

The impact of a parenting training on
parental monitoring in rural Ethiopia

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Abstract

This study aimed to determine the impact of the pilot of ‘We are Parents’, a parenting training from the Dutch non-profit organization Red een Kind, on parental monitoring. The pilot was conducted in rural Ethiopia and given by local ‘facilitators,’ (i.e., trainers), who were trained by Red een Kind. Parental monitoring is often low in rural Ethiopia; parents often do not know about their children’s whereabouts or activities. In this study, several aspects of parental monitoring were investigated: general monitoring behaviors, monitoring of the social and school life of the child and monitoring related to the risk behaviors of the child. To measure the impact of ‘We are Parents’ on monitoring behaviors of the participants, a mixed method approach was used. A quantitative questionnaire with Likert-scale items was administered to 31 participants before and immediately after the training. Qualitative interviews were held with the facilitators and 10 randomly selected participants after the training. Paired samples t-tests were run to compare pre-training and post-training scores on the three parental monitoring dimensions from the questionnaire. Significant increases in scores in monitoring the social and school life of the child ($p = .034$) and in monitoring the risk behaviors of the child ($p < .001$) were found. No significant increase in general monitoring was found ($p = .494$). In the qualitative interviews, facilitators and participants reported an increase in general monitoring behaviors and an increase in monitoring the social and school life of their children. These findings indicate that ‘We are Parents’ may help improve parental monitoring.

Keywords: parenting training, parental monitoring

The impact of a parenting training in rural Ethiopia on parental control

Parental monitoring refers to parents' knowledge of their children's behaviors and of the different settings in which children find themselves outside of the home, as well as parents' advise-giving to their children about these contexts and behaviors. Parental monitoring concerns children's whereabouts, activities, peer-relationships, opposite-sex relationships and school life. In rural Ethiopia, children and adolescents spend most of their time outside of the family home, which means that parents have less control over where their children are, what they are doing and whom they are with. According to a study in Hawassa, Ethiopia by Tsemrekal (2013) that included children's views of parental monitoring found that there was a significant gap between how much parents tried to monitor their children's whereabouts and activities and how much they actually knew. Furthermore, the study found that most parents portrayed a neglectful parenting style (34,2%), which means that the children viewed their parents low in both support and control or monitoring.

Parental monitoring and its effects

When children spend unsupervised time outside of their home, it poses several risks for them. In Ethiopia, there are some risks specifically to the culture and context. First of all, children, and especially girls, are in danger for sexual violence and marriage through abduction. In a study conducted in rural North-West Ethiopia with married women, 6,2% reported being married by abduction Getahun (2001). Another study in North-West Ethiopia with female high school students found that 65,3% reported ever having experienced sexual violence, 11,5% of attempted to be raped and 8,8% of actually being raped (Worku & Addisie, 2002). A second risk of children spending unsupervised time outside of their homes is substance abuse. In Ethiopia, chewing 'khat' is especially popular among adolescents. Khat is a sort of plant that is classified as 'drug of abuse' by the World Health Organization and on the list of 'Commonly Abused Drugs' from the National Institute on Drug Abuse (National Institute on Drug Abuse, 2016). Chewing khat can cause euphoria and insomnia, but is legal in Ethiopia. A national study by Kebede et al. (2005) with youth aged 15-24 in Ethiopia found that 11% of them chewed khat every week and 7,7% every day. Moreover, 19,3% of the respondents reported drinking alcohol weekly, 2,1% daily. Furthermore, they found that both the intake of khat and alcohol was significantly related with having unprotected sex. The use of alcohol and khat has also been positively associated with premarital sex in other studies in Ethiopia (Molla, Berhane, & Lindtjörn, 2008; Teferra, Erena, & Kebede, 2015).

The issues described above have often been related to low parental monitoring. Firstly, parental monitoring has been associated with the safety of children outside of their family. Secondly, high parental monitoring has been shown to be effective against risky (sexual) behavior of children and adolescents (Li, Stanton, Feigelman, 2000; Borawski et al., 2003). Thirdly, low parental monitoring may lead to substance abuse by the child or adolescent (Steinberg, Fletcher & Darling, 1994; DiClemente et al., 2001; Borawski et al., 2003). Lastly, a low level of parental monitoring has been related to low academic achievement (Crouter, MacDermid, McHale & Perry-Jenkins, 1990).

