

Mihaela Robila · Alan C. Taylor *Editors*

Global Perspectives on Family Life Education

 Springer

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Global Perspectives on Family Life Education: Introduction

Mihaela Robila and Alan C. Taylor

Global Perspectives on Family Life Education: Introduction

The purpose of this book is to provide an extensive coverage of the different types of family life education programs in countries around the world, with a wide geographical representation, addressing their development, implementation, and evaluation. Family life education (FLE) incorporates a preventative, educational, and collaborative approach to empower families and individuals to address and resolve family issues (Darling, Cassidy, & Powell, 2014). Effective family policies promote family life education and its preventive services as essential in ensuring family well-being (Robila, 2014). Best practices, regarding family life education with diverse populations in the United States, suggest implementing effective ways to tailor interventions to fit family needs (Ballard & Taylor, 2012). Family life education and related coursework are available on different continents, along with considerable public interest (Darling & Kaija, 2009).

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Over the past 60 years, in the United States, the National Council on Family Relations (NCFR) has been instrumental in their continuous support of the development and progress regarding the family life education field. In the early 1980s, the criteria for individuals interested in obtaining the Certification of Family Life Educators (CFLE) were established by NCFR. However, historically it has predominately focused on training educators within the United States (Allen & Blaisure, 2015). With that said, in early 2016, NCFR made a substantial step to become more internationally minded when they appointed the inaugural NCFR Global Task Force to explore the potential benefits and opportunities that may prove possible with a global family life education emphasis (Smith, 2016). This book is one of the first attempts to examine the types of family life education occurring in various countries around the world. Thus, the purposes of this book are to examine family life education in different countries, to underline challenges and opportunities, and to present best practices that could be adapted and developed in other areas.

The attempt to develop a universally accepted family life education definition that is agreeable to all of those working in the FLE field has been a challenging task for decades. FLE scholars have spent over 50 years defining and redefining the phenomena of family life education (Arcus, Schvanevelt, & Moss, 1993; Darling, Cassidy, & Powell, 2014; Hennon, Radina, & Wilson, 2013).

Currently, the National Council on Family Relations website describes family life education and its primary purpose through the following:

Family life education focuses on healthy family functioning within a family systems perspective and provides a primarily preventative approach. The skills and knowledge needed for healthy functioning are widely known: Strong communication skills, Knowledge of typical human development, Good decision-making skills, Positive self-esteem, and Healthy interpersonal relationships.

Family life education professionals consider societal issues including economics, education, work-family issues, parenting, sexuality, gender and more within the context of family. They believe that societal problems such as substance abuse, domestic violence, unemployment, debt, and child abuse can be more effectively addressed from a perspective that considers the individual and family as part of larger systems. Knowledge about healthy family functioning can be applied to prevent or minimize many of these problems. (NCFR, n.d.)

While these descriptions seem appropriate and applicable to the practice of family life education within North America, it remains to be seen whether they are truly transferable to a more global family life context. For example, the individuals and families living in less developed countries may not have the same immediate societal problems or similar Western societal paradigms that govern what is currently defined as healthy family functioning. For this purpose, the chapters within this book shed light on the practices of family life education from various countries as they relate to multiple ideological paradigms and distinct, acceptable practices of healthy family formations and functioning.

In addition to the abovementioned description by NCFR today, Arcus et al. (1993) introduced the following practical and programmatic features of FLE as it relates to its main objectives:

- “Family life education is relevant to individuals and families throughout the lifespan.
- Family life education should be based on the needs of individuals and families.
- Family life education is a multiple disciplinary area of study and multi-professional in its practice.

- Family life education is offered in many different settings.
- Family life education takes an educational rather than therapeutic approach.
- Family life education should present and respect differing family values.
- Qualified educators are crucial to the successful realization of the goals of family life education.” (pp. 15–20)

It is important to distinguish how family life education is comparable to and different from other family service fields. In 2011, the conceptualized model of the Domains of Family Practice was introduced to distinguish the intentions and practices of family life education, family therapy, and family case management (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011). This model addressed why, what, when, for whom, and how family life education, family therapy, and family case management are uniquely different and focused. While these three fields of practice have the same primary mission to help strengthen healthy families and their members, each also attends to this work in diverse ways. As was mentioned earlier, family life education fosters strong healthy families by helping families develop skills and knowledge. In addition, FLE helps individuals of all ages enhance their attitudes, values, and goals. Family therapy helps families refocus and rebuild their relationships and functioning. Finally, family casework is concerned with supporting families to comply with the legal and policy systems impacting families while providing various resources to help them become more successful.

For this edited book, we have asked the authors to focus their chapters on the field of family life education. While we acknowledge that there are times when the fields of family life education, family therapy, and family case management are sometimes intertwined and combined, our focus is on the educational outreach activities used to “strengthen and enrich individual and family well-being” (Arcus et al., 1993, p. 21).

The Framework for Best Practices in Family Life Education

The Framework for Best Practices in Family Life Education was introduced by Ballard and Taylor in their book entitled *Family Life Education with Diverse Populations* (2012, Sage) and is used in this book as well. The three main components of this best practice framework consist of the following, *program content*, *program design*, and *the family life educator*, which are embedded within the *culture* and the *strengths and needs of the population* (see Fig. 1). These components are discussed in the following sections.

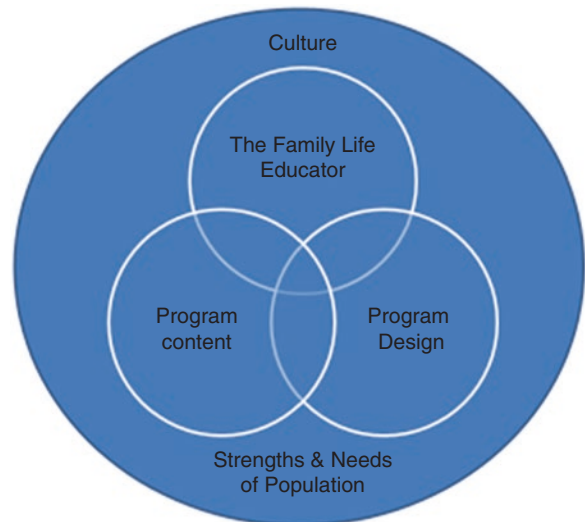
Culture and Needs and Strengths of the Population

The Framework for Best Practices in Family Life Education has the three components (program content, design, and family life educator) embedded within the culture and the strengths and needs of the population (Ballard & Taylor, 2012). Understanding the culture of the population attending an FLE program is important for the success of the program and the acceptance of the program by its participants. For educators who are offering FLE programs in various countries throughout the world, being “culturally compe-

tent” and aware of the unique customs and rituals that exist within, as well as the needs and strengths of those families, are essential for program success.

While the term “culture” has traditionally been defined as a group of individuals who have common values, norms of behavior, symbols, language, and common life patterns that people learn and share with one another, it will continuously evolve and change over time (Shimizu, Lee, & Uleman, 2017). For example, theories of cultural diversity or racial identity have changed and adapted over the past 20 years as we have become more culturally aware and competent globally (Delgado & Stefancic, 2017; Allen, Fine, & Demo, 2000). It will be valuable for family life educators to openly grasp the concept of culture that goes beyond geography, language, and behaviors. Culture also refers to the context (e.g., agency or community) in which the programming occurs, including issues such as funding, politics and policy, and the capacity of the organization to deliver the program effectively (Durlak & DuPre, 2008). The *sociohistoric and economic context* of a region reflects the level of family life education provided, with the more developed areas presenting more advanced and sophisticated methods, while rural or poorer areas generally lag behind.

Fig. 1 Framework for Best Practices in Family Life Education. (Ballard & Taylor, 2012)



Despite the unique cultural differences that can be found throughout the world, some communities have similar cultural heritages and practices because of shared languages, traditions, and symbols. While some educators attempt to plan and implement successful FLE programs that are culturally neutral and that focus more on similarities than diversity (Allen et al., 2000), the purpose of this edited book is to also acknowledge the various cultural differences that exist among the populations living within the countries that are highlighted.

Given the current globalization process and the immigration movements across the globe, this idea of focusing on cultural differences in populations globally is becoming more relevant in countries that are becoming increasingly culturally diverse. It is particularly important for FLE professionals to be educated in unique characteristics and family patterns of families with different cultural backgrounds. A review of various course offerings from cross-cultural and/or international perspectives of over 110 undergraduate programs and 76 graduate programs in the United States indicated that only 54 (48%) of the undergraduate programs sampled were offering a course specifically addressing culture or diversity among families and children, while only 20 (18%) programs offered courses specifically on cross-cultural/international issues and families (Robila & Taylor, 2005). Current and future family life educators need to be trained and equipped with the applicable knowledge, skills, and experiences that will enable them to successfully incorporate culturally appropriate educational experiences with diverse populations (Ballard & Taylor, 2012; Robila & Taylor, 2005). According to Ballard and Taylor (2012), family educators cannot effectively teach audiences of which they are unfamiliar and unaware. Beyond just knowing about diversity among individuals and families, family life educators must also be aware of the unique challenges and opportunities that arise from developing and implementing programs designed specifically for distinctly diverse groups and international populations.

Family life educators may find themselves providing FLE programming within a different culture than they are from themselves or to individuals

with diverse cultural backgrounds (Ballard & Taylor, 2012). These circumstances may happen even within the same country or region from which the educator resides. Educators must be prepared and equipped with cross-cultural competence. To be equipped with cross-cultural competence means family life educators would be able to effectively provide program content across cultural boundaries on a consistent basis. The capacity to consistently be culturally competent is a process that usually takes time and effort to develop (Allen & Blaisure, 2015). Ultimately, it is essential that family life educators are culturally competent, and able to successfully connect to all of their participants, in order to effectively implement family life programs (Ballard & Taylor, 2012).

Family life educators will also be most effective if they are aware of the strengths and needs of the population for whom they are providing programming and services (Ballard & Taylor, 2012). Strengths and needs of the population refer to the individual and their family program participants, in addition to the context of the family life context for which the programming is being offered. Family life educators are trained to assess the needs of their target audience and adapt content and methods to meet the varying audiences. There are three basic types of “needs” that are addressed in FLE programming: felt needs, ascribed needs, and future needs (Arcus et al., 1993). All three types are important in determining program design (content and delivery) and are assessed in different ways. A thorough discussion of each of the three listed needs, including their definitions, can be found in the *Family Life Education in the United States* chapter in this book (Ballard, et al., 2018). Along with identifying the needs of the population, recognizing and incorporating various strengths of a population into FLE programming can positively impact how a program is developed, received, and delivered. According to Ballard and Taylor (2012), a cornerstone of family life education is using a strengths-based approach to working with families. Helping individuals and families recognize their strengths and opportunities can generate a sense of empowerment, fortitude, and resiliency. In regard to FLE

programming, certain family dynamics may be emphasized as familial strengths and may provide important clues to successful programming.

Program Content

Program content refers to specific topics and areas of focus that are integrated into the educational process with program participants such as relationship education, parenting education, conflict management, domestic violence, or sexuality education. There is a wide variation in how these areas are tackled in different countries. Family life educators must determine the appropriate scope of their program and establish relevance and applicability to their audience.

NCFR introduced nine content areas for which family life education programming is most often embedded. These include families and individuals in societal contexts, internal dynamics, human growth and development, human sexuality, interpersonal relationships, family resources management, parenting education and guidance, family law and public policy, and professional ethics and practices. These areas are broad and complex, and each of them includes specific subtopics, such as gender roles, power balance, healthy sexuality, or intergenerational solidarity.

“Family life education” is still often used to refer to sexuality education, and scholars in family science have worked hard to help people understand that FLE encompasses sexuality education but that is just one of the content areas. Many countries may focus primarily on sexuality education, but this book is an opportunity to educate a broad audience on the full scope of FLE (e.g., prevention, education, and collaboration). Moreover, while there is general openness for most of the FLE content areas around the world, the topics surrounding *sexuality* have encountered resistance in different countries and regions. Sexuality education has been examined in different contexts demonstrating the importance of understanding structural, sociohistorical, and cultural factors influencing sexuality education (Haberland & Rogow, 2015; Simovska & Kane, 2015). For example, in India sex education delivered at the

school level encounters strong objections from parents, teachers, and politicians and has been banned in several states, because of beliefs that it corrupts youth and leads to promiscuity, experimentation, and irresponsible sexual behavior (Ismail, Shajahan, Rao, & Wylie, 2015).

Parenting education is an important and valuable area of family life education worldwide. As will be evident within all of the country chapters of this book, some form of parenting education is being offered in nearly every country today. Parenting education is the understanding of how parents teach, guide, and influence children and adolescents. In addition, it involves how parent-child relationships regularly change throughout the lifespan in relation to their nature, dynamics, and needs (Darling, Cassidy & Powell, 2014). Program topics might include one or more of the following: parenting rights and responsibilities, parenting practices/processes, parent-child relationships, variation in parenting solutions, and changing parenting roles across the lifespan. One particular parenting program that is highlighted and described in a handful of the country chapters within this book (i.e., Australia, Ireland, the United States, Chile) is entitled Triple P – Positive Parenting Program (Triple P, 2017). This program originally was established in Australia and was designed to prevent, as well as treat, behavioral and emotional problems in children and teenagers. Its focus is to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P draws on several developmental, behavioral, and relationship theories, as well as research into risk factors associated with the development of social and behavioral problems in children. The curriculum and activities are designed to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. Currently, this evidence-based parenting program is being offered in over 25 different countries throughout the world (Triple P, 2017).

Within this book, each chapter also highlights its country-specific parenting program that has been developed to meet its unique cultural needs. Chile, for example, offers a parenting program entitled

Nadie es Perfecto [Nobody's Perfect] (Delva, Lopez, & Guzman, 2018). Nadie es Perfecto is a governmental program that provides support for new parents through the first 3–5 years of the child's life. This community-based program consists of a series of trainings to help parents develop parenting skills according to the child's developmental stages (Delva et al., 2018).

Domestic violence, for example, is another area with a great potential for preventive family life education services. For example, in Moldova the preuniversity-level education system included courses on family life education and civic education that tackle the topic of family violence, among others, together with different informational campaigns, in an effort to foster awareness, increase domestic violence prevention, and promote nonviolent relationships (Bodrug-Lungu & Robila, 2014).

Other important topics in family life education and family policy are the *work and family balance* and the support that could be provided to families to negotiate these tasks and live balanced, healthy, and fulfilling lives, along with *changes in family structures* and *shifts in the gender discourse* (e.g., Liu, Esteve, & Treviño, 2017). For example, Griep et al.'s (2016) study on work-family conflict and health in Brazil showed that women experienced more frequent work-family conflict and in both genders, increased work-family conflict directly correlated with poorer self-rated health.

With changes in sociohistoric and economic contexts around the world, *intergenerational relations* change as well, and families need resources to adapt to these changes. For example, Anikina, Taran, and Yana Timofeeva's (2016) study on family support for older people in Russia and its decline suggested that family support for older people has not vanished but that adult children support their parents when they need it, the level of support depending on the level of need.

The program content component of the Best Practices Approach to FLE (Ballard & Taylor, 2012) needs to be theory driven and supported by research. All FLE programs should be based on sound theoretical frameworks (e.g., ecologi-

cal, family systems) and have strong empirical underpinnings. It is recommended that multiple methods research on families be conducted in all countries around the world to build knowledge base on which to develop effective family programs. While there is social research conducted in most countries around the globe (e.g., international household surveys), most of this research has the individual as unit of analysis and not the family. In order to develop effective family programs, there is a need to develop a strong base of family research.

Program Design

Program design is related to the family life education format and features. It is primarily focused on *development, implementation, and evaluating* family life programming. Program design is also heavily linked to the various modes of learning expected within the program and recruitment and marketing of program participants. In addition, awareness of the types of barriers that prevent consumer participation and environmental considerations play a significant role in the design's success. Examples of these barriers include lack of familiarity with FLE, stigma regarding reaching out and using family education services, financial considerations, and lack of openness toward outsiders. In some cultures, family issues are expected to be addressed and solved in the family, but this may not happen as people might not be comfortable to talk about certain topics.

Family Life Education Development and Implementation

Governmental and Nongovernmental Levels of Promotion

Awareness and knowledge about family life education are the first step in its development and implementation. While some countries have family life education addressed at the government level, in others it is provided mostly by nongovernmental organizations and the civil society. Taiwan is the first country that enacted a Family Education Act (in 2003) to nurture individuals

and strengthen families through family life education (Hwang, 2014). The law involves several aspects including the purpose and scope of family education, the central government agencies that are in charge of it, and guidelines and job descriptions of centers that deliver these services and criteria of professionalism. Similarly, Almalki and Ganong (2018) indicated that in Saudi Arabia the Family Life Education Act was passed in 2013 by the Council of Ministers to provide family life education and social development programs offered by the Ministry of Labor and Social Development. In South Korea (Chin, Lee, Lee, Son, & Sung, 2014), the Act on Healthy Families requires local governments to provide comprehensive and preventative family services through Healthy Family Support Centers (HFSCs). Certified healthy family specialists, who have expertise in family issues, deliver various family services at these centers to help improve the quality of family life and prevent family problems.

In other countries, family life education is provided by the family itself or by grassroots organizations. For example, in the chapter on FLE in Ghana included in this book authored by Asiedu and Donkor, the authors indicate that there is no formal family life education because it is done by family members. It is also considered as not being very important because the focus is on intervention and remediating the problems, rather than on prevention.

It is crucial for the family life education to respond to *contextual problems of the region*. For example, in Africa, FLE must address, among other topics, health risks and unhealthy attitudes and behavior (e.g., Adeyemi, 2005; Fekadu, 2001). An overview of family life and sexuality education in Nigeria (Ariba, 2000) indicated a high prevalence of reproductive health problems, in which unhealthy sexual behavior is a major contributor. Also in Nigeria, Udegbe et al.'s (2015) study on family life and HIV education (FLHE) showed large variations in the year of program adoption, the level of *implementation*, and the level to which schools have been supplied with relevant curriculum and underscored that the problems

affecting implementation require increased financial and technical support from government and NGOs.

Scaling up these efforts to national levels is also crucial in trying to reach the larger population. For example, Chaua, Seckb, Chandra-Moulic, and Svanemyrd (2016) study on scaling up sexuality education in Senegal by integrating family life education into the national curriculum indicated that school-based sexuality education has been in place for 20 years with curricular subjects included in the national curriculum of primary and secondary schools. The factors that facilitated FLE implementation were program clarity, relevance and credibility, program adaptability to youth's sexual and reproductive health priorities, engagement of credible teams (governmental, civil society), and favorable policy environment. Barriers included the sociocultural conservatism and resistance to content areas deemed to be culturally sensitive and structural barriers that made it challenging to include it in the curriculum.

Family Life Education Evaluation

Evaluating family life education programs is an integral part of successful management, designed to examine effectiveness and find strategies for improvements. However, in many countries, evaluation studies are limited in numbers or nonexistent due to lack of funding or expertise. When they are conducted, evaluations prove to be a dynamic mechanism in sustaining effective programs. For example, Roberts (2015) evaluated an interactive sex and relationship education (SRE) program for 5–12-year-old students which included activities such as naming body parts, discussing gender differences, personal safety, and appropriate and inappropriate touching, and it indicated that students enjoyed their learning experiences and the teachers improved their practice and their confidence in the subject. Similarly, in Russia, Alekseeva, Krasnopolskaya, and Skokova (2015) examined the effectiveness of the international volunteer program dance4life (D4L) which addressed taboos, stigma, discrimination, HIV/AIDS prevention, and a healthy lifestyle among adolescents, by using music and dance,

and it showed that youth's participation in D4L had a significant positive impact on perceptions and knowledge of sexual reproductive health and rights and knowledge and helped develop social and healthy lifestyle skills.

Different United Nations agencies are also conducting evaluation studies. For example, the Pacific Region of the United Nations Population Fund Office (UNFPA) conducted an *assessment* report of adolescent sexuality education (or family life education) which indicated that adolescent sexuality FLE was provided at the primary school level as a health-related subject-based curriculum but was limited as an explicit fully engaged participatory learning, gender-based, life-skilled curriculum (UNFPA, 2010). In the Caribbean, United Nations Children's Fund (UNICEF) (2009) conducted an *evaluation* of health and family life education (HFLE) in several countries which showed that implementation was a major factor in all countries. The success of HFLE depended on the ability of Ministries to sustain and support them and on the inclusion of topics into classroom schedules. Similarly, Tindigarukayo's (2013) Impact Assessment of the Health and Family Life Education in Jamaica (HFLE) on the impact of life skill teaching on the knowledge, attitudes, behaviors, and practices of 6th graders showed that the students from HFLE schools reported more positive attitudes, greater knowledge, and fewer risk behaviors than students from non-HFLE schools and that HFLE program benefited females more than males.

Cost-effectiveness analyses are important as part of any evaluation process, and particularly in countries with limited economic resources, where decisions about funds distributions have to be made judiciously. UNESCO conducted studies (2011) on *cost and cost-effectiveness analysis* of school-based sexuality education programs in several countries that indicated that sexuality education for youth is cost-effective and that scaled-up, integrated, and compulsory programs can be delivered at reasonable cost in both low- and high-income countries.

Smyth and his colleagues wrote extensively of parenting program evaluations in their chapter within this book – entitled “[Education for](#)

[Family Life in Australia](#).” They reported that in 2012, Australia's Parenting Research Centre conducted an assessment of Australian evaluations of parenting programs. Over the past 15 years of their analysis (2002–2017), 129 Australian parenting education programs were formally evaluated for their effectiveness and support for improvement. Four parenting programs were identified as being “well supported” for improving child, parent, or family outcome, which included the following: *Triple P* (which seeks to increase parents' competence and confidence and reduce disruptive child behavior problems), *Stepping Stones Triple P* (for parents with a child with a disability), *1-2-3 Magic* (for parents of children aged 2–12 years who have concerns about their child's behavior), and *Couple Care for Parents* (an antenatal program to help couples adjust to parenthood).

Within the United States, there is a trend in family life education programming to prove what works – resulting in a growing amount of evaluation research on FLE programs. Among family life educators, it is becoming a common belief that program evaluations are a necessary component to any effective FLE program. Evaluation results are used to plan or modify programs, to determine the value or quality of a program, to justify programs, and to aid in decision-making regarding program offerings. Data that come from these types of program evaluations will often lead the programs to be relabeled as “evidence-based programs.” Most government-based and private funding allocations for family life education programming require recipients to evaluate the effectiveness of their programs in order for their funding to continue on a yearly basis.

A regular challenge that is mentioned in nearly all of the country chapters is the lack of funding to perform thorough and quality evaluations. Another challenge is the lack of consistency of a program's delivery and content that is being implemented at multiple venues throughout a country. The lack of consistency makes it nearly impossible to evaluate multisite programs when the content drastically varies. In addition, the inconsistencies are also quite

evident due to the various program differences presented in rural and urban environments.

Family Life Educators

The family life educator plays a significant role within the FLE framework of best practices. Educators must have the skills and knowledge to effectively provide a FLE program. In addition, experience with various life events may play a significant role in how an educator will be viewed as competent in providing “expertise” in a content area. There is a wide variation in terms of family life educators’ credentials around the world. While a handful of countries have established academic departments of human development and family science or family services at the university levels, others rely on teachers and other professionals who might not have proper training or on families themselves.

In many countries, parents and teachers are the main source of family life education, and thus it is extremely important to provide parent and teacher education in how to provide, for example, sexual education to their children, given that they might not have had proper training themselves (e.g., Toor, 2012). Negative attitudes regarding sex education and the low level of sex education occurring in homes and schools might interfere with the effectiveness of this process. For example, Cruz and Cruz’s (2013) study in the Philippines with parents of adolescents (ages 10–19) indicated that many parents report not discussing sexuality, and they feel their children are too young for such topics. This research showed that many Filipino parents distrust sex education in school and would prefer teaching sex education to their children themselves, although some admit they are not equipped to handle it effectively. Parents reported being open to future interventions such as parental training that will equip them with better skills on how to handle their adolescents’ sex education.

It is our intention that this book will advance theoretical understanding and inform diverse FLE practice by welcoming submissions from experts practicing family life education in coun-

tries around the world. This volume also presents how the sociohistoric, political, and economic context of a country impacts its families, family services, and programs. Various areas of family life education have been examined from an international perspective, such as parenting, couple relationships, substance abuse, sexual education, poverty, domestic violence, social exclusion/inclusion, immigration, or disability. The chapters that follow explore what types of family education programs exist in different countries and reflect on challenges encountered in developing, implementing, and evaluating them, as well as provide recommendations.

Book Structure

This book reviews family life education programs around the globe, with all regions being represented. The chapters have similar structure, starting with information on the socio- and economic context of the country, family demographics, and characteristics and focusing in depth on family life education program development, implementation, and evaluation. FLE providers and institutions at different levels have been considered, from those which are government sponsored (top-down approaches) (e.g., school-based) to those provided by grassroots community-based organizations (bottom-up). For the formal educational approaches, the chapters present examples of programs targeting school age children and adolescents. Also explored are programs on family life education/family science that have been developed at university levels and those that prepare future professionals to be equipped with systematic knowledge and skills to teach FLE. Examples of successful program implementation are provided, as well as some of the more common challenges one may encounter and possible solutions to those challenges. Systematic evaluation is extremely important in the continuous increase of program quality, and examples are provided from different countries.

The chapters included in the volume have been written by scholars with extensive expertise and experience in family relations and family services in the respective countries. Each book

chapter is written by at least one colleague who has a strong connection to the country (e.g., being born and raised there or working there). Having firsthand exposure to the sociohistorical and cultural background and extensive interactions with people living in these countries equips one with a profound and necessary knowledge needed to reflect on the different types of services available and their impact on families. Besides being reviewed several times by the editors, the chapters have gone through a blind peer review process.

The editors of the volume have been committed to ensure that there is a wide representation of countries from four continents. The Call for Chapters was distributed at national conferences and through several LISTSERVs of professional organizations including the National Council on Family Relations and American Psychological Association Divisions 52 (International), 43 (Society for Couple and Family Psychology), and 37 (Society for Child and Family Policy and Practice). They also reached out and invited scholars on an individual basis.

The section on Asia includes five chapters. In the chapter on family life education in South Korea, Lee and Son focus on the main providers of FLE programs, Healthy Family Support Centers and Multicultural Family Support Centers, along with other government-initiated parenting education, FLE in secondary and higher educational systems, and religious and other nongovernmental settings (2018). Xia and Zhang Creaser (2018) describe the evolutionary processes of family life education in the social, economic, historical, and cultural context of Chinese families today. In the chapter on family life education in Taiwan, Hwang (2018) presents the development of family life education which led to Family Education Act and how it is translated in different programs at school, community, and city levels. Solheim and Wachwhitan (2018) indicate that in Thailand the field of family science is rather fragmented and provide suggestions for further development and involvement of different stakeholders. Bhangaokar and Pandya's chapter describe the evolution of family life education in India,

underlying strategies that worked and the need for future innovations (2018).

Smyth and colleagues wrote the chapter "Education for Family Life in Australia" underlining that while there has been a decline in couple relationship education and an expansion of parenting education, supporting couple relationships is important for effective parenting (Smyth et al., 2018).

Five chapters explore family life education challenges and developments in Africa. Tiliouine and Achoui (2018) review the characteristics of families in Algeria as well as the areas in which family life education programs are provided. Eustace and her colleagues' chapter (2018) on Tanzania discusses contextual factors and family strengths, as well as gaps and opportunities available to key stakeholders, to meet the contemporary family life education needs for families. In *Family Life Education – A Ghanaian Perspective*, Asiedu and Donkor (2018) provide a historical and cultural perspective on families in Ghana and delineate opportunities and challenges for developing family life education as a field there. Muriithi, Kathuri-Ogola, and Njue (2018) indicate that while there is no legal or legislative framework for FLE in Kenya, there are fragments of legislation that address family well-being, discussing some of the existent informal as well as formal family life education programs. The last chapter for Africa is focused on South Africa, and it underlines some of the major challenges in the society, such as the HIV crisis, unemployment, and poverty, as well as examples of effective models of intervention developed by communities to support families (Gerhardt, 2018).

The book continues with chapters on countries in North America and the Caribbean. Ballard and her colleagues (2018) wrote on family life education in the United States, emphasizing the rationale for family life education and providing several examples of preventive programs. Salguero-Velázquez and her colleagues (2018) discuss family issues and programs in Mexico, providing examples of state-run programs as well as university-level family life education curriculums. Frederick, Reyes-Mohammed, and Obasi (2018) wrote the

chapter on family life education in the Caribbean, with a focus on Barbados, Grenada, and Trinidad and Tobago, emphasizing that several positive developments have been registered in parenting, family policy, health, and family life education and that there could be benefits to gain from a more formal development and implementation strategy to effectively reach families.

Family life education in South America is reviewed through three chapters. In *Family Life Education: Brazilian Realities and Dreams*, Bastos and her colleagues (Bastos, et al., 2018) indicate that while family life education is not an established field in Brazil, initiatives and programs to support families have been developed and several examples, such as the Program for Integral Assistance to the Family (PAIF), the Family Health Program (PSF), and School for Parents, are discussed. Similarly, in the chapter on “[Family Life Education in Chile: A Critical Analysis of Two Programs](#),” Delva, Garrido López, and Muñoz Guzmán (2018) compared two evidence-based programs that illustrate family life education principles: *Nadie es Perfecto* (Nobody’s Perfect) and Triple P – Positive Parenting Program. Ripoll-Núñez and Carrillo (2018) discuss recent development of family life education programs in Colombia underlying strengths and challenges and ending with recommendations for further development.

The section on Europe includes four chapters. O’Doherty (2018) starts his chapter on Ireland by presenting the demographic context of contemporary Irish family life as the scene for an exploration of social structures, family well-being, and family service provisions. Baran and Jones’s chapter on “[Family and Child Welfare in Norway: An Analysis of the Welfare State’s Programs and Services](#)” provides an analysis of the welfare state’s programs and services (2018). Burlaka and his colleagues present an analysis of the history, traditions, legislation, and dynamics within modern families in Ukraine, focusing on programs for substance abuse, disability, sexually transmitted disorders, and interpersonal relationships (2018). Copur and Taylor (2018) discussed

family life education programs in Turkey such as the ones offered by the Ministry of Family and Social Policies and the Ministry of National Education, as well as municipalities, to individuals, couples, and families, on issues such as family communication and premarital education, underlying some of the developments and challenges encountered in this country.

Ritblatt and Rosental (2018) wrote the chapter on “[Socioeconomic, Historical, and Cultural Context of Israel and Impact on the Families](#)” presenting examples of policies, government-funded programs and services, and family education programs in areas such as parenting, couple relationships, poverty, domestic violence, child abuse, and immigration. The second chapter focused on the Middle East, was written by Almalki and Ganong (2018) on family issues and family life education in Saudi Arabia. The book ends with a Conclusions chapter by the editors (Taylor & Robila, 2018) which include further research directions and recommendations.

The book strives to underline the importance of family life education and family prevention services and to encourage different stakeholders such as academics, policymakers, and civil society organizations to participate in the efforts of developing, implementing, and evaluating such services. Strong and healthy families are an asset for any society. While some of the problems families encounter are inevitable, others are preventable, and as such, effort should be made to provide support to families in this process.

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Part I

Asia



Family Life Education in South Korea

Jaerim Lee and Seohee Son

Background of FLE in Korea

Traditionally, Confucianism strongly influenced Korean families, but today, egalitarianism coexists with Confucian values in Korean families. The most notable demographic changes related to Korean families include an extremely low fertility rate, a rapidly aging population, delayed marriage, a higher divorce rate, and an increase in transnational marriages. These changes have affected Korean families and their unique needs for FLE.

Socioeconomic, Historical, and Cultural Contexts: Strengths and Challenges of Korean Families

Confucianism, the predominant sociocultural ideology in East Asian cultures, has greatly affected Korean families and is still influential despite the recent sweeping social, economic, and cultural changes. During the *Chosun* dynasty

(1392–1910), Confucianism was the governing philosophy of the nation, so Confucian family values and norms gradually became a core part of Korean culture. For example, filial piety (“*hyo*”), a relational norm between parents and children, was expanded to other social relations between younger and older people and then expanded to refer to loyalty to the king and the nation (“*choong*”). In particular, Confucian familism was embedded in socioeconomic and cultural institutions in the *Chosun* dynasty and has remained meaningful in modern Korea (Chang, Chin, Sung, & Lee, 2015). Confucian familism, a set of Confucian family values, emphasizes the importance of continuing the husband’s or the father’s family line, prioritizing the patrilineal family over the matrilineal family, respecting and serving parents and patrilineal ancestors, and providing mutual assistance within the patrilineal kinship network (Ok, 2011). From a collectivistic perspective, one of the strengths of Korean families has been this support for one’s own family and relatives in times of need and the respect and care given to older family members. However, a family member’s individuality is much less important than the collective goals and benefits of the patrilineal family group. This conflict of values creates major challenges from an individualistic perspective.

A strict hierarchy based on age and gender differentiation is also a fundamental aspect of Confucian family values and norms (Sung & Lee, 2013). In the Confucian tradition, older fam-

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ily members (e.g., parents, older siblings) have power over younger family members (e.g., children, younger siblings) but also have the responsibility to provide and care for the younger ones. The younger family members have to respect and serve the older ones. Men and women also have different roles and responsibilities. Men represent the family, while women are in charge of matters within the family such as housework and resource management. Within this traditional view, Koreans prefer sons over daughters because sons are expected to realize the ideals of Confucian familism, such as succeeding the patrilineal line, pursuing the best interests of the patrilineal kin group, helping with patrilineal relatives, caring for elderly parents, and leading traditional family rituals and celebrations. Within these traditional gender roles, daughters-in-law do the actual housework and kin-keeping activities for their husband's family. The daughters-in-law have to distance themselves from their own parents and siblings because, in Confucian family norms, married daughters are no longer part of their birth families.

Despite the strong influence of Confucianism, modern Korea has experienced extremely rapid socioeconomic and cultural changes. Dramatic industrialization, urbanization, and modernization occurred after the Korean War within only 40–50 years, which was much faster than other economically developed countries. Chang (2010) referred to these dramatic changes as “compressed modernity” since most changes have taken place within a compressed timeframe and region. Korean families have supported these changes in political and economic systems by providing a safety net for their family members. This contribution of Korean families as the unit of support and survival reflects how strong Korean families have been in the process of massive societal changes from one of the poorest countries after the war to a very economically developed nation. However, families have mostly remained in the private sphere where irreconcilable Confucian and egalitarian norms coexist and often conflict (Han & Lee, 2016; Sung & Lee, 2013). For example, many Korean families experience tensions between younger and older

generations or between men and women. Some parents and children have different expectations about elderly care, and some husbands and wives have different expectations about the division of housework.

Another influence of the traditional Confucian tradition is that most Koreans put more importance on the parent-child relationship than the couple relationship. Traditionally, the parent and child relationship, especially the father and son relationship, was more central in Korean families than the husband and wife relationship (Park & Cho, 1995). Raising and educating successful children, particularly successful sons, were crucial to continue and honor the patrilineal family group. The meaning of marriage did not typically focus on love or companionship but on preparation for parenthood. Today, parent-child relationships still shape the goals and dynamics of Korean families (Jang, Lee, Sung, & Lee, 2016) even though preference for sons does not exist among younger parents. Upon the birth of child, it is natural for Korean couples to shift their primary family identity from a spouse to a parent even though the main reason for marriage is love among contemporary couples. Korean parents are very interested and actively involved in their children's lives, particularly in academic matters, which is a globally known strength of Korean families.

Due to the importance of raising successful children, one of the significant features of Korean families is parents' endless responsibility for their children's education and career (Jang et al., 2016). A popular Korean humorous saying represents this reality: Three key factors for children's successful educational achievement are the grandparents' economic power, the mother's information-seeking ability, and the father's indifference about the children's education. Although this saying is meant to be humorous, the reality is still that mothers are expected to take care of the housework and childcare regardless of their employment status, even though an increased number of mothers participate in the workforce. Many Korean fathers spend little time with their families, because they believe that their primary role is breadwinner and because Korean

workers are expected to stay at work for long hours. However, many younger fathers now recognize the importance of supporting the emotional and social development of their children (Kim, Hwang, Sun, & Kim, 2008). Understanding the barriers to and changes in the father's involvement in childcare is an important framework for fathering education in Korea.

Family Demographics: Emerging Challenges of Korean Families

The major features of the recent demographic changes related to Korean families are lower fertility, increased life expectancy, later first marriage, and an increase in the number of divorces, transnational marriages, and dual-income families. The total fertility rate in Korea decreased from 6.0 children in 1960 to 2.06 in 1983 and to 1.17 in 2016, which is one of the lowest fertility rates in the world (Government of the Republic of Korea, 2016; OECD, 2016; Statistics Korea, 2017a). Some of the main reasons for this sharp decline are delayed marriage, financial and emotional burdens of childcare and education, and difficulties balancing work and family, particularly among employed mothers (Government of the Republic of Korea, 2016). In contrast, the average life expectancy increased to 82.1 years in 2017, and the total population aged 65 and over is estimated to surpass 14% by the end of 2017 (Statistics Korea, 2017d). Both the decline in the fertility rate and the aging population occurred very rapidly compared to other countries that have experienced similar changes.

Marriage has long been universal in Korea, but younger Koreans tend to delay marriage and having children, and some of them voluntarily or involuntarily remain single or childless. The crude marriage rate (the number of marriages per 1000 people) steadily decreased to 5.5 in 2016, which is the lowest level since marriage statistics were first gathered in 1970 (Statistics Korea, 2017b). The age at first marriage steadily increased to 32.8 years old for men and 30.1 years old for women as of 2016 (Statistics Korea,

2017b). As a result, the age of mothers at first childbirth has risen. The trend toward later marrying is related not only to the employment market that is not favorable for young adults but also related to changes in attitudes toward marriage. In 2015, only 39.7% of unmarried women reported that marriage is a necessary event, while 52.4% of unmarried women thought that it does not matter to marry or not (Korean Institute for Health and Social Affairs, 2015). Delayed marriage is also closely related to low fertility since nonmarital childbearing is rare in Korea.

Divorce was uncommon until the mid-1990s but surged until the mid-2000s. The crude divorce rate (the number of divorces per 1000 people) peaked at 3.4 in 2003 and then declined to 2.1 in 2016, the lowest level since 1997 (Statistics Korea, 2017b). As of 2016, 22% of divorces were couples that had been married for less than 5 years, and almost half (47.5%) of divorced couples had a minor child, resulting in an increase in single-parent households. According to a national survey of single parents (Ministry Gender Equality and Family, 2015), about half of the children from single-parent households did not have any contact with their nonresident parents, and 83% of single-parent households did not receive any child support from the nonresident parent. Another interesting statistic is that 30.4% of divorces were filed after being married 20 years or more, warranting the need for more focus on couple relationships in middle and later adulthood.

Transnational couples and their children, called "multicultural families" in Korea, emerged as an important group in the 2000s. Until then, Korea was an ethnically homogeneous country with very few immigrants. International marriages between a Korean and a non-Korean spouse rapidly increased from 1.6% in 1993 to 13.5% of total marriages in 2005, but then decreased to 7.3% in 2015 (Statistics Korea, 2017c). Among these international marriages, 72% were marriages between a Korean man and a non-Korean wife, mostly immigrants from Southeast Asia or China. Multicultural families are likely to experience difficulties including

language and cultural differences, financial distress, conflicts with the spouse and in-laws, and challenges with child rearing and education (Ministry Gender Equality and Family, 2016). The average age gap between multicultural couples is large, with 37.7% having more than a 10-year difference between the husband and wife (Statistics Korea, 2016a). This gap is much larger than that of typical Korean couples, which adds another challenge. Divorce is also more common among multicultural couples, which reflects the difficulties that these couples experience. Although many transnational families in Korea have strengths to cope with these challenges, professional support can further strengthen this emerging type of Korean family.

Another trend in modern Korea is that more Korean women are participating in the workforce, with 43.9% of married couples having dual incomes in 2015 (Statistics Korea, 2016b). However, mothers' labor force participation varies depending upon the children's ages. The employment rate of mothers with children under age seven was 38.1% in 2015, whereas that of mothers with children aged 13–17 was 57.6% (Statistics Korea, 2016b). Employed mothers with younger children often experience considerable difficulty balancing work and family lives and sometimes leave the labor force to care for their children. To help employed mothers cope with work schedules and childcare demands, more grandparents, especially grandmothers, provide childcare for their grandchildren (Lee & Bauer, 2013).

All of these recent demographic changes have contributed to raising public interest in family-related issues and the need for family services in Korea. These changes imply that there is a need to address how Korean families can make their family life and relationships work effectively and redefine the meaning of family. To respond to these demographic changes, the government has attempted to develop policies supporting FLE programs targeting fathers, employed parents with younger children, premarital and newlywed couples, older couples with relational difficulties, divorcing parents, and multicultural families.

FLE at Healthy Family Support Centers (HFSCs) and Multicultural Family Support Centers (MCFSCs)

HFSCs and MCFSCs are the main providers of FLE programs in Korea. In this section, we first describe the Framework Act on Healthy Families and the Multicultural Family Support Act, which enabled the establishment of HFSCs and MCFSCs. We then discuss and provide examples of how FLE programs are designed, implemented, and evaluated at HFSCs and MCFSCs.

Family Policies that Impact Families and FLE

It was not until 2000s when Korean policymakers agreed on the need to develop new policies that support families regardless of family structure and financial status (Chin, Lee, Lee, Son, & Sung, 2014). Prior to this paradigm shift, the Korean government considered family issues to be private matters and maintained a family-dependent social policy system except for policies regarding lower-income or single-parent families. The driving force behind the paradigm shift in family policy was the dramatic demographic changes such as the extremely low fertility rates as well as higher divorce rates that peaked in the mid-2000s. New family policies such as the Framework Act on Healthy Families and the Multicultural Family Support Act emerged in the mid-2000s.

The Framework Act on Healthy Families of 2004, the first explicit family policy in Korea, was enacted to provide universal and prevention-focused family services for all families and family members regardless of their structure and financial status. This Act requires central and local governments to provide family services (e.g., FLE, family counseling, family case management, and family volunteering and leisure programs) through Healthy Family Support Centers (HFSCs). Among these services, FLE is one of the most frequently offered programs at HFSCs based on the Act's emphasis on the preventive and comprehensive approach. The Act

expanded FLE in Korea from family practices, which were previously mostly offered at private institutions, to family services, which are largely provided at government-funded agencies like HFSCs (Sung, Auh, & Lee, 2014). Professionals with expertise in working with families, named Certified Healthy Family Specialists (CHFSs), provide the services at HFSCs.

Another policy initiative that is closely related to FLE is the Multicultural Family Support Act enacted in 2008. This Act supports migrant wives and their families by providing customized services (e.g., language education, FLE, and vocational training) at Multicultural Family Support Centers (MCFSCs). As of 2017, 151 HFSCs and 217 MCFSCs provided family services across the nation (Ministry of Gender Equality and Family, 2017). The Ministry of Gender Equality and Family has begun to combine HFSCs and MCFSCs so that universal services can be provided for all families rather than separating multicultural families from non-multicultural families. The number of integrated centers grew to 101 in 2017 (Ministry of Gender Equality and Family, 2017), and many more will be combined in the near future.

Most funding for HFSCs and MCFSCs comes from local and central governments, but the Centers may also apply for grants from private or nonprofit organizations. The Korean Institute for Healthy Family, formerly Headquarters of Healthy Family Support Centers, supports HFSCs and MCFSCs by developing overall service plans, providing the online management system and staff training, and conducting program evaluation and research (Korean Institute for Healthy Family, 2017c). Larger provinces have provincial HFSCs like the Seoul Provincial HFSC that lead service planning and evaluation as well as staff training at the province level.

Types of FLE Programs at HFSCs and MCFSCs

FLE programs at HFSCs and MCFSCs are theme-specific across the lifespan. For example, couples relationship education programs are

offered to premarital couples, newlywed couples, couples in middle adulthood, or couples in later adulthood. Parenting education programs target expectant parents, parents with infants and toddlers, parents with elementary school children, parents with adolescents, and grandparents. FLE programs for fathers are another area of focus at HFSCs, typically with two fathering education goals: (a) to encourage fathers to participate in caring for their children and (b) to help fathers manage work and family balance and care for themselves. At MCFSCs, the main targets of FLE programs are immigrant mothers and their families including husbands, children, and parents-in-law. MCFSCs also provide couples relationship education, in-law and other family relationship education, and parenting education.

Theoretical Framework FLE programs in HFSCs and MCFSCs are implicitly grounded on a family strengths perspective, family development theory, family systems theory, and the ecological perspective. First, as the titles of the Framework Act on Healthy Families and Healthy Family Support Centers indicate, a family strengths perspective is strongly embedded in the programs of HFSCs since they aim to provide preventive services to strengthen families (Song, Sung, Chin, & Lee, 2005). Second, many FLE programs in HFSCs and MCFSCs target certain stages of the family life cycle, informed by family development theory. These programs consider the developmental tasks that families face in a certain stage in the family life cycle and strive to help these families achieve those tasks. Third, although it is not explicit, most FLE programs at HFSCs and MCFSCs are designed from a family systems perspective. One of the assumptions behind the FLE programs is that they can enhance the strengths of the entire family system by educating one or more family members who can trigger changes in the family system. Finally, many FLE programs in HFSCs and MCFSCs are designed from an ecological perspective by considering a family as a team that interacts with other environments. For example, fathering programs in HFSCs explain the importance of men's role in the family and emphasize the close relationship between the family and work lives of fathers.

Program Design Designing FLE programs at HFSCs and MCFSCs typically involves one of the following two approaches. The first approach is that local Centers design the details of the program in collaboration with other family professionals and local organizations. The second approach is that higher-level institutions like the Korean Institute for Healthy Family (KIHf) and the Seoul Provincial HFSC design and disseminate standardized curricula to local Centers.

From the first approach, the local Centers make overall decisions about the program. For instance, the Centers may choose a content area (e.g., fathering education, premarital education) among the several content areas that the KIHf requires each Center to cover at least once a year in the format of FLE programs. Then, the Centers design the program including content details, target audience, extensiveness (i.e., selectiveness, breadth, length), and the logistics of the program (e.g., dates and time, place, recruitment strategies). The Centers hire professional instructors who work with the Centers to develop the instructional plans of the individual sessions (i.e., contents, teaching skills and tools, time allocation), and later these professional instructors facilitate the group sessions. The extent to which hired instructors are involved in the program design varies across the Centers and programs.

The first approach of program design at the local Center level is common at HFSCs and MCFSCs because local Centers are diverse in terms of community needs and available resources. The advantages of this approach are that local Centers can focus on the content areas that families in their community need or want, and the Centers have flexibility to develop realistic plans within their resources such as restricted budgets, heavy workloads, and available instructors in the community. However, designing programs at the community level has some challenges. The key issue is that program quality is very diverse within and between Centers. Within a Center, program quality varies depending on the instructor, particularly when the instructor develops his or her own instructional plan. Between Centers, the local Centers with

better access to relevant resources (e.g., qualified staff and instructors) are more likely to design higher-quality programs than Centers with limited resources. Another issue is that the programs could be redundant because each local Center develops its own FLE programs without much collaboration with other Centers that may implement similar programs.

The second approach of program design is that the higher-level institutions, such as KIHf and the Seoul Provincial HFSC, work with family professionals to develop detailed program manuals for local staff and instructors along with workbooks for program participants. Training for local Centers and instructors are also provided by the larger organization. For example, the Seoul Provisional HFSC designed a premarital education program which has been offered throughout local HFSCs in Seoul since 2013. The KIHf also recently developed and disseminated a couples relationship education program, in which both multicultural and non-multicultural couples can participate together (Korean Institute for Healthy Family, 2016). Many programs from the second approach offer multiple implementation options that local Centers can adapt depending on their community needs and available resources. However, some programs require strict program fidelity (implementing the program as it was designed) to maintain the similar quality of implementation across Centers.

Implementing the second approach has been limited at HFSCs and MCFSCs. The KIHf designed standardized curricula, called “brand programs” or “manual-based programs,” but they have not been as frequently used as the programs from the first approach at local Centers. The reasons for the limited use include complaints that the standardized curricula had too many sessions to implement, required qualified instructors who may not be available in their community, did not seem to be attractive to potential participants, or did not fit the specific needs of the community. However, some programs designed at higher-level institutions have been widely implemented at local Centers thanks to detailed program manuals, training for staff and qualified instructors, and continued efforts to improve the curricula

and management strategies. Using standardized curricula is likely to be cost-efficient because it is possible to share program manuals and trained instructors among Centers, to conduct a nationwide evaluation of program effectiveness, and to modify and improve the curricula based on feedback from multiple Centers and instructors. As Korean families rapidly change, the second approach can also be useful when local Centers do not have sufficient understanding of the emerging issues (e.g., how to engage both multicultural and non-multicultural couples in one program) to develop their own programs.

Program Implementation Local HFSCs and MCFSCs offer FLE programs for individuals, couples, and families in their communities. Most FLE programs that they implement involve multiple sessions and small groups at no cost to the participants. All program schedules are available on the national website of HFSCs and MCFSCs where anyone can search for programs using keywords and locations. Typically, programs are offered once a week with one or two sessions per week. Each of these sessions usually lasts 90–120 min and is scheduled based on the most likely availability of the participants. It is common to schedule programs for mothers or older people during the daytime on a weekday. Most programs that target younger couples or fathers with younger children are held in the evening on a weekday or in the morning or afternoon on the weekend to accommodate the typical work schedules in Korea.

The Centers recruit participants online (e.g., Center website, SNS, Center e-newsletter, text messaging) and offline (e.g., community newspaper, advertisements at community buildings). Programs are presented mostly in a meeting room in a local Center, but some programs are offered at workplaces, childcare facilities, schools, military camps, or other community centers. Local Centers arrange the room setting based on the characteristics of the overall program, session, participants, and the instructional design. Typical preparation items include program workbooks or handouts, a banner, nametags, refreshments,

gifts, and other miscellaneous items. Local Centers hire one or more educators to lead small group sessions. It is common that different educators lead different sessions depending upon their expertise. Although giving a lecture with PowerPoint slides is the most frequently used teaching method, a majority of educators also employ various instructional strategies and tools (e.g., group discussion, skills training, video clips, games, homework assignment, checklists, handouts) to engage the audience.

The number of FLE programs offered at HFSCs and MCFSCs has substantially increased over the past 10 years. In 2015, HFSCs provided 72,215 sessions of FLE programs for 502,112 participants including parenting education, fathering education, and couples relationship education (Healthy Family Support Centers, n.d.). The most attended programs were parenting education for families with lower elementary school children followed by parenting education for adolescents, parenting education for preschool children, pre-parenting education, and education for grandparents who provide childcare for their grandchildren.

Example: Seoul Family School

The Seoul Provincial HFSC, the monitoring center of 25 local HFSCs in Seoul, introduced an FLE program initiative, named the “Seoul Family School,” in 2015 (Family Seoul, n.d.). This initiative aims to strengthen Seoul families throughout their family life cycle by providing FLE programs. The Seoul Family School offers couples relationship education for all stages from premarital and newlywed couples to long-married couples and parenting education programs depending on the child’s developmental stage. The Seoul Provincial HFSC is responsible for the overall guidelines for these FLE programs and has developed standardized manuals for some programs. Local HFSCs in Seoul can manage the program composition differently

including the length of the programs and the content areas, depending on the Centers' resources and participants' needs, with some exceptions. Local Centers provide FLE programs at no cost, and professional instructors lead the FLE sessions. Selected programs are outlined below.

Premarital education program

- Audience: Small groups of unmarried couples who live or work in Seoul
- Content areas (2017):
 - Session 1 (Day 1). Understanding differences through personality types
 - Session 2 (Day 1). Effective communication skills
 - Session 3 (Day 2). Meaning of marriage and a marriage checklist (factors contributing to a successful marriage)
 - Session 4 (Day 2). Planning for wedding and managing household finances
 - Closing ceremony (Day 2). Exchanging letters and gifts
- Length and time: 2 h per session, two sessions per day, typically on Saturdays
- Places: Local HFSCs, community centers
- Local HFSCs hire professional instructors from a pool of qualified, trained instructors. Instructors must follow the standardized program manual and use the PowerPoint slides and video clips that the Seoul Provincial HFSC provides.

Fathering education program

- Audience: Small groups of fathers
- Content areas (2017):
 - Session 1. Work-family balance for the father: Learn about self-care for fathers who are stressed out
 - Session 2. Father-child relationship: Learn effective parenting skills

- Session 3. Father as a coach: Learn coaching skills to be a good mentor to a child

- Places: Local HFSCs, workplaces, childcare facilities, elementary schools
- Length and time: 90–120 min per session, often offered on weekday nights or weekends

Program Evaluation Local HFSCs and MCFSCs conduct program evaluations from the perspectives of participants and providers. The Centers use the satisfaction survey that the KIHf developed to obtain program participants' feedback. This survey asks participants to rate how satisfied they are with the overall program, the instructor(s), setting, time, and process; how helpful the program was; and how willing they would be to participate in future programs or to recommend the program to others. Local Centers report the average satisfaction score, the number of sessions offered, and the number of participants in each program to the KIHf through the online management system. For the FLE programs that HFSCs throughout the nation provided in 2016, the average satisfaction score was 92.3 out of 100 (Korean Institute for Healthy Family, 2017a). The collected scores and numbers are used to evaluate how well local Centers have performed and how satisfied the participants have been depending upon the content areas of FLE programs. At the Center level, these scores and numbers are used to evaluate the quality of their services. Local Centers also conduct small group meetings with participants to understand the participants' experiences with the programs. From a provider perspective, local Centers evaluate individual programs by writing brief reports or holding staff meetings. Centers attempt to incorporate the feedback from the participants and staff along with quantitative evaluations such as satisfaction scores when they revise the program or develop a new program.

Program evaluations at HFSCs and MCFSCs are not as rigorous as the evaluations conducted

for FLE-related scholarly work published in Korea. Little quantitative information is available about whether FLE programs at HFSCs and MCFSCs have been effective to accomplish program goals and objectives. The main reasons for the limited program evaluations include the Centers' lack of capability and resources to conduct systemic program evaluations. Since local Centers offer many programs with a limited budget, they tend to be more interested in their overall performance than in the effectiveness of individual programs.

Ethical Considerations The KIHf provides two types of ethics education for their staff and instructors. Ethics education is part of job training for staff at local Centers (Korean Institute for Healthy Family, n.d.). In addition, some FLE program manuals developed by the KIHf describe a specific code of ethics that educators should follow. For example, the program manual of integrated couples education for Korean and multicultural couples specifies ethical considerations for educators such as “educators should respect cultural beliefs and differences of participants and communicate respectfully with all family members” (Korean Institute for Healthy Family, 2016). The manual also provides a checklist of cultural sensitivity issues for educators to help them evaluate their own cultural sensitivity before conducting the program. These ethics education programs and guidelines, however, are not a requirement.

Government-Initiated Parenting Education

Policy Initiative

In 2016, the Korean government announced the Activation Plan for Parenting Education. This Plan was a response to social concerns about child abuse cases that shocked Korean society. To prevent child abuse and enhance the overall relationships within families with children, the Plan included several aims including (a) providing parenting education programs throughout the

lifespan and for various family types, (b) improving accessibility to parenting education, (c) expanding educational support for parents in vulnerable families, and (d) strengthening parenting educators' competency (Related Ministries of the Republic of Korea, 2016). The main providers of the government-initiated parenting education are HFSCs (Ministry of Gender Equality and Family), Support Centers for Childcare (Ministry of Health and Welfare), and Parent Support Centers (Ministry of Education).

Parenting Education Across the Lifespan

Since government-initiated parenting education is based on one's lifespan, Koreans can participate in various parenting education programs from pre-parenting education to parenting education based on the child's developmental stages (Ministry of Gender Equality and Family, n.d.). For example, a pre-parenting education curriculum for adolescents was designed to be offered in middle and high schools. For college students, the Ministry of Gender Equality and Family published a syllabi book of exemplary parenting-related courses that have been successfully offered at the college level. Given that military service is mandatory for all young Korean men, the military is also a good place to educate future fathers. At military camps, HFSCs have offered pre-parenting education for younger soldiers and parenting education for officers.

For expectant and new parents, the Ministry of Gender Equality and Family has developed a parenting education program including teaching materials in collaboration with the Korean Association of Obstetricians and Gynecologists. The Ministry has also published a booklet for new fathers, which has been distributed through obstetrician clinics. Parenting education for parents with infants and toddlers has been provided in childcare facilities, local Support Centers for Childcare, and department stores or supermarkets. For parents with children in school (elementary, middle, and high schools), parenting classes have been offered at HFSCs, schools, local Parent

Support Centers, and other local and central government agencies. Further, the Online Parent Education Center (<http://www.parents.go.kr>) provides multi-sessions and online parenting education programs at no cost. For further outreach, the Ministry Gender Equality and Family has distributed leaflets related to parenting education and videos via mass media to promote parenting education to the general public. The Korean Parent School website (<http://www.mogef.go.kr/kps>) by the Ministry provides information about parenting including activity suggestions for fathers and parenting-related resources for parents.

Parenting Education for Vulnerable Families

In addition to parenting education over the lifespan, the Korean government has made special efforts to provide parenting education for vulnerable families such as divorcing parents, remarried parents, single parents, grandparents raising grandchildren, and multicultural families, all of whom have been relatively under-supported in parenting education in Korea. As part of larger case management programs at HFSCs and MCFSCs, trained professionals visit families and provide educational support and counseling with respect to parenting and family relationships along with other assistance such as links to community resources and welfare services (Korean Institute for Healthy Family, 2017b).

Divorcing Parents As a result of civil law modifications in 2007, divorcing parents with minor children have to attend a parenting education session offered in the courts. Seoul Family Court began providing the 1-h mandatory parenting education for divorcing parents in 2008, and it has been expanded to all regional courts that handle divorces. Parenting education for divorcing parents in the courts teaches (a) how parental divorce and long-term parental conflict influence children, (b) why it is important to protect children psychologically and physically in the process of and after the divorce, and (c) how to play

parental roles after the divorce. Because it is difficult for divorced parents to establish cooperative parental roles in Korea (Son, 2014), this parenting education program is expected to help divorcing parents understand how to prioritize their children's best interest during and after their divorce.

Adoptive Parents Parents who adopt a child through adoption agencies are mandated to attend a multi-session, 8-h parenting education program before they apply for adoption to a court. Recently, the Ministry of Health and Welfare has worked with family professionals to develop an education program for parents who adopt a child without an adoption agency, known as "adoption through civil law" (Byun et al., 2016). Typical examples of adoption through civil law are adopting a child from the spouse's previous relationship or adopting a child of a relative (e.g., grandchild, nephew, and niece).

FLE in Formal Education System

Although FLE programming at HFSCs and MCFSCs is a relatively new development, a broader concept of FLE has been part of the formal education system in Korea from elementary school to the university level for several decades.

University Level

The history of FLE in Korea is closely related to the history of home economics at the university level. Professionals in home economics, later renamed human ecology, were the pioneers in advancing FLE by developing outreach programs, conducting relevant research, educating future educators, and advocating for family policies to support government-initiated FLE.

At the university level, home economics courses and majors were first established in the 1940s after Korea's liberation from Japanese colonization. These majors were expanded and incorporated into the College of Home

Economics in the 1960s and 1970s. For example, the Department of Home Economics at Seoul National University (SNU) was established in 1945, renamed the Department of Home Economics Education in 1962, and then expanded to the College of Home Economics in 1968. This College included three departments: Department of Home Management, Department of Food and Nutrition, and Department of Clothing and Textiles. The Department of Home Management was renamed the Department of Consumer and Child Studies in 1988 and was divided into the Department of Consumer Science and the Department of Child Development and Family Studies in 1997. In 1997, the College of Home Economics at SNU also gained the new name, the College of Human Ecology, and still remains under that name. This history of home economics at SNU is an example of how FLE-related university programs have evolved in Korea. Currently, some universities have a similar college structure to that of SNU, but other universities have undergone name changes in colleges and departments or have merged the colleges or departments.

Currently, numerous universities in Korea offer FLE-related courses even though the names of the programs or departments vary widely across the nation (e.g., family studies, child development, family welfare, home economics education, social welfare). The term family life education first appeared in these programs in the 1990s, and now most of these programs offer courses that teach FLE methodology and practice as part of their coursework at both the undergraduate and graduate levels. These FLE courses aim to educate students in relevant majors as future family life educators. More general courses are also open to undergraduate students in all majors. For example, at a great number of universities, courses like Marriage and the Family or Parent Education are offered as electives to all undergraduate students. These general courses aim to enhance the students' current and future family life through a preventive and educational approach. Some universities have a teacher licensure program in home economics education at an undergraduate or graduate level.

Elementary, Middle, and High School Level

Home economics has been part of the formal curriculum in Korea since the 1960s. As a subject, home economics aims to help students maintain physical, emotional, and social well-being in their individual and family lives and to help them form healthy family relationships. To achieve these aims, students taking home economics learn how to interact with their family, community, resources, and the environment in healthier ways and learn how to develop competencies to live an independent life and solve problems in a practical way (Ministry of Education, 2015). The domains of home economics in elementary and middle schools are (a) human development and family (e.g., childhood, adolescence, sexuality, family relationships, communication, conflict resolution), (b) family life and safety (e.g., food and nutrition, clothing, housing, stress, violence), and (c) resource management and independence (e.g., money, time, leisure, consumption, work and family, life planning, career). Currently, home economics is a required subject in elementary (5th–6th grades) and middle (7th–9th grades) schools and is an elective in high schools (10th–12th grades). Prior to 1997, home economics was offered only to female students, while technology was offered to male students in middle and high schools for about three decades. However, both female and male students have studied home economics and technology since 1997, when they were integrated into one subject in middle and high schools.

FLE in Academic, Religious, and Other Nongovernmental Contexts

FLE-Related Research

Considerable research on FLE has been conducted in Korea since the concept first appeared in scholarly journals in the 1990s. Among FLE content areas, parenting and couples relationships education have been the most popular topics in

journal articles, doctoral dissertations, and master's theses. The target groups of FLE programs in these scholarly works have been diverse across the stages of family life cycle and relevant family characteristics. Some programs have focused on dual-earner families, single-parent families, parents of children with special needs, multicultural families, remarried couples, adoptive families, and families experiencing domestic violence. Research methods in the literature on FLE programming have improved, so most efficacy studies employ (quasi-) experimental designs such as control versus experimental groups and/or pre-, post-, and follow-up tests. Several meta-analyses have also been conducted to integrate the results of the quantitative studies that examined program efficacy. For example, a meta-analysis study reported that parenting education programs published in Korean journals had significant, positive effects on parents' behavioral and internal changes as well as on children's positive changes (Lee, Kim, Cha, & Lee, 2013).

As for the conceptual frameworks, some studies have explicitly explained the theories used in their FLE program development. Regarding couples relationship education, studies have often used family development theory, family systems theory, family strengths perspective, Satir model of family therapy, and Minnesota Couples Communication Program (Park, Lee, & Lee, 2018). In terms of parenting education, the Parent Effective Training (PET), the Systematic Training for Effective Parenting (STEP), transaction analysis, objective relations theory, Dreikur's democratic principle, and family resilience have often provided the theoretical grounds for program development (Huang & Lee, 2015; Kim, 2014). Some research has also incorporated skills training such as conflict management, stress management, and positive communication into their programs even though they did not adopt any specific theoretic frameworks.

Religion-Based FLE

The main religions in Korea are Christianity (Protestant and Catholic) and Buddhism. These religious groups have been active in providing

FLE programs. A number of Christian organizations have provided premarital workshops at churches since the 1990s. Marriage Encounter, a worldwide Catholic-based couples relationship education, was introduced at Korean Catholic churches in 1976 and has been widely offered over four decades. *Duranno* Father School, a Christian-based organization, started a multi-week fathering education program mainly for Christian fathers in 1995. They later expanded their program to non-Christian fathers, inmates, fathers in the workplace, soldiers, and adolescents. As of 2016, *Duranno* fathering education programs have been offered more 6,000 times to over 330,000 fathers both in Korea and in 65 other countries (Duranno Father School, n.d.). *Duranno* has also implemented and offered a Christian-based couples relationship education program since 2006.

FLE in Nongovernmental Settings

FLE programs in nongovernmental, nonreligious settings are active in Korea although more funding has gone to government-initiated FLE since the mid-2000s. A few nonprofit organizations (e.g., Korean Institute of Family Counseling and Education, Legal Aid Center for Family Relations) have a longer history of providing FLE including small group programs for married couples, divorcing couples, parents across the lifespan, single parents with minor children, families experiencing domestic violence, and other groups of individuals and families. Numerous for-profit organizations also provide parenting education and couples relationship education in their communities. Many of them are smaller scale and incorporate skills in other related areas such as coaching and family therapy.

Certification:

The Korean Certified Family Life Educator (KCFLE) program began in 1996 by the Korean Association of Family Relations (KAFR), a professional organization in family studies. The KCFLE program has three levels of certification (second, first, and expert levels), which

require different degrees of expertise and work experience depending on the level. As of 2017, the minimum certification requirements were (a) at least a bachelor's degree in a related discipline; (b) at least five courses in four areas of family studies: family relations (at least two courses), human development and sexuality (at least one course), family resource management and family welfare (at least one course), and FLE (at least one course); and (c) a record of participation in FLE programs and ethics education (Korean Association of Family Relations, 2015). A written exam is required for the second level certification without a graduate degree, and a record of leading FLE sessions and supervision is required for the first and expert levels. To be recertified, KAFR requires KCFLEs to participate in continuing education and ethics education.

Another certification related to FLE is Certified Healthy Family Specialist (CHFS) described in the Framework Act on Healthy Families of 2004. This certification is given to those who have sufficient knowledge and experience to provide family services at HFSCs. To be certified, applicants must have at least a bachelor's or equivalent degree in relevant disciplines (e.g., human ecology, social welfare, or women's studies) and have completed 12 or more approved courses at the undergraduate level or 8 or more approved courses at the graduate level. Unlike KCFLEs that specifically focus on FLE, CHFSs involve multiple areas of family services such as family counseling, FLE, and family case management.

Conclusions and Recommendations

FLE has become a crucial form of preventive support for Korean families, particularly in response to drastic demographic changes. Central and local governments have led the advancement of FLE in Korea by establishing local HFSCs and MCFSCs since the mid-2000s and also by initiating government-supported parenting education in the 2010s. Despite the substantial expansion of FLE throughout the nation, FLE at local Centers has limitations that hinder their ability to provide effective programs.

One of the major barriers is the insufficient number of qualified staff at local Centers. It is not rare for one staff person to be in charge of multiple FLE programs at a time, which makes it difficult to allocate enough time and energy to each program. Another barrier is too much emphasis on short-term, simpler program outcomes such as participants' satisfaction scores and too little emphasis on rigorous, long-term program evaluations. We strongly suggest increasing qualified staff with FLE expertise at local Centers and improving their work conditions. It is also imperative to develop theory-based standardized curricula, to conduct rigorous program evaluations with experimental designs, and to strengthen training for staff and instructors. The KIHf may be well-positioned to lead all of these efforts as the supervising agency of local HFSCs and MCFSCs. Our suggestions will enable local Centers to provide evidence-informed, high-quality FLE programs in communities and will also produce evidence for why the governments should continue to support outreach FLE programs and initiatives.

Another challenge is men's limited participation in FLE programs although fathering education is a major content area in government-supported FLE. The majority of program participants are women, particularly mothers who want to learn how to support their children's academic achievements. As a result, parenting education programs targeting mothers are offered more frequently than couples relationship education or fathering education in Korea. Parenting education that covers topics that are relevant to children's academic success (e.g., how parents can coach their children to succeed in school) tend to attract more participants, even though some of these topics may stray from what FLE aims to achieve. Family life educators in Korea have developed strategies to deal with these challenges. For example, some local Centers have successfully attracted fathers by providing activity-based FLE programs (e.g., picnics or sports with children) or by encouraging fathers who participated in FLE programs to build networks through shared activities (e.g., soccer). We suggest that more family life educators use creative approaches and share their best practices in recruiting fathers and other underrepresented groups in current FLE programs.

As for FLE-related research, limitations remain despite the advancement over the past two decades. First, most existing studies involve efficacy trials for one or two groups under controlled circumstances rather than effectiveness tests for multiple groups in real-world practice (see Flay et al., 2005 for differences between efficacy and effectiveness.). Thus, program fidelity (i.e., implementing programs as they were designed) and adaptation (i.e., making adaptations for a better fit with the local context) have not been a focus for researchers (Park et al., 2018). Second, it has been much more common to introduce a new program than to examine the effectiveness of the widely offered programs in the literature. We do not know whether the published programs have grown to become established programs or are no longer offered. Third, the long-term effects of FLE programs are unknown. Some researchers have followed participants for several months, but the length of follow-up has been limited. Finally, little attention has been paid to what participant characteristics make a difference in program efficacy and what processes participants experience to achieve the program outcomes (Park et al., 2018). We suggest that future researchers build on existing FLE programs by refining the programs, offer the programs to participants with diverse backgrounds, and pay attention to the fidelity and fit of these programs. It is also necessary to investigate the mediators or moderators in the relationship between program participation and outcome indicators and to examine the long-term efficacy of these programs. All of these efforts will help us better understand whether the FLE programs achieve designed goals and objectives and what characteristics of these programs contribute to program effectiveness.

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Family Life Education in China

Yan Ruth Xia and Chun Zhang Creaser

Like the development of family life education in other parts of the world, contemporary family life education emerged in China when multiple disciplines began to pay attention to family issues. Many scholars in sociology, psychology, anthropology, law, education, medicine, women studies, etc. turned their focus to not only issues and challenges faced by Chinese families but also policy and practice affecting children and families during Chinese economic reform and social transition in nearly past four decades. This chapter aims to first illuminate the evolutionary processes of family life education definitions and the social, economic, historical, and cultural context of Chinese families. The chapter then focuses on current family stresses and family life education development in both practice and theory that intend to address the family stresses. Governmental policies and law construction to support family life education development and implementation are introduced. Family life education developmental challenges and limitations were discussed, and family life education in

Hong Kong is also discussed. Family life education programs have been created, mainly with focus on early childhood education and parenting. This chapter concludes that systematic family life education will eventually emerge as a professional field.

Definitions

Various developmental levels, stages, and scopes of education about the family are presented in geographical areas of China because of the existing historical, social, economic, and political differences. We intentionally use family education in this chapter to differ meanings about the teaching and training about the family throughout the Chinese history from family life education (FLE) as a field of profession and family science. Hong Kong started FLE development in the early twentieth century and established systematic and mature FLE programs (Yang, 2017; Yang & Yan, 2016). Research on FLE theory and practice in China have significantly increased over the last three decades (Guan, 2000; Luo, 2008; Tan & Zhang, 2013; Yang, 2011, 2017; Yang & Yan, 2016; Yu & Lin, 2008; Zhou & Zhang, 2003). Diverse family education definitions have been presented by researchers of different disciplines in contemporary China. Family education had been colloquially referred as parenting or parent education in early stage of FLE development, and

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it is still a very important part in many existing family education research (Lin, 2003; Yang, 2017; Ye & Deng, 1995; Zhao, 1998; Zhou, 2015; Zhou & Zhang, 2003). Specifically, Zhao (1998, 2001) defined family education as parent to child education and influences that are situated in a family environment. Some family researchers (Luo, 2004, 2005, 2008; Yu & Lin, 2008) conducted systematic reviews of the existing family education studies and concluded that family education goes beyond the traditional image as a close and private education that was conducted by parents to preschoolers. Additionally, Yang's (2007) study of family education from the perspective of educational sociology revealed that family education includes influences among family members and influences of the reciprocal interactions between family member and the environment (e.g., family social background and living styles) in which an individual is situated. Furthermore, many researchers (Chow, 1986; Lin, 2003; Wong, 1990; Yang, 2017; Yang & Yan, 2016) discussed family education as a lifetime education that happens across individual and family life cycles, as well as during the processes of the reciprocal influences among family members. Family education not only aims to increase living skills and to strengthen family relationships but also focuses on improving the whole family's physical and psychological well-being that leads to the family's comprehensive development.

Family life education is emerging in China as family education has begun to equip families with knowledge and skills and connect them with resources. Family life education has yet to reach its full growth before individual and family's potentials are recognized and utilized to address their challenges, and before educational curriculum is based on research instead of ideology. Chinese FLE is considered a public affair that needs close collaborations with school and social education. Family life education in China had reached one milestone when Qiguang Yang (2017) published his book *Developmental Family Life Education: Theory, Practice and Innovation*. Education is explicitly viewed as a tool to enhance the individual and family well-

being and address challenges from transitions from one stage to the other throughout family life cycle. Today FLE is used interchangeably with parenting, parent education, and family education; however, different terms are used across its developmental stages. This chapter will include detailed context to situate readers through the FLE development in China.

Social-Economic, Historical, and Cultural Context and Their Impact on Chinese Families

Starting in 1980s, China launched economic reform and opened the country to the rest of the world. Traditional plan market that was heavily controlled by the government has rapidly replaced by free market, and the traditional agricultural society started to transform into an industrial society. This economic reform also accelerated the process of mobilization, urbanization, industrialization, and globalization that has led to the fast development of technology and information. Chinese families, in this dramatically transforming society, confront opportunities as well as new challenges and issues.

According to the report of the national demographic census that was conducted by the National Bureau of Statistics of the People's Republic of China in 2010, Chinese population was about 1.23 billion, with 91.5% of the population was Han, while 8.49% was ethnic minorities. In terms of age, 940 million people were between 15 and 59 years of age, with 177 million people being 60 years or older. There were over 401 million families with the average household size of 2.71 in urban and 3.34 in rural areas (Hu & Peng, 2015). Family scholars, drawing on data from both decades of population census and social study surveys, found nuclear family remains the dominant family structure, while family living arrangement tends to be in the form of extended family whenever there is a need for caring for grandchildren or grandparents. Family structure becomes fluid in response to the changing needs of the family throughout family life cycle (Xia & Xu, 2017). In addition,

beliefs in marriage and filial piety remain popular, whereas practice on these traditional family values appears no easy task or as feasible. For example, increased mobility and job opportunities lead many people to live and work away from their parents. It is challenging for these adult children to provide physical care to aging parents, an act of filial piety, and it is even more challenging if they are the only child.

China enacted the one-child policy in 1978. According to the National Bureau of Statistics of the People's Public Republic of China (2011), the average family numbers of a household had steadily declined from 4.41 in 1982 to 3.1 by 2010. Based on the 2011 China Social Survey and the 2006 China General Social Survey, approximately 40% were "families of three" in urban areas, while 68% were "families of four" in rural areas (Cai, 2010; Xu, DeFrain, & Liu, 2017; Xu & Xia, 2014). Additionally, economic reform encourages individuals to compete in the free market, and people who are from less developed rural areas often move to the developed cities for better job and economic opportunities (Ceng & Zhu, 2017; She, Wang, & Liu, 2016). Population motilities, along with the one-child policy, have pushed the development of smaller size families, such as only child families, empty nest families, and migrant worker families to move to the big cities. Consequently, this migration left behind families with only elderly and minors in rural areas. A study by the Chinese National Women's Federation showed that 37.7% and 61.0255 million Chinese children who lived in rural area were separated from their parent(s) who migrated to big cities (usually east coast) for better job opportunities and income. Among them, 23.43 million were 0–5 years old, 19.53 million were 6–11 years old, 9.95 million were 12–14 years old, and 8.13 million children were 15–17 years old. These families become extremely vulnerable to stress because the traditional self-sufficient family support system embedded in the co-residence of multiple generations has been shrinking as the economy reform reaches its depth. At the same time, responsibilities of caring for minors and elderly are primarily placed on families because there are very limited

government welfare support resources and policies for families (Ceng & Liang, 1993; Ceng & Zhu, 2017; Hu & Peng, 2012; Yang, 2011). It is worth pointing out that urban residency means more privileges and better living conditions than rural residency under the Chinese household registration system. Without the urban residency recognized by the system, migrant workers are not able to enroll their children in local schools and enjoy other rights that are typically enjoyed by urban residents. The new population motility driven by economic reform contradicts the registration policy, and these contradictions escalate social stratification that results in discrimination, inequality, and marginalization toward migrant worker families in big cities.

