"If she didn't get the training, I might have ended up getting married"

Learning from the positive parenting intervention by Break Free! in Ethiopia

June 24, 2024

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Forum des éducatrices africaines
SAT SRHR Africa Trust
GENDER EQUAL YOUTH HEALTH
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Preface

The **Break Free!** programme (2021-2025) aims to strengthen young people's SRHR and promote gender equality in nine African countries so that young people can make informed decisions about their future and exercise their right to live free from teenage pregnancy and child marriage. It is a collaboration between Plan International, SRHR Africa Trust (SAT) and Forum for African Women Educationlists (FAWE), with KIT Institute and Rozaria Memorial Trust as techncial partners. The programme is funded by the Dutch Ministry of Foreign Affairs.

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Our sincere thanks also extend to the reference group of adolescents, mothers, fathers and Break Free! programme staff for their valuable input into the study design and topic guides.

We acknowledge the Break Free! staff for their active engagement in coming up with the research topic, driven by a desire to understand potential changes through positive parenting. Their feedback on the concept note and efforts in facilitating participant access through organizing that people could safely travel from their communities to the city despite travel restrictions were invaluable.

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Lastly, we express gratitude to Ethiopian Society of Sociologist, Social Workers and Anthropologists' (ESSSWA) IRB board for granting ethical clearance for the study protocol.

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Abbreviations

ASRHR	Adolescent Sexual Reproductive Health and Rights
BF!	Break Free!
CHW	Community Health Workers
FAWE	Forum for African Women Educationalists
FGD	Focus Group Discussion
KIT	(formerly) Royal Tropical Institute
LMIC	Low- and middle-income countries
PCC	Parent Child Communication
PP	Positive Parenting
PPI	Positive Parenting Intervention
SAT	SRHR Africa Trust
SSI	Semi Structured Interview
SRHR	Sexual and Reproductive Health and Rights
WDA	Women Development Army

Executive summary

The Break Free! (BF!) programme (2021-2025) aims to strengthen young people's SRHR and promote gender equality in nine African countries so that young people can make informed decisions about their future and exercise their right to live free from teenage pregnancy and child marriage. It is a multi-country programme coordinated by Plan International, together with SRHR Africa Trust (SAT) and Forum for African Women Educationalists (FAWE) as consortium partners and the Rosaria Memorial Trust and KIT Institute as technical partners.

In Ethiopia, the BF! programme is – amongst others - working to improve communication between parents and children by using a method called positive parenting. Poor parent-child communication and connectedness has been a documented barrier to improving adolescents' and young people's sexual and reproductive health and rights. The positive parenting intervention is implemented in Bahir Dar Zuria, Dangela Zuria & Fagita Lukuma Districts in the Amhara region in close collaboration with the Women Development Army (WDA), a community-based network which is part of the Health Extension Programme. A small-scale study was implemented to obtain insight into how this approach is implemented, document its successes so far, and identify opportunities for the intervention to enhance parent-child interaction for improved well-being of adolescents

The Institutional Review Board of the Ethiopian Society of Sociologist, Social Workers and Anthropologists provided ethical clearance for this study in December 2023. Subsequently, a reference group of 5 representatives of the positive parenting target group reviewed and endorsed the study tools. Through a purposeful sampling approach, 22 individuals in Bahir Dar Zuria were recruited, representing mothers, adolescents, fathers, WDA members, health extension workers and BF! staff. Subsequently, 21 individuals consisting of mothers, fathers, female and male adolescents, and other stakeholders validated and further informed the findings during three small meetings that took place in all three districts where the positive parenting intervention is implemented. A limitation of the study is that the initially scheduled focus group discussions had to be substituted with individual interviews. This adjustment was necessitated by a prohibition on gatherings of more than five individuals, imposed in response to the security situation prevailing in the area. Furthermore, as 17 of the 22 individuals interviewed had received a formal training on positive parenting, this is likely to have influenced the findings in terms of them having more than average knowledge about the intervention.

Findings

Positive parenting information spread through different channels

The study found that the information related to positive parenting is spread by those trained through different channels to different stakeholders, through WDA meetings, meetings with friends, coffee meetings, church meetings, Edir/Ekub meetings, meetings in school, or other informal gatherings in the kebeles, but also at home with husbands and children, and during community meetings. However, due to the security situation and the restrictions prohibiting gatherings of over five people, larger meetings were on hold since mid 2023.

Positive parenting experienced as valuable and useful

All study participants, whether they formally received a training or not, are positive about the approach. This applies to adolescent girls, boys, mothers, fathers, community health workers, WDA members and other stakeholders. The 17 study participants who had received a formal positive parenting training, said this was given in clear, easy and understandable language not requiring most of them to ask any questions during the training. Instead of a full training manual, a PowerPoint in Amharic is used as a primary training source with no teaching aids to support the learning and to memorize content better. Key stakeholders involved in the study indicate that the majority of the WDA trained are well equipped to pass positive parenting related information on to others, while a peer support mechanism has been set up through which WDA members with reading and writing skills assist others who do not possess these when preparing or implementing sessions.

After some initial hesitation, the majority of community members are receptive to the approach. Also helped because the WDA members spreading the messages are part of their communities. The social mutual aid saving scheme system (Equb/Edir) that is being stimulated by the BF! programme also serves as a vehicle to make people regularly join the meetings during which positive parenting related issues are discussed. This as they do not want to lose the opportunity of missing the saving scheme.

Study participants, further endorsed by the validation meeting participants, reported **numerous changes resulting from the new approach** in several key areas:

Parent-Adolescent Communication: A large majority of participants indicated that the approach, emphasizing open communication, fosters a free and healthy dialogue between parents and their adolescent children, thus enhancing their relationships. Examples include parents discussing family issues with their children and more collaborative behaviour from adolescents towards parents.

Openness About SRHR Issues: Participants provided examples of increased openness about previously taboo topics such as menstrual health, sexual debut, and romantic relationships. This openness has led parents to become more aware of and supportive of the SRHR needs of adolescents. For instance, parents are now frequently buying sanitary pads for girls.

Education: Almost all participants noted a positive change in parents' attitudes toward their children's schooling. This shift has reduced the burden on girls to fulfil household responsibilities, allowing them more time to focus on their education and improve their academic performance. Safety in schools has become a concern for parents, leading to active engagement with teachers by some parents on this. Some schools have made arrangements to facilitate menstrual health management for girls, and there is greater openness toward discussing adolescent menstrual health and other SRHR issues in schools.

Newborn Care: Changes in newborn care practices were also reported, including: choosing hospital deliveries over home births; increased uptake of vaccinations; more exclusive breastfeeding and improved hygiene practices. Participants also mentioned a number of challenges that the intervention faced.

Strong social norms: Participants talked about the challenges of parents being central authority figures to whom younger people need to listen to; men being seen as decision-makers, and topics like pre-marital sex and contraceptives for young people being taboo. Participants acknowledged that changing these norms and notions more in-depth, takes time and additional efforts.

Limited focus on fathers/participants: The positive parenting approach primarily targets women, with limited focus on fathers/husbands, while the latter are influential family members as mentioned earlier. Participants see value in engaging fathers directly to ensure they understand the approach and do not rely on second-hand information only.

Thorough understanding of the positive parenting concepts: Limited education has affected the thorough understanding of the central concepts and the comprehensive application of positive parenting messages shared during the training. While a peer-to-peer approach has been put in place for those with less literacy skills, the absence of easily accessible supporting materials makes the comprehensive transferring of both knowledge and skills challenging.

Security challenges in the Amhara region have disrupted daily life and hindered essential services, impacting the intervention.

Scale of the intervention: Thirty (30) out of 167 districts in Amhara are reached, leaving many areas without access to the positive parenting intervention.

Opportunities and recommendations

The participants, along with those from the validation meeting, expressed several opportunities and recommendations to strengthen the positive parenting approach. These suggestions are also supported by the literature and the study team's analysis.

Refresher training for existing WDAs and training for new WDAs is needed to sustain and expand the gains from the positive parenting intervention. This is especially important as past trainings lacked follow-up or coaching. In restructuring the current PowerPoint presentation into a well-organized handbook with distinct chapters covering specific topics in a sequential and logical order, without overlaps is recommended. This handbook should include real case examples, contextualized stories, exercises, and group work to focus more on skills building rather than just knowledge transfer. Moreover, adding pictures and drawings would help those with lower literacy levels. There is potential to further deepen parent-child interactions by reviewing the training curriculum and ensure all required skills and needs are addressed through interactive activities.

Fostering continuous learning and improvement is essential for people to internalize training topics and apply them in interactions. For this, a mentoring and coaching system could be developed.

Male Involvement: Although 60 men have been trained, more systematic inclusion of fathers is needed. Traditional structures could be used to spread positive parenting knowledge and skills among fathers.

Monitoring and Documentation: Strengthening the documentation of monitoring efforts would be recommended. Monitoring could focus more strongly on the fidelity of implementation to identify and address WDA challenges, this could also provide useful input for a mentoring and coaching system. Developing a checklist and using community monitoring techniques can help document changes experienced by mothers, fathers, adolescents, and other stakeholders, providing valuable information for advocacy and resource expansion.

School Involvement: Given the greater sense of openness in schools to discuss adolescent sexual and reproductive health (ASRH)-related issues, opportunities could be explored through Parent-Teacher Associations (PTAs) to endorse and use positive parenting concepts, and by arranging education and orientation sessions for teachers and principals in coordination with school clubs like girls' clubs, environmental clubs, or mini-media clubs.

Further embeddedness of positive parenting in community structures: Participants emphasized the need to further embed the positive parenting approach within community structures, such as the indigenous self-help associations (Edir and Equb), with health extension workers on child nutrition, and using (adolescent and adult) family members who have adopted the approach to share their experiences as positive examples.