In Ethiopia, high parental monitoring, parent-child communication and parental control about sexual issues have been shown to be protective against risky sexual behavior (Bogale & Seme, 2014; Cherie & Berhanie, 2012; Cherie & Berhanie, 2015). The communication between parents and young people (age 10-24) about sexual and reproductive health in Ethiopia was examined by Tesso, Fantahun and Enquselassie (2012). They found that in general, communication was infrequent and also warning and threatening. High-educated parents were more likely to engage in a conversation about sexual and reproductive health with their child. High parental monitoring has further been associated with adolescents' use of family planning services and the use of counseling and testing services (Feleke, Koye, Demssie, & Mengesha, 2013). In a study in western Ethiopia, 73,8% of the in-school and 48,2% of the out-school youth (15-24 years old) reported that their parents did not know their sexual experience (Negeri, 2014). Moreover, 37,1% of the in-school youth and 63,4% of the out-of-school youth reported that they experienced low parental monitoring. High parental monitoring was found to be negatively correlated to premarital sex (Negeri, 2014). Finally, in the focus group discussions conducted in this study, the youths reported that parental monitoring can be protective against peer pressure (Negeri, 2014).

Interventions on parental monitoring

There have been few interventions that aimed specifically to increase parental monitoring. A first example of an intervention is 'ImPACT' (Informed Parents And Children Together). ImPACT is a home-based intervention for African-American youth of 60-90 minutes. An interviewer and an interventionist go to a family's home and show a parent and their child a culturally appropriate video. The video consists of interactions (between parents and youth or in between youth) about risk behaviors, and several messages for the parents, for example how to monitor youth (how to know where they are, whom they are with and what they are doing) and how to talk with children about safe sex before they have sex. After

watching the video, the parent and child have a discussion and do a role play. At baseline of the intervention, parents tended to significantly underestimate the risk behaviors of their children, but two and six months after the intervention, there was more similarity between the reports from parents and children about the risk behavior of children. This means that ImPACT can increase parental monitoring (Stanton et al., 2000). A second example of an intervention that was specifically designed to increase parental monitoring is the Family Check-Up (or FCU). The Family Check-Up forms part of a bigger intervention: the Adolescent Transition Program (or ATP) that is designed by Dishion and Kavanagh (2003). The ATP is a long-term intervention with 'high risk families' in the United States. The FCU consists of three sessions: an initial interview where concerns of parents are assessed, a second session where amongst other tasks a parental monitoring task is video-taped and a third session in which the therapist gives feedback on the tasks. An objective of the FCU was to see which intervention (from the ATP) was appropriate for the family. It was found that the Family Check-Up had an effect on the substance abuse of the adolescents in the study, and that this effect was mediated by increased parental monitoring (Dishion, Nelson, & Kavanagh, 2003).

Some parenting trainings in developing countries have been investigated already. One example is the Skillful Parenting Program. The Skillful Parenting Program is a parenting group training that was conducted in rural Kenya. Parents in the program have improved their parenting behaviors like parent-child communication and disciplining through the program (Van Esch & De Haan, 2016). However, there are few evidence-based parenting trainings in developing countries (Meija, Calam & Sanders, 2012; Wessels, 2012). Moreover, to our knowledge no parenting training that targeted parental monitoring specifically was conducted in developing countries.

The current study

In this study, the impact of the parenting training 'We are Parents' on parental monitoring behaviors will be examined. 'We are Parents' is a parenting training program that was designed by Red een Kind, a Dutch non-profit organization that aims to improve the conditions of children living in poverty in different countries in Africa and Asia. 'We are Parents' consists of seven modules: 'We the Parents', 'Our childhood and our children', 'What does a child need', 'What does a parent do', 'Who else is there?', 'How to protect my child?' and 'Family Plans'. The training was designed to have a participatory approach. For example, a lot of the content of the sessions came from the input of parents through exercises. Red een

Kind decided to conduct a pilot of 'We are Parents' in Ethiopia. The training was conducted in cooperation with the partner organization of Red een Kind in Ethiopia, Ethiopian Kale Heywet Church (EKHC). Four employees of EKHC were trained to give or 'facilitate' the training 'We are Parents'. They will hereafter be referred to as 'facilitators'. Two groups of 20 parents were selected, so there were two facilitators per group. Parental monitoring is one of the several parenting behaviors that 'We are Parents' aims to improve. Parental monitoring will be defined in this study as having knowledge of different contexts in which children can find themselves outside of the home, and advising children about these contexts. This study will examine parenting behaviors that concern children's whereabouts, activities, peer-relationships, opposite-sex relationships and school life. In 'We are Parents', parental monitoring through communication and discussion with children is promoted as a preventive way of dealing with children's problem behavior (Pettit et al., 2001), because child disclosure has been shown to be the most predictive of parents' knowledge about the lives of their children (Stattin & Kerr, 2000). To examine whether parents participating in the 'We are Parents' program have improved their monitoring behaviors, three domains of monitoring will be studied: general monitoring, monitoring the social and school life of the child and monitoring the risk behaviors of the child. The effect of the program will be measured by comparing parents' self-reports pre- and post-training in a questionnaire and by analyzing qualitative interviews conducted after the training with participating parents and facilitators.