Changes in family values may also contribute to the fluid arrangements of family living. As China entered the information age, diverse values flood in this country, and freedom of individual choice in marriage and lifestyle was becoming highly valued. In addition, younger generation's financial status improvements through opportunities brought by the economic reform rearrange family right and responsibilities, and younger generation gains more power in family decision-making (Hu & Peng, 2012; Yang, 2011). Financial independence ultimately motivates couples and individuals to move out of their parents' households in order to seek more independence and freedom. Diverse family formation have started to appear, such as later marriage, cohabitation without marriage, marriage without a child (DINK), out-of-wedlock families, single-person households, and same sex families (Guan, 2000; Yang, 2017; Xu et al., 2017). These new family structures reveal the modified cultural values that take the consideration of interests of both individuals and family as a collective entity (Xu et al., 2017). Yet, the freedom to live an individualized life comes true with its price. Family-centered value system (collectivism) that emphasizes that family's collective interests come before individual interests has been significantly challenged by individualism. Yang (2011) stated that family estrangement increased, and family cohesion decreased when younger generations value individualism, while older genera-

tions hold family collectivism up high. This value conflict may ultimately lead to alienation of family ties and even the collapse of the reciprocal family support system. It also puts both older and younger generations in vulnerable positions when facing stress and crisis. Due to China not fully developing supportive social welfare, Chinese families will continue to undertake most of the responsibilities of child care and elderly. Altogether, social and economic reform has greatly changed Chinese families' functions, structures, and relationships. Amazing improvement in employment opportunities and quality of life have also brought along great challenges in child and elderly care, raising rates of divorce and youth crimes, and increasing the gap between the haves and have-nots. Without sufficient social and financial buffering and government protection, single-parent families, empty nest families, migrant families, and left-behind families are especially vulnerable to stress and challenges. Under the current circumstances, it is more than ever important to build strong Chinese families through family life education.

Family Life Education Development, Implementation, and Evaluation

Teaching about family life in China can be traced back to ancient times. The ultimate purpose of teaching is to maintain family stability and hierarchy through reinforcing Confucius philosophy about the family. *Si-shu-wu-jing* is a book series recording Confucius teaching collected later by his disciples. One of the most popular sayings is *Zi-bu-jiao Fu-zhi-Guo*. It means "Children's mistakes are their parents' fault." Namely, you cannot raise children without teaching them. Another one is *Jia-ji-sui-ji* and *Jia-gou-sui-gou*, which emphasizes the subordination of women to men in the family. *Yan shi Jia xun* is the first parenting book that systematically discusses parenting purposes, content, principles, and methods in Weijin Nanbei Dynasty (AD 220–589). Character cultivation and living skills development were emphasized. Child-rearing includes both love and firmness.

Indulgence was discouraged and excluded. Growths in language and morality as well as perseverance are considered the top three priorities of child-rearing. In the long Chinese history, several books were published about what family rules should be and how parents should socialize children with these rules. Among them some most renown ones are *Yan-shi-jia-xun*/颜氏家训 (in AD 600), *Yuan-shi-shi-fan*/袁氏世范 (in AD 1200), and *Zhu-zi-zhi-Jia-geyan*/朱子治家格言 in Qing dynasty (AD 1600). A child could be seriously punished if his/her behavior violates the family rules and disobeys parents (Guan, 2000; Ye & Deng, 1995; Zhao, 1998, 2001; Zhou, 2015; Zhou & Zhang, 2003). The family education during this time mainly refers to parenting. That is, parents train and influence their children through teaching and modeling with the purpose of fostering good characters in children, as well as maintaining the stability, hierarchy, and prosperity of the family.

In modern history, formal family education in China was attempted through issuing of Family Education Implementation Law in 1940 by the government of Republic of China (1912–1949) (Yang, 2017; Zhao, 2016). The republican government aimed to introduce democracy to the traditional Chinese family in which women and children had been kept in subordination. It was a response to the rising voice of educated women and to the rising awareness of the education needs of children among the intellectuals. This law described family education content, education method, evaluation, and funding source. The proposed family education centered on children's physical health and needs for early childhood education, adult children's marriage life, family medical support, and health care. According to the law, family education should be delivered through the school system, which should also be responsible for family life professionals training with the government's financial support. The law had never been implemented as was planned in the country partly because China was fighting against Japanese invaders (1937–1945) during the Second World War and partly because the vast majority of children and women were not enrolled in school,

as they were poor. However, it is worth mentioning that this law is the first attempt to formalize family education and promote equality in Chinese families. It is the first step for family education to evolve into family life education of which the focus moves beyond how parents teach their children.

Since the People's Republic of China was founded in 1949, family education has been mainly directed by governmental management institutions and policies based on the need of the country as a collective entity (Hu & Peng, 2012; Yang, 2011). The neighborhood committee in urban areas and the committees of villages in rural areas are the basic governmental agencies that serve to intervene for families with challenges, problems, and issues (Guo, 2002; Lu & Lee, 2007). The neighborhood committee serves as a mediator. Family members with conflicts may seek help from this committee, which may also step in without invitation when fights break out in the family. From the late 1970s through 1990s, the local communities together with Women Federation offices were monitoring the implementation of one-child family planning policy, as well as distributing the information of parenting and relationship strengthening to Chinese families. The information was based more on ideology and tradition rather than research. In the past two decades, there have occurred many profit and nonprofit education programs. Service agencies seem to adopt research supported information. Ironically the public and program providers tend to believe the research findings from the Western population samples and social context. Family policies have been enacted to not only educate but also protect family members, children, women, and most particularly the elderly (see Xia, Wang, Do, & Qin, 2014). It is through these policies that government intervenes directly on family life and plays a significant role in today's family education. For example, the Family Planning Association in Ningbo, Zhejiang province, developed a family education program with the theme of a rainbow life and happy family. Rainbow colors emphasize the breadth of family education and happiness focus on the depth of family life. Seven rainbow

colors represent seven stages of life: red represents puberty, green represents childhood, blue represents middle age, and purple represents senior. Health-care and family plan services are provided across individual and family life circles based on the needs through this program (Yang, 2017). Family planning educators and social work volunteers who also have medical training were put in charge for marriage life education of newly married couples in Ningbo. The regional Bureau of Family Planning is responsible for training these marriage education professionals. Each couple can apply for one family plan officer who serves as the marriage and pregnancy consultant. This consultant will walk newly married couple through procedures of preparation for pregnancy, during pregnancy and birth control after childbirth (Tan & Zhang, 2013).

Formal family life education (FLE) supported by research that promotes the family and its members' well-being has begun to emerge and develop in the last three decades in China. FLE in China has not become a profession under its own name but has been provided by professionals in psychology (e.g., marriage education), women studies (e.g., violence prevention against women/families), social work, and early childhood education (e.g., parenting education).

Marriage Education

Generally, Chinese society and families focus more on parent-child relationships and parenting education than couple relationships and marriage education (Huang, 2005). However, with rapid social and economic reform, traditional Chinese marital relationships are undergoing a variety of changes. Couples have become more open in communication and focused more on emotional connection and marital satisfaction (Li & Xu, 2007). Social control over marriage through work unit, communities, and extended families has loosened up. In the meantime, Chinese marriage is faced with new challenges, for example, the increases in divorce rates and extramarital affairs (Huang, 2005). There has been an increase in marital and family counsel-

ing in response to the increase in divorce. As the divorce rate is on the rise, marriage and family counseling has become a new profession, and the number of marital counselors is growing rapidly. Most counselors did not receive systemic education at school programs but instead receive brief training at workshops. In addition, a number of psychology programs at Chinese universities are establishing graduate programs in marriage and family therapy. Many marital counselors teach relationship skills such as communication, conflict resolution, decision-making, emotional regulation, stress/coping, and parenting to the couples seeking help.

Recent prevention and education have drawn attention from both Chinese government and professionals (marriage and family scholars/practitioners), as having recognized the importance of marriage education. Marriage education includes newlywed education, divorced couple education, and domestic violence prevention. Chinese Marriage and Family Research Association (<http://www.camf.org.cn/family/notic/dtxx/4008.htm>) is one of the leading organizations in disseminating educational and self-help materials through the Internet. Various academic and social institutions such as China Social Work Association and Chinese Ministry of City Affairs have sponsored conferences and provide marriage education through lectures, radio programs, and publications (Huang, 2005). Also, some US faith-based organizations, e.g., the US Focus on the Family, have supported marriage education in China (Huang, 2005). However, these efforts are just at the beginning. Trained professionals in the field of marriage and family therapy and education are scarce. There are only a limited number of them available in large cities. In 2007, China Marriage and Family Research Association authorized the website of www.baihe.com to provide long-distance training programs of marriage and family counselors. In 2009, the first set of courses in the program of marriage and family counseling was published. Until now, this training institution

has held qualification exams in more than ten provinces. There have been no evaluation studies of the quality of the services that these trained counselors and educators provide. In addition, no data has been collected about the population of those who have FLE services.

Prevention of Violence Against Women

One strong Chinese family life education program is offered by the Chinese Women Federation, a government agency that provides services to women and children to increase their awareness of domestic violence. The economic reform has brought more wealth to families and has allowed women the freedom to choose not to work out of home. On the other hand, in the severe competitive job market, some employers excluded women from equal employment. These factors push Chinese marriages to return to traditional gender roles (Zuo, 2009). There have been increased intimate partner violence (IPV) cases (Shanghai Women Development in the 21st Century, 2003) partly because of the increased public awareness of IPV and partly because of the strengthened rigid traditional gender role. Chinese Women Federation implemented prevention and education programs of IPV to increase the awareness through thousands of its local branches nationwide. However, further concrete measures in prevention and intervention need to be developed and utilized for a greater safety and protection for women. The education needs to be extended to police and judges who are responsible to reinforce the *Law of the People's Republic of China on the Protection of Rights and Interests of Women* (National People's Congress of the People's Republic of China [NPCPRC], 2005). More training is needed for appropriate responses to domestic violence. Influenced by the traditional values, they may be hesitant to intervene.

Parenting Education

Chinese culture highly values the role of parents in their child's development. Zi-bu-jiao (子不教) and fu-zi-guo (父之过), as aforementioned, means if a child does not behave, it is his/her parents' fault. Parent education in China traditionally targets parents of young children. Parenting and parent education are studied as a subject in early childhood education at the college of education in universities. Early childhood education faculty in normal universities in China conducts research and provides evidence-based programming to child care centers and schools. Beijing Normal University in Beijing, South China Normal University in Guangzhou, and East China Normal University in Shanghai are among the top tiers.

In urban China, many day care centers, pre-schools and kindergarten, both public and private, provide programs for improving parent-child interaction and communication skills. They usually invite one or several scholars in education, psychology, or other related fields to speak about parenting and provide trainings to parents. Such workshops provided by private organizations can be expensive. For example, a 3-day parenting workshop by Hizone, a private helping agency, costs approximately \$600 (<http://xmxinli.com/special/content/28/102/304>). It is interesting to note that grandparents, instead of parents, often attend these activities. In China, grandparents typically take care of young children during the day, while their parents are at work.

By contrast, parents in rural parts of China do not have the same resources that are available to parents and grandparents in the urban areas. During the current economic reform, young farmers have migrated to the big cities for jobs that give them a higher earning than farming, hoping to give their family a better life. Some must leave their children with their grandparents. Some have brought their children to cities. The former group is called "left-behind children," and the latter group is called "migrant children" by the society (Xia, Wang, Do, & Shen, 2014). Recent research found that left-behind children showed the signs of developmental delays and

suffered emotional problems, particularly loneliness (Su, Li, Lin, Xu, & Zhu, 2012). Sadly, there is not a specific policy or resources allocated to address these issues or to help these children and families. One successful program of helping migrant workers and their children is led by Dr. Xiaoyan Han of the Department of Social Work at East China Normal University in Shanghai. Her team has implemented the Big Brother and Big Sister program in the communities where migrant workers' family live in Shanghai. This program is built on positive youth development and involves both children and their parents.

Chinese society and parents emphasize child education, especially academic education. Traditionally, both Chinese parents and schools focus on children's academic achievement while not recognizing the importance of their emotional well-being. With economic and social reform, China has seen great improvements in living conditions and other social and cultural changes. Parents of the only child have more resources to provide for their child's living and education since the implementation of one-child family policy in 1979. However, it has become a public concern how to raise the only child to become a productive and responsible member of the society. Parents experience challenges of raising successful children, building positive parent-child relationship, and teaching children to be sharing and caring. Young Chinese parents, especially, parents without concerns for basic survival are eager to learn parenting skills. As Wang (2009) said, one couple has only one child, which leaves no room for failure. In order to address one-child families' need for parenting guidance, *Chinese Association of Family Education* was established to focus on studying the functions of family education, only child characteristics and education and the relationship of family and school. Chinese Association of Family Education is sponsored by Chinese Women Federation, a government agency that focuses on the welfare of women and children. The association has a website under the name of China Parent Education that solely focuses on parenting and parent education of children of all the ages from infancy to high school

(http://jtjy.china.com.cn/node_512278.htm). It offers research findings, news, parenting tips, blog with experts, parenting class (parents' school), and FLE job opportunities to a vast number of Chinese families and professionals.

Additionally, starting in the 1980s, several different types of parent schools were founded to improve parent and parenting education. Most parent schools are developed to support parents who have children attending kindergarten, elementary, or middle school. These parent schools are often developed and affiliated with grade schools. Following the footprint of Sichuan province, Jiangsu, Qinghai, and Hunan provinces along with some autonomous regions such as XinJiang and Neimenggu founded the broadcast parent school. In the 1990s, parent schools begun to be specialized to focus on educating people at different life cycles or facing different life challenges, such as newly married couple school and pregnant women school, parent schools exclusively focused on supporting parent who have children with disabilities and special needs. There were about 300 thousand different types of parent schools scattered around China by 1998 (Zhou & Zhang, 2003). However, many existing parent schools barely stayed active. According to the report of the *Child Development Study Center* from Northeastern Normal University, there was an average of 1.58 parent education event was scheduled in elementary and middle schools each year, 0.43 parent education event was hosted in communities, and 0.6 was hosted by business agencies annually (Yang, 2017). Laws and policies were developed to regulate the operation of parent schools.

Family Policies and Regional Family Life Education Services

Woman Federation of China is the highest governmental institution that leads FLE management. The Department of Education, Civilization Administration, Department of Health, Ministry of Civil Affairs, Family Plan Administration, and Committee of Care for Next Generation work together to support Women Federation for pro-

moting FLE. Under the leadership of the Women Federation, a series of governmental policies were made to support FLE such as *National Family Education Work Nine-Five Plan*. This plan clearly discussed the responsibilities of each aforementioned six institutions. FLE short-term and long-term goals were clearly stated, and the urgency of FLE law and policymaking was discussed. *Parent Educational Behavior Regulations* was issued in 1997, which required parents to learn child development knowledge and master scientific way of parenting. *The National Guidance Outline for Parent School Work* was issued in 1998, which outlined the fundamental operation rules for parent schools that were rapidly increasing (Yang, 2007; Zhao, 2001; Zhou & Zhang, 2003). In 2010, *National Guidance Outline of Family Education* was issued, and parent education contents were clearly discussed through this guidance. *Family Education Five Year Plan* was issued in 2012, and this plan continued to emphasize the urgency and significance of FLE legalization and socialization through law and policymaking. In 2015, the Department of Education issued the *Family Education Work Guidance Suggestions*. This guidance emphasized parenting responsibilities, and grade schools were called upon to coordinate with parents to improve parenting through developing diverse supporting programs, such as parent association. Schools were also called to support the Women Federation and the Committee of Care for the Next Generation to build more parent schools.

Under a series of policy support, regional government agencies collaborate with universities, school districts, communities, and other types of social organizations to provide FLE services across individual life circles, and regional success examples scattered around the country's big cities. For example, Ningbo in Zhejiang province founded its first Fetus University, which involved having experts in fetus development give a total of four lessons to pregnant women on scientific fetus education. The MinXing Community in Shanghai has created its unique early childhood education brand through offering parenting salon to parents of 0–3 years old. Youth FLE services mainly focus on building knowledge and talent.

For example, *Women and Child Center* in Jiangsu province designs a series of training on English literature, art, music instruments, language performance, and dancing (Yang, 2017). It is worth pointing out that youth sex education is seriously underdeveloped in China, and the traditional cultural values directly lead to the absence of sex education from both school and home (Hu, 2003). According to the survey investigation that was conducted by the Department of Children as well as Women Federation in 2011, 54% parents never teach the children how to respond to sexual harassment.

Senior college is the major FLE services for the elderly in bigger cities. Practical and entertainment curriculums have been designed to promote lifelong learning and development among seniors. Social welfare events are often organized to provide medical, healthy living, nutrition, and law support services to the elderly. Seniors themselves organize family events, with the support of media and community. These events demonstrate the potential diversities of FLE services among the elderly. However, these FLE services toward the elderly are very much limited to the ones living in cities. The elderly living in rural areas do not benefit from the FLE services because of the unique resources gap between rural and urban area as well as the government policies (e.g., household registration policy) that perpetuate these divisions (Ceng & Zhu, 2017; She et al., 2016; Zheng 1991).

In addition to policy and education support, family life education has also developed rapidly because of the grassroots efforts and wide use of the Internet. Parents and couples use social networks (e.g., WeChat) and blogs to seek and share information for self-help with issues of parenting and couple relationships. For example, Guanshan Lake community in Guizhou province establishes elementary and middle school family education WeChat account, and education experts are invited to give online lectures to parents through this account. Almost every province has established online parent schools with the support of regional educational institutions and governmental agencies. In addition, family services center in Southern Village in Guangzhou

trains seniors to use online communication methods (e.g., smartphone and computers) to meet daily needs (Yang, 2017). Technology and information development change the way people communicate with each other.

Family Studies that Promote Family Life Education

Family studies have advanced family life education practices and services, and vice versa. The Center for Family Studies at Shanghai Academy of Social Sciences Sociology Institute is one of the leading groups in marriage and family studies in China. The Center organizes the annual research meeting among Chinese family scholars from different disciplines and publishes research findings in book series and journals that have significant implications for policy and practice. Luo Feng (2008) reviewed family studies that were published in highly recognized journals in China from 1991 to 2002, and according to the review, family studies have been conducted primarily by university researchers and scholars from the discipline of education, psychology, and sociology, some by researchers of educational research institutions, and a few by grade schoolteachers. Research contents include parent-child relationships, parenting beliefs, parenting methods and parent development, and its impact on parenting. Educators, sociologists, and psychologists tend to focus on studying parent-child relationships, parent development, and its impact on parenting. Specifically, parenting methods were often studied by psychologists, while parenting beliefs studies were primarily conducted by researchers from the disciplines of education, psychology and sociology (Luo, 2008).

Research about Chinese families has been growing rapidly in the past 40 years although family studies have not developed into a salient professional field. Like the development of family studies and family sciences in the USA, multidisciplinary efforts of understanding Chinese families are made by scholars in psychology, sociology, anthropology, psychiatry, population research, home economics, social work, women and ethnic

studies, and education, just to name a few. The challenges that families face during the economic and social reform has energized researchers to seek for answers, which has ultimately resulted in them having their research results appear in a flourish period of family research publications. For an example, Anqi Xu, a respected family scholar, and her colleagues conducted several large-scale survey studies and published their findings in the Chinese Love and Marriage at the Turn of the Century (世纪之交中国人的爱情和婚姻) (Xu, 1997), *A Research Report of Chinese Marriage* (中国婚姻研究报告) (Xu & Ye, 2002), and *Family Stress and Social Support in a Squeezing Time of the Society* (风险社会的家庭压力和社会支持) (Xu, Zhang, Liu, & Bao 2007). Eight volumes of *Chinese Family Studies* (中国家庭研究), a prestigious annual research series, have been published since December 2006, disseminating original studies as well as introducing the research of international families. Both basic and applied research has been conducted that examines topics such as parent-child relationship, parenting beliefs and practice, family environment, child development and early childhood education, parent and school relationship, and collaboration. Besides Anqi Xu's team, notable are other family studies teams led by Chonde Lin in psychology and Zhongxin Zhao in education at Beijing Normal University. Zhao serves as Chairman of the Chinese Society of Education Family Education Committee (Luo, 2008). Furthermore, family studies regional and international collaborations have been increasing. Conferences (e.g., Annually Taiwan and China Family Education Summit) were hosted to promote FLE collaborations between Taiwan and mainland China (Ye & Deng, 1995; Yu & Lin, 2008; Zhao, 2001). Recently the US-based National Council on Family Relations collaborated with Shanghai Women Federation and Shanghai Family Education Studies Center and provided a comprehensive FLE training.

It is worth noting that parent education focusing on early childhood is interchangeably used with family education (家庭教育). Family education program is housed in the college of education or the department of early childhood

education and child development. This may explain that a unique focus of Chinese family education is school and parent collaboration. Recently some scholars began to use the term of family life education (FLE) to distinguish it from family education, parent education, and early childhood education. In addition to targeting parents and young children, family life education takes on a developmental perspective and includes members in all stages of family life cycle: adolescents, premarital and marital couples, and older people. Yang's recent book (2017) stated that family life education should include parenting and parent education, sexuality and sex education, marital education and relationship skills training, and supporting for vulnerable populations, i.e., abused women and children, single-parent families, and the elderly.

As challenges arise, so does family life education. To address the needs of single-parent families, the only child families and other new needs coming with the social change, various Chinese scholars (see Luo, 2008; Yang, 2017; Yu & Lin, 2008) and organizations reviewed and introduced the family studies and services in Hong Kong, Taiwan, and other countries. While the learning efforts are anecdotal rather than systemic, they have given a push to the FLE development in China. The most successful program should be supported by Chinese family research and adapted to the Chinese social and cultural context.

A decade ago Luo (2008) pointed to specific ways for family studies to grow in China. First, the majority of family education studies were developed by researchers and scholars who were in the same discipline, and there was a serious lack of multidisciplinary research collaborations. Second, survey investigation, theory, and literature review were the commonly used family education research methods, and there was a definite need for newer, more creative, and advanced research methods that could support studies that truly reflect family education in China. Third, family education researchers tended to focus on parent-child relationships, parenting beliefs, and parenting methods. Family education evaluation standards, research

methods, and family investment were rarely incorporated as part of the FLE process. In review, the publication of *Developmental Family Life Education: Theory, practice and system recreation* (发展型家庭生活教育:理论、实践与制度创新) is a testimony to the much progress that has been made in the last 10 years.

Today, there is one major challenge hindering family life education from further development in China. It is the lack of full understanding of the significance, values, and contents of FLE by the government, educational institutions, and the society. Family life education is commonly referred to as parenting and parent education (Guan, 2000; Lin, 2003; Luo, 2004, 2005, 2008; Yang, 2007, 2017; Ye & Deng, 1995; Yu & Lin, 2008; Zhao, 1998, 2001; Zhou & Zhang, 2003). Therefore, it is misunderstood to just be a matter of women and children. According to Yang's (2016) latest investigation of college students' perceptive needs of FLE, two topics that raise most attentions are family relations and parenting. This limited understanding about FLE is also revealed through government policies. For example, the *National Family Education Guidance Outline* issued in 2010, mainly emphasized children's family education (e.g., parenting), and minimum attentions were paid to other family members who are at different life circles (Yang, 2017; Zhou & Zhang, 2003). These types of policies failed to reflect the current reality of family development (e.g., large aging populations). Additionally, the inadequate understandings directly lead to the lack of systematic support from government for family education development in China (Luo, 2005, 2008; Yu & Lin, 2008). Furthermore, the belief that economic development is the top priority and family education is a private matter heavily influences the regional government leaders. Many government officials believe that family education is important in governmental public discourse, but it is not the domain where the government should be much involved in action. Luo (2005) indicated that governmental blurring attitudes toward family education slow down its development through ineffective collaboration among government agencies that was caused by the lack of clear des-

ignation of responsibilities of each agency. Responsibilities end up being passed around among these agencies, and it ultimately prevented FLE from progressing in China.

Finally, there are no current FLE or FLE-related major or programs in higher education in China today. Only a handful of universities (e.g., Beijing Normal University) developed a few FLE-related courses in the discipline of education, sociology, and psychology. Zhao Zhongxin was referred as the father of family education in China, and he has focused on studying parenting and parent education since 1980. In 1986, he developed the first elective family education course in the College of Education of Beijing Normal University. Later, he established the first Family Education Master Degree program in 1992. He also created the first family education journal. His book, *Family Education Studies*, was designated as the standard curriculum of family education by the Department of Education (Zhao, 1998, 2001). However, the Family Education Master Degree program was phased out due to Zhao's retirement and the limited career opportunities for graduates.

Today, FLE professionals often are self-trained or trained by diverse educational institutions. The majority of FLE professionals often are schoolteachers, Woman Federation officers, and family social workers from universities or communities. According to a 2014 survey report study by the Child Education Center, less than 10% of FLE professionals are trained by governmental institutions, universities, family education study centers, private education institutions, and academic research team. Additionally, FLE training offered by the Woman Federation and private education institutions was often short term, with no standard curriculum and regular instructors. Many FLE researchers and scholars (Luo, 2005, 2008; Yang, 2017) call for more professional FLE program development and studies.

There appear to be two new trends in the development of Chinese FLE. With the rapid increase in the number of middle-class families, the needs for emotional well-being and happy relationships grow. Chinese families, with economic

means, are eager to learn how to raise a healthy and successful child. In addition, they desire to learn how to have a strong relationship with their spouse and children. Many short-term programs have been created and offered by both nonprofit and profit organizations to address the needs of this target population. For example, Peking University has offered family focused seminars to their students in their EMBA program ([Peking University EMBA After Family Management \(CPE\) Seminar](#)). Programs such as this one are expensive and may cost thousands of Chinese Yuan to attend. On the other hand, in many big cities education and support programs are developed and offered to families and children with average or less incomes by “grassroots” organizations. Shanghai Changshou District partnered with nongovernmental organizations (NGO) to offer a variety of community activities focusing on promoting well-being of the families. One of the most well-sought out FLE programs was offered by the nonprofit Le-xin Center for Women Development and aimed to improve parent-child relationship and interactions. The program costed less than 100 Yuan ([Zhu, 2017](#)). Chinese families in less developed regions and in rural areas have not seen as many NGO services for lack of economic resources.

Family Life Education in Hong Kong

As mentioned in the beginning of the chapter, Hong Kong had successfully developed mature and systematic FLE programs, while China has been striving to put a scattered effort of FLE together through the leadership of governmental agencies. Given the social, economic, and political differences, Hong Kong went through a unique path of FLE development that has potential to inspire, promote, and advance FLE development in China. In this section, we focus on addressing the uniqueness of FLE development in Hong Kong. First, unlike the Chinese government’s top down approach of FLE that started in last three decades, FLE in Hong Kong had been a bottom up effort with a process that started in 1956. Family Planning Association

(FPA) and Hong Kong Catholic Marriage Advisory Council (CMAC) have been the grassroots force that advocates and provides FLE, which include sex education, family planning knowledge, and marriage counseling. Specifically, FPA organizes lectures and workshops that share knowledge and information on human sexuality and contraception. At the same time, CMAC emphasizes learning from individual’s reflection of experiences and feelings toward the marriage and family life. Although efforts and attempts were made to gain government support for FLE earlier ([Chow, 1986](#)), it was not until the release of the research report on *Social Causes of Violent Crime Among Young Offenders in Hong Kong* in 1975 that the Social Welfare Department started to recognize the need and effectiveness of FLE in support of preventing and intervening for at risk youth and family problems.

Second, the Social Welfare Department worked closely with volunteer agencies as equal entities to promote FLE development. The Hong Kong government represented by the Social Welfare Department and voluntary agencies (e.g., church) made intentional efforts to promote FLE services through integrating FLE into their existing social welfare programs. Family life education reached its age of “hundred flowers bloom” during these integration processes since each agency has its own policy and definition of family life education ([Chow, 1986](#)). Preparation and release of the Green Paper entitled *Development of Personal Social Work among Young People* in 1977 indicated a more coherent effort was to be put into FLE program development. FLE had its shared definition through a collective effort from 1977 to 1979 in the field of social work, and it was referred as a form of community education through which individuals gain knowledge and skills that promote better understanding of family activities, roles, and responsibilities ([CGC, 1979](#)).

Third, the Hong Kong government agency took on the leadership position when there was a need to bring the once scattered effort of FLE program development, promotion, and delivery together. The White Paper entitled *Social Welfare*

into the 1980s formalized the collaboration between the Hong Kong government and voluntary family service agencies to develop comprehensive FLE program with distinctive roles. The Social Welfare Department provides the overall direction and coordination, while voluntary agencies provide FLE services in the district level. Each FLE service worker was responsible for 100,000 people (Wong, 1990). Social work officers carried out the coordination responsibility between FLE programs and services at the district level. Standard and updated resources such as books, journals, films, displays, and slide shows are designed, developed, and distributed to districts through the resource center of the Social Welfare Department headquarter (Wong, 1990).

Additionally, promotional and educational programs had been established to support the systematic and comprehensive effort of FLE development. Promotional programs focus on increasing public awareness and familiarity of FLE through mass media and various public affairs, such as exhibitions, competitions, campaigns, and outings. Educational programs focus on developing and sharing structured information and knowledge that promote life skill development. The ultimate goal of educational programs is to prompt value and attitude changes among participants in the process of learning, growing, and transforming (Chow, 1986; Wong, 1990). FLE workers were encouraged to design and assess their teaching plans by following the Guidelines for FLE Worker. Current family life education content has extended from earlier sex education, family planning, and marriage counseling to include family relationship education, home management, human roles, and human development (Chow, 1986).

Altogether, FLE development in Hong Kong went through a process of having no government support, collaborating with the governmental agency, and having the governmental agency serve as the leader to promote systematic FLE development. The Social Welfare Administration in Hong Kong became the leader that planned, organized, and implemented FLE services. Family and Child Welfare department was

established to make sure FLE is carried out appropriately, and the various medias were used to market the availability of FLE programs (Yang & Yan, 2016). The great success of the *Divorced Couple's Dual Parenting Program* implementation from 2013 to 2015 and the 99% satisfaction rating of the participants of the *Anti-Family Violence* program (Yang, 2017) indicated that Hong Kong had reached the mature stage of FLE program development.

Conclusions and Recommendations

Family education, with an emphasis on parent education, early childhood education, and dated back to the time of Confucius, has evolved into the current family life education over thousands of years. Family life education has been active in improving parenting, young children's success, and increasing IPV awareness in China. It is very much needed to serve individuals and families across the family life cycle (e.g., families with infants and families with aging parents) and those with unique needs (e.g., families with chronically ill members). Family life education is critical in enhancing the well-being of Chinese children, individuals, and families. Prevention is proactive and has proven to be cost-effective. Family life education can reach a large population quickly at minimum cost and therefore is an approach that fits well for China. Family life education is in its early developmental stage in China. For FLE to continue to grow, both policymakers and families need to realize that human and family development is as important as economic development, and therefore it is worth investing in. As such, China has yet to see the societal investment in developing a FLE profession, conducting family studies, and realizing the market value of FLE professional services. Second, China needs research that supports its FLE practice in Chinese social, economic, and cultural context. This includes developing its own Chinese cultural theoretical framework and education model. China benefits from learning and adapting FLE theory and practice from other countries but not in such a way of blindly embracing everything from the

West. Given the shared cultural background and the geographic closeness, Mainland China may benefit from the success of Hong Kong to develop FLE curriculum and practice. The partnership among Chinese law makers, scholars, and practitioners, as well as international collaboration will be the catalysts for developing Chinese family life education as a field and profession that will effectively support at risk children, youth, and families while enhancing the well-being of all individuals and families.

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Family Life Education in Taiwan

Shann Hwa Hwang

Social-Economic, Historical, and Cultural Context

Taiwan, a small island located in the southeast side of China in the Pacific Ocean, possesses roughly a total population of 23 million. The majority of the people in Taiwan considered themselves as native Taiwanese whose ancestors left China few hundred years ago. During World War II period, roughly two million mainlanders came to Taiwan around 1945 under the leadership of Chiang Kai-shek after being defeated by the Chinese communist party. Furthermore, there are less than one million of aboriginal people scattered in various parts of Taiwan. These are the three main groups making up the majority of the population in Taiwan.

After Chiang Kai-shek assumed the presidential office in Taiwan, he decided to operate the government under one political party. Due to the one-party governance, the society and family life were placed under strict policies. It was difficult for its people from time to time to differentiate tasks done by the government and/or the only political party, Kuomintang. To many, there was not a clear distinction of these two entities. In 1986, the Democratic Progressive Party (DPP)

was officially established which is a liberal political party that promotes human rights. Over the years, DPP has drawn a great deal of support from the working-class population and disadvantaged people since their rights are often overlooked. It has become the major political party that remains in opposition to Kuomintang. Currently, DPP is the ruling party in Taiwan after Tsai Ing-wen won the presidential election in 2016. She is the first female president in the Taiwanese history.

In regard to values and beliefs in Taiwan, they are mostly derived from Confucianism which has been widely embraced by people in various aspects of family life. Confucianism places a strong emphasis on filial piety (Fong, 2008) which poses substantial distinction from the value system of western worlds. Committed obligations and shame-based family responsibilities are common tactics utilized within the same household by older family members to persuade and convince women to honor the family. Generally speaking, women are socialized to provide direct care to other family members when needed. In a traditional Chinese household, women are expected to do household chores, and men can choose to help out or not. Furthermore, the oldest son carries a cultural expectation and responsibility to care for his parents when they need assistance (Huang, 2016). Ideally, the aging parents would live with the oldest son and his family under the same roof, including the daughter-in-law and their children. From this

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cultural practice and expectation, the oldest son is encouraged to get married as soon as he is financially stable. That way, his wife will fulfill the cultural expected role to provide direct care to her in-laws and to perform daily chores around the house which is considered a critical part of filial piety. In this type of living arrangement, she is basically taking care of three generations (her in-laws, her husband, and her children) in the same household.

Family structures with traditional Chinese values in Taiwan are deeply rooted in patriarchal practices and often consist of extended family members (Julian, McKenry, & McKelvey, 1994). Typically, gender roles and family responsibilities are prescribed through a hierarchical structure that is mainly based on gender, age, and social class (Huang, 2005). For example, a young woman with minimal education tends to assume more responsibilities in providing direct care and chores around the house than her brother who is pursuing a college degree. Consequently, gender inequality remained as a silent family issue without much intervention (Chang, 2015).

It has become a common social norm to place a strong emphasis on harmonious family relationship through loyalty, conflict avoidance, and close communication (Min, 2006). In most cases, the reputation of a family name among the Chinese goes beyond the well-being of an individual (Lee & Mock, 2005), particularly for the young ones or women. As presented earlier, personal dreams and aspirations are pushed to be secondary or unimportant when family harmony is directly violated, particularly when a woman wants to receive education or seek employment that has potential to reduce her involvement or contribution in the family. For example, the husband's career advancement and his family members supersede and go above the wife's own needs (Adler, 2003). Her primary and utmost role is to take good care of her in-laws, husband, children, and then herself (Huang, 2005).

Furthermore, multigenerational co-residence arrangement is widely considered as a direct and explicit indicator of filial piety. This type of living arrangement symbolizes family happiness among the Chinese family regardless of

the actual level of happiness within the family. Typically, this is something the older generation will brag about when they are co-residing with their oldest married son and his family (Lee & Sun, 1995). In many cases, living together under the same roof with aging parents and other family members may offer direct care and emotional support which serves as a valued social capital that many nuclear families in the western countries may be lacking. Although direct care and social support can be quite helpful, co-residence with the aging parents can create added strain on marital relationships and parenting for the young couple, particularly on the oldest son's wife who assumes a heavy load of responsibilities.

Furthermore, it is fairly common for the aging parents to intervene in the oldest son's family matters that may impede the level of autonomy and family cohesion. When the aging parents view the family unit as less harmonious, they tend to use shame and ridicule as problem-solving tactics in their interactions, especially when the expectations of filial piety and harmony fail to achieve (Lee & Mock, 2005). This approach is to avoid bringing disgrace and negative comments made by outsiders to the entire family. However, the likelihood can be high for this type of marriage to stay together due to social pressure and honoring the family (Fong, 2008). Unfortunately, the influence of mass media from the western world has greatly presented a sound viewpoint to the essence of traditional family structure. A large number of young married couples, particularly for the well-educated ones, openly question the pragmatic aspects of filial piety and co-residence.

The job market in Taiwan has remained unstable for quite some time. It is highly possible that the level of marital satisfaction may be associated with financial stress (Chang, 2015). In general, men associate their identity with their employment and earning power (Fox, Nordquist, Billen, & Savoca, 2015). According to Kitano and Daniels (2001), men with less education and few marketable job skills appear to encounter the highest amount of financial stress. Without much choice, these men are

practically forced to take any low-paying, non-skilled, and labor-intense jobs that become available. Conversely, women in these financially strained families may also be expected to look for ways to make money for economic survival (Min, 2006). By so doing, they still need to do most of household chores after returning home each day. This type of marital relationship in a co-residence living arrangement has potential to generate family conflict in which the daughter-in-law is the one who is typically blamed for family disharmony.

Family Demographics

According to Taiwan National Statistics (2012), the percentage for women to receive college education and then seek employment has substantially increased in the past few decades. Prior to the increased education and employment opportunities for women, the majority of them heavily depended on men to support their family financially. A positive change of economic independence and autonomy was a foreign concept to women from the older generation. However, women in the recent years possess more negotiation power in marriage, childbirth, and overall decision-making process in intimate relationships.

In recent years, many women have the liberty to choose when to get married or to remain single because their financial independence allows them to use their social capitals to negotiate in intimate relationships. It was found that the unmarried rate of Taiwanese women in 2010 was 70% for aged 25–29 years. Since women's view toward marriage has gone through major shift, a direct result largely affected the fertility rate in Taiwan. According to the Department of Household Registration (2010), the fertility rate was approximately 0.9 per household which was the lowest in the world. If the government does not have family policy or programs in place to encourage childbirth, then Taiwan will continue to experience serious low birth rate problem in the following years. When that happens, the distribution of population strata can be extremely uneven.

Eventually, various social problems can be expected to take place in Taiwan.

According to the Taiwan National Statistics (2012), the total population of Taiwan marked low at 23 million, in which 11.63 million persons were female. The sex ratio was 99.6 (99.6 male for 100 female) the first time, representing the male was lower than the female. Furthermore, the sex ratio for Taipei City was 92.6 which was considerably low, whereas the sex ratio for Lienchiang County was 418.5 which was the highest in 2010. The main reason was the majority of servicemen on active duty were male. Based on the Taiwan National Statistics (2012), the gap of sex ratio will be much wider in the near future, and Taiwan will have more females than males.

In a traditional Taiwanese household, the division of household labor and providing care for the family members mainly rest on the shoulders of females. Even if a woman is employed with a full-time job, she still contributes two to three times more in household chores compared to her husband. When a woman is not employed, she typically spends 5.3 h a day around the house carrying out various tasks. In addition, the mentality of gender roles still holds true that men are providers and women are homemakers which is a widely held family value. In fact, family matters typically precede personal goals, and women may be asked to give up their jobs to provide care for an ill family member. This cultural belief remains true particularly for women who are constantly reminded at their young age to put family well-being above their own dreams and aspirations.

Family Strengths and Needs

In Taiwan, individuals are strongly encouraged to maintain harmony in relationships (Chang, 2015). In general, children are constantly reminded both by older family members and their teachers to respect older persons no matter who they are. This aspect of cultural value placed on relationships is also heavily embedded in family context. By and large, children are socialized at

young age by parents and grandparents to place family well-being above individual's needs. In the past, family matters were treated as private business of every family. Family members are expected to enhance family functioning and nurture positive family interaction. However, this does not always take place. When family conflict and disputes happen, family members need to take care of them with minimal external intervention. Schoolteachers, community leaders, city government officials, police officers, and lawmakers mostly took a passive role in promoting positive family life, except Christian churches. In such case, individuals and families operate family relationships mostly within each family system without much interaction or support from the external systems (i.e., school, community, or legal system).

When the Family Education Act was passed in 2003 (to be discussed later in detail), family matters suddenly become public issues that require continued support and external interventions. Based on the law, various domains of the society are encouraged to actively and directly get involved in promoting the well-being of family life. It makes much sense to approach family life as a whole from ecological framework because school, community leaders, law enforcement, city government, and central government all play a unique part mandated by this law.

It is evident that Taiwan is a country where cultural tradition and values may be held strongly by the general public as well as the law enforcers when dealing with family issues. Although family matters were formerly handled in the private territory (Lin, 2003), they are now processed in public domain when negative family matters occur. Child welfare law, poverty law, disability law, domestic violence prevention act, and divorce law are passed to ensure individual and family well-being (Chang, 2007; Chou, 2008; Liu, 2011; Tsai & Ho, 2010; Yang, 2008). Taiwan has made significant progress in these laws and yet they are far from perfection. It is quite encouraging to see the advances of these laws. For example, divorce law allows divorcing couples to either process a divorce case through judicial divorce route or consensual divorce manner. As

stated earlier, cultural values and beliefs still dictate how court judges and mediators handle each divorce case. Chinese people believe that marriage is a jointed effort of two families instead of two individuals (Chou, 2008). As a result, the legal divorce directly creates detrimental effects to harmony and stability of both families. Interventions will be made to prevent divorces to happen at all cost. On the surface, the divorce rate may remain stable, and yet unhappy and dissatisfied couples continue their life.

Family Policies

In general, family policy is defined as governmental programs or services to provide support for empowering and strengthening individual well-being and family functioning (Robila, 2012). According to Bogenschneider (1995), public policies are effective when they meet the proposed objectives. The concept of family policy had not received public attention in Taiwan until recent years because the society believes that each family member needs to mind his or her own family affairs (Lee & Sun, 1995). A common unspoken consensus is that family matters should be kept and handled within the family as a private matter. Consequently, local government officials and police officers mainly played an indirect part in addressing negative family issues for a long time.

Family Life Education Development

People in Taiwan highly value the well-being of family relationships and harmony over individual aspirations and plans (Lin, 2003). The notion of healthy family life has been widely discussed and promoted through school activities, TV shows, or professional conferences/forums. In Taiwan, family issues are widely perceived as private matters that should be kept within each family. Since the 1980s, counseling has become more acceptable among the professionals as a method to handle family issues. Nevertheless, many people that hold the traditional view still remain uncomfortable to

openly discuss family issues. In fact, the traditional view about family honor depicts that disclosing family issues to an outsider brings shame and dishonor to the family (Huang, 2016). As a result, most people intentionally avoid the discussion of family problems in attempt to save face and bring honor to one's family.

In the 1990s, family education centers were widely opened up at the city level throughout Taiwan. The primary approach of each center in their service has shifted from intervention to more prevention-oriented (Chou, 2006). Currently, every city/county has a family education center throughout the island. Since people in Taiwan place a strong emphasis on education, the general public seems to feel more comfortable toward education programs relevant to family life. Generally speaking, experiential activities and small-group discussion work well to provide a learning environment for families to acquire knowledge and interpersonal skills to empower individuals and strengthen family relationships (Commerford & Hunter, 2016). By doing so, the goal to strengthen family relationships can be achieved in a less intimidating manner because Chinese people avoid discussing family problems in public so shame and disgrace will not be brought to the family. Duncan and Goddard (2017) stated that helpful knowledge and necessary skills could be obtained through experiential activities of a family education program in a friendly setting.

In the past few decades, Taiwan has gone through significant socioeconomic changes. As a result, social problems have increasingly become evident which directly affect the quality of family life and child outcome. Family problems associated with teen pregnancy, domestic violence, divorce, single-parent households, and other issues produce negative impacts on family functioning as well as the societal stability. Consequently, the quality of family life and interpersonal relationships has been deteriorating at a fast pace. The rapid change of family life due to the aforementioned issues directly challenges family harmony. This brings to the attention of the government officials that the existing public

policies are not able to meet the changing needs of the family. Both at the micro- and macro-level of family, changes create potential instability for the family to make proper adjustments.

Lawmakers, educators, researchers, and parents are concerned about the family issues. They may also wonder whether a government-related policy can enhance family functioning and stability (Hawkins, Amato, & Kinghorn, 2013). It was clearly known that the existing public policies may not assist families to face social problems at a macro level. As a result, scholars and professionals tirelessly organized forums, planned conferences, and conducted research projects that involved interested lawmakers from time to time to identify best practices and yet to be culturally sensitive to family life through family life education to ensure healthy family functioning for families at different stages of family development (Lin, 2001b). In the late 1990s, a group of scholars and researchers in Taiwan approached the legislators to propose a family education bill by using the existing resources in the community from a preventive approach to ensure healthy family relationships. The goal of this proposed bill aims to implement family life education lessons for individuals from elementary school level all the way to adulthood. Eventually, the well-being of family life does not solely rest on the shoulders of each family; instead it is done through the joint effort of schools, community, and government (Bogenschneider, 1995). Finally, about 100 legislators generated the Family Education Act bill in 2002 and presented to the Legislative Assembly.

The bill was passed on January 7, 2003. This Family Education Act consists of seven aspects:

1. The purpose and scope of family education
2. The central government agencies (e.g., Ministry of Education, city-level family education centers) that are in charge of family education and their responsibilities
3. Guidelines and job description of family education centers at the local city level that promote and deliver family education services and program and criteria of professionalism

4. Family education curricular contents, trainings for professionals, and promotion of family education services
5. Prioritization of target audience to receive family education services
6. Funding for family education services at all levels
7. Collaborative effort between the central government agencies and family education centers at local city level to promote, deliver, and evaluate family education programs

Taiwan is the first country that began implementing family education law for the entire country. It has been positively portrayed by policy makers and professionals. The overall purpose aims to improve family functioning, to have happy families, and to ensure a peaceful society, which is a similar view as scholars and researchers stated in the literature (Hawkins, Amato, & Kinghorn, 2013). Interestingly, the Family Education Act is housed in the Ministry of Education. Evidently, it is understood and executed as an education law, not a civic law. Additionally, strategic plans and implementation guidelines on seven aspects of the law need time to be put into action, so barriers and best practices can be gradually identified after programs are strategically delivered at all levels in the society. Lou (2007) argued that it is crucial to find out the level of receptivity by the general public toward family education programs to improve family life in Taiwan. As a result, evaluation studies are deemed vital to understand the quality of these programs.

Generally speaking, family education has been commonly viewed as a mechanism to deliver services and programs in a given social context in Taiwan (Lin, 2003). It is a widely known fact that healthy family functioning requires skills and knowledge in the following areas: effective financial knowledge, good communication skills, healthy marital relationship, and positive parent-child interaction. Researchers and practitioners/educators in family field understand that Family Education Act consists of parent education, filial education, gender education, premarital education, marital education, ethics

education, family resource management, and others (Hsieh & Huang, 2010). This bill is mainly based on life course perspective to promote program design and delivery. These topics should be the backbone of a potential family education bill that would require family life education programs to be implemented at all levels of the society in Taiwan.

Provider Levels and Institutions

Since Family Education Act is housed in the Ministry of Education, the general impression is that this is an education law. Programs and services related to family education are heavily embedded in education settings. On the Ministry of Education website, there is extensive information about Family Education Act. In addition, three websites created by the government provide helpful information and education materials on dating, marriage, parenting, and family relations. Furthermore, the Ministry of Interior has a website on family planning and childbirth. Finally, the Ministry of Health and Welfare offers relevant information and resources on infant and toddler care, senior resources, and family support. All of the government-sponsored website resources specified in this paragraph can be found in [Appendix A](#).

University Level

The National Taiwan Normal University (<http://en.ntnu.edu.tw/p-Human.php>), a leading university in the field of Human Development and Family Studies program in Taiwan, that was founded in 1953 as Home Economics program until 1966. The HDFS department at NTNU offers bachelor, master, and doctoral programs. Both bachelor and master degree programs include three major components – Family Life Education, Early Childhood Development and Education, and Nutrition Science and Education. The doctoral program in their department offers Family Life Education, Early Childhood Development and Education, Nutrition Science

and Education, and Hospitality Management and Education.

Fu Jen Catholic University, a private university with a religion foundation, offers both undergraduate and graduate programs. The Department of Child and Family Studies (<http://www.cfs.fju.edu.tw/english%20website/mission.htm>) focuses on child and family across lifespan development. Besides other research tools and core courses, master-level students will study in three domains: childhood education and care, parent-child relationship and parent education, and marriage and family relations.

Shih Chien University, a private university, also offers both bachelor and master programs under the Department of Family Studies and Child Development (<http://en.usc.edu.tw/index.php/department-of-family-studies-and-child-development/>). This department was initially founded in Home Economics in 1958 and later changed its name as Department of Applied Science and Living in 1991. In 2004, the department was restructured and renamed to its current name. The department does not offer doctoral programs.

Chinese Culture University, a private university, offers various majors and programs. The Department of Applied Science of Living (<http://crfals.pccu.edu.tw/files/11-1120-2068.php?Lang=zh-tw>) was initially founded as Home Economics in 1962 and was renamed by the Ministry of Education to the current name in 1994. The department offers both bachelor and master programs in the areas of applied sciences. Both the undergraduate program and graduate program heavily focus on nutrition and food science. Less emphasis is on human development and family relationships courses.

In addition to these four universities that have human development and family-related majors, there are also a small number of teacher education colleges and other universities that have child development and family-related majors. However, many of them tend to focus on early childhood education or childcare. Also, there are four family education and research centers established at four different universities which can be found in [Appendix B](#).

Besides counseling and social work programs being offered at colleges and universities, marriage and family therapy is not as common. In terms of marriage and family therapy, National Changhua University of Education has a graduate institute of marriage and family therapy (<http://mft.ncue.edu.tw/>). This graduate program was founded in 2007, aiming to train professionals to improve their knowledge and skill practices from counseling, social work, and medical disciplines.

High Schools and Middle Schools

Based on Article 15 of the Family Education Act, specific policies were made to disseminate family education information to elementary to high school students. From elementary to high school level, students are provided 4 h of information on family education in a year. There are two content areas of topics on family relationships for students to develop. The main content area consists of parent-child interaction/support and communication and antisocial behaviors and gender equality. Examples of elective topics include the following: parenting responsibilities, child and adolescent development, stress management, or family crisis. The Ministry of Education commissioned scholars and researchers to publish a handbook which can be used by elementary and secondary teachers when they teach on family relationships. There are five different sections of this handbook: (1) family dynamics, (2) development and growth of family relationship, (3) dating and intimate relationships, (4) family resource management, and (5) time management. Elementary students and high school students are exposed to all five sections throughout their education. Only high school students will have the opportunity to learn knowledge and interpersonal skills about dating and intimate relationships.

Although the Family Education Act promotes and provides numerous programs and services to enhance family functioning and well-being for the nation, a great deal of efforts is concurrently contributed by many nongovernment organizations in the area of family life. The large number of family education programs and services has to

Table 1 Examples of family education handbooks

Year	Title	Target population	Sample topics	Publishing organization
2004	Seven topics for the newlyweds' weekend retreat	Young couples	Communication Family of origin	Ministry of Education
2005	Family resource management	Individuals and families	Family decision-making Work and family Budgeting Community resources	Ministry of Education
2005	4 h family education handbook	Middle and high school students	Family structures Family recreation Family violence Family stress	Ministry of Education
2006	Connecting generations: grandparents and grandchildren	Grandparents and grandchildren	Family history Connecting with grandparents Creating memories	Taiwan Family Life Education Association
2007	4 h family education handbook	Elementary students	Family relations Money and resources Family recreation	Ministry of Education
2009	Home-buying handbook	Couples	Financial stress House hunting Budgeting Remodeling	Ministry of Interior
2015	Adolescent development handbook – parent edition	Parents	Adolescent development Socialization Communication Parenting skills	Ministry of Education
2015	Adolescent development handbook – adolescent edition	Adolescents	Family relations Understanding stress of parents Building love relationships	Ministry of Education

be done as a joint effort to enhance family functioning. There are organizations that mainly focus on prevention-oriented programs (i.e., Family Wellness Association) to ensure family life quality, while other organizations feel the urgency to provide intervention services to solve immediate needs (i.e., Chinese Children Home and Shelter Association). Examples of NGO are listed in [Appendix C](#) at the end of this chapter.

In responding to Family Education Act, family education programs and curricula have been designed to meet massive needs of individuals and families in Taiwan. Commerford and Hunter (2016) stated that marriage and relationship education programs are typically offered in a group setting. They suggest that it can also be done through self-directed approach through self-help DVDs or books that individuals can use in their own pace. Beginning in 2004, scholars, educators, and researchers worked together tirelessly to produce individual lessons, programs, and training

materials. Ballard, Tyndall, Baugh, Bergeson, and Littlewood (2016) indicated that the use of evidence-based family education programs is crucial. It is not clear whether all of these programs are evidence-based materials. Table 1 shows a list of handbooks/training materials written for various purposes of family education that are targeted toward different groups. These materials are available for educators to use or modify to meet the needs of a target population.

Family Life Education Implementation

As it was stated previously, Taiwan became the first country in the world in 2003 that passed Family Education Act. This groundbreaking public policy in family life education has become a reality for people in Taiwan to ensure healthy family functioning. Professionals who are

working closely with families and individuals can take the content of the act as the agreed standards and guidelines to serve as the basis to promote the well-being of family life. Even though it is no longer considered as an intrusive act to discuss family matters in the educational setting, the level of receptivity by the entire population in Taiwan toward Family Education Act still remains questionable. Lin (2003) argued that the once private family matters that were handled by each family have culturally and legally changed to be a domain of public affair. In fact, the new law has set guidelines and parameters on the content and qualities of family education program/service. Chou (2006) proposed that implementation of Family Education Act needs to include the following: focusing on the emphasis of life course of an individual and each family, providing resources to meet the needs of individuals and the family, initiating interdisciplinary collaboration to ensure family functioning, building partnership with nonprofit human service agencies or NGO, designing education-oriented family programs and services, and promoting professionalism of family life educators.

Since family education is a newly established area of knowledge in Taiwan, it is extremely critical to establish guidelines and criteria as part of professionalism in this field. Professionalism is a continuous process to ensure and monitor the qualifications of professionals in a specified field. This is an essential aspect because each city needs well-trained professionals and educators to implement and deliver programs. After the government passed the Family Education Act, family education begins a new phase which requires preparation of professional development and training of professionals at the national level. In 2005, the Ministry of Education delegated training and certification process to scholars associated with Taiwan Council on Family Life Education to set up certification guidelines and criteria for the profession (Hsieh & Huang, 2010). Taiwan Council on Family Life Education is a professional organization that primarily promotes family well-being from a preventive approach. It is not affiliated with the National Council on Family Relations in the United States.

Out of almost 700 applicants, 611 were successfully certified which 495 of them were graduates from colleges or universities with family education majors. The certification of family life education in Taiwan will ensure the quality of educators who are promoting healthy family functioning.

Proposed Family Life Education Program Evaluation

Based on the guidelines of Family Education Act, only elementary schools up to high schools have an obligation to offer a minimum of 4 clock hours of family education annually in addition to programs provided by each city-level family education center (Lou, 2007). There could be some programmatic challenges in implementing family education curricula. After doing careful search on research studies and evaluation projects, the result was not encouraging. It appears that family education programs and services have been delivered for over a decade after Family Education Act was enacted. Unfortunately, program evaluation and assessment of their effectiveness have not been done. It would be a top priority for future research for scholars in Taiwan to undertake. The following evaluation suggestions solely come from the author's observation. Firstly, the family education programs can be presented in many different formats by the designated person(s) at each school. It is important to remember that family life education is to help families build knowledge and skills to maintain family functioning (Ballard et al., 2016). For the schoolteacher who is being assigned, this added responsibility could be a bit stressful and challenging. It is simply that this particular schoolteacher in a given school not only needs to teach his or her own subject(s) but also takes up a newly assigned task to teach students about family life, only 4 h in a calendar year. Therefore, the quality and continuity of family development knowledge may be uncertain.

Secondly, many students may soon realize that this type of program only happens 4 h in an academic year. The program may be perceived

by students as a to-do item instead of something to learn and develop. Also, most parents still view schoolteachers as ones who teach book knowledge to children rather than educators who promote healthy family relationships. It can be somewhat strange for parents to approach a schoolteacher as a family educator to discuss family issues. However, the relationship between school and parents may still be weak which can make program implementation a challenge. In addition, many schoolteachers are not academically trained in family education or related fields and may perceive program delivery/implementation as a cumbersome task beside their regular teaching responsibilities (Hsieh & Huang, 2010). As a result, the quality of content and program delivery may not be consistently maintained, especially when there is not a designated person at a school to deliver the program.

Thirdly, every city government is strongly encouraged to provide 4 h of premarital education classes by trained family educators from a preventive approach to committed or engaged couples. According to Huang (2016), those who attend premarital classes or program seem to have a better adjustment in their marriage. Lou (2007) argued that various city-level family education centers are already understaffed and need additional funding to design and implement family education programs and services to enhance well-being of individuals and strengthen healthy family functioning. Oftentimes, funding can be appropriated and allocated by political priority of politicians. From the standpoint of public policy, Family Education Act promotes positive family life and healthy relationships. In reality, these newly suggested premarital programs/ services along with other family education programs, for example, may not be perceived as preferable to the current staff because of their overloaded responsibilities and limited funding. When needed funding is delayed or becomes an issue, certain family education centers around the country may not have adequate resources to hire qualified professionals to offer preventative programs for individuals and families to enrich the quality of relationship. As a result, the enforcement of this law at the national level for seven identified

aspects for its people at each developmental stage in Taiwan will most likely experience obstacles that deserve further attention.

Fourthly, individuals and families that would benefit from family education the most typically do not take advantage of the program or cannot make it due to low desire, mental health issues, long work hours, and level of willingness (Lou, 2007). At this point, it is not mandatory to take part in family education programs beyond high school level in Taiwan. It is completely voluntary. It has been widely documented in empirical studies that participation in family education programs increased the potential to have positive well-being of individuals and families (Bamberger, Coatsworth, Fosco, & Ram, 2014; Duncan & Goddard, 2017), and yet it is not guaranteed (Wood, Moore, Clarkwest, & Killewald, 2014). However, some still remain hesitant to take advantage of it. Therefore, the government needs to use creative ways or even incentives to increase initial participation as well as to promote participation in other related programs (Hsieh & Huang, 2010).

Finally, it has become a challenge to evaluate the effectiveness of program delivery through local family education centers, especially given that each center may choose to deliver its own “desired” programs and services. When family education centers do offer family programs, it is important to keep in mind that not all of the centers in Taiwan deliver each program from the same curriculum or identical program content. As a result, it makes program evaluation a difficult task. In the same vein, family education program evaluation at the school level can become a challenge due to inconsistent program content and delivery methods. This 4-h family education program in a year may be perceived as a “side job” or “extra work” by some teachers. In such situation, evaluation of programs at the school level can be quite problematic. When this is the case, identifying best practice of family education programs to ensure program quality and effectiveness will not be their top priority. Bogenschneider (1995) argued that most programs measured individual outcomes rather than family outcomes. Therefore, the Taiwanese government needs to develop and streamline

indicators of program evaluation to ensure the effectiveness of program quality and implementation. Johnson (2014) pointed out that the goals of a government-supported program, building strong families, aim to promote healthy couple relationships and stability for over 5000 couples. An evaluation study found that couples showed no improvement on relationship quality, partner support, and communication skills 36 months after attending intervention programs. Studies like this can provide a foundation for the lawmakers to consider programs and evaluation studies. Future funding can be based on these indicators to provide funds to family education centers and human service agencies that follow the guidelines.

Based on literature review search, only small scale, inconclusive findings have been reported on different topics of family educations delivered in Taiwan. It has been found that long-term results of relationship programs are still lacking in literature (Commerford & Hunter, 2016). The reason why evaluation studies are not conducted in Taiwan is not new or strange. Large-scale, nationwide studies are in great need to understand the level of effectiveness of programs and services associated with the Family Education Act for people in Taiwan.

Conclusions and Recommendations

The enactment of Family Education Act in Taiwan serves as a groundbreaking event in public policy and has set an example for other countries to ponder that they may develop policy initiatives to ensure the quality of family relationships. From public policy standpoint, the well-being of individuals and family functioning has become a public matter and top national priority of Taiwan. In one aspect, it successfully demonstrates the increased awareness of importance of healthy family functioning from a preventive approach. On the other hand, the government realizes the rapid deterioration of family relationships as a result of economic and societal changes. Family education efforts continue to pose a critical question for the reader

to consider: Are family education prevention programs the ultimate solution to increase family functioning and eliminate social problems in Taiwan? If not, what would be some other ways to do so?

From the governmental level to consider how family education may go for the next 5–10 years in Taiwan, policy makers still play a major role in this part. In fact, the landscape of family education seems to be reshaped somewhat differently after the new president and liberal lawmakers stepped into their political roles. Although Family Education Act indicates that programs and services need to be implemented at various levels of schools, it can also be interpreted to deliver the minimal level of activities specified within this law. In particular, some liberal lawmakers may prioritize their political agenda in other areas (i.e., social justice issues related to economy or individual welfare) which may indirectly decrease the amount of family education efforts which were done in the previous administration. As a result, research projects, curriculum development, or research funding on family education to move to the next level may not become readily available in the near future.

As stated in this chapter, some individuals in Taiwan may not participate in family education programs or services at a public setting. Perhaps, using an informal small-group format or family coaching (Allen & Huff, 2014) might potentially be a feasible way to present knowledge and information about family relationships. Duncan and Goddard (2017) suggested that newspapers, magazines, television programs, and the Internet are great tools to share family life information. These means are less intimidating and threatening which may be more receptive to people in Taiwan since many of them are not culturally inclined to share their family life. In fact, family education programs can reach more individuals and families when they are made available through the Internet (Hughes, Bowers, Mitchell, Curtiss & Ebata, 2012). On the other hand, the credibility of the program contents can be questionable when they are offered online.

Furthermore, Darling, Fleming, and Cassidy (2009) proposed that professional networking,

mentoring, and development opportunities can be created at the local or regional level to increase the professionalism of family life educators. This may provide an opportunity for educators, scholars, and lawmakers to think about how to best use Family Life Education Association to promote professional development and continued education. Finally, conducting consistent and long-term evaluation studies both at local and national levels for program effectiveness is critical for scholars, researchers, and government officials in Taiwan to launch in order to assess family education program design and delivery. By doing so, the overarching purpose of Family Education Act, improving family functioning to have happy families and a peaceful society, can be steadily and widely achieved in Taiwan.

Appendix A: Ministry of Education-Sponsored Family Education Websites

1. Family education <https://moe.familyedu.moe.gov.tw>
2. My family <https://imyfamily.moe.edu.tw>
3. Parenting <https://icoparenting.moe.edu.tw>
4. Dating and marriage <https://ilove.moe.edu.tw/index.php>

Ministry of Interior-sponsored family education website:

1. Family planning and childbirth <http://sweethome.moi.gov.tw>

Ministry of Health and Welfare (Social and Family Affairs Administration)

1. Infant and toddler childcare <http://babyedu.sfaa.gov.tw/mooc/index.php#6>
2. Senior welfare <http://www.sfaa.gov.tw/SFAA/Eng/Pages/VDetail.aspx?nodeid=234&pid=3791>
3. Family support <http://www.sfaa.gov.tw/SFAA/Eng/Pages/VDetail.aspx?nodeid=233&pid=3793>

Appendix B: Family Education and Research Centers

1. Family Research and Development Center (National Taiwan Normal University) <http://www.cfe.ntnu.edu.tw/Page.aspx?CDE=PGE1010>
2. Family Education Research Center (National Chi Nan University) <http://www.ncnu.edu.tw/ncnuweb/home.aspx?unitId=s000>
3. Family Education Research Center (National Chiayi University) <http://www.ncyu.edu.tw/fec/>
4. Healthy Family Research Center (National Open University) <http://hf.nou.edu.tw/>

Appendix C: Examples of Nongovernment Organizations

1. Family Wellness Association <http://www.fwa.org.tw>
2. Loving Family <https://www.family.org.tw/index.php?module=intro&mn=1>
3. Rainbow Family Life Education Association <http://www.rainbowkids.org.tw/WordPress/>
4. I-Link Community Services Association <http://www.i-link.org.tw>
5. Love, Covenant, Family Education Foundation <https://www.lcf.org.tw>
6. Family First <http://www.familyfirst.net.tw>
7. Single Family Association Taiwan <http://www.twsinglefamily.com>
8. Chinese Association of Early Intervention Program for Children with Developmental Delays <http://www.caeip.org.tw>
9. Garden of Hope <https://www.goh.org.tw/tc/index.asp>
10. Child Welfare League Foundation <https://www.children.org.tw>
11. Chinese Children Home and Shelter Association <http://www.childrenhome.org.tw>
12. Hsin-Yi Foundation <http://www.hsin-yi.org.tw/index.asp>

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Opportunities for Family Life Education in Thailand

Catherine A. Solheim and Poonsuk Wachwithan

Preamble

We are honored to have this opportunity to share our understanding of family life education in Thailand for this important volume. At the onset, however, it is important to acknowledge that there is no unified family science discipline in Thailand and no designated family life education (FLE) body of knowledge in Thailand such as that which is defined for US purposes by the *Standards & Criteria: Certified Family Life Educator ion (CFLE) Designation* adopted by the National Council on Family Relations in 2011. We believe it would be inappropriate to apply a US-grounded conceptual definition of FLE to a country and culture that is quite different historically, culturally, and familiarly than the USA. However, it is an interesting exercise to examine how education related to families is organized and delivered. Therefore, we will address the following in this chapter: (1) provide a snapshot of the country of Thailand; (2) describe Thai families in a changing world; (3) discuss

trends that are shaping the landscape of Thai families; (4) identify Thailand's current infrastructure that provides the scaffold on which a family life education system would be built, including relevant government ministries and university-level training for staff who work in agencies that support families and for teachers who teach family-related content in schools, civil society, and families themselves; (5) discuss current issues in contemporary Thai society; and (6) highlight opportunities to invest in a family life education system to serve the needs of families in Thailand.

A Snapshot of the Thailand Context

The Kingdom of Thailand, with a land mass about three times the size of Florida, is located in Southeast Asia, bordered by Cambodia, Laos, Burma (Myanmar), Malaysia, and the Gulf of Siam. Described as a free enterprise economy, Thailand is a member of Association of Southeast Asian Nations (ASEAN). The Thai economy is heavily dependent on international trade that comprises 2/3 of its GDP. The USA, China, and Japan are its primary trading partners. Exports and Thailand's service sector combine to contribute 90% of GDP. Agriculture is still an important economic base for Thailand; small-scale farms contribute only 10% of GDP but employ 1/3 of the labor force. The level of living of Thai families has

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improved over the past few years, primarily due to the government's 2013 institution of the 300 Thai baht minimum wage, the equivalent of approximately 10 US dollars.

Of her 68 million inhabitants, about 75% are ethnic Thai, 14% are Thai-Chinese, and 3% are Malay (World Population Review, 2018). The remaining 8% are distributed across several ethnic minority groups including about 1.3% Burmese and about 2% who belong to various hill tribes with distinct cultures and languages. The major hill tribe groups include Karen, Hmong/Miao, Akha, Lahu, Lisu, Mien/Yao, and Palaung (Freedom House, 2017) who primarily live in Thailand's mountainous northern region.

The Thai literacy rate is very high at 97%. The 1999 Education Act guaranteed the right of all children to receive a quality education. In 2005, it was affirmed that this right included all children living in Thailand, regardless of citizenship or documentation status. UNICEF reported that from 2000 to 2009, the primary school enrollment rate for children ages 6–11 increased from 81% to 90%. Secondary school enrollment rates for children ages 12–17 over that same time period increased from 55% to 72%. In 2009 mandatory free education was increased from 12 to 15 years (through 9th grade or *matiyom 3*) (UNICEF, 2017). The median age in Thailand is 37 years. The median age of mothers at first birth is slightly over 23. Thailand's fertility rate has steadily decreased from 6.1 in 1960 to 1.5 in 2015 (World Bank, 2015).

The increased mobility of individuals and families globally is also impacting Thailand and changing its demographic landscape. Refugees fleeing from neighboring Burma (also known as Myanmar) number over 102,000 living in nine refugee camps along the Thai-Burma border (UNHCR, 2017). Internally displaced persons due to interethnic conflict in southern Thailand number approximately 35,000. Additionally, over 488,000 people, members of one of northern Thailand's Hill Tribes, are stateless, meaning they don't hold Thai citizenship and lack documents that prove their place of birth (CIA World Fact Book, 2017).

Thai Families in a Changing World

Across the globe, families constitute the fundamental societal unit, primarily responsible for economic support, protection, social relationships, reproduction, and physical and mental well-being. It is also true that families are continually changing in both form and function in response to changing economic, social, and political contexts. This is definitely the case in Thailand. A 2015 State of Thailand Population Report begins by stating:

Thailand now finds itself in transition from a predominantly young population to an increasingly ageing population, from large to small families, and even "sub-nuclear" family structures, such as single-parent, one-person, skipped-generation, and DINK (double-income, no kids) families are being observed. Their numbers are increasing as a result of changing lifestyle choices and societal pressures, and the increasingly unattractive opportunity costs inherent in the long-term commitment of raising children. (p. 13)

Historically, Thailand was considered a fairly traditional country in terms of family form and function. Heterosexual couples married, had children, supported parents in the same location, and lived in close proximity to extended family. Generally considered a collective society, parents and extended family expected young adults to marry and played a significant role in choosing children's partners. This approach can still be found in contemporary Thailand, particularly in more remote, rural areas where the "marriage market" or exposure to potential mates is limited. More recently, however, decisions about family formation are more individualistic, influenced by increased education, Western influence through increased exposure to global media, improved economic opportunities, changing lifestyles, and geographic mobility, particularly from rural to urban settings.

Thailand has multiple ways that families and households are defined. For example, the Ministry of Social Development and Human Security recognizes three types of families:

(1) a "nuclear family," one generation with a husband and a wife or two generations with

parents and children; (2) an “extended family,” three generations including parents, children, and grandparents; and (3) “special needs families” who diverge from the two predominant types of families previously mentioned including single-parent families with only a father or a mother and a child/children, skipped-generation families with elderly people looking after children whose parents do not live with them, or households with only children or elderly people living together.

A slightly different classification is used by Thailand’s National Statistical Office: (1) “nuclear families” with a husband/wife couple or both parents and their children and single-parent families – a mother or father with a child/children, (2) extended families, (3) one-person households, and (4) non-relationship households (UNFPA, 2015).

Trends Shaping the Landscape of Thai Families

In response to a strong and very effective governmental push in the 1970s to decrease Thailand’s population growth, Thailand has experienced a steady decline in the birthrate (Frazer, 1996). This downward trend has been attributed to economic reasons – the family planning initiative focused around a slogan “Many children lead to poverty” (UNFPA, 2015, p. 18). Over time, other reasons entered into the mix including an increase in singlehood and a delay in the age of marriage, rural to urban migration for work, and increasing importance of careers for women. As a result, the size of Thai families has decreased significantly, from 5.2 persons in 1980 to 2.7 persons in 2014. If this trend continues through the year 2040, the typical size of Thai families will reach 1.3 persons (UNFPA, 2015). Coupled with this dramatic decrease in the size of families is the increased longevity of the people of Thailand, from age 63.8 for men and 68.9 for women in 1980 to 71.6 for men and 78.4 for women in 2015 (UNFPA, 2015; World Health Organization, 2015), an increase of almost 8 years for men and almost 10 years for women over the past 35 years.

These two trends converge to result in quite a shift in the proportion of people in various age

brackets. The decline of the youth population is decreasing at a much greater rate than the rise in the elderly population. As of the latest report by the Population and Housing Census in 2010, those under age 15 comprised about 19.2% of the population, down from about 50% in 1970. Those over age 60 (the mandatory age of retirement for Thai workers) represented about 16% of the Thai population, up from about 5% in 1970 (UNFPA, 2015). These shifts are exacerbated by rural-urban migration trends; younger people are moving to the Central Region, which includes Bangkok, from other regions, namely, the North and Northeast. The Southern Region is spread out more evenly across age groups.

Amidst growing concerns about Thailand’s aging population, a positive note is recorded by Wachwitan (2013) based on her research with Thai elders in the central region. She found that elders play a vital role in the well-being of families, particularly those with young children. Most often, at least one of the adult children and their family remain with their aging parents. The elder parents are often the primary caregivers for these young children while their parents are working.

The “Who” and “What” of Education and Support for Thai Families

Without the ability to describe a cohesive family life education structure in Thailand, we want to provide some sense of the various stakeholders in education about and/or support for families within government, education (elementary, high school, postsecondary, and nonformal levels), civil society, religious, and family contexts in Thailand.

Government

Three Thai ministries have either direct or indirect connections to the education of families. First, the *Ministry of Social Development and Human Security*, established in 2002, has as its primary mission: *Moving forward to a quality society on the basis of shared responsibility.*

Although the word “family” is not used, one of the tenets of their mission is aligned with the goals of family life education: *To develop people and society to achieve their quality and protection from social changes and fluctuations*. Three offices have direct responsibilities for policy, strategy, and implementation of measures to support families including the Office of Women’s Affairs and Family Development, the Office of Promotion and Protection of Children, Youth, Elderly, and Vulnerable Groups, and the National Office for Persons with Disabilities. Overall strategies such as “developing a strong society responding to social changes and fluctuations” are quite vague but leave considerable room for the inclusion of family life education as a specific mechanism to achieve their mission and vision (Thailand Ministry of Social Development and Human Security, 2017).

The *Ministry of Public Health*, with over 800 public health offices in 76 provinces and over 9000 public health centers in provincial sub-districts, has great potential to be a key player in family life education efforts. One of the goals of the Ministry is to encourage all sectors of society to participate and be aware of *health promotion and healthy development of healthy behaviors* (Thailand Ministry of Public Health, 2017). Strategies to date have primarily been focused on access to health care with great success; universal health-care systems are now in place. Additionally, considerable effort has gone into the treatment and prevention of communicable diseases such as HIV/AIDS. More recently a shift has been made to promote physical and mental health through the “Healthy Thailand” agenda. This initiative is due in large part to the increased prevalence of noncommunicable or “lifestyle” diseases such as type 2 diabetes and coronary disease. Buddhist temples and monks are central to implementing this agenda, particularly in rural areas where Buddhist temples are centers of community life (World Health Organization, 2017).

The *Ministry of Education* has a key role in whether or not family life education is included in the National Curriculum for secondary

schools. As of the 2007 version (currently under revision in 2017), there were four core content areas (Thai language, math, science, sociology/religion/culture) and four elective areas (health, art, foreign language, and careers and technology). Although overall goals of the National Curriculum include understanding and valuing self and family, practicing responsible sex, and developing life skills, those goals are primarily covered in elective courses such as physical education and career development. National entrance exams for postsecondary education only cover topics in the four core content areas. Therefore, students and their families place less value on elective coursework and the content included.

Family Content in Secondary Schools

Family content in the health elective area includes understanding self and family, physical and mental development, physiology of sex, developing and maintaining good relationships with others, and life skills. It is important to note, however, that classes that cover these topics are typically taught by physical education teachers who have most likely not been trained in human or family development content in their teacher preparation coursework. Family-related content is also included in the career and technology elective area: work in everyday living; helping self, others, and society; employing a sufficiency economy lifestyle; environmental conservation; and development of skills and pride in everyday life.

It is important to note that secondary schools do employ home economics teachers. However, though trained in their university curriculum to teach family relationships, resource management, etc., they are typically assigned to teach classes that focus on traditional home economics content such as cooking, sewing, and handcrafts. This generally constitutes vocational preparation in home economics-related jobs including food service, hospitality and tourism, and clothing industries.

Relevant Thai Education Standards

Overall, education standards at both elementary and secondary levels are actually quite clear about the importance of family life education. From grades 1 to 6, articulated student outcomes include (a) be able to state who is in your family, how they show love for one another, and how they relate to one another, including the difference between men and women; (b) develop self-pride; (c) be able to articulate the role and function of self and other members in the family; (d) know the “right” behavior for men and women and how to be proud of your own gender; (e) understand the value of friendship and why family is important to you; (f) explain how to develop good family and friend relationships; (g) know the signs of human trafficking and how to avoid being trafficked; (h) know how to be a good family member; (i) know how to fit with your gender based on Thai culture; (j) know how to say no to risky sex behaviors; and (k) be able to identify good and bad behaviors in family (Thailand Ministry of Education, 2008).

In grades 7, 8, and 9, students are expected to (a) explain the importance of building good relationships with others; (b) understand body changes; (c) identify risks associated with unprotected sex, including HIV/AIDS and early pregnancy; (d) understand family planning and contraception; (e) protect against predators including human traffickers; and (f) recognize and deal with family conflict.

High schools and vocational schools, including grades 10, 11, and 12, implement the National Curriculum health standard in a course titled Family and Life Safety. Topics include life skills, taking care of your health over the lifespan, sex behavior problems related to influences from environment and culture, protection from drug accidents, proper use of medicine, and personal growth and development.

Thailand also has a strong Adult Basic Education program which provides a path to a high school diploma through nonformal education. A National Curriculum for Adult Basic Education, created by the Ministry of Education in 2015, includes five areas: (1) learning skills,

(2) foundation of knowledge, (3) foundation for career, (4) life skills in the sufficiency economy philosophy and financial management, and (5) social development including sociology, religion, health, community, and society.

Family Life Content in Higher Education

Content germane to family life education is taught at the university level at higher education institutions across the country. A smattering of family-related courses are taught at a variety of higher education institutions across Thailand. Courses include a family studies course in the School of Art at Bangkok University, a family and kinship course in the School of Anthropology and Sociology at Songkhla University, a family education course in the School of Education and a family and kinship course in the School of Anthropology and Sociology at Ramkhamhaeng University, and a family studies course in the School of Agriculture at Rachapat University in Ubon Ratchathani.