1 Introduction

The Break Free! (BF!) programme is a multi-country programme coordinated by Plan International, together with SRHR Africa Trust (SAT) and Forum for African Women Educationalists (FAWE) as consortium partners and the Rozaria Memorial Trust and KIT Institute as technical partners. The aim of BF! is to enable young people to exercise their right to live free from teenage pregnancy and child marriage.

In Ethiopia, the BF! programme is — amongst others - working to improve communication between parents and children by using a method called positive parenting (PP). To better understand how this method is applied, its successes so far, and how it might be improved, BF! Ethiopia and KIT decided to conduct an exploratory study. This report shares the findings of the study for which data was collected in January and February 2024. These initial findings were reviewed and further informed by adolescents, mothers, fathers and other stakeholders during three small meetings in Fagita Lukuma, Dangilla and Bahir Dar Zuria districts in June 2024.

2 Background to the positive parenting study

Parent-child communication (PCC) is the interaction between parents and children (Irani and Singh, 2022). It involves conversation, open discussions within the family, and addressing barriers like interpersonal, community and cultural challenges (Hirthammer, 2022). Poor PCC has been a documented barrier to improving adolescents' and young people's sexual and reproductive health and rights (Wamoyi et al, 2010; Wight et al, 2013; Malango et al, 2022). While the majority of evidence is from Western contexts, there is a growing body of research from low- and middle-income countries (LMICs) documenting the crucial role of parents in supporting the fulfillment of young people's SRHR (Shiferaw et al, 2014; Dessir et al, 2015).

Lack of SRHR knowledge, inadequate communication skills, pre-conceived ideas about gender and sexuality, and the need to conform to social norms prevent parents from supporting their children's SRHR (Ndugga et al. 2023; Kantor et al, 2023). In an ethnographic study in North-Western Tanzania on PCC, parents were unable to communicate with their children since they lacked adequate SRHR knowledge themselves. Moreover, parents only communicated with their children on SRHR issues when there was a 'trigger' and did not necessarily discuss these topics pro-actively before children had their sexual debut (Wamoyi et al, 2010). Some research points to the gendered nature of communication. Mothers are more likely to be approached and known to discuss SRHR-related issues with their daughters, as girls are seen as being more at-risk than their male counterparts (Evans et al. 2020). Aside from the timing of communication and gender dynamics, the type of communication has been found to be important. A study conducted in an informal settlement in Nairobi found that parents used four distinct styles of communication with (very young) adolescents including no communication, fear-based communication (threats and warnings), supportive communication (openly discussing consequences of actions) and engaging an external person to support their child (Maina et al, 2020). A study by Altafim in 2019 found that harsh approaches with use of punishment and fear are connected with creating child aggression and reduced cognitive abilities of children. Motsomi et al. found in 2016 mainly authoritarian styles of parenting in a study in an informal settlement in South Africa. Evidence from the YES I DO programme in 2020 points to the absence of an open and a healthy dialogue between parents and adolescents in Ethiopia in general, especially in matters pertaining to sexual and reproductive health issues (Juanola et al, 2020).

Parents can play a role in supporting young people to access relevant services, particularly where minors cannot access services or if minors are shy to share their issue with health workers (Wight and Dullerton, 2013), and parents can also play a role in advocating for young people's rights. This is all the more important as evidence shows that increased access to SRHR information and to contraceptives are important strategies to reduce teenage pregnancy and related child marriage (Yalew et al, 2023).

Against this background, BF! started in 2021 to implement a positive parenting intervention (PPI) in Ethiopia to improve parent-child connectedness and parental communication on values around SRHR to improve the SRHR outcomes of young people in their communities. A brief overview of this intervention has been included in Box 1 below.

Box 1: The positive parenting intervention in Ethiopia – a brief overview

The positive parenting intervention aims to change social norms, to prevent child marriage and promote a safe environment at home. The FHI360 curriculum on positive parenting was used as a basis for the BF! Positive parenting intervention. Parenting responsibility, culture, and social norms, stages of development and parenting style, PCC, gender equality between boys and girls, and division of labor and responsibility between boys and girls at home are the major topics addressed. These topics are divided in 4 modules: role of parenting; understanding children; parenting skills 1 and 2 and setting a good example. This curriculum was adapted by Bahir Dar University to include SRHR issues. The curriculum encourages mothers to talk about SRHR explicitly in early stages of the adolescent's life and through their youth. The intervention discourages corporal punishment and promotes SRHR information as a part of positive parenting. The revised curriculum (in the form of the PowerPoint presentation in Amharic with an online translation in English) is available online.

The intervention is implemented in Bahir Dar Zuria, Dangela Zuria & Fagita Lukuma Districts in the Amhara region with involvement of members of the Women's Development Army (WDA). The rationale of working with WDA members was that they are embedded into the institutional and societal structures in Ethiopia. Through this embeddedness, the parenting intervention has been integrated in the WDA members regular activities and as such is expected to be continued when the BF! programme ends in 2025, contributing to the sustainability of the intervention.

From the three implementation districts, in total 30 Kebeles were selected. From each Kebele, 5 WDA members or women association leaders were trained on the positive parenting curriculum. This amounted to a total of 150 WDA members trained as PP training facilitators in two batches, one batch in 2021 and a second one in 2022. In each batch, WDA members from across the three districts were trained. Both two-day trainings took place in Dangila by a trainer from Bahir Dar University.

Each of the 150 WDA PP training facilitators integrate attention for PP within their regular sessions with 30 women in the community they are responsible for. This means that WDA facilitators cascade the content of the parenting training to these women in monthly or bi-monthly meetings. The training is given to mothers as the WDA targets mothers in their day-to-day work. A total of 4,500 women have been reached so far by the 150 WDA facilitators with the positive parenting intervention. In addition, also a number of fathers and adolescents have been trained in the approach to further support the approach.

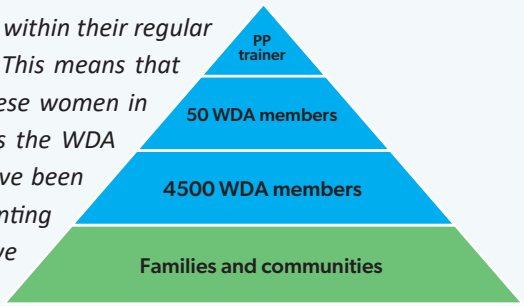

Figure 1 Schematic training overview of PPI

WDA facilitators complete monitoring tracking-sheets in which they indicate the number of sessions conducted, number of teenage/adult mothers/care-givers present, and notes on challenges faced, outcomes or changes observed and actions taken by WDA members. This monitoring data is integrated with data from other interventions such as peer-to-peer interventions and school-level child protection activities. Community development facilitators from BF! offer support to the WDA members and monitor quality of the intervention. Under BF!, there are three community development facilitators, one in each district, who offer support to the WDA PP facilitators when implementing the sessions and they monitor the activities, under supervision of a BF! project officer. In addition, Kebele health extension workers also provide support when WDA PP facilitators bring up SRHR topics. These health extension workers and cluster coordinators also received training from the Bahir Dar University trainer.

Programmes emphasizing parent-child connectedness, parental regulation of behaviour, parental communication on values around SRHR, and/or parental modeling of behaviour can improve young people's SRHR outcomes (Wight et al, 2013). Additionally, group-based learning interventions offer cost-effective manner opportunities to reach parents, build support networks, and engage in collaborative problem solving (Chowdhury, UD). These interventions are typically short in duration to efficiently involve parents, recognizing that many parents also juggle work commitments (Gayles et al, 2019).

Our review of PCC interventions found a lack of substantial evidence on effective strategies, largely due to limited evaluations beyond observational accounts as presented above. Consequently, BF! partners in Ethiopia together with KIT identified the need to obtain more insight through a small-scale exploratory study.

3 Study objectives

The overall objective of the research was to obtain insight into the application of the positive parenting approach, its possible outcomes and opportunities to strengthen this intervention to enhance parent-child interaction towards improved adolescent SRHR, related social norms and attitudes, and girls' school enrollment and retention.

The specific objectives are:

A. To explore how lessons (incl. opportunities and challenges) from the positive parenting training are applied by the trained WDA members in their regular sessions with mothers at village level;

B. To explore the (possible) effects on mother-child, mother-father and father-child interactions towards improved adolescent SRHR, related social norms and attitudes, and girls' school enrollment and retention as result of this positive parenting application;

C. To identify opportunities to strengthen the positive parenting intervention and implementation (e.g., concerning the content, materials and time used, monitoring of the intervention), taking budget limitations into account.

The study findings are used to inform and further strengthen the BF! intervention on positive parenting, including new and follow up positive parenting training that has been scheduled to take place in 2024 – 2025.

4 Methodology

In line with the study problem and questions, the study is a small exploratory qualitative study. Following ethical clearance by the Institutional Review Board of the Ethiopian Society of Sociologist, Social Workers and Anthropologists in December 2023 (see Annex 1), data collection took place in January – February 2024.

One study area (Bahir Dar Zuria) was selected from the three implementation areas for this study due to budgetary and security concerns in the region. While this area was relatively accessible and safe during the study design phase, this changed over the course of December 2023. New travel restrictions that prohibited people to travel in groups made it no longer possible for the study team to travel to Bahir Dar Zuria, nor to any other positive parenting intervention sites. Instead, study participants individually travelled to the Plan Office in Bahir Dar for interviews. The feasibility and safety of travel was thereby checked daily to minimize any risk for the study participants.

The participants were purposefully selected from three kebeles: Robit, Wendata and Andasa in Bahir Dar Zuria district (See Figure 1) through the network of the BF! alliance implementing partners. Participants included those who had directly or indirectly been involved in the BF! positive parenting intervention, namely mothers or caregivers of adolescents aged 15 to 18 who participated in positive parenting sessions led by WDA PP facilitators, adolescents whose mothers or caregivers attended these sessions, men whose spouses participated, and WDA members engaged in implementing the PPI. Additionally, stakeholders such as BF! staff, a trainer from Bahir Dar University, an official from the District Women, Children, and Social Affairs department, and health extension workers were recruited.