Methods

Procedure

Participants were selected from different areas surrounding Debre Zeit, Ethiopia. At EKHC, different social workers are assigned to these different areas and were responsible for selecting parents in those areas. The selection criteria for recruiting parents were: willingness to participate and having at least one child under the age of 18. Children above 18 years of age were not taken into account, since the Ethiopian law considers persons above 18 to be adults. The social workers made sure to select mothers as well as fathers and chose participants from various educational backgrounds. None of the participants were partners and/or raised children together. No control group was used due to lack of time. No written informed consent was used, but parents agreed to participate in the research when they orally agreed to participate in the training.

The participants were split into two groups, an urban group and a rural group. All participants lived in a rural area, but the participants from the urban group lived closer to Debre Zeit than the participants from the rural group, who came from small villages at a greater distance from Debre Zeit. This implies that the rural group includes more participants who engage in farming, are non-educated and more likely to be illiterate. However, not only do the demographic characteristics of the candidates differ, but the two groups also received the training separately. This means that the groups had different facilitators, and were trained in different locations and different atmospheres.

A quantitative questionnaire was designed in order to measure the impact of the parenting training on the parenting behaviors of the participants. The questionnaire was translated by the development manager of EKHC. A pilot for the questionnaire was done in Gandagorbe village, one of the villages where participants of the training came from. Participants of the pilot were all women who would not participate in the training, some were literate and some were illiterate. The participants said that the questionnaire was clear and interesting. The pilot also made it clear that it was part of the Ethiopian culture to work together, so participants tended to help each other with their questionnaires. This led to strict supervision during the actual pretest and posttest, to make sure that the questionnaire would be filled in individually.

During both pretest and posttest, illiterate parents were assisted by workers of EKHC. The assistants read each item out loud for the participant and let them choose where on the scale they considered themselves to be. Each illiterate participant was in a separate room with an assistant so that their answers could not be heard by other participants.

Participants

There are 31 participants, including 13 mothers and 18 fathers. Their ages vary between 29 and 63, with an average age of 41. The number of children the participants have varies from one to six, with an average of 3.16. Most of the participants are married, one is divorced and three are widowed. Regarding the occupation of the participants, 14 are farmers, four are merchandisers and six are housewives. The rest of the participants have other jobs, some have more than one job. There are two participants whose highest level of education is primary school, nine have reached grade 5 to 8, six have reached grade 9 to 10 and two grade 11 to 12. Three participants have not attended the regular school system as a child, but have

completed 'Basic Adult Education'. Nine participants have not had any education. This means that 19 participants are literate and 12 participants are illiterate.

Measuring instruments

Quantitative questionnaire. The first measuring instrument is a quantitative questionnaire (see Appendix 1). It was developed specifically for 'We are Parents' in cooperation with Utrecht University and Red een Kind. It consists of five parts: personal information, 27 general questions, nine items regarding the children of the participant up to age 6, 12 items regarding the children of the participant aged 7 to 13 and 13 items regarding the children of the participant aged 14 to 18. In the personal information, participants were asked for their name, (approximate) age, job, marital status, educational level and children. The personal information and the general questions had to be filled in by each participant. The other parts only had to be filled in if a participant had children in that particular age category. Some items were included in two or all age categories. Some items only had to be filled in when applicable; two items were about the partner relationship so only had to be filled in if the participant had a partner; two items were about the protection of daughters for abduction and therefore only had to be filled in if the participant had a daughter. The questionnaire has 61 items in total. The items of the questionnaire had to be answered with a 10-point scale, ranging from 'never' to 'always'. They measure how often a participant engages in the behavior that is described in the item.

The 61 items of the questionnaire are divided into eight categories: 'Use of Alcohol' (2 items; $r=.15$ on the pretest and $r=.19$ on the posttest), 'Child protection' (6 items; $\alpha=.67$ on the pretest and $\alpha=.79$ on the posttest), 'Controlling Behavior' (7 items; $\alpha=.29$ & $\alpha=.53$), 'Parent-child Relationship' (6 items; $\alpha=.86$ & $\alpha=.82$), 'Partner Relationship' (2 items; $r=.67$ & $r=.46$), 'Child Development and Teaching' (8 items; $\alpha=.81$ & $\alpha=.87$), 'Health, Hygiene and Nutrition' (6 items; $\alpha=.86$ & $\alpha=.69$) and 'Competence and Confidence' (3 items; $\alpha=.67$ & $\alpha=.46$). Since this is a newly designed questionnaire, validity measures were not available for this instrument. However, the internal reliability of most categories is high.