A scan of higher education institutions found related degrees such as Home Economics Education at Kasetsart University and similar degrees offered throughout the “Rachapat University” system (formerly teacher-training colleges that have been converted to universities). Content areas include resource management, interpersonal and family relationships, and lifespan human development. One institution, Sukhothai Thammathirat Open University (where Dr. Poonsuk Wachwithan is on faculty), offers a Bachelor of Arts degree that is specifically titled Human and Family Development. The National Institute for Child and Family Development at Mahidol University offers a Master’s of Science degree in Child, Adolescent, and Family Psychology (in collaboration with the faculty of medicine at Ramathibodi Hospital and Siriraj Hospital) and a Master’s of Science degree in Human Development. The latter degree has three majors – Child Development, Adolescent Development, and Adult and Aging Development. The Child Development major includes a course

titled Positive Parenting. The Adult and Aging major includes a course titled Marriage and Family Development. None of the core courses in Adolescent Development focus on the family system. One family-focused elective course for all three majors is titled Family Studies; another is titled Positive Discipline Techniques.

Those who are directly involved in teaching family life content in degree programs overwhelmingly feel that this content is important and relevant to the issues families face in today's rapidly changing global environment. And in fact, the country's education standards clearly include family life education content. However, scholars who teach these courses express frustration that the field is not highly regarded among university peers and that jobs for these trained professionals are quite scarce. There are few organizations or positions that can take advantage of their skills, knowledge, and commitment to the well-being of families. The field seems to lack clear leadership and political clout to position its programs within the landscape of higher education and its graduates in professional family life education careers.

Family Life Education Through Cooperative Extension

Another shift away from investing in families can be seen in changes within the Thai Ministry of Agriculture and Cooperatives. This would be equivalent to the US Cooperative Extension system, an outreach arm of land-grant colleges and universities. Historically, there were home economists throughout Thailand who worked directly with homemaker and youth groups, particularly in rural areas. First author Solheim worked with home economists while living in Thailand in 1979–1980. Then the primary emphases of the programs offered were food safety and preparation, nutrition, and sewing. A recent search of Thailand's Ministry of Agriculture and Cooperatives' web pages found no mention of home economics or family-related programming; the emphasis is solely on agriculture production, management, and marketing (Thailand Ministry of Agriculture and Cooperatives, 2017).

Civil Society

The role of nongovernmental organizations (NGO) in Thailand that support families cannot be underestimated. However, it is almost impossible to accurately provide a comprehensive picture of this particular piece of the family life education puzzle as these NGOs are often small, local grassroots groups located throughout the country and funded through grants from a variety of organizations and foundations from higher-income countries including those in Scandinavia, the European Union, and the Americas. One example with which Catherine Solheim works is the Mekong Child Rights Center for Girls, located in Chiang Khong in northern Thailand. They train girls, their families, and their communities about life skills and leadership and human rights and also provide counseling. Through their work, they identify, empower, and strengthen young girls to reduce their risk of exploitation and abuse, particularly to prevent human trafficking (Center for Girls, 2017).

Additionally, several global organizations are present in Thailand. For example, UNICEF has recently launched three special episodes of *Teenage Mom*, a cartoon available through LINE WEBTOON. The cartoon segments share important information with adolescents about sexuality and sexual rights. Their goal is to reduce unwanted teen pregnancy (UNICEF, 2017). Save the Children, another large global organization, focuses its work primarily on education, child protection, and health and nutrition (Save the Children, 2017).

It is also important to note the role that Buddhist temples and monks play in Thailand. As a state-sanctioned religion, Buddhism has become so integrated into Thai life that the two are difficult to separate (Plamintr, 1995). Buddhist teaching emphasizes the eightfold path which provides clear directions for peoples' lives: right understanding, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration. Embedded in this path are five moral practices which include refraining from harming living things, stealing, lying or gossiping, sexual misconduct, or drinking alcohol or using drugs.

Over 40,000 Buddhist temples across Thailand play an integral role in fulfilling people's social needs. Respected and revered by Thais for their disciplined life, knowledge, and wisdom, monks play important roles in helping Thai people with their spiritual and daily living concerns. Sermons may teach about morals related to marital fidelity and child-rearing. Monks conduct religious rituals for marriages and funerals. They are often sought out for counseling when marital or parenting conflict occurred. One example of how Buddhist ideals and practices can be used to influence behavior is the Thailand ambassador to the United States' recent comments addressing pressing needs in Thailand (Manawapat, 2017). He notes that the Thai government has designated the first day of Buddhist Lent as National Alcohol Abstinence Day. Further, he asks that Thais refrain from drinking alcohol for the ensuing 3 months as a merit-making activity in honor of the late His Majesty the King Bhumibol Adulydej, Rama IX. He characterizes abstaining from alcohol as a "virtuous act." Alcohol consumption, he continues, impacts families, communities, and the country and leads to ailments that hinder human, social, and economic development.

Systems in Place to Support Family Life Education

From the outset of this paper, it has been our intent to describe what we see as existing infrastructures through which a robust family life education system could be developed. In doing so, we have noted that there are disconnections between stated goals, such as in educational standards, and what is currently being done to support families proactively rather than reactively. The good news, in our estimation, is that there are strong systems in place that could be conduits for a robust family life education initiative which would address contemporary Thai family needs and allow them to thrive in the midst of changing realities. The following sections highlight contemporary issues in Thailand that point to the need for family life education and to opportunities to address those needs.

Select Current Issues in Contemporary Thai Society

Geographic Separation

In the past, knowledge about dating, marriage, and parenting was passed down through stories, conversation, and modeling from generation to generation within families. There was little need for more formal means of education. However, Thailand has moved from an agrarian-based local economy to an urban-centered focus on tourism and technology. As a result, people migrated from rural to urban centers for jobs, and families no longer live in close proximity to one another. The informal passing of knowledge and practice and the day-to-day modeling across generations have slowly disappeared.

Decline in Relevance of Buddhism

The rise of the middle class and access to Western ideas and lifestyles through technology and tourism have paralleled the decreased relevance of Buddhist teachings in Thais' everyday lives. A 2013 Thai Public Broadcasting Service television discussion highlighted the current decline in Buddhism, noting that contemporary Thais are not practicing the five moral practices of Buddhism. More and more, their relationship to Buddhism is limited to periodic temple visits on holy days or for funeral rituals. Their primary motivation to visit a temple and pay respect to the monks is a desire to gain personal benefit through merit-making offerings (Severson, 2013). Adherence to the teachings of Buddha is not reflected in younger generations' consumption and lifestyle choices.

Increase in Divorce, Early Marriage, and Teen Births

Another change in recent years in Thailand is the rapid increase in prevalence of divorce. Thirty-five percent of new marriages in 2014 ended in divorce, representing an increase of 27% from 2005 (Thai PBS, 2014). When divorce occurs,

mothers become the primary caregivers in approximately 80% of all cases (UNFPA, 2015). The Ministry of Social Development and Human Security reported that single parents often experience great financial problems. Although 60% are employed, about half spend more than they earn, and about 40% have no savings (UNFPA, 2015).

Rising early marriage and adolescent birth rates are also creating cause for concern in Thailand. About 10% of women and 5% of men aged 15–19 years are coupled. Being poor, living in rural areas, and having low education characterize more than half of married teens (UNFPA, 2015). As was true for the increasing divorce rate, poverty is a major force for young women to marry or couple before age 18. Only 52.5% of teen mothers had formal marriages with the fathers of their children. The cycle of poverty continues as being a single mother results in long-term financial hardship.

Correspondingly, births to teen mothers increased by 40% between 1990 and 2010 and have leveled off since then. The State of Thailand's Population Report stated that during 2011–2012, 16% of all births in Thailand were to adolescents (UNDP, 2015).

Intimate Partner Violence

A 2017 survey of 1608 women aged 17–40 who lived in the greater Bangkok metropolitan area found that 42.2% of respondents were forced by their partners to perform sexual acts, and 41.1% were forced to have an abortion (Charoensuthipan, 2017). According to Sitthisak Ponthaisong, a spokesperson for the Women and Men Progressive Movement Foundation (WMP) that conducted the survey, attitudes of male dominance contribute greatly to intimate partner violence. He said that many Thai men view women as their personal property, and Thai women see sex as a duty.

Same-Sex Marriage

The first attempt to register a same-sex marriage in Thailand occurred in 2012. The couple was

turned down, officials citing the Thai Civil and Commercial Code that defined marriage as between a man and a woman. They filed a complaint with the Thai Human Rights Commission arguing that the Thai constitution guarantees equal rights. The debate continues; however, it has been put on hold since 2014 when the military government staged a coup and disbanded the government (Declerq, 2014).

Economic Development and the Rise of Consumerism

The emergence of a middle class in the past two decades created a new need for families to learn how to manage discretionary money. In early Thai society, most families were involved in agriculture and lived subsistence lifestyles, primarily growing rice and vegetables and raising small animals to meet their family's food needs. Any surplus was sold in the local market. Urban Thais had little money left after meeting their basic needs. Transactions in those days were strictly on a cash basis.

Fast-forward to the twenty-first century and find a robust middle class with many Thai families having money remaining after basic needs are met. Additionally, Thailand has leapfrogged from cash to credit, skipping over the use of checks. The use of credit without financial education about how to manage this elastic income has resulted in increased debt. A 2016 article in *Thailand Business News* reported that the average debt per Thai family, who on average, earn about 15,000 THB per month, was approximately 119,061 THB or about \$3700 USD. This was the highest level of debt reported in the past 8 years. Disturbingly, a survey conducted by the University of the Thai Chamber of Commerce found that about 95.9% of the debt was due to paying for daily expenses, buying vehicles, and for household purchases. It is important to note that more remote, rural areas are still largely agrarian and deal primarily in cash, although debt in rural areas is also on the rise. Disturbingly, about 60% of Thai family debt was owed to loan sharks who demand high interest, thus exacerbating the drain

on family finances (Languepin, 2016). The rise of consumerism, sometimes attributed to the increasing influence of Western thought and capitalism (Watchravesringkan & Dyer, 2007), appears to be negatively affecting Thai individuals and families. Chotima and Blauw (2016) found that materialism negatively impacted Thai adolescents' well-being, academic performance, social integration, and life satisfaction.

Interestingly, about 20 years ago, the late His Majesty King Bhumibol Adulyadej of Thailand recognized the growth of rampant consumerism that eventually led to a devastating economic bust in 1997–1998. The King responded by developing his sufficiency economy philosophy. This was not an economic theory but an approach to life, a guide to making decisions that can be applied to an individual, household, community, project, business, nation, or the whole world (Mongsawad 2010). The sufficiency economy philosophy is grounded in tenets of Buddhism, moderation, reason, and resilience. It encourages families to consume what is needed (moderation), give something to others (generosity), save something for the future (resilience), and sell what remains (entrepreneurship) (Wachwithan, Solheim, & Popovich, 2008). That philosophy is reflected in Thailand's current goals for meeting the United Nations' Sustainable Development Goals by 2030 (Manawapat, 2017).

Opportunities for Family Life Education

Create New Cultural Norms

The changing nature of family life has created new challenges and the need for new skills in contemporary Thai society. At the outset, there is a need to create awareness in Thailand of the need for and value of education that promotes family well-being. Historically, as discussed earlier, families were economic as well as social units, living in close proximity and working together on farms and in fields. Regular interaction and relatively simple lives facilitated transfer of knowledge and skills across generations and

among families in small villages. Problems were kept hidden; they were handled quietly within the extended family or perhaps in low-key consultation with a trusted village elder. There is an old Thai saying that “what happens inside the family should not be shared; what happens outside of the family should not be brought inside.” Problems bring shame so they're kept secret within the family. As a result, as families have changed and issues have increased, family problems carry stigma in Thai society. This characteristic of Thai society emphasizes the need to develop an awareness of how to build healthy family relationships, particularly skills in communication and conflict resolution in order to reduce the chances for problems to arise. This should start from young ages; family life education courses do address this. However, the implementation of the curriculum across the country is spotty at best and non-existent at worst.

Emphasize Prevention Versus Remediation

Thailand policy focuses on remediation that involves social welfare and the law. Little attention is paid to prevention, which is the purpose of family life education. There are few infrastructure systems in place and or minimal budget to support prevention programs in communities. The money available is directed toward research to identify and understand the issues. It is also available to create services to deal with the problems that arise from that particular issue. However, using those findings to develop evidence-based programs and supporting their implementation is nonexistent. For example, a social worker can receive funding to conduct research about domestic violence. The research documents that a problem exists there and is a problem in a particular community. The community can then get money to build a shelter, perhaps, or to hire more people to investigate incidences of violence. However, there is no mechanism to apply for funding to develop a prevention program that teaches about the issue or how to resolve conflict. As a result, the

efforts are focused on intervention rather than prevention, the latter of which is the goal of family life education.

Use Strength Versus Deficit Approaches

As Thailand ages, the focus of policy is on preparing for the challenges and burdens elders will place on society, rather than recognizing their strengths and the potential contributions of Thai elders. Senior day care facilities and programs are growing. However, there are no programs to help seniors prepare for their aging process including helping families prepare financially to support their elders, helping elders and their adult children understand physical and psychological changes that can happen as one ages, considering housing needs of elders who may have growing physical mobility limitations, or helping families understand the importance of social interaction in the later years.

Create a Multidisciplinary Professional Organization

A strong multidisciplinary professional organization could bring graduates of family science, public health, and social work together to highlight the need for family life education. They could collaborate on position papers that speak to the ways graduates from these disciplines can effectively teach students to achieve competencies related to the country's articulated educational standards or work directly with families through governmental or nongovernmental organizations. Moreover, they could develop a network of nongovernmental and governmental groups that can synergistically address Thailand's most pressing family life needs. This is a monumental task, but it appears that a unified voice for family life education is needed at this time when globalization and demographic changes are significantly impacting family life in Thailand.

Conclusion

Thai families are changing as the forces of globalization sweep across the globe. Once an idyllic agrarian society, contemporary Thailand is experiencing economic growth, regionalization through the emergence of ASEAN, increased tourism, unprecedented migration across neighboring borders, and increased exposure to Western influences through technology and social media. Thai families are strong and resilient, but they are not immune to these changes and the challenges they present. They would greatly benefit from programs that would help them understand and work through the changes they experience. Our goal for this chapter is to provide a beginning glimpse into the current family landscape in Thailand, describe the systems in place that could support family life education, and highlight areas of potential concern that could be addressed proactively through a robust family life education initiative. It is our hope that we have spurred the start of a conversation within Thailand specifically, and collectively, as a global network of family life professionals who care deeply about the well-being of families in our own locations as well as across the globe.

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Family Life Education in India: Policies and Prospects

Rachana Bhangaokar and Niyati Pandya

Vasudhaivakutumbakam

(The whole world is one family)

The Upanishads, ancient scriptures created around 800–500 CE in India, mention the concept of *vasudhaivakutumbakam*, roughly translated as “the whole world is one family.” The word *kutumba* means family in Sanskrit. The term *vasudhaivakutumbakam* thus signifies universal interconnectedness on earth akin to ties in a family. Elaborating the term, Singh (2013) explains that human beings carry within them the light and the power of *Brahman* – the absolute being. For those of us who realize this basic quality of human nature (consciousness), the world would seem like one big family, without boundaries and discrimination.

The Indian civilization, estimated to be more than 5000 years old, is rooted in ideas of universalism and the philosophy of *sanatan dharma* – eternal and absolute duties. Hinduism, a term used to denote people following the Hindu religion, has at its core the encompassing concept of *sanatan dharma* in which it is believed that every creature has a share in the entire creation and it is everyone’s responsibility to protect everyone else’s share – be it human beings, animals, plants, and all other elements. Human beings, blessed

with intellect and the ability to experience supreme consciousness, have a special responsibility of keeping the design of the universe moving with their moral actions and disciplined behaviors (*yagna*) such that the fair share of every other element which makes life possible on earth is ensured (Sharma, 2003). Interconnected oneness and cosmic responsibilities are important principles that form the philosophical crux of many Indian belief systems. The family provides a solid context to transmit these core values and beliefs through various cultural practices.

“Family” (*kutumb, parivaar, khandaan* in Indian languages) is the most significant identity anchor for individuals in Indian society. It is common to use the metaphor “we are like family” that evoke sentiments of unity to sustain associations or overcome differences in politics, education, sports, business, governance, and other spheres. Roland (1991) in his cross-cultural psychoanalytic work on the self in India explains that the Indian self is essentially a “familial self” as opposed to the American notion of an individualized self. Similarly, cross-cultural work by Mascolo, Misra, and Rapisardi (2004) describes the Indian self as an encompassing one, which includes various interpersonal relationships in family and society. Beteille (1993) describes the Indian family (in spite of its diverse forms) as the strongest institution of Indian society, across caste, class, region, or religion. The family is

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therefore central to the Indian psyche, inextricably interspersed with self-conceptualization. In the midst of cultural, regional, linguistic, and economic diversities, an omnipresent feature of Indian society, the family emerges as the most important “in group” for Indians.

Formal family life education (FLE) programs, neatly grouped under one umbrella, are rare in India and even rarer is systematic academic training for individuals as family life educators. But as scholars in the field of Human Development and Family Studies (HDFS), we must acknowledge that our goals of student training and outreach – ensuring the well-being of families and individuals in varied contexts – are similar to FLE goals. Thus, the challenge is to examine different forms and programs of FLE as they exist instead of looking for one structured template across India. This chapter thus is an attempt to be acquainted with ground realities about interventions for FLE in India.

Due to immense regional, cultural, and economic diversity as well as the dynamic nature of Indian society, it becomes necessary to understand the characteristics of the Indian family. The next section examines the traditional roots of the contemporary Indian family.

Family in India: An Overview

Traditional Hindu texts emphasized ideal behaviors and values that may enable people to live in society without conflict. Subtle messages about inculcating these ideal qualities guided child rearing and socialization practices in families. The traditional Hindu life cycle was divided into four stages or *asrama* (life stage with specified focus – education, marriage, mentoring, and renunciation) lasting 25 years each. Beginning with the stage of *brahmacharya* (celibate life of a student from 0 to 25 years), progression across stages indicated ideal family life transitions. *Brahmacharyasharma* was followed by *grihastashrama* stages (life of a householder from 25 to 50 years). These two stages focused on fulfilling responsibilities through engagement in familial responsibilities and social roles. The last two

stages of *vanaprasthashrama* (life of a forest dweller,) and *sannyasashrama* (the life of an ascetic) focused on withdrawal from social life and nonattachment from worldly matters as well as spiritual renunciation.

Traditionally, marriage signifies the beginning of the family. The *Chanakyaniti* – a treatise on right conduct written by Chanakya around 321–296 BC, describes the *grihastashrama* stage, implying right conduct befitting an ideal householder and qualities, goals, and conditions of a good household. From the treatise, it may be assumed that during the stage of the householder, the home is a place of harmony and joy, akin to how an ideal society should be – free of conflict. Happy and harmonious families were considered the basic units of society. The conditions in the family represented the prevalent conditions in society. Materials on marriage and family from ancient and medieval India are extensive, and it is not possible to summarize all of them here. But it may be safely assumed that modern versions of the Indian family draw heavily from traditional ideas.

The stereotype of the joint family in India is a persistent one. The Indian family is often stereotyped in media and popular culture as a big joint family, a collective household with a common kitchen, and number of related kin staying together. However, the empirical realities are slightly different.

Early Indological research on Indian families portrayed the joint family as the normative type. However, later research suggests that the ideal joint family was the norm among the more wealthy high-caste families living in towns and not the poor that tended to live in nuclear arrangements (D’Cruz & Bharat, 2001). While the joint family continues to be a characteristic feature of Indian society, there have always been extended and nuclear families. Whether joint or nuclear, families in India are unique in that they have rich patterns of interaction and involvement with their extended family. Filial responsibility and duties are intertwined with everyday processes such as child care and celebration of life events and festivals. These diverse and dynamic interactions strengthen family ties. They also bring relatives

together as an important source of support and functional solidarity for decisions involved in important life events such as those relating to education, career choices, marriage, and child rearing and dealing with the loss of a family member. Therefore, the jointness of a family goes beyond household membership or family structure. It is further strengthened by core socialization values such as interdependence, nurturance, and social cohesion. Functional ties are active among families and extended kin irrespective of the type of family structure.

Kakar (1981) describes the extended family as the most important unit for child rearing and socialization. Individual family members made consistent efforts to overcome difficult economic hurdles and yet preserve the notion of a joint family because of the high value placed on social and psychological jointness, irrespective of distance and varied places of residence. Today, with increasing access to mobile phones among other forms of communication, it is easy to transcend distances and endorse culturally valued social jointness of the family. Now, the use of affordable communication technology has probably strengthened and made it easier to connect families. The use of mobile phones and other gadgets for regular video conferencing is seen most in families where adult children have migrated abroad or to other cities within India or where aged parents and other elderly relatives are not residing with children and grandchildren any more. So, even in a context where individualism and autonomy is emphasized, important family decisions about marriage, career choices, and property issues are still taken together involving many family members, who may not necessarily be residing together. The coexistence of individualistic and collectivistic traits is also unique to the Indian family.

Shah (2014) comments on the discipline of family studies in India and mentions that research about the content of family life can inform us about how to transcend the dichotomy between the “joint” and the “nuclear” family. Families are often referred to as “joint” or “nuclear” depending on the number of family members residing together. But as suggested by Jones (2012) in

many Asian countries including India, household composition does not imply family composition. The joint family and its disintegration are often associated with modernization and processes of urbanization in India. However, many sociologists argue that in India such research about the family including the census give us information about households and not joint families (Madan, 1993; Shah 2014). In the present context, India represents a dynamic mix of tradition and modernity, rural and urban residences, and industrial and agrarian economies as well as old and emerging forms of the family. India is also the world’s largest democracy, with a burgeoning population ready to surpass China in the near future as the world’s most populous country. The next section elaborates demographic trends that affect families in India.

India: A Demographic Profile

India is the second most populous country in the world with 1.34 billion people. Comparing two census years, from 2001 to 2011 there has been a considerable decline in population growth when the population grew only by 17.7% (as compared to 22.7% in the previous decade). India is experiencing a demographic transition that started four decades ago and may continue well over the next 30 years (Aiyar & Mody, 2013). Kulkarni (2014) estimates that the Indian population will be between 1.5 and 1.8 billion people in 2051, with the population beginning to decline before the turn of the century. Evidently, these trends point to the changing age structure in the country’s population. India is one of the youngest countries in the world, and it is likely to remain in that position for a long time. This is because one-third of India’s population in the year 2000 was less than 15 years old, and in 2020, it is estimated that an average Indian will be only 29 years of age (Chandrasekhar, Ghosh, & Roychowdhury, 2006). Indicating a “demographic dividend,” India’s youth bulge will need to be harnessed with timely inputs amidst mammoth challenges of providing access to education, skill training, and employment opportunities. While the

demographic dividend promises a rise in the working age population of persons between 15 and 64 years of age (Aiyar & Mody, 2013), it is estimated that by 2050 India's elderly population will double. At roughly the same time, the working age population will begin to decline. This will pose a number of challenges. In the first half of the century, for India to reap the benefits of a demographic dividend, it will have to invest in health and development of children and youth in a timely manner. By the second half of the century, India will have to think of innovative policies and programs to meet the urgent needs of a fast-aging population. India is thus in great need of specialized inputs targeting specific life stages.

India is a secular, democratic republic, and its population represents a diverse mix of religious groups. While some religions have origins in India, others with foreign origins have flourished here over many centuries and have blended well into the Indian social milieu. According to the 2011 census, Indian society comprised Hindus (79.80%), Muslims (14.23%), Christians (2.30%), Sikh (1.72%), Buddhist (0.70%), Jains (0.37), and others (0.9%). A total of 833.5 million Indians (68.8%) live in rural areas as compared to 377.1 million (31.2%) who reside in urban areas. From 2001 to 2011, urbanization has increased from 27.81% to 32.1%, and the proportion of rural population has decreased from 72.19% to 68.8%. Urbanization is highest in the national capital region of Delhi (97.5%), followed by the states of Goa, Mizoram, Tamil Nadu, Kerala, and Maharashtra. Maximum urbanization is happening in southwestern states and few states from the northeast, followed by some central and northern states. Overall, a steady trend of urbanization and rural to urban migration is evident across the country. Both urbanization and migration have tremendous impact on the structure and function of Indian families, especially in the context of poverty.

Poverty is a stark reality in the developing world. *Business Today* (October, 2016) reports that according to the World Bank, India is among the poorest countries in the world with 30% of its population (800 million) living below the international poverty line of USD \$1.90 per day.

According to Seth and Villar (2017), India ranks 135 on the Human Development Index (HDI), falling in the lowest rung of medium range human development with 42 other countries. In a 2015 report by the Oxford Poverty and Human Development Initiative after Afghanistan, India was the second poorest country in South Asia. Along with poverty, India has an alarming rate of destitution, approximately 340 million (28.5%) persons. Uttar Pradesh, Maharashtra, Bihar, West Bengal, and Andhra Pradesh are the top five states with the largest population. Out of them, Uttar Pradesh, Bihar, and West Bengal are also among the poorest of all Indian states. Overpopulation combined with poverty creates innumerable challenges for social development initiatives. Interestingly, from 2010 to 2015 there was no change in the status of the least poor states of India, namely, Kerala, Tamil Nadu, Himachal Pradesh, Punjab, Mizoram, Goa, and Delhi, hinting at the relatively stable inequality gap between states. Alkire and Seth (2013) examine the Multidimensional Poverty Index (MPI) in India from 1999 to 2006 and identify important factors that account for poverty in areas other than monetary access. These are child and maternal health and access to education and basic facilities as well as inequalities across social groups and states. These factors have implications for family health, socioeconomic mobility, and overall well-being. Let us examine some demographic trends specific to these factors.

The current fertility rate in India according to the National Family Health Survey (NFHS-4, 2015–16) is 2.2 children per woman. According to *The Pioneer* (2016), fertility rates in India are closely related to education levels and socioeconomic development in a region rather than religious beliefs. Yet, an analysis of the total fertility rates (TFR) from NFHS data (2005–2015) suggests that the Muslim community has 3.7 children per woman while Christians have 3.3 children per woman and the Hindus 3 children per woman. Overall, the fertility rate has fallen from 3.4 in 1992–1993 (NFHS-1) and is expected to significantly decline by the middle of the century. Over the years, fall in fertility rates has led to better health outcomes for women and children.

However, decline in infant mortality rate and particularly neonatal mortality is less than satisfactory (Kulkarni, 2014). In a United Nations Development Programme (UNDP) report Kundu, Mohanan and Varghese (2013) report that infant mortality rate is low among the Sikh, Buddhist, and Christian communities, especially in rural areas compared to Hindus and Muslims.

The population of children aged 0–6 years as recorded in the 2011 census is 164.5 million, consisting of fewer girls than boys. According to the latest NFHS-4 survey, 26.8% women were married before reaching the age of 18, and 7.9% girls in the ages of 15–18 years were already pregnant at the time of the survey. Only 21% pregnant women had availed full antenatal care. With reference to immunization of children, the figures are slightly more promising with 62% children being fully immunized. However, only 9.6% children in the age of 6–23 months get an adequate diet, indicating high rates of malnutrition across India. As a result, more than 21% children of the same age are wasted, while 38.4% children show stunted growth, and more than 35% children are underweight. As evident from the figures, the condition of children (girls more than boys) and women is especially vulnerable within a family.

With reference to the education, the Department of School Education and Literacy (2016) reports that in 2014, the adult literacy rates in India were 70.5% with increased rates for both men and women as compared to literacy rates in 2001. Interestingly, the gender gap in literacy rates is narrowing with more women being literate than men in 2011 compared to 2001. Similarly, the gender parity index is showing huge improvements with almost equal or more girls and women than boys and men enrolled at primary, secondary, and tertiary levels in 2014–2015. In schools, the drop-out rates are decreasing consistently, but concerns about the quality of school education remain pertinent, across states in India. One of the reasons for poor retention rates and low performance of students is the lack of quality preschool education, which can prepare children for schooling. Across India, the enrollment rate in preschools and state funded

child care centers (*anganwadis*) is still very low, putting as many as 30 million children between the age of 3 and 6 at a learning disadvantage in the school years (Kaul, Mathur, Kohli, & Chadha, 2015). In few years, interventions and preventive measures to combat these challenges in the field of education will become mandatory.

In 2017, the World Economic Forum declared India as the world's fourth fastest growing economy. Post liberalization in the 1990s, the rise of the Indian middle class has made India a lead player in the global markets. According to Bhavsar and Bhugra (2008), globalization and urbanization have led to the “progressive individuation of young people” (p. 386), and altered economic frameworks have eroded traditional forms of social support, leading to a loss of social capital. They note that the experience of a globalized work environment leads to stress, altered sleep patterns, and difficulty with self-identity. Similarly, navigating hybrid identities forged by the Internet against a traditional, largely collectivistic backdrop stresses out a young person. An illustration of this is an Indian Express (July 24, 2016) report on the life of individuals born in 1991. Economic freedom, social pressures, and loneliness defined and undercut varied life experiences they shared. This was probably never the case with those born a generation before. Summing up, while middle- and upper-middle-class urban, Indian families now have more money and material comfort than before, it seems that the pursuit of subjective happiness has become more complicated and difficult to achieve. These changes have implications for the psychological health of individuals and adversely affect family environments.

The National Mental Health Survey report (2015–16) brings forth some alarming results about psychological health of Indians. Using a nationally representative data set collected from 12 states of the country, a range of mental health issues, awareness, and intervention services were studied. The report states that almost 150 million Indians were in need of active interventions with reference to mental health, with one in 20 Indians suffering from depression. Depression was reported mostly in urban metro cities by women

in the age group of 40–49 years. Indian men aged 40–59 years especially those from rural areas were more prone to disorders resulting from tobacco use and dependence. Currently, suicides are most common among middle-aged women followed by school-going adolescents and more so in both groups from urban areas.

From the demographic information, it is clear that Indian families and individuals within them are developing in the midst of rapid and constant social change. The interplay of communication technology, urban affluence, and poverty has led to novel outcomes in Indian families, and many of these have neither been experienced nor studied before. Thus, a multi-pronged approach to interventions for the family, especially in the lower-income groups and urban metro cities, is the need of the hour. The next section examines family life education in India and comments on the interventions at individual and family levels.

Family Life Education (FLE) in India: A Snapshot

Formal FLE programs or training for them is rare in India. Broadly, the field of Family and Community Sciences (previously, Home Science) and within it, specifically, the field of Human Development and Family Studies (HDFS) is, by far, the only formal avenue to train students with specialized knowledge about FLE. According to Hancock (2001), the field of Home Science was taught in British India since the 1930s, and it expanded vastly after independence in 1947. Influenced by international feminisms as well as the nationalist freedom movement, the field grew exponentially post-independence and continued to provide women with culturally appropriate skills and training for community development. The home signified the site of social change as well as cultural continuity. It was through the works of Smt. Hansaben Mehta that the field of Home Science was well established in India. Apart from establishing the Faculty of Home Science at The Maharaja Sayajirao University of Baroda, Mehta particularly emphasized the role

of training in FLE for improving the lives of women, children, and families in India (Kataria, 2012). The programs of study in Home Science offered at the university in Baroda that she began have expanded over the years. Each stream within Home Science, namely Clothing and Textiles, Extension and Communication, Human Development and Family Studies (previously Child Development), Foods and Nutrition, Family and Community Resource Management, is now a specialization in itself awarding advanced research degrees. To a lesser or greater extent, each stream gives inputs in FLE. However, in India the field of FLE as an independent entity has not been able to carve a niche for itself especially with reference to employability or outreach. Later, the field of Social Work adopted goals similar to FLE for their outreach activities. Analyzing the family life cycle in Indian families, Parekh, Banerjee, and Kashyap (2009) refer to and identify areas where FLE inputs may be given across the life span. Such efforts within Social Work (or in collaboration with allied fields) need to be replicated more effectively and on a large scale.

Chowdhury (2006) in her significant work on FLE in India operationally defines FLE as “education for a healthy, wealthy and happy life” (p. 5). She reiterates that FLE programs in India are needed with a preventive approach to respond to contemporary family and social changes as well as to respond constructively to structural and functional changes in the Indian family. In meeting both goals, FLE emphasizes empowerment of the individuals and families in the long run. She also identifies concepts and themes in FLE that may be suitable for the Indian context. These are self-understanding, interpersonal relationships, understanding stages of human development, preparation for marriage and family, parenting and child rearing, sexuality, management of resources, health concerns, and community involvement of the family. Some principles of FLE that need to be kept in mind for designing programs and policies are multidisciplinary, multi-professional approach, developing content relevant to different life stages, applicability in diverse contexts, respecting cultural diversity in

family values, and the need for professional FLE training.

Input in FLE operates through two routes in India. One is through (top-down) government policies implemented by state agencies in the area of family welfare and related areas. Another is through the voluntary, nongovernment organizations (NGO) sector. Often state agencies partner with various NGOs to implement and monitor policies effectively. The field functionaries implementing policies and programs at the grass-root level are often monitored and trained by Home Science professionals or interdisciplinary teams including other professionals from allied fields like Social Work, Psychology, Education and Sociology. The next section identifies policies targeted at vulnerable groups in the family and society where FLE inputs are provided.

Programs and Policies in India: Responding to Needs of Families

This section covers recent policies that respond to needs of specific life stages and vulnerable groups within the family, namely, children and women and youth as well as the elderly.

Policies and Programs for Women and Children The National Early Childhood Care and Education (ECCE) Policy represents the commitment of the Government of India to provide integrated services for the holistic development of all children below the age of 6 years. The ECCE policy, in collaboration with the National Policy for Children (1974), initiated the Integrated Child Development Services (ICDS) scheme to optimize the survival, growth, and development of children across India.

India's rapidly growing economy in the last two decades has had little impact on the nutritional status of children in India. This can be attributed to two major factors. First is the inability to buy enough food due to poverty and second, poor sanitation and hygiene which increase vulnerability to diseases and mortality. In an attempt to improve children's nutritional status

and access to food, the Government of India has initiated several national-level programs. One such effort is made through the public distribution system which makes staple foods such as grains and sugar available to the masses in lower or discounted rates. Another major program developed by the government is the Integrated Child Development Services (ICDS) scheme. Developed in 1975, it is by far the largest nutrition supplementation service available to children (0–6 years), pregnant, and lactating mothers in India. The ICDS scheme actively collaborates with the National Health Mission, Ministry of Women and Child Welfare to provide six essential services, namely, supplementary nutrition, preschool and nonformal education, nutrition and health education, immunization, health check-ups, and referral services.

These ICDS services are provided through *anganwadi* centers (AWCs) across India, where the *anganwadi* workers are primarily responsible for program implementation and effectiveness. With the help of funding from UNICEF and other donors, the ICDS program has expanded rapidly and is perhaps the largest program of its kind in the world. While it is a flagship program in India, it has fallen short of meeting with the expectation of reducing the rate of malnutrition among its beneficiaries. Saxena and Srivastava (2009) mention that the rate of malnutrition has remained high with only a very modest decline over the years. They highlight that while the National Family Health Survey (NFHS-3) shows that 81% of children (0–6 years) were living in an area served by an AWC, only 32.9% of them used the ICDS services. Research suggests lacunae in the design, implementation, and monitoring of the ICDS program. Factors that limit the outcomes range from nonfunctional *anganwadi* centers, insufficient training of *anganwadi* workers (Manhas & Dogra, 2012), and inadequacies in meal plans and supplementary nutrition (Bose et al., 2007; Malhotra & Passi, 2007) as well as inappropriate distribution of *anganwadis* across India, with states suffering from the highest rates of child malnutrition receiving lowest coverage and funding (Lokshin, Das Gupta, Michele, & Ivaschenko, 2005).

In the area of education, the Right to Education (RTE) Act provides free and compulsory education for all children between the ages 6 and 14 years. Its focus is on imparting quality elementary schooling which satisfies essential norms and standards through systematic interventions. The *Sarva Shiksha Abhiyan* (SSA) – literally, “Campaign for Universal Education” (2001) is a program designed to realize the aim of universal elementary education (grades 1–8) by community ownership of the school system. Its goals include universal access and retention and the bridging of gender and social class gaps in education. SSA provides a variety of interventions. These include free textbooks to all female and low-caste students, special facilities for girls, grants to districts to support students with disabilities, capacity building, and teacher training. However, there is no rigorous evaluation of the outcomes of this massive intervention or its individual components so far (Kingdon, 2007).

SSA involves the Panchayati Raj Institutions, school management committees, village and urban slum level education committees, parents-teachers associations, tribal councils, and other local organizations in the administration of elementary schools. While SSA continues to be an important program for elementary education across the country, in recent times nongovernment organizations, social activists, and educators have pushed for the need to extend benefits to the age groups of 15–18 years in order to curb the rampant child labor practices prevalent in India. A number of educational NGOs – such as Pratham, Digantar, and Azim Premji Foundation – have acquired substantial stature in terms of their contributions to educational programs as well as in terms of their influence, advocacy, research capacity, and ability to mobilize funds for education from individual donors in India and abroad, as well as the corporate sector.

The Ministry of Women and Child Development works toward empowering women to live with dignity and to contribute as equal partners to develop an environment free from violence and discrimination. The National Policy for Empowerment of Women (NPEW) (2011) is directed toward providing inclusive growth and

opportunities to women. The Ministry also provides legislative interventions through the Sexual Harassment at the Workplace (Prevention, Prohibition, and Redressal) Act (2013), the Protection of Women from Domestic Violence Act (2005), the Indecent Representation of Women Act (1986), and the Dowry Prohibition Act (1961). Additionally, the National Commission for Women (NCW) was set up in 1992 as a statutory body at the national level under the National Commission for Women Act (1990) to promote and safeguard rights and interests of women in all aspects of women’s development. The commission also has the authority to review existing provisions under the Constitution of India and to make recommendations to meet any shortcomings or inadequacies in laws affecting women. Several schemes under this Ministry focus on vocational training, maternity benefits, empowerment of adolescent girls, and for protection in difficult circumstances in case of widowed or deserted women, women prisoners, and women survivors of natural disasters who are rendered homeless, trafficked women or girls rescued or runaway from brothels, women victims of terrorism or extremism who do not have a family support or any economic means of survival, women with HIV/AIDS who has been deserted by their family, and women who are mentally challenged (except those who need care in specialized environments and hospitals).

Several NGOs such as the Self-Employed Women’s Association (SEWA), Center for Health, Education, Training and Nutrition Awareness (CHETNA), and AZAD Foundation work for women’s empowerment, enabling them to live a life of dignity, work in safe environments, and build social capital as they build their lives and lives of those around them.

Although the Constitution of India guarantees equal rights to its citizens irrespective of their religion, matters related to marriage, divorce, alimony, and inheritance are subject to personal laws based on different religions (e.g., Hindu personal law draws from Hindu scriptures, while the Muslim personal law draws from the Sharia). Although the demand for introducing the Uniform Civil Code (UCC) was made in the early

1930s by women's groups, India's religious diversity makes the implementation of a UCC very difficult. The matter is still highly debated. However, some laws against unfair practices (like dowry or instant divorce) backed by religious beliefs are still framed anew.

Recently, the Supreme Court of India gave a landmark judgment against the practice of *talaq-e-bidat* (triple talaq) which allows Muslim men in India to instantly divorce their wives by saying the word *talaq* – Arabic for divorce – three times. This method of divorce, available only to men, is considered unfair and regressive by many in the Muslim and non-Muslim world alike, especially because divorce could be announced by a letter or even over the phone. By contrast, a Muslim woman seeking divorce in India had to gain permission of her husband, a cleric, or other Islamic authorities. While the judgment is welcomed by many, it is opposed by Muslim bodies that consider it un-Islamic and also by those who claim that neither the government nor the Law Commission has conducted enough surveys on the extent of *triple talaq* among Indian Muslims (The National Herald, 2017).

Programs and Policies for Children with Special Needs In India, poverty is both a cause and consequence of disability. The degree of social exclusion that a disabled person faces depends largely on their social class, as well as the type and severity of the impairment and, in particular, their gender. In the realm of education, the *Sarva Shiksha Abhiyan* has adopted a zero rejection policy and places significant thrust on “providing integrated and inclusive education to all children with special needs in general schools” (SSA, 2003). The Right of Children to Free and Compulsory Education Act (RTE) (2009) reasserts the rights for children with disabilities (till age 18) provided under the Persons with Disabilities Act (1995). In an attempt to regulate and monitor services provided to persons with special needs and disabilities, the Rehabilitation Council of India (RCI) was set up by the Government of India. The RCI gives recognition to training institutes and also takes punitive

actions against unqualified persons delivering services to people with disabilities.

While these provisions are made available by the government, research shows that ground realities are complex and largely hinder the achievement of the established goals. According to Singal (2005), the current propositions about inclusive education remain at the theoretical level, with insufficient attention to the development of concrete measures and processes for implementation. The child is seen primarily through a medical lens, to be diagnosed and treated. Additionally, while the term “inclusion” has gained much popularity among schools, policymakers, and educationists, it is merely adopted from the West and not made relevant to the Indian scenario. Other common barriers include the poor social attitudes toward disability, the general lack of awareness regarding special needs, the scarcity of trained teachers, the absence of barrier-free environments, and the lack of developmentally appropriate teaching-learning resources. Karande, Mahajan, and Kulkarni (2009) highlight the stress that is experienced by parents of children with learning disabilities in relation to academic difficulties faced by them. They also find it difficult to accept the diagnosis and choose to send their children for private tuitions instead of remedial education. In this background, it is imperative to update the current policies and programs regarding the academic and social inclusion of children with disabilities.

The role of NGOs in delivering effective programs for children with special needs and disabilities is gaining prominence. Organizations such as Action for Autism, New Delhi, Children with Special Needs Program by the Tata Trusts, Ummeed, Mumbai, the Association for People with Disabilities (APD), Bangalore, and many others are contributing meaningfully to provide effective environments for children with special needs and disabilities.

Policies and Programs for Parents Established in 1949, the Family Planning Association of India (FPAI) is India's largest organization that promotes sexual and reproductive health and rights

(SRHR) in urban as well as rural India. It is a founding member of the International Planned Parenthood Federation (IPPF). Its focus areas include safe motherhood and child survival, family planning, empowerment of women, male involvement, adolescent health, and youth development. It designs and implements services to empower people to enjoy their sexual and reproductive choices and rights, free from stigma and discrimination. To realize this purpose, FPA partners with NGOs, private practitioners, and government agencies to run infertility clinics, condom dispensing services, and mobile health services. The organization utilizes a variety of media including radio, film, newsletters, and other print materials to spread awareness about topics such as family planning, maternal and child health, unsafe abortions, sexually transmitted infections, and counseling for newlywed couples.

FPA India has also designed an innovative project – Engaging, Empowering and Enabling Men and Boys (E3MB) for SRHR – to increase involvement of men and boys in providing support in promoting maternal and child health care. The program aims to work with men and boys as clients, partners, and agents of change to promote gender-sensitive and rights-based SRHR services. Center for Operations Research and Training (CORT), Baroda, is the research partner for this project, which has completed its inception stage.

While these programs provide a concentrated focus on family planning, reproductive health, and child care, there is immense need for expanding the scope of parenting programs and policies to cater to rising contemporary needs in the domains of parenting skills, family guidance, and counseling.

Policies and Programs for Youth and Adolescents The National Youth Policy (NYP) (2014) aims to “to empower the youth of the country to achieve their full potential, and through them enable India to find its rightful place in the community of nations”. According to the 2011 Census, youth in the age group of

15–29 years comprise 27.5% of the population. India is expected to become the fourth largest economy by 2025, contributing about 5.5–6% to the world GDP, only after the USA, China, and Japan. While most of these countries face the risk of an aging workforce, the working population of India, is expected to increase to 592 million by 2020, next only to China (776 million). This suggests that youth will significantly contribute to the economic development of the country. According to the Ministry of Youth Affairs and Sports, Government of India (2014), this “demographic dividend” offers a great opportunity to India.

In order to tap into this growing resource, the Ministry of Youth Affairs and Sports has developed objectives and priority areas. These include (1) creating a productive workforce by prioritizing on education, employment, and entrepreneur skill development; (2) developing a strong, healthy generation by advocating for sports, health, and nutrition; (3) promoting social values and community service; (4) encouraging participation in civic engagement, politics, and governance; and lastly, (5) supporting youth at risk and creating equitable opportunities for the disadvantaged and marginalized youth of the country.

According to the Strategy Handbook of the *Rashtriya Kishor Swasthya Karyakram* published by the Adolescent Health Division Ministry of Health and Family Welfare, Government of India, about 21% of Indian population comprises of adolescents (about 243 million) (Census, 2011). Adolescents are the future of the nation, forming a major demographic and economic force for India. Gender, life circumstances, and socioeconomic conditions pose specific needs and challenges for this group. While nutrition and reproductive health of adolescents have received considerable focus, their social needs need recognition in policies and programs.

In the year 1991, the Government of India initiated the Adolescent Girl (AG) scheme under the centrally sponsored ICDS program (mentioned earlier). This inclusion of adolescent girls (11–18 years) from rural areas as beneficiaries had the primary aim of improving their nutritional status.

Gender inequality is pervasive in Indian society and is a significant underlying factor for malnutrition among women and adolescent girls. Further, early marriages and adolescent pregnancies especially in rural India are common. This trend contributes to low birth weight and chronic malnutrition in their children. The AG scheme has now been redesigned as the *Kishori Shakti Yojna* (KSY) and has extended its area coverage and undergone significant content enrichment to empower adolescent girls through intervention programs.

At the national level, the National Council of Educational Research and Training (NCERT) coordinates the Adolescence Education Program (AEP) in partnership with the Ministry of Human Resource Development (MHRD) and United Nations Population Fund (UNFPA). This program is a major initiative to develop teacher training and resource materials on themes such as changes during adolescence, establishing and maintaining positive and responsible relationships, understanding and challenging stereotypes and discrimination related to gender and sexuality, recognizing and reporting abuse and violation, and prevention of substance misuse and HIV/AIDS. The AEP implements nationwide interventions through schools in the *Navodaya Vidyalaya Samiti* (NVS) and *Kendriya Vidyalaya Sangathan* (KVS).

The National Family Health Survey (NFHS-3) suggests that more than a third of adolescent girls in rural India have given birth to a child by 19 years of age. The knowledge of contraception, birth spacing, and HIV/STDs becomes essential for their well-being. While nearly all married adolescent girls (94%) know about contraceptives, very few (23%) have ever used them because of lack of accessibility or social acceptability. Additionally, only 19% of the girls and 35% of the boys had comprehensive knowledge about HIV/AIDS. Only 15% young men and women in 15–24 age group reported that they had received family life or sex education in school or through special programs sponsored by the government or NGOs. Sex education is also not a regular feature of school curriculum in urban areas. This clearly highlights the need for pro-

grams to respond to the sexual and reproductive needs of adolescents, irrespective of their marital status, sexual activity, and social class.

While adolescents in rural India rely heavily on availability of services through government programs, those belonging to the high social class in urban settings are expected to receive input from a more structured experience through formal schooling. Research suggests that Indian children have frequently expressed the need of and desire for formal sexuality education (Khubchandani, Clark, & Kumar, 2014). Parents and teachers in India have also supported the idea of sexuality education. However, sexuality education has been a controversial topic of discussion frequently fueled by religious, social, and cultural values, with little reliance on scientific evidence. This leaves adolescents ill informed and largely dependent on popular media and the Internet for information. For those few who do get some form of sexual education, sources are family physicians, parents, and schools. Policymakers and stakeholders need to take a stand and make scientific sexuality education programs available to adolescents so as to ensure that the future generations are better able to reach their potentials by being better informed.

Nongovernment organizations (NGOs) have initiated various programs to implement the available policies as well as to provide intervention programs for the benefit of adolescents. However, their focus largely involves education, nutrition, and reproductive health. Mental health, substance abuse, and gender equality and violence are neglected issues that need significant attention in policies as well as intervention programs.

A traditional family unit in India typically consists of married, heterosexual couples. Men and women who deviate from this norm are often seen as betrayers of social values and tradition. Section 377 of the Indian Penal Code (1861) introduced during the British rule in India criminalizes consensual “carnal intercourse against the order of nature,” including homosexual or same-sex sexual activity. In Asia as elsewhere, people who do not conform to society’s norms are often treated differently or marginalized by their peers,

governments, legal systems, employers, and service providers (TARSHI, 2004).

With increasing debates on sexuality in the global sphere, several forces such as human rights groups and online portals are asserting the need for open debates as well as change in laws and mentalities toward sexual orientations. However, a change in the law is not all that it takes to combat marginalization of the LGBTQ community in India. Similarly, they need to be accompanied by changes in sociopolitical scenario, attitudes, and mores as well. Such a change can be complex and long term. The Naz Foundation (India) Trust, New Delhi, is a non-government agency that works in the areas of HIV/AIDS and sexual health. It has several programs that focus on the prevention and treatment of HIV/AIDS and also serves the LGBTQ community through its many initiatives. TARSHI (Talking About Reproductive and Sexual Health Issues) is another leading nongovernment organization based in New Delhi that works in the area of sexuality. It conducts trainings, develops publications, and provides an info-line, public awareness and education initiatives related to reproductive and sexual health. Apart from NGOs, there are upcoming innovative programs such as Agents of *Ishq* – a multimedia project about love, sex, and desire. The initiative develops videos, images, and podcasts that encourage positive conversations and awareness about sexuality.

Policies and Programs for the Elderly The National Policy of Older Persons (1999) aims at promoting and protecting the well-being of senior citizens, as mandated in the Constitution of India. The Ministry of Social Justice and Empowerment coordinates with other ministries in the Government of India to ensure support and services for the elderly. The policy includes provisions such as pensions, travel concessions, income tax relief, medical benefits, security, and banking benefits through the Ministry of Social Justice and Empowerment. Areas of intervention under this policy include income security, health care, safety and security, housing, productive

aging, welfare, multigenerational bonding, and media. According to the 2011 Census, the population of senior citizens in the country was 104 million (aged 60 years and above), 53 million females and 51 million males. In the years 2000–2050, the overall population in India is expected to grow by 55%. This changing demographic profile has brought up many new challenges for the elderly population. Additionally, increased urbanization and migration have brought many changes in the lives and experiences of the elderly. In view of these changing demographic patterns and the new socio-emotional, physical, and financial needs of the elderly, the National Policy on Older Persons was reviewed in 2011. With the aim to benefit the senior citizens, different ministries and departments of Government of India, along with the Ministry of Social Justice and Empowerment, are implementing various welfare schemes for them. For example, the scheme of Integrated Program for Older Persons (IPOP), under the Ministry of Social Justice and Welfare, provides financial support for running and maintaining old age homes, day care centers, physiotherapy clinics, and helplines for the elderly. Similarly, the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), under the Ministry of Rural Development provides a pension of Rs. 200/ (approximately USD 3.09) per month to persons above 60 years and Rs. 500/ (approximately USD 7.73) per month to persons above 80 years belonging to a household below poverty line.

Overall, from the policies and programs, it is evident that interventions are designed for specific individuals or vulnerable groups within the family and community. But focused interventions or policies for the family as a whole are largely missing. Similarly, agencies dispensing services to families are distributed across different ministries, with very nominal coordination between them. One reason for this may be an inadequate understanding of increasing diversity in existing family forms and emergent alternate family forms. These lacunae need to be responded to quickly through research.

Conclusions and Recommendations

FLE programs in India must prioritize interventions aimed at improving the condition of child health and nutrition in the early years, along with access to quality maternal health care. Training in adolescent life skills, parenting skills, coping with the demands of formal education at all levels, innovations in nonformal education and family guidance, and counseling services are some areas where systematic policy inputs must be provided. Apart from this, there is an urgent need to provide sustained and specialized inputs for preventing mental health problems in specific age groups within the family. In area where policies are already in place, the monitoring, evaluation, and feedback processes, manually or with the help of technology, need to be strengthened. Better coordination between different government ministries that cater to the family is a must for effective design, implementation, and monitoring of policies.

A strong recommendation would be to formally introduce components of FLE programs (especially including aspects related to sexuality and sex education) by interweaving them in school and college curricula. The time is opportune to build skills among children and youth that will empower them to deal with contemporary challenges in a preventive rather than short-term, curative manner. Since the last decade or so, technological advancement and policies for affirmative action have widened the reach of higher education to include remote and vulnerable groups, enabling many first-generation learners to enter college. These students, including more women than before, come from varied disadvantaged backgrounds and from previously inaccessible regions, like the northeastern states of India or from tribal groups. Educating and empowering them for FLE teaching, outreach, and research in their own communities will be a very effective means to reinforce healthy living practices beyond the urban areas. Specialized inputs may also be required in urban and metropolitan areas of India where population density and a host of other problems lead to chronic stress in everyday life. Creating employment by recognizing clear-

cut roles of family life educators will also help the cause of formalizing inputs in the family sector, across the nation.

In the near future, with more and more digital experiences and gadgets governing our lives, sustaining and understanding human elements of family life will become very important. Online portals for registering citizen grievances in the community for family welfare services may be a good starting point. Family life educators could then follow up on the complaints and give focused interventions for the same.

In spite of a huge population and demands for FLE interventions, the field of FLE is still finding its feet in India. As a way forward, using technology optimally for the best results in training, awareness programs, and accurate implementation of policies holds the key to creating innovative and effective FLE programs in India.

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Part II

Australia



Education for Family Life in Australia

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Although Australia has been described as the “lucky country”—with its warm weather, relaxed lifestyle, abundant space and natural resources, generous welfare and health care systems, low crime rate, and high standard of living—Australian families are not immune from the pressures of the modern world, particularly in the wake of rapid social change, the global financial crisis, and volatile political shifts nationally and internationally.

In this chapter, we offer a brief contemporary snapshot of family life education in Australia. This overview is somewhat piecemeal because

family life education is neither a formal discipline nor a formally recognized vocation in Australia. Rather, it comprises a loose amalgam of programs, services, and policies—with little reliable evaluation data to guide its activities. We explore some of the reasons for this and set out ideas for improving the provision of knowledge and skills for modern family life in the Australian context. We argue that family life education in Australia has a complex disjointed story, characterized by a marked decline in couple relationship education, on the one hand, and an expansion of parenting education on the other. Supporting and enriching couple relationships appears to be critical to successful parenting. Yet policy—possibly reflecting broader cultural and attitudinal barriers—appears to neglect this important nexus.

The chapter is in five parts. The first three parts set out some of the key elements that potentially shape the complexion of family life education in Australia: socioeconomic factors, culture, history, and their potential impact on families (Part 1), the demography of Australian families (Part 2), and recent relevant family policies (Part 3). Part 4, the primary focus of the chapter, outlines key family life education programs and related evaluations. In Part 5, we consider future directions for relationship and parenting education in Australia.

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Socioeconomic, Cultural, and Historical Factors

Australia is an island continent, with the bulk of its population of 24.5 million people living in a small number of Eastern (and South Western) coastal cities separated by great distances. With people from over 200 countries, it is one of the world's most ethnically diverse nations: one third of Australians are foreign-born; around half of all Australians were either born overseas or had a parent born overseas (Australian Bureau of Statistics [ABS], 2017).

Australia has been described as a relatively secular country—or at least religiously plural (Barker, 2015). Historically, it remains a deeply spiritual place for its Indigenous people. Christianity, the most common religion in Australia, was introduced with British colonization of the continent, followed by the arrival and growth of eastern religions with cultural diversity. Formal religious practice, however, is in decline: almost one third (30%) of Australians report no religious affiliation (ABS, 2017). Although the Commonwealth of Australia's *Marriage Act 1961* was based on the premise that churches played a pivotal role in marriage and “marriage guidance” (now more commonly known as relationship counseling), that role has declined dramatically in recent decades.

In terms of its economy, Australia has one of the strongest, most stable, and diverse economies in the world. Economic prosperity has resulted in non-Indigenous families experiencing a comparatively high standard of living than families in most other countries, though this success has come at the cost of long work hours, time stress, and work–family strain. That said, Australia is also experiencing a number of long-term economic challenges that include rising inequality, housing affordability and stress, underemployment, and casualization of the workforce.

Further, the changing nature of family life in Australia—particularly women's greater workforce participation—has led to a softening of the boundaries around work and family. Australian maternal employment rates increased from 43% in 1981 to 65% in 2015–2016 (ABS, 2009,

2016d). However, they remain substantially lower than in many OECD countries and have stagnated in recent years (ABS, 2009; Baxter, 2013). A key feature of maternal (but not paternal) employment in Australia is the extensive use of part-time work. Many Australian mothers work part time for family and financial reasons (e.g., the cost and availability of high-quality childcare).

Australia has become one of the most work-oriented, high-income countries in the world (Shepanski & Diamond, 2007). Although many families in Australia enjoy a relatively high standard of living as a consequence, many are also struggling to balance work and family life (Strazdins, Baxter, & Li, 2017). Cultural diversity, secularization, and time stress thus remain key challenges for family life education in Australia. We return to these issues in the final section.

Families in Australia: A Brief Overview

In Australia, as throughout the Western world, families and relationships are becoming increasingly complex and fluid. In this section, we offer a brief demographic profile of families in Australia. For brevity, we focus on “mainstream” families and Indigenous families. There are strong arguments, of course, for also including other subpopulations, such as ethnic minority families (including recently arrived immigrants), rural and remote families, families with same-sex parents, and military families.

The Demography of Families in Australia

Increases in Australian life expectancy and the aging of the population are occurring alongside major changes in family formation. Marriage rates are falling (ABS, 2016a); the crude divorce rate remains steady (ABS, 2016a); and nonmarital cohabitation is on the rise. Briefly, Australian parents are (a) less likely to be married than in the

past, (b) getting older before parenting children, (c) having fewer children in individual relationships, and (d) having children in more than one relationship (ABS, 2016b, 2017; Qu & Weston, 2008). Moreover, a significant proportion of children in Australia are born outside of marriage. These demographic trends of course are not unique to Australia (see, e.g., Darling, Cassidy, & Powell, 2014).

Marital Status and Family Type

Although the proportion of Australians marrying has been falling, marriage still remains the dominant partnership choice for adult Australians. Of Australians aged 15 years and over in 2016, around half (48%) were in a registered marriage; 10% were in a de facto marriage; and 12% were divorced or separated (ABS, 2017). Around one quarter of Australians live alone (55% female).

Likewise, couple relationships remain the dominant family type. Specifically, of the 6.1 million families in Australia in 2016, 83% were “couple families” (including same-sex families) (45% with children, 39% without children); 16% were one-parent families (82% of these parents were female); and 2% were other family types (ABS, 2017).

In addition, around one fifth of all children in Australia had a natural parent (mostly fathers) living elsewhere (ABS, 2015). Of these children, three quarters lived in one-parent families, 10% in stepfamilies, and 12% in blended families (ABS, 2015); around one quarter rarely or never saw their nonresident parent. Parental separation, and its impact on children and parents, is an important part of the Australian story on families and family life education in Australia. So too is Indigenous history and experience.

Indigenous Families

The Aboriginal and Torres Strait Islander peoples of Australia have the oldest surviving cultural history in the world, estimated to date back at least 65,000 years (Clarkson et al., 2017). Around

3% of the total Australian population is Indigenous (90% Aboriginal; 5% Torres Strait Islanders; and 4% identify as of Aboriginal and Torres Strait Islander origin) (ABS, 2017). Yet there are over 500 separate Indigenous nations. The Indigenous population is also very young, with a median age of 23 years compared to 38 years for the non-Indigenous population (ABS, 2017).

Indigenous families remain significantly more likely to live in remote areas than other Australians. That said, more than three quarters of the Indigenous population reside in urban regional areas. Almost three quarters (74%) of Aboriginal and Torres Strait Islander people nonetheless retain strong links to their traditional home country even if families are not presently living in those locations (ABS, 2016c).

Regardless of physical location, Aboriginal and Torres Strait Islander family life does not fit directly with Euro-Australian stereotypes. Culturally informed differences can be found in the way families are structured, how family life is arranged, and how “family” is practiced. Indigenous families, for example, are far more likely to live in extended family households than non-Indigenous families. Even where Indigenous families live in separate households, patterns of family interaction link households as economic and social units sharing and redistributing production and consumption (Daly, Henry, & Smith 2002; Walter, 2017).

White colonization, inclusive of land and cultural dispossession, has disrupted virtually every aspect of Indigenous life, including family life. For example, from the 1800s until the mid-1960s, Aboriginal children, especially those of mixed race, were regularly removed from their families and placed in institutions to be raised away from the influence of their family and culture (Chesterman & Galligan, 1997). These policies—now known as the “stolen generations” and the subject of a 1997 Royal Commission—have had a disastrous and continuing impact. To the present day, Aboriginal and Torres Strait Islander people who report a family member removed suffer poorer health and higher rates of poverty and unemployment than those who do not have a

history of family member removal (FaHCSIA, 2011).

For Aboriginal and Torres Strait Islander people, family life is lived within an Indigenous-framed set of constraining socioeconomic, political, and broader society cultural circumstances. These include very high rates of poverty, low levels of educational attainment, poorer housing access and conditions, poorer health, and significantly lower life expectancy. These disparities exist across the Aboriginal and Torres Strait Islander population but are especially evident in remote largely Indigenous communities in northern Australia (ABS, 2010). Related outcomes include high rates of domestic violence, alcohol and drug abuse, and continued removal of children into state care in many communities. This lived reality links into dominant discourse that locates Indigenous communities in stigmatizing ways. For example, differences tend to be explained in terms of deficits among Aboriginal and Torres Strait Islander people rather than the impact of sociocultural, economic, and political marginalization. This pejorative positioning, combined with the relative youth of the Indigenous population, means Indigenous families are in high need of family programs and interventions but are also at high risk of being least well served in the delivery of appropriate services.

Recent Family Policy Initiatives in Australia

A broad range of family policy initiatives make an indirect impact on family life education programs. In this chapter, we confine ourselves to five recent initiatives: (a) improving the well-being of Indigenous Australians, (b) encouraging shared parenting after separation, (c) valuing and protecting children, (d) eradicating family violence and abuse, and (e) reducing social welfare for families. We have chosen the first because though they make up only about 3% of the population, Indigenous people and their families have suffered more than 200 years of systemic abuse and neglect. Improving family

life for this group of Australians is inextricably tied to ongoing efforts to attend to the devastating impact of colonization. Comprehensive sharing of the parenting of children (the second initiative) has become a critical rather than an optional issue for most contemporary families in which it has become necessary for both parents to make major contributions to the family income—especially after separation. Valuing and protecting of children is linked to the third and fourth initiative, which seeks to address the high levels of violence we now know occurs within too many families. At the core of both these initiatives is the eradication of the abuse of power within close and intimate relationships. The final initiative is one that seeks to hand back a sense of dignity to families by actively promoting avenues for meaningful employment and by providing a safety net of adequate financial assistance for those who have not yet attained this goal.

Improving the Well-Being of Indigenous Families in Australia

There is no overarching family policy framework for Aboriginal and Torres Strait Islander families. Rather, health, education, and employment targets—especially relating to children's outcomes—underpin Indigenous family policy and programs. The primary policy vehicle for these is the *Closing the Gap* initiative which emerged from the *Social Justice Report* (AHRC, 2005) which had highlighted the long-standing unequal position of Aboriginal and Torres Strait Islander peoples. In 2007 the Council of Australian Governments (COAG), a group comprising all state and territory governments and the Commonwealth Government, pledged to close six key gaps between Indigenous and non-Indigenous Australians. These are:

1. Close the life expectancy gap within a generation
2. Halve the gap in mortality rates for Indigenous children under five within a decade

3. Ensure access to early childhood education for all Indigenous 4-year-olds in remote communities within a decade
4. Halve the gap in reading, writing, and numeracy achievements for children within a decade
5. Halve the gap for Indigenous students in Year 12 attainment by 2020
6. Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

The *Closing the Gap* initiative requires an annual report to the Federal Parliament on progress by the Prime Minister. The latest, and ninth, report indicates a mixed narrative of policy and target progress. Indigenous child mortality has declined but will not be halved by 2018, and the life expectancy target, while showing some improvement, is also not on track for achievement. In education, numeracy and reading gaps, attendance gaps, and preschool enrolment aims are not on target for achievement, although the proportion of Indigenous children attaining Year 12 is increasing (Commonwealth of Australia, 2017). Moreover, the rate of Aboriginal and Torres Strait Islander unemployment has increased since targets were set (Commonwealth of Australia, 2017). Thus, although some progress toward reducing overall Indigenous inequality is evident, and therefore also the circumstances of Aboriginal and Torres Strait Islander families, the gains are patchy and incomplete.

Legislating for Shared Parenting After Separation

“No-fault” divorce was introduced in Australia in 1976. With around one in three marriages now ending in divorce in Australia, and nonmarital cohabitation less stable than marriage, relationship breakdown continues to be seen as a major social problem in Australia.

In 2006, sweeping changes to the Australian family law system were introduced in an attempt to reduce parental conflict and encourage shared parenting post-separation. Legislative amendments created a rebuttable presumption of “equal

shared parental responsibility” (with exceptions, such as the presence of family violence). If an order is then made for equal shared parental responsibility, the family court is required to “consider” making orders for the children to spend “equal” or else “substantial or significant” time with each parent where such arrangements are in children’s “best interests” and are “reasonably practicable.” Strengthening the link between parental responsibilities and parenting time created confusion and gave the impression that “equal time” was the default presumption.

By 2009, there was an increasing evidence of such confusion and increasing concern that the strong endorsement of parental involvement might have exposed some children to violence or abuse (Smyth & Chisholm, 2017). As a consequence, a number of amendments to the Family Law Act were made, including a provision that the court should attach “greater weight” to child protection than to parental involvement when determining what is in the child’s best interests (Chisholm, 2011). The family violence amendments of 2011 resonate with broader policy initiatives relating to family violence and child protection, to which we now turn.

Eradicating Family Violence and Abuse: The “National Plan”

In Australia, as in many other countries, “family violence” (variously defined) remains a serious social problem. In 2012, around one third of women in Australia reported experiencing physical violence, and almost one fifth reported experiencing sexual violence, since the age of 15 years (ABS, 2013a). Indigenous women and girls are 35 times more likely to be hospitalized due to family violence-related assaults than non-Indigenous women and girls in Australia (COAG, 2011).

Domestic violence and sexual assault against women has been estimated to cost Australia \$AUD 13.6 billion each year. In addition, the emotional and personal costs to individuals can be serious and long lasting (COAG, 2011). In 2008, the Federal Government set up the *National*

Council to Reduce Violence against Women and their Children to develop an evidence-based national plan for reducing violence against women and their children for the period 2010–2022. The Council's *Time for Action* report proposed that all Australian state and territory governments agree to a long-term plan to reduce violence, with the Australian Government taking a leadership role. To support this work, the Australian Government recently invested heavily in a range of initiatives, including the establishment of (a) a new national domestic violence and sexual assault telephone and online counseling service, (b) a new specialist national research organization (www.anrows.org.au), (c) a national information sharing system to allow courts and police across Australia to share information on domestic violence orders, (d) the development of a research-informed social marketing campaign to change attitudes and behaviors about violence against women, and (e) respectful relationships programs in schools and other youth settings (see *Respectful Relationships, Protective Behaviors, and Sexuality Education in Schools* below). Recent cuts to frontline legal services for victims of domestic violence, however, appear to run counter to these latest initiatives.

Valuing and Protecting Children

Based on agreement between different tiers of governments (state, territory, and Commonwealth) in partnership with a coalition of not-for-profit service delivery sector and researchers, Australia has put in place a *National Framework for Protecting Australia's Children 2009–2020* (Council of Australian Governments, 2009). It is an ambitious, long-term approach to ensuring the safety and well-being of Australia's children and aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time through a series of three-year action plans. A number of strategies relate broadly to the concept of family life education and focus on supports for families. This includes a focus in the 2015–2018 action plan on supports for parents during the first 1000 days, recognizing that

family strengthening and provision of supports for positive parenting is a primary prevention strategy for addressing the problem of child abuse and neglect (Commonwealth of Australia, Department of Social Services, 2015). Other strategies focus on young people in the out-of-home care system. The aim is to better equip them with life skills and support their transition to independent living.

Welfare Reduction

Social security and welfare payments represent over one third of government expenses in Australia and are increasing due to an aging population and the recent introduction of a national disability insurance scheme (Klapdor & Arthur, 2017). Australia recently initiated a number of changes to government income support payments to reduce pressure on the public purse. Cuts to welfare disproportionately affect some of the most vulnerable families in Australian society, including Indigenous families, single-parent families, unemployed families, the aged, and households with a family member with a disability. Moreover, casualization of the workforce, wage stagnation, and underemployment are placing additional financial stress on many families. Financial stress has been shown to be adversely related to a range of family processes, including parent–child interactions, family dynamics, and relationship stability and satisfaction (Hubler, Burr, Gardner, Larzelere, & Busby, 2016). Financial and family issues remain the leading causes of stress reported by Australians (APS, 2015).

Summary

Australian families thus appear to be under increasing pressure on several fronts in the twenty-first century. Recent developments in family policy in Australia seek to advance the well-being of Indigenous Australians, end child maltreatment and family violence, reduce parental conflict and encourage shared parenting after

separation, and reduce pressure on the public purse while ensuring there is a safety net for those unable to support themselves.

Family Life Education: Development, Implementation, and Evaluation

The Australian policy agenda seeks to strengthen families at key turning points in the relationship cycle—from pre-marriage to post-divorce (van Acker, 2008). In this section—the main focus of the chapter—we examine the development, implementation, and evaluation of family life education programs for three key phases in the family life cycle: (a) intimate partner relationships, (b) parenthood (including the birth of first child), and (c) separation/repartnering.

Much of the Australian work implicitly draws on family (life course) developmental theory by examining “the systematic and patterned changes experienced by families as they move through stages and events of their family life course” (White & Kline, 2002, p. 89; see e.g., Moloney, Weston, Qu, & Hayes, 2012; Qu, Baxter, Weston, & Hayes, 2012). Adult learning theory (e.g., Cross, 1981)—with its focus on (a) *experience* as a source to be drawn on; (b) *readiness* to learn, often triggered by an experience; and (c) the *relevance* of material—also appears germane, with family transitions often acting as the impetus for the acquisition of knowledge and skills for family life (Simons, Harris, & Willis, 1994).

We note at the outset that the term *family life education* does not exist in the Australian context, and there is no formal training for family life education in Australia. A number of educational institutions, however, offer related foundational courses (e.g., family studies). There are also several internationally recognized government-funded national research institutes that conduct family research and provide high-quality information and resources for policymakers, practitioners, educators, and parents (e.g., the Australian Institute of Family Studies, Australian Institute of Health and Welfare, and Parenting Research Centre).

Couple Relationship Education

Up until the early 1990s, pre-marriage education programs in Australia were attended almost exclusively as a precursor to a church wedding and overseen by a minister of religion (Harris, Simons, Willis, & Barrie, 1992). But since 1999, civil celebrants have conducted the majority of marriages in Australia. In 2015, for example, civil celebrants oversaw three quarters of marriage ceremonies.

Although civil celebrants are required to provide a brochure detailing where services for couples and families can be found, the demand for pre-marriage education by couples using civil celebrants remains low (Moloney & Weston, 2012). This is perhaps not so surprising given that “starry-eyed clients” approach civil celebrants about their wedding and not their relationship (van Acker, 2008, p. 102). The extent to which Australian civil celebrants themselves believe in the value of pre-marriage education prior to marriage also remains unclear (Lacey, 2017).

Australians seem to have little appetite for couple relationship education, with low numbers attending. Generally, those attending are couples required or encouraged by religious organizations to participate (Darling et al., 2014). Australian government policy reflects a similar disinclination (see Case Study 2 for a discussion of two unsuccessful government forays into supporting couple relationship education). Much of the political interest in couple relationship education more broadly has been—and remains—focused on relationship breakdown and the provision of services at the sharp end of the relationship spectrum rather than in preventing relationship difficulties before they occur (van Acker, 2008) (see *Separation and Repartnering* below).

Programs, Content, and Mode of Delivery
Couple relationship education (CRE) is intended to enhance and strengthen couples’ relationships to prevent future relationship distress and breakdown (Commerford & Hunter, 2016). Within Australia, as in other Western countries, CRE is delivered in a range of contexts and through

different delivery methods (e.g., face-to-face, self-directed, online, group, or individual couple sessions) (Bakhurst, 2015; Halford, 2000; Halford & Simons, 2005; Halford et al., 2017; Parker, 2005, 2007; Petch, Halford, Creedy, & Gamble, 2012a, 2012b). It may even be delivered without the involvement of educators. For example, the comprehensive RELATE questionnaire is available online and can be completed without the involvement of educators (Halford, 2011). Although the vast majority of CRE in Australia is premarital education provided to those marrying in religious organizations, CRE is also offered through secular nongovernment organizations in a range of settings to a wide variety of couples (e.g., cohabiting couples, couples remarrying, couples within stepfamilies) (Halford & Simons, 2005).

In Australia, CRE may be delivered through programs focused only on the relationship or as part of other programs (e.g., prenatal or parenting education classes) (Parker, 2005; Petch et al., 2012a, 2012b). It may be targeted to, and/or adapted for, couples with particular needs such as those transitioning to parenthood or serving in the military (Bakhurst, 2015; Petch et al., 2012a, 2012b).

As family life education does not exist in a formal sense in Australia, CRE is delivered by practitioners with a variety of qualifications, skills, and beliefs about relationships (Halford, 2000; Halford & Simons, 2005; Parker, 2005). Practitioners will generally have undertaken training in the delivery and content of the CRE program they are delivering and may hold university degrees (e.g., bachelor's degrees in social work, psychology, nursing/midwifery, education), postgraduate qualifications in related areas, and/or vocational education and training (e.g., Certificate IV in counseling) (D. Lacey (personal communication, August 30, 2017); J. Lee (personal communication, July 18, 2017); Petch et al., 2012b).

Approaches to CRE Similar to countries such as the United States, two evidence-based approaches to CRE are generally practiced in Australia. The

first, assessment with feedback, comprises inventory-based couple assessments followed by a feedback session with a relationship educator (sometimes delivered with additional skills training) (Commerford & Hunter, 2016; Halford, 2011). The aim of this approach is to identify and build on couple strengths and vulnerabilities based on the assumption that having an understanding of their relationship will assist couples to make changes as required. Several inventories are used in Australia, such as Facilitating Open Couple Communication Understanding and Study (FOCCUS) and PREPARE/ENRICH.

The second commonly used approach to CRE in Australia is curriculum-based knowledge and skills training. This involves actively teaching key relationship skills and building knowledge (Commerford & Hunter, 2016; Halford, 2011). The content may differ between programs but will likely include topics on communication and conflict management (Halford, 2011; Halford & Simons, 2005; Parker, 2005).

One of the most highly researched programs in Australia is CoupleCARE and its adaptations for specific target groups (e.g., military couples, those transitioning to parenthood, etc.) (see, e.g., Bakhurst, 2015; Halford et al., 2017; Petch et al., 2012a). CoupleCARE is a six-unit program (~12 h) that covers topics such as relationship self-change, communication, intimacy and caring, managing differences, sexuality, and managing life changes (Halford et al., 2017).

Evaluation of CRE in Australia As with CRE in other Western countries, and possibly due to Australia's small population and low numbers of CRE attendees, there has been little high-quality, rigorous assessment of its effectiveness, particularly in the long term (Halford & Simons, 2005; Parker, 2005; van Acker, 2008, 2015). There has been very little evaluation of the effects of assessment with feedback (Halford & Simons, 2005; Halford et al., 2017). The research that has been published has largely focused on curriculum-based approaches, generally completed by groups of highly qualified and skilled researchers/psychologists with a long-term investment in a

particular program and its adaptations (e.g., Bakhurst, 2015; Halford et al., 2015; Halford et al., 2017; Petch et al., 2012a, 2012b). Other CRE programs appear to have been developed by providers to meet the perceived needs of their clients or specific target groups (Halford & Simons, 2005). Many of these locally developed programs have either not been evaluated or have been evaluated in a manner that does not allow for causal attributions to be made (e.g., collecting post-program information only) (Dixon, 2012; Halford & Simons, 2005).

Although participants generally report high levels of satisfaction with CRE (Bakhurst, 2015; Dixon, 2012; Halford & Simons, 2005; Petch et al., 2012a), the limited available Australian research on its effectiveness is mixed. For example, a randomized control trial of RELATE (assessment with feedback), RELATE with CoupleCARE (RCC; flexibly delivered assessment with feedback *and* curriculum-based skills training), and a control condition (an active control of guided reading) that followed couples over a four-year period found that couples with high initial relationship satisfaction showed no effects of CRE (Halford et al., 2017). RCC, but not RELATE, increased satisfaction in couples with low initial satisfaction in the short term, but the effects were no longer evident 6–12 months later. There was no support for assessment with feedback (RELATE) in increasing satisfaction, or for curriculum-based CRE (RCC), as a universal relationship distress prevention strategy. The findings suggest that, although CRE may be effective in the short term as a targeted intervention for couples with low relationship satisfaction, there is little support for it in the long term.