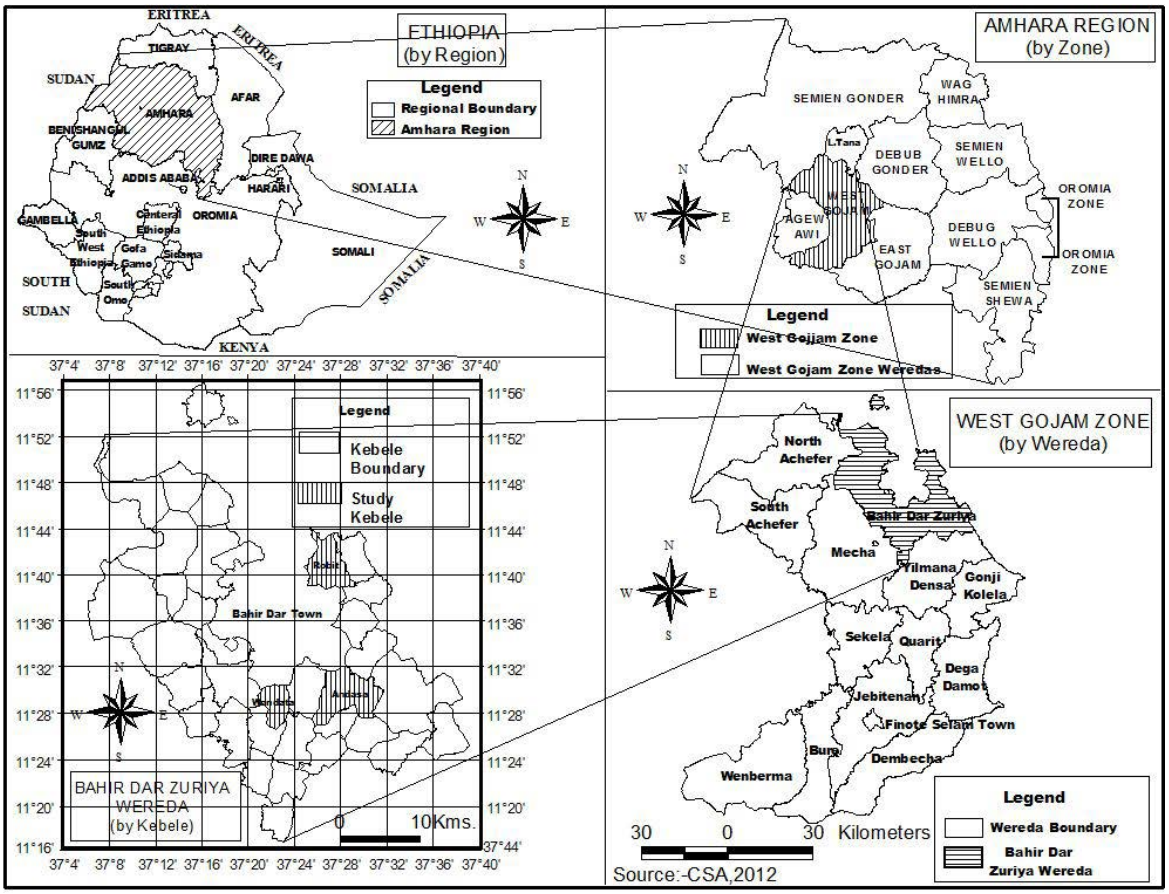

Figure 2 Location map of Bahir Dar Zuria Woreda and the three study Kebeles (CSA 2012)

For the recruitment within the communities, extra attention was given to ensuring that the proposed study participants were aware of the positive parenting intervention. Pre-informed consent was obtained via phone to ensure voluntary participation, with full informed consent acquired at the Plan office.

In total 22 individuals were interviewed for the study, 13 women and 9 men. Five study participants were below 20 years, two between 20 – 24 and the remaining 15 above 25 years of age. Seventeen of the participants had received a "formal" PP training by the trainer of Bahir Dar University, while the remaining 5 had received more "informal" training through their spouse, a neighbour or through participating in a WDA group. The majority of the 15 community members interviewed had low levels of education, including seven persons who had never gone to school. The majority of the seven stakeholder participants interviewed were all well-educated ranging from a diploma in nursing to a Masters education. Table 1 below provides an interview of the study participants.

Table 1 Overview of study participants interviewed

Type of study participant	Kebele	Age	Sex	Education	Marital status	WDA member/ relationship	Took PP training
WDA member	Wendata	38	F	None	Married	8 years	Formal (9 days -2021, 2022, 2023)
WDA member	Wendata	50	F	None	Widower	15 years	Formal (2.5 days - 2022)
WDA member	Robit	35	F	Primary school	Married	5 years	Formal (2 days - 2022)
WDA member	Andassa	38	F	Primary school	Married	5 years	Formal (3 days - 2021)
WDA leader	Wendata	45	F	None	Married	4 years	Formal (5 days - 2022)
WDA member	Wendata	40	F	None	-	7 years	Formal (3 days -2022)
WDA member	Robit	23	F	Grade 10	Married	2 years	Informal through WDA meetings
Male Adolescent	Robit	18	M	College Student	Single	No member	Formal (3 days - one round)
Male Adolescent	Wondata	23	M	Dropout grade 11	Married	8 years	Formal (3 days)
Father Adolescent	Robit	52	M	12th grade	Married	No member	Informal
Father of Adolescent	Wondata	45	M	None	Married	No member	Informal
Adolescent mother	Wendata	18	F	None	Married	4 years	Informal
Adolescent mother	Wendata	18	F	None	Married	2 years	Informal
Female adolescent	Wendata	16	F	Grade 9	Single	4 years	Formal (3 days)
Female adolescent	Robit	17	F	Grade 11	Single	2 years	Formal (15 days)
Health Extension Worker	Wendata	35	F	Diploma in Nursing	Married	10 years	Formal (2 rounds of 3 days each)
Health Extension worker	Andassa	32	F	Nursing BSc	Married	4 years	Formal (2 rounds 3 days each
BF!-focal person	WCSA	46	M	Psychology BA	Married	2 years	Formal
BF! project staff	Bahir Dar	34	M	BA	Married	Supervision	Formal (3 days - 2021)
Group discussion: Community facilitator 1, 2 and 3	BZW, Dangila Fagita Lekuma	34-36	M	MSC (3 x)	Married (3 x)	Supervision (3 x)	Formal (3 days – 2021- all 3 persons)

Representatives of the positive parenting target group were invited to join a reference group. Plan Ethiopia facilitated the recruitment of a mother, a father, a female and a male adolescent and a WDA representative this reference group. Before data collection, the reference group reviewed and endorsed the topic guides for clarity and appropriateness. Table 1 below, provides an overview of the reference group's profile.

Table 2 Profile of reference group members

S/N	Gender	Age	Education	Marital status	Occupation	Kebele
1	Female	19	Grade 10	Single	Unemployed	Wendata
2	Female	18	Grade 6	Single	Unemployed	Robit
3	Male	18	Illiterate	Married	Home maker/House wife	Robit
4	Male	24	Grade 8	Married	Self employed	Andassa
5	Female	20	BA degree	Married	Unemployed	Wendata

Data analysis

While the semi structured interviews (SSIs) were conducted in Amharic by the country lead and research assistants, the audio files were directly transcribed in English. A coding framework was developed by the research team based on the topic guides. The transcripts were coded by KIT staff in Nvivo14. No new emerging issues occurred during this coding process. The coded information was subsequently synthesized per sub-theme by the country lead and the KIT staff, with triangulation between type of participants.

Study limitations

Due to the FGDs being replaced by the SSIs, the study included fewer study participants than anticipated. It also reduced the opportunity to have different participants reflect on each other's perspectives and reduced the triangulation options between different study methods. However, triangulation between different categories of study participants was still applied.

Not being able to conduct the interviews in the study participants' environment may have affected their responses due to participants feeling less at ease or less comfortable. The overall distress due to the security situation may have also influenced their answers. Furthermore, not being able to go to the field, also reduced the opportunity of the research team to observe how the PPI is applied in the setting of the participants.

Another limitation is that most of the study participants had received formal PP training, giving them direct, first-hand information about the approach. As a result, this group is likely better informed and more knowledgeable than community members who have only been indirectly exposed to the intervention, or who may have reservations about the approach.

The PP trainer was only able to provide written input for the study instead of giving an interview. As the training took place two to three years ago, she acknowledged recall challenges in this written input. The same recall issues likely also influenced the perspectives of other study participants on the training received 2 – 3 years back.

Furthermore, while regular monitoring of the intervention is ongoing, the documentation of those monitoring efforts could not be shared with the research team as the data collected through monitoring sheets had not been brought together.

The study was conducted solely in the Bahir Dar Zuria District, but validation meetings were held in all three project site districts. This process helped validate the responses, with participants largely agreeing with the study's findings. Only two findings were not recognized by the validation meeting participants: the length of sessions and the observation that men are sometimes less receptive to female trainers, which was noted by only a few study participants. All other findings were endorsed, confirming the study's relevance to the other two districts.

5 Findings

5.1 How is the positive parenting intervention being put into practice?

This section provides information from the perspective of the study participants on how the positive parenting intervention is being implemented.

5.1.1 Positive parenting information spread through different channels to different stakeholders

The majority of the WDA members interviewed indicated to meet once or twice a month in their village with their group consisting of around 30 members. The groups do not have a formal meeting place and meet, for instance, under a tree. The meetings typically last for 30 minutes to an hour depending on whether people are in a hurry or not. The meeting usually focusses on a single topic per session.