For this study, only items that gave information about the parental monitoring of the participant were examined. The items about parental monitoring were selected from the categories 'Child Development and Teaching', 'Controlling Behavior' and 'Child Protection'. Three subcategories were made for monitoring: general monitoring, monitoring the social and school life of the child and monitoring risk behaviors of the child. The items in the category 'general monitoring' are: 'I talk with my child about his/her future plans', 'I give my child

advice when (s)he needs it' and 'I know where my child is when (s)he is not at home' ($\alpha = .57$ for the pretest and $\alpha = .69$ for the posttest). The items in the category 'monitoring social and school life' are: 'I advise my child on his/her peer relationships' and 'I stimulate my child to go to school' ($r = .4$ for the pretest and $r = .38$ for the posttest). The items in the category 'monitoring risk behavior' are: 'I talk with my child about family planning methods', 'I talk with my child about the relationship (s)he has with the opposite sex', 'I teach/advise my daughter to protect herself from abduction' and 'I teach/advise my child to protect him/herself against sexual and physical abuse'. The Cronbach's alphas for this category are .68 for the pretest and .65 for the posttest. Correlation matrices for all three categories are presented in Appendix 2.

Qualitative interviews with parents. A second instrument was a qualitative semi-structured oral interview with parents after they filled in the posttest questionnaire. It consisted of two questions: 'Have you learned something from the training? If yes, what?' and 'Has anything changed because of the training? If yes, what?'. In case the second question did not result in a long answer, additional questions were asked: 'Has the relationship with your child(ren) changed since the beginning of the training? If yes, how?', 'Have the roles in the family changed? If yes, how?' and 'Is there anything you do different as a parent now, in comparison with before the training? If yes, what?'. In the urban group, individual interviews were held with 5 randomly selected participants. In the rural group, the same questions were asked in a focus group setting with five randomly selected participants, since there was no time for individual interviews. In both groups, an interpreter translated questions and answers. For the current study, only answers that addressed a change in the parental monitoring of the participant were analyzed.

Qualitative interviews with facilitators. A third instrument was a qualitative oral interview with the four facilitators after the training. Individual interviews were held with each of them. The interview consisted of the following questions:

- How would you describe the parenting of the target group?
 - o How would you describe the role division?
 - o How would you describe the parent-child relationship?
 - o How would you describe the communication between parents and their children?
 - o How would you describe the issues regarding parenting?
 - o How would you describe the traditions and beliefs?

- Do you think the training has made a change in the parenting of the target group?
If yes, what has changed?
 - o Do you think they have new insights?
 - o Do you think their practices have changed or will change in the future?

For the current study, only answers that addressed a change in the parental monitoring of the participants were analyzed.

Results

Quantitative

A paired samples t-test was conducted to compare the scores on the three categories of parental monitoring before and after the training. The difference in the scores between pretest and posttest of the subcategory ‘general monitoring’ is distributed normally (Kolmogorov-Smirnov: $D(30)=.15$, $p=.099$; Shapiro-Wilk: $W(30)=.96$, $p=.234$). The difference in the scores between pretest and posttest of the subcategory ‘monitoring risk behavior’ is distributed normally (Kolmogorov-Smirnov: $D(30)=.13$, $p=.18$; Shapiro-Wilk: $W(30)=.94$, $p=.073$). The difference in the scores between pretest and posttest of the subcategory ‘monitoring social and school life’ is not distributed normally (Kolmogorov-Smirnov: $D(30)=.16$, $p=.038$; Shapiro-Wilk: $W(30)=.93$, $p=.046$).

For the subcategory ‘general monitoring’, there was no significant difference in the scores on the pretest ($M=7.77$, $SD=1.78$) and the posttest ($M=7.97$, $SD=1.67$); $t(30)=-.69$, $p=.494$. For the subcategory ‘monitoring social and school life’, there was a significant increase in the scores on the pretest ($M=8.11$, $SD=1.78$) and the posttest ($M=8.82$, $SD=1.28$); $t(30)=-2.22$, $p=.034$, $r=.376$. For the subcategory ‘monitoring risk behaviors’, there was a significant increase in the scores on the pretest ($M=5.99$, $SD=2.1$) and the posttest ($M=7.74$, $SD=2.16$); $t(29)=-4.09$, $p<.001$, $r=.605$.