Another randomized control trial that utilized nurse–midwives to run the program CoupleCare for parents (CCP) reported that relative to the control group that completed a perinatal care program that provides information and support to the mothers, CCP prevented deterioration in relationship satisfaction for high-risk women and showed a nonsignificant trend for high-risk men but not for low-risk women or men (Petch et al., 2012a). Again, this provided some support for CRE as a

targeted intervention for increasing relationship satisfaction but not for CRE as a universal strategy (see Commerford & Hunter, 2016 for a more detailed discussion of couple relationship education, including some of the potential issues with measuring its effectiveness).

Respectful Relationships, Protective Behaviors, and Sexuality Education in Schools Parents are often portrayed as primarily responsible for teaching their children about respectful relationships, protective behaviors, and sexuality. Schools too are important sites for teaching and reinforcing respectful relationship messages, especially as they have formal access to evidence-based knowledge and prevention-based strategies. Curriculum, however, varies across the country, and school-based strategies are developed at the state level, though often with policy coordination and additional funding linked to policy objectives agreed with the Commonwealth—e.g., the National Safe Schools Framework (Department of Education, 2017).

Sexuality Education and Personal Safety/Protective Behavior Programs “Sex Ed” (as it is colloquially referred to) is a necessary underpinning for (a) “protective behaviors” or child abuse prevention education and (b) respectful relationship education (which generally targets gender-based violence). Unless children and young people are aware of their bodies and understand normal human sexual development and reproductive functions and the issues of consent, control, manipulation, respect, and boundary violations, then the skills needed to seek help (including being able to articulate concerns about someone else’s behavior) are likely to be ineffective. There is a range of programs that teach personal safety and sexual abuse prevention concepts such as private body parts, good and bad feelings, secrets, trust, saying no, and seeking help (e.g., Ditto’s Keeping Safe).

Although 90% of students received sex education at school (typically as part of health and physical education classes for 12–16-year-olds),

when asked about where they received their information, the combination of school health programs and the Internet were nominated by only 43%, suggesting a gap between those receiving sex education and their self-perception of it as a useful source of information—compared to other sources such as peers (Mitchell, Patrick, Heywood, Blackman, & Pitts, 2014).

Programs have been developed to reduce bullying, homophobic and transphobic behavior, and intersex prejudice in schools—e.g., Safe Schools Coalition Australia’s resources to help create safer and more inclusive school environments (Safe Schools Coalition Australia, 2017). Despite support from some education departments and individual schools, the Coalition has been targeted by some politicians and commentators who see the approach taken as being “anti-family” and unnecessarily supportive of homosexuality.

Victoria is the first Australian state to introduce mandatory Child Safe Standards for all youth-serving organizations. These standards require young people to be engaged in educational activities around personal safety (State Government of Victoria: Education and Training 2017a, b). They apply to all schools and education providers in Victoria whether they are run by the state government or are part of the Catholic or independent school system.

Respectful Relationship Education Respectful relationship education programs have suffered from a lack of consistency, although moves are afoot to improve this (<https://www.australiancurriculum.edu.au>). Where the Australian Curriculum has been adopted, students are taught about respectful relationships as part of “health and physical education.” Many external providers teach respectful relationships and general relationships education, although the quality of these programs remains unclear.

A number of core elements of relationship education have been articulated and reflect “the most current international evidence on an effective approach to building student skills and creating school cultures that promote respectful relationships and challenge violence, discrimina-

tion and stereotyping” (Gleeson, Kearney, Leung, & Brislane, 2015, p. 29).

Training and Evaluation Until recently, relationship education classes in schools were delivered by local school teachers, whereas child abuse prevention materials are often presented by outside organizations that use professional facilitators. Rather than rely solely on external providers, schools are aware that embedding content in curriculum and supporting existing teachers to deliver concepts is more effective. In some states, teachers are supported by allied health workers such as school health nurses, police, or family support workers (see Price-Robertson, Higgins, & Meredith, 2012).

Through undergraduate training (supplemented by follow-up in-service education), prospective teachers need to be equipped to deliver child protection/violence prevention/respectful relationship education holistically and address attitudes and cultures that excuse violence and make reporting concerns or seeking help difficult (Carmody, 2009; Smyth & Katz, 2016; Tutty et al., 2005). Nationally, there is no compulsory training or education specific to healthy and respectful relationships education, although curriculum and teaching advice is provided. The Victorian state government has funded a whole-of-school approach to respectful relationships, where all schools—government and private—need to address healthy and respectful relationships (including sexuality), under the Child Safe Standards legislated in 2016 (State Government of Victoria: Education and Training 2017a), supported by teaching and learning materials related to resilience, rights, and respectful relationships. Western Australia (WA) has developed curriculum support materials called *Growing and Developing Healthy Relationships* since 2002 and online via a website since 2010.

Although evaluations lack an overall evaluation strategy or reliable measures, young people who have participated in respectful relationship education develop “skills to recognize respectful relationships in their own lives and lives of their friends, and ... strategies to obtain help if they

felt they were in relationships that were not healthy” (Le Brocque, Kapelle, Meyer, & Haynes, 2014, p. 15).

Good practice guidelines emphasize the importance of evaluation. However, there is a distinct lack of evidence for the effectiveness of any of the individual school programs, or the overall strategies to enhance safety of young people, and prevent harms such as child sexual abuse and family/relationship violence. Family life education in Australia would be enhanced by research on teaching practices, and a comprehensive evaluation, based on an agreed outcomes evaluation framework. The program would be consistent across sexuality education, child sexual abuse prevention education, and respectful relationship education programs. A key aim would be to identify “what works” in addressing the drivers of violence and abuse and preventing harm to children and young people.

Parenting Education

In Australia, as elsewhere, parents play a crucial role in their children’s development and learning. Parenting education aims to help parents build their knowledge, skills, and confidence to raise and nurture their children. Numerous systematic reviews suggest that parenting education can improve outcomes for children (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Barlow et al., 2011; Eccleston, Fisher, Law, Bartlett, & Palermo, 2015; Furlong et al., 2012; Kendrick et al., 2013; Woolfenden, Williams, & Peat, 2001) and parents (Barlow et al., 2011; Barlow, Smailagic, Huband, Roloff, & Bennett, 2014; Eccleston et al., 2015; Furlong et al., 2012).

In marked contrast to couple relationship education programs, a vast array of parenting education programs has been implemented across Australia. Some of these are Australian initiatives, while others were developed overseas and have been implemented as intended or adapted to local conditions. Although parenting programs appear to be growing in number, scope, and maturity, no systematic mapping of these pro-

grams and their providers has been undertaken in Australia. A recent review of *evaluated* programs, however, has been conducted.

Specifically, in 2012, the Parenting Research Centre (www.parentingrc.org.au) conducted a rapid evidence assessment of Australian evaluations of parenting programs (Macvean, Wade, Devine, Falkiner, & Mildon, 2014; Wade, Macvean, Falkiner, Devine, & Mildon, 2012). For the present chapter, one of the authors (Macvean) updated the evaluation corpus and ratings using the same search terms and selection criteria as in the original review. In total, 181 papers reporting evaluations of 129 Australian parenting education programs were identified for the period 2002 through June 2017 (i.e., the past 15 years). Key patterns are described below.

Target Outcomes Target outcomes in the Australian parenting programs were categorized into the following six domains (as used in the 2012 review): (a) child development, (b) child behavior, (c) safety and physical well-being, (d) basic childcare, (e) parent–child relationship, and (f) family relationships. The majority (76%) of the evaluated parenting education programs in Australia targeted more than one outcome.

Specifically, over one quarter (27%; $n = 79$) of programs targeted child behavior; 23% ($n = 68$) focused on the parent–child relationship; 17% ($n = 49$) were directed at family relationships; 17% ($n = 50$) targeted child development; 10% ($n = 29$) were directed at safety and physical well-being; and 6% ($n = 19$) targeted basic childcare.

Program Ratings Using the rapid evidence assessment framework, programs were rated for effectiveness, from strongest to weakest evidence: (a) “well supported”, (b) “supported,” (c) “promising,” (d) “emerging,” (f) “failed to demonstrate effect,” and (g) “concerning practice” (see Appendix Table 1 for operationalized definitions of each rating).

Of the 129 Australian parenting programs identified, 3% ($n = 4$) were rated “well supported;” 21% ($n = 27$) were rated “supported;”

one quarter (25%; $n = 32$) were rated “promising”; almost half (48%; $n = 62$) were rated as “emerging”; and 3% ($n = 4$) were rated “failed to demonstrate effect.” In short, around one quarter of parenting programs were rated as either “supported” or “well supported”; almost half were assessed as having “emerging” support; and another quarter were rated as “promising.”

The four programs identified as “well supported” for improving child, parent, or family outcomes were *Triple P* (which seeks to increase parents’ competence and confidence and reduce disruptive child behavior problems), *Stepping Stones Triple P* (for parents with a child with a disability), *I-2-3 Magic* (for parents of children aged 2–12 years who have concerns about their child’s behavior), and *Couple Care for Parents* (an antenatal program to help couples adjust to parenthood).

Target Outcomes by Program Rating Of the 31 evaluated parenting programs rated “well supported” or “supported,” 24 targeted child behavior; 22 addressed the parent–child relationship; 11 focused on family relationships; 7 targeted safety and physical well-being; 5 targeted child development; and 1 focused on basic childcare.

Of the 94 programs rated “promising” or “emerging,” 53 targeted child behavior; 45 focused on parent–child relationships; 41 targeted child development; 37 were directed at family relationships; 20 focused on safety and well-being; and 18 targeted basic childcare.

Target Populations The most frequently targeted population among the 31 “well supported” or “supported” programs was children with behavioral problems ($n = 9$). Two further programs focused on the behavioral concerns of children with disabilities. The remaining target populations varied across programs (e.g., one program targeted Indigenous families). In terms of child age, there were six programs targeting preschool children; three targeted children aged 2–12 years; and two were for adolescents. There was one program for each of the following age groups: infants; 1–6 years, those aged up to 10 years; those aged 2–14 years, and ages 1–16 years.

Of the 94 “promising” or “emerging” programs, 13 targeted children with disabilities or developmental delays, and 13 programs targeted children with behavioral problems. Child population types varied across other programs (e.g., one was for children with mental health issues). A small number of programs ($n = 2$ – 4) targeted parents in a range of circumstances (e.g., parents with disabilities or learning difficulties, pregnant parents, fathers, parents with anxiety or depression, separated or divorced parents, and adolescent mothers). Several programs targeted particular cultural groups, such as Indigenous families ($n = 8$), African families ($n = 2$), Japanese families ($n = 1$), and migrant/refugee families ($n = 1$).

Child-age groups targeted among the “promising” or “emerging” parenting programs included infants ($n = 11$), children under 5 years ($n = 8$), preschoolers ($n = 13$), primary schoolers ($n = 9$), adolescents ($n = 3$), children up to the age of 12 ($n = 4$), and young people aged 13–25 ($n = 1$).

Gaps in the Australian Evidence There were few Australian programs supported by good evidence that targeted (a) basic childcare, (b) safety and physical well-being, (c) child development, and (d) family relationships. Most of the programs with good evidence targeted preschool children; few effective programs targeted infants and adolescents. Children with behavioral concerns were targeted by several programs, whereas children with other specific issues had limited effective programs available to them. Programs for ethnic minority parents (including Indigenous parents), teen parents, and parents with complex needs (e.g., learning difficulties; mental health issues; substance abuse problems) were not well catered for among the “well supported” or “supported” programs.

Separation and Repartnering

There is a plethora of relationship and parenting support services available for separating families in Australia. The breadth and depth of these programs reflect governments’ focus on child

well-being at the critical juncture of parental separation (van Acker, 2008). This focus suggests that policymakers in Australia subscribe to a “back-end loaded” model of family life education.

A well-developed integrated network of family and relationship support services is available in Australia for families seeking to strengthen relationships or deal with family transitions (e.g., relationship breakdown, repartnering, etc.) (Moloney, Smyth, & Fraser, 2010). These programs are largely provided by government-funded community-based organizations. Australian Family Relationship Centres often act as the gateway into this network of services (see Case Study 1 below).

**Case Study 1 Family Relationship Centres:
“Building Better Relationships”**

One of the central planks of the Australian family law reforms of 2006 was the introduction of new and expanded community-based programs to help families strengthen relationships or deal constructively with separation-related disputes. The centerpiece of these changes was the funding of 65 Family Relationship Centres (FRCs) around Australia. These are run by nongovernment organizations and are staffed mostly by professional counselors and mediators. They provide information, referrals, individual face-to-face assessment sessions, and parenting after separation courses. (A national telephone advice line and family relationships website were also set up to complement FRCs.) There is some evidence that this new network of services, along with the introduction of mandatory mediation in 2006, was associated with a 25% reduction in court filings over children’s matters (Kaspiew et al., 2015) and a significant decline in the level of overall interparental conflict among separated parents (Smyth, Chisholm, Rodgers, & Son, 2014).

Most family and relationship support programs run parenting education courses for separating parents. These typically brief information-based group programs are designed to improve the lives of children by creating greater parental understanding of the effects of separation, and of the impact of entrenched parental conflict, on children. Accredited family dispute resolution professionals from a range of backgrounds typically run these programs. Family therapy and family counseling (i.e., systemic therapy) is also widely available.

At the more extreme end of the post-separation relationship spectrum are programs for high-conflict separating parents. While many of these programs are court-connected, some are court-mandated. The *Parenting Orders Program*, for example, makes use of a variety of child-focused/child-inclusive interventions, education, counseling, and mediation to help separating parents focus on their children’s needs, reduce parental acrimony, and improve co-parenting. Participation in these programs is often court-referred but can also be self-referred or referred by other services. Moreover, where ongoing high-conflict and/or safety concerns exist, some parents may be required to use a Children’s Contact Service to facilitate safe changeovers, supervise parent–child contact, or both (Commerford & Hunter, 2015). Aside from providing structure and support for at-risk families, workers in these services often act as role models for parents who may not have had the benefit of growing up with parents who model supportive and positive parenting skills.

In addition, a range of behavior change programs in Australia is available for men who use violence in families. These programs are delivered by providers across many different settings and are facilitated by people of diverse backgrounds, disciplines, and theoretical perspectives. Programs therefore vary widely in content, format, and scope. Self-regulatory minimum standards and quality practice guidelines have been developed in some states of Australia (e.g., Wheeler, 2005).

There is also a well-developed national network of mutual support (“self-help”) groups for fathers and mothers. These grassroots

organizations receive some funding from government but are largely run by volunteers.

Very few of the programs for separated parents have been evaluated (but see McIntosh, Wells, Smyth, & Long, 2008), and where they have, these “evaluations” often take the form of small, unpublished works with little internal and external validity. This represents an unsatisfyingly circular Catch-22 for many organizations: they generally have little money or skills to conduct rigorous evaluations to demonstrate the effectiveness of their program(s) and thus are unable to attract funding to maintain, develop, or evaluate programs.

Indigenous Families

The positioning of Indigenous families shapes the relationship and parenting education services provided, accessed, and needed. Indigenous families have comparatively high rates of sole parenthood and higher proportion households with children than the non-Indigenous population. High rates of disadvantage and marginalization strain families’ relationship and parenting resources and capabilities. Culturally, Indigenous families also have a lesser connection to the institution of marriage, being more likely to form *de facto* partnerships (16% compared with 9%), and less likely to be in a registered marriage (23% compared with 49%) than non-Indigenous Australians (Walter & Hewitt, 2012; Yap & Biddle, 2011).

While potentially in strong need of relationship and parenting supports, the lessons learned from previous decades is that programs developed for non-Indigenous populations are unlikely to either attract Aboriginal and Torres Strait Islander families or be effective for those that do use them (Price-Robertson & McDonald, 2011).

In response, large mainstream service providers, such as Relationships Australia, now employ Indigenous social workers and counselors and offer distinct Aboriginal relationship programs (Relationship Australia, 2017). Elsewhere, the role of providing Indigenous appropriate programs and supports falls to Indigenous community organizations. The Victorian Aboriginal

Health Service, for example, works directly with Koori (Victorian) Aboriginal families, providing a range of services and education programs on good parenting (VAHS, *n.d.*). Such programs, however, are always subject to the ongoing uncertainty of funding decisions, often resulting in a series of short-term initiatives rather than sustained interventions. In more remote areas, services meet distance, language, and cultural barriers, and many communities do not have the resources to offer programs. In these sites, the role of parenting education at least tends to fall to medical center staff who may or may not be appropriately skilled to provide that education.

Barriers to Engaging in Family Life Education in Australia

Several studies from the 1990s (e.g., Harris et al., 1992; Simons et al., 1994) suggest that Australian couples typically hold a number of beliefs that act as barriers to participation in family life education programs. These beliefs include the idea that (a) “pre-marriage education is counseling” for those with “problems”; (b) marriage is a “private relationship” and no-one else’s business (Harris et al., p. ix); (c) marriage and relationships come naturally, and parenting is instinctive—seeking help is thus a sign of failure; (d) there are other ways to learn about relationships and parenting (e.g., books, web, etc.); (e) relationship education can open up old wounds in a relationship and do more harm than good, and one partner may not be keen to participate; (f) couple relationship and/or parenting education can be costly in terms of time and money; and (g) to the more extreme criticisms that family life education programs are “inherently middle class” (Payne & Leung 1978, cited in Eastman, 1983, p. 16) and largely the child of conservative right politics.

Accessing family life education is far more complex for Indigenous Australians given the limited availability of relationship and parenting education programs that are culturally appropriate and responsive to Indigenous families—especially in regional and remote Australia with

limited service provision to begin with (van Acker, 2008). Moreover, as noted, Indigenous Australians are likely to be distrustful of mainstream programs and services.

Simons et al. (1994, p. 104), drawing on Cross (1981), highlight the importance of attitudinal (or “dispositional”) barriers over external (“situational” or “institutional”) barriers. They suggest that minimizing the latter “will not necessarily increase participation to any great degree unless there is an accompanying focus on marketing the value of attendance at such programs”. This insight might in part explain why free vouchers for pre-marriage education in Australia generated little uptake (see Case Study 2 below).

Case Study 2 Complimentary Vouchers for Marriage Education

In November 1999, pilot pre-marriage education voucher schemes were launched in two Australian cities. Each pilot ran for 12 months. All couples getting married during the period of these trials were to be offered a voucher, which was redeemable for marriage and relationship education courses up to \$200. All marriage celebrants (religious and secular) in the trial areas were invited to participate. However, the trial was perceived by many organizations to be a failure because it was not given enough time to establish itself. Moreover, encouragement by celebrants varied.

In 2014, the Australian government again offered couples a \$200 voucher to be used for marriage and relationship education and counseling (including parenting education and dispute resolution) (Department of Social Services, 2014). The aim of the 12-month \$AUD 20 million trial was to strengthen relationships and prevent costly divorces. While the focus was on couples that were engaged or married, couples that were in a “committed” relationship (including same-sex couples) were also eligible for the voucher. However,

due to poor take-up, the pilot scheme was ended after 7 months, a proposed evaluation canceled, and the remaining \$AUD 17 million redirected to frontline relationship support services.

More broadly, with growing secularization, no other institution or agent has replaced religious organizations in promoting pre-marriage or relationship education. Further, families and relationships are becoming increasingly complex and fluid and not conducive to simple solutions. Twenty-five years ago, Eastman (1992, p. xii) noted a “lack of national strategy, lack of financial support, and a lack of first-class training” for relationship education in Australia. Little appears to have changed.

Conclusions and Future Directions

Family life education is not a formal discipline or vocation in Australia. Apart from a flurry of activity by Australian academics and government in the 1990s, couple relationship education appears to be languishing in Australia. The possible exceptions to this state of affairs may be the continuation of a small number of mainly religious-based prenuptial programs and the use by those who are separating or seriously contemplating separation—many of whom now make use of services provided by or linked to Family Relationship Centres. Parenting education programs, on the other hand, are widely available and used. And yet although a substantial amount of research has investigated parenting programs, the strength of the evidence is still limited to a small number of these programs for select populations (e.g., *Triple P* and *Couple Care for New Parents*). Many programs lack evidence for their effectiveness.

Beyond these concerns, there are several further key factors affecting Australian families’ engagement with family life education—cultural diversity, secularization, time and financial stress, and a general lack of interest. Further, cultural beliefs about the “natural” and “private” nature of

relationships are pervasive and persist. And, as van Acker (2008, p. 109) reminds us: “[n]o single event, seminar, course or training will sustain relationships through all eventualities.” Moreover, not everyone can benefit from family life education—especially individuals with chronic deep-seated problems relating to others (Eastman, 1989).

So what can be done to increase engagement and interest in family life education, and to grow the evidence base for its effectiveness in improving outcomes at key life stages for families in Australia? Several initiatives suggest themselves. A nationally coordinated policy agenda, with adequate funding, focusing on early intervention and prevention of issues at key life-stage transitions is needed. Further to this, income redistribution policies could reduce financial stress on vulnerable families, and family-friendly work practices and policies (including still-together and separated families) are needed to ease work/life stress to allow more time for high-quality relationship time (i.e., couple and parent time). Utilizing existing place-based initiatives that include active consultation with, and engagement of, local communities, to deliver appropriate evidence-based practices and programs (including those that fall under the umbrella of family life education), may be effective in improving outcomes for families (Wilks, Lahausse, & Edwards, 2015).

Family life education in Australia would be enhanced by a coordinated research strategy including research on teaching practices, and a comprehensive evaluation, based on an agreed outcomes evaluation framework. With regard to family life education services for Indigenous families, evaluation of the effectiveness of recent practices (such as the employment of Indigenous social workers and counselors and specific Aboriginal relationship programs (Relationship Australia, 2017) and the provision of Indigenous appropriate programs and supports via Indigenous community organizations) is needed to ensure that these services are appropriate and improving outcomes for indigenous families.

Further, there is emerging piecemeal evidence that embedding couple relationship education within other evidence-based programs of interest to couples (e.g., antenatal and parenting programs) might increase its reach and utility. For

instance, transition to parenthood programs create a “warm opportunity” for working with men about their relationships—almost all prospective mums and dads want the best for their child. Parent education can also be a backdoor entry to counseling at either a family or couples level. The provision of family life education, more broadly, through or embedded within universal services that families commonly access, such as maternal and child health, playgroups, and schools (e.g., whole-of-school approaches to respectful relationships, including training and professional development of educators), may increase its uptake and utility. Flexible modes of delivery—especially for rural and remote communities—also need further investigation given rapid technological advances in modes of learning. And culturally competent practice for culturally diverse populations is sorely needed, especially for Indigenous Australians and ethnic minorities.

In the end, it must be said that the Australian story of family life education has been characterized by a general lack of public interest, largely uncoordinated expenditures of energy and resources, and an absence of political consensus for supporting programs designed to enrich couple relationships before major problems develop—reflecting in part the separate operation of local, state, and federal governments. At the same time, there have been promising developments in the conceptualization, delivery, and evaluation of parenting education programs. The marked disparity between progresses in these two highly complementary endeavors is puzzling given that the enrichment and strengthening of couple relationships have implications for parenting. Addressing this disparity remains a key challenge for policymakers, service providers, and researchers into the future.

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Appendix

Table 1 Rating scheme for rapid evidence assessment of Australian evaluations of parenting programs

	“Well supported”	“Supported”	“Promising”	“Emerging”	“Failed to demonstrate effect”	“Concerning practice”
No evidence of risk or harm	*	*	*	*	*	
In multiple studies, overall evidence supports the benefit of the program	*	*	*			
Clear baseline and post-measurement of outcomes for both conditions	*	*	*			
At least two RCTs have found the program to be significantly more effective than the comparison group. The effect was maintained for at least one study at 1-year follow-up	*					
At least one RCT has found the program to be significantly more effective than comparison group. The effect was maintained at six-month follow-up		*				
At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group			*			
Insufficient evidence demonstrating the program’s effect on outcomes because (a) the research design(s) is/are not sufficiently rigorous or (b) the results of rigorous studies not yet available				*		
Two or more RCTs have found no effect compared to usual care, or the overall weight of the evidence does not support the benefit of the program					*	
There is evidence of harm or risk to participants, or the overall weight of the evidence suggests a negative effect on participants						*

Notes: * = evident; criteria adapted from Wade et al. (2012, p. 17)

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Part III

Africa



Family Characteristics and Family Life Education in Algeria

Habib Tiliouine and Mustafa Achoui

The present chapter seeks to fill a big gap in published works about the Algerian family and many similar Islamic contexts such as those in North Africa and the Middle East regions. It reviews the main characteristics of the Algerian family, the role of the religion in family life and the status of the child within it. It also discusses a number of family life education (hereafter FLE) programmes as case studies of the efforts made to help protect and sustain a harmonious family life. To achieve these aims, we begin our narrative by describing the main features of the Algerian family and how this institution has been changing during recent years, in the first part of the chapter. We will then discuss how the Algerian family and education within it has been shaped by the religion of Islam in the 2nd part.

The evolving status of the child within this family will be discussed in the 3rd part of the chapter. Afterwards, we will address the issue of FLE practices related to health, including those initiatives intending to implement family planning programmes, preserving reproductive health and enhancing safe motherhood, along with some other recent national priorities related to the population's health. Next, the teaching of FLE in

Algeria is examined. We end the chapter by presenting recommendations to promote FLE and overcome the limitations of past policies and practices in working with families.

Textbox 1

Chronological Order of Important National Laws, Policies, Programmes and Practices Impacting Algerian Families

- In 20 February 1983, the adoption of the first national programme to control population growth (*Programme national de maîtrise de la croissance démographique*, PNMCD).
- The Algerian Family Code (*Code de la famille*) was enacted on 9 June 1984. It specified the laws relating to familial relations and included strong elements of Islamic law.
- In 1988 (Decree 88-204), the number of private clinics, surgeries and radiological centres increased rapidly to cover nearly the whole country.
- In 1990, the use of contraception reached around 40.6% of married women of reproductive age and rapidly increased in 1995 to 56.9%.
- Ratification in 19 December 1992 (Presidential Decree 92-461) of the

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International Convention of the Rights of Child, CRC.

- In 1994, the Department of Population was established. It created the National Committee of Population and the National Committee of Reproductive Health and Family Planning.
- On 2 December 2000, the Optional Protocols to the CRC on the sale of children, child prostitution and pornography of children and on the involvement of children in armed conflict was ratified (Presidential Decree 06-299).
- In 2002, the government established the Ministry of Family and Women's Affairs.
- In 2004, the government amended the penal procedure code to provide judicial recourse for sexual harassment.
- In 2005, the government modified the Family Code, to introduce favourable amendments for women, including those relating to the minimum age for marriage (19) for both men and women, restrictions on traditional marriages, the rights of young women in making marital decisions, the custody of children after divorce and restrictions on polygamy.
- Total fertility rate, which decreased from 4.4 children per woman in 1998 to 2.27 in 2009, increased again from 2.87 in 2011 to 3.02 children per woman in 2012.
- Ministère délégué Chargé de la Famille et de la Condition Féminine published the 8-year action plan for children (Plan National d'Action pour les Enfants: 2008–2015).
- In 2008, the constitution was modified to extend women's representation; a 30% quota for women in elected assemblies was established.
- In 2012, 31% of parliamentary seats were occupied by women, placing Algeria 26th worldwide and 1st in the Arab world.

- The adoption of the National Plan for the Accelerated Reduction of Maternal Mortality 2015–2019 aiming at reducing mortality to 50 cases for 100,000 live births by 2019 against 60.3 currently.
- The Child Protection Act 15-12 was passed in July 2015.
- In 2015, the launch of the National Plan to Fight against Cancer, 2015–2019.
- On 9 June 2016, the creation of a national body for the protection and promotion of childhood (*Organe national de la protection et de la promotion de l'enfance*).
- On 19 March 2017, the coordinating committee at the national body for the protection and promotion of childhood was installed. Fourteen of its members represent diverse ministerial departments.

Historical and Cultural Contexts of the Algerian Family

Algeria is a northern and Mediterranean African country. With a surface of 2381,741 square kilometres, it is the largest country in Africa. The history of Algeria goes back to pre-classical times. The *Amazighan* (Berbers) are the earliest inhabitants in Algeria. Today, the majority of Algerians are "Arabized Berbers" who speak mainly Arabic dialect. However, about one-fifth of Algerians speak different Berbers dialectics of *Tamazight* especially Kabilia, Aures, Ghardia and Tamanrasset. The distinction between Arabs and Berbers in Algeria is linguistic rather than ethnic (Richard, 1980).

Since the introduction of Islam to Algeria in the seventh century, several dynasties have been established. For example, the *Ottoman's* administration of Algeria lasted from 1518 until 1830. Afterwards, France colonised Algeria until 1962 after 7 years of severe revolution (liberation war) that left thousands of martyrs, widows, orphans, injured and homeless people.

According to the Algerian constitution, Islam is the religion of the state, and Arabic and *Tamazight* are the official languages (Algerian Constitution, www.jora.dz). In practice, French language is still the dominant language of business, politics and most administrations.

The Algerian population was 41.2 million in January 2017 according to the National Office of Statistics (ONS: Office National des Statistiques, 2017). In 2015, the percentage of children under the age of five was 11.7% of the total population, while the percentage of children under 15 years was 28.8%. People aged from 15 to 59 constituted 62.5%. However, people who are more than 60 were about 9% (ONS, 2017). This pyramid of age shows that the majority of the population are very young. Official statistics show that about 50% of the Algerian population are under 25 years, while about 80% of the population are under 45 years (ONS, 2017).

With a million of newborn each year, the percentage of fertility slightly increased from 3.0% in 2014 to 3.1% in 2015, which indicates an average of three children to each women (ONS, 2017). In the opposite, the general percentage of mortality increased in 2015 to reach about 5.2%, while the children aged less than one-year mortality's percentage increased in 2015 by about 4% (ONS, 2017).

Economic Growth and Employment Algeria depends heavily on oil and gas production and exportation. More than 95% of its revenues come from these two natural resources. Algeria ranks among the biggest ten countries producing gas, while it ranks 15th in oil production. However, the production of gas and oil is decreasing as well as their prices in the international markets. Although formal figures (ONS, 2017) show that the economic growth in the country in 2017 is 3.7%, the economic situation of the country has been deteriorating since 2015. The total unemployment percentage in Algeria is around 11% (9.9% male and 16.6% female). The unemployed university graduates decreased from 16.4% in 2014 to 14.1% in 2015 (ONS, 2015).

Marriage and Divorce Marriage's total percentage is decreasing in Algeria. It declined from 9.88% in 2014 to 9.24% in 2015. The legal marriage age in Algeria is 19 years for both women and men. Traditionally, marriage used to be mostly between relatives (cousins and half cousins) and mostly an arranged affair by families (parents). However, marriage in the last decades, it became a more personal choice especially in urban areas with the blessings of the parents. Educated young people tend to marry either based on their own choice or on their parents' choice with their consent (Achoui, 2006). In an empirical study, Ayachi (2013) showed that 92% of couples did not experience outright parental disapproval of their choice of partner. Different policies such as the Algerian Family Code provide for male and female free choice with respect to marital partner, in addition to several other rights (Ayachi, 2013).

According to the Islamic law and the practice in the Algerian society, it is the responsibility of the groom to give dowry to the bride. In addition, the husband is in charge of the family expenses even if the wife is working, unless she wants to share the expenses voluntarily. Women keep their family names after marriage in all formal documents.

Marriage in the recent decades is delayed. Consequently, the number of unmarried women is increasing. Ben Aissa (2008), for example, reported that celibacy sharply increased in Algeria from 34.8% in 1992 to 57.5% in 2002 for the age category 25–29 years. In addition, it moved from 13.2% to 33.7% for the age category 30–34 years in the same period. The phenomenon is still persistent especially in urban areas. The same researcher attributed this phenomenon to several factors such as women role change in the society, pursuing higher education and joining labour force (Ben Aissa, 2008). We may add to these factors the housing shortage in the large cities and unemployment of young people.

Monogamy is the dominant type of marriage in Algeria. Polygamy is very rare since the "Family Code" (*Code de la famille*) restricted this option (Achoui, 2006). To marry a second

wife, the husband has to get permission from this wife, which is almost impossible except in rare cases. While divorce is accepted in Islam, it is considered abhorred. The couple have the right to restore marriage after the first and the second divorce without any condition. However, according to the Islamic law (*sharia*), if a husband divorced his wife for the third time, he cannot remarry her again unless she got married with another man and the latter divorced her or passed away. The main reasons for divorce in Algeria are parents' interference in the couple personal life, interpersonal problems among couples and sexual maladjustment (Achoui, 2006). Divorce rate in Algeria is increasing. It jumped from 15.75% in 2014 to 16.23% in 2015 (ONS, 2017).

Family Structure The family traditional structure is patrilineal in terms of lineal descent, in which kin of both sexes is related through the men only. The Algerian traditional family is patriarchal in that the father or the grandfather has the legal power, and social norms support his authority and power (Achoui, 2006). Boutafnouchat (1984) summarised the traditional family characteristics as follows:

1. It is an extended family, which contains several small families.
2. It is patriarchal.
3. The extended family is founded on two bases: (a) blood relationships, which implies economics, social and ethical integration among the members of the extended family, clans and tribes, and (b) strong relationship with land, which implies developing love and attachment with the land of the ancestors.

Usually, residence in the traditional family after marriage is patrilocal which implies that married sons reside in with their parents and under their authority. The couple should show obedience and respect to parents and parents-in-law. In return, the parents support their newly married children and help them by different means. Grandparents and especially grandmothers take care of the newborns (grandsons and granddaughters espe-

cially if the daughter-in-law is working). The siblings carry on their family names. Women keep their family names even after marriage (Achoui, 2006). Generally, even with the rapid economic and social changes in the society, the Algerian family is still an extended family with an average of about seven persons in each family. However, the Algerian family is moving towards a more nuclear family especially in urban areas, where the housing shortage is still dominant.

Family Roles The husband is the main breadwinner in the Algerian culture. They are also the managers of the family. However, this trend is changing because of urbanisation and wives' employment especially in large cities. It was found in a survey that 88.5% of families are managed by men (ONS, 2013). Both fathers and mothers are in charge of children disciplining. However, mothers play a greater role than fathers do in this regard because mothers are more responsible about the upbringing of children. In fact, even in case of divorce, the Algerian Family Code gives the mother the right to keep her children under her custody until she decides to remarry (Achoui, 2006). If she does remarry, boys stay with her until age 10 (it might be extended to age 16), while girls stay with her until age 18 or until they get married. The right of custody is the mother's right, and then it becomes the right of the maternal grandmother if the mother remarried or passed away, then the right of the maternal aunt, and then lastly to the father (Achoui, 2006).

Fathers spend more time outside the house than mothers who usually stay more with children in the house. Women are in charge of housework; 92.7% of women participate in housework, while only 39.7% of men participate in this kind of activity (ONS, 2013).

Family Values The Algerian society is basically a collectivist society. Cooperation, solidarity and dependency are the main values that guide family life in Algeria. These values derived mainly from the Islamic teachings and from social-historical heritage.

It is noteworthy to mention that in Arabic language, there are two words to refer to “family”. The first one is *Aylah*, which means a small family (*nuclear family*), and the word *Osrah*, which means the extended family that includes from three to four generations. Therefore, the *Osrah* reflects the traditional values (tribal and rural) more than the *Aylah* (Boutafnoushat, 1984).

Members of the same family support and help each other and defend the family’s honour and dignity (Achoui, 2006). Within this context, the wife is expected to obey the husband and his parents. In return, the husband should take care of the family needs, protect family members and defend family honour. Elderly people are highly respected especially parents and grandparents. The mother, according to the Islamic teachings and practice, should be the most cared of and the most loved member of the family.

However, because of urbanisation, industrialisation and women work, the traditional family values are subject for change and challenge especially in the large cities. More individualistic values such as independency, individual freedom and competition are emerging, and these values are sometimes in conflict with the society/family collectivist values.

Family Life and FLE in an Islamic Context

In Algeria, religion is omnipresent (e.g. Tiliouine, Cummins & Davern, 2009). Almost all Algerians are Muslims, and the role of the religion is determinant when looking at the life of the people and their values. In addition to the daily practices, such as the five daily prayers, weekly group prayers of Friday, yearly fasting of Ramadan, payment of alms (*Zakat*) and obligation of pilgrimage (*Hajj*) for those who can afford it, the whole societal order is organised around the Islamic religious teachings, practices and values. Despite the lack of research reports, it is easily noticed that in the area of family, religion and the social traditions linked to it exercise a crucial role in the life of Algerians.

However, the relationship between the family institution and religion is intertwined. It is mutual in that religion encourages and codifies family formation and maintenance, and in return it is through the family institution that religion is preserved and upheld. This is a shared characteristic with other Abrahamic religions, i.e. Christianity and Judaism.

Aided by a long tradition of scholarly life, Islam codified almost all aspects of family life: marriage requirements, family formation, family relationships and parenting, child-rearing practices, etc. Furthermore, Islamic education aiming to preserve the religion and to protect the Muslim society started right from the early days of Islam, back in the seventh century of the modern era. This education has been carried out within the family institution, in mosques, *Qur’anic schools*, *Zaouias* (religious congregations), *Medersas* (religious schools), *Jamias* (universities), etc. (Heggoy, 2004; Tiliouine, 2014a). In the modern education system, Islamic education continues to occupy a good place within the official curricula (Tiliouine 2014a). Diverse topics of religious education are delivered to students by specialised teachers in Islamic studies. Mosques also deliver Islamic education, such as learning to read and write and reciting the Qur’an during preschool age and out of school time. In the following paragraphs, we will briefly discuss how Islam views the child and the provisions made to educate children.

The Status of Children and Youth and Their Education in Islam

The religion of Islam is the acceptance of and obedience to the teachings of God which He revealed to His last prophet, Muhammad. For people belonging to this faith system, Islam is a comprehensive way of life and a universal message. The holy Qur’an, the *Sunnah* (sayings and doings of the prophet as reported after his death), analogy and societal consensus are its four major sources.

According to the Qur’an, an ideal education in this faith system would aim to prepare Muslims

to live according to Islam's teachings and to fulfil these ends (Tiliouine, 2014a, 2014b). Furthermore, as early as the eleventh century, Abu Hamid al-Ghazzaly (1973) summarised the intentions of the religion in five objectives (*Makassid*): the protection of faith, life, intellect, posterity and property. The right to life of the human being is preserved starting from forbidding all forms of abortion, except for utmost medical reasons of the pregnant woman. The point of when the foetus becomes a human being constituted a fundamental question in Islamic *Fiqh* (law). Most jurists believe that this happens at the end of the 4th month of pregnancy, when the foetus is ensouled. Abortion after that stage is treated as homicide, unless done to save the life of the mother (Kabir & az-Zubair, 2007).

Marriage is recommended as one of the most important means to meet the religion's aims. So, according to Qur'an, the marriage institution is aimed to provide its partners with rest and tranquillity as a consequence of mutual love and mercy put in their hearts (Eng-Yusuf Ali, <http://www.quranexplorer.com/quran/>). Furthermore, all sexual relationships out of marriage are forbidden as a way to protect posterity. A whole *set of regulations of marriage*, family life and child upbringing are set forth. Among the important subjects of discussion in Islamic Family Law were legitimacy (legality of the marriage), custody (Hadanah), guardianship, adoption and the concept of Kafalah of children (e.g. An-Naim, 2002; Pearl & Menski, 1998). For Kabir and az-Zubair (2007), in Islamic law there are three types of custody as applied to minors and fixed from birth: (1) its general care and upbringing, (2) its education and (3) its property. In case of divorce, the 1st is given to the mother; the 3rd is the right of the father; and the 2nd is divided between them. In comparison, Western laws usually assign custody to the maternal parent, with the father being responsible for the costs of maintenance and little else (Kabir & az-Zubair, 2007). This is to say that the duties of parents to provide for the survival needs of their children, such as food, shelter, personal needs, proper upbringing and education, are clearly regulated. Even issues

such as breastfeeding are given space. Breastfeeding is considered an additional aspect of one's genealogy. The relation of the child to its foster mother is socially, ethically and legally the same as that to its birth mother but may not inherit from her (Kabir & az-Zubair, 2007). What some anthropologists label "milk kinship" is a specific characteristic of family relationships in Islam (Parkes, 2007). For these reasons, Muslim scholars prohibit human sperm and human milk banks.

To summarise, the family institution remains the backbone of the Islamic society. It fulfils the intention of the religion in giving and preserving life of the child and meeting his/her survival, upbringing and educational needs. His rights to be born through a legitimate union, to know fully one's parentage, to be suckled and to be reared with kindness and respect are among the basic duties of parents (Gatrad & Sheikh, 2001). In return, parents' rights to respect and obedience of their children, in addition to their God's rewards after death, are preserved.

These teachings, which have been clearly codified in the different Islamic *Fiqh* (jurisprudence) schools, became a fundamental source in the modern family and civil laws of the largest majority of Islamic countries. For instance, the Algerian law imposes on wealthy children the maintenance of their parents in old age (e.g. food, clothing, medical care, housing or rent, etc.).¹

It should be mentioned briefly that despite the lack of research reports, these teachings constitute currently the favourite subjects of discussion in mosques, by imams and preachers, in their lectures and group prayers. The Qur'anic verses and the prophet's *Hadiths* which talk about family life constitute an important part of the official school curricula and are usually learnt by heart at schools.

¹Scholars in some other Islamic countries suggest the adoption of similar measures, e.g. Bin Abdurrahim, M.N. et al., Rights of parents to maintenance under Sharia Law in Malaysia.

Childrearing and Family Education in Islam

Individuals are instructed to found and preserve families, though divorce and polygamy are permitted under very strict conditions. Early childrearing practices and induction into the Islamic way of life start early in the child's life. These practices vary from one community to another, but usually start at birth with loud reading the *Adhan* (the call for the prayer) in the right ear of the newborn, and loud reading of some verses of the Qur'an, ensuring that the name of God would be the first thing to be heard by the newborn. Holding a party to announce the name of the newborn and giving away charity (*Akika*) are parts of the *Sunna* (the prophet's recommendations). Circumcision of males, for which the timing differs from one culture to another, is a physical scar that remains for the entire life² (e.g. Gatrad & Sheikh, 2001). Slow induction of children into religious practice, such as Islamic prayers, before the age of 10, and fasting are all examples of a long socialisation process and gradual introduction into the Muslim community. Care for orphans and children with special needs is considered a religious duty for which the Muslim society should provide.

Formal Religious Education: The Traditional System

Evidently, the teaching profession practiced with youth has been known since the early days of Islam. The first curriculum basically consisted in helping young generations to learn the correct reciting and understanding of the Holy Book. Obviously, family structures, mosques and religious congregations (*Majalis*) annexed to them, which constituted in the beginning the central spaces for learning different kinds of religious

²Some African societies practice on females some form of genital mutilation which is not in any case part of the religion but is a custom in some societies. Such practices are proved very harmful to women and should be abandoned.

and scientific knowledge, could not anymore meet the expanding needs and the new complex society. So, over the centuries, a real school system was gradually taking place with many ramifications across the Islamic world. This system could generally be divided into three stages: (a) elementary education (The *Qur'anic* School), (b) *Medersa* and (c) *Jami'a* (Heggoy, 1984; Tiliouine, 2014a). These educational institutions were financially supported by the community through donations and alms payment and also through the properties, such as agricultural lands offered to these institutions (endowments).

It may be important to know that many educational manuals were written by Muslim scholars to extensively discuss educational issues and provide theoretical backgrounds and practical guidelines to teachers, students and their families, such as the handbook of Ibn Sahnoun (about 777–855), entitled *Adab al-Mu'allimin*, (The good manners of teachers) (Tiliouine, 2014a). These manuals served also as references for Islamic FLE.

Children's Rights and Status Within the Algerian Family

During the 1990s, Algeria suffered a deep multifaceted crisis after its shift, just few months before the fall of the Berlin Wall in 9 November 1989, from a socialist single-party system of governance to political pluralism, as stipulated in the *Constitution of 1989*. Subsequently and throughout the 1990s, the country went through a phase of serious political and security instability, commonly known in Algeria as 'the black decade'. In this period, the country experienced violent social unrest, together with a proliferation of terrorist groups, resulting in a death toll of around 200,000 victims and billions worth of damage. For many researchers that was the precursor of the 'Arab Spring' (e.g. Entelis, 2011). At the height of this crisis, Algeria ratified almost all international conventions related to children's rights, such as the African Charter on the Rights and the Welfare of the Child (July 1990), and most important is the ratification in 19 December

1992 (Presidential Decree No. 92-461) of the International Convention of the Rights of Child (CRC). Later, on 2 December 2000 (Presidential Decree No. 06-299), it ratified the Optional Protocols to the CRC on the sale of children, child prostitution and pornography of children and on the involvement of children in armed conflict (25 May 2000) (Tiliouine & Boussena, 2016).

The reinforcement of the legislation with these new texts created a new dynamic regarding the issue of vulnerable populations. Children's right to equality and non-discrimination, to a nationality, the right for better healthcare, an education of quality, as well as protection from all types of violence have been gradually reinforced in the body of the Algerian existing legislation (Tiliouine, 2016; Tiliouine & Boussena, 2016). Moreover, the Algerian authorities launched a childhood action plan covering the period from 2008 to 2015 with the aim to ensure that all children and adolescents enjoy more: (1) their rights and participate in the development of policies that affect them, (2) a quality healthcare including protection against HIV/AIDS and sexually transmitted diseases (STD), (3) a quality education at all levels and (4) a protective environment against abuse, violence and exploitation (MDCFCF, 2008).

In the following paragraphs, we will explore to what extent children's rights are respected in Algeria. This has a direct relationship to exploring the role played by the Algerian family institution in the survival, protection and development of the child.

Health Medical monitoring and follow-up of children at all stages of their development are rights guaranteed by statutes (Education Act 85-05, www.jora.dz) relating to child's health protection. Not only do children have protection against diseases, but they also benefit from free vaccinations and a school health programme. For instance, MICS 3 data (December 2008) revealed that 88% of all children nationally had received all their vaccinations against children's diseases in the first year of their life. Within the school health programme, 88.4% of all registered

schoolchildren during the academic year 2010–2011, i.e. 6.990.885 students from a total of 7,908,369, had all been examined by a doctor. It must be stressed that Algerian health legislation provides for systematic medical examination and screening of all children and adolescents registered in pre-schooling, primary, middle and secondary school levels, with full care support being given free of charge to all children affected by chronic illnesses. Moreover, this healthcare system was reinforced since 2005 by a prenatal programme committing the country to reducing both neonatal and maternal mortality rates.

Education The right to education for all girls and boys is guaranteed by the Constitution (Article 53) and by the 2008 Education Act. This right has also been largely achieved from a quantitative point of view. The enrolment rate of the 6–16 year age group (compulsory education age) is estimated to be around 94%, and there is hardly disparity between girls and boys as the girl's to boy's ratio is 0.99 in the early stages of schooling. Female students' success rate in high school national exam (*Baccalauriat*) (59.90%) is higher than that of male students (52.10%) (Ministry of Education, 2017). In the primary stage (6–11 years), the percentage of children who attend the government schools is about 95%. A smaller percentage attends private schools. The government is still the only provider of higher education.

There are, nevertheless, many weaknesses with regard to the quality of education and early pre-schooling provisions. Actually, the realisation of children's right for a quality education is not yet effective. Recent studies highlighted a set of shortcomings in relation to the conditions of schooling and coaching, as well as in the internal efficiency of the school system and students' performance (Tiliouine, 2016). As far as pre-school education is concerned, the following weaknesses have been observed: the non-compulsory nature of the provision (if we exclude those benefiting from religious education (*Quranic* schools), only about 43% of the chil-

dren aged between 4 and 5 years benefit from it), the lack of preparation, if any, of the staff involved in this type of education and also education spaces and equipment is not always suitable for this type of educational activity, and curricula are yet to be consolidated. Also, regional disparities in education provision, in general, are wide. They should be, carefully, addressed to reduce social inequalities and reinforce equality of opportunities among youth (Tiliouine & Meziane, 2017).

Protection Noteworthy is that laudable efforts have been deployed to ensure that better care is provided to children who are going through difficulties and to make national legislation conform to CRC requirements. These efforts have led to the establishment of an arsenal of measures set up for the protection of children, including legislative and judicial measures, structures of child protection, local help services and various forms of social assistance.

During the period of the 1990s, many NGOs were created. The network NADA (Réseau Algérien pour la Défense des Droits de l'Enfant), for instance, was created in 1994. It benefited from the long experience of the Muslim Scouts known even before the independence in offering first aid in emergency cases and in natural disasters. NADA counts presently around 100 NGOs. Through collective actions, the main aims are to promote measures to help fight violations of children's rights, mainly through establishing mechanisms to fight against all forms of abuse and violence; create spaces for expression and meeting for children; create a resource centre on children's rights; establish a listening and support system for children and families in difficulty, as well as for the sensitisation of parents, capacity building and training of social workers; and develop information, education and communication projects with the media, children and all the public. NADA also promotes the training of children by their peers to identify and support potential leaders. Most of these activities are carried out with the collaboration of families. (<http://www.annalindhfoundation.org/fr/members/>

[reseau-algerien-pour-la-defense-des-droits-de-lenfant-nada-alger/](http://www.annalindhfoundation.org/fr/members/reseau-algerien-pour-la-defense-des-droits-de-lenfant-nada-alger/)).

However, recent surveys show that the number of children in need of protection is not only significant but is increasing with time. Children abuse is observed within families and schools, at work and in the streets. The expansion of juvenile delinquency and drugs is clearly noticed especially in urban areas. With regard to drug addiction, the study conducted in 2016 by the National Office for Combating Drug Addiction and Drugs (*Office national de lutte contre la toxicomanie et la drogue, ONLCDT*) indicated that the number of addicts reached 600,000 people in 2016 in Algeria. This is a worrying number as judged by the media. However, the website of the ONLCDT (onlcdt.mjustice.dz) shows that there are 332 NGOs in the area fighting drug addictions (https://onlcdt.mjustice.dz/onlcdt_fr/carte_assoc_fr/). Unfortunately, no details are given regarding how these NGOs proceed when working with families to prevent and maybe treat addictions.

Another noteworthy aspect concerning child protection is the fact that a number of marriages take place before the authorised legal age, which is 19. MICS 3 data reveal that 7.8% of women aged between 15 and 49 were married before 18; and even 8% of them were married before age 15 (MSPRH & ONS, 2008).

The Centre for Information and Documentation on Children's and Women's Rights, (Le Centre d'Information et de Documentation sur les Droits de l'Enfant et de la Femme, CIDEFF) in Algiers, published a document, *Plaidoyer contre le mariage des enfants en Algérie* (Advocacy against child marriage), which reviewed some data on the prevalence of child marriage in Algeria and explained the dangers of such marriages and then presents a judicial analysis of these cases (CIDEFF, 2016).

The document reminds us that MICS 4 survey found that 0.1% of women aged 15–19 years were married before the age of 15 and that 2.5% of women aged 20–24 years were married before the age of 18 years (p. 5). Data indicate that such unions taking place before age 19 years usually occur in rural areas, poor, living either in the

West or the South of the country, and their instruction is of primary level (p. 12). The document ended with many recommendations, such as conducting studies on the prevalence of this phenomenon; adapting social, health and judicial services to the particular needs of youth; ensuring universal education and the 'autonomisation of girls'; raising awareness and mobilising families to fight against early marriages risks; and also introducing new legal measures to limit judges authorising such early unions (p. 23). However, here too no tangible steps are proposed with regard to collaborating with families.

The adoption in 2015 of the Law 15-12 on child protection constitutes a good step to provide for an appropriate protection of children, whether in the family, at school or in the street. However, this is where the role of FLE frameworks can be effectively applied. Newspapers informed that a national committee (*Organe national de la protection et de la promotion de l'enfance*) for children's rights was created in 2016. Its main mission is to ensure the protection and the promotion of the rights of the child in social and judicial matters. Then, a permanent coordinating *committee* at the National *Committee* for the Protection and Promotion of Childhood was installed in March 2017, and among its members, 14 represent diverse ministerial departments. In case of any violence or other violations of the rights of the child, the juvenile judge is to be informed to open a judicial investigation (*El Moudjahid* of 22 October 2017, daily newspaper). However, no information is yet available on the work to be conducted with families for the benefit of children.

Participation On legislative grounds, the right to participation is guaranteed by Article 31 of the Constitution, which clearly states that the exercise of this right by all should be without any constraints. Moreover, by adhering to the CRC, Algeria is committed to promoting the participation rights of children, but, paradoxically, these children do not seem to be included in the decision-making process. For instance, despite the existence of whole series of texts advocating pupils' and parents' participation in decision-

making at the school level, the implementation of these texts remains very limited. Benamar (2008) described the school environment as a space managed through internal rules based on obligations and constraints set up to ensure order and silence in schools, not participation. Students are hardly invited to participate in the life of the school; even class delegates have no or little chance of representing their mates (Benamar, 2008). Similarly, in the family context, where traditional values remain dominant, children are to be found in situations that require them to listen and obey rather than participate in decision-making in matters and events of family life.

Violence within families seems widespread. For instance, Ecotechnics survey (2009) reports that one quarter of the interviewed adolescents, equally across the two gender groups (aged 14–17), declared being victims of family violence during the preceding year (2007–2008). Perpetrators are in half of the cases the fathers, 40% of cases are the mothers, and 20% are the brothers. Furthermore, 70% of violent acts on male adolescents are from fathers and 20% from mothers, while in one half of the cases the perpetrators against girls are mothers, fathers are responsible of 30% of cases and brothers of 20% of acts of violence against their sisters (p. 33). The survey indicates that violence is less frequent in families with educated parents (18% of the acts of violence) compared to parents with low educational levels (29% of the acts of violence targeting adolescents). Victims of violence also live in families where conjugal violence is frequent. The main reasons for physical punishments towards adolescents were not requesting parents' consent before going out of the home, poor school grades, hanging around with a person from the opposite sex and disputes with other brothers/sisters.

MICS3 results corroborate these findings, showing that 86% of children received a form of physical or psychological (verbal threats and emotional pressures) punishment during the month preceding the research (MSPRH & ONS, 2008). Among those physically punished, 22.5% received severe physical punishments (e.g. hit at

the face, or head, or hit using a hard stick). Noteworthy also is that children aged 5–9 years, boys, children from parents with low levels of education and from economically less advantaged families are more frequently victims to such practices. Despite this, only 15.2% of mothers believe that violent means are necessary to educate children (p. 160).

Violence at schools is also frequent. During the school year 2007–2008, 36% of boys and 15% of girls aged 14–17 declared having at least once been victims of an aggression by the school personnel and in 70% of the cases, by teachers (see also: Tiliouine, 2015b). The cited reasons are mostly disciplinary requirements, such as perturbation in the classroom at the top, opposing teachers' remarks, not doing homework and lastly unjustified absenteeism (p. 50). This situation creates a lot of tension with parents who oppose such violence against their children. However, 38% of victims declare that they do not inform their parents, 18% declared that their parents went for explanations at schools and 43% did not do so (pp. 49–50).

Despite its drastic effects on the victims, bullying in schools is reaching worrying scales. Tiliouine (2015a) found that 15.1%, 9.9% and 12.3% of 8-, 10- and 12-year-old students, respectively, were victims of active (physical) bullying, and 16.3%, 15.8% and 20.6%, respectively, had been victims of passive bullying (being left out by classmates) during the month that preceded data collection. The sample consisted of 1452 schoolchildren.

Moreover, violence against young people in public spaces should be fiercely combated. Ecotechnics survey (2009) found that during the period of 1 year, 35% of boys and 12% of girls declared having been victims of an aggression in streets. The reasons were for 70% of boys responding to a provocation or a humiliating commentary and for 50% of girls an attempt of robbery or harassment.

Leisure and Culture Physical education is compulsory for all pupils from the beginning to the end of their schooling period, as prescribed by Article 37 of the Act of Education of 2008

(www.jora.dz). However, this could only be realised if the educational institutions possessed the necessary infrastructure. The majority of primary schools seem not to be equipped with proper sports facilities. Headmasters of these primary schools have to look for solutions in their surrounding areas, which are not always possible. In a reasonably important number of middle and secondary schools, such facilities are lacking, and regional discrepancies are large. However, it has to be noted that there are many weaknesses in the organisation and management of the area of leisure and cultural activities (Tiliouine & Boussena, 2016).

Family Life Education Related to Health

The following section examines some of the priority areas in the domain of health where FLE has been practiced in some ways. We will explore the family planning issues and then the efforts made to fight maternal mortality and diseases such as cancer. We will conclude with practical recommendations.

Family Planning Programmes

Many researchers and official agencies indicate that a major demographic shift has been occurring in Algeria since the 1990s. For some of them, this shift was a consequence of a successful family planning programme and was translated in a reduction in the fertility rate which in turn speeded down population growth in Algeria. For illustration and despite the uneven distribution of the prevalence of modern contraceptive measures across the regions of the country, the use of contraception reached around 40.6% of married women of reproductive age in 1990 and rapidly increased in 1995 to 56.9%, i.e. more than one in two women (Allia, 2014). Ouadah-Bedidi and Vallin (2013) refuse to see any effect of policy-makers in this area. Fertility rate in Algeria was more than eight children per woman in the early 1970s and then shrunk to 2.2 in 2000–2001. But

in 2010, this rate has risen again to a total of 2.9 children per woman even though the national plan to reduce population growth was applied. This indicates a big gap between policy and population change. Ouadah-Bedidi and Vallin (2013) concluded: 'In Algeria policy seems to have been applied in the wrong way at the wrong time, but this appears to be irrelevant, since policy has had so little influence on the course of events' (p. 180).

All public health institutions have services to inform and provide advice to help seekers. However, very little information is provided on how the personnel of these services are chosen and how they are trained. It seems that educating families is not viewed as a specific task needing specialised skills; rather it is taken as a subsidiary activity to health practices, such as nursing, physical or psychological care. With relation to this point, Allia (2014) stressed that the staff in health structures do not have much spare time to inform parents about family planning issues. This makes family planning a part-time activity in 77% of the cases. The same researcher estimated that less than 10% of health structures organise activities of teaching and information/communication and have consulting service. The initiative of information is left to personnel during the consultation. This means that family life education in the area of reproductive health and family planning does not seem prioritised in practical terms. Our impression is that this is a shared feature with other FLE areas, like parenting, education, relationship education, etc. One way of mending this situation is to equip people related to these areas with professional skills on how to develop, implement and monitor FLE programmes.

'Safe Motherhood'

Global initiatives to strengthen policy intervention to improve the health and well-being of mothers and newborns have been numerous. Among these early efforts is the 'Safe Motherhood Initiative' launched in a meeting of international health experts, development professionals and policymakers in Nairobi in 1987. The most important outcome was to direct the attention

towards maternal mortality as a major priority and not just a component of maternal-child health programmes (Family Care International, 2007, p. 4). The *Safe Motherhood Initiative* aim was to reduce the burden of maternal death and ill-health in developing countries. It was followed by the International Conference on Population and Development (the ICPD) of Cairo in 1994 which strengthened international commitment to reproductive health.

The government endorsed a multiyear maternal mortality reduction acceleration plan, called National Plan for the Accelerated Reduction of Maternal Mortality, 2015–2019, aiming at reducing mortality to 50 cases for 100,000 live births by 2019 against 60.3 currently. Unfortunately, the objective of 50 cases, as well as reducing deaths of children under five, were targeted initially within MDGs but were not fully achieved (Gouvernement Algérien, 2016, June). The plan has the intention to strengthen the participation of women, their families and nurses in the public health. Social mobilisation and strengthening communication with families were cited as priorities (UNESCO, 2015). However, monitoring actions and setting forth clear FLE programmes in this area remain in practical terms largely missing. For instance, family studies professionals are not involved in such programmes, mainly because the medical vision is the dominating approach of the whole project. Proximity health institutions and local NGOs activities also seem crucial in further raising awareness among families on the risks of unassisted pregnancy mainly in the remote areas of the country. In addition, about 10% of these pregnant women do not monitor their pregnancy in the prenatal period. Well-developed FLE programmes have the potential to help improve health conditions of pregnant women.

Some Other Priority Issues and the Role of FLE

Family planning, maternal health, childbirth under professional supervision and the elimination of sexually transmitted diseases and water-

borne diseases such as typhoid fever, cholera, diarrhoea and hepatitis have been for some time at the top of Algeria's public health policy objectives. But, most recently, cancer disease became a real threat to the lives of a large number of people. In response to that, a strategic plan has been launched since 2015 to reduce its prevalence (Abid, 2015; Ministère de la santé, 2015).

We learn from published works that seven forms of cancer account for 70% of all cancers in Algeria. These are lung, cervical, breast, colorectal, prostate, bladder and thyroid cancers. It is known that prevention measures, screening and early detection have the potential to decrease the destructive effects of these illnesses. Work with families has a major role to play in this area as recommended in the strategic plan itself. The 5th and 6th among the eight strategic areas read as follows: organise guidance, support and patient follow-up and develop a cancer information and communication system.

Within these aims, this plan adopts new ways to coordinate work between health structures such as hospitals and NGOs offering support to patients and their families. With this respect, reception and orientation units for cancer patients (*Cellules d'accueil et d'orientation des patients cancéreux*) were created by the Ministry of Health. These units are constituted by a multidisciplinary team including a psychologist and headed by a general physician in each of the 48 Algerian provinces (*Wilayas*). With the aim to further humanise medical intervention, the role of the psychologist is recognised as crucial in supporting and accompanying the patients and their families by bringing the human dimension 'unfortunately absent or insufficient during the other stages of cancer treatment' (Ministère de la santé, 2015).

It could be concluded that the Algerian health system is faced with many pressures. Most important is the demographic because of the big number of people seeking care. The epidemiological transition in Algeria also constitutes another source of pressure with the growing prevalence of communicable and chronic diseases since the 1990s (Allia, 2014). Cancer and diabetes, respectively, second and fourth causes of

death in Algeria (Abid, 2015), need a lot of efforts and finance to curve their expansion. Needless to say, at this stage, FLE programmes should be prioritised within these efforts. For instance, the behavioural risks (such as food consumption patterns, smoking, alcohol, physical inactivity, etc.) which are at the basis of any prevention programmes cannot be successful unless put within a good plan. FLE programmes can constitute an excellent framework in that direction.

Teaching Family Life Education in Algeria

Modern social sciences, to which FLE belong, gained acceptance and have been taught and practiced in Algeria for a good period of time by now. As in the other Maghreb nations which were subjected to French colonisation, with Algeria being the first colony in 1830, modern social sciences teaching and research was deeply influenced by the trajectories of the theoretical quests, practices and dissemination of those sciences in France. For instance, psychology courses designed for teachers were known very early – by the middle of 1800s. Moreover, psychosociological approaches accompanied the work of earlier ethnographers who sought to 'understand' local populations' cultures and ways of life in order to assist in the 'assimilationist' mission of the French coloniser (Tiliouine, 2014a). After the independence and mainly since the 1970s, all major universities in Algeria, which count nowadays about 50 universities, have their own institutes of social sciences with psychology, sociology, philosophy and more recently educational sciences as independent departments.

The recent university reform has enabled professors to suggest master's degree courses within the created doctoral schools. Many of these courses fall within the area of family studies, such as psychology of family, family therapies, sociology of family, family guidance, etc. Large universities, such as Oran, have had an M.A. in the psychology of family since 2012. Some small universities, such as the University of Laghouat (http://www.lagh-univ.dz/?page_id=493), offer

postgraduate courses in 'family guidance'. Moreover, all present curricula for B.A. Clinical psychology contain at least one compulsory course on the clinical psychology of family. At the master's degree level in psychological therapies, family therapy is also a compulsory course.

In the discipline of sociology which has its own department in all major Algerian universities, many courses for both master's degrees and doctorate courses have been offered in Algerian universities for the last two decades. For instance, in 2014, 60 students were enrolled for a master's degree in the sociology of family at Algiers University as declared by Sabah Ayashi, one of the professors of sociology and head of a research unit (*Laboratoire*) named: family, development and the prevention from deviation and crime. She called for this degree to be recognised by the public service (*El Massa* daily newspaper of 5 November 2014). This is to say that in terms of recruitment, family studies graduates do not benefit from specific jobs in the main recruiter in the country, i.e. the public service. This situation does not help the field of family sciences to develop, and it deprives families from the needed knowledge and skills of these professionals.

Conclusions and Recommendations

Unfortunately, FLE does not yet have a specific territory within the university disciplines. Rather, it is divided between the different disciplines of psychology, sociology, educational sciences, population studies, family law and family Islamic Sharia law. The creation of a specific degree in FLE would help advance knowledge and practice in addressing family issues. The dominance of the medical model has given some supremacy to the notion of family therapies and psychological interventions instead of more academic and educational frameworks.

However, the failure of modern social sciences in the Arab world to predict the Arab Spring and its devastating effects on the whole region including the proliferation of terrorism has led Arab social scientists to question many of the long-standing positions, such as the medical view

in favour of more adapted scientific and positive understanding. We hope that such discussions would finally lead to prioritising FLE to help preserve the family institution in the whole Arab world, which is going in unprecedented phase of turmoil. Social sciences should play a new role at the academic and professional levels as a response to these changes which no doubt affect the harmony within the Arab family.

We hope also those policymakers in this region, as a whole, would take into account what social sciences are offering as recommendations and solutions to the diverse social and economic issues. We have seen earlier that families, if positively involved and consulted in a proper way, can help policies succeed in the sectors of childhood, gender relationships, health problems, fighting addictions, crime and deviations and other social ills. Moreover, a positive and healthy family life should be further supported through well-developed, well-implemented and well-monitored FLE programmes to prioritise preventive, educational and collaborative approaches to empower families and individuals to address and resolve family issues, as emphasised in Darling, Cassidy and Powell (2014).

With 50% of the population under the age of 25 years and about 80% under 45 years (ONS, 2017), the Algerian society is predominantly young. However, such a pyramid of age is not expected to remain unchanged. With the new roles of women, universal education, the slow-down of women's fertility rates, the decrease in the number of marriages (e.g. Ben Aissa, 2008), the increase in divorce occurrence and other factors such as growing urbanisation levels, changes in the nature of the economy and so forth and the structure and roles of the family in the next generations will be greatly affected. Families will be more nuclear, with a smaller number of children. Family formation will also differ in that marital unions will obey to the free choice of the couples themselves, with little or no interference of the parents (Ayachi, 2013). The way the traditional family has been formed and managed will not hold much in the nearest future (Achoui, 2006; Boutafnouchat, 1984; ONS, 2013), and the way children are educated and disciplined will differ than it has been in the past (Achoui, 2006).

However, there are good indications that the Algerian society is shifting away from a collectivistic cultural model to a way of life based on interdependency (Cheng et al., 2011). Hence, societal and cultural change will no doubt affect the institution of the family and the whole societal order. Despite this, change is not always bad but often can be harmful if the people lack the necessary resources and skills to face it and adapt to it. FLE frameworks have been proposed by scholars as a good option to equip families and communities with the knowledge and the skills which help them lead a healthy family life and foster their well-being. We know from Duncan and Goddard (2017) that FLE emerged in the USA as a response to industrialisation, urbanisation and changing roles of women. FLE programmes were created on the theory that they could help families deal with these new changes (p. 8).

Of course, FLE frameworks have greatly evolved since the beginning of the twentieth century, but their target remains the empowerment of families through applying the scientific principles of family sciences and with the family educators as a crucial piece in implementing FLE programmes (Ballard & Taylor, 2012).

It has been shown through this chapter that in the case of Algeria, some initial forms of FLE approaches are found in the area of religious education and children rights dissemination and implementation within the family life. In the domain of healthcare, the role FLE programmes is recognised as fundamental, mainly within the top national health priority areas, such as family planning, maternal health, the elimination of sexually transmitted diseases and waterborne diseases and most recently in fighting against cancer diseases. As shown earlier, many initiatives have been officially taken to create proximity institutions and advice centres to work with families. However, in most cases, people who are supposed to work with families do not have time to do that because they are overwhelmed by their numerous medical tasks (Abid, 2015; Allia, 2014). Furthermore, they are not trained to do that. It is curious to see that a big number of NGOs are also active in the childhood, women

and healthcare areas (e.g. the 100 NGOs of NADA network and FOREM, National Foundation for Health Progress and Research Development (www.forem.dz)) and are expected to primarily to assist families, but no information is published on how they proceed and what resources they have to conduct family education.

Family life educators should have the necessary knowledge and expertise to design, implement and efficiently monitor FLE programmes. As stressed in Ballard and Taylor (2012), family life educators must have good knowledge of their audiences and also must be aware of the unique challenges and opportunities that arise from developing and implementing programmes designed specifically for distinct diverse population groups.

Teaching FLE needs strengthening and harmonisation in Algeria. It should be delivered in a consistent manner to provide professional training for high school and university students. Furthermore, FLE should be offered as professional degrees at the university and high school levels. Psychologists and sociologists cannot fill in the gaps created by the absence of the educational and preventive approaches of FLE.

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Family Life Education Development, Implementation, and Evaluation in Tanzania

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Introduction

In this chapter, we examine the socio-economical, historical, and cultural context of the United Republic of Tanzania and how it has shaped the country's contemporary family life and family life education (FLE). Family demographics and family strengths and needs are presented from a socio-ecological point of view. In addition, information on FLE development, implementation, and evaluation since it was introduced in the country is presented. The chapter concludes with key recommendations for education, research, theory, and policy implications as Tanzania thrives to move forward to meet the unmet FLE needs of its contemporary family.

Contextually, Tanzania, formerly known as Tanganyika, became independent of the British

colonial rule in 1961. Tanganyika became a Republic in December 1962. The Republic of Tanganyika was merged with the People's Republic of Zanzibar, the offshore islands of Unguja and Pemba, to form the United Republic of Tanganyika and Zanzibar in April 1964, which later was renamed the United Republic of Tanzania. Politically, Tanzania is considered a democratic state operating under a multiparty democratic system of government. Tanzania mainland has 26 regions, while Zanzibar has 5 regions. The Tanzania economy is comprised of agriculture, mining, and service industry. As a member country of the United Nation (UN), Tanzania has a tradition of celebrating the family every year on May 15th. This is in accordance to the UN Declaration Number 47/237 for International Family Day. The following section discusses the socio-economical, historical, and cultural contexts of Tanzania and their impact on the family. In particular, the discussion centers on how the family structures, functions, and processes have evolved over time.

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Socio-economical, Historical, and Cultural Context of the Country and Their Impact on the Family

Overall, the Tanzania society is made up of more than 120 different ethnic groups that have been impacted by social changes throughout the precolonial, colonial, and postcolonial eras.

Despite the changes, the family continues to be the basic unit of the Tanzania societies. For majority of the Tanzanian families, especially those in the rural areas, family members are a constellation of relatives such as the immediate family members, uncles, aunts, married and unmarried adolescents, and grandparents living together or in adjacent houses. The family members are blood or socially related. The Tanzanian family structures have experienced some transformations from a more extended family to families that display a conjugal pattern and a more nuclear family form (Omari, 1991). These transformations within the families provide the core of the sociocultural and economic fabric of the contemporary Tanzanian family. For instance, during the postcolonial era, Ujamaa (a socialist or corporative model), a blue print for the Tanzanian family emphasized rural settlements that had an enormous impact on how family economics and education (child and adult socialization) were cultivated. Formal education was tailored toward adult education and development with the goal of building the society (Mulenga, 2001). Socially and economically, every family member was expected to contribute to the well-being of the family. For example, women were considered protectors of the nuclear family through villagization (lowest government administrative structure at the community level), while men were viewed as enforcers of self-reliance and defenders of the “nation against imperialist infiltration and domestic sedition” (Lal, 2010, p 1). During the post-Ujamaa era, there was a clear social transformation in terms of rural vs urban families, as more and more families embraced urbanization. For example, there were new developments toward individualist tendency among urban dwellers and diminishing rural ties. Kinship preference lost some of its status due to migration among the youth. Families were left to mend for themselves with little assistance from relatives who in many cases were also dealing with their own life struggles and do not have the skills/resources to help one another. Additionally, although women’s participation in the labor force increased, gender-based biases co-existed with women being the oppressed (Omari, 1991).

Furthermore, the weakening of the patrilineal safety net systems during the advent of industrialism impacted childcare giving arrangements. For instance, more and more grandparents and maternal relatives and siblings took the responsibilities of caretakers (Foster, 2000). Also, the Tanzania marriage laws which are influenced by the government, customary, and Islamic laws had a huge impact on the lineage systems. For instance, some women in Tanzania experience discriminatory restrictions on inheritance and ownership of property due to the limitation on these laws (Price, Ezekie & Hawkins, 2003). In addition, the marriage structure was deconstructed from arranged forms to more interethnic/interracial to self-selective marriages (without parental consent). Bride wealth or dowry, which depicted a sign of new family relationships within the marriage systems, became more of a means to an end among some families. Of utmost importance was the transformation of how children and youth were socialized.

During precolonial era, socialization was a function of the family through kinsmen and the village. Traditional education such as “knowledge, skills, values, culture, techniques and social protection procedures against plagues such as hunger, disease and hostile social security” was generated and transmitted from one generation to the other (The United Republic of Tanzania, Ministry of Education Science and Technology, 2017, para 1). Cultural socialization such as the rites of passage (e.g. puberty and sex education) and other life skills were considered the role of the family and kinship networks. During the colonial era, education transformation took the following paths in terms of its focus: Islam and Arabic cultural education (Arab rule); Christianity and history of colonialists (German and British); skills, knowledge, occupational training, and good citizenship (German rule); and a discriminatory education that educated European, Asian, and African servant workers (The United Republic of Tanzania, Ministry of Education Science and Technology, 2017, para 2). During the postcolonial and the Ujamaa era, family socialization was supplemented by a reformed

formal education system with the following education levels: primary education (standard I–VII) which is free and compulsory for all children from age 7 to 13 years old; secondary education (forms 1 through 4); secondary education (forms 5–6); and other postsecondary education opportunities such as university education and vocational and technical training. Other education levels include the Complementary Basic Education and Training (COBET) offered to out-of-school children aged 11–18 years, Adult Education for individuals aged 19 years and above, and Folk Education (FE) which is offered by community-based colleges. The government of Tanzania is the largest provider of primary education in the country. Other sources of socialization among the youth include TV shows, films, and social media.

Family Demographics

The following section describes the sociodemographic, economic, as well as behavioral context influencing Tanzanian family life. Some of the key indicators include socio-economical status, population status, marriage and marital status, fertility, sexuality, contraception, and contemporary vulnerabilities of the family. These issues increase familial risks to fertility-related problems such as early childbearing, high fertility rates, morbidity and mortality, and other social consequences (Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), & ICF, 2016).

Socio-economical Status

Overall, Tanzania is considered as a low-income economy country (LIC) in the world, with a growth national income (GNI) per capita of \$ 1005 or less as of 2016 (The World Bank, 2017). Demographically, Tanzanian families predominantly live in the rural area despite the increase in

the proportion of urban residents over time, from 6% in 1967 to 30% in 2012 (Ministry of Health et al., 2016). The urban population in Tanzania mainland is considered to be wealthier than the rural population. As of 2015–2017, 72% of Tanzania women and 88% of men were currently employed. Generally, women in Tanzania are poorer and make less money as compared to their male counterparts (Ministry of Health et al., 2016). In addition, only 36% of the currently married women have control over their cash (i.e. decide for themselves on how they use their earnings). In terms of property ownership, only 38% of women own a house, and 34% own a land (Ministry of Health et al., 2016). The lack of economic opportunities and disparities among women and men has an impact on the family economic function.

Population

The total population of Tanzania was estimated at 53,470,000 as of 2015 (World Health Organization (WHO), 2017a). Nearly 46% of the Tanzania population is under age 15. In 2015, the life expectancy at birth was 60/64 for Tanzania males and females, respectively (WHO, 2017a). The probability of dying between the ages of 15 and 60 per 1000 population was 311 for males and 245 for females in 2015 (WHO, 2017a).

Marriage and Marital Status

In terms of marriage structures, 62% of women and 52% of men in Tanzania are currently in a marriage union (Ministry of Health et al., 2016). On average, women tend to marry considerably earlier than men, at ages 19.2 and 24.3 years, respectively. Indeed, Tanzania is one of the countries experiencing high prevalence of child marriage with more than 30% of girls marrying before 18 years of age (UNFPA, 2012). The reasons contributing to child marriage include being influenced or forced by parents and inability of the adolescents to make an informed decision.

Polygamous marriage structures are a common practice among some families, especially those who practice the Islam faith. As of 2015–2016, the percentage of polygynous women and men was 18% and 9%, respectively, a slight decrease from 2010 (21% vs 10%) (Ministry of Health et al., 2016). Polygamy is very common among women with no education (31%), in poorest households (29%), and in rural areas (21%). Also, women are more than twice as likely as men to be separated, divorced, or widowed (Ministry of Health et al., 2016).