The number of WDA group members joining per session fluctuates per group and varies between 15 – 25 members. A community coordinator revealed that the WDA also have bylaws to punish people who do not attend the meeting, but this issue was not raised by other study participants. Several women said that especially when the meeting is linked to an Equb/Edir (social mutual aid saving scheme), many WDA members show up.

"As we have Equb on that day, no one misses the meeting". (SSI, WDA member, Wendata Kebele)

Health extension workers (HEWs) usually join these group sessions once a month to discuss specific positive parenting topics around sexual reproductive health. HEWs interviewed shared that because of having followed the positive parenting training themselves as well, they are very confident to provide input to these monthly sessions. Also, sometimes other stakeholders get invited to provide additional input, such as police offers.

To also foster involvement of men, approximately 60 fathers have undergone training to actively participate in meetings akin to the WDA meetings. A number of adolescents have also formally received the positive parenting training, resulting in these adolescents being involved in monthly meetings with WDA members and teaching the community on a monthly basis as well.

"*We had a monthly meeting and discussion with members of WDA. We also used to teach the community once a month."* (SSI, Male adolescent, Robit Kebele)

The WDA meetings have almost stopped since mid 2023 due to the security situation and the restrictions prohibiting gatherings of over five people. Despite the absence of the WDA group meetings, study participants indicated that positive parenting information continues to be disseminated during meetings with friends, coffee meetings, church meetings, Edir/Ekub meetings, meetings in school, or other informal gatherings in the kebeles. Such activities also facilitate knowledge transfer to fathers and husbands about positive parenting.

"Unlike mothers who predominantly attend meetings twice a week, fathers get orientation through WDA members in Edirs and churches. Fathers indirectly receive information during these gatherings, as they typically do not miss Edir meetings." (SSI, BF! project staff)

Study participants shared that WDA members also discuss what they have learned about PP at home, with their husbands, their children, or with the whole family combined.

Quite a few interviewees reportedly also proactively approach others, including neighbours or children playing on the street.

"When I see children playing on the street, I advise them to get home and study. If it is also in the morning, I would tell them to go to school earlier so that they don't miss classes." (SSI, Adolescent mother, Wendata Kebele)

Community Health Workers indicated to not only discuss positive parenting in the monthly WDA meetings but also integrate this during other tasks that they perform, for instance during home visits, during vaccination campaigns or sessions in schools with schoolgirls' club members.

"Moreover, we even provide home to home lesson. In addition, we also teach the parents during vaccination. For instance, we teach mothers not to circumcise their girls when they come for vaccination." (Health Extension worker, Andasa)

Validation participants said to agree with the diversified venues described by study participants to orient the various target groups on the PP approach but also added funerals, cotton spinning events (Fagita Lakuma) and faith-based drinking occasions (Senbete) as additional venues. Some validation participants, particularly coming from Fagita Lukuma and to a lesser extent from Dangila, indicated that when it comes to cotton spinning and faith-based events, the PP sessions are usually lasting much longer than the estimated 30 minutes to one hour mentioned by the study participants.

5.1.2 Study participants experience the intervention as valuable and useful

All study participants, including adolescent girls and boys, mothers and fathers, community health workers, WDA members and other stakeholders, and whether they formally received a training or not, were positive about the intervention.

Study participants each highlighting a different emphasis, collectively explained that the PPI aims to improve the quality of life of adolescents, and their families; and modernize parenting skills. This helps them to move away from confrontation between parents and children to more healthy and participatory interaction.

"It was useful because it has helped me with how to become a better parent and also my husband has been very supportive since I shared information with him about positive parenting." (SSI, adolescent mother/WDA member, Wendata Kebele)

An adolescent girl from Wendata Kebele said when reflecting on the usefulness of the intervention: *"I feel happy. Her (mother) decision to grant me more freedom brings me joy and a sense of liberation….If she didn't get the training, I might have ended up getting married."* A mother of an adolescent from Robit Kebele motivated her appreciation of the intervention as follows: *"Instilling discipline in our children is crucial as it shapes their behaviour and character. Moreover, a child often mirrors the environment they are raised in. Therefore, by administering appropriate, loving discipline at home, we can positively influence their conduct beyond the confines of our household."*

Many of the participants indicated that intervention also works towards increasing girls' education; contributes to gender equality and girls and women empowerment; increases access to SRHR information, including through open discussion about this between parents and children; and increases access to SRH services. Several also brought up that the intervention works towards the elimination of child marriage and harmful practices such as female genital mutilation.

Several participants mentioned that initially the intervention was not accepted, leading to people skipping the trainings. This gradually changed when people started to understand the use of the intervention, how it contributes good relationships within the family and raising children well. Although not yet everybody has bought into the intervention resulting in some people still leaving the PP sessions given by WDA members to attend to other chores.

Both adolescent and adult validation participants concurred with the finding of the PPI being a valuable and useful approach.

5.1.3 Strong focus placed on intervention's sustainability

BF! community facilitators oversee the PPI by attending sessions to assess their delivery. The WDA PP facilitator compiles a report after each session, detailing the topics discussed, participant numbers, and questions asked during the training, then sends this to the community facilitators. The community facilitators review the reports to identify achievements and challenges, which they then report to the BF! project staff on a monthly basis. Additionally, the effectiveness of the PPI is evaluated during quarterly and annual review meetings. These reviews incorporate feedback on achievements and challenges from a range of stakeholders, including health extension workers, police officers, teachers, WDA members, and others.

To address challenges identified, no-cost training initiatives are prioritized, driven by the desire to ensure ongoing project engagement even after its conclusion. The focus on sustainability is central within the intervention according to BF! staff interviewed. This also implies that the project refrains from providing post-training or mentoring and coaching of those trained to further reinforce and strengthen the application of the intervention.

The establishment of an Equb system with modest amounts, aims to make the continuation of the initiative over the longer haul feasible. Through this system, community members will continue to regularly meet during which they could also discuss PP themes.

> *"We encouraged them [WDA groups] to initiate the Ekub voluntarily, without coercion… Starting with modest amounts, they've gradually built up their Equb, investing in livestock such as sheep and goats, which not only supports their economy but also fosters financial resilience within their community… Some Kebeles save the money and don't use it. Others use it for social purpose… our aim was to establish the savings group or Ekub to ensure they continue to convene every two weeks even after the project concludes, mitigating the risk of missed meetings."* (SSI, BF! Staff)

5.2 What did the (formal) PP training consist of at the first level?

5.2.1 Content of the training: ASRH, education and communication skills for parents

The 17 study participants who had received the formal PP training in 2021 and or 2022, shared what they had learned then.

Many said to have learned about child health and nutrition, emphasizing exclusive breastfeeding and nutritious food and balanced diets for children from the formal trainings in 2021 and or 2022. The majority of the study participants also said to have learned about adolescent sexual reproductive health, with topics on menstruation; puberty; harmful effects of female genital mutilation/cutting; child marriage and harmful effects; gender-based violence; unprotected sex with links to unintended pregnancies and HIV transmission; romantic relationships; contraceptive use. An adolescent mother from Wendata recalled:"*We discussed that it would be better if you abstain from sexual activities. However, if they failed to abstain, they should go to health centers and get available service. As there are youth friendly services, it wouldn't be hard on them*." (SSI, WDA member, Robit). A participant from Wendata recalled that during the training also the need for psychological support for young women with an unintended pregnancy and measures that young women can take to prevent sexual assault and rape, were discussed.

Several participants brought up that the training also focused on the need for having open communication with their children, so that children feel comfortable to express their thoughts, feelings, and concerns without fear of being judged or criticized by their parent(s). A mother of an adolescent from Wendata explained that initially such open communication was a difficult concept for her to grasp, but as time has passed and because she started practicing it with her young children, she believes this is translating in a better relationship with them. A few WDA members explained that the training addressed the fact that children may misbehave especially when they are young or when they are between 13 – 14 years, and that they should still be treated with a gentler approach instead of physical punishment and tried to be understood.

Quite of few of the 17 persons trained also indicated that the formal PP training also covered the topics of girls' education, gender equality and the importance of schooling. A particular topic thereby was the need for parents to balance time for young people to study and assist parents with household chores and other tasks. WDA members and mothers all spoke about this with great emphasis, and that boys and girls should equally contribute to such chores. The importance of an environment that fosters and encourages girls' education and learning opportunities at a wider level and ensuring girls education over child marriage was brought up.

Two WDA members also spoke about being informed during the formal PP training on how to pass on their learnings to others. One of them indicated that they learned that they should not be aggressive when explaining the information to other people and have a smile and be positive while another WDA member shared that being confident and unafraid was something they were told in the training.

5.2.2 Clarity of the training: Easy to understand with only few questions asked

Most participants felt the training they were given was clear, easy and in understandable language. Revisions at the end of each topic, further helped thereby. A WDA member in Robit elaborated that:

> *"...The trainers had a good understanding of positive parenting and they were able to pass their knowledge and skills successfully. There was no distraction during the training and every participant followed the education being given actively."* (SSI, WDA member, Robit)

The majority of study participants said not to have asked any questions during the training sessions or after, in spite of being encouraged to do so. Most indicated not to have had any questions because the training was clear and in their own language. A few participants said not to have asked a question because of not wanting to burden the facilitator. For instance, a participant from Robit wanted to ask about healthy eating practices for infants who lacked an appetite, but did not do so because of not wanting to tire the facilitator. A few participants did ask specific questions. A participant from Wendata asked about uvula removal as a remedy for tonsillitis and was subsequently advised to seek treatment at the health center instead:

> *"I had a question about harmful traditional practices, so I asked the trainers about it. Specifically, I inquired whether removing the uvula was considered a remedy for tonsillitis, even though it's categorized as a harmful practice. In response, the trainers advised me that the appropriate treatment for tonsillitis is to take children to health centers rather than resorting to uvula removal."* (SSI, mother of adolescent, Wendata)

A WDA member from Andasa also asked whether uncircumcised women would face difficulties with sexual intercourse. She further elaborated,

> *"I asked about the prohibition of female circumcision and sought clarification on why it is not permitted. In our community, there's a misconception suggesting that uncircumcised women might encounter difficulties during sexual intercourse, with the belief that the foreskin could hinder penetration. So, I raised this question during the session, and the trainers provided me with thorough explanations."* (SSI, WDA member, Andasa)

5.2.3 Training delivered with limited teaching aids

Instead of a full training manual, a PowerPoint presentation of seventy-eight slides in Amharic developed by the trainer at Bahir Dar university, is used as a primary training resource. Several participants talked about the PowerPoint presentation being suited to the literacy level of many of the women, with simple language which makes the knowledge transfer during the training itself effective. Those who possess reading and writing skills are encouraged to help read out text for those who do not.