Qualitative

General Monitoring

Parents from both the urban group and the rural group explain that they discuss more with their children because of the training: “I have learned that it is better to advise your child and discuss with them to correct their behavior instead of shouting bad words to them.” (Mother, rural) “Before I beat and punished my children hard. Now I discuss more with them and have

dialogues with them.” (Father, rural) “Before, my children were disorganized and sloppy. Now through discussion I managed to make them more organized.”(Mother, rural) ““The third one [that the participant has learned] is the way how to manage the families, the way how to care the kids, the way how to discuss with his kids and his others, his wife.’ (Father, urban) ‘I acquired for this training, not only I but also my wife, previously there was no discussion time with our kids, but now we are discussing every issue openly, very transparently without any restrictions or limitations.’ (Father, urban). The testimonies of these parents show that the training has taught them how to communicate with their children. Parents now advise their children instead of shouting or beating them in order to correct their behavior. They also have an open, two-way dialogue with their children without restrictions on the subjects of discussion.

Furthermore, a facilitator from the urban group mentioned that a mother testified to him that she now knows better where her children are when they are not at home:

One woman said for me one things. [...] Just before, she don't know where her childs stay. [...] At the day, the full day [...] especially. But now, she make closure [...] she closure with him. Just, he uh told for her [...] where he leaves, what he do in the days. [...] Uh, this is uh her sons. [...] Even after this, without your knowledge, I I I I I don't, I don't want to uh stay uh another environment [...] without knowledge. (Facilitator, urban)

The mothers says that she didn't know where her children were during daytime. The mother has now managed to get knowledge of her son's whereabouts and activities, and she acquired this knowledge by her child's own disclosure. Her son says he doesn't want to be somewhere without his mother's knowledge.

Monitoring social and school life

A facilitator from the urban group says in the interview that fathers, but also mothers, were rather uninvolved with their children's social and school life before they participated in the training. The facilitators says that traditionally, the task of fathers is to provide the resources (money, food, clothes) for the family, and the mother is responsible for the household (cleaning and cooking). Because both parents focus on these jobs, there is not a lot of time left for the children. This is especially the case after the child has reached the age of around five. After the training, parents regretted how they behaved. They now know they should have

knowledge about the school life and social life of their children. The facilitator says that the training has given them the skill how to follow their lives at school and with their friends.

The father didn't even uhm concern uhm [...] for their children about their social life, school activities,... Only the resource, he bring only the resource, that was the big thing... [...] for him. [...] Before the training, the children came and uhm eat their food and go out to play. [...] But the mother uhm... Even they didn't uhm follow the... or they listen to... They don't give time for their children. Because everyone of the mo... uhm... uhm... Focus on their uhm business. [...] Father with job and the mother in the home-level uhm wo... And uhm the children are just... If you get food and if you have clothes and if came at night then to home and see him... His face if he is good, it's enough. [...] Above 5 age, no attention, no more a big attention for their children. But from after the training they said: 'We are wrong.' [...] When they go to school you have to follow the uhm school activities and when he tries or starts to meet with his peers, they have to show, show which is his friends and have to understand... The family also have to understand which is his friends. [...] I think this training gave them a good insight [...] how to uhm give information about their uhm... Every life uhm in the school, in the community, in the friends,... Everything can get information about their children from uhm this good skill that has given the training. (Facilitator, urban)

The facilitators also passed on some of the testimonies that parents had given them about the increase in monitoring the social and the school life of their children because of the training. A facilitator from the urban group tells the story of a mother whose son now has promised her to attend school: "I follow my education properly." He pro... he promised for her, her mother at home.' (Facilitator, urban). A facilitator from the rural group quotes a father talking about the social life of his son: "I understand playing is very important with his friends." (Facilitator, rural). A father in the urban group also testifies himself in the interview that he now talks with his son's friends when they visit and that this has brought him and his son closer:

But now, with his peers, when he comes with his peers, I say for his friends 'welcome' and we sit together and we will discuss within different issues. Due to this, my elder son is already, we are now very intimate. This is the result of the training. (Father, urban)

Monitoring risk behavior

Neither parents nor facilitators mentioned in the interviews whether parents have increased the behaviors to monitor the risk behaviors of their children. A facilitator of the rural group did mention the problems in this area like abduction and unmarried pregnancies, but there was no mention of how the training has changed anything to those problems or to the related monitoring behaviors of participants. It is possible that the subjects of abduction, abuse and teenage relationships are still taboo in this context.

