcome lack of SRH knowledge (63%), gender (61%), poor traditional practices (59%), peer influence (59%), livelihood activities (49%) and religion (42%) barriers to parent-child communication. Contrary parents in control communities stated to have encountered barriers in these aspects including; lack of SRH knowledge (59%), traditional practices (57%), peer influence (55%), gender factor (49%) and livelihood activities (47%).

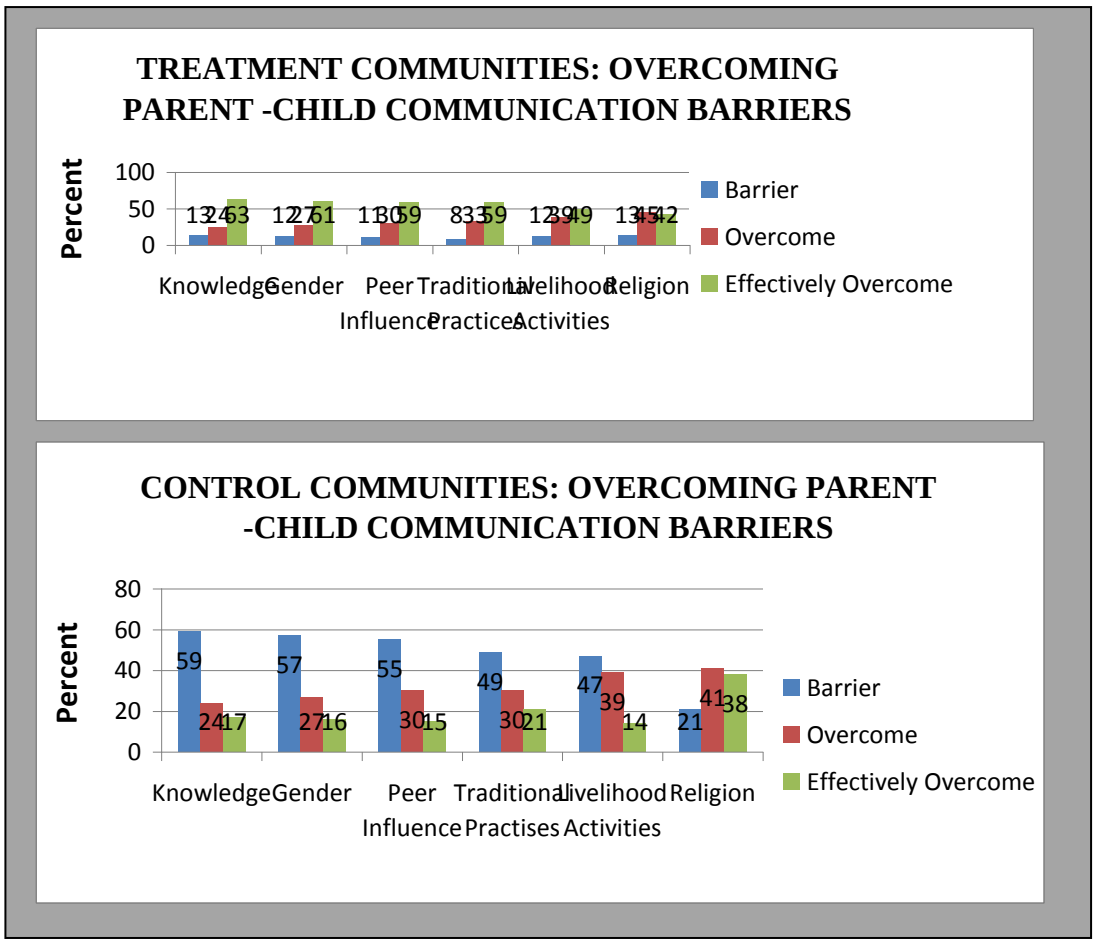

Figure 4.3: Parents' Ability to Overcome Parent-Child Communication Barriers

Source: Data analysis, 2016.
Moreover, Findings from Focus Group Discussions (FGD) highlighted these differences between control and treatment communities in overcoming parent-child communication barriers. Some of the participants' remarks are illustrated by their quotes

4.4.1 Parents' SRH Knowledge

The analysis of the proceedings of the focus group discussions revealed that parents in treatment communities are well educated about parent-child physical maturation and their positions in influencing positive sexual behavior development among the adolescents.