While clear and understandable language is used in the PowerPoint presentation, several participants highlighted challenges with having to rely on verbal communication following the training or, in some occasions, a copy of the PowerPoint presentation. Most study participants agreed that teaching aids would be useful to better memorize the training content or to pass it on to others. A WDA member from Robit highlighted that drawing and pictures could have added value to the training. A father in Wendata explained that his spouse was only given oral information which made it difficult for her to retain all the information. He reflected on the impact it had on his spouse's ability to apply the training, "*for example, she emphasizes certain issues (e.g. caring for infants) and gives less attention to things like being open to suggestions from other members of the family like entertaining suggestions from spouse".*

A few participants appreciated the use of role plays during the training, suggesting that adding more could be useful, for instance on demonstrating the harms of child marriage. A health extension worker advocated for the use of flyers on the PPI that could assist their work. Another WDA member from Robit suggested using peer to peer learning and drawing from parents' personal experiences with participants. Learning in a group setting was appreciated by participants, especially as that also meant that WDA members could learn from different settings which is enriching.

5.3 What are insights from the informal PP training that WDA members provide?

5.3.1 Most WDA PP facilitators trained are able to pass the information on with confidence

In section 5.1 already a description is provided on how the informal PP training is put into practice. A BF! community facilitator, who frequently monitors those sessions (see section 5.1) estimated that around 80% of those passing on the information obtained through the formal PP training, are able to do this well. Health extension workers who attended such sessions as resource persons, reinforce the notion that most WDA PP facilitators are well equipped to pass on the information. Most WDA members interviewed echo this, whereby they call upon assistance of health extension workers and

others when needed (see also section 5.1). Several WDA members reported to, for instance, ask for clarification or possible answers from an extension worker when preparing for a session in case of a doubt, or to ask the extension worker to attend the session. A WDA participant spoke about being accepted by the community in giving these 'lessons' or playing this role.

To overcome any challenges faced due to literacy, the programme has put a peer support mechanism in place. Which means that women who possess reading and writing skills are encouraged to assist those who require support in these areas.

5.3.2 In general, after some initial hesitation, many community members are open to the intervention

Several study participants shared that the knowledge of the WDA facilitators of the communities they teach in, helps them to deliver the training in an acceptable way. WDA members said that women in their group are generally happy with the training/orientation and open to share their stories, including those moments that they failed to understand their adolescent children. As mentioned earlier (section 5.1), the equb within the WDA group also motivates WDA members not to miss the meetings in order not to miss the equb. Some WDA members talked about parents being resistant to accepting the information and that through explaining the broader societal benefits, for instance of girls' education, has helped to change the mind of such parents.

> *"There are cases, where individuals respond with statements like "she is not your daughter and it is none of my business," we remain patient and continue to explain the advantages of education. We emphasize the broader societal benefits and the positive impact education can have on the girl's future prospects."* (SSI, WDA member, Robit)

A WDA member from Robit shared that some community members believe that WDA members are incentivized only by per diems and as result do not want to listen to them. This person elaborated that patience as well as maintaining composure and avoiding getting angry or tired is key in such cases. Lastly, some individuals find embracing the knowledge from WDAs difficult due to access to resources, for instance in relation to personal hygiene when people do not have items like soap.

The interviews suggest a mixed reaction from adolescents, from being comfortable and starting to share secrets with WDA facilitators to WDA facilitators not being accepted. The latter requiring patience from the WDA facilitators, while some WDA members also pointed towards the need for peer-to-peer sharing among youth to capture the attention of adolescents. A WDA member from Robit brought up that some women in her community have trouble with their children accepting what they share about PP, and that this especially was the case with sons.

5.3.3 A range of PP issues discussed with community members, husbands, children and others

According to the study participants a range of issues are discussed in the "informal" PP trainings during community meetings but also with husbands, children and others. One participant thereby stated that she tries to integrate PP in almost every conversation.

Several participants highlight that using a positive approach towards children in parent-child relationships is one of the topics discussed. The informal trainings reportedly address questions such as how to deal with the behaviour of teenagers, how to be less restrictive towards children and

to give them more freedom and love; and how to discipline children in a positive manner instead of using the ineffective alternatives of traditional scolding or physically disciplining. WDA members from Robit and Wendata said to emphasize the need for gentle communication by parents with their adolescents, to take on an advisory role and to have family discussions.

> *"We discussed that we shouldn't physically punish our children even if they did something wrong. We rather have to advise them. I shared this to my husband, and we both believe on the ideology."* (SSI, Mother of adolescent/WDA member, Robit)

A recurring theme among participants was open communication between parents and their children. Through open communication parents can learn to understand what issues their children are struggling with. A frequently mentioned example is menstruation of girls, which according to several study participants has become much more normal to discuss in the family as is finding solutions to dealing with menstruation when at school to avoid school absences.

> *"She [the mother] even started telling us not to be ashamed when we are on our menstrual period. Previously, such kinds of discussions were not common in our family." (SSI, Female adolescent, Robit Kebele)*

Many study participants shared that child health and nutrition are also central to the PP agenda. This includes the importance of exclusive breastfeeding and nutritious food and balanced diets for children, pre-and post- natal care in relation to the first 1000 days of a child, the importance of vaccination and the issue of hygiene.

Also, the significance of girls' education and the harm of being uneducated are frequently mentioned as topics discussed in informal trainings under the PPI. Under such discussions also fall the need to address issues that negatively affect school attendance, such as overburdening especially daughters with household chores or girls not having access to any menstrual hygiene pads.

Participants also give examples of sub-topics discussed under the broader umbrella of adolescent sexual health and rights as part of the PPI. This includes issues as the importance of not getting into relationships too early, teaching girls to manage their romantic relationship, avoiding teenage pregnancy through abstinence or when this fails to use SRH services to avoid such pregnancy and or HIV.

> *"Yes, I teach young people that abstaining from sex is a powerful way to protect themselves from potential risks and consequences. However, I also emphasize that if they choose to engage in sexual activity, they should use contraceptives to prevent unwanted pregnancies and protect against sexually transmitted infections. Importantly, if a pregnancy does occur despite precautions, it's crucial not to abandon the child. Doing so would not only endanger the newborn's immediate welfare but also jeopardize their future prospects."* (SSI, Mother of adolescent child, Wendata Kebele)

A few participants mention gender related issues as a topic for discussion, such as the importance of equal treatment for girls and boys including in relation to the earlier mentioned household chores affecting school attendance. But also the relationship between mothers and fathers.

5.4 What changes are reported because of the PP intervention?

The PPI is a change-oriented intervention to reduce child marriage and teenage pregnancy, improve delivery of SRH services for adolescents and increase school retention through enhancing the engagement between parents and children. In this part of the report, the study participants' perspectives on the possible effects of PP on communication skills, provision of SRH services and school retention are presented and discussed.

5.4.1 Changes in relation to communication between parents and children

Almost all study participants indicated that PP has helped to ease communication between parents and children. The approach, with its focus on open, education-oriented communication, fosters free and healthy dialogue between parents and their adolescent children, enhancing the parent-child relationship through the benefits of effective communication.

> *"Compared to before, there has been a significant shift in the parent-child relationships, leading to smoother interactions and stronger connections. Parents have become more attentive to their children's safety and well-being. Communication channels have also improved, with parents now actively listening to their children's perspectives. Previously concealed issues are now being openly addressed within families. Furthermore, discussions on sexual and reproductive health (SRH) and other important topics have begun taking place between parents and children."* (BF! staff)

A male adolescent from Wendata kebele corroborated the positive changes in trained mothers:

> *"Before my mother received the training, we were not communicating well. I used to get worried when I thought of talking with my parents. Now, things have changed. I can now freely talk with my mother on any issue including SRH. My father is a bit reserved, but he too has started opening up following his participation in the family discussions."* (SSI, male adolescent, Wendata kebele).

An important aspect of improving communication between parents and children according to study participants is that both make more conscious effort to engage in mutual understanding, trusted conversation and create a conducive atmosphere for emotional connection to occur. Both parents and adolescents in the study confirmed that as result, parents start to be more open and responsive to their adolescents' needs, to listen more to when their children speak and are becoming more open to discuss sensitive topics. Some families now allocate quality time to discuss some family matters that used to be reserved for adult members of the family.

"Our family usually meets twice in two or three months. We discuss the insights she (the mother) acquires through her participation in WDA meeting. She also imparts important life lessons, advising us against habits like khat chewing, cigarette smoking, and alcohol addiction as well as to be careful with our life in general and to work hard in school." (SSI, Male adolescent, Wendata Kebele)

A reference group member from Wendata kebele shared that her neighbours consisting of a family of nine (parents, one daughter and six sons) regularly have family meetings where the behaviour of each member is discussed. Those who conform to family rules (e.g., not hanging out with bad guys) are commended for listening to family advice while sons who are negligent to family advice are openly criticized and encouraged to improve their behaviours. This reference group member observed significant changes in the sons' behaviours such as assisting their mother with household chores and showing respect for girls.