Fertility

The average Tanzanian household has 4.9 members, and one in four households are headed by women as of 2016 (Ministry of Health et al., 2016). Likewise, the average family size of a Tanzanian family was 5.2 children, which is a decrease from 6.2 children from the previous year. Women in rural areas have an average of 6.0 children compared to 5.2 children in Zanzibar and 3.8 children in the urban mainland. The fertility rate is higher among women with no education (3.3 more than the fertility among women with secondary school education, which is 6.9) and those living in poverty (7.5) as compared to wealthiest communities (3.1). Moreover, women give birth shortly after marriage at age 19.7 years with majority of births (52%) assisted by a skilled provider, and about one quarter of deliveries are assisted by traditional birth attendants (TBAs), relatives, or friends (Ministry of Health et al., 2016). Traditionally, large families in the rural areas are considered to be a guaranteed insurance for old age retirement (Mosha, Ruben, & Kakoko, 2013). Recent trends, however, show that the desire to have children is decreasing among contemporary young women aged 15–19 years old (4.1 children) as compared to women aged 45–49 years old (more than 6 children) (Ministry of Health et al., 2016).

Sexuality

Early sexual debut among young people has been reported as a risk factor in Tanzania (Mkumbo et al., 2009). Majority of the Tanzanian women (61%) and men (47%) population experience sexual initiation during late adolescence (before age 18) (Ministry of Health et al., 2016). On average, the median age at first intercourse for men ages 25–49 years was 18.2 years, whereas the median age for women of the same age group was 17.2 years in 2015–2016. More women (14%) than men (9%) aged 25–49 initiated sex before age 15. Early sexual initiation is 1 year higher among urban women (17.8 years) than women in rural areas (16.9 years). Furthermore, the sexual debut among Zanzibar women aged 25–49 years is higher (19.6 years) than women in the mainland (17.1 years) (Ministry of Health et al., 2016). Educated women and men aged 25–49 (secondary or higher) report later sexual debut than their uneducated counterparts (age 19.5 vs age 16.1). The same trend occurs to those who live in households in the lowest wealth quintile vs those in the highest wealth quintile.

In terms of teenage pregnancy and childbearing, 27% of Tanzanian women aged 15–19 reported to have had a birth or are pregnant in 2015–2017, which indicates a relatively steady increase over the last decade (26% in 2004–2005 and 23% in 2010) (Ministry of Health et al., 2016). Teenagers in rural areas (32%) are at increased risk for teen childbearing than their urban counterparts (19%). Furthermore, Tanzania mainland reported higher percentages (27%) of teenage childbearing than Zanzibar (8%). Overall, the highest risk of teenage pregnancy is among poor women (Ministry of Health et al., 2016).

Contraception

In terms of family planning, there is a steady increase in contraceptive use among currently married women over the last two to three decades (Ministry of Health et al., 2016). The current rate

as of 2015–2016 was 32%, a rate lower similar to other Sub-Saharan areas (Speizer & Bollen, 2000). Overall, the current rates of contraceptive use among sexually active unmarried women aged 15–49 years are higher with 54% using any method of FP, 46% using modern method, and 8% using traditional methods (Ministry of Health et al., 2016). The government provides 61% of the family planning methods. Although often unspoken, there are concerns about the lack of access to family planning services among Tanzanian teens due to increased induced abortions (Marchant et al., 2004). Condom use during premarital sex is low with only 37% of women and 41% of men reporting using a condom the last time they had sex (Ministry of Health et al., 2016). Furthermore, a study by Mosha et al. (2013) attributed gender role differences in spousal communication and family planning decisions as influencing factors for contraceptive use among urban married couples in Tanzania.

Literacy and Education Status

In terms of literacy levels, approximately 77% of Tanzanian women and 83% of men aged 15–49 years old are literate (Ministry of Health et al., 2016). Half of the women and men have completed primary education, while 23% of women and 28% of men have secondary or higher education. Recent data indicate a decreasing illiterate trend from 46% of females and 34% of males in 1991–1992 TDHS to 24% of females and 19% of males in 2015–2016 (Ministry of Health et al., 2016). However, despite the decrease, 46% of women and 32% of men do not have access to sources of information such as newspapers, television, or radio at least once a week. The internet usage was reported at 8% for women and 19% for men in the past 12 months in 2015–2016 (Ministry of Health et al., 2016). Mobile phone ownership varies greatly by region, with Rukwa (26% of women and 48% of men) being with the lowest number of owners and Dar es Salaam (85% for women and 89% for men) with the highest number of owners (Ministry of Health et al., 2016).

Contemporary Vulnerability of Families

The vulnerability of Tanzanian families has been on the rise due to high death rates especially with the increase in HIV/AIDS. As of 2015, nearly 1,400,000 AIDS cases (all ages) and 60,000 deaths resulted from AIDS (WHO, 2017b). According to the recent 2011–2013 Tanzania Demographic and Health Survey, the prevalence was higher among urban areas (7.2%) than in rural areas (4.3%) (Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), & ICF International, 2013). Overall, the prevalence of HIV is declining especially among men. As of 2011–2012, the overall prevalence among all Tanzanian women aged 15–49 years was 6.2% compared to 2.8% for men, with lower rates among women aged 15–19 years (1.3%) than those aged 20–23 years (4.4%) (Tanzania Commission for AIDS (TACAIDS) et al., 2013). The rate of new infections among adults aged 15–49 years (per 1000 uninfected population) was 2.11 in 2015. Further, as of 2011–2013, the comprehensive knowledge of HIV was still disturbingly low (i.e., 42% for women and 50% men) (Tanzania Commission for AIDS (TACAIDS) et al., 2013). Unfortunately, as of 2011–2013, the prevalence of HIV was highest among women with wealth (8.0%) compared to those in poorest quintile (4.8%) (Tanzania Commission for AIDS (TACAIDS) et al., 2013). The spread of HIV in Tanzania has been reported to be primarily through heterosexual sex (UNICEF, 2017). In addition, although the overall percentage of Tanzanian orphans (one or both parents are dead), aged 18 years old and under, has declined (from 10% in 2010 to 8% of children in 2015–2016), as many as 18% of children under age 18 years old do not live with either biological parent (Ministry of Health et al., 2016). Orphan placement with extended family has resulted into negative orphan outcomes such as lack of educational opportunities, especially among poor Tanzanian families (Ksoll, 2007).

Other vulnerabilities facing Tanzanian families include gender disparities in domestic violence, substance abuse, and adolescent pregnancy. As for domestic violence, wife beating is still socially more acceptable in rural areas than urban areas. However, the tolerance of wife beating is slightly lower among never-married women and women with secondary or higher education and those in the highest wealth quintile (Ministry of Health et al., 2016). In addition, women are at increased risk of sexual assault by older men (Sheeran, Abraham, & Orbell, 1999).

Likewise, Tanzanian girls continue to face a major burden in sexual health especially in regard to HIV/AIDS and access to family planning (Price et al., 2003). For example, despite the decreasing trends, adolescent pregnancies remain a significant national problem and a critical health and social priority in the country (Ministry of Health, Community Development, Gender, Elderly and Children, 2016). To make matters worse, 71% of the adolescents pregnancies are usually considered unwanted (Woog & Pembe, 2013). As for substance use, heavy alcohol episodic drinking have been reported among males (40.6%) and females (23.3%) aged 15 and older (WHO, 2014).

Family Strengths and Needs

The traditional Tanzanian family has largely been viewed from a collective family/kinship and community/villagization level phenomena. However, during the postcolonial and Ujamaa eras, the Tanzanian traditional family evolved to a newly formed primary system with relational ties and resources influenced by a much larger secondary social system. This socio-ecological transformation of the family and its strength and needs can be best understood from a socio-ecological lens (Bronfenbrenner & Evans, 2000). The socio-ecological approach offers a framework of understanding Tanzanian family life and education and how they are influenced by other social systems: the school, religious, political (government and nongovernment), as well as the media system (Bronfenbrenner, 1986).

Family System

The Tanzanian family system is comprised of an extended network of immediate family members, kinship networks, neighbors, and social groups who play a key role in mutual support and resilience. This is an important trait for the Tanzanian family. Tanzanian women are considered instrumental in the family functions, development, and durability. Moreover, while tribalism can be a challenge in other parts of Africa and around the world, among majority of the Tanzanian families, ethnic diversity is valued and embraced with peace and harmony. Traditionally, majority of the Tanzanian families fulfill most of the functions (affection, socialization, economic, health care, and reproduction) through extended family, kinship, and selective social networks. In many cases, the family subsystems are organized with the purpose of fulfilling the selected statuses (positions), norms (folkways and traditions), tasks and roles (expectations). For instance, the cultural socialization process utilizes kinship networks or other respected and influential community elderly or leader as a surrogate parent to facilitate the children's sense of belonging and identity as they transition through rites of passages such as birth, puberty, marriage, etc. These rites are highly valued within the contemporary Tanzanian family system. Socialization in the family may include discipline tactics such as punitive behaviors to correct or prohibit sexual behaviors, setting sexuality rules (e.g., abstinence and modesty) as well as closely monitoring friendship and behaviors (Kajula, Darling, Kaaya, & De Vries, 2016).

Although the Tanzanian family system, especially parent subsystem, continues to be viewed as the primary sex educator for the next generation in the country, the families have their own challenges when it comes to parent-child communication (Eustace, Wilson, Asiedu, Nyamhanga, & Mkanta, 2017). The family lacks parent-child communication about sexuality issues including HIV/AIDS, abstinence, condoms, and/or puberty. Sommer (2010) reported that Tanzania pubescent girls transitioned through puberty without adequate guidance on puberty

and menses management. This finding is consistent with a recent review of studies regarding menarche in low- and middle-income countries (Chandra-Mouli & Patel, 2017). Sommer (2010) mentioned the decreased kinsmen influence as a major contributory factor. Furthermore, Namisi et al. (2009) pointed out that the focus on protective and moral goals among parents and their children could contribute to the lack of sexuality communication (or silence) among Tanzanian families.

The School System

The school system also plays a major role in the Tanzanian family life and socialization. The school acts as a supplement to family socialization. As mentioned earlier the formal schools take children through an established government-approved curriculum that integrates culturally relevant instruction and programs. However, challenges exist within the school systems when it comes to sexual socialization. There are mixed reports on attitudes toward students' sexual relationships among teachers and school administrators. For instance, although teachers approve sex education in schools, they do not approve any involvement of students' sexual relationships (Miyakado, 2013). Involvement in any of the behaviors may result in a student expulsion from school (Izahaki, 2006). Furthermore, anecdotal evidence shows that there is tension between schools and parents regarding how they socialize the contemporary young generation.

Religious System

Likewise, the religious institutions influence the Tanzanian family. Majority of the Tanzanians are affiliated with a certain religion. Anecdotal evidence suggests majority of the Tanzania population are Christians, followed by Muslims and other religious groups. Tanzanian families have benefitted from religious organizations by accessing health care, education, and religious ritual services. Some of the common family practices

influenced by religious affiliations include socialization, marriage contracts, baptisms, and death rituals. Religious affiliation, however, is believed to be unrelated to adolescent-parent sexuality communication among adolescents in Tanzania (Namisi et al., 2009).

Religious institutions continue to be instrumental in providing faith-based premarital and parenting seminars among Tanzanian families. These services, however, are still minimal especially for those who do not have a religious affiliation. Furthermore, other practices related to sexuality issues such as abortion, homosexuality, nonmarital sex, teen pregnancy, contraceptive use, divorce, polygamy, discipline/corporal punishment, and traditional gender roles may be challenging among the Tanzanian faith communities. For example, families that instill Catholic beliefs and practices follow the church's traditional teachings, which condemn abortion, euthanasia, same-sex marriage, and condom use. This may be a problem when it comes to sexuality and family life education in the country. In contrary, however, a study to examine the influence between religious beliefs and HIV disclosure, stigma, and treatment attitudes in Tanzania revealed that patients choose to start antiretroviral drugs (ARVs) primarily based on education level and knowledge about ARVs rather than on religious grounds (Zou et al., 2009).

Political System

The linkage between politics and the family examines the relationship between the family and the Tanzanian government and nongovernment systems.

Government The Tanzania government has no national family policy per se but has numerous child and family-friendly policies. The government of Tanzania is influential to the family as it puts forth laws and policies (implicit and explicit) that regulate and support the family. The government regulates contraceptive use, child custody, inheritance, gender equality, service delivery and access, and sex and family life

education. Examples of policies that impact the Tanzanian families across the life span include the 1994 National Policy Guidelines and Standards for Family Planning Service Delivery and Training, the 2003 National Strategy for Aging, the 2008 National Strategy for Gender Development, and the 2017/18–2021/22 National Plan of Action to End Violence Against Women and Children in Tanzania. Specific policies targeting adolescent sexual and reproductive health include the 2001–2006 Adolescent Health and Development Strategy. These laws and policies are usually communicated to the families through various public channels such as the radio, newspapers, and television as well as through government community leaders. We are not aware of any evaluations conducted for the policies.

Sex and reproductive health is a contemporary social issue in Tanzania. It has generated attention and policy implications in terms of what should be taught in school-based sex and relationships education curriculum in promoting and protecting the young people (Mkumbo et al., 2016). Cultural barriers, religious beliefs, and teachers' skills are some of the challenges reported to influence sex and reproductive health in Tanzanian schools (Bilinga & Mabula, 2014). In addition, some parents do not approve the inclusion of some topics – especially those in the domain of attitudes and values, such as homosexuality and masturbation (Mkumbo & Ingham, 2010). On the other hand, other laws such as prohibition of same-sex marriages, incest relationships, abortion, and teenage pregnancy are more specific and carry legal and civil sanctions. For example, in 2009 key stakeholders from the Tanzania government issued national guidelines to address the protection of the rights of the young women to education and the growing number of girls dropping out from school due to pregnancies (Ministry of Education and Vocational Training Cross Cutting Issues Technical Working Group, 2009). These guidelines included a recommendation to review the National Education Act of 1978, which bans pregnant girls attending state

schools. Recently, however, the Tanzania president, His Excellency Dr John Pombe Magufuli, commented on reinstating the Act and sparked a controversial debate among key stakeholders within and outside the country. Discussions about the policy review and implementation process are still underway. Likewise, the controversial issue on the legal minimum age of 15 years as per Tanzania's Marriage Act of 1971 continues to spark an interest among various women's rights advocate groups who consider the age limit as too young.

Nongovernmental Organization The impact of nongovernmental organization and media on family matters, especially sex and family life education, should be acknowledged. Nongovernmental organizations such as Uzazi na Malezi Bora Tanzania (UMATI) and UN agencies such as United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) have been instrumental in addressing adolescent sexual and reproductive health issues in the country. Families with in-school and out-of-school children have benefited from the NGO services by accessing health care, education, and economic opportunities. However, these UN agencies and the NGOs encounter challenges associated with financial, political, and cultural limitations.

Other Systems

Mass Media

Furthermore, since its inception, the Tanzanian media has been instrumental in providing programs that cater for Tanzanian values, culture, and education (Sturmer, 2008). Various communication outlets such as the radio, newspapers, TV, and social media have played key roles on Tanzanian families, in particular, adolescents' knowledge, attitudes, and/or behaviors. Some of the mass media influences on adolescents' sexual and family life include mass media campaigns (Agha & Van Rossem, 2002) and entertainment-education (radio soap opera)

(Rogers et al., 1999; Vaughan, Rogers, Singhal, & Swalehe, 2000). However, in contrary, efforts to develop other forms of informal education through sexual educational materials such as books may not be acceptable in the Tanzania culture. For instance, there are reports that efforts by UMATI to publish two books, namely, *Jando na Unyago* and *Ujana*, on sexuality information for young people in Tanzania were banned by the government for fear of encouraging promiscuity (Ministry of Education and Culture, 2001).

Economic System

An important economic factor influencing Tanzanian family structures is poverty. Poverty eradication has always been a priority topic in the Tanzanian political arena. With the current demographic changes across the rural/urban settings, the likelihood of economic disparities on families is vivid. As mentioned earlier poverty is higher among the rural families. Moreover, with increased dual employed and commuter marriages, the challenges families face in balancing work-family life have increased. With the lack of extended family support in childcare, in particular, urban areas, parents are forced to take their children to boarding schools at a very young age. Consequently, for those who choose day schooling, the challenge related to the cost of childcare and distrust of child caretakers (housegirls/houseboys – domestic caretakers) is evident. Furthermore, employer-supported policies that offer flextime (besides maternity leave) and an option to work from home are minimal or non-existent. Overall, despite the existing economic challenges, the Tanzanian family is resilient and continues to thrive. The ongoing social support systems among family members and social networks are an asset to many. For example, the extended family members continue to support one another through small remittances despite lower wages.

Family Life Education: Development, Implementation, and Evaluation in Tanzania

Program Development and Implementation

The concept of FLE in Tanzania is not new. As mentioned earlier, traditionally, FLE was developed and implemented through traditional societies in which the parents/clansmen, village, or community played a vital role in educating the children about various ways of life. Majority of the communities had a clearly defined content or curriculum and a set form of methodology to transmit cultural rules from one generation to another (Mbunda, 1991). Children learned topics such as the meaning of sexual activities, sexual skills, marriage, gender roles, responsible parenthood, procreation, spacing, unwanted pregnancy, sexual skills, and child-rearing (Bwatwa, 1980; Mbunda, 1991).

In the mid-1980s, however, Tanzania introduced FLE as part of the western education system focusing on sex and reproductive education (Vriesendorp, 1980). The changing norms from external influences were not culturally sensitive to the Tanzania people and as a result, lacked acceptability among parents/guardians (Mbonile & Kayombo, 2008). Unfortunately, in addition to western influence, some significant social issues emerged and had direct bearing on the Tanzanian family life. For instance, the issues of HIV/AIDS and teenage pregnancy forced the government with support from nongovernment organizations to address the needs for reproductive health information, counseling, and services (United Republic of Tanzania (URT), 2010). Hence, the initial FLE efforts tailored toward sexuality education to meet the growing needs of HIV/AIDS education (Eustace, Asiedu, & Mkanta, 2015). The 1992 FLE project was the first formal project to be implemented by the Tanzanian government with support from the United Nations Population Fund (UNFPA) (UNFPA, 2006). The goal of the project was to address pertinent and sensitive

FLE issues regarding adolescents and youth as part of the country's reproductive health program. The project was implemented by the Ministry of Education and Culture (MoEC) currently known as the Ministry of Education Science and Technology (MOEST) in conjunction with the Ministry of Health and other collaborative partners, such as the German International Cooperation Agency (GTZ), Family Care International (FCI), and Tanzania Reproductive and Child Health Services Program (RCHS) (UNFPA, 2006). The major project activities included building capacity of school teachers by training secondary school and teacher training colleges' FLE host subject instructors/tutors. The trainers were expected to conduct classroom teaching, organize extracurricular activities for FLE guidance and counseling services, support peer education and health/FLE clubs, and advocate for FLE. FLE was integrated into secondary school and teacher training college curricula, while HIV and AIDS education was integrated into primary and secondary school and teacher training college curricula. In the primary school curriculum, FLE was integrated into science, social science, and livelihood skills courses, while in the secondary school curriculum, the content was integrated into biology, geography, civics, and home economics courses. The sexual and reproductive health topics were covered in form III biology course (UNFPA, 2006). Moreover, in civics, form III students covered content in women's role in society and the economy and laws and policies relating to reproduction and reproductive health services (United Republic of Tanzania (URT), 2001). In addition, to the formal FLE curricula, some schools implemented FLE programs through voluntary peer clubs (Kailembo, 2013).

Although FLE is not formally integrated into higher education, recent data show that students at the University of Dar es Salaam cover topics in life planning skills such as values, relationships, sexual abuse, reproductive health, communication, managing time, and managing finances through a curriculum sponsored by Pathfinder International (Ministry of Science, Technology and Higher Education, Dar es Salaam July 2000).

In addition to government-initiated FLE programs, numerous nongovernmental organization (NGO)-led FLE programs targeting at-risk out-of-school youths have been implemented (Cardoso & Mwolo, 2017). Many of these programs involved training adult professionals or peer educators who work with adolescents. Some of the most prominent NGOs include the Uzazi na Malezi Bora Tanzania (UMATI), the Tanzania Commission for AIDS (TACAIDS), Family Health International (FHI), the African Medical and Research Foundation (AMREF), and religious organizations like BAKWATA and PASADA. The focus of the NGOs was on youth behavioral change and education about the dangers of early sexual relationships, pregnancy, AIDS, and other sexually transmitted diseases (URT, 2001, 2010, 2011). Likewise, the AMREF Health Africa TUITETEE project, which is based on sexual and reproductive health services (SRHS), was developed and implemented in Dar es Salaam (Kinondoni and Ilala Municipal Councils) and one in Iringa Region (Iringa Municipal Council) to support reproductive health and rights of young people aged 10–24 years including making pregnancy safer for women (Ngilangwa et al., 2016). Another program, known as the Population and FLE project, was developed to improve rural family well-being and understanding of the critical role demographic factors play in influencing the balance between family needs and available resources (Abbas, 1981). Overall, these programs have been beneficial to Tanzanian families by offering FLE through both formal and informal venues.

Moreover, some Tanzanian families have benefited from non-sexuality FLE programs such as premarital and marital education. These programs provide seminars to prospective couples on topics that include but are not limited to love, mutual respect, sexual satisfaction, and transparency in socio-economical matters. In most cases, families access these types of education through religious institutions and occasionally through radio and/or TV programs. For example, religious institutions such as the Roman Catholic Church require all prospective couples to take

premarital seminars prior to marriage. In many cases these seminars are usually free of charge or offered at a low cost.

Despite the proliferation of FLE programs in Tanzania, these programs experience multiple challenges such as lack of funds that limits the scaling up of FLE projects and lack of qualified educators to teach FLE in schools and the challenges associated with the broader sociocultural environment. For example, studies in Tanzania have shown that while majority of teachers support teaching a wide range of topics of sexuality education in schools, they feel uncomfortable in teaching most of these topics (Mkumbo, 2012; Mlyakado, 2013). Cultural norm, traditions, as well as religion are known to be key players in influencing sex and reproductive health education in schools (Kapinga & Hyera, 2015). Another constraint identified by NGO stakeholders is the lack of young people's views in the sex and relationships education (SRE) development and implementation processes. Young people are believed to be influential when it comes to their learning needs and priorities about their sexual health (Mkumbo et al., 2009; URT, 2001). For example, a study by Mkumbo (2010) revealed that young people are interested in a wide range of topics such as sexual decision-making, sexual pleasure and enjoyment, relationships, safer sex and condom use, sexually transmitted diseases (such as HIV/AIDS), and masturbation. Unfortunately, as part of their formal school curriculum, they only have access to sexually transmitted diseases.

Other sociocultural barriers include the civil society denial and negative perceptions about sexuality (Cardoso & Mwolo, 2017). Denial usually instigates the lack of support from the government and interest groups on what needs to be taught in FLE curricula. Parents' lack of skills to teach sex education (Eustace et al., 2017) and lack of skilled service providers (SPs) on sexual reproductive health rights, initiation ceremonies, early marriages, and gender disparities are also challenges encountered in developing FLE in Tanzania (Mbeba et al., 2012). Other challenges pertaining to program implementation include lack of standardization in terms of content and

quality (URT, 2010), lack of coordination and selective settings (mostly urban) among NGO-led FLE programs (URT, 2001), and the lack of ownership attributed to the top-down framework of FLE development in the country (Kailembo, 2013). On the side note, although the use of mass media, computer technology, and mobile phone has been instrumental in distributing FLE-related materials through campaigns, entertainment opera, and social media (Family Health International, 2006; Senderowitz, 2000), they present new challenges for FLE in Tanzania, including the reliability and validity of the content and delivery methods. Likewise, the lack of funding and expertise in developing and implementing non-sexuality FLE remains to be a challenge in the country.

Program Evaluation

As noted earlier most government-led FLE program development, implementation, and evaluations are funded by UN agencies. For example, the 2006 evaluation project was funded by UNFPA and consulted by researchers from the Muhimbili University of Health and Allied Sciences (MUHAS) – previously known as Muhimbili University College of Health Sciences (MUCHS). The evaluation project covered the FLE program implementation period 2002–2006. Findings from this study revealed that a comprehensive FLE program was developed in Tanzania and introduced for secondary school use in several regions of Tanzania. In addition, the MOEC developed FLE curricula to train secondary school teacher trainers. However, the evaluation study found the following constraints: FLE content lacked depth on life skills, counseling techniques with adolescents, peer educator training, referrals, and social marketing. Other shortcomings included limited coverage of FLE due to shortage of teachers, lack of orientation on FLE among school teachers and inspectors, and frequent transfers of trained teachers without replacements (UNFPA, 2006). It was recommended to the MOEC and UNFPA that for the sake of effectiveness and sustainability, FLE

intervention should be completely integrated both vertically and horizontally so that it becomes part of a larger program on sexual and reproductive health. Furthermore, this would entail collaborations with other partners involved in youth reproductive health activities such as NGOs, community-based organizations (CBOs), international organizations, and other government departments (UNFPA, 2006).

Additionally, a study conducted by Mkumbo (2009) revealed inadequacy of the FLE components in the curriculum related to sexuality education, in which topics such as life skills, relationships attitudes, and values were limited. In addition, the study of sexuality education was first introduced in secondary education level, which is deemed a bit late and less effective than if it were to be introduced earlier in primary school level before young people reach puberty. Also the study revealed that sexuality education in schools was not provided as a standalone subject; rather it is mainstreamed in other subjects, such as social studies, science, civics, and biology. Likewise, there was lack of data on how much sexuality education was integrated in these subjects (Mkumbo, 2009).

Another evaluation study by Renju et al. (2010) on scaling up school-based sexual and reproductive health in rural Tanzania revealed that trained teachers were much more receptive to teaching primary school pupils about condoms and were less likely to associate teaching of adolescents' sexual and reproductive health (ASRH) with the initiation of sexual activity. Furthermore, a 2014 UNESCO-funded evaluation study of secondary school FLE program introduced in several regions of Tanzania revealed that the FLE content was still lacking depth on life skills, counseling techniques with adolescents, peer educator training, referrals, and social marketing. As part of the revisions following the UNESCO report, the FLE curricula for preprimary and primary education was improved to include the SRH and life skills. Equally, in 2014, Tanzania Institute of Education (TIE) in collaboration with UNESCO developed a guide for integration of sexual and reproductive health, HIV and AIDS, and life skills components in preprimary, pri-

mary, secondary, and teacher education. Consequently, the ongoing curriculum reviews resulted in the implementation of a new subject known as "civic and moral education" in which more aspects of life skills are incorporated.

Moreover, a study by Mkumbo (2014) supported earlier findings in that the overwhelming majority (more than 80%) of students supported the provision of SRE in schools and the inclusion of a wide range of SRE topics in the curriculum. However, they wanted the teaching of SRE in schools to begin early during primary education (ages 10–14), and in terms of topical interests, the students objected to the inclusion of some of the SRE topics that are commonly regarded as controversial such as homosexuality and masturbation (Mkumbo, 2014). These findings implicate that cultural barriers, religious beliefs, and personal backgrounds continue to be influential factors on topic selection and contents of FLE in Tanzania (Bilinga & Mabula, 2014).

In regard to program effectiveness, very few FLE studies have been conducted to evaluate program outcomes and impacts in increasing knowledge and skills and/or decreasing sexual behaviors among adolescents in Tanzania. An example of such studies is a study by Bilinga and Mabula (2014) that investigated the effectiveness of school-based sexuality education in promoting knowledge and skills relating to the prevention of pregnancy and HIV/AIDS. The research findings show that although sexuality education seemed to be integrated in other subjects, students' source of sexuality knowledge was from other sources than schools. In addition, the study affirmed the lack of qualified teachers to teach and handle sexuality classes in primary schools. Besides, reports on needs assessment study and analytical review of sexuality education conducted in some of the regions of Tanzania revealed that 65% of primary school teachers and 69% of secondary school teachers pointed out that HIV, AIDS, SRH, and LS education helped pupils and students to delay sex and reduce sexual risk behaviors. Teachers, however, cautioned that pupils engage in sex with fellow pupils and adults as well as homosexuality (TIE, 2012).

Overall, it is essential to note that high-quality intervention and evaluation studies are highly needed in the country. This is supported by findings from a recent review of interventional studies to prevent unintended and repeat pregnancy among youth people in Sub-Saharan Africa, which indicates that studies in Tanzania were not considered high quality (Hindin et al., 2016). In addition, in their study to develop a well-designed sexuality and HIV/AIDS education program in Tanzania, Mkumbo et al. (2009) emphasized the need for more evidence to facilitate effective FLE program development, implementation, and evaluation.

Conclusions and Recommendations

The Tanzanian family is currently evolving and adapting to a new set of sociocultural and economic realities. Thus, the importance of comprehensive, developmentally, and culturally appropriate FLE in Tanzania is overdue and cannot be overemphasized. Understanding the socio-ecological fabric of the family is essential in bringing to light valuable strengths, assets, and challenges in implementing FLE in the country. Hence, it is important for key stakeholders to consider education, research, as well as policy implications for FLE development, implementation, and evaluation in Tanzania. For instance, there should be efforts to build educational capacity in FLE in Tanzania while considering influences across various systems. For example, the family and its social networks (parents, caregivers, etc.) and the school (teachers, school administrators, and evaluators) should be prepared to become informed FLE educators in order to affect related family and school FLE-related outcomes. Leaders from various institutions such as religious, public, and private entities (Kailembo, 2013) including the mass media should also be informed. Moreover, educational capability building efforts should consider developing FLE and family counseling/therapy programs at the university level to prepare qualified family scientists and family life educators. Adopting such inclusive processes is

essential in the FLE development and implementation in the country. In addition, key stakeholders should plan on developing, implementing, and evaluating evidence-based non-sexuality FLE programs such as premarital and marital education programs to meet the needs of the Tanzanian families. Other FLE implications include the integration of some of the FLE programs with other interventions that have proved to be effective such as vaccinations (Watson-Jones et al., 2016) and voucher finance interventions (Bhatia & Gorter, 2007). These efforts should consider innovative and contemporary methods of FLE delivery such as the use of cost-effective mass media and mobile technologies similar to text messaging in family planning (L'Engle, Vahdat, Ndakidemi, Lasway, & Zan, 2013).

In terms of research implications, FLE stakeholders should build capacity in the design and implementation of high-quality theory-driven FLE programs and research studies. This effort will require researchers to be open-minded in their orientation by theorizing FLE interventions and prioritizing the role of the family in the success of the FLE programs and studies. For instance, despite the recognition that HIV/AIDS is a family disease, the evidence has demonstrated that researchers continue to measure the disease outcomes from individual perspectives than family perspectives (Eustace, 2013). Equally important, is the need for researchers to find out “what works” through the translational research that is specific to the Tanzanian family context.

Lastly, in terms of policy implications, key stakeholders should advocate for the field of family sciences, FLE as well as implicit and explicit family policies in Tanzania. The process should include advocating for new national family policies that support both traditional and contemporary family strengths and needs. For example, evaluation efforts to the National Education Policy should capture the policy successes and weaknesses in the implementation of developmentally and culturally appropriate FLE programs across all levels of the Tanzania educational systems.

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Family Life Education in Kenya

Joan Kabaria-Muriithi, Lucy Kathuri-Ogola,
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Introduction

The National Council on Family Relations (NCFR, 2018) defines family life education (FLE) as an educational effort that is focused on healthy functioning of the family from a family systems perspective. FLE adopts a primary preventive approach and fosters knowledge and skills needed by individuals and families to deal with issues they face such as substance abuse, domestic violence, unemployment, debt, and child abuse in order to function optimally as family. The skills and knowledge needed for healthy functioning as outlined by NCFR include strong communication skills, knowledge of typical human development, good decision-making skills, positive self-esteem, and healthy interpersonal relationships. NCFR asserts that when issues faced by families are understood to be part of larger ecological systems, they can be effectively addressed by family life education professionals, because knowledge about healthy family functioning can be applied to prevent or minimize many of these problems (NCFR, 2018; Family Council Secretariat of Hong Kong, 2008).

This chapter examines family life education in the Kenyan society. Family life education in

Kenya takes place in formal education settings of a classroom within primary and secondary schools and college and in informal settings outside the classroom. FLE outside the classroom is referred to by Duncan and Goddard (2011) as outreach. These authors define it as educational activity occurring outside a traditional classroom setting (usually involving adults) that is designed to strengthen relationships in the home and foster positive individual, couple and family development. Such education occurs in many venues and comprises topics such as marriage education, parenting skills, stress and anger management and strategies for adapting to divorce. The principles that guide outreach FLE are outlined by Arcus (1995) as follows: “(a) is relevant to individual couple and families across the life span; (b) is based on felt needs of individuals couples and families and community; (c) draws material from many fields and is multidimensional in its practice ; (d) is offered in many venues including community workshops, video, print media publications, the internet, and many other settings; (e) is educational rather than therapeutic and (g) is respectful of diverse values and requires qualified family life educators to realise its goals” (Duncan & Goddard, 2011, p. 5). Another way of defining FLE is to differentiate it from its closely related family helping discipline of family therapy and case management. While all three are aimed at building a strong healthy family, FLE helps people develop knowledge and skills and to refine their attitudes and intentions. Family therapy, on the other hand, helps to repair relationship, and

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case management helps families comply with legal and policy systems and to locate resources (Myers-walls, Ballard, Darling & Myers Bowman, 2011). In Kenya, family life education takes place within a formalized setting as well as in community-based settings. In some instances, there is an overlap between case management because education is done in the process of providing services to individuals and families. In addition, though not very extensive, family therapy is conducted in Kenya. Some of the issues dealt with include conflict over power-sharing between spouses, unstable emotional bonds between parents and children, the hardship in balancing discipline and nurturing, sibling rivalry, emotional blockage as a result of the patriarchal nature of the society and depression (Cattanach, 2003; Ware et al., 2009).

From the onset, it must be noted that there is no legal or legislative framework for FLE in Kenya. Nevertheless, there are pieces of legislation that address various issues that affect family sustainability. These issues include domestic violence, child labour, separation and divorce, forced marriages, marital counselling and marriage registration among others.

Socioeconomic, Historical and Cultural Context of Kenya: Impact on Families

Kenya obtained its independence in 1963. This independence also marked a milestone in the social and economic changes that had rocked the family unit since the advent of Christianity and colonialism. For the most part, the advent of other cultures into Africa had engendered a rupture in social structures, of which family is the most basic unit. The government of Kenya at independence immediately emphasized the need to strengthen the sense of nationalism. Generally, family relations play a pivotal role in most of Kenya's social, political and economic activities.

Visser and Heuvel-Disler (2005) argue that a study of contemporary post-colonial African literatures in English can help illustrate the evolution of the family unit in the continent. In their works, they examine how the family unit in

post-colonial Africa is a hybrid product of many forces in play. They also discuss the role that family and kinship played in the formation of contemporary understanding of nationhood in Africa. This is one distinguishing feature of nationalism in Kenya. In Kenya, family ties define a lot on how people relate and discuss issues on politics, economics, education and society in general. It is on the basis of strong family relations founded in the precolonial kinship ties that most critics of African – and indeed Kenyan – politics point to such problems as nepotism and negative ethnicity as the major barriers to nationalism in the continent. However, this too is an acknowledgement of the strength of family both as a concept and a feature of human relations in the political evolution of Africa.

Other features of family that Visser and Heuvel-Disler (2005) discussed include the changing phases of romance as a concept, levels of individual identity, family and social change or transformation and the impact of careers on the family unit among others. These features attest to the fact that the family unit in Africa has evolved over time. It is on this basis that FLE in Kenya ought to consider the dynamics of culture, history and their impact on the family unit.

Unlike Visser and Heuvel-Disler (2005), other scholars examine the evolution of the family unit in Africa as paralleling that of the African woman. For instance, Ngugi (2009) observes:

The historical relationship between the Kenyan state and women provides lessons and insight as to how women in a colonized state relate to the government and the gains, or lack thereof, that exist. Kenyan women were critical in the nationalist movement that intensified in the 1950s, culminating in independence in 1963. Some women fought in the forests and others were information and food distributors. Many women played a role in furthering the nationalist movement. Independence promised fruits that few women received (p. 2).

This assessment by Ngugi (2009) illustrates the fact that historical events such as colonialism, independence and post-colonial nationalist agenda shifted the family role for women in Kenya. Implicitly, the statement suggests that FLE should focus on those aspects of gender relations in the family and how these relations have changed over time.

The Nature and Evolution of Family Life Education in Kenya

There are no defined programmes for FLE in Kenya. Nonetheless, many social institutions recognize the need for FLE. For instance, according to the Kenya Conference of Catholic Bishops (2014), *“since parents have given children their life, they are bound by the most serious obligation to educate their offspring and, therefore, must be recognized as the primary and principal educators”*. This declaration underscores not only the need for FLE but also the foundational role of parents in FLE programmes that target children. It also identifies the family set-up as the context in which FLE should take place.

The foregoing discussions illuminate the fact that in the absence of government intervention on FLE, social institutions, mainly the Church, are stepping in to fill the gap. Therefore, Churches have become the champions of family stability in Kenya. Indeed, the Kenya Conference of Catholic Bishops (2015) proposes 14 initiatives as the main focus of FLE that is implemented in Catholic churches across the country. Some of these initiatives include (a) strengthening the family life programme in the archdioceses; (b) continuous catechesis on the dignity of marriage and family life through print and electronic media, seminars to various groups and associations of the Church; (c) presence of working tribunal in the metropolitans and dioceses to handle marriage issues; (d) liaison committee developing child protection policies (e) counselling programmes for the separated couples at the parish levels; (f) ongoing formation with preference in counselling, family life and social ministries; and (g) thorough preparation of young adults planning to wed. The scope of these initiatives relates to the main objectives of FLE programmes as put forth by Arcus and Thomas (1993).

Studies have shown that for sub-Saharan Africa, the average family size is 5.6 based on the average number of surviving children per woman. In Kenya, the average family size is 4.4 (DHS, 2012a, 2012b; Gurmu & Mace, 2008; Kiriti & Tisdell, 2003). In the traditional Kenyan societies, FLE was transmitted to younger generations mainly by older relatives, especially

aunts and uncles during community and family rites of passage rituals. For most communities in Kenya, a person is expected to undergo five major rites of passage, namely, birth, adulthood, marriage, eldership and ancestorship (Akama & Maxon, 2006; Kenyatta, 1938). While these rites have different meanings for different communities, a running thread through them is that they complete the circle of life between the unborn, the living and the spirit world. In each of these rights of passage, the initiates are expected to learn about the duties and responsibilities that come with the new stage in their life. In these settings, FLE was mostly conducted during the rituals that comprised the rite of adulthood, more so during the circumcision period (Akama & Maxon, 2006; Kenyatta, 1938). Contemporary FLE takes place in education contexts and institutions at various levels using a government-structured curriculum. Informally, FLE takes place in community settings, within the homes and churches, and in public forums at village, county and national levels. FLE is administered by different entities including non-governmental and community-based organizations, governmental and privately owned institutions as well as the mass media (Ginsberg, Kariuki, & Kimamo, 2014; Kaczmarek, 2011; Monyenye, 2004; Wasambo, 2014).

With the advent of modernity – education, technology, urbanization, Western religion and changing socioeconomic factors – the Kenyan society has increasingly become universal (Wawire, 2017). This has brought a degree of universality in the way of life as contemporary society adapts to new situations that were totally unknown to traditional society. Family life has also changed, with many families caught between the traditional family system that advocates for solidarity and the modern system, which is characterized by individualism, a shift that developed because of changing religious, social, political and economic factors (Wawire, 2017).

In contemporary Kenya, families are largely nuclear. Younger families also increasingly reside in urban areas, with both parents being engaged in some form of employment, hence the intensification to dual-career families (Mbogo, 2015). With rising demand from work, the greater

responsibilities for raising children in the homes are gradually falling into the hands of domestic workers commonly referred to as maids or house helps (Muasya, 2016). While a majority of these workers are from rural Kenya, some of them come from neighbouring countries like Republic of Congo, Uganda and Burundi. Some of the factors behind this rural-urban migration are high poverty levels in the villages, high unemployment rates and the perception that the urban spaces provide a platform for better standards of living. Consequently, these categories of people have also become a part and parcel of the modern family set-up in Kenya. Moreover, family and marriage relations in Kenya are gradually changing in response to the changing social and economic environment. In this regard, indigenously favoured family systems are eroding either through complete abandonment or evolution into more viable forms that are conventional with modern Kenya (Wawire, 2017).

Family Demographics, Strengths and Needs in Kenya

According to the 2009 national census, Kenya's population stood at 38.6 million people (Kenya National Bureau of Statistics [KNBS] et al., 2015). The estimated growth rate for Kenya's population is 2.9% per year, meaning that by the year 2030, the country will have approximately 77 million people. Another key finding on the latest demographic characteristics in Kenya is that the average household size in Kenya is 3.9 members with at least two-thirds of children under the age of 5 formally registered with civil authorities (Obudho, Munguti, Bore, & Kakinyi, 2015). Moreover, these researchers report that at least a third of Kenyans are aged below 10 years and another one-third of households are headed by women.

In its social and economic development blueprint – the Kenya Vision 2030 – the Kenya government's goal is to reduce the population growth rate. Some of the strategies identified to achieve this include overall reduction of fertility rates; improvement of access and use of reproductive health services, including family planning pro-

grammes; proper planning of social units and resource mobilization (KNBS et al., 2015). Evidently, FLE can be an important instrument in the introduction and promotion of such initiatives as family planning. A similar observation has been made by UNICEF (2009).

It is often said that a nation is as strong as its strongest families, yet every family is only as strong as its strongest members. During the official opening of a national conference to commemorate the UN International Day of the Family at the Kenyatta International Convention Centre (KICC), in May 2015, Kenya's First Lady Margaret Kenyatta called on Kenyans to build strong families so as to build a strong nation. She said that it is through strong family ties that Kenyans will be able to interact well and thereby break barriers of ethnicity, race, colour and religion. She pointed out that a network of families makes a strong community which ultimately leads to a strong nation. She further said that a cohesive family builds character, commitment and self-worth noting that a child that grows in a loving family is likely to be a good citizen (Government of Kenya, 2015).

A theoretical basis for the concepts of family strengths and needs within families has been outlined by Lyons (2016). Lyons has proposed a model for assessing family strengths and needs and argues that they are a product of many factors. The model incorporates language factors (level of mastery and use of first and second languages), financial status (financial sources, resources, limitations, debts, hardships) and food security (food availability and access, level of basic food needs, meals, nutritional quality of accessible food). The model also highlights transportation (family transportation needs, both regular and occasional), child care (accessibility, affordability and quality of child care in the family), medical care, residential stability and home maintenance as factors. In addition, organization, resources, relations with extended family, natural supports, community involvement, cultural identity and practices, parental collaboration, sibling relationships, child inclusion, family conflict resolution, role appropriateness and family's ability to provide support to individual members

in difficult time are part of strengths and needs within families.

Events in the macro- and microenvironments affect the growth and sustainability of families in any nation. In Kenya, the sanctity of the family is enshrined in the 2010 Constitution. The government recognizes that individuals first belong to their families and then to the state. In 1995, FLE was recognized in Kenya's legislature as an important instrument for instruction on responsible sexual behaviour among the youth (National Assembly, 1995).

Family Policies that Impact Families and Family Life Education in Kenya

Nkwi (2015) notes that certain government policies impact on the family as a unit. Colling Murray and Nkwi (2015) define a government family policy as "the goals set by the government for family wellbeing or as achievements gained by family enactments on behalf of the family" (p. 355). One of such policies in Kenya is the reproduction and socialization policy. The policy presumes that a reduction in the rates of fertility has a positive impact on the economic development of Kenya. The policy therefore promotes uptake of legal family planning programmes and services. With the enactment of Kenya's 2010 Constitution, there has been an increase on the number of prevention and advisory workshops at the county level.

Another policy that affects family in Kenya is concerned with child care and custody. Anchored on the Children Act 2001 (Republic of Kenya, 2001), the policy addresses provision for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children and provision for the administration of children's institutions as reflected in the principles of the Convention on the Rights of the Child (United Nations, 1989) and the African Charter on the Rights and Welfare of the Child (ACERWC, 1990). Odongo (2012) observes that the provisions of the Children Act have a direct effect on family life education. This is due to the fact all entities working with children need to

consider issues outlined in the Children Act including children's right to nondiscrimination, life expectancy, child mortality, immunization, malnutrition, preventable diseases as well as the right of children to have their views taken into account in matters affecting them.

There are also policies focusing on violence. For instance, Kenya passed the Protection Against Domestic Violence Act in 2015 which addresses violence within the family unit (Heinrich Boell Foundation, 2015; Republic of Kenya, 2015). Until this time, there was no formal legislation in Kenya to safeguard the rights of women, men and children from family violence. Incidences of family violence that were reported to authorities were treated under the law on physical assault. As such, most of the cases on domestic violence went unreported.

Kenya does not have a formal policy on FLE (Nkwi, 2015); however, there is a need for FLE programmes as first step in the prevention of many premarital problems afflicting the youth. In addition, FLE is an important factor in the promotion of stable families and communities. A number of factors have hindered government attempts to expand formal FLE in Kenya beyond what is currently offered in schools. Chief among these barriers is opposition from religious bodies such as the Roman Catholic Church and the Supreme Council of Kenyan Muslims (SUPKEM). The latter equate FLE education with sex education and show uncertainty and nervousness about teaching of sex education while being open to the teaching of family health, good parenting and the rights of children (Gecaga, 2012). Notably, the policies in place in Kenya on family functioning and sustainability target specific issues such as women's and children's rights and domestic violence. It is nonetheless acknowledged that FLE needs more political will power to be implemented in Kenya (Nkwi, 2015).

Gecaga (2012) posits that in traditional African societies, FLE was provided informally and began in childhood and traversed into adulthood. It was not a momentary activity for which one was awarded a certificate, rather, an ongoing process aimed at the total formation of an upright human being starting in childhood and continuing through

adolescence, young adulthood, to a responsible middle-aged adult and to a revered community elder. However, the gradual transformation of family and social structures has prompted laxity in social constraints of certain initially taboo behaviour. According to Gecaga (2012), the erosion of the indigenous mechanisms for teaching FLE has left less responsibility of youth formation in the hands of parents and other older relatives and more on other socializing agents such as the church and schools and peers. Evidence shows that the prevailing lack of parental guidance on sexuality issues during adolescence, for example, is directly associated with poor or lack of communication between parents and children in many Kenyan families (Gecaga, 2012). This clearly indicates the dire need for effective and comprehensive FLE programmes that target both parents and children in Kenya.

Family Life Education (FLE): Development, Implementation and Evaluation

Development of Government-Supported Family Life Education in Kenya

In its *International Encyclopaedia of Marriage and Family*, the Gale Group Inc. (2003) states:

As societies change and become more complex, this pattern of informal learning about living in families becomes inadequate. The development of new knowledge, advances in technology, and changing social and economic conditions create situations where the teachings of previous generations are no longer appropriate or sufficient. In these circumstances, societies must find or create new ways to prepare individuals for their family roles and responsibilities. One of these new ways is family life education (<http://www.encyclopedia.com/reference/encyclopedias-almanacs-transcripts-and-maps/family-life-education>).

According to the US National Council on Family Relations (2014), FLE has evolved over time to incorporate the ten content areas of family life comprised of families and individuals in societal contexts, internal dynamics of families, human growth and development across the lifespan, human sexuality, interpersonal relation-

ships, family resource management, parent education and guidance, family law and public policy, professional ethics and practice and family life education methodology.

A cursory Internet survey of colleges and universities offering stand-alone programmes in family life education in Kenya yielded only one college in Nairobi, which offers a certificate programme in FLE. However a content analysis of the Kenya Institute of Curriculum Development (KICD) syllabuses revealed that various aspects of FLE are featured in Kenya's educational system. Aspects of FLE as outlined by NCFR are taught in the formal educational settings by being integrated in the curriculum in subjects (courses) such as Social Studies, Christian and Islamic Religious Education, Life Skills Education, Home Economics, Science, English, Biology, Child Development and Guidance and Counselling in primary, secondary and tertiary levels. They include family and community living, family and marriage, human sexuality, virtues, HIV and AIDS and sexuality education, child development, rights and protection and reproductive health education. Though Life Skills Education imparts soft skills useful in personal and interpersonal relationships at home, various universities also have aspects of FLE as stand-alone courses or integrated within related courses.

Despite the Kenya government efforts, Adeyemi (2005) notes that there is inadequate coverage of topics related to the family in most educational curriculum in Africa. There is a need to evaluate the impact of existing government supported FLE curriculum at individual and family level in order to address the gaps left by FLE offered within formal educational settings.

Non-State Actors and Family Life Education in Kenya

A number of NGOs provide selective programmes on various aspects of FLE in Kenya. For instance, *I Choose Life* (ICL) "works using the Quadra Helix Model of partnering with the Government of Kenya, through the Ministries of

Health, Education, Agriculture, Youth Affairs and Vision 2030 among others, Corporates, Universities and Civil Society Organisations, to design interventions to solve problems in different communities” (ICL, 2017). The NGO focuses on promotion of health, economic empowerment, academic and career mentorship and governance.

Another notable NGO is the *Undugu Society of Kenya*. This organization undertakes several projects that target family sustainability and education. It works in partnership with other international NGOs such as *Family or Every Child* which seeks to improve child upbringing around the globe. *Undugu* also partners with the local police administration in solving cases of harassment and abuse within families (Undugu Society of Kenya, 2017). The African Medical and Research Foundation (AMREF), through the Ministry of Education, offers sponsorship to teachers to attend workshops and learn to organize out-of-school youth training programmes (Juma, 2001).

Religious Organizations and Family Life Education in Kenya

As observed earlier in this chapter, the church in Kenya plays a pivotal role in the provision of FLE. Isingi (2016) contends that formal family life education in Christianity begins with marriage preparation. It is founded on biblical scripture and seeks to inculcate Christian values and virtues in individuals as family members. The aim of FLE in Christianity is to promote a healthy view of life, strengthen moral character and ensure the stability and sustainability of the family unit. Faith-based organizations in Kenya employ various channels to facilitate FLE such as formally organized face-to-face or Internet-based programmes and workshops, television and radio podcasts and church sermons to promote healthy family systems.

Family Life Education Implementation

As already shown, FLE programmes offered in Kenya are fragmented. Various groups target different issues. There are those that are concerned mainly with HIV and AIDS and reproductive health. Others take more keen interest in domestic violence and gender relations in the family. Some programmes also target issues affecting children in the family, such as custody after divorce, child labour, negligence and emancipation. The Catholic Church seems to have a relatively more coordinated and all-inclusive FLE framework compared to the government-supported educational systems and NGOs. The initiatives proposed by the Kenya Conference of Catholic Bishops (2015), for instance, address various programmes that can provide a holistic view of family life education.

Wanyonyi (2014) avers that sexual education, a prime element of FLE, started in Kenya in the late 1980s through popular media (specifically the television) but immediately failed after government interference. The role was then transferred to cultural elders and the Boy Scout Movement. The latter published a book in this area which, for a while, became the handbook for FLE in Kenya before being shelved due to opposition from religious groups. With the teaching of sexuality education (SE) in Kenya being rife with challenges and controversies, it is no wonder that the major aspect being taught is HIV and AIDS education. Again, it is noteworthy that this was not very successful as observed by Mbiti (1988, p. 126) who indicated that:

Sex-information is gathered and disseminated by fellow young people and the partisan mass media. This is often a mixture of truth, myth, ignorance, guess-work and jokes so much that formal schools and universities in modern Africa are often centres of even greater ignorance in these matters, so that young people go through knowing, perhaps to dissect a frog but nothing about their own procreation system and mechanism, or how to establish family life.

However, Wanyonyi (2014, p. 9) notes that:

One particularly successful initiative has been the Primary/Secondary School Action for Better Health Kenya (P/SSABH). This initiative began in October 2001 with the aim of creating positive behaviour change among upper primary school pupils and secondary school youth to reduce their risk of exposure to HIV. With the aim of a national roll-out, around 11,000 out of 19,000 Kenyan schools had implemented P/SSABH by June 2006. Evaluations of the programme revealed positive results – an increase in condom use among boys was reported and girls were more likely to decrease or delay sexual activity. Topics that are covered include information on the routes of HIV transmission and prevention strategies, skill-building for resisting the social, cultural and interpersonal pressures to engage in sexual intercourse, adolescent health and sexuality, issues related to HIV stigma and discrimination, and the care of people living with AIDS. Besides, the Centre for the Study of Adolescence (CSA) has been instrumental in the implementation of SE in schools in Kenya. The Centre launched a two-year, 2.3 billion shilling, SE program for secondary school students funded by the Dutch government in 2007 by the name “The World Starts With Me”. The initiative aimed at equipping the youth with the right information about HIV and AIDS, drug abuse, alcohol, pregnancy and sexually transmitted infections among others. An evaluation of 2000 schools found that AIDS education in schools is effectively promoting healthy behaviours and reducing the risk of infection.

Although Wanyonyi (2014) notes that the AIDS education programme has been fruitful in promoting healthy lifestyle choices among young people, it is evident from the above explanation that the programme faced numerous challenges in its initial stages. These challenges reiterate the

view by Juma (2001) that while there is a unanimous agreement that Kenya needs a comprehensive national FLE programme, the greatest challenge is that stakeholders have failed to agree on the best approaches to roll out such an initiative.

Challenges Experienced in Family Life Education Implementation

UNICEF (2009) identifies two groups of challenges that emerge in the implementation of FLE, especially with regard to health education. One set of these challenges pertains to the curriculum content and the other implementation of curriculum. In Kenya, the major challenge with FLE is lack of consensus among the various stakeholders. They seem not to agree on the content of FLE curriculum since many groups define a stable family differently. There are also disagreements on the approaches to be used to implement and evaluate such programmes. These challenges explain why those who have attempted to initiate FLE projects only target specific issues. There is also the problem of perception of FLE programmes. For instance, some communities in Kenya still see FLE as a euphemism for family planning campaigns (Gibbon, 1995). These challenges impede the design and implementation of a national FLE programme in Kenya.

Family Life Education Programme Evaluation

At best, one can say that FLE programmes in Kenya are evaluated in piecemeal. This is because the programme exists only as aspects of various units within the school curriculum and in the agendas of several NGOs and religious institutions. A proper evaluation of FLE presumes that there is a defined FLE framework for rolling out programmes. Such an evaluation would look at the appropriateness of curriculum content based on the numerous characteristics of the target groups and the issues in question. Summative

evaluation would observe whether or not the intended changes have occurred in the families of the members who took part in an FLE training. Formative evaluation would examine the ongoing impact of the process of FLE implementation.

Conclusion and Recommendations

It is evident that design, implementation and evaluation of FLE programmes in Kenya are generally fragmented, yet FLE is imperative for the development of strong families. Therefore there is a need to design and implement a comprehensive constitutional and policy framework that informs the establishment of a strong curriculum on FLE programmes to be rolled out across the country's educational hierarchies. Gecaga (2012) recommends that if the FLE programme is to be successfully developed and implemented, parents, religious leaders (church leaders), the youth and all stakeholders in the education sector must be fully involved at all the stages.

Juma (2001) recommends that the Ministry of Education should ensure that there are specially trained educators to conduct school-based FLE programmes. These programmes should be developmentally appropriate and should include such issues as self-esteem, family relationships, parenting, values, communication techniques and decision-making. One important area of focus for future FLE programmes in Kenya would be interpersonal or "soft" skills development as well as diversity and cohesion. Some scholars, who have discussed FLE as cited in this chapter, observe that FLE is seen as a programme for the youth. This is a misnomer, since the issues addressed in FLE affect people of all ages within the family setting. This misunderstanding also demonstrates the need to properly define FLE based on research and family experiences in Kenya. To ensure that what is developed and implemented is measured and lessons and best practices drawn from the experiences, there is a need to develop systematic and comprehensive evaluation strategies of FLE in Kenya.

Proposed Way Forward

Our way forward is hinged on the dire need for elimination of the fragmentation in the implementation of FLE in Kenya. This would be achieved by modelling the framework of FLE on an analysis and synthesis of the current content and delivery of FLE by both government and non-governmental entities in Kenya. This would then form a backdrop for the participatory development of an FLE curriculum for accreditation and coordination by the national government. Consequently, the government within this framework would provide guidelines for FLE implementation, monitoring and evaluation at national and county levels as well as in the formal school set-up and informal context such as Faith-Based Organizations (FBOs) and not-for-profit organizations. Though this will be a government-led process, a nexus would be developed with all stakeholders in the FLE arena in Kenya. This would ensure that although FLE is designed for different target groups and contexts by the different players, the content and processes are based on a similar underpinning. Also the curriculum will be used for the training of FLE trainers and practitioners with the aim of developing certified professionals in this critical area. Our proposition is that a focused, coordinated and participatory process would increase the likelihood of FLE in Kenya having a positive and lasting impact on families, communities and the entire nation.

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Family Life Education: A Ghanaian Perspective

Gladys B. Asiedu and Ebenezer Donkor

Introduction

Family life education (FLE) is broadly aimed and a broad-scope discipline and has been described to incorporate a preventative, educational, and collaborative approach to address an array of issues affecting individuals and family life (Ballard & Taylor, 2012; Darling, Cassidy, & Powell, 2014; Powell & Cassidy, 2007). As such, the aim and scope of FLE are context or cultural centric, and thus, when examining FLE in a particular country, there are many concepts that need to be considered. In this chapter, we provide cultural and historical perspectives of “the Family in Ghana” relating it to FLE, the social and familial strengths, family policies addressing family needs, and the challenges associated with implementation of FLE.

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Socioeconomic, Historical, and Cultural Context of Ghana and Their Impact on the Families

Before discussing FLE in Ghana, it is important to establish the context within which the discipline can be understood. Here we provide a brief historical background to Ghana, the social and traditional context.

Ghana is located within sub-Saharan Africa on the west coast of Africa and occupies a total land area of 238,537 square kilometers. It is bordered by Côte d’Ivoire to the west, Burkina Faso to the north, Togo to the east, and the Atlantic Ocean to the south. Under the leadership of Dr. Osagyefo Kwame Nkrumah, Ghana gained independence from British colonial rule on 6 March 1957 and became a republic in the British Commonwealth of Nations on 1 July 1960 with Accra as its administrative and political capital city. Ghana operates a multiparty democracy: an executive president is elected for a term of 4 years with a maximum of two terms. There is a parliament elected every 4 years and an independent judiciary. There are ten regions in Ghana: Greater Accra, Eastern, Western, Central, Ashanti, Volta, Northern, Brong-Ahafo, Upper East, and Upper West Regions. The regions are subdivided into 216 districts to ensure equitable resource allocation and efficient and effective administration at the local level (Ghana Statistical Service, 2013).

The Ghanaian population is made up of diverse ethnic groups: the Akans constitute the largest group (48%), followed by the Mole-Dagbani (17%), Ewe (14%), Ga-Dangme (7%), Gurma (6%), Guan (4%), and others (4%) (GSS, 2013). Fortunately, Ghana has not seen the kind of ethnic conflict that has created civil wars in many other African countries (Oppong & Agyei-Mensah, 2004). Ghana's population is estimated at 24.7 million according to 2010 population and housing census records (GSS, GHS, & ICF International, 2015) and is growing at a rate of 2.2% per year (Factbook, 2017). More than 4 in 10 of the population in Ghana (42%) are under age 15. Forty-six percent of Ghana's population is under the age of 15 years, indicating momentum for further growth. The population over 65 years accounts for only 5% of the total population. The average household size in 2014 was 3.5 persons. Of the children under age 18 55% live with both parents; 21% live with their mother only, although their father is alive; 4% live with their father only, although their mother is alive; and 13% live with neither of their natural or biological parents, although both parents are alive (GSS et al., 2015).

The main area of the Ghanaian economy is agriculture, but the country is also rich in mineral deposits such as gold, diamonds, bauxite, and manganese. Cocoa, gold, and timber constitute the main export commodities in the country. Quite recently nontraditional commodities such as pineapples, bananas, yams, and cashew nuts have contributed to the nation's export. Tourism and service industry is the third foreign exchange earner and the fastest growing sector of the Ghanaian economy (BOG, 2007).

Education in Ghana has undergone several changes in recent years. Preschool education has been incorporated into basic education, and all primary (elementary) schools are required to have nurseries or kindergartens. The current educational system is based on a three-tier system: 6 years of primary education, followed by 3 years of junior high school (JHS), and a further 3 years at the senior high school (SHS) level. Educational attainment and household information indicate that 26% of females have never been to school,

compared to 18% of males, indicative of why men have a higher literacy level compared to women (82% vs 67%) (GSS et al., 2015).

The Family System in Ghanaian Context

A country study guide (Berry, 1994) has well documented the patterns of social relations in Ghana. The guide identifies the family (the extended family in this case) as being the heart of Ghanaian society and the foundation of all social life. The extended family is a unilineal descent group that functions under customary law (Berry, 1994). Its membership is defined to control property, apply social sanctions, and practice religious rituals. However, there are variations within the general framework of the lineage system. In some ethnic groups, the individual's loyalty to his or her lineage overrides all other loyalties; in other groups, a person marrying into the group, though never becoming a complete member of the spouse's lineage, adopts its interests (Berry, 1994).

Not only is the family the foundation for social life, but it is also the major source of "social security" both financially and emotionally. A traditional Ghanaian family is much more than the nuclear family and includes distant relatives. The term "family" is therefore used to refer to both nuclear and extended family, but most commonly reference is made to the latter. The family (extended family) is usually based on lineage ties. Matrilineal and patrilineal families are the major family systems in Ghana. The major difference is that with matrilineal, a child is considered to belong to the mother's side of the family. For instance, in a typical matrilineal family system, the brother of a child's mother (uncle) is considered as the "father" of the child who is expected to take full responsibility of his "nephew." And so in this type of family system, the brother of a child's mother is the one who inherits the mother's property if any. The patrilineal system, on the other hand, considers that children belong to the father's side of the family. Therefore it is very common for Ghanaians to call their uncles "father." Even

though these family systems are distinct, one thing that is common to them is that irrespective of which system type being practiced by a particular tribe, a child often belonged to a male rather than a female. For example, even in a matrilineal society, a child is a responsibility of her mother's brother, and for patrilineal system, he or she is a responsibility of her father. In fact almost twice as many households are headed by men (66%) in both urban and in rural areas (GSS et al., 2015).

In Ghanaian society, kinship is sustained through marriage. Marriage and child birth are very important in the Ghanaian society as it is a way to ascribe roles (economic and noneconomic as well as reproductive roles) to individuals. Because of this belief system, some women who are not married are viewed differently. There is variability in marriage in Ghana within the different tribes and ethnic groups; however, there are various commonalities as portrayed in the literature (Nukunya, 1992, cited in Perry, 1997):

- a. Traditional Ghanaian marriages involve a union of two families rather than two individuals; polygyny, the marriage of one man to two or more women, is commonly practiced.
- b. Extramarital affairs by husbands are common; extramarital affairs by wives are prohibited and may prompt divorce.
- c. Traditional Ghanaian marriage involves some form of marriage payment made by the groom in return to the bride's father and the rest of his family for the rights to have guardianship of the bride.
- d. Within the confines of marriage, both partners are expected to treat each other with compassion and to fulfill each other's sexual desires; a husband assumes responsibility for his wife's economic well-being, as well as authority over her sexual behavior; in return, a wife is expected to perform domestic duties, make financial contributions to the family, and to defer to her husband's authority.
- e. Marital conflicts arising from either spouse's failures to fulfill her/his marital obligations are resolved within the context of the extended family.

Family Strengths and Needs

Family Concepts and Dynamics

Ghanaian society may be characterized as a collectivist society; its cultural beliefs are rooted in obedience, conformity, and narrow socialization and strongly discourage deviation from cultural expectations through socialization (Arnett, 1995). Honor, face-saving, respect and care for the elderly, and authority are few important cultural standards in Ghana. Ghanaian society believes in strong familial ties: that an individual does not develop and function in isolation but depends on the community for social, economic, emotional, and psychological needs. The adage "it takes a whole village to raise a child" is relevant in this context. What this signifies is that what befalls an individual is also in part a crisis for the entire family; therefore, the inclusion of family members in every aspect of an individual's life is prominent. This standard provides an understanding of the belief of reciprocity and the labile nature of Ghanaian society which provides an important context for this chapter. The involvement in a whole village in raising a child is with the expectation that the child will grow up and be a responsible adult to give back to the family and community. In many respects, it is an obligation of adult children to take care of their elderly parents or family members as it is for adult family members to take care of the young ones. In fact, children are the main source of old age support and social security. The labile nature of Ghanaian society is obvious within the extended family system where mothers are mothers to all children, elderly parents are grandparents to all children, and uncles may be seen as fathers. It is common for a niece or nephew to be raised by his or her aunt or uncle. Thus, a Ghanaian child grows up depending upon various members of the extended family rather than solely upon his or her birth parents. Some of these constructs on family relationships have been conceptualized through many comprehensive theories of family systems and human functioning including "systems theory" (Bowen, 1966, 1971, 1976, 1978) and ecological development theory (Bronfenbrenner, 1979, 1986).

From Bowen's family systems theory perspective, the family and its members are emotionally connected through complex interactions. Such families affect their members' feelings, thoughts, and actions; seek member's attention, approval, and support; and respond to each other's needs and expectations. The functioning of family members are therefore described as interdependent, and a change in one member's functioning is followed by reciprocal change in other family member's functioning (Bowen, 1966, 1971, 1976, 1978). Bronfenbrenner's ecological theory looks at an individual's development within the context of system of relationships that form their environment. Changes in any of forms of relationships/interactions will affect the individual's functioning. Thus a person is affected by the settings in which he or she spends time, and in like manner, a person also has effects on the settings. Therefore, an individual is expected to uphold to their own cultural values and standards which have been created through a process of socialization. A family tie, interdependent on family members and relationships, is evidenced throughout the life course of Ghanaian families. It is characterized by oneness, we-feeling, and communal living. Success for an individual is a success for all the family members, and problem for an individual is a problem for all the entire family members.

These concepts and theories are significant in the Ghanaian context. For example, the birth of a child is a well-celebrated event in the Ghanaian culture, and each ethnic group has their own special way of celebrating this event. Among the Akan and Ga people, the "naming ceremony" is performed and often attracts a great number of people from both sides of the child's family. So are other life course events such as marriage and death. Such social events are attended by a large number of families, friends, and colleagues, which could sometimes reach hundreds. In fact the involvement of a large number of people in such social events is an indication that the person being celebrated is/was friendly, very charitable, well respected, and overall a great member of society and has high social status. Another typical example is how informal foster care has been

used over the years as a "safety net" for orphans or children from poor homes in Ghana. The kinship network comprising of friends, family members, and sympathizers ensures that these children are fed, clothed, sheltered, and educated.

As a characteristic of narrow socialization, Ghanaian culture promotes rules that encourage stability, obedience, order, and conforming to the societal standards. Cooperating with others is the norm, and refusal to cooperate and wanting to be independent are frowned upon. Simply put, everyone must rely on others for support. Because of this, matters concerning an individual do not mean decisions must be made individually, but it must include the family. Every decision that is made must be considerate of the repercussions on both individuals and family members. In many respects the consequences on the other person (be it friend, family member, etc.) are the priority. Because of this belief, the family (be it nuclear or extended) is involved in the individual's "life" be it good or bad to make sure that the individual conforms to the society's expectation. As a result, the general society sees the individual's actions as reflecting the moral and ethical values of the family.

Another characteristic of the Ghanaian culture is "face-saving" and upholding one's family's reputation. For this reason, conflicts within the family are resolved within the family. Most Ghanaians do not seek external help to resolve conflicts within the family, but individuals draw on the strengths of the family to survive. For instance, a new parent may depend on older parents within the family to learn about how to care for their newborn and transition into parenthood. A couple facing marital issues may rely on an elder in the family, a close relative, or a well-respected/prominent adult to seek advice and resolve conflict. Outside of the extended family but close enough are religious leaders, bosses, and other leaders who often serve as mediators for families in conflict.

Furthermore family elders supervise the allocation of land and function as arbitrators in domestic quarrels; they also oversee naming ceremonies for infants, supervise marriages, and arrange funerals. As custodians of the political

and spiritual authority of the unit, the family head and elders ensure the security of the family. These obligations that bind the group together also grant its members the right of inheritance, the privilege to receive capital (either in the form of cattle or fishing nets) to begin new businesses, and the guarantee of a proper funeral and burial upon death. The extended family, therefore, functions as a mutual aid society in which each member has both the obligation to help others and the right to receive assistance from it in case of need.

To ensure that such obligations and privileges are properly carried out, the family also functions as a socializing agency. The moral and ethical instruction of children is the responsibility of the extended family. Traditional values may be transmitted to the young through proverbs, songs, stories, rituals, and initiations associated with rites of passage. Among the Krobo, Ga, and Akan, puberty rites for girls offer important occasions for instructing young adults. The rites serve as a vocational training where girls are initiated into womanhood, given instructions in housekeeping and child-rearing. These methods of communication constitute the informal mode of education in the traditional society. It is, therefore, through the family that the individual acquires recognition and social status. As a result, the general society sees the individual's actions as reflecting the moral and ethical values of the family. Debts accrued by individuals are assumed by the family upon a member's death, and, therefore, his material gains are theirs to inherit. Ways that the families socialize are teaching the values of belonging to a group and dependence, instead of individual autonomy and independence. From the time a child is born, they learn to value their membership: they spend time with other members of the family and are taught to be respectful and to defer to adults in a variety of situations.

Evidently, the characteristics and the strengths of the family system are mechanisms that help individuals and families to cope with life events. However, these mechanisms are the same that prevent people from utilizing family and social services that are available for them. For example, there are many victims of domestic violence who do not seek help or appropriate services for rea-

sons that are tied to traditional beliefs such as their role as women in the family and fear of bringing shame and disgrace to their partners and their families as whole (Dery & Diedong, 2014; Luginaah, 2008). In a study that assessed the relationship between alcohol, HIV/AIDS transmission, and domestic violence (Luginaah, 2008), a woman rightly said "it is still culturally unacceptable and disrespectful for a wife to question her husband's habits..." (p. 811). This quotation is suggesting that if violent aggressive behavior is the habit of a man/husband, then the woman who is the victim will have to accept that as hardship. Other studies also reported similar findings on the impact of tradition on domestic violence, and in some cases accessing services to curb the violence may be considered a taboo (Koenig, Ahmed, Hossain, & Khorshed Alam Mozumder, 2003; Mitchell, 2011; Morris, 2012). Furthermore cultural beliefs around pregnancy and childbirth have been documented as a barrier to accessing maternal health services (Ganle, Parker, Fitzpatrick, & Otupiri, 2014). The belief among some women that pregnancy and childbirth are natural and most occur in natural settings is a regression to the implementation to the free maternal healthcare policy in Ghana. Many women reported that there should be limited "unnatural" interference during pregnancy and childbirth, and therefore some women were apprehensive of any interventions and services that are provided in the hospital including cesarean section (Ganle et al., 2014).

Traditional and cultural beliefs are not necessarily the only barriers that inhibit individuals and families in accessing available services and resources. There are other systemic, logistic, and policy level barriers that individuals and families face such as transportation and limited health workers and facilities (Ganle et al., 2014; Martey et al., 1995), but these fall beyond the scope of this chapter. Also, it should not be misconstrued that Ghanaian society has only one type of socialization. In fact with influences of Western culture, some of those typical social characteristics are fading, and Ghanaian culture is becoming open to other cultures which embrace broad socialization. Also, the extended family network

remains intact in much of Ghana; however, poverty increased rate of rural-urban migration, and family breakdowns are impacting the extended family support and kinship networks and characteristics of socialization are changing.

Family and Social Policies in Ghana

Traditionally the Ghanaian kinship network acts as a complete social welfare system, ensuring that resources are shared across the different levels of the family for the survival of all, strengthening kinship ties in the process. Individuals in Ghana often live in closely connected families in which case both the nuclear and extended families contribute to their upbringing. The practice of expecting assistance (both financial and social) from family members is based on the idea that family wealth, knowledge, and wisdom derived from land, labor, and life experiences are inherited from common ancestors. These family structures notwithstanding continue to face numerous challenges which include maltreatment, corporal punishment, domestic violence, sexual abuse, sexual violence, and exploitation among others. There has been an inflow of policies through the different arms of government ministries to enhance family life. Most of these policies and regulations are built on both intervention and prevention models to enrich family life and to prevent anticipated problems. However they may not be necessarily referred to as FLE in the Ghanaian context.

Ghana's social welfare and family and human services provision is mainly focused on social institution, most of which are nongovernmental, community-based, and not-for-profit organizations. Currently there are over 1100 NGOs in Ghana which provide services in the area of health, social, and behavioral (Nimo & Wood, 2005): Upper East Region, Upper West Region, Eastern Region, Greater Accra Region, and Ashanti Region organizations vary with each region depending on the need of the population served. These organizations may receive funds from different levels of government, as well as private donations to function. They may also be contracted to carry out specific duties on behalf of government or other private organizations. Few government ministries and nongovernmental agencies are listed in Tables 1 and 2.

In 2007 the National Social Protection Strategy was developed and implemented into a policy in 2015 (National Social Protection Policy [NSP]) to coordinate social protection approaches and social services in an integrated way (Ministry of Gender, Children and Social Protection, 2015). Partnerships between both private and public sectors were to ensure sufficient and sustainable resources for social protection and to incorporate concerns of the poor and vulnerable into national development. Prior to the NSP, Ghana's history of social protection was dominated by traditional family and community arrangements, interventions by faith- and welfare-based organizations, and emergency relief from government agencies.

Table 1 The structure and institutions in charge of families and parenting in Ghana

Ministry	Family/parenting	Goals	Outcomes
Ministry of Gender, Child and Social Protection	Fathers, mothers, and children	To provide social protection for the family	Able to provide limited protection to selected few in Ghana
Ministry of Health	Fathers, mothers, and children	To ensure the biological, physical, and psychological well-being of the family	Provides biological and physical well-being but does little about psychological well-being
Ministry of Manpower, Youth and Employment	Fathers, mothers, and children	To ensure equity in employment for the family and to prevent child labor	Is unable to adequately ensure labor equity as well as child labor
National Council for Women and Development	Mothers and children/NGOs	To ensure the empowerment of women and children	Have being working on its goals

Source: Otu (2015)

Table 2 List of top NGOs providing family and social services in Ghana

Top NGOs in Ghana
Care International
Action Aid
Adventist Development and Relief Agency
Challenging Heights
International Federation of Women Lawyers
Volunteer Partnerships for West Africa
Legal Resources Centre
Plan International
Voluntary Services Overseas
Friends of the Earth International
Compassion International
Danish International Development Agency
Commonwealth Human Rights Initiative
International Development Enterprises
SME Relief Foundation
Sympathy International
Islamic Council for Development & Human Services
Ghana Red Cross Organization
Destiny Child Foundation
Christ Centered Counseling Network (CCCN)
Spring Child Foundation
African Widows and Disabled Foundation
Millennium Child Support Group
Diligent Citizens Foundation
Cherubs Foundation International Ghana

Areas for strategic intervention for the policy include but not limited to social welfare services such as community-based rehabilitation programs, child rights protection and justice administration, public health programs (prioritizing voluntary counseling and testing, reduction in HIV/AIDS-related morbidity and mortality), personal safety and security which accommodates domestic violence and human trafficking, and community policing (Ministry of Gender, Children and Social Protection, 2015). By these policy beneficiaries of community, programs are coordinated and targeted individuals and families who need assistance reached. For example, the *Livelihood Empowerment Against Poverty (LEAP)* program provided cash transfers to almost 100,000 poor households at the end of 2015 and expanded the eligibility criteria to include all the poor (beyond using the categories of older persons, persons with disabilities, orphans and vulnerable children, and pregnant

women and infants) (Ministry of Gender, Children and Social protection, 2015). Similarly, through the *Labor-Intensive Public Works (LIPW)* program, over 100,000 poor individuals in 49 districts in Ghana were covered.

The health sector has seen a similar change as the vision of the Ministry of Health was “creating wealth through health” through policies that support individuals and families. For example, the National Health Insurance Scheme under Act 650 in 2003 (amended in 2012 as Act 852) was implemented to promote universal access to basic healthcare through public, mutual, and private health insurance schemes. Under Act 852 (2012), children, maternal care both pre- and postnatal care, and mental health are covered by the national insurance scheme. Together, with numerous maternal health education campaigns being undertaken by the Ghana Health Service, there has been a shift of birthplace from the home (where skilled birth attendants are not available) toward formal healthcare institutions (where skilled birth attendants are likely to be available). Also, health programs have been addressed at the individual and family levels and have involved the private sector, traditional and religious leaders, and civil society in the design, planning, implementation, monitoring, and evaluation of programs. Other maternal healthcare intervention programs include Ghana VAST Survival Program, Prevention of Maternal Mortality Program (PMMP), Safe Motherhood Initiative, Making Pregnancy Safer Initiative, Prevention and Management of Safe Abortion Program, Maternal and Neonatal Health Program, Roll Back Malaria Program, and Intermittent Preventive Treatment. All of these programs are geared toward reducing maternal mortality rate, by increasing the numbers of midwives through direct midwifery training, educating women on immunization, and accessing pre- and postnatal care and overall general well-being.

The introduction of family-based initiative in the health sector such as the Family Health Division under the Ghana Health Service has contributed to FLE in the areas of reproductive and child health, nutrition, and health promotion initiatives. The main goal of the division is to

reinforce coordination of resource mobilization of public health programs and activities, develop comprehensive health policies, and cover all activities in the areas of reproductive and child health, nutrition, and health promotion.