> "*In fact Family Matter trainings gave us both the knowledge and courage to discuss about sexual affairs with our children particularly physical maturation*".

Participant from Treatment Communities during *FGD;* in opposite, FGD findings from control communities indicated that parents' knowledge of Sexual and reproductive matters is very limited. Parents were shy to talk about SRH matter with their children or they discuss sexual affairs but not in details. Moreover they hold the view that sexual discussions should be directed to post-adolescents.

> "*I have not yet started discussing sexual matters with my preadolescents"*
> *"My children are too immature to be educated about safe sexual practices"*

Participants from control communities during FGD;

4.4.2 Gender

During the focus group discussion it was frequently reported that female and male parents who benefited from the FMP discussed sexual and reproduction matters with both boys and girls indiscriminately, while the discussion is much more engendered

in non-beneficiary communities whereby female parents are responsible for caring adolescents' affairs and men are more concerned with catering family economic needs.

4.4.3 Traditional norms

Although it has been frequently discussed that traditional practices affect parent-child communication on sensitive matters in Tanzania, the FGD proceedings unveiled that parents who benefited from Family matter program have overcome these traditional practices. Parents discourage poor traditional practices in the family. For instance one parent in treatment communities explained;

> *"We try as much as we can to advise our children not to engage traditional dances (Kigodoro) which often derail them from academic endeavors and lead them to early marriage or pregnancy".*

Surprisingly, parents in control communities not aware of dealing with deeply rooted traditional practices in the community particularly Kigodoro.

> *"Kigodoro dance is an external force that cannot be dealt in the family may be the government can help us by prohibiting it.*

4.4.4 Peer pressure

Focus group discussions with both beneficiary and non-beneficiary parents revealed that peer pressure is the most challenging factor to healthier sexual and reproductive development of the adolescents. The difference is that beneficiary parents have managed to influence children's values with regard to building healthier friendships compared to the control communities. As it was noted by one beneficiary parent;

> *"We advise our children to build healthier relationships that will help them succeed in school and avoid negative peer influence"*

Parents in control communities were also aware and talked on how they tell their children to stay away from friends who can bad influence to them. When asked on how often they talk to their children most of them seemed to be talking in theory and not something they practically do.

4.4.5 Livelihood Activities

One of the unique comparative advantages of the treatment communities is learning to balance family responsibilities and livelihood activities (work and life balance); in focus group discussion it was revealed that FMP beneficial Parents set specific time to discuss children's personal, cognitive and health development. As it was explained by one treatment FGD participant;

> *"I regularly have lengthy discussions about sexual and reproductive health with my children in late evening, having time to discuss sexual and reproductive matters is very important in shaping my children values, It gives me time to probe their sexual related challenges and encourage them to work hard in school"*

Contrary parents in control fail to balance family responsibilities and job demands, livelihood activities often keep parent-child communication out of reach in some families. Majority in the focus group discussion reported to not have set specific time set for parent-child communication. As it was stated by FGD participant

> *"I really do not have specific time for communication with my children, I am always occupied with livelihood activities but I try to speak to them when I observe anything wrong going on"*

4.5 Children's Behavior

In order to ascertain that the main objective of the intervention has been achieved, the researcher examined whether has been improvement in children's behavior as attributed to the implementation of *Family Matter* program. Majority (76%) of the parents in the treatment communities stated to have observed positive behavioral changes among their children as attributed to effective parent-child communication enhanced by *Family Matter Program.* while 22% of respondents indicated to have not observed behavioral changes at all and the remaining few (2%) indicated to observing increasing negative behavior changes among their preadolescents and adolescents.