Participants brought up that the more open communication also helps to reduce conflict between parents and children. A BF! staff member told the story of a mother from Fagita kebele who used to resort to punitive punishments to discipline her young daughter, but changed her behaviour after attending the PP training.

"A woman had a challenging child whose behaviour often led to disagreements. Both the girl's mother and father resorted to punitive measures, such as pinching and punishment. As the girl wasn't peaceful with other children, the parents didn't allow her to go out and play with her friends. After the mother participated in the training, she realized that her child's questions were valid and that her parents had failed to understand them. The mother began to pay more attention to her child, actively listened to her concerns, and ceased punishing her. Subsequently, the girl's behaviour underwent a remarkable transformation. She stopped crying and engaging in previous disruptive behaviours. She even started good communication with her peers." (SSI, BF! staff)

Also, health extension workers reinforced this change and noted that children of trained mothers have become more helpful and understanding toward their parents as result of the supportive home environment.

Those who have been trained by the WDA facilitators and women association leaders are now using diverse available means and venues (e.g., road-side conversations, chatting-over-coffee) to spread their learnings from the PPI to improving PCC. Some of these discussions and dialogues may not be structured and this in itself allows flexibility to meet the demands of parents who are often tied to domestic labor and routine social responsibilities. A mother (from Wendata kebele) with an adolescent child shared how she helped her coffee-mate neighbor to better handle her son.

*"There was a boy who initially refused to help his mother with cooking, citing it as a chore designated for girls. Upon my suggestion, the mother politely asked him to assist with cooking, explaining that she lacked the energy to do it herself. This respectful approach prompted a positive change in the boy's attitude, and he willingly began helping with cookin*g."(SSI, mother of adolescent, Wendata kebele).

An adolescent mother in Wendata shared that although she does not have children of her own, she has been using the PP approach to help her neighbors improve their parenting skills. She explained that this has resulted in the husband becoming more supportive of his wife, and her neighbour appreciates her for this.

However, study participants also acknowledged that some parents continue their old habits of treating their young children harshly. This creates frustration amongst change agents who want to see parents and community members accept the education from WDA facilitators and women association leaders.

5.4.2 Changes in relation to delivery of SRHR information and services

The changes in more open communication between parents and children also facilitate more open communication about SRHR issues, most notably in relation to menstruation experience, sexual debut and romantic relationships. These topics were previously largely taboo for discussion between parents and children. According to participants, following the training, some parents have started to encourage their adolescent children to engage in discussions related to SRH issues. This can be illustrated by a female adolescent from Wendata kebele who noted her mother's behaviour change after she received training in PP:

> *[S]he has initiated discussions about menstruation, STDs, HIV, fistula, and related topics. Furthermore, she used to get upset when she saw me even touching a boy's shoulder.* (SSI, female adolescent, Wendata kebele).

Parents actively helping their adolescent children to access SRH information and services represent a case of successful diffusion and transmission of knowledge and skills learned from PP. The majority of the study participants indicated that parents have shown greater level of involvement in SRHR related issues in their adolescent children's lives following their participation in PP training. This is manifested in the active help and support parents provide for their children. Many of such examples were given in relation to menstruation management and the buying of sanitary pads.

> *"Unlike the previous time, parents started buying and providing sanitary pads. They even started giving time for girls to rest when they are on menstruation period. Girls started open discussion about menstruation period with their fathers and mothers."* (SSI, BF! staff)

Participants also reported on other examples of support provided on SRHR by parents to their children such as accompanying adolescent daughters to health centers, in case they are married.

> *"If the girl is married, parents encourage their girls to use birth controls. They even come to health centers together with their girls. So, they are supportive. Otherwise, they don't want their girls to take contraceptives unless they are married. Both mothers and fathers are not supportive of contractive before marriage.* (SSI, HEW, Wendata kebele).

Several trained wives have given training and orientation to their husbands which has contributed to fathers' growing awareness towards adolescents' SRH needs. An adolescent girl (from Wendata kebele) speaks positively about her father who became supportive of her and her mother as a result of the information he received from her trained mother.

> *"He has become incredibly supportive. Previously, when my mother and I participated in clubs and WDA meetings, he used to dismiss it as irrelevant. However, he now comprehends its significance and offers his full support." (SSI, Adolescent girl, Wendata)*

It should be noted that adolescent daughters talking about their menstruation with their fathers is interpreted as a sign of a leap change by participants compared to the time when such issues used to be a taboo in the community.

The community has also become more accommodative of young people's SRH needs. Study participants mentioned that the increased awareness and engagement has allowed adolescents to openly access SRH services without fear of being scrutinized by parents or neighbors.

> *"The youth don't get shy. They confidently come and ask for counseling. We teach them well and give them the required service. Previously, they used to get afraid to talk to us or take birth controls. As a result, many girls used to get pregnant."* (SSI, HEW, Andasa kebele)

According to study participants, in some kebeles of the study sites (e.g., Wendata) health institutions have experienced a steady increase in the demand for SRH services as result of the PPI.

5.4.3 Putting girls' education on the agenda: Lesser household chores, better menstrual hygiene management and shifting the focus away from child marriage

Study participants provided quite a few examples of changes realized in relation to parents' positive attitudes towards education and educational outcomes of girls.

5.4.3.1 More importance given to girls' education and regular schooling

Almost all participants noted that parents' attitudes towards schooling of their children had changed positively, with the exception of one male adolescent who explained that his mother always wanted him and his siblings to learn and go to school. Participants alluded to a positive perspective on ensuring girls but also boys to attend school, that they return to school in case of dropout, that they make time to study and do their homework. Increasingly active participation of parents (particularly mothers) in monitoring girls' progress in their schooling, attending parent-teacher meetings, seeking regular interaction with their children's teachers, and providing material support such as buying a school uniform or education materials, was also noted by a few participants.

Participants shared that advice and encouragement by parents make adolescents happy and motivated at school thereby experiencing increased levels of confidence in their interaction with family members and peers.

A health extension worker from Wendata remarked that as result of parents' involvement in their children's education, "*Unlike before, now any child above the age of seven is enrolled in classes.*" BF! staff talked about a notable improvement on attendance and academic performance of girls in 30 schools.

> *"Notably, there have been no instances of school dropout, and absenteeism rates are nearly negligible. Additionally, girls' academic achievements have shown remarkable progress, with many now attaining top ranks (1 to 3) in their classes. This positive trend is particularly evident when comparing data from 2022 to 2023, indicating substantial improvements. These positive outcomes can be attributed to the unwavering support and involvement of parents in their daughters' education"* (SSI, BF! staff).

With regards to education related outcomes, most participants spoke about changes in the mothers, such as mothers allocating more time for study and play or mothers encouraging their children to study. Some participants also talked about mothers believing that educated youth could be a role model. A young man from Wendata explained that his mother would like him and his siblings to follow in her older brethren's footsteps (score good grades in national exams and attend universities), attributing this to his mother attending a PP training.

A few participants also highlighted positive changes regarding attitudes of fathers toward education, as result of the training received by their wives. Such as fathers purchasing educational materials and ensuring the safety of schools through assessing the presence of gates, constructing fences and planting trees to secure the surroundings, or discussing the security of the school with Kebele officials.

The issue of parents having challenges meeting financial requirements for girls' education was raised a few times. Some participants mentioned the resourcefulness of parents to ask assistance from school or the setting up of a savings scheme to assist children who could not afford exercise books. One participant raised the issue that schools have been affected by the conflict and are currently closed, affecting progress realized by the PP intervention.

5.4.3.2 Reduction in household responsibilities to focus on education.

Several study participants mentioned that a reduced burden on girls to fulfil household responsibilities has also contributed to increased time to focus on education and has consequently improved academic performance. For instance, a father from Robit explained that his wife has begun waking early and preparing breakfast to ensure that her children do not have to skip school for household chores and prevent them from being late. He attributed this change because of the training being given at Edirs and churches. A health extension worker talked about parents who as the result of the training encourage their children to assist with household chores after school instead of before school, allowing them to better focus on their education during school hours.

A WDA member in Andasa explained that two of the team members had faced difficulties sending their daughters to school since they were unable to manage the household responsibilities and decided to withdraw their girls from schools. However, their team engaged in a conversation with both the daughters of the mothers involved and emphasized the importance of schooling for their daughters future. In her words, *"Through collaborative efforts and persuasion, we successfully convinced the mothers to reconsider and support their daughters in returning to school."*

While participants frequently reported on changes in parenting strategies around household chores in mothers, this was not as commonly mentioned for fathers. A mother of an adolescent in Wendata said to belief that although *"husbands are generally supportive of girls' education… in some cases, fathers may prioritize their daughters' involvement in household chores over pursuing education."*

5.4.3.3 More attention for (un)safety in school and improved menstrual health management

According to BF! Staff, SRH trainings with parents have also raised awareness on the issues of gender-based violence and sexual abuse. Safety in the school emerged as a concern of parents. A female adolescent from Wendata mentioned that her mother has stopped sending her alone outside as her mother is worried about the possibility of abuse after having received the training. Also, other parents have become increasingly attentive about safety and have actively engaged with teachers on this topic. According to a health extension worker from Wendata, parents are also assisting their children to cross rivers which are considered unsafe to ensure that they can reach school.

As per BF project staff, barriers for girls going to school are menstrual health management and the lack of toilet facilities. BF! has ensured that during menstruation girls have access to separate rooms, reusable pad materials have been provided to girls and girls have begun opening conversations about these topics with their parents. They have also shared reusable sanitary pads with other female members of the household. This was reiterated by the health extension worker who explained that the PPI has motivated parents to ensure that young girls have access to reusable pads so that they do not miss school.