HIV/AIDS posed a challenge to the working-age population and fostering and living arrangements. The infection also compromises the family support systems as young adults become afflicted and die before their parents. Ghana's response to the HIV/AIDS pandemic has been positive creating progressive advocacy and enabling sociopolitical environment for implementing comprehensive multi-sectoral programs to combat the HIV epidemic. The establishments of Regional AIDS Programme (RAP) and regional-focused programs in all ten regions have made inroads in the fight against the disease. Within these programs, patients diagnosed with HIV receive care, financial aid, and counseling services in a safe and confidential environment. In addition, HIV prevention education has been incorporated into the school system and after-school programs.

There has been a shift in paradigm from policies targeting population to an individualized approach—focusing on the individual with attention to basic human rights, gender equality, and health education. For instance, on the human rights aspect, there are the freedom from sexual violence and of choice of marriage and child-bearing and the right to sexuality education. The Child and Family Welfare Policy is a hallmark of child/family protection system in Ghana. The policy, which recognizes children as integral part of family, emphasizes both the “formal” component of Child and Family Welfare services (governed by laws, policies, and regulations and delivered by state institutions) and the “informal” (based on community and traditional processes and resources). Of merit is the establishment of a comprehensive legal framework for child protection guided by the Constitution and Children's Act 1998 (Act 560). The primary objective of this framework is to design child and family welfare programs to prevent and protect children from abuse, neglect, and exploitation and to ensure effective coordination of the child and family welfare system at all levels.

The implementation of the domestic violence act (Act 736) in 2006 and its subsequent transition into law in 2007 greatly impacted the lives of women and children in Ghana. Although there has been a “yawning gap” (Mitchell, 2011) between the legislation and practice, it marked a shift in the legal recourse available to victims of domestic violence. For a culture that defines family values by the core belief that the interests and rights of the family and family unity are above those of the individual and women are ascribed the role and responsibility for maintaining that unity, this law defined a new path for victims of domestic violence. At least 17,655 cases were reported to the Domestic Violence and Victims Support Unit of the Ghana Police Service in 2014 compared to 5,709 cases in 2009 (Abbey, 2015). Formerly, women were not reporting these cases to the police.

Development of Family Life Education in Ghana

According to Powell and Cassidy (2007), the use of the term FLE in the Western culture can include “anything from teaching about relationships in schools to providing premarital education or dealing with the developmental issues of aging” (p. 263). Thus FLE is broad in scope and broad in aim. In this respect it can be said that most of the learning of FLE is done informally through traditional and cultural practices. In Ghana, FLE is not a formal discipline and has not been introduced into many tertiary educational systems. When FLE has been used in many African countries, it's been defined to include a wide range of adolescent and behavioral issues; sexual education, particularly in terms of HIV/AIDS; and education about human sexuality, including sexual intercourse and abstinence, sexual reproduction, and reproductive health (Adeyemi, 2005; Ojo & Fasubaa, 2005; Udegbe et al., 2015) (Agency, 2000). A possible explanation could be the major health crisis which has hit the continent especially the HIV/AIDS crisis. This health issue has been defined in the context of the family (Asiedu & Myers-Bowman, 2014; Eustace, 2013; Eustace, Asiedu, & Mkanta,

2016) and has been instrumental in defining major efforts in any form of education involving families.

Alternatively, the idea of FLE or family-related education has been a fabric of the Ghanaian culture since the family functions as a socializing agency. In this regard informal FLE is ingrained in the customs and beliefs so much that it is seen as mundane. Such traditions and informal education begin at the beginning of a child's life through adulthood and to death and are marked by customs to commemorate life transitions. In that regard the part of education that focuses on healthy family functioning is drawn from the extended family, and individuals rely on the kinship and family network for economic, social, educational, psychological, and physical support. The moral and ethical instruction of children is the responsibility of the extended family. Traditional values may be transmitted to children through proverbs, songs, stories, rituals, and initiations associated with rites of passage. Among the Krobo, Ga, and Akan, puberty rites for girls offer important occasions for instructing young adults. These methods of communication constitute the informal mode of education in the traditional society. It is, therefore, through the family that the individual acquires knowledge to enrich their life. Other forms of enrichment programs are available to individuals and families through nongovernmental organizations and religious organizations. Table 2 shows a list of most common NGOs in Ghana, most of which provide health and financial support to individuals. In many cases the NGOs and community organizations serve as entry points for the provision of individual and family services. In some cases they are the first point of call for child protection incidents. In some stances, government agencies rely on NGOs to provide support services to victims of abuse (Ministry of Gender, Children and Social Protection, 2015).

While FLE is not explicitly prominent, there have been inroads in the formal sectors where components of FLE can be found in school curriculums and syllabi. Before 2002, early childhood education was not part of the formal system; it was introduced as a result of recommendation

made by a Committee on Review of Education Reforms (International Bureau of Education, 2006). As a result, there have been major advances to include early childhood and pre-school education in the formal system. The inception of junior secondary school concept in the late 1980s and early 1990s marked the foundation for FLE in Ghana. In this regard, there was a huge change in the curriculums for basic levels of education consisting of courses such as cultural studies, family systems, life skills, vocational skills, and social studies which can be considered FLE in the Ghanaian context. The whole Ghanaian educational curriculum was transformed and mandated to engage the youth in specific vocation even if they did not complete senior high school. Unfortunately, this change did not meet its objective, and completion of a junior high school did not provide adequate skills for the youth to survive economically. Students who complete junior high school will still have to go through the senior high school education before choosing a tertiary or vocational institution where they can specialize in a career. With regard to second cycle (high) schools in Ghana, FLE is also not well pronounced, although components of the discipline are taught in schools offering courses in home economics, sociology, social studies, physical education, and in recent years the inclusion of sexual education. Biology and sexual education courses are core and mandatory courses and are the major courses through which students acquire knowledge regarding human reproduction and sexuality, sexually transmitted infection prevention, adolescent development, and the skills needed to make health decisions. However, topics such as communication, interpersonal skills, and contraceptive topics which are imperative for adolescent development are not required courses and are included in the management in living elective. Other important skills, such as negotiation skills, ability to manage risks, how to use and where to access contraceptives, gender and marriage, body autonomy, gender-based violence, and gender equality, have been identified as not included in the compulsory social studies curriculum (Awusabo-Asare et al., 2017).

At the tertiary level, FLE has been an extended version of “Home Economics,” and a review of the top 10 university websites in Ghana reveals only one institution (University of Ghana) has a college level course in FLE. The University of Ghana has seen a transformation of “Home Economics” education from its traditional concept of cooking, sewing, and general housecraft to the development of Family and Consumer Sciences discipline involving a broad curriculum of teaching and research that includes programs in consumerism, livelihood issues, gender and environment, as well as emerging issues of the family and human development (Ghana, 2014). Major courses include Human Development and Child Studies, Women and Development. Other institutions have followed suit. The University of Cape Coast and University of Education, Winneba, have introduced Early Childhood Care and Development courses at the diploma, undergraduate, and graduate levels, and their curriculums focus on teaching and research in current trends in comprehensive and integrated programs of child development, education, and survival in Ghana. Also, there are many curriculums across universities and colleges in Ghana that touch on all ten contents of FLE content areas.

Family Life Education Implementation in Ghana and Its Challenges

Implementation of FLE programs in Ghana may have its own merits and challenges. Many Ghanaians would rather seek formal education in other disciplines in academic institution than to participate in education on parenthood, for example. The fact that family enrichment is mostly traditional, most individuals may not find it necessary to consciously learn about it. This is especially intricately tied to the socioeconomic status of the Ghanaian population. Because most of the population live below poverty line, resources are prioritized, and the little resource will rather be put into formal education rather than acquiring knowledge to strengthen one’s self and the family. In fact, attending FLE programs like parent-

hood, or transition to parenthood, may be regarded as a weakness of an individual rather than something to strengthen them. Because of this, it will be very difficult for a Ghanaian to attend a FLE program unless there is a painful need for it; thus therapy and intervention will be more acceptable than a preventative approach. None the less, this creates an opportunity for creating the awareness of educational programs that can enhance individual and family life. There remains more work to be done in this area and to emphasize the importance and concept of prevention as a better alternative to treatment/intervention.

While FLE can be offered in different settings and by different institutions and agencies, some institutions will be more favored than others. For example, while it will be more acceptable to access FLE programs in churches and community-based agencies, many people will find it difficult accessing such services in conventional institutions such as mental health clinics. Family issues are considered as religious and moral rather than legal and public issues. In fact, many conflicts within families are resolved within the families rather than through legal means. Thus it is more familiar for many Ghanaians to talk about their problems to their family members, family heads, etc. than to convey them to a professional they do not know. Considering that FLE is new in Ghana, there will be the need to build collaboration with other disciplines or experts in other fields, coordination, and cooperation which may be challenging to the family life educator.

The Ghanaian culture is very much focused on formal education (e.g., acquiring a degree) to better oneself. Families have a traditional and usually informal ways of making transitions across the life span. Usually people learn from elders and other family members who have gone through similar life transitions. For instance while parenting classes may be very important in the American society for couples having a new baby, it may not be relevant to similar couples in Ghana. This is because when couples have a baby, a relative (usually mother, aunt, grandmother, or either of them), who is believed to have some experience in parenting, stays with the

couple for as long as it is convenient for them and their hosts. Those few months are observation and training period for the new mother. Similarly when there is death of a spouse, child, or sibling, other family members help through the transition, by staying with the bereaved person(s) for a few weeks. All these are to help the individual with the transition. Because of this it will be challenging to focus on educational and prevention programs throughout the life span. As family trends evolve and life education advances in Ghana, it will be helpful to identify unique opportunities and needs at various stages across the life span in order to develop educational programs that meet those needs. For example, programs that emphasize respect for self and others regardless of gender or social status, interpersonal relationship skills, equal partnership in relationships and how to communicate with partners in relationship, sharing responsibilities, etc. are few areas that will enhance relationship and curb issues related to domestic violence.

Family Life Education Evaluation in Ghana

Because there is no stand-alone FLE program in Ghana, there is no clear standardized mechanism for monitoring or evaluating its practice, research, and education. Also, it is difficult to assess the impact of different agencies both government and nongovernment when they work collectively to address family and social issues. It is probably safe to reflect on the contributions that are being made holistically rather than focus on effectiveness of each program. For example, the Domestic Violence and Victim Support Unit (DOVVSU) works closely with different government and nongovernment programs as part of a multi-agency approach recommended by the National Domestic Violence Plan. Such agencies include the Ghana Police, Human Rights Advocacy Centre, International Federation of Women Lawyers, etc. Each agency's performance is dependent on the others performance.

Most nongovernmental and community-based organizations rely on their own internal program

monitoring and evaluation and set criteria and objectives at the start of each program/project to inform the development of the agency's new programming strategies for the next program cycle. Developing monitoring and evaluation systems, specifically for FLE and for assessing the effectiveness of both government and nongovernment programs, is imperative. Strengthening the existing links between programs and agencies who offer the same/similar services so that individuals and families have better access to resources is essential.

Conclusion

Families in Africa have experienced significant changes over the years and the family in Ghana has had a series of transformations. Family life continues to undergo considerable changes, changing the composition and structure of families in Ghanaian society. A major change is the influx of urban areas on the nuclear family system. Currently the only times families are united is during traditional social events such as marriage, child naming, and funeral ceremonies. Traditional social values such as respect for elders and the veneration of dead ancestors are generally more evident among the rural than the urban population (Brown, 1986). Also, the traditional welfare system is dwindling in recent times as a result of increasing migration and urbanization, demographic changes, the modern capitalist economy, and the accompanying changes in the value system of many Ghanaians (Geest, 2002).

Similarly the education system in Ghana has seen a series of transformations, and its main focus has been on math and sciences relegating many subjects in the arena of social sciences to the background. FLE in the Ghanaian education system is lacking, and this chapter has highlighted some of the possible explanation to this. Namely, the traditional social systems have inherent processes of confronting family issues and challenges related to the family. These and many other changing conditions discussed here represent a challenge to which the Ghanaian family of the twenty-first century must deal with. Some strides

have been made such as the introduction of early childhood programs and family and consumer programs at the tertiary education level.

With the HIV/AIDS pandemic being one of the country's major health crises, there have been several responses from both government and nongovernment organizations to fight the disease. As a result sexuality education and HIV prevention education are prominent in all developmental fronts.

More needs to be done in terms of defining FLE within the context of the Ghanaian society, to address the paucity of systematic programs and education for FLE in practice, research, and evaluation. All forms of FLE need to be considered however informally and formally they appear. As Ghana advances toward modernization and developing more policies that enhance individuals and family lives, it is imperative to focus on education and preventive measures that provide knowledge and tools that will equip individuals and families to enrich their lives. For example, family resource management and parent education and guidance are few areas of significant impact as Ghana moves into reducing its poverty levels and involving parents in the fight against HIV/AIDS.

Developing effective FLE programs in practice, research, and academia is particularly important because of the comprehensiveness, complexities around family formation, and in many respects the gravity of challenges that families face. FLE addresses a wide array of challenges that individuals and families face ranging from family formation to its structure and throughout the human life span. Hence, it is important to consider FLE as a new educational specialty in Ghana.

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South Africa: Family Life as the Mirror of a Society

Clara Gerhardt

Looking Back and Looking Forward

Families hold up the mirror to what happens in a society, and in turn they reflect that society's hopes and aspirations. The children of a society may seem voiceless, but their fate typically speaks loudest. What happens to the youngest ones is the report card reflecting the grades we, as a society, can hope to earn in terms of family welfare, public policy, and family life education. Families are central to communities and to societies. They influence the culture, as well as the larger context within which they are embedded (Bigner & Gerhardt, 2019).

Families also reflect the values, strengths, and challenges of that society. When societies are under attack, that destruction enters the family and affects all the members, all the way down to the youngest and most vulnerable ones. On the other hand, when families thrive, they create productive, rewarding, and nurturing communities.

Tribute to a Continent South Africa is scenically exquisite, with tremendous diversity in flora and fauna, combined with mineral reserves of diamonds, gold, and other rare metals. Geographical regions have unique vegetation systems, and the diversity of the *fynbos* plant spe-

cies, as found in the natural parklike surroundings of the Cape, are a botanist's Eden. Tourists flock to admire the natural habitat of wildlife as observed in protected game parks. With its designer climate and untouched corners reflecting the true Africa, this country provides a timeless tribute to a continent. Similar attributes pertain to the people.

Multicultural Roots There is no stereotype for the people of South Africa. Southern Africa is home to a number of ethnic groups including the Ndebele, Sotho, Swati, Tsonga, Tswana, Venda, Xhosa, Zulu, and the Khoisan people, the latter predominantly living in the vicinity of the Kalahari desert (Green Paper on Families, 2011, p. 22). Some of the early documented history of the meetings of very diverse cultures occurred near the beginning to mid-1600s. Seafarers and traders from Europe created a halfway station in the form of vegetable gardens in the Cape, to replenish their food supplies on the shipping routes to the Far East. There they traded for spices, porcelain, tea, coffee, and other desirables. The East-India Trading Company (1600) from Britain and the VOC (“*Verenigde Oost-Indische Compagnie*”), run by the Dutch (1602), were two early contenders. The Dutch company existed for about 200 years and ultimately eclipsed its competitors. This company was a major contributing factor to the early Dutch settlers in South Africa.

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Wave upon wave of other influences created a very hybrid society that included Indians, Malays, and Chinese. Some of the Malays were descended from indentured laborers from Malaysia, whereas the Chinese had been traders and general workers performing a variety of tasks. Some of the ethnicities intermingled, and their offspring have found a unique identity in the colored community (Green Paper on Families, 2011). Other immigrants were fleeing from religious and political persecution, for instance, the Huguenot Protestants from France, or those seeking greener pastures such as the British settlers of 1820. A number of Jewish families, typically with East European countries as their heritage culture, added to the diversity. Increasingly the numbers of those who joined the mosaic of peoples swelled, more recently numerous refugees and migrants from other African countries. South Africa boasts 11 national languages, of which English is used internationally and forms the leading conversational language unifying the communications between the various groups. Collectively the people of southern Africa created a rich and above all diverse society.

Cultural Fusion Both the languages and the cuisine of South Africa are a tribute to this diversity. Traditionally Malay words such as *baie* (much/a lot), *kierie* (walking stick/cane), and *pie-sang* (banana) make their reappearance in the Afrikaans language, and dishes like “bobotie” and “blatjang” tell us that early settlers shared their favorite foods and traditions to form a new blended cultural *mélange*. All these ethnicities brought with them the memories and the traditions of their culture of origin, their heritage and language, accompanied by industriousness, hopes, and dreams for better futures for their families and their children.

Historical and Cultural Threads In many ways, history is culture, as it influences the current cultural content, and the two are intertwined. History also tells us about culture in the past tense. Interestingly the early names given by the explorers were all positive; the Portuguese called

it *Cap Esperanza* as in Cape of Good Hope. Later adjectives describing South Africa’s tumultuous past were often contradictory: colorful, tragic, conflicted, oppressed, tortured, and regenerative. South Africa has witnessed bloodshed, human rights violations as in the Apartheid regime, extreme poverty, violence of unprecedented proportions, an HIV/AIDS pandemic, and more. The efforts of Bishop Desmond Tutu, Nobel Laureate for Peace, toward truth and reconciliation, were necessary steps in creating a firm foundation for the process of change (Brooks & Coba-Rodriguez, 2015; Goodman, 2015). It is a long history with a bittersweet legacy; in recent memory the bitter overtones dominated. Ultimately the best scenario is that the South African nation unites to rediscover renewal, forgiveness, and prosperity and, in doing so, is offering its families and their children the Hope that was part of its earlier name.

Youths walk faster than the elderly, but the elderly know the way. African Proverb

A Place for Family Life Education

“Family life education focuses on healthy family functioning within a family systems perspective and provides a primarily preventive approach” and “the goal of family life education is to teach and foster this knowledge and these skills to enable individuals and families to function optimally” (National Council of Family Relations, n.d.).

Clearly, family life education can occur in many contexts. In South Africa, the professional title of Certified Family Life Educator (CFLE) is not regulated or protected, and there is no single professional body concerned with overseeing accreditation in universities and colleges for programs that specifically focus on this concentration. Family life and the wellbeing of family members are addressed by several disciplines and professions. Family wellbeing is prioritized on social and public policy agendas, but the avenues toward establishing family-friendly policy and implementation of family-related education find unique expressions as befit the country’s political context and resources.

Professions, which are deeply involved with the wellbeing of families and their children, are social work, with support from allied professions dealing with families and society in South Africa. These include social, counseling, educational and clinical psychologists, child and youth workers, educators, medical and nursing professionals, and all those concerned with youth development (Martin, 2007). The predominant challenges for all these professions are the ratios of professionals to clients. The needs vastly outnumber the resources available, both in terms of the professional labor force available and the resources; economic, legal support, implementation, enforcement, and the like. Several South African professional organizations are focused on the wellbeing of the family. The history of the development of marriage and family therapy in the uniquely South African context is summarized in a chapter published in a book on global perspectives in family therapy (Gerhardt, 2003).

The family that Nelson Mandela described in his biography “Long Walk to Freedom” represents an ideal that may be hard to replicate in present times:

My mother presided over three huts at Qunu, which I remember, were always filled with babies and children of my relations. In fact, I hardly recall any occasion as a child when I was alone. In African culture, the sons and daughters of one’s aunts and uncles are considered brothers and sisters, not cousins. (Quoted in Makiwane, Nduna, & Khalema, 2016, p. xviii)

Cultures and the families ascribing to particular cultures are in transition; and as with the revelations from Pandora’s Box, the changes can be good as well as challenging.

A baby on its mother’s back doesn’t know the journey is long. African Proverb

A Society in Transition: Challenges to Family Life

Societal Challenges As a rapidly growing society, South Africa faces the challenges of a burgeoning population growth, with the greater

majority of its population under 18 years of age. Education related to sexuality has been a priority since the early days of the HIV/AIDS endemic, and there is room for education surrounding family planning, pre-, peri-, and post-natal care for mothers, infant and child care, effective parenting, and conflict resolution to counteract domestic and intimate partner violence (IPV).

Major educational discrepancies, alarming unemployment rates and related crime, create a tsunami of forces that cannot be dealt with in a simplistic or prescriptive way. The prevalence of crime is often the direct result of unemployment and dire poverty: desperate people trying to find ways to survive despite the complex components of disenfranchisement. Despite the rapid growth of the black middle class, there are marked and extreme variations between those who have and those who do not have or the wealthier versus the poorer members. Children, adolescents, and emerging adults are caught up in the middle, when strikes immobilize educational systems including schools and universities. A group of children, who were born as Nelson Mandela took over leadership, were followed in a longitudinal study. These were the “Children of Hope” (Barbarin & Richter, 2001); as they were growing up under a new regime, with the promise and optimism of a changing society. They were also called “Mandela’s Children.” The enormous challenges of a society in transition meant that they faced many of the same extreme concerns as the greater society that harbored them. Poverty, unemployment, and high crime rates also found a way into their lives, affecting their dreams and aspirations (Barbarin & Richter, 2001). Several South African researchers who at the time of writing were all affiliated with the Center for Social Science Research at the University of Cape Town, published a book in which they examined the realities of children and youths growing up in a post-Apartheid South Africa (Bray et al., 2010). Of particular relevance to family life education is the emphasis on the realities of family life which can be complex and challenging, to include absent parents, abuse, and neglect. Neighborhoods and schooling systems

can in turn influence the type of childhood experience a child may expect. There simply is no one-size-fits-all answer to the complexities of a society in flux.

Cultural Trauma According to Goodman (2015), “The social drama of cultural trauma can take place in many spheres where disastrous or horrific events have occurred and have not been resolved (p. 136).” South Africa carries the historical burden of Apartheid, which permeated into family life. In essence Apartheid created a segregated society, where members of that society had unequal rights and varying access to education, land ownership, employment, and more. The predominantly black population was excluded from political rule and during this historical period had no vote and no power in matters that affected them. These inequalities filtered through to all facets of societal functioning and influenced the quality of life of families and their children.

A society under threat reacts in unanticipated ways. Extreme poverty, unemployment rates that affected almost half the people and related crime, created social and economic instability. Monetary inflation eroded buying power and further fueled the distress of the nation. Great numbers of professionally trained persons emigrated, while large numbers of refugees from other African countries streamed into South Africa. The latter vied for the same limited employment opportunities, adding yet another layer of disruption.

Perhaps some of the deepest scars lie in the cultural trauma, and Goodman (2015) reiterates that it remains to be seen to what extent the country and its leadership and its people can lift themselves above and beyond the human rights violations of its past. The Apartheid régime officially ended with the election of Nelson Mandela as president in 1994. According to Goodman (2015, p. 25), this was a “traumatized society with families which were on the decline.” The Truth and Reconciliation Committee (TRC) was tasked to facilitate reconciliation through a process of unveiling the truth, which in turn would enhance understanding and ultimately facilitate

healing. This committee also testified on the plight of families and their children (Brooks & Coba-Rodriguez, 2015). The hope was to “heal the wounds of the past,” while “a culture that connected people across a seemingly incommensurable divide had to be nourished” (Goodman, 2015, p. 16).

Societal Violence Those exposed to the crime and the threats of violence, particularly children, are affected in several ways. Even if they are not direct victims, children can be emotionally affected, and a pervasive sense of threat intrudes on childhoods that should have been lived in a more innocent manner. Importantly they experience anticipatory stress, which cannot be acted out in the normal cycle of stress release. This can have an effect on academic performance, sleep patterns, and feelings of distrust (Gerhardt & Loubser, 2015). Families that are exposed to the continued stress of societal violence begin to block out the information related to the stressors, by being in denial concerning the threats and by gradual increase of tolerance of stressors. This is not a healthful situation for developing children, as the preoccupation with personal safety may block aspects of normal development.

The management of societal violence within the home and school situation focuses on the creation of stability within both these systems, the forming of stable and trusting relationships with peers and significant adults, and parents and teachers who create normalcy in school and home environments. An adverse societal system can alienate individuals from mainstream society, especially if they are cut off emotionally. Violence has a multigenerational effect on perpetrators as well. Those who were victims themselves are more likely to perpetuate the cycle of violence (Gerhardt & Loubser, 2015).

Migrant Labor In the post-Second World War South Africa, mining, agriculture, and manufacturing were among the key areas providing employment. For the mines, specifically, this necessitated workers to migrate to mining areas, mostly far from their homes, where they lived in

hostels and sent money home to provide for their families. Many African women worked in domestic and semiskilled roles. This too took them away from the home base. Looking for work in urban contexts meant that Black families faced a double set of problems. Fathers left their families and frequently found new partners in the cities where they worked. If mothers joined the migration from rural areas toward the cities, then the children were left with grandparents or other family members. Older siblings looked after younger siblings and in the process missed out on valuable education. All these factors contributed to the breakdown of the nuclear family and the erosion of traditional cultural values, as they had been found in their original home communities (Bennett et al., 2015).

In more recent times, the migrant labor also included the refugees from other African countries, especially those from the northern boundaries of South Africa such as Zimbabwe and Zambia. In a population of about 60 million, an estimated 5 million are refugees from other African countries. Rivalry between the groups occurred as they were all fighting for survival and seeking ways to raise families in overwhelmingly taxing environments.

The HIV/AIDS Crisis A major disruptor of family life has been the high-profile epidemic of HIV/AIDS. As adults in their prime lost their lives to this disease, young orphaned children were left in their wake. South Africa has been hit exceptionally hard and suffered a devastating epidemic that has claimed the lives of countless persons. A 2015 estimate was that about 7 million people in South Africa were living with HIV. The numbers are probably higher, but many victims are unaware of their HIV status. Particularly incisive is the fact that 48% of adults in South Africa are receiving antiretroviral treatment (Avert Organization, 2018, www.avert.org).

Intergenerational and Foster Parenting As the HIV/AIDS pandemic spread and increasingly claimed lives, this set off a domino effect. It caused a complete shift in family life as

grandparents had to step in and raise families in contexts that skipped a generation. Many of the elder generations were fragile themselves, lacking the resources to cope with these responsibilities (Akinyemi, Ibinaiye, & Togonu-Beckersteth, 2016). The HIV/AIDS endemic has had far rippling effects on the very fabric of a secure home base, the security of an income, and related economic competence. If grandparents could not absorb the parental responsibilities, other extended family members and friends stepped in (Mcomber, 2016). Fostering children is a part of traditional family life in Africa. Not all stories have desperate endings; Mcomber states (2016) that some families are able to access social resources which enable them to thrive, even under these difficult circumstances. Major international engagement has occurred in trying to address various aspects of the problems which come in the wake of this pandemic.

The African cultural concept of the family is an important consideration. The prevailing thought is that children do not belong only to their biological parents; instead they are gifts to an entire community and that community has responsibilities (Rabe & Naidoo, 2016). It is from this cultural vantage point that the African proverb *It takes a village to raise a child* makes even greater sense. In the traditional African context, subsistence farming was the way that families survived, and it was a communal effort. All members of a community had to pull their weight, including the children. If children were orphaned, the community stepped in, and fostering was unregulated and common (Akinyemi, Kupoluyi, & Omoluabi, 2016). Additionally, the elders were revered in the traditional African society and with their roles came responsibility. When illness and death upturned the ecological balance of these communities, the elders tried to fill the void. Just as in other sub-Saharan countries, illness and the terminal nature of this particular illness have been deeply felt by families (Akinyemi, Kupoluyi, et al., 2016). Other diseases that have also had marked effects are malaria and tuberculosis. The international community has been

assisting in finding and implementing strategies to ease the impact.

Child-Headed Households In those villages where illness and death claimed the lives of most of the adults, children took over the roles of heading the household. This scenario contained its own problems, in that the children interrupted their own education and could hardly meet the duties of being breadwinners and disciplinarians. In some ways, these children who were fighting for survival against all odds were at risk of becoming a lost generation. They forfeited their education and the concomitant opportunities to acquire the skills for future employment. Without parental and grandparental role models, it was tempting to slip into survival mode whereby cultural traditions and obligations fell by the wayside. Breakdown of the family can contribute to breakdown of a community, and illness and death have certainly contributed to these despondent scenarios in South Africa and elsewhere in Africa.

Neglect and Abuse When stressors reach a tipping point, they pave the way for increased abuse and neglect. Parents and grandparents can feel resentful and incapable of coping with the complexity of all their responsibilities. When a situation is exceedingly stressful, when there is unemployment and extreme poverty, the likelihood of acting out these feelings of aggression and frustration on the vulnerable younger generation are particularly high (Breen, Daniels & Tomlinson, 2015). Additionally, aggressive behavior can be fueled by modeling and previous experience. Parents, who have been subjected to abuse, are likely to use abusive methods on their own children. The incidence of intimate partner violence (IPV) is also higher.

Especially in these contexts of inadequate parenting and domestic violence, the implementation of parenting programs can be most helpful (Lachman et al., 2016). Developing alternative more constructive skills, exploring support networks, and having access to childcare can contribute to ameliorating and interrupting the cycle

of neglect and abuse (Breen et al., 2015; Meinck, Cluver, Boyes, & Ndhlovu, 2015).

If the drum beat changes, the dance steps must adapt. African Proverb

The Millennium Declaration

The United Nations have developed a list of Sustainable Development Goals that nations can strive for with the intent of improving societal outcomes. This same organization provides collaborations, support, and guidelines to work toward achieving some of these goals. The Millennium Declaration extended their aspirational date to 2030. The targets are interrelated, and each one affects a variety of related domains, like a challenging global and ecological puzzle (Bigner & Gerhardt, 2019). In any of the mentioned target areas, family life educators can become the link between the aspirational goals and the practical implementation. UNICEF provides detailed statistics on South Africa concerning a number of areas, including health, literacy, life expectancy, and the like (www.unicef.org). The initial global targets as laid out by the United Nations declaration include the following:

- *Education:* The ultimate goal is education for all children. Initial emphasis is on primary school with high school or secondary education to follow. Skill training to meet demands from the employment sector. Currently, illiteracy is still very high.
- *Employment:* Because productive work opportunities initiate a rippling effect of change in other areas, employment opportunities for all, including for women, are a high-order priority.
- *Food production:* Food insecurity is rampant especially in poor communities.
- *Life expectancy:* Healthcare in pre-, peri-, and postnatal contexts. Accessible clinics and childhood vaccination programs, to address life expectancy. In South Africa major initia-

tives concerning HIV/AIDS have been undertaken, both concerning prevention and subsequent management. According to the UNICEF, current life expectancy in South Africa is around 58 years of age.

- *Living conditions:* Addressing affordable housing and related concerns such as sanitation, water, and electricity.
- *Resources:* Focus on environmental protection and stewardship of natural resources. The environment in South Africa provides a major tourist attraction and in turn is a source of revenue (Bigner & Gerhardt, 2019).

The Rights of the Child

The United Nations as an organization has been instrumental in adopting the Convention on the Rights of the Child in 1990. The goal was to formally address the rights of children globally and to encourage countries around the globe to adopt its guidelines. It is an intentional approach that focuses on the wellbeing of children across many dimensions. It addresses for instances the rights of children, parental guidance, survival, development, and nondiscrimination. There are 54 articles or subsections spelling out the details, and simple-to-read and child-friendly versions are freely available and are in the public domain (Bigner & Gerhardt, 2019).

Resilience Resilience has seemingly magical effects, but it does not surface from nowhere. Just like a nurtured plant, resilience needs to be fostered through appropriate attention, responsiveness in relationships, and providing opportunities for growth and development. Resilience is embedded in a web of other traits and conditions; many of them based on what happens within the home and within families. Family education concerning constructive parenting approaches, the value of mutually supportive relationships, and the importance of emotional engagement are areas that family life educators promote in their work. If we think of resilience as a broad-based concept, then we can gain access to a great variety of systems that feed it. Resilience can be lik-

ened to a journey; it is a way of finding the best route through a landscape; the preferred way to traverse the obstacles of life. If a context is created that supports and invests in the potential that the youth represent, then the effects of resilience can amplify. They can be found in the daily and in the ordinary interactions between people, the sense of hope gained from civic engagement, the fulfillment of completing a meaningful task, and the realization of making a difference.

In a South African research study on resilience in teenagers, it was found that those who displayed greater resilience were less avoidant in their behavior; they tackled challenges more directly by exploring coping strategies, be they behavioral or cognitive in nature. Additionally, they were strengthened by families where effective communication took place and where coping skills were modeled and supported (Mashego & Taruvinga, 2014). When crisis situations occurred, these families tried to cope and resolve the demands as effectively as possible, and the term “family hardiness” was used. For teenagers from divorced homes, the results were optimistic if they had at least one parent or constant mentor, linked to a constructive social environment. Importantly for all the participants in the study, the way a family unit managed and coped with challenges became an important precursor to whether the teenagers would display resilient behavior. Based on statistical analyses, the authors identified specific factors that contributed to resilient outcomes. These included the knowledge that one has the power to overcome obstacles, being able to rely on the strength of the family, not being avoidant in dealing with the challenge, and being actively involved in faith-based and civic communities. Family communication and support are highly effective protective factors, and there is a universality concerning the ingredients that promote family adaptation and allows family units to remain functional during crises (Mashego & Taruvinga, 2014).

Children and Schools Education is indisputably an important buffer that equips children with social skills and promotes resilience. But for children to benefit from education, educational oppor-

tunities need to exist. The infrastructure of schooling needs to be in place, and this in turn can be linked to public policy and social concerns on a macrosystemic level. Schooling needs to be safeguarded from the interruption by strikes and unrest. It needs to be a safe environment. Schools in turn can become magnets for parental involvement and help sustain a community, where parents get to know each other and work together in supporting their mutual concern, namely, the best outcomes of an appropriate educational initiative.

Individual families can find an entry point by doing everything in their power to encourage children going to school. Teachers, mentors, and schools can contribute to providing a network that fosters resilience. If a child feels supported and education is seen as an achievement of merit, it will produce a trickle-down effect. Children need parental involvement to do their daily homework and find a place to rest, sleep, and play. They need clean clothing and meals. Grassroot initiatives have sprung up to provide encouragement at this level. Family life educators can play a valuable role in educating parents concerning the power of education.

Like a pebble dropping into water, the ever-widening circles of change have the power to raise societal standards and aspirational goals. Education is also about character building. It is a system to impart moral and ethical values, assets which will strengthen the fabric of society. Civic engagement and responsibility, as well as the diverse initiatives of a number of civic- and faith-based organizations have made deep inroads into addressing these challenges. Children are part of families, they are the face of tomorrow, and in time they will form their own families.

Family Policy in South Africa

Like many other countries in Africa, South Africa has had to negotiate a rocky road toward an explicit and detailed family policy. There are several historical reasons for this. Under the Apartheid rule, social support was not uniformly accessible to all, and the public policy did not address the needs of all people. Once Apartheid

was dismantled post-1994, serious attention was focused on creating a new constitution. This constitution is among the youngest in the world. The best from several systems was referenced for inspiration in creating this new constitutional document, and much emphasis was placed on equality and of race and gender equality in particular. Per implication, this constitution affected the LGBT community in positive ways, with marriage equality and de-stigmatization. South Africa's current constitution concerning gender equality and LGBT rights is among the most progressive in the world.

According to Mokomane (2014), the family policies framework addresses three areas of concern: policies addressing marriage and marital rights, policies related to parenting and child-rearing and supporting family-work balance, and policies that address families at risk. The public policy framework is in existence and has lofty goals. Despite the best intentions, it is faced with challenges predominantly of an economic and implementation nature. If unemployment is exceptionally high, the tax base of the country is limited, and it follows that the funds for implementation of even the best-intentioned policies are hampered. Widespread poverty is still a major concern and, in the document "Anti-poverty Strategy of 2008," the challenges were pinpointed by the Department of Social Development with the publication of their extensive document, known as the "Green Paper on Families" (Green Paper on Families, 2011, pp. 36–38). In short, the intent for public and social policy to support every member of the society is in place. The implementation is reliant on social grants, frequently of international origin, as well as parties who act as social partners with the government. Additional problems concern the bureaucratic infrastructure to manage implementation and the compliance of all parties that would make implementation sustainable.

During Mandela's presidency, a "Reconstruction and Development Programme" (RDP) was initiated and tasked with creating and advancing public policy, including policies pertaining to families and their children. This policy framework was conceived as "an integrated,

coherent socio-economic policy framework that sought to mobilize all our people and our country's resources toward the final eradication of apartheid and the building of a democratic, non-racial and non-sexist future" (Green Paper on Families, 2011, p. 32). A social assistance program, including providing pensions, was created to support those members of society in vulnerable positions, such as the elderly, the poor, and the disabled. About a quarter of the population of South Africa, namely, 15 million people, benefit from these social grants (Green Paper on Families, 2011, p. 32). Additionally, the intent was to reduce poverty and support the formation of a growing societal middle class. For the poorest sectors of society, free housing and basic amenities such as water and access to electricity were priorities which the government supported.

As far as children were concerned, ambitious support systems were initiated, through so-called child support grants. These grants also called "care dependency and foster care grants" supported caretakers of young children, including foster parents. These youngsters can progress toward an educational system with free schooling. Mandela felt very strongly that education was a powerful tool to fight poverty and create constructive social change. Schools allowed for providing nutritional support to those in greatest need, as well as primary healthcare through clinics. Early childhood development (ECD) centers were ranked as being of high importance (Green Paper on Families, 2011, pp. 36–38).

Education is the most powerful weapon which you can use to change the world. Nelson Mandela

contributed to current conditions, needs assessment, summaries of best practices globally, and recommendations for future initiatives. It was also intended to form the basis for the creation and expansion of family-related policies. This document is of great importance and a key resource for those professionals concerned with the wellbeing of families (Green Paper on Families, 2011).

In the preamble to the document it is stated:

In this Green Paper, Government is putting forward proposals on how South African families should be supported, in order to flourish and function optimally. It calls for families to play a central role in the national development pursuits of the country and the building of a better South Africa. For this ideal to be realized, family life and the strengthening of the family should be promoted in the country. Government recognizes that many social ills in South Africa are the result of either weak family systems or non-existent families, altogether. It also understands that the family is facing a fundamental crisis, which needs to be remedied immediately. (Green Paper on Families, 2011, p. 3)

If this Green Paper intended to guide the government's policymaking concerning families, it had to address three components or attributes in the approach to family policy. It had to display sensitivity by acknowledging that families are in flux and families as well as family form and function are dynamic and are changing. The importance of the function and the centrality of the family within societal context are of utmost importance. Lastly, the effects of public policy should be monitored and evaluated (Green Paper on Families, 2011).

Children are the reward of life. African Proverb

Green Paper on Families

In 2011, the Government of South Africa published an official document in the Government Gazette on issues and concerns relating to the family. This document, called the "Green Paper on Families" was intended to address the four following categories: "vision, mission, aims, and objectives" (2011, pp. 36–38). Simultaneously this meant that the paper addressed factors that

Protection of the Family

The ambitious Green Paper outlines the intent of the *Protection of the Family Act* by outlining six areas to be promoted and strengthened (Green Paper on Families, 2011, p. 46):

- Promoting and strengthening the institution of marriage through preparatory or enrichment interventions

- Promoting and strengthening adoption in the country by encouraging all family types to participate in this endeavor
- Promoting and strengthening foster care
- Promoting and strengthening parenting programmes for first-time parents
- Promoting and strengthening gender equality between men and women
- Promoting and strengthening gender sensitive policies at the workplace. (Green Paper on Families, 2011, p. 46)

All the above areas are clearly in line with the responsibilities of a person tasked with the role of being a family life educator.

Wisdom is like a baobab tree; no one individual can embrace it. African Proverb

Specific Initiatives

There are literally hundreds of initiatives at grassroots level right through to sophisticated national and international collaborations. These projects are dynamic, and they change as they are a response to societal needs, including the needs of families and children. The following is a sampler of groups and organizations involved in initiatives that include support for the wellbeing of the family:

- National Department of Social Development (DSD)
- Educational institutions, including universities. Departments of Child and Youth Care initiating grassroots projects in response to perceived societal needs especially of families and children, e.g., early childhood enrichment programs for the children of street vendors. Skill training for youth, including street children. Hospice support. Ndwedwe Child Survival Project, KwaZulu-Natal, and many more
- National Association for Child Care Workers (NACCW). Focus on preschool care and education
- Community-based organizations and initiatives, e.g., *Hands off our children* (Child Abuse Prevention Program)

- Sport and Youth Development Project: Youth development through Football (YDF); active in most provinces and in collaboration with Department of Sport and Recreation
- International Youth Foundation (IYF): Emphasizing access and use of technology for youth through educational initiatives
- Youth @ SAIIA: Young South Africans shaping their world. Partnered with the UNICEF South Africa to raise water, sanitation and hygiene awareness, and other projects
- Faith-based organizations (FBO's). Numerous initiatives, including HIV/AIDS outreach, preschool education, and family support
- International initiatives and collaborations, e.g., the World Bank, Bill & Melinda Gates Foundation, and UNESCO
- The United Nations (UN) sustainable development project and other initiatives

You cannot catch a buffalo with one hand. African Proverb

Unique Cultural Content

Children's stories and books can be powerful vehicles to convey meaning and process emotions. The books are also susceptible to cultural content. The author (Gerhardt) partnered with Dr Frida Rundell, who at that time was the President of the South African Association for Marriage and Family Therapy (SAAMFT) and the students of the Department of Child and Youth Care, Durban Technical University, KwaZulu-Natal. In this collaboration, students wrote their own original children's stories and books to be used as an educational tool (Gerhardt & Rundell, 2004). Our goal was to illustrate the power of narrative and how a story could be used to explain an abstract concept or a lesson to be learned. Additionally, the book or story could be meaningful to the narrator, as it could tell a story about hardship, ambitions, dreams, and challenges. Storytelling and the act of narration have been frequently used in therapeutic work and family therapy contexts (narrative therapy), and the

power of the story in interacting with children and youth is well documented.

The students from South Africa wrote a short play in which they addressed aspects such as overcoming challenges and the value of group collaboration and support. We contrasted it to a short story written by American students. Clearly, the stories came from totally different angles with unique cultural content. Excerpts from the brief play by the students in KwaZulu are quoted here, to show how this particular group found their own culturally appropriate metaphors.

Similarly, solutions concerning family life education are best generated and implemented from within a system; as those interventions will be culturally relevant and address the unique needs and challenges of a specific community. Family life educators need to be a part of the cultural group, so that they can communicate with authenticity. The story written by the American students worked well in an American context, but in Africa it was out of place and ill fitting. The African students, on the other hand, found the exact words and story that would be meaningful in their particular cultural context:

One day Noktula discovered Bhubessi washing clothes down at the Umzumbe River bank. They started to talk to each other. Mbekezelie played on the other side of the Umzumbe River bank, throwing stones into the water and amusing himself. That day Mbekezelie spotted Noktula and Bhubessi hanging their clothes over the bushes next to the banks of the Umzumbe River. They waded into the river to swim, laugh and play. While they were swimming Mbekezelie and some other children hid the girls' clothes.

When Noktula and Bhubessi needed to return home, they were dismayed. They looked and looked but could not find their clothes. Nomfundo heard their cries and was on her way down to the Umzumbe River to collect water. She placed her pitcher down and started to help the two little girls look for their precious washing. On the other side of the river bank they saw Mbekezelie. They shouted across the river and asked: "Have you seen our washing?" "Yes" he answered, "it's on this side of the river."

As the two little girls wanted to wade across to fetch the clothes, they saw a leopard on the banks of the river. "We can't get to you, the leopard is there." Suddenly Nomfundo took off her shoe and threw it at the leopard to distract him. The leopard crept into the bush. Mbekezelie swam across the

river and gave the clothes back to Noktula and Bhubessi. He apologized for playing such a prank on them. All was forgiven and the children started to play a game of rejoicing. This was a day the children would never forget. (Gerhardt & Rundell, 2004)

Training Family Life Educators

In the USA, where family life education is offered as a career option, the training is typically at the bachelor's level (3–4 years of tertiary education) and occasionally at the associate's degree level (about 2 years of tertiary education). The designation of a licensed professional counselor (LPC) or the licensed marriage and family therapist (LMFT) as found in the USA typically requires a master's degree for licensure and can require a minimum of 6 years tertiary education. Licensed psychologists, such as clinical and counseling psychologists, require a terminal degree (PhD or PsyD) usually followed by a postdoctoral year. This career path can be upward of 8–9 years of tertiary education.

In an overburdened context, where the needs are so much greater than the available professionals can manage, many communities are underserved. One way of addressing these concerns would be offering family life education at an associate's degree level, i.e., 2 years of tertiary education. At present this model is not typically available in universities, but a Technikon could be the institution of choice for this type of education. Technikons are similar to the community colleges in the USA. In the USA, it is possible to graduate from a community college with an associate's degree and then seamlessly continue toward a bachelor's degree in a university context.

Addressing the great needs for education, especially in rural areas, online education can play a significant role. In South Africa, the University of South Africa (UNISA), founded in 1873, has fulfilled this educational role for about a century and a half. Importantly, it was an integrated university during the Apartheid era, making education available to all irrespective of color or creed. Initially, it supported a "correspondence" model for distance

education; pen and paper and an in house post office. It has kept up with technological developments and the current online teaching/learning possibilities. It is known for “open distance learning” (ODL). This university is one of the largest of its kind, a mega university. It has the honor of being the largest university in Africa. In recent years about 310,000 students were registered annually (www.unisa.ac.za).

South Africa’s cultural landscape is so unique; its challenges are linked to this context. For that reason, it would be presumptuous to make suggestions concerning the development, implementation, and evaluation of educational and professional programs in South Africa. The South African government has published a detailed assessment concerning the challenges facing families and the country, and in the same vein, South Africans will search for and find solutions that are homegrown and culturally appropriate. National and international partnerships and funding could facilitate implementation and evaluation of these initiatives.

A family is like a forest, when you are outside it is dense, when you are inside you see that each tree has its place. African Proverb

Recommendations

As the extensive and complex recommendations in the Green Paper on Families (2011) reflect, this preliminary work of identifying the areas for improvement and suggesting viable models of intervention and enhancement has already been receiving the well-deserved attention from policymakers and family science professionals in South Africa, under the leadership of the Department of Social Development (Dept of Social Development, 2011).

Because of South Africa’s unique challenges, the recommendations need to be formulated, implemented, and driven from *within* the system. Only those who are vested participants within the South African context can claim true ownership. This can occur in partnerships with national and international stakeholders. Other international models for family life education can be referenced for inspiration. Clearly, collaboration

is of utmost importance and will increase the chances of successful outcomes. As the African proverb reminds us concerning team efforts:

Cross the river in a crowd and the crocodile won’t eat you.

The Green Paper on Families points the way in an admirable manner by poetically reminding us of the importance and centrality of family life. Family life educators with their concern for individual families as well as families in the greater societal context can be tasked to promote and support these initiatives:

... families must be supported where they are already thriving and strengthened where they are under threat. These endeavours are taken as mirroring the broader goals of social transformation, nation-building and the strengthening of democracy, the building of communities, and the engendering of social cohesion and human solidarity in South Africa. (Green Paper on Families, 2011, p. 8)

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Suggested Reading

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Part IV
North America



Family Life Education in the United States

Sharon M. Ballard, Dawn Cassidy, Alan C. Taylor,
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Family Life Education in the United States

Families in the United States are more similar than different to families throughout the world. They also can benefit from preventive and educational efforts focused on strengthening and supporting families with the knowledge and skills needed to function at their maximum potential. In some instances, family life education (FLE) efforts in the United States are more advanced than in other countries. However, there are many areas of FLE where improvement is needed. To better understand FLE in the United States, it is helpful to know more about the United States and the families that live there.

The United States is a federation consisting of 50 states, 48 of which are contiguous, and covers 3.8 million square miles. The geographical area, climate, culture, and economy all vary considerably across the United States. As such, family life

education varies from state to state to meet the broad needs of families in the United States.

The United States has a population of over 326 million people (US Census Bureau, 2017a). Although the birth rate of 13 to 1000 is below the world average, population growth is higher than in many other developed nations. This is in part because of immigration patterns; in 2010, approximately 13% of the US population was foreign born (Pew Charitable Trust, 2014). The population of the United States is 61% white, non-Hispanic, about 16% Hispanic, 13% Black or African-American, 6% Asian, a little over 1% American Indian/Native Alaskan, and 2.6% a combination of races.

According to the 2016 American Community Survey, there is an average of 2.65 people per household, and the average family size for the almost 78 million families in the United States is 3.27 (US Census Bureau, 2017b). One factor affecting household size is the increase in adult children living at home or other unrelated adults in the household, a concept known as “doubling up.” This is largely due to difficult economic conditions and limited employment opportunities (Eggers & Moumen, 2013).

The number of families in poverty continues to grow with the biggest increase in poverty being among women and children. Currently, 15.5% live in poverty (US Census Bureau, 2017b) although this percentage varies depending on population and geographic location. In terms of education, 86.7% of Americans are high school graduates or higher, and 29.8% have a bachelor’s degree or higher.

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According to the Religious Landscape Study conducted by the Pew Research Center (2015), 70.6% of Americans identify as Christian with about 25% Evangelical Protestant, almost 21% Catholic, followed by Mainline Protestant (14.7%), historically Black Protestant (6.5%), Mormon (1.6%), and another 1.7% other Christians. This percentage of Christians is a decline from 2007 when 78.4% identified as Christian; however, the United States is still home to more Christians than any other country in the world. Non-Christian faiths were identified by almost 6% of the population which was a slight increase since 2007. Non-Christian faiths included Jewish (1.9%), Muslim (0.9%), Buddhist (0.7%), and Hindu (0.7%). Over 22% identified as religiously unaffiliated in 2014 including atheist (3.1%) and agnostic (4%). This was an increase from 2007 when 16.1% described themselves as religiously unaffiliated.

These demographics provide some context for FLE programming in the United States. In this chapter, we will expand on additional current trends that shape FLE, approaches to FLE, the practice of FLE including settings and organizational structures in which FLE occurs, and program implementation. Throughout the chapter, examples of FLE programs are shared. Given the extent and diversity of FLE in the United States, the FLE programs included in this chapter are meant to illustrate the breadth of FLE programming and are not an exhaustive list of all available programs. Many excellent and prevalent FLE programs have surely been omitted. Overall, the intent of this chapter is to provide a broad overview of the current state of FLE in the United States.

US Trends Affecting FLE Programming

There are several current demographic trends in the United States that provide a context for FLE programming being implemented across the country. Age at first marriage for women and men has increased to 25.8 and 28.3 years, respectively (Copen, Daniels, Vespa, Mosher, &

Edward, 2012). One factor contributing to this delay is an increase in premarital cohabitation with about 11% of women currently cohabiting with a man (Copen et al., 2012). Along with delayed marriages, delayed parenthood and other changes to birth rates are a trend influencing family life education efforts. Teenage pregnancy rates have been steadily dropping over the past 25 years. The teen birth rate for the United States in 2015 was 22.3 births per 1000 females aged 15–19, falling 8% below the record low set in 2014 (Martin, Hamilton, Osterman, Driscoll, & Mathews, 2017). This is in part because of better contraceptive use (Lindberg, Santelli, & Desai, 2016). Birth rates to women in their 20s have also declined, yet birth rates among women in their 30s and 40s have increased in recent years (Martin et al., 2017). Additionally, births to unmarried parents have increased with about 40% of all births in the United States to unmarried parents (Martin et al., 2017).

Currently, 62% of children live with two married parents with about 15% of those living with parents in a remarriage. Seven percent are living with parents who are cohabiting, and 26% are living with one parent (Pew Research Center, 2015). Of those children in one-parent homes, approximately 85% were mother-only homes (Solomon-Fears & Tollestrup, 2016). The large number of children not living with their father has led to a national fatherhood initiative with widespread government and community-based support for fatherhood programs that promote positive involvement of fathers with their children. See the *National Responsible Fatherhood Clearinghouse* (<https://www.fatherhood.gov/>) or *Fatherhood Research and Practice Network* (<http://www.frpn.org/>) for more information and program examples.

Changes in employment and the division of household labor provide further insight into FLE programming needs and trends. Approximately 70% of women work outside the home, and 63% of families have a dual income. This increase in dual-income households has resulted in a need for knowledge and skills to better manage work and family (Quist, 2015). *Lifebalance Solutions*, a program of *Lifetrack*, is an example of an orga-

nization that provides FLE services in the workplace designed to help employees manage both personal and professional stress (<http://www.lifetrack-mn.org/LifeBalanceSolutions>).

One of the issues affecting how families manage work and family is the limited parental leave available for the birth or adoption of a child. The Family and Medical Leave Act, which was established in 1993, allows employees 12 unpaid weeks to care for newborn or ill family member (United States Department of Labor, 2017). This policy guarantees a person's job (or equivalent) will be there when they are ready to return to work. However, this law does not apply to businesses with fewer than 50 employees or if the individual has not worked 1250 h over the prior year from the date of the leave event, which omits about 60% of the national workforce. Additionally, many young parents cannot afford to take a leave without pay. As a result, women often return to work soon after their baby is born, and fathers seldom get the luxury of taking more than a couple of days off for the birth or adoption of their child.

Over the last few decades, Americans have had increased mobility and often move multiple times for their jobs or careers. This increased mobility has resulted in young families living without extended family members nearby to provide support with parenting and family life, parents aging alone without their adult children living nearby, and even dual-earner couples find themselves in a long-distance relationship when their careers pull them in different geographical directions. FLE programming that help families to function effectively while at a distance have emerged such as *Dads at a Distance* (<http://daads.com/>) or *Long Distance Couples* (<http://www.fambooks.com/couples.htm>).

Although families may not live close to their family of origin, they may be spending more time with their family of procreation. According to an American Time Use Survey conducted by the Bureau of Labor Statistics, in 2016, over 20% of employed adults worked from home at least some of the time. Women still spend more time than men on household activities, but men are closing this gap. On days that they engaged in household

activities such as cooking, cleaning, and yard work, women spent an average of 2.6 h, whereas men spent 2 h. Women also spend more time in parenting activities, spending 1.1 h per day on parenting children under the age of 6, whereas fathers spent 26 min.

Although women still spend more time than men engaging in parenting activities, there is an increase in fathers who stay at home to care for the children and house with numbers reaching 2 million stay-at-home fathers in 2012 (Livingston, 2014). Some of these fathers are staying home because they are unemployed and looking for work; however, the number of fathers who choose to stay home to care for their children is increasing (Kramer, Kelly, & McCulloch, 2015). While the number of stay-at-home fathers has steadily increased, the number of stay-at-home mothers has decreased from about 52% in the 1970s to 33% in the 2000s. Parenting education programs still tend to focus on mothers, but these demographic trends have contributed to an increasing number of programs that are intentionally inclusive of both parents. Some programs specifically focus on parents' ability to effectively co-parent such as *Family Foundations* (<http://famfound.net/>) which targets expectant couples and has been found to increase effective co-parenting which in turn results in positive child outcomes (Feinberg, Jones, Kan, & Goslin, 2010).

Parents are not the only family members that are parenting. Grandparents play an important role as support or respite for busy and working parents, often serving as caregiver while the parents work. Other grandparents have assumed the primary parenting responsibility and are the custodial parent of their grandchildren. Grandfamilies is the term for families headed by grandparents who share their homes with their grandchildren and/or other related children. Currently, there are 7.8 million children in the United States who live in a household headed by a grandparent or other relative. Some of these households may include at least one of the child's biological parents (Generations United, 2016). However, 2.6 million children (3.5% of all children in the United States) are being raised in grandfamilies with no birth parents in the home. Of those children not

living with parents, approximately 55% live in grandfamilies (FIFCFS, 2013).

Grandparents who are responsible for grandchildren often face unique challenges, and some of these challenges may result from the circumstances that resulted in the inability of their adult child to adequately care for his or her children. They may have come into the caregiving role unexpectedly because of trauma related to domestic violence, drug or alcohol abuse, unemployment, health issues, incarceration, or military deployment. Grandparents need support in raising their grandchildren, and a variety of FLE programs targeting this population have emerged. *Parenting a Second Time Around (PASTA)* (Cook & Kopko, 2014) is an example of a grandparent education program that has been found to have positive effects for grandparents participating in the program (Cook & Kopko, 2014).

On June 26, 2015, in a landmark ruling by the US Supreme Court, same-sex marriage became legal in all 50 states in the United States. This has resulted in an increase in the number of legally married same-sex couples; the new estimate suggests that 390,000 out of nearly 1 million same-sex couples are married (Gates & Newport, 2015). Same-sex couples express need and interest in relationship education, but many existing programs must be modified to avoid a heterosexual focus and to address content unique to same-sex couples (Whitton & Buzzella, 2012). About 35% of same-sex couples are raising children under the age of 18 (Gates, 2013). Additional FLE resources are available to support lesbian, gay, bisexual, and transgender (LGBT) families. For example, the *Family Acceptance Project* (<http://familyproject.sfsu.edu/>) provides information and other resources to support families that included LGBT children. An example of support for parents who are LGBT is *Gay Parent Magazine* (<http://www.gayparentmag.com/>) which is a nationally distributed publication focused on LGBT parenting.

Incarceration rates in the United States have increased 500% in the last 40 years with 2.2 million individuals currently in jail or prison in the United States (The Sentencing Project, 2012). This rate is higher than any other country in the world. Approximately 57% of those in prison are

parents of minor children (The Sentencing Project, 2012). This large number of people spending time in prison has led to an increase in FLE programs for incarcerated individuals, often with the goal of improving knowledge and skill to facilitate a successful reentry in society after their release. Research indicates that relationship education (Einhorn et al., 2008; Harcourt, Adler-Baeder, Rauer, Pettit, & Erath, 2017; Shamblen, Arnold, McKiernan, Collins, & Strader, 2013) and parent education programs (Sandifer, 2008) offered within the prison system can yield positive outcomes. Additionally, in recognition of the important role that families play in a successful reentry into society, there has been increased attention on family-based reentry programs including FLE programs (Datchi, Baretti, & Thompson, 2016).

Approaches to Family Life Education in the United States

A principle of family life education in the United States is that it uses a strength-based approach as opposed to coming from a deficit-based perspective based (Arcus, Schvaneveldt, & Moss, 1993). In other words, rather than working from a deficit approach, FLE builds on the strengths of the participants. Being strength-based suggests that the way we interact and respond to individuals and families is rooted in the way we view them. A strength-based approach is about being asset-driven, opportunity focused, and looking for positive outcomes. Asset-focused family life educators should focus on promoting healthy relationships and resiliency among family members. They must also maintain a positive focus even when working with challenging and difficult family situations (Arcus et al., 1993).

In addition to building on family strengths, FLE in the United States encompasses programming relevant to individuals and families across the life-span (Arcus et al., 1993). The life-span development theory suggests that individuals and families grow and change in stages and over time (White, Klein, & Martin, 2015). Family life educators develop and implement programs that focus on the transitions from one stage to another

that families and individuals will often experience throughout their lifetime. These transitions may often bring stressors and challenges to family members as they attempt to adapt to new roles and expectations that come with each stage. Marriage education for newly married couples and parenting education for new parents are examples of FLE programs that target normative transitions. Other programs may target transitions that are not necessarily normative such as divorce or the death of a parent.

Another principle of FLE is a family systems-ecological approach (White et al., 2015) which provides a holistic view of families. Individuals within a family are viewed as interacting and influence each other within a family system. An assumption of this theory is that each family member's attitudes, values, and behaviors will impact the other family members within their system. In addition, others outside the family system will impact the family system and vice versa. In addition to examining the family system as an area of focus, the various environmental contexts in which families reside and interact are essential elements to consider. Over time, individuals and families will try to adapt to familial change and the different environmental contexts they encounter. The Strengthening Families Program (SFP) is an example of an FLE program that takes a family systems approach by including both parents and children in the program (see Box 1).

Box 1 Strengthening Families Program (SFP)

- A 14-session, evidence-based program, developed by Dr. Karol L. Kumpher, that consists of parenting skills, children's social skills, and family life skills training program designed for high-risk families.
- Parents and children participate in SFP, both separately and together.
- Different versions developed to accommodate families of varying levels of risk and/or children of different ages:
 - SFP3–5 – Preschool children

- SFP6–11 – Elementary school children
- SFP12–16 – Early teens and high school
- SPF10–14 – Pre- and early teens seven-session version for low-risk families
- SFP7–17 – Group class curriculum for ages 7–17, can be taught in 10, 12, or 14 sessions depending on family risk factors
- SFP7–17 Home-Use DVD – 11 lessons designed to be affordable and accessible to all families, can be used in conjunction with SFP7–17 group class curriculum
- SFP builds on protective factors by improving family relationships and parenting skills and improving the youth's social and life skills.
- Evidence has found that it significantly improved parenting skills and family relationships, reduced problem behaviors, delinquency, and alcohol and drug abuse in children and improved social competencies and school performance.
- Implemented in schools, drug treatment centers, family and youth service agencies, child protection and foster care agencies, community mental health centers, housing projects, homeless shelters, churches, courts, and prisons.
- Offered in 35 countries.

Source: *Strengthening Families Program* retrieved from <http://www.strengtheningfamiliesprogram.org/index.html>

Rationale for Family Life Education

FLE is primarily focused on prevention which can be further differentiated as primary prevention, secondary prevention, and tertiary prevention (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011).

The goal of primary prevention is to prevent problems before they occur. Secondary prevention occurs after problems, conflicts, or serious risk factors have already been identified. The idea is to halt or slow the progress of the problem in its earliest stages, and in the case of harm, secondary prevention goals include limiting negative long-term effects and preventing further harm. Tertiary prevention, which most closely aligns with intervention, focuses on helping people manage complicated, chronic issues with the goals of preventing further harm and restoring optimal family functioning.

There has been an increased awareness and emphasis of the benefits of prevention approaches over intervention in recent years which provides support for FLE programming. One contributor to this increasing emphasis on prevention is research on adverse childhood experiences or ACEs. The original ACEs study (Felitti et al., 1998) found that exposure to adverse experiences experienced during childhood resulted in increased risk of health issues such as heart disease and diabetes as an adult. Adverse events include things such as physical abuse or neglect, poverty, parental divorce, or parental substance abuse. Not only does the increased awareness of ACEs validate the need for parenting and relationship skills in order to prevent ACEs, but as evidenced by such organizations as Aces Connection (<http://www.acesconnection.com/>) and the Campaign for Trauma-Informed Policy and Practices (<http://ctipp.org>), there is an increased interest in trauma-informed interventions for those who have experienced ACEs (Middlemiss & Seddio, 2017; Wagenhais, 2017). These organizations work to increase awareness of the impact of ACEs and to advocate for public policies and programs at the federal, state, local, and tribal levels to incorporate up-to-date scientific findings regarding the relationship between trauma across the life-span and many social and health issues.

Family life education should be designed and implemented to meet the immediate and expected needs of individuals and families. There are basically three types of needs (Arcus et al., 1993): (a) *felt needs* which are needs expressed by the

potential learner, (b) *ascribed needs* or needs identified by someone other than the learner, and (c) *future needs* which are needs that the learner may have in the future. Identifying and addressing these needs are essential to the impact programs will have on the individuals and families participating in family life education programming. Approaches to FLE in the United States align with and attempt to meet these three types of needs.

Although the majority of family life education in the United States is voluntary, there are some programs within the United States in which parents, families, or individuals are mandated to participate in and complete. Mandated FLE is based on ascribed needs of a target audience that typically falls into one of three categories: (a) taking on a new role (e.g., foster parent), (b) judged to be inadequate in their role (e.g., abusive or neglectful parenting), and (c) enacting a role that has a high risk of family problems (e.g., divorce) (Myers-Walls, 2012).

Parenting education is a common focus of family life education in the United States and can be offered with a purely preventive focus or as a means of intervention depending on the family's needs and current level of functioning. As such, parenting education can be used to illustrate the different categories of mandated education and the different types of needs. A prenatal and birthing class for pregnant mothers and fathers or classes for parents of toddlers or teenagers, offered through the community, would be considered preventive, are typically voluntary, and are based largely on the future needs and/or felt needs of the target audience. However, parenting education might be mandatory for those who are becoming foster parents or who are choosing to adopt a child. This type of parenting education would still be preventative in nature and might be based somewhat on felt needs but is mandated because there are ascribed needs that must be met in order to adequately fulfill this new role.

Parenting education can also be mandated by the state as a form of intervention in situations where parents have been judged to be inadequate in their role as parents and their children have been identified as having been neglected or

abused. In some cases, this neglect or abuse may be due to a lack of knowledge regarding proper parenting techniques or understanding of basic child development, and so family life education is an appropriate intervention. *Parenting Piece by Piece* is a curriculum designed at Purdue Cooperative Extension for parents who have been mandated to take a parent education course due to risk of abuse (<http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=21&category=family>).

The third category of mandated education is when there is a situation that is at risk for problems such as divorce. In some states in the United States, the courts will mandate that divorcing couples with minor children complete parenting education classes focused on minimizing the effects of the divorce on the children (Wall et al., 2016). *Children in Between* is one example of a divorce education program (<https://www.divorce-education.com/>) designed to help divorcing couples effectively co-parent and to minimize negative effects of the divorce on children.

Family Life Education Practice in the United States

One of the identifying criteria for the growth of a profession is the development of a name, standards of admission, a core body of knowledge, and competencies for practice (East, 1980). Family life education is sometimes referred to as the “practice of Family Science” because it is grounded in and sustained by Family Science (Reinke & Walcheski, 2015). Many family life educators receive academic training through a variety of disciplines including psychology, therapy, counseling, social work, health, human development, religion, and education. However, the discipline of Family Science best encompasses the range of knowledge, skills, and abilities needed to effectively provide family life education services.

There are over 300 family-related undergraduate and graduate degree programs listed within the National Council on Family Relations’ Degree Programs Guide. One hundred and thir-

teen of these schools (representing over 120 degree programs) are “CFLE-approved,” meaning that they offer academic coursework that can lead to the Certified Family Life Educator (CFLE) credential (NCFR, n.d.). Formal collaboration between NCFR and universities offering Family Science degree programs throughout the United States and Canada is contributing to the advancement of family life education as an identified and defined discipline.

The struggle to achieve broad recognition, understanding, and value of family life education parallels a similar effort to advance the discipline of Family Science. The multidisciplinary nature of the family field has resulted in a lack of uniformity in the nomenclature of the academic study of the family (Darling & Cassidy, 2014), resulting in over 100 different titles (family relations, family studies, human development and family studies, child and family development, etc.) for family-related majors included in NCFR’s Degree Program Guide (NCFR, n.d.). The National Council on Family Relations is leading an effort to encourage the use of the term *Family Science* for all family-related degree programs not involved directly in counseling or therapy.

Provider Credentials

Family life educators that lack formal academic training specific to family can find themselves in need of additional education or professional development in order to deliver a strength-based, preventive, and educational approach to family issues across the life-span. Additionally, even those formally trained in FLE may want to pursue additional training and credentials. There are a number of different credentialing options for professionals interested in working with families in some capacity.

Family life education in the United States is perhaps best represented professionally through the Certified Family Life Educator (CFLE) credential, first offered by NCFR in 1985 (Darling & Cassidy, 2014). As discussed previously, graduates of specific “CFLE-approved” academic institutions can qualify to apply for the

certification through a special process. The CFLE credential is also available through completion of a national exam.

The American Association of Family and Consumer Sciences (AAFCS) sponsors a series of credentials for professionals working in Family and Consumer Sciences. They include credentials encompassing hospitality, nutrition, and food science, personal and family finance, and nutrition and wellness, but those most applicable to FLE are those indicating certification in Family and Consumer Sciences and Human Development and Family Studies (AAFCS, n.d.).

Although parent education is a core area practiced by CFLEs, there is strong interest in a credential specific to parenting educators. The National Parenting Education Network (NPEN) provides information on relevant credentialing options for earning certificates in parenting education (NPEN, n.d.).

Another growing area of interest is coaching. The Family Life Coaching Association (FLCA) was recently formed to create a professional home and designation for those providing family life education through a coaching model. Family life coaching is a process involving a client and trained coach that work together to achieve client-identified family goals <http://www.flcassociation.org/>. Coaching is typically provided to an individual in a one-on-one approach rather than via group work.

Practice Settings

The broad content covered within family life education programs results in a wide variety of practice settings and structures. In some ways, family life education is an approach used to apply an educational and preventive approach to any number of individual and family issues including human development, relationships, sexuality, parenting, money management, and more. This variety of topics is reflected through the many settings in which family life educators are employed and practice.

NCFR conducted a job analysis as part of the process to update the Certified Family Life

Educator (CFLE) exam (SMT, 2014), and the results of this analysis provide helpful insight into the employment field of family life educators. Twenty-four percent of active CFLEs completed the survey. Survey results regarding organization structure indicated that 54% of respondents worked in a nonprofit organization, 32% in government, and 14% in for-profit organization. There was no majority funding source for organizations at which CFLEs were employed. The highest percentage, 30%, came from state funds, with the next highest source being fees for service (19%) and federal funds (18%). Remaining funding sources were split between others (15%), private foundations/donations (11%), and public grants (7%).

Organizational focus identified in the survey was a majority education (66%) followed by intervention (15%) with an almost equal percentage split between prevention (9%) and others (10%). The ten most cited practice settings included university or college academic department/school (31%); family/parent education – community or workplace – (12%); university extension/outreach (11%); human service agency, nonprofit and secular (8%); others (8%); family/parent education, school based (6%); pre-K-12 teaching, center or school (5%); government (4%); health/wellness clinic or agency (4%); and human services agency, faith-based (4%). The remaining 3% included courts/correctional system, military-related agency, and media/communications.

While university or college academic department/school was the most widely represented practice setting, this is likely more a reflection of the fact that NCFR, a largely academic membership organization, conducted the survey. Many CFLEs practice in college and university settings but may pursue the CFLE credential to meet the NCFR requirements of having a CFLE-approved program and/or as a way to model professional practice to Family Science students.

The results of the NCFR job analysis survey confirm that family life education is carried out in multiple settings and within multiple organizational structures and reflects the broad range of issues and situations encompassed in this

important practice. Below we discuss some of the primary organizational structures that serve as providers of FLE programming in the United States including government agencies, military-related agencies, Cooperative Extension Service, and middle and high schools.

Government Agencies

In the United States, the *Department of Health and Human Services* (HHS) oversees programs and services that improve the well-being of individuals, families, and communities. HHS has several agencies, including the *Administration for Children and Families* (ACF) which promotes economic and social well-being of individuals, families, and communities through educational and supportive programs in partnership with states, and community organizations, and the *Administration for Community Living* which increases the access to community support and resources of older Americans and people with disabilities.

One of the agencies within ACF is the *Office of Head Start* (OHS) that administers the Head Start and Early Head Start Programs (authorized through the *Head Start Act of 2007*) which promote school readiness of children under 5 years from low-income families (www.acf.hhs.gov/ohs). Head Start provides comprehensive services, including preschool education; medical, dental, and mental health care; nutrition services; and parent education to help parents foster their child's development. The parent education component focuses on strengthening parent-child relationships and engaging families in children's learning and development.

ACF in partnership with Health Resources and Services Administration (HRSA) also oversees the *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program* which gives pregnant women and families at risk resources and skills to raise healthy children (Box 2). (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>). The Home Visiting Evidence of Effectiveness (HomVEE) comprehensive review, initiated by HHS, indicated that "most home visitation models had favorable impacts on child development, school

readiness and positive parenting practices" (Sama-Miller et al., 2017, p. 17). The report also found that home visitors were well trained, especially in child development, parenting support, and helping families across different areas (https://homvee.acf.hhs.gov/HomVEE_Executive_Summary_Summary_03162017.pdf).

Box 2 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Created to support voluntary, evidence-based home-visiting services for at-risk pregnant women and parents with young children up to age 5.
- Funds states, territories, and tribal entities to develop and implement programs that meet the needs of their communities.
- Goals: Improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.
- Builds on strong scientific evidence showing that home visits by a trained professional during pregnancy and in the first years of a child's life improve the lives of children and families.
- Home visitors evaluate the families' needs and provide services tailored to those needs, such as:
 - Teaching parenting skills and modeling effective techniques
 - Promoting early learning in the home, emphasizing positive interactions between parents and children
 - Providing information and guidance on different topics including breastfeeding, safe sleep practices, injury prevention, and nutrition
 - Conducting screenings and providing referrals to address postpartum depression, substance abuse, and family violence

(continued)

- Screening children for developmental delays and facilitating early diagnosis and intervention for different disabilities (MIECHV Program Brief <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>)
- MIECHV Program Brief indicated that research shows that evidence-based home visiting can provide a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services, special education, as well as increased tax revenues from parents' earnings.
- In FY 2016, grantees served approximately 160,000 parents and children.
- Since FY 2012, the number of children and parents served increased nearly five times, and the number of home visits increased more than fivefold to nearly 1 million home visits in FY 2016. Almost 3.3 million home visits were provided over the past 5 years.

Sources: *The Maternal, Infant, and Early Childhood Home Visiting Program Partnering with Parents to Help Children Succeed. Program Brief*; Sama-Miller et al., (2016)

The *Children's Bureau*, another ACF agency, administers three federal programs dedicated to child welfare services and prevention (Federal Funds Dedicated to Child Abuse Prevention, <https://www.childwelfare.gov/topics/management/funding/program-areas/prevention/federal/federal-funds/>). *Title IV, Subpart 2 – Promoting Safe and Stable Families* funds family preservation and community-based family support programs, time-limited family reunification services, and adoption of promotion and support services. These funds together with state and private grants support family-based services such as parenting and healthy marriage classes to increase relationship skills,

home-visiting services for first-time parents, and respite care for caregivers of children with special needs. The *Child Abuse Prevention and Treatment Act (CAPTA)* supports research on causes, prevention, and treatment of child abuse and the development and implementation of training programs. Finally, the *Community-Based Child Abuse Prevention (CBCAP)* Programs were established by Title II of the CAPTA Amendments of 1996 and reauthorized by the CAPTA Reauthorization Act of 2010 (P.L. 111-320) and support community-based efforts to develop and coordinate programs to strengthen and support families to reduce the likelihood of child abuse and neglect.

Coordination between federal, state, and local agencies is essential in assuring that the funds are spent for programs that are effectively tailored based on the needs of the local families and communities. The *Title V Maternal and Child Health (MCH) Block Grant Program* is the oldest federal-state partnership designed to improve the health and well-being of women (particularly mothers) and children (<https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>). Each year, congress sets aside funding for the MCH Block Grant with the state amounts depending on the proportion of low-income children in the state to the total number of low-income children in the entire United States. The goals of the program include prenatal and postnatal care for mothers, reducing infant mortality, access to preventive and child care services as well as rehabilitative services for children, and family-centered and community-based systems of coordinated care for children with special needs.

The *Healthy Marriage and Responsible Fatherhood (HMRP)* initiative, a \$150 million grant program conducted by the *Office of Family Assistance*, promotes efforts to keep families intact. Originally, it was conceived as the *Healthy Marriage Initiative* (2003) and intended to address an unintended consequence of public assistance for single parents: program policies requiring income qualification often penalize couples who marry by denying assistance when adding the husband's income to the wife's

causing them to exceed the program limit. This effect is especially true of US income tax policies, including the earned income tax credit (Lopoo & Raissian, 2014). Further, these programs also unintentionally incentivize nonmarital childbirth by giving additional benefits to income-qualified women to provide for their children. Rather than addressing these unintended policy consequences, HMRF shifted its focus to education that promotes healthy marriage and relationships, responsible fatherhood, and reentry services for currently or formerly incarcerated fathers (Office of Family Assistance, 2018).

Military-Related Agencies

The Department of Defense (DOD) is the United States' largest employer, with over two million civilian and military employees. The US Military consists of five active duty services and their respective guard and reserve units: Army, Air Force, Navy, Marine Corps, and Coast Guard. The reserve component is composed of each state's National Guard and Reserve forces from each service.

Military families live on and around bases and posts throughout the United States and the world. Military families can face unique challenges and stressors; therefore, military-related agencies are an important provider of FLE programs and services through family service centers (Garcia, 2017). The family service centers for each of the five service areas have somewhat different names, but the same basic programs are generally supported. The Navy has fleet and Family Support Centers. The Marine Corps has Marine Corps Community Service Centers. The Air Force has Airman and Family Readiness Centers. The Army has Army Community Service Centers. The Coast Guard has Work-Life Field Offices. The National Guard has Family Assistance Centers. Programs available at the centers range from financial education or new parent support programs to life skills or deployment readiness programs. However, most family life educators working with military populations work in one of five capacities: as Military Family Life Consultants (MFLC), Parent Support Specialists

as part of New Parent Support Program (NPSP), victim advocates with the Family Advocacy Program (FAP), center staff with one of the military's Child Development Centers (CDCs), or an outside partner or contracted employee for a particular program or need (Carroll, Smith, & Behnke, 2012).