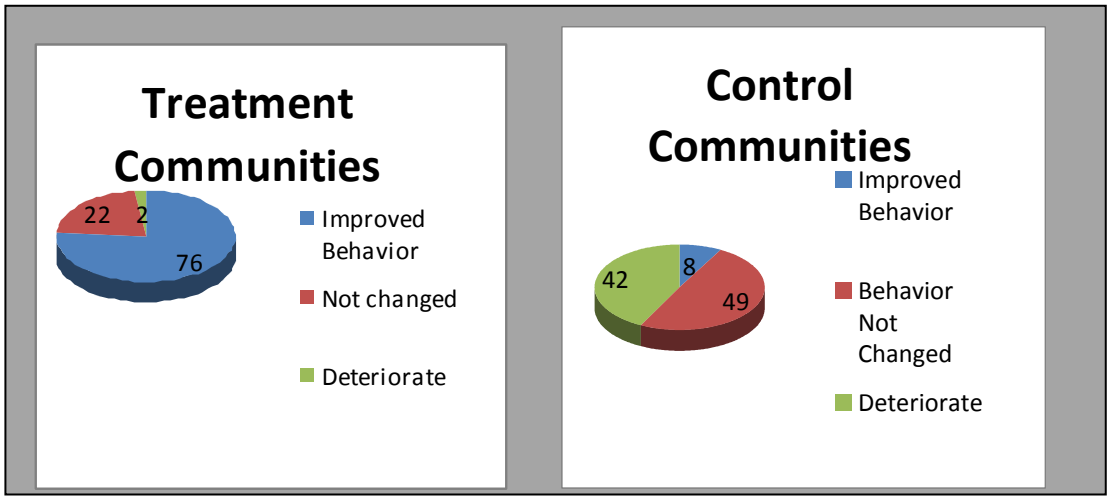

Figure 4.4: Parents' Evaluation of their Children's Sexual Behaviours Development Recently

Since there was no baseline survey conducted to parents in control communities prior to the intervention, parents were asked to indicate were asked evaluate their children behavior development recently (recently defined as in the last two years). Majority (49%) of parents indicated to not observing any changes in children's behavior

recently, while significant minority (42%) respondents observed deteriorating children's behavior and 8% observed improvement in their children behavior.

Meanwhile parents in both treatment and control communities were asked to explain specific positive behavior changes observed to their adolescents after the intervention in short-term. Treatment communities observed various positive behavioral changes in their adolescents than in control communities, as 61% of parents in treatment communities experienced children increasingly reporting sexual abuse than 39% for control communities, more parents in treatment communities reported children abstinence from sex (65%), children initiating different sexual and reproductive discussions in the family (66%) and increased children self-awareness (59%).

Table 4.6: Changes in Children' Behavior as Attributed to Positive Parenting Practices

Sexual Behavior Development (%)	**Control (%)**	**Treatment (%)**	**Total**
Children report sexual abuse to their parents	39	61	100
Abstinence from sex the for the adolescents	35	65	100
Children increasingly discuss SRH with parents and friends	34	66	100
Increased children's self-awareness	41	59	100

Source: Data analysis, 2016.

Generally adolescent's behavior changes are remarkable in treatment communities as it was revealed by parents in focus group discussions that the intervention has not only reduced risky sexual behaviors to their children but also helped to enhance posi-

tive children's behavior improvement. As one of the beneficiary parent explained:

> *"I would like to see family matter program scaled up to cover non beneficiary communities, as it has helped me to monitor closely sexual behavior development of my children; increasing children's awareness of matters of sexuality including the risky of engaging in unsafe sex and general children's behavior improvement"*

4.5.1 Beneficiary Parent During Focus Group Discussions

More importantly beneficiary parents frequently reported that children school attendance has increased dramatically; children have respect for senior members in the community and adolescents dress ethically to avoid sexual abuses during the focus group discussion.