5.4.3.4 Education as a pathway to a girl's future instead of child marriage

Several participants spoke about fewer child marriages taking place in the community due to the PPI. Part of the training is discussing the harms of child marriage and the importance of education. A health extension worker said: *"In our Kebele, girls used to drop out school. However, this has changed now. This change is observed after Break Free's training. Even if a parent wants to marry off their children, students report to us and WDA members."*

Both a few adolescents and mothers of adolescents explained that in their communities, education is increasingly seen as a pathway for a girl's future rather than child marriage. For instance, a female adolescent in Wendata explained that her mother used to think girls should marry once they turn 10 years old but now has changed her attitude as result of the PPI. Her mother now believes education is important. She has also advised her cousins to study.

5.4.4 Better diets and personal hygiene

Many study participants talked about changes in relation to caring for newborns as result of the PP training.

> *"Before receiving proper training, we made several mistakes in caring for our newborns. For example, we used to opt for home births and neglected to vaccinate our babies. Through the training, we learned and understood the importance of delivering babies at healthcare facilities, monitoring their health closely, providing nutritious meals for our children, delaying the introduction of solid foods until they reach six months of age, and prioritizing the hygiene of newborns*. (SSI, WDA member, Andasa Kebele)

Others talked about other changes in the community such as up take of pre- and post-natal care, and better hygiene management through the building of latrines, and more frequent hand washing.

5.4.5 Also other skills gained through the PPI

A positive side effect of the intervention according to study participants is that it equips WDA members with knowledge and confidence which empowers them to carry out other responsibilities more effectively as well, such as having a proactive approach towards safeguarding of children.

> *"They are vigilant in identifying cases where parents secretly marry off their children or subject them to abuse. In such instances, these WDA members diligently work to identify the perpetrators and connect them with the child protection committee... Their dedication and proactive approach contribute significantly to safeguarding children and promoting their well-being."* (SSI, BF! Project staff)

5.4.6 Monitoring staff confirm observation of changes

To look at the effectiveness of the intervention, BF! also looks at data from health centers and schools which detail the number of youths accessing health education and sexual and reproductive health (SRH) services and the number of girls school enrollment. However, BF! staff indicates that it is not possible to distinguish the specific impact of PPIs from other community initiatives such as champion of change programmes, peer-to-peer discussions in schools, and girls' clubs can be challenging, as these efforts are often interconnected and cumulative in effect. BF! staff involved do state however to see changes between families that have been involved in the PP intervention versus those that have not.

> *"We've observed notable differences between families who participated in the training and those who did not. Families who underwent the training have initiated more open communication. For instance, daughters are now expressing to their fathers that they won't miss classes even if they have household chores. Similarly, wives have begun openly discussing matters with their husbands and are more inclined to confront disagreements."* (SSI, BF! staff).

Validation meeting participants concurred with the changes mentioned by the study participants and shared changes they had undergone themselves as well in relation to improved communication between parents and adolescents.

5.5 What challenges are encountered when implementing the intervention?

The implementation of the PPI, has not been without challenges. This section provides insight on the perspectives of the study participants in the Bahir Dar Zuria district, where this research took place, in relation to these challenges.

5.5.1 Strong social norms in place that need to be counteracted

Study participants acknowledged that traditionally strong emphasis is given to parents as central authority figures in the family. As result, communication between parents and children is largely top down, with children often at the receiving end of communication. Some study participants considered that more time is needed to really get to an additional level of depth in parents-children communication, as can be illustrated by a quote of an adolescent male from Robit:.

> *"We don't deeply talk about these subjects (such as romantic relationships), but my mother advises us that everything has its own time. I also believe that I need to achieve many things before I think about romantic relationship"* (SSI, Male Adolescent, Robit Kebele).

While in the study, a few participants indicated that there initially was resistance to – especially young – women teaching and orientating men on the PP approach, the majority of the validation meeting participants said not to recognize such resistance. The validation meeting participants argued that women as wives and mothers are effective in presenting positive parenting messages since they often present a softer and more intimate perspective on parent-child relationship. Furthermore, they argued that the society has experienced significant shifts in regard to attitudes towards women and consequently both women and men are receptive of education and orientations given by women. The traditional view that women are inferior is gradually, but surely, ebbing away, according to these participants.

Community resistance has been acting as a barrier against diffusion and sharing of ideas related to PP, such as in relation to teenage pregnancy where only abstinence is traditionally promoted without promotion of contraceptive use as the latter is believed to encourage young people to become sexually active earlier. In order to reduce such resistance, a few study participants mentioned efforts made to mobilize support from religious and community leaders. However, challenging such traditional beliefs is not an easy task for women when educating their fellow women about the ASHR topics under the PPI.

Another challenge relates to the community's beliefs on child feeding practices, where skepticism about the importance of nutritious food for children meant that additional efforts had to be put in place as can be seen from the quote below.

> *"Another hurdle encountered was the community's reluctance to immediately adopt changes in children's eating habits. There was a prevailing belief that children should grow quickly, leading to skepticism about the importance of providing nutritious food. Overcoming this mindset and encouraging the provision of healthier meals to children proved to be a lengthier process than initially anticipated."* (SSI, BF! Staff).

As result of the resistance in certain aspects, stakeholders interviewed indicated the need for ongoing and frequent training sessions and discussions to address these challenges effectively.

5.5.2 Limited direct focus on fathers

The PPI is a women-focused intervention, with only limited direct focus on fathers. With the exception of the 60 men that received the PP training, it are primarily women who are seen as the central change agents. As a consequence of this, a few study participants mentioned that some fathers show reluctance to support their daughters' need for SRH services, or that some fathers strongly oppose to their daughter's contraceptive use. Across the board, many of the study participants indicated to see a strong added value towards more direct engagement of fathers in the intervention so that they are more comprehensively informed about the approach and do not have to depend on indirect information through their wives or gatherings in churches for instance.

5.5.3 Low education level of WDA members

WDA members constitute the largest pool of trainees trained in 2021 and or 2022 by the PP facilitator from Bahir Dar University. Amongst the WDA study participants (see chapter 4), four out of six had no formal education. When selecting WDA members, finding women trainees with sufficient writing and reading skills reportedly was not an easy job back then.

> *"Selecting the most suitable WDA members posed a significant challenge, particularly considering their level of education. Many WDA members lacked formal education, making it difficult to ensure their thorough understanding of the issues at hand. Furthermore, their inability to write notes hindered their retention of concepts. Compiling comprehensive reports also proved to be problematic, as individuals from the Kebele often struggled to meet the quality standards we required."* (SSI, BF! staff)

Those who have received the training in turn were expected to train other women with no or limited education. As can be seen from the quote above, this limited education has affected the thorough understanding of the central concepts and the comprehensive application of messages shared during the training. While a peer-to-peer approach has been put in place for those with less literacy skills, the absence of supporting materials that are easily accessible for individuals with limited literacy makes it more challenging for WDA PP facilitators who themselves were not literate to provide sufficient layers of depth to trainings, or to focus on transferring skills instead of only messages. BF! stakeholders indicated that while it is difficult to ascertain the completeness of the training process, they also believed that it is not yet fully realized.

5.5.4 Shortage of SRH services

Improving the provision of SRH services for adolescents is one of the main components of the PP intervention. As discussed in section 5.4, most parents as result of the intervention have increasingly become supportive of their adolescent children's SRHR needs. A few stakeholders interviewed mentioned that as parents' awareness about their adolescent's SRH needs are increasing, more and more young people have started using SRH services (e.g. pregnancy pills, counseling and educational services). These stakeholders also indicated that this increased demand has resulted in pressure on local health centers and shortages of resources.

> *"Nonetheless, it is evident that there has been an increase in the demand for services, including health education and SRH services. This heightened demand is a positive outcome, indicating greater awareness and engagement within the community. As a result, health centers have faced resource shortages due to the increased demand for services."* (SSI, BF! staff)

As can be seen from the next section, according to stakeholders this shortage of resources is foremost influenced by the security situation.

5.5.5 Deteriorating security situation

In recent years, the Amhara region has experienced significant security challenges. These have disrupted the daily lives of civilians, adversely affected their livelihoods, and hindered the provision essential social services, including health care. Such challenges have understandably impacted the implementation of the PP intervention, including the earlier mentioned pressure on SRH resources for adolescent youth.

> *"The shortage of materials at health centers is primarily attributed to the ongoing conflict, which occasionally restricts movement and poses challenges in procuring supplies. Additionally, budget constraints within the government exacerbate the situation. However, it is noted that these items are available in private pharmacies… Efforts to address the problem include ongoing discussions with the Woreda Health Bureau to facilitate the procurement of materials, particularly in areas with high demand. The Health Bureau is also exploring options for material support from other non-governmental organizations (NGOs) involved in health projects."* (SSI, BF! staff)

WDA members also indicated as result of the emergency decree put in place across Amhara region since July 2023, prohibiting amongst others holding meetings, the bi-weekly or monthly PP sessions are mostly on hold as mentioned in section 5.1. Mobility between communities has been a challenge because of the security risk involved and it has become difficult for locals to move from one place to another in the face of security threats. Undertaking PP activities has not been easy. Discussions held with BF! Project staff revealed that they have not been able to visit project sites as frequently as they should have because of the on-going conflict in and around Bahir Dar Zuria rural kebeles.

5.5.6 Challenges with scale up

A few participants brought up concerns about the current intervention not reaching out to sufficient people. For instance, only 30 kebeles out of the 3,429 kebeles (Adugna, ND) in Amhara region are targeted. This means that many kebeles do not receive the intervention. Furthermore, in each of the 30 kebeles, only 5 WDA members or women association leaders got the formal PP training.

A health extension worker suggested that it would be useful to also disseminate PP messages at a wider scale, for instance through television and radio, so that they can reach a wider audience and facilitate norm change amongst a wider group.