Discussion

The results of this study indicate that the pilot of the training program 'We are Parents' may improve the levels of parental monitoring. Different types of parental monitoring behaviors were explored: general monitoring, monitoring the social and school life of children and monitoring the risk behaviors of children. Quantitative results show a significant increase in monitoring the social and school life of children and monitoring the risk behaviors of children, but not a significant increase in general monitoring. However, qualitative results suggest that parents use more general monitoring behaviors and that they monitor the social and school life of children more than before participating in the training. Parents mention that they discuss more with their children on different issues and give them advice when needed. Moreover, qualitative data suggest that parents now know better where their children are when they are not at home. Finally, qualitative results suggest parents are more involved with their children's friends and stimulate them more to go to school than before they participated in 'We are Parents'. These results should be interpreted with caution, since no control group was used in this study. Parents could not be compared to a similar group of parents who did not participate in the 'We are Parents' program. This means that it is possible that the results of the study are due to the effect of time or of taking the questionnaire. The second reason results should be interpreted with caution is that for qualitative data, there was no comparison for pretest and posttest.

One of the strengths of this study is that it did not rely only on the self-assessment of the participants, but also took into account interviews with the facilitators of the training. The use of two different informants reduced the chance of biased data. If information only came from the parents themselves, it would be possible that parents say their behaviors have

changed, but they did not in reality. When a second informant, a trained professional who has worked closely together with the parents, confirms the parents' answers, it makes them more trustworthy. Another strength is that the questionnaire was developed with regard to which parenting behaviors were considered important and crucial in the local context and culture. Furthermore, during the posttest, facilitators did not assist illiterate participants with the questionnaire, nor interpreted during the interviews with participants. Instead, it was done by other EKHC-workers. This reduced the chance of participants giving socially desirable answers during the posttest.

Program effects on parental monitoring: Possible explanations

The findings in this study are consistent with findings from previous studies that parental monitoring can be increased through parental training programs (Stanton et al., 2000; Dishion, Nelson, & Kavanagh, 2003). There are different possible mechanisms through which the training may have improved parents' monitoring of their children. First of all, it is plausible that, before participating in 'We are Parents', the parents did not consider themselves as actors that can shape the development of children, nor did they consider themselves as responsible for the contexts in which parents are not present, like school or social life. It is possible that the training has given them insight in this and that this insight has encouraged them to take action and influence their children's school and social life and be more involved in it. Second of all, the 'We are Parents' program is often built so that it changes attitudes of parents first and opens their minds, and then it follows up with exercises in which parents show what they will do now in their families, how they will put the change of attitude or the new knowledge into practice. A lot of the parental monitoring behaviors involve parent-child communication. That's why in the training, parents often practiced this by doing a role play where they would show how they would go about a certain topic with their child. After the role play, they received feedback from the other parents and from the facilitators. Feedback from professionals on role play has also been shown effective in parenting programs specifically designed to improve parental monitoring, like Family-Check Up and ImPACT (Stanton et al., 2000; Dishion, Nelson, & Kavanagh, 2003).

According to the quantitative data, parents have significantly increased the monitoring behaviors that are used to protect their child from risk. A popular belief in Ethiopia is that children are protected by God, not their parents. Parents believe that they should not interfere in the will of God. This may also explain why children perceive their parents as neglectful

(Tsemrekal, 2013). There is a session included in 'We are Parents' called 'Child protection' in which parents discussed the possible dangers that their child could be faced with. In this session, parents also discussed how they can protect their children from any risks, like abuse or abduction. A possible mechanism that caused the increase in monitoring risk behaviors is that through this session, parents realized that they could play an active role in influencing their child so it stays clear from risk.

It is striking that while quantitative data suggest that parents monitor the risk behaviors of their children significantly more after the training, there is no mention of that in the interviews. A possible explanation for this is that the topics related to risk behavior of children are still taboo in the rural Ethiopian context. For example, teenage relationships are almost never talked about in Ethiopia, because it is still considered important to remain abstinent until marriage, especially in the rural areas (Molla, Berhane, & Lindtjørn, 2008). For this reason, it is possible that parents see no reason in why they should talk with their underage child about opposite-sex relationships or family planning methods. This can also be derived from the very low pretest-scores on the quantitative questionnaire for this category ($M=5.99$, $SD=2.1$). The training may have taught parents that not talking about risk behaviors can lead to (un)willing abduction of their daughters, premarital sex and pregnancies or teenage marriages. Quantitative data show that this change in attitude towards teenage relationships has translated to a change in behavior: an increase in monitoring the risk behaviors of their child. However, the taboo may still not be entirely gone, which may explain the lack of qualitative data to support the quantitative data in this category. Another possible explanation for the lack of qualitative data on monitoring risk behaviors is that parents and facilitators forgot to mention this change, since the interview questions were formulated very generally. Besides, several parents did mention that they now talk more with their children on different topics, so it is possible that risk behaviors are now among the topics that they discuss with their children and that it is just not mentioned explicitly.