CHAPTER FIVE

5.0 SUMMARY OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study and makes conclusions based on the results. The implications from the findings and areas for further research are also presented.

5.2 Summary of the Study

5.2.1 Impacts of the Intervention in Parenting Practices

The study aimed to find out the impacts of family matter program in enhancing positive parenting practices in Mbagala Kuu area. The study investigated parent child-child relationship after the intervention as perceived by treatment and control communities. Respondents in both communities stated to have warm relationships within the family. However the extent to which these relationships leads to fruitful parent-child communication about sexual and reproductive affairs differ significantly. Parents in control communities face more difficulties in communicating sexual and reproductive information to their children than treatment communities.

Furthermore parent-child's sexual and reproductive discussion in both communities is dominated by physical maturation issues whereby preadolescents are interested to learn more about puberty. In addition, it was observed that communities exposed to the intervention preferred to have discussions about HIV transmission and pregnancy compared to control communities. Non beneficial communities program do not consider these topic worth for discussion with the preadolescents. However both communities do not prefer discussion about the use of contraceptives and condoms. This

is attributed to the fact that many parents believe the best way to prevent children from contacting HIV/STD's or getting pregnant is abstinence from sex.

5.2.2 Factors Affecting Parent-Child Sexual and Reproductive Health Communication

It was learned that most of the factors (namely; gender issue, poor traditional practices such as Kigodoro, peer influence, lack of sexual educator skills, and obsession with livelihood activities) affecting parent-child communication on sexual affairs have been significantly addressed by treatment communities while parents in control communities are still constrained by these factors. Markedly, religion is not a perceived challenge to parent-child communication in both communities. This is due to the fact that religious teachings encourage children to abstain from sex.

5.2.3 Impacts of the intervention on children's behavior change

The researcher sought to ascertain the impacts of the intervention on improvement of children's behavior in treatment communities. Majority of the parents in the treatment community believe that *Family matters program* helped them to shape their children values effectively. They also believed that incorporation of children in the program created a sense of determination and responsibility among the adolescents. Some of the observed indicators of the children's behavior improvement according to parents from beneficial communities include; children's strong courage to discuss sexual matters with family members and friends, dramatic increase in children school attendance, significant reduction of the pregnancy cases, children's reporting of sexual abuse to parents, delay in sexual debut, observed ethical dressing among the adolescents and abstinence from sex.

5.3 Conclusion

The study leads to a conclusion that the implementation *family matter project* was an effective approach in enhancing positive parenting and parent-child communication about sexuality and sexual risk reduction in the treatment communities. Implementation of the program has had significant impact in parent-child communication as families' environments have become more friendly for children to learn about physical maturation and its impacts; parents are responsible for instilling positive values to their adolescents against negative external influences on one hand, on the other, children have developed a sense of personal awareness and determination thus risky sexual behaviors have been reduced significantly.

5.3.1 Theoretical Implication

Impacts of parent-child relationship have been highlighted in the attachment theory which suggests that parent-child communications are related to their relationships with their attachment figure. In the theoretical framework it is evident that child-parent communication is vital for adolescents' health, personal and transition to adulthood. Therefore, and as suggested from the results, the study concludes that the way parents develop an attachment behavior with their children is dependent on their perception of their attachment figure.

5.4 Recommendations

The study recommends that family matter program should be scaled up to cover more communities. However the following aspects should be included for making the project far more effective;

Mobilization of the support from influential people of the community and local leadership and to hold other community-level BCC (behavior change communication) events may be needed in order to enable parents of adolescent children to gain confidence about engaging in new practices. Incorporate the media; there is need to deliberately introduce parent-child sexual and reproductive discussions on Televisions and Radios so that the program can reach many communities.

Parents have expressed their wish to convey this information to their children, but they are limited due to their poor understanding of the subject, lack of opportunities to talk about it, and their fear of encouraging risky behaviors. It is necessary to establish a program with "parent schooling" so that they can learn more on this topic. Specific program is needed to provide a favorable school.