Cooperative Extension Service

The Cooperative Extension Service is a large provider of family life education programming in the United States and was created in 1914 to make education more accessible to the average citizen. The idea was that research conducted at universities – knowledge that has practical implications – could be extended into the communities to improve the health and well-being of families and in turn strengthen communities. The Cooperative Extension Service is organized in each state through land-grant institutions. Land-grant universities were established in the late 1800s to provide a focus on practical knowledge such as agriculture, military science, and technology in addition to the liberal arts (Washington State University, 2009). County agencies representing these land-grant institutions were established to serve as extensions by disseminating practical knowledge related to farming and industry. County demonstration agents traditionally traveled throughout the county visiting family farms. Over time, the focus has shifted from things such as canning and preserving to a broader focus on parenting, relationships, youth development, and nutrition.

Today extension services are comprised of educators who provide research-based knowledge from the universities to the broader population through a variety of delivery modes (e.g., online, by phone, face to face) and a variety of locations such as in the workplace (Bearon & Bird, 2012). Family and Consumer Sciences and 4-H Youth development are the two primary areas of extension that overlap with family life education. Examples of FLE programming offered through extension agents include couple and relationship education (Bradford, Huffaker, Stewart, Skogrand, & Higginbotham, 2014), divorce education

(Mulroy, Riffe, Brandon, Lo, & Vaidyanath, 2013), developing and providing resources for grandparents raising grandchildren (Crocoll, 2004), and financial management (Robinson, Dudensing, & Granovsky, 2016).

Middle Schools and High Schools

Family and Consumer Sciences (FCS), formerly known as Home Economics, is a provider of family life education in middle and high schools across the United States. Although the number of FCS programs has declined in recent years, FCS is still offered in all 50 states including the District of Columbia (Werhan, 2013). The FCS standards include areas of study that fall within family life education such as family, interpersonal relationships, human development, and parenting. However, FCS extends beyond FLE to include preparing students for work life and careers as well as family life. Additionally, some areas of study included in the FCS standards such as textiles, fashion and apparel, and food production and services are related but are outside the purview of FLE.

Family Resource Management, particularly money management, is another content area of family life education that is often taught in middle and high schools in the United States and has long been a component of FCS; however, financial literacy also may be taught as a separate subject or within a business curriculum. Although many states may offer Family Resource Management content, currently only five states require high school students to take a course in money management (Berman, 2015).

Sexuality education and relationship education are two FLE content areas frequently taught in middle schools and high schools; however, there are no national standards or curriculum. The US Department of Education website indicates “the federal role in education is limited,” and thus, “because of the Tenth Amendment, most education policy is decided at the state and local levels” (www2.ed.gov/policy). Therefore, the dosage, content, and philosophical focus of sexuality and relationship education varies considerably from state to state (SIECUS, 2017). Sexuality education may be taught as a stand-

alone subject, part of a health education or physical education course, or within FCS programs (Rice, McGill, & Adler-Baeder, 2017). In some programs, family life educators are trained in a particular curriculum (e.g., Rice et al., 2017), whereas others are taught by FCS and health education teachers as a regular part of the curriculum. This lack of consistency also relates to the educator with many not having any training specific to teaching sexuality (Weissbourd, Peterson, & Weinstein, 2014).

Some states may require that certain sexuality content be taught, but do not provide specific curricula or methods for instruction. For example, the *State of New Jersey Department of Education* indicates that “New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education require all students to learn about human relationships and sexuality” focusing on healthy relationships with family and friends, positive and healthy sexual development, the prevention of unhealthy behaviors, and understanding the demands of pregnancy and parenting (www.nj.gov/education/students/safety/health/fle/). Similarly, *Virginia Department of Education* reports that Virginia’s standards for family life education provide a comprehensive, sequential K-12 curriculum, including age-appropriate instruction in family living and community relationships, abstinence education, human sexuality, and reproduction (http://www.doe.virginia.gov/instruction/family_life_education/index.shtml).

Religious Organizations

Religious and faith-based organizations have a long history of offering marriage education programming with clergy and pastoral counselors pioneering the practice of premarital education (Ponzetti & Mutch, 2006). Religious organizations continue to be a leader in offering formal marriage education, and many may require couples to participate in premarital education before being allowed to be married in that particular religious institution. *Marriage Encounter*, a 2-day marriage enrichment experience offered by the Roman Catholic Church, was one of the first marriage education programs to gain popularity becoming a “movement” by 1969

(DeYoung, 1979). Stanley et al. (2001) found that clergy and lay leaders could effectively deliver *Prevention and Relationship Enhancement Program* (PREP), an evidence-based relationship education program. *Marriage Matters* is another example of a marriage education program that has gained popularity and was developed specifically by clergy (Hook, Worthington, Hook, Miller, & Davis, 2011).

Churches and other religious organizations have expanded their FLE offerings beyond marriage education to offer other types of FLE programs such as sexuality education programs (Haffner, 2011). Additionally, a religious institution may be a convenient location to hold an FLE program even if it is not directly offering or sponsoring the program. Clergy and other religious leaders also can serve as important gatekeepers to a target population and can assist family life educators with marketing and recruitment for their programs.

Family Life Education Program Implementation

Many FLE programs are delivered in a traditional face-to-face group model including a classroom model, support groups, or seminars. Other FLE programs use a one-one-one delivery mode such as the *Parents as Teachers* program (<https://parentsasteachers.org/>) or *Nurse-Family Partnership* (<https://www.nursefamilypartnership.org/>) which both include home visits and the FLE content delivered within the home.

People in the United States have increasingly relied on the Internet to provide information on a wide range of topics, and this includes FLE topics such as parenting and relationships. As such, online delivery has gained in popularity in recent years. This online delivery can include information clearinghouses, structured programs, or opportunities to interact with family experts (Hughes, Bower, Mitchell, Curtis & Ebata, 2012). Hughes et al. (2012) defined online family life education as “any educational outreach effort that is primarily delivered via the Internet and intentionally facilitates individual and family

well-being by using online technologies that include programmatic educational strategies or structure” (p. 712). Programs may be delivered in a 100% online or in a hybrid format. Studies comparing effectiveness of traditional face-to-face FLE programs with web-based self-directed FLE programs indicate that web-based program delivery can be effective in achieving positive outcomes (Duncan, Steed, & Needham, 2009; Gelatt, Adler-Baeder, & Seeley, 2010).

The use of apps such as *Text4baby*, which helps pregnant women track their pregnancy (Voxiva Inc., 2016), has become popular ways for people to access FLE content and programming. Additionally, the use of social media, such as Facebook and Twitter, provides family life educators with additional opportunities to reach families “where they are” as well as help family life educators to promote their services (DeBoer-Moran, 2015, p. 285).

Other delivery modes include radio programming, webinars, blogs, and newsletters such as the *Just in Time Parenting eNewsletter* (<http://articles.extension.org/pages/22110/just-in-time-parenting-e-newsletters>). Some creative family life educators have even placed FLE messages on buses (Dooley, 2017), restaurant placemats (Consumer Financial Protection Bureau, n.d.), billboards (Baugh et al., 2017), or other prominent public places.

Ethical Considerations

Ethical considerations play an important role in the delivery and implementation of family life education programs. Family life educators, like other family professionals, must be concerned with ethical conduct and be knowledgeable about appropriate boundaries for the services they provide. They have a professional obligation to ensure that they are targeting and reaching audiences that have a demonstrated need for the programming offered (Wiley & Ebata, 2004). Additionally, it is important that they be culturally competent in order to effectively implement programs with diverse audiences. Allen and Blaisure (2015) defined cross-cultural competence as “the developmental process of

increasing the capacity to work effectively across cultural boundaries on a consistent basis” (p. 29).

The educational and preventive nature of family life education frames the scope of services that a professional family life educator can or should provide to individuals and families. However, the personal nature of FLE can create situations where family life educators are faced with serious and personal issues including parental neglect and domestic violence. It is important that family life educators have the knowledge and skills needed to accurately and adequately assess situations and ascertain when or if referral to a different type of family professional such as a therapist or social worker is in order. It is also important for family life educators to possess awareness of their own values, attitudes, and biases as well the influence of their own family experiences to ensure they can work effectively with different people and in different scenarios.

In recognition of the importance of professional ethics in the practice of family life education, ethics is one of the ten CFLE content areas, and NCFR requires all Certified Family Life Educators to adhere to a code of ethics specific to family life education. Additionally, NCFR promotes the use of an ethical guidelines process created by the Ethics Committee of the Minnesota Council on Family Relations (2016) to aid in the processing of ethical situations and dilemmas.

Evaluation

Within the United States, there is a trend in family life education programming to prove what works resulting in a growing amount of evaluation research on FLE programs. Evaluation results are used to plan or modify programs, to determine the value or quality of a program, to justify programs, and to aid in decision-making regarding program offerings. Evaluation does not occur at a single point in time but is ongoing and can be thought of as occurring on a continuum. A needs assessment, which establishes the needs of the target population, is at the beginning of the evaluation continuum. A needs assessment can help to determine the content that should be

covered; who the target audience should be; what potential participants already know and what they would like to know; characteristics of the target audience, such as literacy level or socioeconomic status; and how might these characteristics affect participation in the program. Ideally, FLE programs are developed and implemented based on the results of a comprehensive needs assessment; however, resource constraints may result in an informal assessment of the target audience.

Evaluation measuring participant satisfaction with a program is frequently found in the United States and may assess things like effectiveness of the family life educator, location of the program, or feedback on activities or delivery of content. Often called a process evaluation, it can be important in planning and improving program features. However, it is important to move beyond satisfaction and to assess a program’s effectiveness in changing participants’ knowledge, attitudes, skills, or behavior.

Formative evaluation is conducted while the program is in progress and can generate information for planning, monitoring, and improving the program. Summative evaluation is concerned with the end results of the program and therefore is conducted at the end of the program. A summative evaluation is often aligned with program objectives and how well they have been achieved. Results of a summative evaluation may be used to determine if a program should be replicated, expanded, or discontinued.

Finally, evaluation using a control group or using a longitudinal design may determine a program’s impact; programs that have been evaluated using these more rigorous methods are called evidence-based programs. Evidence-based programs can be defined as “Interventions that have shown through program evaluation using accepted scientific methods that an observed effect is the consequence of the intervention” (<https://nrepp-learning.samhsa.gov/about-evidence-based-programs>). There has been an increase in evidenced-based programs in the United States in recent years. The increased attention on evidence-based programming has resulted in increased attention on program

fidelity. Program fidelity refers to the idea of implementing a curriculum as it was developed. Many programs have core components that are thought to be integral to the effectiveness of the program and cannot be altered.

A lack of funding, staffing, or other resources may limit the ability to conduct an effective evaluation of an FLE program. These same resource constraints may prohibit the ability to use evidence-based programs, many of which are expensive to purchase or require training that can be time intensive and costly. Consequently, many family life educators may implement evidence-based practices or “best practices.” These practices can be implemented into existing programs rather than replacing existing programs with evidence-based ones (Small, Cooney, & O’Connor, 2009).

FLE programs may not always be evidence-based but should always be research-based. Small, Cooney, Eastman, and O’Connor (2007) distinguished between a research-based program and an evidence-based program in this way: “a research-based program has been developed based on research about the outcomes or processes it addresses. However, it has probably not been subjected to the rigorous evaluations and real-world testing that are needed to designate a program as evidence-based” (p. 4).

Evidence-based programs have become sought after by agencies and organizations that offer FLE programming and often may be a requirement for securing grant funding. As there have become more and more evidence-based programs available, it has become more challenging for family life educators to be able to identify and choose a program whose evidence truly stems from appropriate and rigorous research methods and that will be a good fit for the target audience. Registries, or lists of programs, have become a common mechanism for tracking the various programs available.

One of the most well-known of these registries is called the National Registry of Evidence-Based Programs and Practices (NREPP) (<http://nrepp.samhsa.gov/landing.aspx>) and is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). While some of the

more than 400 programs included in the registry are beyond the scope and practice of family life education, such as programs with a therapeutic focus, many of them do fit the parameters of FLE programs. Other evidence-based program registries include the Promising Practices Network (PPN) which maintains a registry of programs for children and families that includes promising as well as proven programs (<http://www.promising-practices.net/programs.asp>) or Blueprints for Healthy Youth Development (<http://www.colorado.edu/cspv/blueprints>) which focuses on youth development programs. There has been such an increase in evidence-based program registries that Small and Huser (2015) with the University of Wisconsin-Extension compiled a registry of evidence-based program registries.

In addition to giving basic program information and the research evidence available, program registries may include theoretical or philosophical underpinnings of the program, topics covered, and other relevant information about the program. This information may help family life educators determine if the program is aligned with their own values and approaches as a family life educator as well as if the program will be a good fit for the intended audience.

Challenges to Implementation

While a growing and promising field, family life education still faces a number of challenges to widespread recognition, understanding, and value. Obstacles include the diversity of settings in which FLE takes place due to the broad range of issues addressed, lack of identity as a discipline, unstable funding of FLE programs, and a perceived stigma regarding pursuing help for personal issues (Darling & Cassidy, 2014).

The variety of employment settings, coupled with the fact that family life educators practice under a wide range of job titles (e.g., Military Family Support, parent educator, marriage educator, substance abuse prevention coordinator, prevention specialist, family advocate, family resource director, early childhood resource specialist, family outreach specialist), can make it

difficult to narrow down the employment settings in which to promote family life educators as qualified providers. Additionally, the lack of a consistent discipline name interferes with employer recognition. The director of a family resource center may be unaware of the existence and relevancy of a Family Science degree as appropriate preparation for their employees. Efforts to unify the family discipline under the title of Family Science, along with better efforts to prepare family life educators to effectively promote themselves as appropriate and qualified to serve families, will help to move the field forward.

As reflected in the NCFR FLE job analysis (SMT, 2014), the lack of consistent funding sources for FLE programs contributes to difficulty in achieving widespread consumption. Services provided through government-funded programs may more likely target at-risk populations or focus on providing intervention efforts. Health insurance providers do not currently include funding for FLE services although there are efforts underway to cover preventive services that demonstrated to reduce the incidence of and repercussions from adverse childhood experiences (Cassidy, 2017). And despite a preventative, educational, and strength-based approach, many people are hesitant to pursue family life education services for fear that seeking such assistance may be seen as admitting weakness or a lack of ability. Efforts to normalize the pursuit of FLE services can increase the belief that everyone needs information regarding how to be a good parent and have healthy and successful relationships and overall positive well-being.

Conclusions

The field of FLE in the United States is dynamic and continually evolving in response to shifting demographic, economic, and societal trends all of which affect families. Yet there are definite themes that reflect the state of FLE in the United States today. First, it is clear that FLE is implemented in many different settings and uses many different delivery modes. This variety in

implementation strategies reflects not only the increasing use of technology but the creativity of family life educators who are responsive to the need to deliver FLE content to individuals and families who could benefit from the information.

Second, these varied settings and delivery modes parallel an increasing emphasis on how programs are implemented and not just the content included in the program. This focus on implementation science lends a holistic approach to FLE that includes program features and the educator or facilitator of the program as well as program content (Ballard & Taylor, 2012). Family life education is a growing area of family practice in the United States. Although there are clear standards for quality family life educators with the Certified Family Life Educator (CFLE) credential through NCFR, there are many different types of professionals delivering family life education programs throughout the United States, many of which do not hold the CFLE. Therefore, efforts must be made to maintain high standards for all individuals who are implementing FLE programs and to ensure effective implementation of FLE programs through comprehensive and rigorous program evaluation.

Although there will always be FLE programs unique to the United States, FLE along with other aspects of society is becoming more global. The increase in the number of and access to evidence-based programs has facilitated increased globalization of FLE. Many evidence-based programs that are implemented in the United States are also implemented in many other countries. For example, the *Triple P Positive Parenting Program*, which was developed in Australia, has been implemented extensively across the United States along with over 25 other countries (<http://www.triplep.net/>). The *Strengthening Families Program* was developed in the United States but now is offered in over 35 countries, and the *Prepare/Enrich* premarital education program, also developed in the United States, has trained facilitators in 100 different countries (<https://www.prepare-enrich.com/>). As such, the cultural relevance of programs and the cultural competence of family life educators continue to be an important aspect of FLE in the United States. All

families in the United States and around the world are deserving of high-quality FLE programming that will strengthen and enrich family well-being.

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Social Programs on Family Life Education in Mexico

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Introduction

This chapter analyzes social and cultural change experienced by Mexican families through the educational family life programs that are designed to increase the knowledge and develop skills for a better functioning society. There is a significant interrogation and critique of what the concept of family is, such as ideas and values that reproduce inequality and inequity, which are mainly connected with gender roles. Instead of changing the perspective to just normal-abnormal, considering families with a constant tension and active participation means incorporating the history and cultural changes in the last decades. Looking into the past to build a future while living in the present involves a constant negotiation of the meanings and forms of intervention about families.

Families are inserted in constrained and open learning processes where people are prepared to

be a certain way and cultural practices entangle power and authority relations between genders and generations, making it impossible to leave aside social, State, and religious institution (Salguero, 2012). In that sense, uniformity among families is inconceivable, and family diversity is inherent to any social gathering or arrangement. This is because in plural and democratic society, values of cooperation are always diverse, making social realities complex and families just as complex.

Sociodemographic Context of Mexican Families

To understand the heterogeneity of families in Mexico, it is important to consider some cultural changes that have happened over time, as well as demographic transformations that occurred such as mortality decline, increased life expectancy, decrease in fertility due to the increase of contraceptive methods, changes in nuptial arrangements, couple dissolution, new reproductive patterns, and the entrance of women in paid labor and school (Echarri, 2010). These variations, along with the economic crisis, have had as consequence the reduction of income, resulting in families looking for budget maximization, being fundamental to achieve it through active female participation in economy (Salles & Tuirán, 1995). These consequences have also impacted domes-

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tic life and family organization (Ariza & De Oliveira, 2010).

Life expectancy has increased significantly over the past 60 years among Mexicans. In 1930, men lived an average of 35 years and women 38 years. By 2010, longevity increased to 73.1 and 77.8 years of age, respectively (Instituto Nacional de Estadística, Geografía e Informática, 2010). The increase in life expectancy is a result of the improvement of life conditions and the advances in education, health, nutrition, sanitary infrastructure, medical technology, and environmental control (Tuirán, 2002). By decreasing mortality and enhancing life expectancy, it has also enhanced the presence of male and female elders in families, which impacts the family work organization, leading to a work overload for the ones in charge of them (Ariza & De Oliveira, 2010; López, 2001). This puts families on guard, since in many cases they are not able to depend upon elder insurance, which causes institutions regarding retirement to be at risk and prove insufficient (Welti, 2015).

Changes have not been homogeneous, due to conditions connected with both geographical and regional phenomena. Rendón (2004) considered that the progressive rise of female labor started around 1930, when Mexico transitioned from a rural to an urban society. In 1950, sexual division of labor was still in place, seeing that almost all female population in working age was exclusively consigned to domestic chores. In 1950, men entered to workforce at an early age and continued to work until the end of their lives. Then around 1970, this configuration changed substantially. The age of men and women entering the work forces was delayed until they finished school. During this same time period, many men retired after being 65 years old. Between 1970 and 2000, the rate of married women with children that entered the workforce increased, corresponding with the decrease of fertility and the existence of higher possibilities to a paid and formal job for these women. Furthermore, at the same time, it appears an important reduction in male participation in workforce was occurring.

According to Perez (2007), in Mexico, there is a significant difference between urban and rural

areas, either because of the degree of economic development and social traditions or of the wide variety of ideologies that nuance power relations in domestic units. These urban-rural differences often cause ample family diversity. In rural zones, one would typically find a predominant arrangement of nuclear families, a strong relevance of marriage for the family formation process, and low male participation in domestic activities. In addition, one would find families with women subordination in low-income rural environments (Ariza & De Oliveira, 2010). On the other hand, in urban contexts, changes have faded the division of sexual labor, enabling the possibility of double-income families. This change has inverted gender roles and produced mobility in couple composition and formation (Pérez, 2007). These reconfigurations have created the necessity of social service institutions which assist families and full-time/part-time schools where functions of nutrition, supervision, formation, and development, among others, are accomplished. Social security coverage from the state government is minor, as time passes, leaving families to deal with survival problems by themselves (Welti, 2015). In some cases, the absence of one or more parents often causes families to seek alternative caring solutions as the nurturing and supervision of the infants often fall upon different individuals connected to the family. These individuals might be an aunt, a family friend, a neighbor, or even older brothers or sisters.

Family and economic structure rearrangements have caused the global fertility rate to fall from 6.8 to 2.1 children per women between 1960 and 2010 (INEGI, 2010). This change is related to the various contraceptive methods that were introduced over those 50 years. Despite the lower fertility rates, there are high discrepancies between access to information regarding prevention, beliefs around sexuality, and the role of women and men in connection with the use of contraceptive methods. At the same time, many young women do not build a life or exercise feminine autonomy, which may allow planning a pregnancy and avoiding vulnerable situations. Formal education has been identified as the predominant factor that comes into play for

women's reproductive behavior and produces autonomy in women regarding life projections and personal development, so teenage pregnancy or early pregnancy can be avoided (Welti, 2015). In this vein, there have been changes in nuptial patterns, such as the age of people getting married increasing gradually and other forms of non-nuclear family appearing (Ariza & De Oliveira, 2010; Arriagada, 2007; Cerrutti & Zenteno, 2000; López, 2001; Quilodrán, 2000). In addition, there have been one-person families or double-income family with or without children. Likewise, family arrangements in couples who do not share the same house but have in common their life and the economic resources have increased. The capital, Mexico City, has already recognized nontraditional relationships and, most recently, same-sex marriages.

Since the emergence of these family transformations, Mexican households are constituted by multiple adjustments; demographically, they have been divided into familial and nonfamilial groups. Familial households include nuclear families, which have a couple with or without children (biparental), or an adult who lives with his or her single children (monoparental), and extended families which include the presence of other relatives apart from the central nucleus. Nonfamilial households include co-residence without kinship relations and one-person households (Echarri, 2010). Data from INEGI in 2015 found that 89 of every 100 homes are considered familial, while the rest were identified as nonfamilial. Of all Mexican homes, 70% are nuclear, and nearly 30% are extended. In every home, at least one of the members has a kinship relation with the head of household. It is notable that almost six out of ten family heads are somewhere between 30 to 54 years of age (55.4%). This is significant, because within Latin American culture, the family is perceived as the natural place of everyday life. Households are the basic unit of reproduction. Inside these homes, relations between sexes and generations are hierarchical with a clear division of labor and activities (Echarri, 2010). For this reason, being a family head of the household in Mexico means that he or she is recognized as an authority within the struc-

ture by the rest of the members in the house. By 2014, 26.4% of the total number of houses was led by a female head, and 73.6% homes recognized a man as a family head (ENADID, 2014). In Mexico, there are 31.9 million families who commonly have 4 members (Encuesta Intercensal, 2015). Female head of households introduce differences in composition, size, life cycles, and welfare conditions and are more typical in monoparental houses (women living alone or with children) (Echarri, 2010).

Another characteristic of Latin American families is called "familismo," which is related with the positions between men and women inside households. For women, "familismo" means subordination, while for men it has represented a personal relation approach based on family solidarity that continues in politics and productive activities (Echarri, 2010). While studying families, researchers must consider what is public and what is private. Recognizing these two dichotomous approaches is often helpful when examining men and women's roles. In part, distinguishing between private and public roles has helped researchers identify that those who have participated in paid labor and goods supplying are often men, while women have been relegated to household chores, such as nurture and caring of children. Nevertheless, changes in structure and models of families can be noticed with the consolidation of feminist social movements. This movement, which has been trying to vindicate women's rights, has been happening since the early nineteenth century. Economic, reproductive, nonviolent life rights, among others, simultaneously put pressure on what is considered the norm, such as the sexual division of work. These pressured norms might also reflect how men are most often seen as the provider and supplier of the house, while women as only a wife and mother. In recent times, women have been considered autonomous beings with the ability to create their own destiny and, thus, have modified social representations of what it means to be a woman (Ariza & De Oliveira, 2010; Esteinou, 1999). This has aggravated social prescriptions for men and women and generated conflicts and tensions between them.

In cities, middle-class men and young parents have entered processes that change typical masculine constructions. This has brought changes regarding authority, economics, and power, enabling more democratic relationships to openly negotiate their participation and involvement in the nurturing and attention towards children (Rojas, 2006; Salguero, 2006). The social changes previously mentioned have questioned the traditional family model. At the same time, masculine authority is being examined due to female empowerment and new ideas that impact culture. This reexamination of masculine authority has sons and daughters increasingly criticize fatherly figures. We also find changes produced by globalization and mass media, such as the recognition of human rights, especially for women, children, teenagers, elders, and disabled people. Finally, changes can be found with the claim and dignifying of sexual and social diversity.

Family Strengths and Weaknesses

The interest for the welfare of families is to focus on their strengths and the integration of the economic resources, the links and relations of solidarity in care, family upbringing, and home organization. This is often conflictive due to the power and gender asymmetries inside family relations (Welti, 2015). These aspects become necessities when stereotypes and gender roles come into play. In spite of this strategy being centered in a conservative approach under the quote “todo es mejor en familia” (everything is better in family), violence toward elders and women have been identified as a significant issue. There are types of violence in couples where the belief is that women belong to their partners (Welti, 2015).

Over the last three decades, economic changes arising from a high level of instability have become worse for the needs of the families (Ordaz, 2010). The nation becomes poorer every time, with social inequality, limited jobs, and the lack of social benefits. This reflects on the coverage of family protection that dwindles the quality

of life conditions regardless of its origin. Although social and cultural changes have pressured families to modify their functions, settings, and member roles, public institutions and companies still maintain a stereotypical, idealized, and fixated vision of what a nuclear family is.

It has been documented that males have begun to question their routine practices inside families. This is the result of female partners exercising pressure to get their male partners more involved in family activities (Aguiar, 1998; García, 2007). Furthermore, similar pressures are used to increased shared responsibilities in nurturing and providing attention to sons and daughters along with emotional involvement and expressing affection (Szasz, Rojas & Castrejón, 2008; Salguero, 2006; Rojas, 2006). One or a combination of these different pressures could be used to establish agreements and solve problems within the family and couple relationships.

New family arrangements bring about “new” issues in relationships, where men and women face situations such as time distribution between job and family (García & De Oliveira, 2007) and the accomplishment of responsibilities in both spaces (Martinez, 1997). These arrangements may also result in changes in family life cycles and rearranging of family relations (Esteinou, 1999).

The perspective of the public institutions is to reinforce and idealize the nuclear family’s traditional model. Governments at various levels have relegated the responsibility in the families, generating a precariousness in welfare levels and erosion in families both physical and emotional health.

It is important to invest socially in families so that their members can have a state of well-being and resources for family life. This requires the commitment of institutions, public policy designers, businessmen, and the social sector to generate agreements that can lead toward the development of education, protection, and family systems and guarantee human rights of every person, regardless of gender, social condition, age, race, or ethnicity.

Family Social Policies

In Mexico, there has not yet been a government policy aimed to families, just social, economic, and population policies that target individuals even when they impact families (Ariza & De Oliveira, 2010; Jusidman & Pérez, 2004; Ordaz, 2010). Social policy includes a group of actions directed to improve personal development opportunities, necessity coverage, and life condition in social, economic, and legal areas to achieve equality among citizens. Historically, these social policies have been an active and modeling force of social order (Inchástegui, 1999). This means that a social policy is not neutral, but it generally privileges certain values, like family integration. Ribeiro (2010) points that even if there is no family policy, the government applies social programs, actions, and laws that affect families.

Family Social Programs

In Mexico, some social programs receive public resources that are coordinated and executed through different government sectors such as Secretaría de Desarrollo Social (Secretariat of Social Development), Secretaría de Salud (Secretariat of Health Secretary), and Secretaría de Educación Pública (Secretariat of Secretary of Public Education).

Secretariat of Social Development (SEDESOL)

Inclusion Social Program: "PROSPERA"

PROSPERA is a program that grants economic support to families who live in poverty in order for them to improve their nutrition, health, and education. This program also provided preferential credits to start productive projects, with priority of homes for families with members under 22 years old and women in reproductive age. The program provides the following assistance: (1) nutrition, providing food supplies, professional counseling in nutrition, and access to medical units and economic support for each family, (2) education, award-

ing scholarships depending on the level, varying from 350 Mexican pesos (20 USD) every month in elementary school up to 1,120 Mexican pesos (63 USD) in college, and (3) healthcare, providing access to health services, family planning, and teenage pregnancy and self-care counseling.

In order to receive the support, the community is chosen for exhibiting extreme poverty and marginalization, located near elementary and middle schools and near a health clinic. In both the schools and the clinic, a survey is conducted, and based on the results, families are chosen to be part of the program. Young members of the family and children must sign in and attend regularly elementary, middle, or high school, because it is a requirement to receive the benefits of the program. If the family member stops attending school, access to the program is suspended or canceled. In Mexico, the State Secretary is responsible to hire, train, and implement the program in the whole national territory, so the help is given directly to the community through the public institution. The project of national development created the program, and also formed a national coordination of PROSPERA, which includes SEDESOL, SEP, SSA, and Secretary of Public Credit (SHCP). The aim of the coordination is to guarantee the accomplishment of the program's objectives. Three main State Secretaries are assigned to contribute to the budget: Social Development, Public Education, and Public Health through local authorities.

The assessment of all the public programs is carried out by the National Council for the Evaluation of Social Development Policy (CONEVAL in Spanish). CONEVAL is a public, decentralized, organization that possesses autonomy and technical capacity for creating objective information regarding the situation of social policy. The program assessment has been positive, as it has shown that it has generated a positive impact. Specifically, PROSPERA has been found to increase the achievement of school levels among young people in social vulnerable situations. It has reduced the effects of anemia in children with social vulnerability, and it has been praised as an innovation in Latin America due to its methodology of application (CONEVAL, 2015a, 2015b, 2015c).

Program: “Seguro para Jefas Madres de Familia” (Insurance for Mothers and Head of Households)

This program provides an insurance (the monetary assistance) of 2,679 Mexican pesos (150 USD) to families in urban areas and 1,727 Mexican pesos (97 USD) to families in rural regions of Oaxaca, Guerrero, Puebla, just to mention a few. In case the head of household dies, her children can continue being part of the national education system. The money is given to the head of household at the school centers every 2 months depending on the schooling level of the student. Newborns and preschoolers receive 330 Mexican pesos per month (18 USD), elementary school kids 550 per month (30 USD), middle school students 770 (42 USD), high school adolescents 990 (54 USD), and college level students varies from 1,100 to 2,040 in exceptional cases (60 USD to 112 USD). The conditions for keeping the benefits are to be registered in the school system and to hand in directly a certified document, signed and sealed by the school authorities. The goal is for sons and daughters to remain in school even if their mother passes away.

This program has been assessed by CONEVAL, and it was determined to be “uncertain” as to whether it is an effective program, due to the fact that there are no sufficient demographic data to validate it. The main issue with this program is that there are still no accurate indicators of mortality among women and more specifically mothers. Therefore, it is impossible to know exactly if the beneficiaries are actually receiving the benefits (CONEVAL, 2015a, 2015b, 2015c). It will be discussed in 2018 to determine if this program will continue in the future or it will be absorbed by PROSPERA.

Program: “Estancias Infantiles para Madres Trabajadoras” (Nurseries to Support Working Women)

This program gives access to childcare services for working, unemployed, or studying women and single fathers. This enables these parents to have an economic provision that provides monthly

900 Mexican pesos (51 USD) for every child from 1 to 4 years old and 1,800 Mexican pesos (102 USD) for disabled children until they are 6 years old. The economic support is given to the person in charge of the nursery, and the parents must cover for the difference of the monthly fee or fellowship. The people in charge of the nurseries are the beneficiaries of the program, because they receive directly the money from the State. By May 2017, there were 9,199 nurseries in operation, which represent 314, 854 supported children and 298, 919 beneficiaries. The coverage of the program includes families whose main income per household is not over 3,000 Mexican pesos in urban areas (164 USD) and 1,900 in rural regions (99 USD). In addition, the economic provision cannot provide services of care through public institutions. This program is designed for families living in poverty, who have children under 4 years old. This economic support is limited to three children per household. The receivers of the money are required to be professionally trained and qualified to manage a nursery or an early care institution.

The program was assessed by CONEVAL and determined to be successful and effective. However, one of the recommendations for the program is to reexamine its implementation and reaching its target population that are not working and also that are located in the most vulnerable spots of the country. The program’s assessment will continue in the future to analyze its effectiveness given its results (CONEVAL, 2015a, 2015b, 2015c).

Family programs address families with a focus on economic support, but occasionally include talks or seminars for parents about topics like family development, the role of the members of the family, conflict resolution, teenage sexuality, and life projects, among others. The way the talks are organized is through public educative institutions, where parents are requested to attend, and attendance is taken. This is considered a crucial element to continue the assigned economic support. The organizers are mostly psychologists, social workers, or teachers.

Health Secretary (SSA)

This government branch coordinates the National System for Integral Family Development and the program for Gender and Family Violence Prevention Community Development: DIFerente. It yields support to families through five action axis: (1) nutrition, (2) health promotion, (3) education promotion, (4) communitarian family life strength, and (5) improvement of living place and community. Its coverage is nationwide, and the beneficiaries are inhabitants of high poverty level localities.

DIF Mexico City: Prevention Service to Child Abuse in Families

The intention of this service is to prevent and identify child abuse through the implementation of workshops and discussions aimed to families. Some of the topics discussed are defining abuse, identification and admission of own violence, perception and prevention of sexual abuse in children, peaceful skills of relationship, and attention and prevention of child labor.

DIF State of Mexico: Family Integration Department

Through the program “Buen Trato y Familias” (Strong Relations and Families), counseling and orientation to parents are offered in the form of talks, courses, and workshops. These activities are designed to address problem solutions, child development, couple relationship and affectivity, and responsible maternity and paternity.

Program: Family and Gender Violence Prevention and Intervention

The Family and Gender Violence Prevention and Intervention program has its roots in the program “Mujer y Salud” (women and health) that began in 2001 and drew national attention that family violence was a public health issue. This program combines a public health focus with a gender equality perspective and includes detection, counseling, and medical and psychological intervention. The challenges it poses are (a) achieving public institution participation in prevention and

intervention regarding gender and family violence; (b) training medical and health personnel to aid in gender and family violence situations; (c) designing interventions for family, sexual and women violence prevention; (d) promoting and planning preventive interventions for the structure against male violence; (e) assessing the effectiveness of psychological interventions; and (f) strengthening specialized aid in medical and psychological areas to configure equal relations (Secretaria de Salud, 2015).

Secretariat of Public Education (SEP)

Safe School Program

The Safe School Program promotes healthy habits and lifestyles among parents and family members through the creation of educational material for learning environments which help with cognitive, emotional, and moral development (Conde, 2010). A main activity of the program is to train the school staff and to create educational resources for directors, teachers, students, and parents in elementary schools. The goal is to construct protective and caring family environments and strengthen the communication between parents and children, so that they may engage in conversations about how they feel and think about drug use, sexuality, and violence. This program has been assessed by CONEVAL, and it received positive evaluations. It was, however, criticized for not having enough clarity regarding its target population.

Quality Schools: Priority Program “Yo no Abandono” (I don’t Abandon)

The Yo no Abandono program seeks to decrease school dropout rates. It is built upon the premise that family context and the relations sons and daughters have with their parents are risk factors for teenagers to forsake or drop out of school. It involves the active participation of education administrators, parents, students, and general society to increase higher access, permanency, and graduation at middle-upper level schools. This program includes guides, courses, and

workshops to talk with parents, offering information about communication processes and conflict resolution, sexuality, television influence, and the commitment of being parents (SEMS, 2017). One angle intertwined with social policy is that both physical and psychological health is often connected with poverty, thus lessening individuals and families' potential. Psychological counseling offered to families inside schools is thus necessary regularly.

Family Life Education at the University Level

With the goal of having students sensitive to family issues beyond the classroom, social service is mandatory in college (Duncan & Goddard, 2017). National Autonomous University of Mexico offers family support services through different centers, particularly the Integral Health Clinic (CUSI, in Spanish) from Superior Studies Faculty of Iztacala. Since the 1980s, psychological, special education, rehabilitation, family counseling, and elder support have been offered at this higher educational institution. This model uses the problem detection through diagnostic and assessment. In addition, it incorporates intervention designs and therapeutic works from diverse theoretical perspectives such as behaviorism, cognitive behaviorism, interbehaviorism, humanistic, or sociocultural. All of these may be implemented and conducted by undergraduate and graduate students while being closely supervised by experienced teachers in the pertained area of intervention.

The master's degree in family therapy is where students, over the course of 2 years, are trained in the treatment of diverse family problems, from different therapeutic theories and methodological approaches. One important part of family therapy training includes a supervised set of relationship-focused practices with families. Psychological attention is provided by students carrying out their residence in family therapy directly from the master's degree program in Psychology at UNAM. The students receive training in the understanding of clinical challenges affecting family relationships, couple, and children taking

into account the contexts where the issues arise, along with the language and the meanings constructed in the problem. Therapeutic intervention from the structural model guides the analysis and its modification of family dynamics looking for a change in the family organization, having power distribution, hierarchies, and the establishment of responsibilities and limits present. There are a variety of reasons for individuals and families to attend family therapy sessions: family issues, couple conflicts, infidelity, reconstructed families, support network between generations, communication, violence in couples, difficulty to connect with others, depression, suicide attempts, drug usage, alcoholism, anxiety, and insomnia (UNAM. FESI., 2012). Family therapy also includes a systemic approach, which trains students in the application of a variety of theoretical models, such as the structural model of Salvador Minuchin, narrative therapy, and therapy-centered approaches in problems and solutions. The reason for initial consultations is necessary as they help to determine the type of therapeutic intervention needed.

On September 19, 2017, a massive earthquake hit areas of Mexico, and family therapists in training offered the service of crisis intervention. Attention was given to any person or family that needed it. This therapy was given by master's students, always under the supervision of professors. Intervention is designed for individuals or families, depending on the assessment conducted in prior interviews. Currently, nuclear families are not the only type of families attending therapy session, but extended second-generation, reconstructed families and other diverse relationships are also seeking help. Therapy duration is typically five sessions maximum for crisis intervention and between eight and ten sessions in family therapy. Some sessions are recorded with the permission of the patient, so experts can provide feedback. This feedback is called "collaborative team" and is critical for the future of the intervention and eventually for the family or patient conclusion of the intervention. Since most of the families who attend therapy often come for therapeutic intervention, prevention-specific

programs or services have not yet been developed to address communication skills, conflict management, or other relationship issues.

Another way psychologists and therapists in training work with families is by providing workshops that are related to the health and well-being of family members. These workshops are often offered to families with chronic-degenerative patients. They also focus on providing help with coping with the illness, healthcare and life quality, and assistance to parents to improve communication with their sons or daughters.

Another university-training area is to provide special education and rehabilitation for parents and their children with special needs. This service is designed to provide help for parents and their children with Down syndrome, cerebral palsy, learning disabilities, generalized cognitive delays, and adolescents with special education needs. It includes the diagnosis, and intervention design, parallel to parental workshops on topics related to special needs. For example, a workshop might be provided to parents having a child with special needs on diverse ways of providing attention to their needs, sexual development, and family integration. The workshops are typically sponsored by the university, and they are part of the students' training in order to receive their bachelor's degree. The students continue to practice and apply this ability in the master's or PhD program.

One example is to modify the way parents get involved in the upbringing of children with special needs, moving from a social meaning of total dependency that stigmatizes this population to a companionship effort. Parents and family members are taught to modify the family dynamics instead of just having the mother exclusively focusing on the son or daughter, while the father is distant or away. This shift is important because it highlights the relevance of creating support networks beyond nuclear families.

Families also have the possibility to go to a Center of Child Inclusion and Rehabilitation "Teletón" (Centro de Rehabilitación e Inclusión Infantil CRIT) which is a private nonlucrative institution created 19 years ago to meet the needs

of children and teenagers with disabilities and their families. One of their objectives is to help children with cancer, autism, and other conditions, in specialized centers that involve parents working with acceptance and accompaniment during the rehabilitation process.

Conclusion and Recommendations

The primary objective of family social programs in Mexico has been focused on fighting poverty and social exclusion, family violence, and education problems. In many cases, these programs have inner contradictions due to not considering family and demographic changes of the new century and the current decade. They still adhere to the traditional family model, concentrating its goals on the connection between mothers and children, excluding or often leaving behind the father in issues related with upbringing and co-responsibility in households, and creating unequal conditions for the homes. Just taking in consideration the nuclear family brings as a consequence a fragmented treatment where other kind of families are kept out, thus perceived as "dysfunctional" or "disintegrated."

There are scarce family policies that contain a wide range perspective in human rights and citizenship (Goldani, 2005). In the design of family policies, the right of all the members of the family, regardless of gender, sexual orientation, or family arrangements should be considered. It has been suggested that public and social policies recognize the variety and diversity of development, demographics, and growth rhythm, among others, allowing more open and democratic families where there is a nexus between personal life, family, and labor of their members (Ballard & Taylor, 2012; CEPAL, 2007; Faur, 2006).

Demographic and historical changes must be reconsidered, changing both the focus and interpretation of what are the strengths and the weaknesses. For example, "familismo" is not just a mere social arrangement but an opportunity for families to be together and cohesive. As Ribeiro

(2010) points out, family is still a privileged place of any person and his or her development, due to the socialization processes, which take place inside it, for instance, solidarity, cooperation, and family relations are embroiled for economic survival and affection.

There is a lack of resources and State presence, erasing the existence of a government that works for people and their welfare, which impacts on social programs and policies. Global economy is concerned more with the efficiency, decentralization, and active participation of investors, enabling a weakening of social assistance programs and a dilution of social networks, leaving a void for family attention. The challenge is not only to gather resources but also to aim efforts for social inclusion and participation that powers self-help and cooperation abilities, leading to the satisfaction of necessities. As Batthyány (2004) comments, social rights are an important ingredient in citizenship development and can only be understood in the constant interaction between social actions and State intervention. There cannot be enough insistence of the ethical commitment for durable families, despite the fact of gender and any other social condition that create asymmetry.

Family life education provides a conceptual tool to perceive the need for a conversation and debate regarding how and why public policies are designed in Mexico. Social programs discussed in this chapter intersect with families. For example, it is still a pending topic as to why there is not yet a wider and more specific effort to make families the center of the discussion, instead of only isolated members of it. National public institutions seem to understand the role of education and school in family life, but it is still something only suggested or enlisted as a mere factor, not an active involvement with possibilities of transformation for both the families and the school. While there is still an urgent matter in a more globalized and interconnected world, there are some undeniable advances that prove there is a rising preoccupation to reconfigure the diversity of families toward a more active participation in social life.

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Part V
Caribbean



Family Life Education in the Caribbean Islands: Barbados, Grenada, and Trinidad and Tobago

Helyne Frederick, Maria Cecilia Reyes-Mohammed,
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Introduction

Family life education (FLE) is an educational effort to strengthen and enrich individuals and families across the lifespan (Duncan & Goddard, 2017; Thomas & Arcus, 1992). Although evident worldwide, FLE may manifest itself differently based on the diversity of families, population needs, and locales (Ballard & Taylor, 2012) as is the case in three Caribbean countries – Barbados, Grenada, Trinidad and Tobago. Though unified around a common goal of improving the well-being of families in the Caribbean, the respective countries have distinct historical, political, and economic contexts that impact families and delivery of FLE.

Barbados, Grenada, and Trinidad and Tobago are part of the Caribbean Community secretariat (CARICOM) “an umbrella for policymaking based on consensus by CARICOM heads of government” (Gibbons, 2014, p. 405). CARICOM undertakes several initiatives, in conjunction with international agencies such as the United

Nations, UNICEF, Pan American Health Organization (PAHO), and other private sector agencies. For example, the Health and Family Life Education (HFLE) program in Caribbean schools was a collaborative effort between UNICEF and CARICOM that was recommended to ministries of education for inclusion in the curriculum. The HFLE program aimed to equip children and youth “with the knowledge and skills to not only promote healthy behaviors but contribute to success in school and beyond” (UNICEF, 2009, p. 1). However, it is limited in scope and does not include a lifespan perspective nor the ten content areas of FLE identified by the National Council of Family Relations (NCFR).

Bronfenbrenner’s ecological systems theory is useful to understand family dynamics and how FLE is implemented in the Caribbean (Bronfenbrenner, 1986). Bronfenbrenner’s chronosystem provides a framework for examining how historical and sociocultural events such as slavery, socio-indentured servitude, political unrest, and natural disasters impact family life and governments’ approaches to meeting the needs of families. There are also micro, meso, exo, and macro system level factors (culture, religion, parent-child relations, policies, etc.) that help determine how FLE is introduced, its content, and how it is received and perceived.

This chapter highlights some of the prominent content areas of family life education in the Caribbean including family policy, internal

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dynamics (i.e., violence, child abuse), human sexuality, interpersonal relationships, and parenting. This chapter also explores the challenges encountered in developing, implementing, and evaluating FLE programs in these countries, suggests application of Bronfenbrenner's ecological systems theory in placing FLE programs across ecological systems to more effectively meet the needs of families, and concludes with recommendations on how to enhance family life education in the region.

Socioeconomic, Historical, and Cultural Context and Impact on Families

Barbados

Barbados is a small, highly developed, independent nation in the Eastern Caribbean. Historically, the Barbadian economy was dependent on the growth of sugarcane and associated by-products (e.g., sugar, molasses), holdovers, from British colonization. Post-independence, however, Barbados' economy has been dependent on tourism and other service sector employment (Central Intelligence Agency, 2017). The gross domestic product of Barbados, a measure of national income and output, has averaged 1.91 billion USD from 1961 until 2016, reaching 4.39 billion USD in 2016 (Barbados GDP, n.d.). As a result of its economic progress, Barbados is considered a high-income developing country by the World Bank exemplified by a growing middle class (The Economic Commission for Latin America and the Caribbean (ECLAC), 2001; The World Bank, 2017).

With a total land area of 430 km² (166 sq. mi) and a population of approximately 291,000, Barbados is one of the most densely populated countries in the world. The majority of the Barbadian population, 92.4%, identifies as Black or Afro-Caribbean, 2.7% identify as White, 3.1% identify as mixed, 1.3% identify as East Indian, and 0.4% do not specify a particular race or ethnicity (Central Intelligence Agency, 2017). Comparable to other countries in the region, Barbados is a matrifocal society where women

assume a central role in economic and noneconomic activity (Quashie, 2015).

The Barbadian census (2010) recognizes five distinct family structures identified as (a) marital unions involving legally married partners and their children (natural or adopted), (b) common-law (cohabiting) unions, (c) separated or legally divorced relationships, (d) single-parent relationships (never married), and (e) visiting relationships (Barbados Census, 2010). Of the 79,300 females in the census, 18,369 (23.3%) were in marital unions, 7444 (9.4%) were in common-law unions, 12,268 (15.5%) were no longer living with their husbands or common-law partners, 25,088 (31.6%) were single, that is, never had a husband or common-law partner, 965 (1.2%) were part of a visiting relationship, and 15,166 (19.1%) did not indicate their union status. The visiting relationship, referred to as "living apart together," is characterized by male and female partners who do not share a household (often these partners live with their parents) but may have children together. Visiting relationships may be precursors to marriage or cohabitation or may remain in the "living apart together" format for an extended period of time (Ariza & De Oliveira, 2001). In addition to the family structures formally recognized by the Barbados census, anecdotal evidence suggests that there are a myriad of different types of families in Barbados including kinship and non-kinship relationships irrespective of consanguinity or legal connections.

Undeniably, families play an integral role in the development and advancement of Barbados. From theoretical perspective, the impact of families on development in Barbados may be explained using Bronfenbrenner's ecological systems theory. Applying Bronfenbrenner's ecological systems theory, the microsystem would be the family; the mesosystem, the connection between different families within the community; the exosystem would be the relationship between families and social service agencies or institutions; the chronosystem would include changes that occur to the family and community over time (Obasi & Hill, 2016).

Education has been a major pillar supporting development within Barbados. The country has a

universal, free education system for children 5 through 16 years of age, and post-secondary education is subsidized by the Barbadian government. Preliminary evidence indicates that there is an impact on family structure based on the level of education completed by females in Barbados. Examination of the educational achievement of females in Barbados indicates that 89% of females in Barbados had a secondary education or higher. Further examination identified a small positive relationship between level of education and family structure ($r = 0.02, p = 0.01$) such that as education level increases, the female is less likely to be married or living with a common-law partner (Hill & Obasi, 2016).

Overall, it may be argued that family in Barbados is resilient, evidenced by efforts to build families (e.g., marriage, cohabitation, visiting relationships) and by extension communities (Sutton, 2004). Barbadian families, however, are hindered by diverse challenges that impact their contributions to society including intimate partner violence (IPV) and poverty. Although there are limited quantitative data on this issue, qualitative evidence and anecdotal information suggest that intimate partner violence is serious and pervasive. Empirical research focusing on interpersonal violence in the Caribbean noted that women were more likely than men to be victims of sexual coercion. This study also identified considerable intimate partner violence ranging from 40% to 54% of all violent acts (Le Franc, Samms-Vaughan, Hambleton, Fox, & Brown, 2008). Efforts to accumulate quantitative data on and reduce the incidence of IPV in Barbados include the formation of the Family Conflict Intervention Unit within the Barbados Police Force.

In Barbados, the incidence of poverty has grown from 13.9% in 1996/1997 to 19.3% in 2010. Between 2007 and 2013 the rate of unemployment increased from 7.4% to 11.6% with a major impact observed in youth unemployment, which increased from 17.7% in 2007 to 30% in 2013 (Barbados: Poverty Alleviation and Job Insertion, 2009). The Barbados government has implemented a number of initiatives to combat this increase in poverty and unemployment. For example, the human resource development strat-

egy 2011–2016 was designed to increase productivity through vocational training. In contrast, the National Assistance program is designed to alleviate poverty by providing cash and in-kind transfers to children, unemployed adults, persons with disabilities, and the elderly. Yet, poverty continues to have an impact on families and by extension society.

Grenada

Grenada, a former British Colony until 1974, is part of a tri-island state, Grenada, Carriacou, and Petit Martinique Grenada. Spread across 344 km² or 133 sq. mi, Grenada is home to a population of about 103,000 people, mainly of African descent (82%), and mixed groups of European and Black (13%) and East Indian and Black (5%) and traces of Arawak or Carib Amerindians ancestry (Central Intelligence Agency, 2017). Grenada's gross domestic product per capita is approximately \$14,000 US. Both the French and the British settled Grenada in the seventeenth and eighteenth centuries, respectively, establishing sugar cane plantations and maintaining slavery until 1838. By the twentieth century, cocoa, nutmeg, and bananas surpassed sugarcane and became Grenada's main export crops. Today, coupled with agriculture, tourism is one of the highest contributors to the Grenadian economy. The late 1970s and early 1980s were marked with political changes in Grenada; a near bloodless coup led by the People's Revolutionary Government overtook the island, and by 1983, troops from the United States invaded Grenada. By 1984, Grenada was able to retain a peaceful political process, and the small island economy maintained its status as an independent country. In 2004, Hurricane Ivan devastated Grenada and left more than 90% of the homes and properties in Grenada damaged or destroyed. Grenada is among the Caribbean countries with both the highest poverty and unemployment rates of 33% (Michon, 2008). The events described above may situate Grenada as a place that has undergone deep challenges. However, strong family ties and kinship networks and international aid enable

Grenadian families to thrive despite having limited resources.

The ecological framework is useful to understand family dynamics in Grenada. Families have lived through slavery, a revolution, natural disasters such as hurricanes, and an evolving economy (chronosystem). Even so, Grenadian families have shown great resilience and courage and continue to strive despite socio-historical circumstances that have threatened to destabilize family and community lives. Family life in Grenada is affected by cultural, religious, ethnic, and political factors (macrosystem). Like many other Caribbean islands, Grenadian families are collectivistic and come together to care for each other in both instrumental and expressive ways. As with many other Caribbean islands, Grenadian families value characteristics such as obedience, conformity, and generational interdependence (Blank, 2007). Therefore, parents and grandparents play an active role in raising children and demanding conformity (meso-microsystem). Though variations exist, the authoritarian parenting style is practiced in the Caribbean and Grenada, and spanking is not precluded as a form of discipline (Smith & Moore, 2013). The raising of children may also extend to neighborhoods and schools where students not only learn the formal curriculum but social skills needed to make them successful citizens (exosystem).

Despite the unity and strong family bonds, Grenadian families face challenges that include domestic violence, high sexual abuse, substance use, unemployment, teen pregnancy, heart disease, and other health issues (Blank, 2007; Hegamin-Younger, Khan, Jeremiah, & Richards, 2014; Shayota, Oelhafen, & Hegamin-Younger, 2014). Almost half of the households in Grenada (47%) are female headed. Of these, more than 20% in the rural areas are poor as compared to 13% of male-headed households (UNICEF, 2008). The effect of such unemployment may not be visible due to the social support that kinship networks provide. Additionally, families receive remittances from relatives who have migrated to Canada, the United States, and the United Kingdom. Increasingly, women have emerged as not only nurturers of children and domestic part-

ners but as strong political figures, as business leaders, and as breadwinners. Despite the contribution made by women, evidence of patriarchy remains (Bashk, 2014). Even when women are breadwinners and work outside the home, they are primarily responsible for child-rearing and homemaking. Intimate partner violence (IPV) against women is also evidence that, despite women's significant roles outside the home, patriarchal norms remain. Jeremiah (2012) asserts that IPV experienced by Grenadian and Caribbean women are rooted in masculine identities and norms rooted in culture. Educational programs have been instituted to address how gender norms may contribute to domestic violence (Jeremiah, 2012; Ministry of Social Development Grenada, 2017).

Trinidad and Tobago

The twin islands of the Republic of Trinidad and Tobago are the southernmost islands of the Caribbean. Its population of 1.3 million is multi-religious and multicultural, with main ethnic groups of East Indian (35.4%), African (34.2%), and mixed ethnicity (22.82%) (Central Statistical Office, 2012), together with minority groups of Caucasians, Chinese, Syrian/Lebanese, and Carib and Arawak indigenous peoples. "Trinbagonian" families emerged from slavery and indentured labor as a British colony into independence in an oil- and gas-based economy.

Understanding the history of African migration (1783–1834) and East Indian migration (1815–1917) to Trinidad and Tobago is essential in working with the nation's diverse families. Strengths of the African ethnic group lie in their resiliency and multi-generational family ties. Afro-Trinbagonian families are characterized by matrifocality and male marginality, with mothers being the de facto leader of the household and fathers expected to provide income but with a marginal role in terms of internal relationships and family ties (Smith, 1971). In many families, the father is absent, or visits intermittently. Afro-Trinbagonian families were deeply fragmented by the experience of slavery. Slave owners'

practice of keeping children of their female slaves reduced the family unit to mother and dependent children (Barrow, 1996). Although the concept of male marginalization has been challenged more recently, male marginalization has been observed in the field of educational achievement (Reddock, 2003).

The other large ethnic group is comprised of East Indians. These families are patriarchal, and their strength lies in strong kinship bonds and religious observances as a family that is at the center of East Indian culture, with marriage as the norm (Barrow, 1996). Male and age dominance is apparent in kinship relations, with the father as the clear authority in the family. The harsh conditions of indentureship, which provided replacement labor for sugar plantations after slavery was abolished, caused East Indian families to value ownership of land and education of their children in order to escape the hard life in the cane fields.

The main strengths of Trinidad and Tobago families lie in their celebration of diversity and strong kinship and faith traditions. Few countries in the world have such a rich and complex mixture of cultures and religions, with no ethnic or religious group forming a clear majority (Tidwell, 2001). In Trinidad and Tobago, as in the rest of the Caribbean, it is still typical for grandparents and aunts to help with taking care of children while their parents work (Pipes McAdoo, Younge, & Getahun, 2007). There also exists a tradition of dedicated support from most parents and teachers for children's academic achievement.

Trinbagonian families are diverse in terms of family structure, ethnicity, religion, and culture. Raising of children in non-marital unions and with multiple caregivers commonly occurs in Caribbean nations. This diversity of family structure was evident in a national assessment conducted by the Family Development Centre in Trinidad and Tobago that explored child-rearing practices. Of 1488 respondents, only 37% of parents were married and co-residential biological parents of the child. 28.5% were in common-law relationships, 18.7% were single/never married, and the rest were in other forms of relationships (Logie & Roopnarine, 2015).

Trinidad and Tobago society has seen an increase in common-law unions (including visiting unions), as marriages decrease. In comparison to all the marriages during the same years, there were approximately 20% divorces (United Nations, 2009). There are several major trends and challenges affecting families in the Caribbean that also impact Trinidad and Tobago.

The major trends are: (i) Changes in family structure: focusing on smaller size households, delayed marriage and childbearing, increased rates of divorce, and single parenthood; (ii) Increased migration; (iii) Demographic ageing and its social and economic implications, (iv) The HIV/AIDS pandemic, and (v) The impact of globalization on families. (St. Bernard, 2003, p. 1)

These Caribbean trends are evident in the 2011 Trinidad and Tobago Population Census. There is an increase in the proportion of households headed by women, currently at 33% of all households. The population may be described as old, based on the Aging Index of 43.5, and 15,455 persons migrated to other countries during the period 2000–2011 (Central Statistical Office, 2012). Migration increases the vulnerability of “barrel children” (children left by parents who migrate abroad to work) who are often left in the care of grandparents or extended family members. The “barrel” describes the typical container used to ship goods to family members.

The needs of individuals and families in Trinidad and Tobago for family life education throughout the lifespan have become increasingly apparent, as the nation faces serious social issues of (a) high crime rates with a Crime Index of 70.90 (OSAC, 2016) and an average of 392 murders per year for the last 5 years 2011–2015 as a result of drugs, gang activity, and poverty (Numbeo, 2016); (b) high rates of domestic violence (partly due to alcoholism), with an average of 667 sexual abuse and domestic violence incidents over the last 3 years 2013–2015 (OSAC, 2016) and other forms of violence, including incest, bullying, and elder abuse; (c) high rates of teen pregnancies, estimated by the UNFPA (2013) at 44.9% birth rate among women ages 15–19 per 1000 women (Connelly, 2014), and HIV and AIDS and other sexually transmitted

infections; and (d) high risk for families who live in crime-ridden areas, children left behind by migrating parents, and families who struggle with delinquent youth or caring for the elderly.

Family Life Education in the Caribbean Islands: Development and Implementation

Barbados

Family life education (FLE) provides certain tools that permit Barbadian families to be resilient in the face of challenges across the lifespan. While the terms “family life education” may not be commonly used in Barbados, FLE has been developed and implemented on the island through governmental and grassroots sources, often in conjunction with foreign nongovernmental agencies. The Barbados government has several different ministries focused on empowering and strengthening families. For example, the Ministry of Social Care, Constituency Empowerment, and Community Development has launched several anti-poverty programs such as the Strengthening Human and Social Development project in conjunction with the Inter-American Development Bank (IADB) which are designed to minimize intergenerational poverty (IADB, 2014).

In Barbados, FLE may be accessed at all levels of the formal educational system. At the primary school level, the Ministry of Education and Human Resource Development has established a family life education curriculum focused on topics such as health and well-being, sexuality, and interpersonal relationships designed to empower children to make choices which will determine the quality of adulthood they enjoy (Primary Health and Family Life Education Syllabus, n.d.). At the secondary school level, students have the opportunity to pursue the general proficiency exam in home economics that is supervised by the Caribbean Examinations Council. Core areas on the exam include health, safety and the environment, principles of management, and consumerism, while optional areas include family and resource management, textiles, fashion

and clothing, and food nutrition and health (Home Economics, n.d.).

Outside of formal educational institutions, family life education has also been promoted via nongovernmental organizations (NGOs) within the community. A recent conversation with a counselor of a faith-based organization indicated FLE within their ministry grew out of an observation that family counseling requests, formal or informal, exceeded the usual demand for premarital counseling. Families were seeking help with issues such as substance abuse, family dynamics, unemployment, and resource management. Consequently, this faith-based organization has implemented several programs, both youth and adult-based centered on providing family life education to church members and the wider community. Church personnel have completed post-graduate education in order to be qualified to provide family life education within the organization (T. Sobers, personal communication, July 20, 2017). This is an example of providing FLE to older adults in the population.

One way that FLE has been implemented in Barbados is through legislation and policy designed to protect and help families. Policy may be defined as the development, enactment, and implementation of a plan or course of action carried out through a law, rule, code, or mechanism in the public or private sector (Bogenschneider, 2014). Over the years, Barbados has enacted several policies focused on family and child welfare. The Family Law Act (1982) articulates the rights and responsibilities of unions and protects the rights and interests of partners and any children in the event of death or dissolution of the union. The Child Protection Act (1990) protects children (18 and under) from exploitation specifically with respect to inappropriate photographs. The Domestic Violence Act (1992) was implemented to address gender-based violence in Barbados. Recent amendments to this act expand the persons who are covered by this act and also modifies the definition of “harassment” by including twenty-first century methods of harassment such as persistent contact by email or publishing information on the internet without the victim’s consent.

In addition to governmental policy, several grassroots organizations (e.g., the Barbados Family Planning Association, the Youth Development Network) have developed FLE programs. An outstanding example of an FLE program focused on parenting was developed by PAREDOS (Parent Education for Development in Barbados) and designed to promote family life education by focusing on topics ranging from human sexual behavior, family resource management, and effective parenting and are often developed in response to community needs.

PAREDOS (2017) is a nonprofit organization launched in 1972 to inform and educate parents, guardians, children, and “at-risk” groups in the areas of child development, child abuse and prevention, parenting skills, communication skills, problem-solving skills, and health issues. With a specific mandate of targeting “hard-to-reach” parents, PAREDOS provides programs and assistance on a variety of topics ranging from teen pregnancy, childcare, intimate partner violence, and chemical dependency. Since its inception, PAREDOS has provided invaluable service to families in Barbados and the wider Caribbean through community outreach and training programs. PAREDOS has opened a counseling center for parents, a daycare center, sponsored a family crisis hotline, produced two conflict resolution training videos, and has conducted conflict resolution and parenting workshops in Antigua, Barbados, Bonaire, Curacao, Dominica, Jamaica, and other Caribbean countries. PAREDOS serves over 86,000 parents and children annually, and internal evaluation indicates that the parenting programs are successful. Parents report significant positive changes in parenting skills, communication with their children, and resolving conflict. PAREDOS takes on a lifespan approach to its programming in that children, youth, and adults are served within the program.

While there are many of ways to receive family life education in Barbados, there appears to be a lack of evaluation of these programs. The lack of evaluation seems to be a result of several factors including but not limited to a lack of funding and limited personnel to conduct evaluations. It would be beneficial to conduct evaluation studies

not only to determine the efficacy of family life education but to identify possible areas that should be addressed and opportunities for growth and development.

Grenada

The Government of Grenada assumes a large role in the social welfare and development of families. Programs or initiatives that are consistent with FLE are often developed within the government agencies or ministries along with partnerships with churches, schools, and nonprofit organizations. For example, because of high teen pregnancy rates and the lack of high school completion for teen mothers, the Program for Adolescent Mothers (PAM) was created in 1995 with the capacity to serve 40 young women. The National Coalition on the Rights of the Child (NCRC) and the Grenada Save the Children Agency (GRENSAVE) collaborated to form PAM. Participants in this program receive needed counseling, career skills, parenting, and continuing education courses at both primary and secondary levels. The program has served over 300 women to date and boasts a 1% repeat pregnancy rate (Grenada Country Report, *n.d.*). Teen moms are able to continue the curriculum to complete high school and obtain essential job and parenting skills (PAM, 2017). This is an example of how FLE programs emerged from problems such as high teen pregnancy rate and risky sexual behaviors (Hegamin-Younger, Richards, Buzzard, Fakeye, Adjhoda, 2014). Prevention efforts for drugs and alcohol are also undertaken. The Drug Control Secretariat is a division of the Ministry of Education that collects data related to drug use and provides prevention information to youth and families regarding the use and abuse of alcohol and illicit substances. The programs described above (PAM and Drug Control) targets youth and families mainly.

In 1994, the Caribbean Community (CARICOM) of Ministers of Education passed a resolution to develop a comprehensive approach to Health and FLE. The goal was to have a common curriculum for the region. The HFLE

curriculum embraces four themes: eating and fitness, sexuality and sexual health, self and interpersonal relationships, and managing the environment. Each lesson plan is developmentally appropriate for the targeted group, and teachers received training to deliver the curricula at each level (UNICEF, 2009). The UNICEF (2009) funded the evaluation of HFLE using Grenada, Barbados, Antigua, and St Lucia as sample countries and found some evidence of the effectiveness of HFLE on the lives of youth in Grenada. Findings from the report suggested that in terms of overall life skills, both males and females showed significant improvement in behaviors as a result of HFLE. Teachers participated in interviews and surveys as part of the evaluation process. Some key findings include that teachers were enthusiastic about the curricula. They thought the lessons were developmentally and culturally appropriate and covered important topics. The process component to the evaluation suggested that there were challenges with implementation. Some of the challenges include inadequate classroom time to teach HFLE and the need for more training to implement the curriculum. Issues pertaining to teacher turnover also added to the challenge. Teachers reported that they were less likely to be prepared or comfortable teaching topics related to interpersonal relationships and sexuality, but more prepared to teach about nutrition and environmental issues. Barriers reported by teachers include insufficient materials and a lack of time to cover the content (UNICEF, 2009).

Grenada has committed itself to protecting the rights of children through the ratification of the Convention on the Rights of the Child (CRC). Grenada has made significant gains in ensuring that national laws, policies, and practices conform to the spirit and intent of the convention (Child Protection Statistical Digest, 2015). One policy that helps families and children is the Child (Protection and Adoption) Act, Chapter 44A, (No. 20 of 2010). This law allows for investigation of actual and suspected cases of physical, sexual, and emotional abuse. There are additional circumstances investigated such as (a) abandonment, (b) serious crimes committed by young

children, (c) children who need medical treatment, (d) and parents who are unable or unwilling to consent. The enactment of these laws calls attention to the negative impact of child abuse, and more parenting initiatives have been undertaken as a result. The Ministry of Social Development sponsored the national parenting program that provides parent education at the community level, prison, schools, and clinics. Various communities and Parent Teacher's Associations requested parenting classes, and they were implemented. Particular emphasis is placed on parenting education for fathers (MSD, 2013, pp. 1–5). This is another example of consideration for early child care and the healthy development of young children within families.

The Domestic Violence Act, Chapter 84 (No. 19 of 2010), provides greater protection for victims of domestic violence, makes provision for the granting of protection orders, and for matters related to domestic violence. According to arrest records from the Royal Grenada police force, in 2016, 870 alleged offenders were arrested and charged for domestic violence. Between 2012 and 2016, there were over 2500 cases combined. Males were more likely to be perpetrators than females. Children also are victims of violence. Between 2012 and 2016, 117 children under the age of 18 years were victims of domestic violence (Alexander, 2017). The Ministry of Social Development has undertaken several projects to develop and implement FLE to prevent domestic violence and to educate the public. The Cedars Home for Battered Women also provides services for women and children who are survivors of domestic violence. The Cedars Home aims to provide a safe and supportive environment for abused women and their children. The homes provide temporary shelter and serve as an advocate for women with legal matters, future plans, life skills, and other needs of women affected by domestic violence. The Grenada National Organization of Women (GNOW) is another non-profit organization aimed to promote gender equality, women's empowerment and involvement in development including economic, social, and political capital. The organization is also instrumental in supporting women and girls who

are victims and survivors of gender-based violence. Partnership for Peace Program (PFP) in Grenada is a 16-week program targeting men who have used violence against women to express their masculine identities (Jeremiah, 2012). Results from a formal program evaluation show this program to be very effective (Jeremiah, 2012).

The Ministry of Social Development has undertaken programs to help the elderly in Grenada. However, the program is not comprehensive and targets elders who do not have evidence of adequate family support. Selected elders are given the equivalent of \$80 US per month which is inadequate to maintain a quality standard of living. Elders who meet the requirement pension are not provided with the funds. For the most part, families are expected to care for the elderly. More family life education programming is needed to assist older adults.

The Ministry of Social Development (2017) has used language consistent with FLE to highlight efforts to reduce domestic violence. They implemented a series of activities to increase public awareness through media. Community outreach includes distribution of reader-friendly booklets to schools, social service offices, homes, and local community centers to raise awareness and to send prevention messages. They have also recognized the value of relationship building. Close partnerships with inter and intragovernment departments were formed to secure resources needed to assist survivors of domestic violence. These efforts have not been sufficient to solve the myriad issues affecting Grenadian families. Additional resources and training will certainly lead to more effective FLE programming in Grenada.

Trinidad and Tobago

Family life education is developing in Trinidad and Tobago, in response to worsening crime and social problems such as alcoholism, drug use, unemployment, and domestic and gang violence. Government, nongovernmental organizations, faith groups, and the public acknowledge that the

breakdown of family life lies at the root of the nation's high crime rate, among other social problems (Hamel-Smith, 2012). Citizens of Trinidad and Tobago are of the general opinion that erosion of core universal values has contributed to low esteem, poor relationships, lack of discipline, and increase in corruption, crime, and violence today (Ellis, 2002). "From 2000 to 2010, the average annual murder rate in Trinidad and Tobago was 25.1 murders per 100,000 inhabitants, compared to an average of 20.9 for the Caribbean as a whole and 5.4 for the United States" (Seepersad, 2016, p. 14). Particularly heinous crimes in the news evoke public outcries about the need to improve crime prevention and address the deterioration of the family.

The government offers FLE over the lifespan in delivering family and social services. The Ministry of Social Development and Family Services (MSDFS) offers on its website, under "Family and Relationships", 54 services classified into four categories: family services, health care services, senior citizen services, and social services. These services often come with an outreach FLE component, such as the national parenting program that features parenting workshops for parents and grandparents. The Ministry of Education started Health and Family Life Education (HFLE) for primary and secondary schools in 2006, which is being implemented with renewed impetus in Forms 1 to 3 beginning September 2017, with trained HFLE teachers. The government has invested heavily in early childhood education initiatives and increased the focus on child-rearing and parenting practices from infancy years. The data from the national assessment done by the Family Development Centre showed that "1 in 5 children are at higher risk of not achieving their academic or intellectual potential due to poverty" (Logie & Roopnarine, 2015).

Faith-based groups and nongovernmental organizations (NGOs) play an indispensable role in delivery of FLE, especially within communities at the grassroots level. SERVOL (Service Volunteered for All) is an indigenous organization, which started 30 years ago by a Catholic priest during a turbulent period in the nation's

history. This organization's efforts focus on young people. SERVOL's Adolescent Development Program has been particularly successful, and they also have Junior Life and Parent Outreach Centers, a special school, and early childhood education (UNESCO, 2011). FamilyLife Trinidad and Tobago is another non-profit organization that provides couple relationship education in several forms: marriage preparation, marriage enrichment conferences, and couples' support groups (marriage and parenting, including help for blended families). One of its programs, "Life at the CrossRoads," has been successfully implemented in Tobago since 2005 by a totally indigenous team of Tobagonian facilitators (Tobago House of Assembly, 2015). The Roman Catholic Church offers services and education for the family through its orphanages, halfway houses, hospices, the Living Water Community's outreach efforts, and the Catholic Commission for Social Justice (UNESCO, 2011). The FBNTT (Faith-Based Network of Trinidad and Tobago), a network comprised of faith leaders from the main faith groups in the country, seeks to provide proactive responses to issues of health and family life from a faith-based perspective in collaboration with government and other agencies. Rescue Mission is another nonprofit organization that has been recognized by the government for its work in HIV and AIDS education and efforts to address social issues resulting from the pandemic. The organization started by helping families deal with the consequences of substance abuse.

Families in Action, a nonprofit organization that started as a drop-in center for alcohol and drug addictions, is one of the early providers of family education programs that range from addiction support, child development, parenting, employee assistance, and youth education (UNESCO, 2011). To address the increasing abuse of women and children, the Trinidad and Tobago Coalition Against Domestic Violence has led the way in educating the population. The organization has a school program called PLUS (Peace, Love and Understanding in Schools), as well as workshops on alternative strategies for building classrooms of peace, workshops on

anger management and conflict resolution, and a public parenting education program delivered on television via 3 min soap operas. The Family Planning Association of Trinidad and Tobago (FPATT), an NGO that seeks to advance sexual and reproductive health and rights, offers sexual and reproductive health training and has seen success particularly in its CHAMP (Collaborative HIV/AIDS Management Project) workshops where parents and caregivers attend with their children (UNESCO, 2011).

With a high adult HIV prevalence of 1.5% in Trinidad and Tobago, HIV and AIDS prevention education has been a national priority that has attracted a multi-sectoral response from government (mainly through the National AIDS Coordinating Committee), NGOs, the UN, faith-based organizations (FBOs), businesses, and civic organizations. Education efforts so far have reduced the number of newly diagnosed infections from 1448 in 2008 to 1077 in 2011. Education of HIV-positive pregnant women and their families has brought down the mother-to-child transmissions (MTCT) to 0% in Tobago (Office of the Prime Minister, 2013).

Research in the Caribbean region has identified serious threats that affect the health and general well-being of children and youth. As a result, the education and health sectors saw the need to strengthen the education of the whole child in schools, emphasizing the reshaping of values, avoidance of risky behavior, and promoting positive behavior. In response to this need, the Ministry of Education started Health and Family Life Education (HFLE) for primary and secondary schools in 2006. The four thematic areas are self and interpersonal relationships, sexuality and sexual health, eating and fitness, and managing the environment. Implementation of the HFLE program has encountered two main challenges: a competency gap for HFLE facilitators (inadequate skills and experience with a life skills approach) and inadequate time for instruction (with HFLE not time-tabled) (Onuohal, Dyer-Regis, & Onuoha, 2016).

In the implementation of HFLE in schools, the public associated HFLE mainly with the teaching of sex education (Reece-Peters, 2007). In fact,

“Sexuality and Sexual Health” is simply one of the four topics of HFLE, in addition to “Self and Interpersonal Relationships”, “Eating and Fitness,” and “Managing the Environment.” The association of HFLE with sex education has created a barrier to participation by conservative parents and schools run by faith groups, who are concerned with delivery of sexuality education in an age-appropriate way that is consistent with their values and beliefs. In order to overcome this barrier and implement HFLE successfully, family life educators would need to demonstrate contextual understanding of faith groups and respect for their concerns. The ability to adopt strategies of respect and dialogue to diffuse controversy about age-appropriate sexuality education among key players in the education system would be a key competency for program directors.

A notably successful FLE program in terms of implementation is ongoing in Tobago. Family Life T&T has partnered with the Division of Education for over 12 years to provide “Life at the CrossRoads” – a life skills, character development and HIV and AIDS prevention program that is taught in all of Tobago’s government secondary schools in Forms 1 through 3. This program has been adopted as the official character-based, values education program in secondary schools in Tobago. “Life at the CrossRoads” has been found “to be very effective based on the independent audits and surveys carried out with all school principals” (Trinidad & Tobago Chamber of Industry and Commerce, 2011, p. 22). Principals have identified the program as one of the factors that reduced school violence in Tobago’s schools.

Training and Evaluation

Though several variations exist, Barbados, Grenada, and Trinidad and Tobago share commonalities as it relates to FLE. Through the school system, HFLE is implemented in all three islands. Preliminary research shows that a solid curriculum exists for the topic areas related to sexuality and healthy lifestyles (UNICEF, 2009).

Reports also indicate that the HFLE program, though comprehensive, is not given adequate coverage in schools (UNICEF, 2009).

Caribbean teachers and social service professionals have opportunities for training to deliver HFLE, but costs and accessibility are barriers. Formal in-service training for teachers through the government programs include an HFLE course. As noted in evaluation reports, there is insufficient time allocated for HFLE in the school curriculum (UNICEF, 2009). HFLE teachers, in evaluating the training they received, indicated a need for training, in participatory teaching methods and time to practice such skills (Onuoha, Dyer-Regis, & Onuoha, 2017). Many teachers who teach HFLE do not possess formal training in family studies.

In recent years, there have been more programs at the college and university levels in the Caribbean that include the ten content areas of FLE. For example, the University of the Southern Caribbean and Northern Caribbean University have certificates and bachelor’s degrees in family studies. Their curricula cover the ten content areas required for CFLE certification by the National Council on Family Relations in the United States. The University of the West Indies has an online diploma in HFLE that includes six courses. It is unclear how many HFLE teachers receive this formal training. OASIS Institute of Higher Learning in Trinidad offers a Master of Arts degree in family life education, and a Diploma in HFLE. Other degree programs in social work, sociology, youth development, early childhood and family studies, public health, and counseling provide family and social service workers with knowledge about working with children and families. They are the professionals who receive training to provide prevention and intervention work in the Caribbean Islands.

Early Childhood Programming

With support from government entities, funding from international agencies, and the University of the West Indies, several initiatives have been

put in place in the Caribbean to improve the quality of early care for children. There are government-sponsored preschools and early care program that is either free or low cost to families. There are standards which govern practice developed by the Ministry of Education in the three countries addressed in this paper. The goal is to provide universal access to early childhood education for ages 3–5 (UNICEF: Children in Focus, 2008). In Grenada, the Roving Caregivers Programme works with the children and their parents/guardians in their homes (Harris, n.d.). Trinidad has taken on a variety of initiatives to help with training for early child care workers, parents, and teachers by creating a maternal and child health manual and drafting policies relating to breastfeeding (The Government of Trinidad and Tobago, 2007). Free access to maternal, neonatal, and child health which span from antenatal, childbirth, and early child care are available on all three islands.