6 Opportunities and recommendations

In the study sites, the PP intervention has generated much enthusiasm and interest among parents, adolescents, young people and the community. As discussed in this report, families and community members started seeing the benefits of improved parent-child relationships in terms of better communication, increased parental involvement in adolescent issues, adolescents increased decision-making power, and improved school attendance and performance. The PP intervention has a good chance to contribute to transforming the study sites into an adolescent-focused and adolescent-responsive community where parents and children can live a happy and healthy life.

The interviews with parents, adolescents, FB! Project staff and other stakeholders, reinforced with data from the literature as well as reflection by the research team through the data analysis process and the three validation meetings with community members, reveal that there is still an opportunity to deepen the PP's intervention in the community, primarily through enhancing the training; increasing involvement of fathers and possibly seeking alliances with schools.

6.1 Enhancing the PP training

There was a feeling shared by several study participants that refresher as well training of new WDA members as facilitators and others is needed to both maintain and expand gains obtained from the PP intervention. Most of the trainings in the past were of short duration without any follow up or coaching. As result, it is believed that knowledge and skills gained from the initial training are likely to diminish over time, hindering the long-term impact of the intervention. This especially so because of the lack of training aids that support the roll out of the training in addition to the PowerPoint presentation that was used for all trainings so far. A few participants voiced that this PowerPoint presentation needs to be restructured into a well-organized handbook with distinct chapters. Each chapter should cover a specific topic with information presented in a sequential and logical order without overlap between chapters as is currently the case. This would make the document clearer, easier to grasp and easer to navigate for use when training others. In addition, there is also the need to include real case examples with contextualized stories, exercises and group works in this handbook. Such exercises could help to place more focus on skills building towards the implementation of the PP intervention, instead of the strong focus on knowledge transfer (Kovalyk, 2022; Franco Esteves, 2021). As mentioned earlier, including pictures and drawings to explain the concepts and exercises, would be especially useful for those with lower literacy levels (Kyun Oh, 2022). Setting up a system that fosters continuous learning and improvement so that people can internalize the issues covered during the training and apply them to their day-to-day interactions in the family was further said to be essential to deepening the approach. This is also supported by the literature where it is shown that a coaching system assist with the more accurately implementation of a certain approach (Kretlow and Bartholomew, 2010).

6.2 Fostering further interaction between parents and children

While the improved interaction between parents and children is very much appreciated both by parents and adolescents, there is space to further deepen this interaction. A number of study participants, including adolescents, indicated that the communication still stays at the surface, and that the communication rather relates to providing information than engaging in real more substantial dialogues. This would require additional communication skills by parents. For children it is essential that parents are able to engage them in interpersonal interaction, listen to them and are responsible, show emotional closeness, and stimulate their development (Weerden, 2016). The literature indicates that the quality of the parenting that children receive influences the development of children (Sanders, 2008; Weerden, 2016; Altafim et al, 2019). Competencies that parents need to practice a PP approach include self-efficacy which contributes to parents having positive expectations that change is possible; personal agency which help parents own the change process; problem solving skills; communication skills; skills to create a safe and engaging environment; and skills to stimulate positive behaviour in children and stop negative behaviour (Sanders, 2008). In order to change the long-embedded patterns in child rearing, a further review of the training curriculum is needed on whether all required skills and needs are currently addressed and to fill the gaps around these with interactive activities that foster such skills building.

6.3 Increasing the focus on fathers

The qualitative evidence obtained from this study also shows that fathers have become important players in SRH issues related to their adolescent children. The study also revealed interest of fathers to get involved in discussions affecting the psycho-social and intellectual wellbeing of their adolescent children. Quite a few study participants are in favour of increasing the focus on fathers within the PPI intervention. While the PP intervention has made a start with involving fathers

through the training of 60 men, further work would seem to be needed on how to systematically include such a male involvement. For instance, to look at traditional structures through which fathers could further spread the knowledge and skills on PP parenting to peers.

The literature shows that children benefit significantly in their cognitive and emotional development when their fathers are actively involved and supportive. The presence of a father enhances academic performance, boosts problem-solving abilities, and fosters greater empathy. Fathers who are engaged help their children build higher self-esteem and confidence, which paves the way for success in many areas of life (Childpsych, 2023). In addition, the success of adolescent-oriented interventions has also been found to depend on the level of fathers' awareness and subsequent involvement in programme activities (Juanola et al, 2020).

6.4 Strengthen M&E to better understand what is being implemented, and what changes are required to further strengthen the intervention and its effect

While regular monitoring of the intervention is ongoing, the documentation of those monitoring efforts could be strengthened by bringing the information that the WDA PP facilitators report on more holistically together. As mentioned in the limitation section, for the current study, this information could for instance not be made available. The study team would like to suggest that a stronger focus could be placed on monitoring the fidelity of the implementation of the approach to better understand in which particular areas WDA PP facilitators have challenges that need further addressing. For this a check list could be developed. Furthermore, the research team also thinks that documenting changes that mothers, fathers, adolescents and other stakeholders experience possibly through using community monitoring techniques, could help build further motivation of community members around the approach, as well as provide valuable information for advocacy purposes towards obtaining more resources and being able to expand the intervention to other communities currently not being reached. Validation meeting participants also reinforced the notion that supporting and following up the activities of the WDA members and other groups such as women and youth groups) involved in providing education and orientation about the PP approach would be useful to further strengthen its application.

6.5 Seeking alliances with schools

As mentioned earlier, one study participant indicated a greater sense of openness within schools to discuss ASRH relates issues. Several other participants, as well as the validation meeting participants think it would be valuable to explore opportunities on how to increase collaboration with schools. For instance, through discussing with parents-teachers association (PTA) fora on how the PP concepts could be further endorsed and used within that setting, or through arranging education and orientation sessions on PP for teachers and school principals possibly in coordination with the various clubs that exist in the school setting such as girls' club, environmental clubs, or mini-media clubs. Validation participants brought up the strong potential to reach large group of young people by working more strongly with schools.

6.6 Further strengthening the embeddedness of the PP approach in community structures

While a few study participants, mostly from the BF! Partners, talked about the value of sustainability, the validation meeting participants strongly voiced that there are more opportunities to embed the approach within community structures. Besides the above-mentioned collaboration opportunity with schools, they suggested to further increase the work with indigenous self-help associations such as Edirs and Equb and religious-based organisations such as Senbet, as these events and activities are there to remain in the community. They also suggested to expand the collaboration with health extension workers, especially around the topic of child nutrition, as these health extension workers are in regular communication with parents. Furthermore, they see opportunities to involve the district-level sector offices, and in particular education and health with women and child affairs more strongly in order to anchor the PP approach further. Lastly, they also suggested to involve families who integrated some of the PP approach in PP orientation and training events to provide positive examples.

7 Conclusions

The study revealed that positive parenting information is effectively disseminated through various community channels, including WDA meetings, informal gatherings, and at home. Despite restrictions on large gatherings since mid-2023, participants, including adolescents, parents, and community health workers, view the approach positively. Those formally trained found the training clear and accessible, though improvements in materials and support could enhance understanding and application.

Key changes reported on through the PPI include improved parent-adolescent communication, increased openness about SRHR issues, positive changes in attitudes toward education, and better newborn care practices. However, challenges remain, such as strong social norms to be addressed, limited engagement of fathers, and security issues in the Amhara region. The scale of the intervention also leaves many districts without access.

Recommendations include refresher training, developing a comprehensive training handbook, enhancing male involvement, strengthening monitoring and documentation, increasing school involvement, and embedding the approach further in community structures. These steps will help sustain and expand the positive impacts of the parenting intervention.

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Annexes

Annex 1: Ethical clearance letter

Ethiopian Society of Sociologists, Social Workers And Anthropologists
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Reference No. ESSSWA/L/AA/4812/2023

Date: December 10, 2023

ESSSWA's Institutional Review Board (ESSSWA's-IRB)

Certificate of Protocol Approval

ESSSWA'S IRB meeting No. IRB/ESSSWA/026/2023

To: Abeje Berhanu (PhD), Principal Investigator

From: Melese Getu (PhD), Chairperson, Institutional Review Board (IRB)

Protocol Title:	Understanding the application of "positive parenting" in the **Break Free!** Program in Ethiopia and its possible effects and opportunities for enhancement
Protocol Number	035/2023
Principal Investigator	Abeje Berhanu (PhD)
Institute	KIT - Royal Tropical Institute and Plan International
Study site/s	In Bahir Dar Zuria, Dangela Zuria & Fagita Lukuma districts in the Amhara region
Decision	The Institutional Review Board of ESSSWA has approved the above mentioned research protocol which involves human study participants.
Date of final approval issued	10 December 2023
Expiration date of this approval certificate	09 December 2024

Obligations of the PI

1. Should comply with the standard international and national scientific and ethical guidelines.
2. All amendments and changes made in the protocol and consent forms must have prior IRB approval.

Society of Sociologists, Social Workers and Anthropologists ESSSWA

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3. The PI should report all serious and/or unexpected side effects or unanticipated problems (SAE) in writing within 10 days to ESSSWA's IRB by email (melese88@yahoo.co.uk and/or irbessswa@gmail.com) or in person.

4. Brief progress report of the study should be given to the IRB when the data collection activity is completed

5. A hard copy of the final report of the study should be given to the IRB.

Note: If this project continues after the expiry date of approval indicated above, then it must be renewed as specified by the IRB guidelines. A renewal application consists of a brief report which summarized the results obtained during the past period and a short statement of the research plan for the coming year.

Melese Getu (PhD)

Chairperson, ESSSWA-IRB

Sig: _____

Date: 18/12/2023

Ethiopian Society of Sociologists, Social Workers and Anthropologists
ESSSWA

CC: ESSSWA's IRB Secretary

Name: Me

Chairperson, IRB

Break Free!

PLAN INTERNATIONAL

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Learning from the positive parenting intervention by Break Free! in Ethiopia