Another element that may have promoted the increase in both 'Monitoring Risk Behavior' as 'Monitoring the Social and School Life' is the training session 'Who else is there?'. In this session, parents reflected on all actors that were influencing their child, and evaluated if they were a far or near influence, and if they were a bad or good influence. The session was based on the ecological system theory of Bronfenbrenner (Bronfenbrenner, 1992). This session may be the reason parents are now more involved with their children's social and school life. Furthermore, seeing who else is there may also have alarmed parents that those people may also be a danger for their children, for example abusers. Finally, this session has

asked parents to draw out their own support system: there are other persons around your child, and you can also lean on them. Having a social network, especially in development countries, can be an important element in parental monitoring because it can provide knowledge about your child when he or she is not at home and it can help monitor their behavior outside of the home.

The training did not cause an increase in the general monitoring of the participants according to quantitative data. Qualitative results, however, do suggest a change, but it is not very clear. Parents mention that they advise their children more and that they discuss more, but we do not know about which topics. There is one mention of a mother who testifies of increased knowledge of her child's whereabouts because her child tells her where he goes during daytime. In accordance with the study of Stattin and Kerr (2000), qualitative data in this study confirm that child disclosure is the best way for parents to get knowledge about their child's whereabouts. The importance of parent-child communication was highly emphasized and trained during the training, and parents seem to use this communication as a method of gathering knowledge about their child's whereabouts, activities and friends.

Limitations

Validity. A first limitation of the study is related to the validity of the instruments used. The language barrier posed a great deal of problems for the validity of the instruments. Firstly, the questionnaire was translated from English to Amharic by an employee of EKHC. Because of a lack of time, the questionnaire could not be translated back to English by another translator to examine whether the original version and the translated version matched. Therefore, it could not be checked if the translation of the items was accurate. Secondly, oral qualitative interviews with participants were interpreted in the rural group by a supervisor of the Red een Kind association and in the urban group by the center manager of EKHC. Neither of them are trained interpreters. Thirdly, oral qualitative interviews with the four facilitators were held in English, but not all mastered the language on an advanced level.

A second factor that may endanger the validity of the instruments, is that they were designed by persons from a culture different from the respondents' culture. This implies that some of the form or content may not be culturally sensitive. However, when constructing the quantitative questionnaire, the behaviors that are considered most important in the culture of the participants were used to create the items.

Reliability. Overall, the internal reliability of the different categories of the questionnaire is rather high. The instruments that were used in this study were not designed with the purpose of specifically studying the parental monitoring of the parents. The Cronbach's alpha for the pretest for the subcategory 'general monitoring' was too low ($\alpha=.573$). The Cronbach's alphas for the subcategories 'monitoring the social and school life' and 'monitoring risk behaviors' are acceptable, but there is nevertheless improvement possible on the internal consistency of the items (see Appendix 2).

It is possible that the reliability of this study was reduced by the chance of socially desirable answers in the data. Participants might want to come across as a 'good parent' in the pretest, and then want to show that they changed for the better in the posttest. This chance is even higher for illiterate participants, who had to fill in the questionnaire with the help of an assistant. This is a common problem with self-reported data. It can usually be reduced by triangulation of the data: relying on information from various respondents. That is why the facilitators were also interviewed on the change that they noted in the participants. However, there is also a chance of socially desirable answers during the interviews with the facilitators, since they conducted the training and it is in their interest that the training yields positive outcomes.

Gender differences. With a larger sample, it would have been possible to investigate the difference in parental monitoring between fathers and mothers. In the questionnaire, fathers tended to self-report better parenting behaviors than mothers. However, it is quite unlikely that fathers are more involved in their children's lives than mothers, on the contrary. In an interview, one of the facilitators mentioned that fathers were rather uninvolved with their children before the training. Moreover, according to a study in Ethiopia by Tsemrekal (2013) that included children's views of parental monitoring, mothers were stricter regarding going out than fathers. He also found that mothers not only tried to know more about their children's whereabouts and activities, but also had more actual knowledge about this than fathers. For these reasons, it is suspected that fathers overall overestimate their parenting behavior in this study: it would be interesting to investigate why this is the case. However, it does not affect this study, because both men and women have improved their parental monitoring behaviors because of the training.

A larger sample would have also made it possible to examine whether girls and boys are treated differently by their parents. An earlier study in Ethiopia has found that there is a difference in the parenting styles of Ethiopian parents between their sons and daughters (Abesha, 2012). It was found that the most common parenting style for boys was 'neglectful',

while parents practiced an 'authoritative' parenting style while interacting with their daughters.