Include parents role models; parents who have deviated from traditional norms and have communicated openly with their sons and daughters—may be an effective confidence-building measure to reassure parents that close parent-child relations and open communication about SRH matters have not led boys and girls astray and that, on the contrary, these young people have made successful transitions into further education, employment and other leadership positions. Including sessions with such parents in the intervention may be effective in allaying fears about the unacceptability of parent-child communication.

5.5 Suggestions for Further Research

Further research is vital in generating useful information for scaling up family matter project and narrowing the schism that exist in parent-child communication about

matters of sexuality. The research should focus on: assessing long-term effects of the family mater project in Mbagala Kuu area, evaluating the economic efficacy of implementing large scale family matter program and the opportunities for making family matter program sustainable in the study area; identifying the context in which family matter project works successfully.

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APPENDICES

DATA COLLECTION TOOLS

APPENDIX I: STRUCTURED INTERVIEW GUIDE FOR PARENTS

Demographic Information

1. Age
    a) 25-34
    b) 35-44
    c) 45-54
    d) 55+
2. Sex
    a) Male
    b) Female
3. Education Level
    a) Never been to school
    b) Primary school
    c) Secondary school
    d) College
4. Occupation
    a) House wife
    b) Small scale business owner
    c) Entrepreneur
    d) Employed
5. Religion
    a) Muslim
    b) Christian
    c) Pagans
6. Marital Status
    a) Single parent
    b) Married
7. Number of children
    a) 1

b) 2
c) 3
d) 4 and above

Questions

1. Did you participate in the FMP programs?
    a) Yes
    b) No
2. Do you see any changes to you concerning communication with your child?
    a) Yes, the project was helpful now I can talk to my child on sexuality
    b) Yes the project was helpful but I still face difficulties talking to my kids
    c) No it wasn't helpful
3. Do you communicate about sexuality to your children?
    a) Yes b) No
4. Do you communicate to all children or the one who participated in FMP? Does children's sex affect your communication with them? (We want to see if difference in sex among children will hinder parent-child communication)
    a) Yes I talk to all my kids regardless of their sexuality
    b) Yes but I am more free to only one sex
    c) No I am not free
5. Do you talk about puberty to your children? Is it your responsibility to do so?
    a) Yes b) No
6. Do your daily activities affect your discussion with your children?
    a) Somehow because I work late
    b) No I manage well
    c) Yes they affect me
7. Do traditions norms affect your communication to your children?
    a) Yes
    b) No
8. Does your religion support the communication with your children?
    a) Yes

b) No

APPENDIX II: CHILDREN'S INTERVIEW GUIDE

Demographic Information

1. Age ……

2. Sex …….

3. Education Level (Class) ……..

5. Religion ……..

Questions

1. Did you participate in the FMP programs? ……..

2. How do you see your relationship with your parents? Are the parents friendly to you?
   ……

3. Do you communicate about sexuality to either of your parent? Which parent do you often communicate with regarding these matters? …….

4. Do you communicate with your fellow children on sexuality, effect of early pregnancies? ……..

5. Do you talk about changes on your body with your parents?
   If yes what do you talk about? …….
   If not who do you talk on this issue? ……..

6. Do your parents' daily activities affect your relationship with them? ……..

7. Does the community you live in affect your relationship and communication with your parents? ……..

APPENDIX III: FOCUS GROUP DISCUSSION

PARENTS' FOCUS GROUP DISCUSSION GUIDE

1. How do you see the behavior of your children towards sexuality?

2. Do you communicate about sexuality to your children?
   How do you communicate?
   Are there any barriers affecting your communication?

3. Does children's sex affect your communication with them?

4. Do you talk about puberty to your children? Is it your responsibility to do so?

5. Do your daily activities affect your discussion with your children?

6. Do traditions norms affect your communication to your children?

7. Does your religion support the communication with your children?