Recommendations

Following this study, there are some recommendations to be made for further research about parenting trainings in developing countries. Firstly, it is important that the instruments are adapted to the culture and context. The content should be relevant for the respondent and the instruments should be easy to understand and to answer. To test this, it is recommended that a pilot is done with the instrument if it is newly developed. Secondly, enough time should be provided to explain instructions to participants when filling in a questionnaire, or participating in research in general. This recommendation is especially useful for illiterate persons, or persons with a low educational level, since they are not used to filling in tests. Thirdly, enough time should be provided for qualitative interviews with as many participants as possible. Quantitative instruments may be harder for the respondents to understand, whereas qualitative oral interviews are more like a conversation and therefore easier to engage in. The concepts that are used in quantitative instruments may also not be culturally appropriate, and interviews allow respondents to express their own concepts of parenting. Fourthly, researchers should take into account that it is sometimes not common for respondents in development countries to sign a written informed consent before participating in research. Fifthly, for further research, it is highly recommended to use a control group, if possible. It is also recommended to use a large sample. Furthermore, longitudinal research could test if the effects are lasting. Future research on this training should also be assessed with data from various informants; it should involve home observations, child reports and potentially reports from the partner of the participant. Finally, it is recommended to use a professional interpreter and translator.

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Appendix 1. Questionnaire ‘We are Parents’

Questionnaire *We are parents*

Instructions

This questionnaire contains questions about your parenting practices. The first part needs to be filled in by a facilitator, who will write down the information about your children between the ages 0-18.

Child	Gender	Age	Child	Gender	Age	Child	Gender	Age
1	<input type="radio"/>	Boy	4	<input type="radio"/>	Boy	7	<input type="radio"/>	Boy
	<input type="radio"/>	Girl		<input type="radio"/>	Girl		<input type="radio"/>	Girl
2	<input type="radio"/>	Boy	5	<input type="radio"/>	Boy	8	<input type="radio"/>	Boy
	<input type="radio"/>	Girl		<input type="radio"/>	Girl		<input type="radio"/>	Girl
3	<input type="radio"/>	Boy	6	<input type="radio"/>	Boy	9	<input type="radio"/>	Boy
	<input type="radio"/>	Girl		<input type="radio"/>	Girl		<input type="radio"/>	Girl

Personal information

Please fill in your personal information.

Name:

(Approximate) age:

Job(s):

Gender: Male
 Female

Marital status: Single Parent
 Married
 Divorced
 Widow(er)
 Other:

Level of education: None
 Grade 1-4
 Grade 5-8
 Grade 9-10
 Technical and Vocational Education and Training (TVET)
 Colleges of Teacher Training (CTT)
 Grade 11-12
 University
 Other:

Instructions for the facilitator

Before the questionnaire starts, participants should know that it is important that they answer honestly. The goal of this test is not to judge their practices, but to exam what can be learned in the training. Make sure the participants do not communicate with each other when they are filling in the questionnaire. When you have to assist a participant, please only use the example provided in the questionnaire. Do not use a question from the questionnaire as an example and do not give additional information.

Follow the next steps when using this questionnaire:

- ✘ Fill in the information about the children of the participant on page 1.
- ✘ Make sure all pages you will give to the participant stay together. This can be done by using staples or by assigning a number to each participant and writing this number on each of their pages.
- ✘ Give the participant page 1-3 and the questions related to the children's ages. It is possible parents have to fill in more than one part when their children are in different age categories.
 - ✘ If they have children in the age category of 0-6, let them fill in part A.
 - ✘ If they have children in the age category of 7-13, let them (also) fill in part B.
 - ✘ If they have children in the age category of 14-18, let them (also) fill in part C.
- ✘ When the participant has finished, please check if all questions are answered and if each question has only one answer. Remember, the questions with */** are only filled in when relevant.
- ✘ Thank the participant and ask him/her to leave the room/space, without talking to the remaining participants who are filling in the questionnaire.

Appendix 2. Correlation matrix

1.	2.		4.		6.		7.		8.	
	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre
.087	.037									
.566*	.527*	.23	.586**							
			.396*	.378*						
					.537**	.485*				
					.214	.633**	.2	.402		
					.112	.477*	.225	.545**	.475*	.595**

Pre: Correlation between items on pretest

Post: correlation between items on posttest

* $p < .05$

** $p < .01$

Table 1. Bivariate Correlations Parental Monitoring

General Monitoring	
1.	I give my child advise when (s)he needs it
2.	I know where my child is when (s)he is not at home
3.	I talk with my child about his/her future plans
Monitoring Social and School Life	
4.	I advise my child on his/her peer relationships
5.	I stimulate my child to go to school
Monitoring Risk Behaviors	
6.	I teach/advise my daughter how to protect herself from abduction
7.	I teach/advise my child how to protect him/herself from sexual and physical abuse
8.	I talk with my child about the relationship (s)he has with the opposite sex
9.	I talk with my child about family planning methods