Ecological Systems Theory Revisited

Bronfenbrenner's ecological systems theory provides a mechanism to understand the diversity in family structure and dynamics in the Caribbean and how family life education supports families in this region. Diversity in family structure is evident in the several familial configurations discussed in this chapter including nuclear families, cohabiting families, single-parent households, extended families, grandparent-headed households, kinship care, living together apart families, and "barrel" children. Using the ecological systems model, we may visualize each familial structure as the center of a series of concentric circles. Each concentric circle represents interrelated environmental systems referred to as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1986). As is evident from this chapter, family life education has an impact at every level.

The microsystem, the most proximal setting in which the family resides, is the context for direct contact with family life education in schools (e.g., HFLE in primary and secondary schools),

community agencies (e.g., PAREDOS), and faith-based organizations (e.g., SERVOL). The mesosystem represents interactions between different families within the community as well as between different microsystems. For example, interactions between family experiences, work experiences, church experiences, and school experiences. In this context FLE received in one context (e.g., school) may be reinforced in another context (e.g., church or at home, through FLE programs that provide family connection mechanisms). The exo- and macro-systems represent the relationships between families and social service agencies or institutions. Here FLE is evident in the different policies and programs adopted to support and empower families including the Child Protection Act, 1990 of Barbados, the Domestic Violence Act 2010 of Grenada, and the Life at the CrossRoads program in Trinidad and Tobago. Finally, the chronosystem would include changes that occur to the family and the wider community over time including, for example, the historic impact of slavery and the more recent impact of natural disasters, public health issues, or economic demands. Such changes may alter the relationship between the families and their environments. Therefore, more FLE policies and programs are required to help meet the changing needs of families.

Conclusions and Recommendations

It is clear that families in Barbados, Grenada, and Trinidad and Tobago can benefit from formal FLE that develops the ten content areas identified by the National Council on Family Relations (NCFR). Recommendations for the Caribbean follow.

Acknowledgment of the Importance of Family Life Education

As discussed previously, collaborative prevention education is evident in many spheres, such as in the multispectral efforts to reduce HIV and AIDS, and in the CARICOM supported HFLE program

in schools. FLE emphasizes prevention, education, and collaboration (Duncan & Goddard, 2017). However, the term “family life education” is not consistently used in describing initiatives to help families. As governments and agencies collaborate in nation building, policies should be formalized to recognize the importance of FLE (Bogenschneider, 2014).

Program Evaluation and Evidence-Based Programs

Many FLE interventions are found at the grassroots level, implemented by NGOs and faith-based groups that usually have funding challenges. These programs often do not have sufficient resources for program evaluation. A major challenge in this chapter related to the lack of formal evaluation of programs. As Jacobs (1988) recommends in his five-tiered approach, evaluation should include a critical examination of a program’s (1) basis, (2) use of resources, (3) formative assessment of content, instructional processes, and implementation procedures, (4) progress in meeting short-term objectives, and (5) program impact. Evaluation of FLE programs will not only assess quality and consistency but will inform stakeholders on who is actually using these programs, how they are being helped, and future directions for expanding impact. Assistance from governments and agencies to increase the capacity of NGOs and faith-based groups in program evaluation, as well as partnerships with research institutions, are recommended.

Increased use of evidence-based programs (Small & Huser, 2016) is recommended for FLE in the Caribbean. As program evaluation is more consistently included, evidence of successful programs will emerge and attract more funding for grassroots FLE efforts. In adapting evidence-based programs that were developed outside the Caribbean, contextualization of content and instructional methods into the Caribbean culture is critical for effectiveness.

CFLE Certification Programs for Family Life Educators

As the relatively new field of family science expands, there is great potential for developing FLE. This chapter discussed the pressing need in the Caribbean for trained family life educators to deliver programs, most notably the HFLE curriculum, in primary and secondary schools. Development of FLE can be accelerated with a common vision for FLE such as that offered by the NCFR with its CFLE (Certified Family Life Educator) certification program. With fluidity of labor movement across CARICOM countries that the Caribbean single market economy (CSME) provides, Caribbean countries can benefit from shared expertise of CFLEs across the region. Educational institutions in the Caribbean with existing FLE programs can enhance marketability of programs by offering CFLE certification.

Social Marketing of FLE Programs

Although several programs are undertaken by various sectors, it is not clear that citizens are aware of or fully participate in these programs. Duncan and Goddard (2017) provide guidelines for marketing FLE programs that involve partnership with media outlets, use of press releases, and social media to recruit for FLE programs. Small and Huser (2016) also emphasized the need to use the internet to provide FLE information for families. Citizens of Caribbean countries should have easy access to contact information and descriptions of programs available. If citizens can locate these resources readily, they might be more apt to utilize or recommend them to others. Individuals often object to receiving help because they do not want to be looked upon as a victim. Widespread dissemination and marketing will help to normalize FLE and spotlight prevention education as beneficial to everyone. Greater efforts should be made to raise awareness and market existing FLE as prevention and development rather than as intervention.

Collaboration: Trust, Credibility, and Ethically Sound Practice

Collaboration is one of the pillars of family life education – a mechanism by which individuals and families may be strengthened and empowered. In the Caribbean, there needs to be more collaboration between agencies involved in FLE including academia that provides the research and evidence on which FLE policies and programs are based, governments that articulate policies and programs, and NGOs and grassroots organizations that put policies and programs into practice. A multifaceted approach can serve to ensure consistency in program development and implementation and enhance the credibility of FLE in this region (Small & Huser, 2016). In conclusion, family life education is emergent in the Caribbean with several positive outcomes. The region could benefit from a more formal development and implementation strategy to effectively reach families.

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Part VI
South America



Family Life Education: Brazilian Realities and Dreams

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In Brazil, family life education (FLE) is not a reality in the sense of a structured field, with correlates at the level of governmental, public offices, and policies. However, many initiatives that meet FLE goals and strategies can be found, and it is what we aim to discuss in this chapter. The ambiguity and lack of focus in the field are common to the reality of FLE in other countries as well (Hennon, Radina, & Wilson, 2012). Here, the authors aim to characterize and discuss Brazilian experiences and organizations in the field of FLE, to consider their impact on families' lives and sketch perspectives for development.

This chapter dialogues with short descriptions of diverse situations (social work, health, and educational-religious) in which FLE actions are carried out, and after sketching historical and socioeconomic characteristics of the country, proceeds to discuss the scope, extension, and limitations of FLE in the Brazilian context. Through this chapter, we emphasize practices in the areas of social work and health that meet the definition of family life education and which are the target of public policies and therefore

available to the public system. In the private system, things are different, but at that level, there is no systematic effort to make FLE a concrete and widespread reality. When stressing public policies and services, we are considering what is available for most of the population, in a country that deals with substantial inequality and contrasting realities concerning different social classes.

Brazilian Historical Context

Brazil is characterized by enormous geographical, historical, ethnic, and sociocultural diversity that is expressed in families' lives across the country. Historically, Brazilian people came from the intertwining of native Indians, Europeans (the Portuguese, in particular) who came as colonizers, and Africans who were forced into slavery. Afterward, other migratory trends took place, so that Spanish, Italians, Japanese, Arabs, Germans, and Chinese became new components of the Brazilian population. Colonization and slavery generated features still persistent in Brazilian society, namely, the deep social and economic inequality that directly affect the everyday struggle to survive that the clear majority of Brazilian families face (Souza, 2016).

According to Flexor (2015), major changes can be observed in the family juridical order prevailing in the Brazilian context: from the colonial

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patriarchal extended family, a patriarchal-nuclear model emerged; currently, a socioaffective approach regulates law concerning the family. Juridical structure reflects social changes, and these have been intense across the twentieth and twenty-first centuries. Petrini (2005) discusses how social changes impact family life, stressing domains in which this impact is more evident: current ideas on masculinity and femininity, ways of understanding sexuality, relationships between men and women, motherhood, fatherhood, and socialization practices, and educational actions.

Contemporary Studies on Brazilian Family Demographics, Social-Economic, Developmental, and Cultural Aspects

Recent demographic trends point to the diversity in family structure in Brazil, following what can be seen in Western society in general. Evidently, differences related to regions (urban versus rural, more- versus less- developed areas), social class, ethnic groups and others should be considered. The last census showed a less traditional family, where numbers of consensual unions and remarried couples have increased. Through recent decades, the increase in educational level and women's massive influx into the labor market has contributed to transformations in family arrangements (IBGE, 2015). Single-parent families, with the woman as the head, have also had expressive, increasing weight: they account for 37.3% of Brazilian families (IBGE, 2011). Familial roles have changed, and one might even say that there now exists a "new Brazilian family type" that refers to new kinds of unions (homoaffective, for instance) and new pathways of sociability. Among the more vulnerable part of the population, there are families that are led by young women who tend to be divorced, Black, poor, with lower educational levels, and precarious informal employment. These types of jobs imply very low wages and bad working conditions (Carvalho & Bastos, 2017; IBGE, 2011). Familial responsibilities (as provider, in domestic duties, and in the creation of

children), the paucity of investment in their life and people, and the absence of comprehensive health promotion policies in the family context (Costa & Marra, 2013; Oliveira & Bastos, 2000) all contribute to the emotional and psychological overburdening of these women.

Social and anthropological studies have contributed to illuminate changes in family dynamics and organization across the country. While incipient in some respects, an increasing range of topics has been studied (Bastos, Moreira, Petrini, & Alcântara, 2015). Brazilian researchers share the understanding that family is an interdisciplinary subject, and efforts have been made to study aspects of its social history (Del Priore, 2005), family organization along the life course (Cervený, 2015), and in the field of family, law, and human rights.

Theoretical Frameworks

To discuss family reality in Brazil and the initiatives that foster family development, we stand on a socioecological and cultural perspective (Bastos, 2009; Bronfenbrenner, 1996), which emphasizes family as an important developmental context for children, adolescents, adults, and elders along the life course. This does not imply that FLE in Brazil has been oriented within this framework; on the contrary, usually, the sociocultural context is insufficiently considered. Policies and actions are often taken with a top-down approach and are not based on consistent scientific evidence about family reality. We assume that a contextual and dynamic approach is needed to understand the family within such a complex, unequal, and changing society as Brazil:

Family resources will interact with these properties at different levels and in different aspects: income, time, human capital (parents' education and employment); psychological capital (parental behavior, attitudes and beliefs, and emotional health), and community resources (infra-structure for children and adolescents' care and protection, such as daycare, schools, peer-groups, community groups, formal as well as informal social networks). These aspects will interact, opening routes to opportunities or creating barriers, fostering stability or instability. (Bastos, 2009, p. 71)

Socio-anthropological and psychological studies are beginning to offer a comprehensive picture of the contemporary reality of Brazilian families, mostly adopting a qualitative approach and focusing on health, education, and social work. It is important to identify relevant dimensions and critical aspects that allow for elaborate guidelines for meaningful work when it comes to family life education.

The family, as well as other important developmental contexts, has been studied as a complex and diverse institution. In Brazil, as in other countries, the available studies conducted on the topic are characterized by multiple theoretical and methodological approaches, describing a necessarily interdisciplinary field. However, these studies recognize that everyday life is strongly structured around the family, especially when public policies are insufficient or do not guarantee the most elementary human rights—for education, health, and household. This remains the reality for many Brazilian families, although relevant efforts have been made to change this scenery. The family environment is the first to make available relational experience that confers to the human being the attributes that distinguish him/her as human. The family is a resource to the person and to society (Petrini, 2003) and as a strategic locus for the implementation of cultural and social change.

The family is recognized as strategic when it comes to integrating policies and actions for social protection and development. Gomes (2015) coordinated a broad investigation to characterize who are the families assisted by social policies in the Metropolitan Region of Salvador, Bahia: how poor and vulnerable they are; how they are formed; what dynamics, identities define these families; what can be described in the relationships between gender, generations, race, and social class; how strong are their social networks; and how families move along the life course. A significant diversity of situations was found. The main situations contributing to family vulnerability were teen pregnancy, serious health problems, disabilities, drug and chemical dependencies, the loss of family members through death or migration, domestic and urban violence, the presence of

a relative linked to crime, racial discrimination, socioeconomic loss, and the difficulties in obtaining civil records. The qualitative analysis focused on the relationship between income poverty and capabilities, not only from the social point of view but also in their relational dimensions, urban, community, and family, institutional and individual. The specific vulnerabilities that families and their members live in their daily lives depend not only on their ability to get and keep their material life conditions but also on their relational goods: the composition, dynamics, identities, and family relations involving kinship, gender, generations, races and ethnic groups, community networks, and the integration of social policies in domestic and community space. The familial relational goods concern values, perceptions, processes, relationships, and internal and external dynamics experienced in the interaction with their spouses, children, relatives, and neighbors, and institutions (governmental, civil, and religious).

Bastos' (2001) study on the social insertion of the child into the family environment, conducted in a poor neighborhood of Salvador, Bahia, also illustrates the relational quality as a protective condition, offering to the individual structures an opportunity to immerse themselves in intersubjective processes implied in the early experience. These processes are responsible for the ontogenesis, from the first year of life, of a sense of self, a basic morality, and a fundamental perception of the world as a place more or less trustworthy. The family environment appears to the developing child as a flow of practices and routines. Within this flow, cultural meanings and patterns of interaction that become unique to each family and each person are socialized. When introduced into the flow of everyday practices, like someone who is forced to drive before learning the necessary skills and rules, the child masters a complex set of skills, concepts, and meanings. These are developmental novelties seen in all domains (cognitive, affective, and moral), including the initial learning of citizenship, like when the child distinguishes principles of distributive justice.

In this process, defined by semiotic exchanges, signs and meanings, transactions and skills are inseparable. The search for ecologically and

developmentally valid units of analysis must recognize this particular feature, and it is a priority for studies on developmental processes, considering the interdependence between contexts and developmental processes.

From this perspective, the topographical structure through which Bronfenbrenner (1996) initially classified the developmental ecology also considers temporal markers (life events, social and historical changes) and the dynamics of flow in an environment, which has a quality of agency. Thus, the developmental context acquires a psychological and motivational status and organizes individual activity by way of offering rules and contracts (Goodnow, 1996). The cultural dimension constitutes a superior level of analysis of the behavior-context relationships, especially relevant when development is conceived as an interactive/relational process, mediated by cultural means, communication rules, and beliefs (Bastos, 2001; Goodnow, 1996; Valsiner, 2012).

According to Goodnow (1996), in order to evaluate the potential of the developmental context for risk and protection, it is important to specify the properties that define its dimensions. These include spatial features (limits, permeability, access, and transition), cognitive abilities (understanding of environmental aspects, including escape routes from socially disadvantaged positions, e.g., school, marriage, migration), integration and participation (chances for face-to-face interaction and skills to cross barriers), and social contract (rights and obligations).

Policies that Impact Families and Family Life Education: Scope, Implementation, and Developments

Duncan and Goddard (2016), based on guidelines from the US National Council on Family Relations (NCFR, 2015), “define outreach FLE as any educational activity occurring outside a traditional school classroom setting, usually involving adults, that is designed to strengthen relationships in the home and foster positive individual, couple, and family development. Family life education focuses on healthy family func-

tioning within a family systems perspective and provides a primarily preventive approach (p. 36).” These authors make clear that while it shares some of its goals, FLE differs from family therapy and entails a particular methodology based on the relationship with the family. Any plan to develop skills and competences to better handle everyday family life will be based on goals set by the family. Our goal in this chapter is to identify actions and strategies used by practitioners who work with families in Brazil, through a broad array of projects and contexts, and relate these actions and strategies to the field of FLE.

In Brazil, since the promulgation of the Constitution of 1988, the family occupies a strategic place in the construction of public policies that, as called for in article 3, subparagraphs III and IV, attribute to the State a leading role in promoting the eradication of poverty and marginalization and reducing social and regional inequalities, as well as guaranteeing basic rights and what is good for all, without prejudice of origin, race, sex, color, age, or any other form of discrimination. The constitution establishes the fundamental importance that family has for the development of society (Chapter VII, Art. 226); therefore, it should have the “special protection of the State.” The State should create mechanisms to ensure that every person in the family is assisted and protected against violence in the sphere of family relationships (Brazil, 1988).

Since 1988, laws were created to better specify and regularize such protection to the family, as advocated in the Magna Carta. The law of Social Assistance (LOAS), which sets parameters of political action in social work, is important. In 2011, this law was rewritten, including the concept of social assistance surveillance, which “aims to examine the protective capacity of families and the occurrence of vulnerabilities, threats, victimization and damage” (Brazil, 2011a, p. 1). In 2005, another step had been taken, with the creation of the social assistance system (Sistema Único de Assistência Social – SUAS). The SUAS defines parameters for the policies for families at risk, aiming at reducing damage, preventing the incidence of social risk, and providing families and their members with

- (a) Capacity building and skills for exercising the role of citizenship
- (b) The conquest of higher degrees of freedom, respect for human dignity, and agency and guarantee of social protection for the citizen, the family and society
- (c) The conquest of more personal independence and quality in social ties, to citizens under contingencies and vicissitudes (Brazil, 2012, p. 17)

Legal developments came progressively to confer autonomy and sustainability to the families, resulting in more empowerment for them when drawing personal and social projects. Besides that, national guidelines to optimize social workers action with families were also established (Brazil, 2009) and, even more importantly, specialized centers like CRAS (Reference Centers for Social Assistance) and CREAS (Specialized Reference Centers for Social Assistance), both connected to the National Plan for Integral Assistance to the Family (PNAIF).

Our Case Story 1 illustrates a typical situation within one CRAS everyday routine, in the city of Salvador, the capital of the state of Bahia where the second author has worked.

Case Story 1 Social Work Context

As in many poor neighborhoods in the sizeable Brazilian cities, the Reference Center for Social Assistance (Centro de Referência de Assistência Social – CRAS) where one of the authors had recently worked has two social workers, working full time (40 h/week) and a psychologist, working part-time (20 h/week). They are called “the technicians.” The team includes a coordinator, three administrative assistants, and a cleaning helper. The three technicians assist a group of 75 families, who are sent by the program for integral assistance to the family (PAIF) established by the government to strengthen family protection and improve quality of life. The technicians meet groups of families every 2 weeks. The

families participate voluntarily. An action plan is built for each family according to their strengths and vulnerabilities. The activities include discussion of cases, focusing on themes like violence, work, and care for children and the elderly and disabled, in addition to the social roles and rights in the interface between the family, school, health system, and the state. The families are also informed about social benefits like Bolsa Família (family allowance that provides financial aid to poor Brazilian families; if they have children, families must ensure that the children attend school and are vaccinated. Created by President Luís Inácio Lula da Silva, it became a relevant mechanism of reducing poverty and redistributing income) and Benefício de Prestação Continuada (continuing monthly benefit is granted by the Social Assistance Department, a division of Brazil’s social security, and consists of one minimum wage income, given to families with special needs).

The CRAS is a physical institution, based in a territory with borders precisely set and whose goal is to promote basic social protection. Its guidelines and actions are based on the concepts of family centrality and integral assistance. The CRAS are settled in socially vulnerable areas to run actions and strategies for social surveillance, articulation of the socio-assistance network, and coordinate the availability of basic services for the families.

Analogous to the CRAS, there is the CREAS that is more specific in its scope, as it offers specialized and continuous assistance to families and individuals (children, adolescents, adults, elderly, women) who have had their rights threatened or violated by physical, psychological or sexual violence, human trafficking, or situations linked to drug abuse. Young people in conflict with the law may also attend the CREAS activities when following socio-educational programs in open environments. In short, the CREAS seeks

to build a space to host these people, strengthening family and community ties, giving priority to the reconstruction of their family relations, and allowing them to overcome the problematic situation. The services offered on the CREAS are developed in partnership with other social assistance services, advocacy bodies, and other public policies institutions and agents.

There are other programs developed in the field of social work and assistance that were created to respond to more specific and located demands. In general, these demands are related to social vulnerability linked to poverty, to difficult or nonexistent access to public services, or to fragile belongingness and social bonds.

Some programs enter the network of initiatives in the fields of education and health. For example, in some Brazilian cities, there are certain educational initiatives, such as the combined program, run by the municipal government of the city of Salvador. Within this program, education agents work closely with families to reduce the school dropout rate, via strengthening the link between school, family, and community. One of the functions of the agent (who must be a graduate in pedagogy) is to carry out activities focused on students and their families, for example, promoting meetings with families, addressing various issues, and conducting home visits.

Given their capillarity in the territories, the CRAS are the main gateway of the SUAS: they allow access of many families to the system of social protection and assistance. As illustrated in the story, the activities carried on at the CRAS can contribute to better quality of life, inasmuch as they develop sociocultural activities that promote interaction between the local community and the project, favoring psychosocial, cognitive, and physical development.

There are other important official initiatives that can be characterized as family life education, carried out locally in some Brazilian states or concerning specific fields, with direct or indirect focus on the family group as a whole. Meaningful actions for prevention and education in health can be counted in Brazil. In general, they are conducted in the context of programs circumscribed in time and space and not as a regular, long-term

policy. Important parts of these initiatives are held in partnership with international agencies and nongovernmental organizations and universities.

A good example is the Young Health Programme carried out for 3 years (2010–2013) in five municipalities in the state of Maranhão, situated in the Northeast (poorest region in the country), being partners with the NGOs Promundo, AstraZeneca, and the Johns Hopkins School of Public Health. The program entailed training educators and health community agents to meet three goals: to inform, engage, and empower adolescents about sexual reproductive health and rights; to increase public awareness on these issues, so that some impact could be felt at the level of public policies; and to improve the quality of the available public health services and the access of adolescents to them. Programs like these, meaningful as they are, are limited in its scope and duration. Still, they give relevant lessons showing that it is possible to change and improve health and educational practices. Also in the field of public health, systematic efforts have been done to increase public awareness in the prevention of diseases, with impact to families, particularly in what it comes to information.

Educational System and Families

The Brazilian educational system does not have a systematic effort to prepare practitioners to be able to deal with the reality of the family in such a diverse and complex country. Evidently, many different institutions and initiatives focus on the family reality when it comes to social work. However, it is not possible to talk about a systematic, precise, and prioritized focus on the family. At the universities, apart from social work, only some graduate programs include research lines that directly or indirectly target family problems among their interests. There are some important programs dedicated to human development (for children, adolescents, the elderly, women), with strong interest in family issues, particularly concerning families considered to be vulnerable or living in a condition of

psychosocial risk. These programs are held in the areas of developmental psychology, public health, and social work. Presently, only one graduate program can be described as directly connected to the family studies field: the program of family in the contemporary society, at the Catholic University of Salvador, Bahia (where three of the present authors work), established in 2004. Within this program, the research lines approach such subjects as family and social change, poverty, violence, women's issues, parenting, family and work, and family and the law. The general objective of the program is to form researchers able to think, investigate, and intervene in the family reality and problems. Moreover, it has contributed to the production and dissemination of scientific knowledge about the family in contemporary society, provided subsidies for social interventions that affect the family reality, as well as contributed to networks of research in the field (Menezes, Moreira, & Rabinovich, 2015).

A program at a public university, the State University of Feira de Santana, Bahia, illustrates an initiative to prepare physicians to assist families: the Family Therapeutic Project has developed a technology to educate medical doctors to better handle family care in the context of their professional practice. The program entails inserting practices of integration, teaching, [health] services, and community (in Portuguese, *Práticas de Integração, Ensino, Serviço e Comunidade – PIESC*) in the first cycle of the medical course (the freshman and sophomore years).

The PIESC has as a guiding axis, the general medicine of the family and community, following a public health framework. It is developed in communities, with reference to the family health unit. For the formation of future doctors, PIESC uses light technologies for management of the care system, having Therapeutic Family Projects (PTF) in the core, based on biopsychosocial knowledge that also values a life course perspective. The practices focus on health promotion, prevention, diagnosis, treatment, and rehabilitation of the most prevalent and socially important diseases. The PTFs actions aim to articulate general medicine to family and com-

munity medicines, in the context of primary health care as it is organized within the Family Health Strategy model that has become the main reference in public health in the country over the last three decades.

The Family Health Units (FHU) teams work within a particular area – territory – where professionals and the served populations create bonds, which facilitate identification of and caring for community health problems (Brazil, 1997). The management of the actions is meant to be democratic and participatory, entailing a shared responsibility with the people and families, considering the psychosocial dynamic prevalent in the territory under the surveillance of the Family Health Units, and assuming the expanded concept of health according to the WHO (Brazil, 2011b). Therefore, the inclusion of medical students and teachers in the environment of the USF can encourage the process of the formation of future doctors following this relevant perspective and emphasizing primary attention, as well as the expansion and strengthening of family health strategy within the SUS (Sistema Único de Saúde).

When family health is taken as the axis for medical education, a new emphasis is put on theoretical references and instruments that address issues related to family structure and relationships, housing and environmental conditions, risks and vulnerabilities, diagnosis, treatment, and follow-up of diseases. Efforts are also made to improve the relationship between health professionals and families, favoring partnership, trust, communication skills and transparency, as well as cooperation, to meet the needs of the family (Peixoto, Carvalho, Martins, Silva, & Silva, 2015; Silva, Silva, & Bousso, 2011). Equally important, the students are invited to consider the broad reality of the family and to be committed to educative practices to improve adherence to treatments and preventive health behaviors like exercising and healthy diet.

The Therapeutic Family Projects promote the encounter between medical and community knowledge and experiences, happening along everyday activities and through the collective discussion of cases, under the responsibility of a

health professional. The medical students are engaged along the whole process: the realization of integral actions (collective and individual) for health promotion, identification of risks and vulnerabilities, prevention of illnesses and diseases, and diagnosis, treatment, rehabilitation, and maintenance of health in the family health units, within the home environment and, when necessary, at the health services available at the public health care system. The strategy includes educative meetings with groups of families, on a regular basis (every month). This educational strategy has a relevant impact on medical students' education as well as on family health. Case Story 2, built after the experience of the third author as a professor and participant in the Project, illustrates the development of the family health strategy in the everyday reality of a family.

Case Story 2 Family Health Program (PSF)

Context

The Silva family consists of 12 people from three generations (parents, children, and grandchildren) living in a four-room house in Novo Horizonte, a poor neighborhood in Feira de Santana, Bahia. The house lacks minimum safety and hygiene conditions. The family was chosen by the PSF team based on clinical criteria: two of the children (< 2 years old) were reported with recurrent diarrhea and acute respiratory infections – the most prevalent health problems in children in Novo Horizonte. The PSF team launched a diagnostic stage, using such soft technologies as Familygram, ECOMAPA, Tree of Problems, and protocols for describing family health conditions. The treatment stage consisted of visits to the house, medical appointments, and educative meetings to discuss how to manage health care. After PSF action, improvements in family health conditions were reported: diarrhea and malnourishment were reduced, and the home conditions were improved. Even if the attention could not be described as integral, because

of the difficulty in accessing other health services necessary in the case, the team could see how family-based attention care is a space for change and learning about medical education and practice and for the development of new rehabilitative and preventive strategies to manage health care.

Nongovernmental and Civil Society Approaches in FLE

In Brazil, the nongovernmental institutions working in FLE are generally linked to religious initiatives. The Case Story 3 illustrates one of these initiatives that has been developed since 1963: the experience of the school for parents (Escola de Pais do Brasil) created by catholic educators and described by Souza and Falcão (2015) as a civil nonprofit company, with legal status, nationwide. It is made up of volunteer couples, who, after following a training course, devote themselves to the task of guiding parents and educators. The goals of the work carried out in the context of the school for parents activities are:

- (a) to raise the awareness of parents of their responsibility and role in the upbringing of children; (b) to update parents and educators on psychopedagogical principles and practices; (c) to promote closer ties between family/school from the perspective of an integral education of the human being. (Souza & Falcão, 2015, p. 526)

In 1963, inspired by a French experience, catholic religious and lay couples founded the school for parents of Brazil, affiliated to the Fédération Internationale Pour L'Éducation des Relatives (based in Paris) and connected to the Latin American Federation of Schools for Parents (based in São Paulo). The EPB has produced 48 national congresses, focusing on diverse family issues. Currently, there are 95 Sections of EPB, distributed in 16 Brazilian States, all of which share the same methodological principles.

Other relevant experiences carried out in the context of the Catholic Church are the Familiar Pastoral (pastoral familiar) and the school for families. The Pastoral Familiar works close to the

family context, developing actions and strategies to support the family so that its members can live with dignity and establish relationships that favor the upbringing of the new generations. The organization works within and outside the church to promote life and to defend public policies for family protection. The school for families, held by the Pontifical John Paul II Institute for Studies on Marriage and the Family, consists of 90 min meetings, which take place twice a month. The whole program lasts for 15 meetings and includes readings, lectures and reflection, addressing marital and childbearing issues, and stressing the relevance of the relationship with other families (Bomfim & Dias, 2015).

Family therapy has been growing in Brazil over the last three decades. However, by its own nature (rehabilitative), it is not properly included in the field of family life education.

Case Story 3 Educational-Religious Context

The Brazilian school for parents (Escola de Pais do Brasil, EPB) is part of educational activities held by Catholic schools and parishes. Usually, it follows a group work strategy, where the coordinators propose the subjects for the participants to discuss, mainly the education of children and marital relations. At the end, the coordinators make a conclusive synthesis. The topics discussed include general aspects of education in the contemporary world; being a mother and father, roles and challenges; love and security as the basis for healthy development; educational values and practices along childhood and adolescence; and sexuality. Each group participates in “Circles of Parents,” over the course of 10 weeks, with a weekly 90-min meeting. The discussion focuses on the parents’ needs and difficulties and points to possible solutions to the problems raised by the group. The meetings are held in schools, clubs, workplaces, or churches. There are central scripts that can be followed in vari-

ous places (such as the EPB website: <http://www.escoladepais.org.br>). There’s a council of educators formed by volunteers with backgrounds in education and related fields. To support the meetings, the council produces manuals, magazines, and books, besides keeping the site updated. Talking to the coordinators of a circle held in a medium-sized city, one of the participants describes his impressions:

I never thought that people like you cared about people like us (families in poverty). I never gave a flower to my wife, I gave one today. I used to drink and come home and beat my kids and my wife. [...] Now, I don’t do that anymore. Actually, before the meetings, I didn’t want to come here. So, I came to see if she (the wife) was going somewhere else. Then one day, I came in and I was listening to the conversation. Today, I want to tell you that I learned that I shouldn’t mistreat them (wife and children), and now they respect me, they talk to me when I get home from work. Before the meetings, they were scared of me. I promised that I wouldn’t do that anymore and I mean it (Souza & Falcão, 2015, p. 538)

Still, books have been published on the subject (Macedo, 2008), and there have been associations organized. One particular organization edits the journal entitled, *Revista Brasileira de Terapia Familiar*, which has been in existence for around 10 years. Related to this movement, experiences with community scope – community therapy – have been conducted in some cities in the Northeast of Brazil, after the methodology created by psychiatrist Adalberto Barreto. This methodology has been applied to health education, working with vulnerable groups such as the elderly, with consequences that can be related, in a broad sense, to family education and development (Carfício, 2010).

At the level of the so-called third sector, related particularly to NGOs, there is an increasing awareness to support vulnerable groups (children, adolescents, women, the elderly). These often depend strongly on the

inclusion of a family framework. The NGOs have had a relevant presence in Brazilian poor and at-risk contexts, and many programs and actions work in FLE. However, the analysis of the nature, extension, and impact of these initiatives requires a more systematic analysis, to be done elsewhere. A symptom of the dispersion found in FLE practices in Brazil is the lack of research in this area.

Another example of fatherhood programming in Brazil is the Instituto Papai (Daddy Institute, <http://institutopapai.blogspot.com.br>), which is based in Recife/Pernambuco/Brazil. The Instituto Papai is an NGO that seeks to contribute to the implementation of public policies aimed at the involvement of men and young people in the construction of new practices that seek to overcome different individual barriers, ideological, cultural, and institutional, in order to ensure and enhance the exercise of sexual rights and reproductive rights, with social justice. Being an NGO, the Instituto Papai is also connected to the Federal University of Pernambuco. This institution has provided a pioneer role in researching and discussing many topics, which has begun to break the social invisibility of men's roles in family issues. The organization's researchers and professionals adopt feminist principles, to work for rights and equality between men, women, and LGBT people. On its social action side, the Instituto Papai develops projects to assist young men in the areas of sexuality, health, and reproductive rights and leads campaigns to increase social awareness on these issues. Concerning fatherhood specifically, the institute has approached topics like: "Fatherhood: Desire, Right and Commitment," parental alienation, homophobia and diversity.

Networking on behalf of family and vulnerable social groups has also grown in recent Brazilian history, entailing partnership between NGOs, civil society, and public initiatives. Agencies like UNICEF, ASHOKA, and the World Bank have been technically and/or financially supporting social action programs in education and health, at various levels and scopes. The UNICEF, for instance, has had a very important role in diminishing child malnourishment

and infant mortality in Brazil, in a partnership with the Pastoral da Criança (pastoral of the child, a social action connected to the Catholic Church) and the PSF (family health program).

Many actions and programs provided by NGOs all over the country are also supported by UNICEF. An example is the AVANTE – Educação e Mobilização Social (AVANTE – Education and Social Mobilization, <http://www.avante.org.br/>), an NGO with decades of experience in protecting and promoting children's rights in the Northeast of Brazil. AVANTE's educators share the understanding that guaranteeing children's rights will not happen without working with the families. They develop educative meetings in poor communities to empower the family in its caregiving role. An example is the recent program carried out with women from a poor neighborhood in Salvador, involving a sequence of meetings to support self-care, having as a central message the idea that "To take care of the other is to take care of me, to take care of me is to take care of the other" ("Cuidar do outro é cuidar de mim, cuidar de mim é cuidar do outro"). In a similar direction, some NGOs invest in supporting teachers and other professionals working in childcare in education. Some programs work also on the relationship between the elementary school and the families, trying to better understand their everyday life and improve educative practices on behalf of children's learning.

Other programs, led by universities, focus directly on promoting parenting. One example is the triple P – Positive Parenting Program. This program is aimed at reducing maltreatment. Another example is the "Raising Safe Kids Program in Brazil," an initiative to implement a violence prevention program.

Again, these programs are circumscribed to a specific area, without a national amplitude. These are made possible by the effort of socially committed researchers who develop such actions to demonstrate how it is possible to intervene in family problems in an effective way. These programs are also important because they trigger a national campaign aimed at children's protection and fighting family violence and other forms of abuse.

The public universities in Brazil have a long tradition in connecting teaching and research to social actions (the so-called *Extensão*: activities to meet the social insertion and mission of the university). The first author (Ana Cecília Bastos) has carried out ethnographic studies in family development from the standpoint of psychology with families from poor neighborhoods in Salvador, developing in parallel social activities like coordinating groups of parents (weekly meetings to discuss children's and adolescents' development) or participating in broad projects to fight urban violence. The second author (Wanderlene Reis), who works in public health, also combines conducting research and social programs with communities, focusing on educative practices in health and stressing prevention of alcohol abuse in Feira de Santana, a medium-sized city near Salvador. She also participates in projects aimed to strengthen the partnership with families in the context of communities and educational institutions, to deal with social problems like violence (Costa, Santos, & Carvalho, 2016; Iriart & Laranjeira, 2016).

Programs in housing and intersectional support to poor communities, which benefit many families, are quite common, and here again, partnerships are often made between international agencies, the government, and NGOs. The first author has participated in evaluation studies on the impact of some of such programs, and it is worthy to briefly comment on one of them, as it illustrates this kind of partnership. Bastos, Trad, Nunes, and Alcantara (2005) developed an evaluation study on a multidimensional program carried out in a poor neighborhood, Novos Alagados, by CONDER–Bahia (Company for the Regional Development of the State of Bahia, a governmental agency) and the AVSI Foundation (Associação de Voluntários para o Serviço Social – Association of Volunteers for Social Work, an Italian NGO, <https://www.avsi.org>), with the technical and financial support of the World Bank. The main purpose of this program was to eradicate the “palafitas” – which are tide dwelling, lacustrine huts built on wooden piles, improve the district's housing, build residential buildings, and develop facilities for social and recreational use.

Following these structural changes, specific projects were undertaken to provide services in health and education sectors, as well as to generate employment and income. The evaluation was conducted considering the standpoint of the community, after a qualitative approach. A more specific discussion on the nature of the evaluation, analyzing the different perspectives at stake – the community, the managers, the researchers – can be found elsewhere (Bastos, Almeida, & Rabinovich, 2010). Here, our focus is on the participatory, collaborative model followed in this program. Despite its multidimensional and pioneering nature, it did not take the family as the unit of analysis and main focus of intervention into consideration. Even if the families were benefitted, their systemic, dynamic, and unique nature was not considered.

Conclusion

In Brazil, it is still not possible to address the field of family life education as a formalized, substantive reality for families. However, Brazilian people and culture are strongly based and centered in the family. In contrast to cultural realities where autonomous, individualistic patterns of socialization exist, relational, interdependent patterns still characterize everyday life Brazilian within family and community contexts (Bastos & Rabinovich, 2009). Evidently, the opposition between individualist and relational, individualism and collectivism, is never simple and should be contextualized in a world that goes through many and pervasive changes.

Possibly, the main territory for FLE in Brazil is the one existing in the everyday reality of communities and groups that share needs and search for strategies to survive within a complicated social and political reality. Brazil has been a country that has been through a long, painful, and difficult struggle to build democracy and justice. Trust in political institutions has been weakening in Brazil specifically when the social programs, including those concerning the family, are not only insufficient, but suffer huge cuts in funding. These social programs are a result of neoliberal

policies prevailing since 2016. In this context, family support becomes even more important, implying a challenging and precarious balance between solidarity ties and an overload of obligations that impact women as the main caretakers within the family context. This overload is felt more by poor and middle-class families.

The initiatives that we have as described above, both at the level of public policies (such as the PAIF and the PSF) and the initiatives of civil society (school for parents), are still limited in their reach and impact. While considering the Brazilian population as a whole, these initiatives do not respond to the real needs of families in a broad, significant way. Still, they already form a relevant set of knowledges and experiences and contribute to our taking seriously into account the concern with the family and effectively promoting family life education.

In this chapter, we reviewed some activities geared to the education of families, even when not coinciding with the definitions of the FLE as internationally understood. Relevant convergence was found, however, between the goals and actions observed in the programs in health and social work (PSF, CREAS, CRAS), those built at the level of civil society (school for parents, school for families) and those proposed by Duncan and Goddard (2016).

We note the lack of research on the FLE in Brazil. The prevailing research has focused on the action of social workers and psychologists based on the effectiveness of public social policies regarding the redistribution of income. However, it does not take into account how the families (particularly vulnerable families) can handle their limited income to provide a certain quality of life to their members. For this reason, even if there are enough evaluation studies concerning social programs in health, education, and social work in Brazil, we cannot consider them FLE evaluations. Typically, they focus on specific aspects of the impact of a social program (see, for instance, Trad, Bastos, Santana, & Nunes, 2002).

Within the family context, it is necessary to reemphasize once more that it remains the woman's role to provide the socialization and school

life of children and to care for the elderly and disabled. In regard to fathering in Brazil, Bastos, Pontes, Brasileiro, and Serra (2012), show that the reality of the absent father continues to be recurrent, with pervasive and long-lasting consequences. While at times inadvertent, the public policies tend to reinforce this pattern, by electing the woman as the primary partner to implement programs and actions in the family context and endorsing the traditional pattern with the father as the provider and the mother as the caretaker of the home and children. Initiatives like the "Instituto Papai" are isolated. Even programs to foster education and prevention around men's health are very limited (Bastos et al., 2012). Women are the key audience for every program and action that we have mentioned here.

In face of this reality, we believe that universities urgently need to conduct a broad discussion about the curricula and pedagogical methodologies to prepare professionals and researchers to better understand the complex family reality. This new perspective would likely help these professionals, researchers, and practitioners feel empowered to exercise their duties with better quality and positivity.

We consider that before we can talk about family-based programs and strategies in Brazil, a broad understanding of the dynamics, strengths, and vulnerabilities of the family system must be developed in the country. With the recent political changes in Brazil and the rise of neoliberal guidelines, unfortunately, there have been huge cuts in funding for social programs. Therefore, at the present time, there is very little optimism in this FLE and family services field.

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Family Life Education in Chile: A Critical Analysis of Two Programs

Jorge Delva, Valentina Garrido López,
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The purpose of this chapter is to provide the reader with a rich understanding of two distinct but complementary programs in Chile that espouse Family Life Education principles (Ballard & Taylor, 2012; Darling, Cassidy, & Powell, 2014; Duncan & Goddard, 2005). One program is called Nadie es Perfecto (Nobody's Perfect), initially developed by the Public Health Agency of Canada in the early 1980s (Skrypnek & Charcun, 2009). Nadie es Perfecto is embedded within a larger national program called Chile Crece Contigo (Chile Grows with You [ChCC]) (Saavedra, 2015), in turn, a component of the Chilean government National Social Protection System responsible for the provision of comprehensive services to families to ensure positive early childhood development nationwide. The second program we describe is the Triple P – Positive Parenting Program developed by

Professor Matthew Sanders and fellow researchers at the Parenting and Family Support Centre at the University of Queensland, Australia (Triple P, 2017). Triple P's goal is to provide parents with strategies and tools to help build strong and healthy relationships with their children and prevent behavioral issues. This program has been implemented in Chile since 2010 in two municipalities: Peñalolen and San Felipe.

Before comparing and contrasting these two programs, we highlight several social, demographic, political, and economic features of the Chilean population. We present these contexts to help readers better understand implementation successes and challenges experienced by those two Family Life Education programs in Chile.

Social, Demographic, and Political Characteristics of Chilean Families

Following the end of a 17 year military dictatorship (1973–1990), Chile has remained a democratic country that for the most part has experienced stable economic and social development (Organisation for Economic Co-operation and Development, 2015, 2016a). Located in the southern cone of South America, Chile's population is estimated at 17.8 million whereby 48% live in urban regions, 16% in intermediate regions, and 35.7% in rural regions (Instituto Nacional de Estadísticas, 2017). About half of

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the population is concentrated in Santiago, the capital.

By 2006, 53.9% of children and youth ages 0–17 lived in traditional nuclear biparental households. However, in nearly a decade, by 2015, the percent of biparental households decreased to approximately 47%, whereas monoparental households increased from 7.8% to 14.4% during the same period (Ministerio de Desarrollo Social, 2015). Similar trends can be seen in the extended biparental households (couples with children) and extended monoparental households (mother or father with children and other relatives) during those years (Arriagada & Aranda, 2004). These variations indicate a change in traditional household norms resulting from a broader movement away from conservative to more progressive or liberal attitudes toward controversial social issues and policies such as drug liberalization, same-sex marriage, abortion, and divorce during the last decades in Chile. For example, with the growing availability of medicinal marijuana in Chile and increasing public opinion favoring legalization, Chilean law changed in 2015 to allow growing up to six plants per home for medical, recreational, or spiritual reasons (Ministerio del Interior de Chile, 2015). Additional examples of changing social attitudes concern the topics of abortion and same-sex marriage. When asked if women have the right to have an abortion in a January 2017 national survey of adults (18 years or older), nearly 80% said yes with 57% indicating they agree “under certain circumstances” and 22% “under any circumstances” (Plaza Pública Cadem, 2017). Approximately 19% answered “under no circumstances,” and about 2% did not know or did not respond to the question. The same survey asked about same-sex marriages. Approximately 64% answered they approve of same-sex marriage though 50% did not think homosexual couples should have the right to adopt children reflecting more traditional conservative views.

Despite the movement toward progressive social policies, religion, through the Catholic Church and, more recently, via Evangelical Churches, continues to be a strong factor influencing society with right-of-center norms,

attitudes, and policy advocacy. Approximately 58% of the population identifies as Catholic, 14% as Evangelical, and 4% as other, and about 24% indicates they do not belong to any religion (Plaza Pública Cadem, 2017). Interestingly, despite the large number of people who identify with a religion, a 2015 Pew Research Center report indicates that in 2015 only 27% of Chileans said religion was very important in their lives, a fairly large drop when compared to the 46% who had answered this question affirmatively nearly a decade earlier in 2007 (Pew Research Center, 2015).

Chilean families have also experienced tremendous changes in gender roles with an increasing number of women being single mothers, living with their partners without marrying, working outside the home, supporting abortion, and increasingly playing a more central role when making decisions in their households and sociopolitical roles. For example, Chile has twice elected a female president, Michelle Bachelet, one of a handful of countries in the Americas to have ever elected a woman as president. President Bachelet has supported making available emergency contraceptives in all pharmacies without a doctor’s prescription to people as young as 14 years of age, a policy that became effective in 2015. These data highlight important differences in attitudes and norms that are in flux and under discussion among families in Chile. Some argue that these social changes, along with rapid economic changes and urbanization, have resulted in more latchkey children and youth, increased drug use, teenage pregnancy, and decreased time children spend with relatives such as with grandparents. In fact, leisure time has been severely curtailed by work-related activities, especially in middle-class and low-income families. This phenomenon is most prevalent in women who must manage more complex roles that include both their families and their jobs. On the other hand, the generally low geographic mobility results in large numbers of Chileans living in the same city, even in the same neighborhood they grew up in, which helps create strong ties with their community, their extended family, and the physical space (Muñoz, 2016).

As Chilean families struggle to adapt or understand the above changing attitudes and norms, all could benefit from exposure to Family Life Education programs as these programs can help fill the void left by the changes affecting the Chilean populations. The support and skills obtained from FLE-trained persons could prove invaluable for families struggling to meet emotional needs that in the past extended relatives would provide. FLE programs can also help new parents learn parenting skills to engage in healthier parenting practices which can, in the long run, help prevent behavioral problems, including drug use. Reducing or successfully managing behavioral problems can also ensure the child has a better educational experience potentially helping prevent school dropout and better preparing the child for post-high school employment and/or higher education. Since the 1990s schooling levels in Chile have grown significantly especially in higher education. Whereas in the 1980s one-fourth of high school graduates attended a university or technical institute, since 2010 that rate has increased to more than one-half. In fact, a good education is regarded in Chile as one of the best investments a family can offer their children (Espinoza & González, 2013).

Economic Challenges and the Role of Government

In 2007, Chile was invited to join the Organisation for Economic Co-operation and Development (OECD). Chile joined in 2010 making it the first South American country member of this organization that aims to fight poverty through economic growth and financial stability by promoting policies that will improve the economic and social well-being around the world (Organisation for Economic Co-operation and Development, 2016a). Unfortunately, despite the tremendous social and economic progress experienced by Chile in the past decades, the country remains a developing country with high levels of inequality including wide disparities in wages and decreased government support in way of cash transfers (Keeley, 2015).

In Chile, poverty has historically been measured by household income, but in 2015 the government decided to make a change in the traditional way of measuring poverty adding five dimensions of well-being: education, health, work, social security, and housing. This multidimensional approach allows the government to understand poverty from a more comprehensive perspective that better describes the population's living conditions and consequently should serve to better assess needs and influence public policy and services (Ministerio de Desarrollo Social, 2015). Using the new approach, the Survey of National Socioeconomic Characterization (CASEN) indicates that over 20% of the Chilean population (nearly 4 million people) live in multidimensional poverty conditions, while 11.7% (over 2 million) live in income poverty conditions (Ministerio de Desarrollo Social, 2015). The number of people affected by multidimensional poverty increases to 23.2% when children and youth are included. These data point to a significant issue; in Chile children and youth are generally in a more vulnerable position than adults, and if development and inequality issues are to be resolved in the near future, those gaps need to be narrowed. This has important implications for the development and implementation of Family Life Education programs, a point we discuss later in this chapter.

Social Policy and the Social Protection System

Toward the end of the nineteenth and beginning of the twentieth century, children and youth matters fell under the responsibility of philanthropic and charity institutions which limited themselves to attend to basic unmet needs of children through strategies that sought primarily to overcome feeding, accommodation, and clothing needs (Pilotti, 1999). The national government's involvement during those years was limited to providing assistance to these institutions through the assignment of public funds (Pilotti, 1999). When it came to addressing juvenile justice issues, the scenario was quite different whereby

the government took a more prominent role. For example, the government was responsible for the creation of penitentiary institutions to attempt to control and address childhood and youth delinquent behaviors.

This early construction of children and youth matters determined the first childhood and youth policies in the country which were focused on improving the lives of children that lived in poverty given that “the family was considered unsuitable for childcare, because it was the start of a chain that begins with vagrancy and ends in delinquency” (Farías, 2003, p. 196). By the end of the 1960s, the first social reforms were put in place and sought to promote structural changes through empowerment and citizen participation. These changes aimed to create and strengthen social organizations under the premise that structural social changes had to be led by citizens. During these years the first educational reform was enacted, and its objective was to assure equal access to education and, with that, to a protective system that implemented the children care center law and made inroads into the development of a protection system that was state-owned but operated by citizens (Pilotti, 1999).

However, after the military coup in 1973, the country underwent a period of public repression and suspension of political and social advancements on the one hand and the promotion of privatization of public services on the other. This resulted in a generalized breakdown in public sector support for the welfare state, affecting children and youth programs in particular. By the middle of the 1970s and all through the 1980s, the design and implementation of social policy were primarily guided by market forces, privatization of services, and a considerable decrease in the subsidy role of the government in the provision of basic public services to its citizens (Saavedra, 2015). Some of the privatization changes resulted in a healthy decentralization shifting more control of services to municipalities resulting in improvements in the “equity of allocation among rich and poor municipalities, in terms of both transfers from central-government budgets and local taxes allotted to primary care facilities” (Bossert & Leisewitz, 2016, p. 1).

Unfortunately, the significant health improvements accomplished over the past two decades in Chile in, for example, infant mortality and maternal mortality rates, which are among the lowest in the world, (World Bank, 2015a, 2015b), are overshadowed by the extreme rise in income inequality, the highest among OECD member countries (Organisation for Economic Co-operation and Development, 2016b).

Upon Chile’s return to democracy in 1990, the succeeding governments made efforts to expand and include social services for all the populations that were excluded from the system as a result of the earlier policies of the military dictatorship. By the turn of the twentieth century and continuing into the twenty-first, the government has focused on development of social policies aimed at providing as protective a social net as possible. To accomplish these changes, the government began to develop a social protection system for families in poverty situation. This program, established by Law No. 19.494 passed in 2004 was named Chile Solidario (Chile Solidarity) (Ministerio de Planificación y Cooperación, 2004). As described by Saavedra (2015), Chile Solidario is “a management model composed by actions and social services coordinated and implemented by various government agencies aimed to the most economically vulnerable national population that are in need of a concerted action of those agencies to have access to a better living conditions” (p. 20). Essentially, Chile Solidario is a system designed to articulate and ensure the access to social programs, social services, and stipends provided by the government to all vulnerable populations that meet qualifying criteria (Larrañaga & Contreras, 2010). We describe this program first as it serves as the base for the Family Life Education program *Nadie es Perfecto* that is being implemented nationwide.

Chile Solidario has two main features that are worth highlighting. First, it defines poverty from a multidimensional perspective. This means that its approach to reducing poverty involves a comprehensive, intersectoral approach. Its purpose is to transform the relationship between the targeted population and the government by involving and

bringing together different governmental offices such as health and education, among others, through one point of access that can also help coordinate services (Larrañaga, Contreras, & Cabezas, 2015).

Second, it seeks to end extreme poverty through the development and strengthening of capacities and competencies in the most vulnerable population (Larrañaga et al., 2015). For example, the program seeks to not only help improve family functioning but also strengthen the links between families and institutions, empower families to advocate for their rights, increase civic involvement, and enhance health literacy. This social risk management approach is an innovative way of implementing social programs in Chile because it offers a multidimensional understanding and hence a more comprehensive approach to tackle the multiple, interrelated, and complex factors that sustain poverty. With these aspects in mind, we now turn our attention to a description of the development of Family Life Education programs in Chile. This is followed by a detailed description of the two programs we seek to compare and contrast, *Nadie es Perfecto* and Triple P – Positive Parenting Program.

Family Life Education (FLE) Programs in Chile

A number of Family Life Education programs have been implemented in Chile, some are government driven, while others are implemented by nongovernmental organizations (NGOs) and foundations, some of which receive government support and others do not. Examples of governmental programs include Programa Abriendo Caminos [Opening Roads], Programa Acción en Familia [Family Action Program], Apoyo a la Dinámica Familiar Permanente [Family Dynamics Support], and *Nadie es Perfecto* [Nobody's Perfect]. Examples of nongovernmental programs include Juguemos con Nuestros Hijos [Let's Play with Our Children] lead by Fundación Infancia Primero [Foundation Childhood First] and Triple P – Programa de

Parentalidad Positiva [Triple P – Positive Parenting Program]. To our knowledge, these specific programs are not taught in educational settings. However, in some universities, programs exist that teach knowledge and skills for individuals to successfully work with families on parenting, relationships, and children's behavioral matters to strengthen the child's and family's well-being. Though not called Family Life Education per se, these programs' curricula encompass many FLE principles. For example, the School of Social Work at the Pontificia Universidad Católica de Chile offers two academic programs oriented toward that goal. One program, created in 1990, is a continuing educational program named Family Studies that seeks to increase participants' competencies for professional practice with families. The program focuses on assessment, prevention, resolution, and rehabilitation skills. The school's second program is a master's degree in Social Work and Family. The program's aims are to develop the students' professional competencies to creatively intervene with families facing complex needs through prevention, resolution, and rehabilitation actions. We next provide a brief description of various FLE programs before concentrating on *Nadie es Perfecto* and Triple P.

Programa Abriendo Caminos

This program was created in 2008 as part of the National Social Protection System, Chile Solidario. Its objective is to create prevention and reparation actions concerning the social conditions of children and youth in cases where a significant adult has been deprived of liberty (e.g., mother or father is in jail or prison). The types of services provided include psychosocial assessment, monitoring and evaluation of families' trajectories, psychosocial support, socio-labor support, and monetary transfers (Ministerio de Planificación, 2011).

Participants include all children and youth, caretakers, and elderly that maintain a significant relationship with a person deprived of liberty and children that are born after the mother has been

incarcerated and reside with their mothers in penitentiaries. Program participants are invited to join by a social services professional within the penitentiary center or by recommendation of a Ministry of Social Development professional after a home visit and evaluation of the relationship between the child and the incarcerated adult (Ministerio de Desarrollo Social, 2017).

The main benefits offered by the program to the children include professional accompaniment and tutoring related to the needs expressed in a first evaluation what might include psychological attention, after-school tutoring, personal development, affectivity, and activities related to art, sports, community, and culture all from a children's rights perspective that actively incorporates children's opinions, interests, and strengths. In the case of caregivers, the program provides counseling and orientation regarding parental abilities and competencies, family counseling to improve well-being and integral development, and socio-labor assessment to promote employability and access to services, funds, and monetary transferences. The program is run by municipalities and NGOs with emphasis in children, youth, and family services (Ministerio de Desarrollo Social, 2017).

Programa Acción en Familia

Also a governmental program, Programa Acción en Familia seeks to strengthen family life by providing social support for the transfer of skills and tools to generate family capitals (Fondo de Solidaridad e Intervención Social, 2017). The program's focus is on families that are considered at risk based on selected characteristics such as the number of people in the household, number of adults in household, and income level. Another characteristic is the extent of social and economic vulnerability of the neighborhood where families reside. It is the local government's task to identify the families that are going to participate in the program. This means that families do not apply to the program as they are identified via the "Registro Social de Hogares" [Social Registry of Homes], a social security system and database

that collects socioeconomic information of families that seek social services (Fondo de Solidaridad e Intervención Social, 2013).

The program has three main components: family life strengthening, community life strengthening, and self-management strengthening. The first component aims to provide parental skills knowledge to help parents learn best practices to face family conflicts, optimally develop household chores, and manage a family business. The second component provides an opportunity to strengthen the family's social network and community life through the implementation of "mesas de trabajo comunitario" (loosely translated as community roundtables). These groups, which may include community leaders, neighbors, and social and civic organizations, meet on a regular basis to develop projects to promote innovation and empowerment that serve to improve their communities and hence their families. The third component is financial which provides families with an opportunity to materialize their ideas by funding their family and self-managed community projects.

Apoyo a la Dinámica Familiar Permanente: Fundación Promoción y Desarrollo de la Mujer [Family Dynamics Support: Foundation for the Promotion and Development of Women]

This program is implemented by the nonprofit organization Promoción y Desarrollo de la Mujer (PRODEMU) in collaboration with the Social Development Department of Chile Solidario. It provides psychosocial support to help families achieve minimal social conditions through the strengthening of their parental skills, prevention of neglect and violence, and promotion of healthy communication (Promoción y Desarrollo de la Mujer, 2016). To accomplish its goals, the program provides training on communication skills to solve daily and complex problems, time management, and the importance of education and equitable distribution of household tasks, among others. The program also informs fami-

lies about opportunities and services available to them by their local government (e.g., municipalities). Trainings are provided via ten workshops of 3 h each that are implemented over a period of 2–3 months (Promoción y Desarrollo de la Mujer, 2016).

The program is implemented at a national level; therefore, to coordinate the number of families benefited by the program, PRODEMU works with a list of participants provided by the Ministry of Social Development. Subsequently, PRODEMU and the Ministry communicate with each regional office the number of participants agreed by both institutions and distribute the resources to those families that have manifested an interest in working on different dimensions of family dynamics (Promoción y Desarrollo de la Mujer, 2016). Each regional office's professional team coordinates a first group meeting with approximately 20 participants.

Nadie es Perfecto

Nadie es Perfecto [Nobody's Perfect] is a governmental program that provides support for new parents through the first 3–5 years of the child's life. Initially developed by the Public Health Agency of Canada in the early 1980s (Skrypnek & Charcun, 2009), and first implemented in Chile in 2010, after 2 years of adapting the materials, this community-based program consists of a series of trainings to help parents develop parenting skills according to the child's developmental stages. The trainings include specialists such as pre-k educators, kinesiologists, psychologists, social workers, and nurses, among others, as well as parents and other caregivers, to promote the sharing of experiences so participants can learn from others and receive orientation on specific issues. Trainings center on the following topics: mental development; physical development; father, mother, and caregiver roles; and challenges, security, and prevention; and behavior. Each training is devoted to one topic, and supporting reading materials are provided at the training sites which are also available at the Chile Crece Contigo webpage (Chile Crece Contigo,

2017). This program was adopted in Chile by a group of professionals from the Mental Health Department of the Chilean Ministry of Health with the authorization of the Public Health Agency of Canada.

Two examples of nongovernmental programs are *Juguemos con Nuestros Hijos* and Triple P – Positive Parenting Program. We describe these next.

Juguemos con Nuestros Hijos

This program belongs to the organization called “Fundación Infancia Primero” [Foundation Childhood First], an organization that promotes holistic development of vulnerable children. The program aims to strengthen the interaction between parents and children through the promotion of parental skills. *Juguemos con Nuestros Hijos* was first implemented in 2006 and consists of group work sessions once a week as well as home visits and individual interviews whereby parents and caregivers are encouraged to play with their children and learn to understand them and connect with them through playful activities. The program also includes a set of games that are designed to promote language skills and a group conversation between parents and a professional on a variety of parenting-related topics such as nurturing (Infancia Primero, 2017).

The program is implemented every year from March to December in three family health centers associated with the Department of Family Medicine of the Pontificia Universidad Católica. Program beneficiaries are children ages 0–4 and their caregivers. Caregivers use one of the three family health centers, two of which are located in some of the most socially and economically vulnerable municipalities in Santiago: La Pintana and Puente Alto (Infancia Primero, 2017).

Triple P: Positive Parenting Program

Triple P is a program developed by researchers at the University of Queensland, Australia. In 2001 it was granted a worldwide license as a social

enterprise, Triple P International (TPI), to allow for easier dissemination of the program. Its objective is to prevent and treat behavioral, social, and emotional problems of children and youth through the strengthening of knowledge, abilities, and self-confidence of their parents and caregivers (Purga, 2014; Sanders, 2008; Sanders, Kirby, Tellegen, & Day, 2014). The program is sold to both governmental and nongovernmental organizations and is now implemented in Chile and many other Latin American countries.

Having provided a synopsis of governmental and nongovernmental Family Life Education programs available in Chile, we now compare and contrast the structure and services offered by the governmental program *Nadie es Perfecto* and the nongovernmental program Triple P – Positive Parenting Program. For each program we provide a general description, a specific description of the activities for families, implementation challenges, and information on the evaluation of these programs. The comparison will serve to illustrate Chile's experimentation with two unique programs.

A Comparison of *Nadie es Perfecto* with Triple P – Positive Parenting Program

***Nadie es Perfecto* [“Nobody's Perfect”]: A National Governmental Program**

General Description

As indicated earlier, *Nadie es Perfecto* is administered under the Chile Crece Contigo (ChCC) system of comprehensive protection of infants under the National Social Protection System, Chile Solidario. Created in 2006 under the administration of President Michelle Bachelet, ChCC was approved 3 years later by the national Congress in August 4, 2009 (Bedregal, Torres, & Carvalho, 2014). We highlight ChCC because its origin stems from the first intersectoral social policy in the country that takes into account the development of early childhood. By intersectoral we mean that it manages to bring together and

coordinate services from different administrative governmental systems such as health, education, social protection, social justice, and labor (Bedregal et al., 2014; Cunill-Grau, Fernández, & Theza Manrıquez, 2013). This intersectoral approach seeks to maximize children and families' potential development by working closely with families from pregnancy through entrance into the school system with the most socioeconomically vulnerable population in the country (Saavedra, 2015).

Although a nationally directed program, it is implemented through municipalities. The benefits offered to families are organized into three main components – health, education, and social network (Bedregal et al., 2014). Health is a central element because it brings access to a number of services and benefits that aim to offer a personalized accompaniment in the developing child. To meet health needs, ChCC offers the Support for Biopsychosocial Development Program [Programa de Apoyo al Desarrollo Biopsicosocial] (PADB). Specifically, this program seeks to support the development of children from the first gestational control to entry into the school system by covering such topics as attachment, preparation to motherhood, and parenting and support guidelines for child development. To meet educational needs, it offers free access to childcare and daycare centers for children living in households in the lowest 60% of vulnerable social conditions. For its social network component, ChCC offers preferential access to social programs and benefits such as financial aid for housing and family care, education for adults, job training and helping individuals network with potential employers, and legal aid (Bedregal et al., 2014).

Before proceeding with the specific description of the *Nadie es Perfecto* program, we highlight the fact that the Chilean government's choice of *Nadie es Perfecto* is influenced by its philosophical orientation to promote a set of services that address social determinants of health and that are inclusive and comprehensive and in concert with the United Nations Convention on the Rights of the Child (United Nations International Children's Emergency Fund, 2014). That is, the program goes beyond teaching

parents good parenting skills through the promotion of a holistic view of the child under a “subjects with rights” perspective as opposed to children being considered “objects of rights,” the perspective that existed prior to Chile signing the UN Convention (Oyarzún, Dávila, Ghiardo, & Hatibovic, 2008). This is an important distinction because when children are considered to be “subjects with rights,” it means that they are “...considered people, not objects, and may therefore exercise rights, and perhaps more importantly, society must ensure that their rights are maintained” (Reyes Quilodrán, Guerra Aburto, Sanhueza, Jones, & Delva, 2017, p. 434).

This focus on children as individuals with human rights versus individuals with unmet needs that must be met is an important and unique philosophical distinction. As such, *Nadie es Perfecto* is implemented with the goal of helping parents become better parents and encouraging them to relate with their children from a human rights perspective while also empowering parents to be more engaged in civic life to improve their social and economic conditions. The underlying assumption is that social and economic improvements will be conducive to improvement in family functioning and health.

Specific Activities for Families

In terms of concrete services currently available, ChCC has multiple offerings grouped according to the age of the child – gestation and birth, 0–2 years, 2–4 years, and 4 years and older. Examples of services for those in gestation through birth include personalized pregnancy and birthing care, maternity workshops, and a program for promoting active parenthood. For parents with 0–2-year-old children, ChCC offers the *Nadie es Perfecto* [Nobody’s Perfect] program for the development of parental nurturing skills, educational interventions, and health services. Parents with 2–4-year-old children receive the same services as those with 0–2 plus specialized attention to children with delays in their development. And, for parents of 4-year-old and older children, services include mental health support, programs for the promotion of physical activity and healthy eating, and a program for the

development of skills for life (Chile Crece Contigo, 2017). Materials provided to parents by program facilitators, and those available on the program’s website, are easy to read to purposely reach as wide a population as possible nationally. Facilitators have also expressed there is a good communication flow between the central government and the municipalities where they work (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013).

Nadie es Perfecto [Nobody’s Perfect] consists of a series of meetings among parents, caregivers, and/or counseling personnel that come together to share experiences of parenting and learn from one another, receiving feedback and guidance to resolve specific behavioral problems. For example, discussions might center on ways parent may encourage cooperative behavior or may calm a child who is crying without the use of spanking or yelling. Supporting materials include five books about different aspects of caregiving and child development to help parents and caregivers enhance their comprehension of children’s developmental stages during the first 5 years of life (Chile Crece Contigo, 2015). Specifically, the program includes the following components:

1. Behavior: provides information and guidelines to encourage cooperative behavior in children and strategies to solve behavioral problems.
2. Safety and prevention: information and guidelines about accident prevention, house risks, first aid training, and emergency care.
3. Parents and caregivers: provides self-care tools and guidelines to be an active parent or caregiver and offers a guide for requesting help when needed, tips to choose an educational service or child daycare, theoretical elements about child abuse, and what to do in case of neglect. In the last version of this book, there is also an entire chapter about the importance of an active father’s role in the parenting process.
4. Mental development: provides information regarding the learning process of a child, children feelings, the importance of playing and recreation, and recommendations for educational toys and activities.

5. Physical development: provides information and advice about growth and child development and how to encourage a healthy lifestyle and elements about different recurring diseases in early childhood.

Implementation Challenges

To implement the *Nadie es Perfecto* program in the poorest and most vulnerable neighborhoods, the principal challenges are related to local management capacity (Valenzuela, 2017). Essentially, municipalities (local governments) with less resources have fewer professionals trained to implement the program and also fewer adequate venues. Each municipality is allowed to choose how to spend the funds allocated to them. They can use the funds for construction and to create the appropriate spaces for early psychomotor stimulation, a toy library, on-wheels educational service, extension and improvement of the services provided, and training for workers implementing the program or home visit for early stimulation for children. Depending on the municipalities' revenues, some may be more pressed to spend on infrastructure projects than on the training and support of the professional themselves. In fact, municipalities do not have access to the same types of professionals resulting in considerable variations on how the program is implemented across municipalities. In addition, there is a high attrition among professionals due to budgetary and bureaucratic constraints municipalities face. In many cases, professionals are not given working contracts or are contracted for short periods of time resulting in an ongoing revolving door problem with large amounts of time spent trying to fill vacancies (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013).

Evaluation

Prior evaluations of the program have found evidence of its effectiveness with Canadian families (Chislett & Kennett, 2007; Kennett & Chislett, 2012; Skrypnik & Charcun, 2009; Vollman, 2001). In Chile, less research is available to document its effectiveness. According to an unpublished report by the government, between 2010

and 2016, over 14,000 workshops with over 1000 facilitators were conducted (Vergara, 2016). The number of workshops increased every year from 578 in 2010 to 2,722 in 2014, ending with approximately 1,700 workshops in 2016 (Vergara, 2016). The total number of participants reached 88,936 which means that on average, approximately 6 persons attended each workshop. Most participants were mothers (89%), followed by grandparents (5%) and other types of caregivers (3%), and only 3% were fathers (Vergara, 2016).

That same report indicates that an impact evaluation was conducted from 2011 to 2014 using a randomized longitudinal study with three stages (baseline in 2011, intervention in 2011 and 2012, follow-up in 2014). The study was conducted with 162 health centers across the country with a sample of nearly 3,000 families and 3,650 children. The conclusions from that study are divided in three categories: parents and caregivers, interaction, and children. Preliminary results from the evaluation suggest that in the parents and caregivers' category, the main takeaways were that the workshops generated substantial improvements in beliefs, expectations, and self-sufficiency. The workshops also seemed to have improved parents' perceptions of social support they receive from neighbors and friends. In the interaction's category, results showed improvements in affective and cognitive stimulation practices while reducing the use of negative disciplining practices. Finally, in the children's category, there was a significant impact on language development, particularly among children whose parents had not completed secondary or higher education, and improvements in executive functioning and cognitive flexibility among children whose parents had low educational level. The results also seem to indicate that the workshops favored improvements in female children (Vergara, 2016). A qualitative study with program providers (facilitators, supervisors) conducted in 2013 by the Centro de Estudios de Desarrollo y Estimulación Psicosocial [CEDEP] [Center for Developmental Studies and Psychosocial Stimulation] identified as primary challenges work overload and problems with par-

ticipants' (parents and caregivers) low attendance, low adherence to the protocol, and high dropout rates (Centro de Estudios de Desarrollo y Estimulación Psicosocial, 2013). This evaluation did not interview participants limiting what can be concluded about its effectiveness.

Triple P: Positive Parenting Program

General Description

Triple P is a program designed to implement proper parenting skills in order to decrease the prevalence of child and adolescent behavioral issues and promote confidence in parenting skills. The program seeks to strengthen parenting through a set of trainings that are designed to be flexible to parents' unique needs such as first aid trainings, group discussions, small and large seminars, private consultations, and online self-help (Sanders, 2008; Sanders et al., 2014). Clients in these programs are parents whose children are between 0 and 12 years old. For clients who have special circumstances, Triple P provides specialist programs including Stepping Stones for parents of children with a disability, Family Transitions for parents going through separation or divorce, and Lifestyle for parents of children who are overweight, among others. Across the globe, Triple P may be funded by private and/or public sources. In the USA, Triple P has been funded by such programs as Medicaid and Title IV-E via the Department of Education, the Centers for Disease Control and Prevention, and the Department of Women, Infants, and Children. However, grants from private sectors such as foundations have also been allocated toward Triple P.

Specific Programs for Families

The program includes components to reach a large population with messages about positive parenting to more specific interventions based on the degree of behavioral problems exhibited by the child and social and mental health problems by the parents (Sanders et al., 2014). Triple P has materials to communicate broadly to large audiences the importance of positive parenting

through the program's website and other public means such as radios, newspapers, and magazines (Sanders et al., 2014). Beyond providing a general message about the importance of positive parenting, the program has developed brief parenting interventions to promote healthy child development via 90 min parenting seminars and brief face-to-face or phone consultations. Triple P also has developed interventions for families experiencing problems of low to moderate intensity for parents with children experiencing specific problems that combine advice, rehearsal, and self-evaluation with 3–4 individuals for 80 min face-to-face or via the phone. For families experiencing problems of moderate to high intensity, Triple P has a 10 h program with delivery options that include ten 60 min individual sessions or five 2 h group sessions with three brief telephone or home visit sessions, among other delivery variations. Triple P also has an effective program for families with children with developmental disabilities (Skotarczak & Lee, 2015). Finally, Triple P also has a program for families experiencing high-intensity problems meaning those whose children have behavioral problems and whose parents are also experiencing mental health problems or high stress or are at risk of child maltreatment.

Implementation Challenges

In Chile, Triple P has been implemented in two municipalities free of charge to all community members in Peñalolen and San Felipe. To coordinate such an implementation, the Triple P team meets with the professionals in the municipalities that are going to implement the program. The meeting is to train them about the specific characteristics of the community in which Triple P is going to be implemented and provide advice and guidelines about the possibilities and limitations of the program. Together, the municipal and Triple P teams develop strategies and guidelines to present the program to the families.

Triple P faces two important implementation challenges when implemented in the public sector (Castillo, 2017). One of these challenges is staff turnovers in the presence of shortage of resources. In Chile, appointments of elected offi-

cials in municipal governments are for 4 years. These officials have the chance to continue serving for additional terms if reelected. However, the turnover rate for professional staff is quite high as professionals are always on the lookout for higher paid opportunities elsewhere. This means that investment in training these professionals to implement the Triple P program is a high-risk decision for the municipality resulting in many municipalities deciding not to acquire the program. From our perspective, after carefully reviewing all of the documentation about the program, a second challenge is that Triple P is not a program that aims to attend to larger societal and structural challenges of marginalized communities' experience. We recognize that the financial challenges facing Chile pose a serious limitation to Triple P being adopted more widely beyond the two communities. But, we also believe that its philosophical paradigm – central focus being on parenting behavioral changes – makes it less appealing to be adopted by organizations that work with families who face severe adversity such as illiteracy, unemployment, unmet health and mental health problems, and discrimination and abuse by police, among others. Our critique is not intended to suggest that Triple P should attempt to address structural challenges. We recognize this goal is beyond the purpose of the program and could make it less effective in attempting to do too much. However, we bring this issue to the forefront because this may be an important reason Triple P has only been implemented in two municipalities in Chile despite the strong evidence of its effectiveness.

Evaluation

A unique and important aspect of Triple P is that it provides the implementation entity, the municipalities in the case of Chile, with the opportunity to conduct formative and impact evaluations of their program. Triple P allows professionals who are implementing the program to incorporate indicators in a web system for an ongoing and permanent compilation of information and assessment data. This approach to evaluation is of considerable benefit to the municipality as it is a low-cost and efficient way of evaluating one's

program in real time while contributing to a worldwide evaluation effort of the program. Essentially, evaluation of this program has been made simple through the administration of questionnaires by practitioners to their clients before and after their trainings. The questionnaires serve to gather data to evaluate family functioning and behavior. The data are then entered into a computerized scoring application on Triple P's provider network website. At the local level, providers can use this information to improve the day-to-day implementation of the program. Globally, the data can be utilized to compare Triple P's effectiveness across countries and contexts (Morawska et al., 2011).

Results of a comprehensive meta-analysis of over 100 studies reveal that Triple P is indeed effective in improving parenting behaviors and consequently children's behavioral outcomes (Sanders et al., 2014). Triple P has also been shown to be effective in reducing disruptive behaviors of children with disabilities (Skotarczak & Lee, 2015). These reviews do not appear to include any evaluative studies conducted with Chilean parents and children limiting what one can conclude about its effectiveness in Chile. However, data on Triple P's implementation and impact in the two Chilean communities are being collected and will be available for analyses in the near future.

Conclusions and Recommendations

In this chapter, we provide as detailed a description as possible of two unique programs that espouse Family Life Education principles in Chile that share some goals but differ in several aspects. The description is embedded within a larger discussion of the social, political, and economic contexts facing families in Chile. Both programs have been found to effect changes in parenting behaviors via a number of parenting enhancing educational and skill building activities, but *Nadie es Perfecto's* philosophical approach in Chile is one that encourages attention to social disparities of health. This is the reason that it is believed the program was adopted

by the Chilean government for national implementation.

Both programs provide evidence of being effective in helping parents improve their parenting skills and improve outcomes with their children. The evidence available documenting Triple P's effectiveness is considerably more extensive than what is available for *Nadie es Perfecto* (Sanders et al., 2014). The research documenting the effectiveness of Triple P is based on a larger number of studies with scientifically more rigorous research designs. However, to our knowledge, no such research has been conducted to assess Triple P's effectiveness with Chilean families. On the other hand, the Chilean government sponsored a large study of the effectiveness of *Nadie es Perfecto* that points toward its effectiveness with Chilean families (Vergara, 2016), but the full results are not yet available for public review.

Both programs experience a number of challenges that include the perennial ebb and flow of financial support, the recruitment and retention of qualified professionals, and the complex needs of socially and economically marginalized populations. Theoretically, the *Nadie es Perfecto* program seems to be better positioned to promote positive changes among parents living in marginalized conditions; however, more research is needed to determine if indeed the program is as effective as it is claimed to be. On the other hand, there is considerable evidence that Triple P's programs are effective in changing children and parental behaviors; however, their effectiveness with marginalized populations with complex needs remains to be documented in Chile and potentially other developing countries.

The Future of FLE in Chile Over the Next 20–30 Years

There is a clear trend in Chile to value and increase investment in child and family educational programs. However, the content and future of these programs will depend on the ideological positions of future governments. As of this

writing, the country is preparing for elections to take place. Chile's current electoral phenomenon is such that the two primary candidates reinforce the idea of increasing funding for the program "Chile Crece Contigo," described earlier. However, one of the candidates speaks about traditional family values, while the other explicitly calls to include "all" kinds of families. That is, while both candidates see the value of continuing to support FLE programs, the extent to which these are inclusive of, or seek to tailor their services to, diverse populations will depend on who is elected. In addition, independent of governmental ideology, the future of FLE programs will also depend on the extent to which workforce development plans emphasize increasing the number of professionals trained in FLE. In Chile, the education of helping professions outside medicine, psychiatry, and psychology tends to focus on understanding and addressing social and economic inequalities and social determinants of health. That is, students' education favors learning strategies to influence structural and political systems (e.g., changing laws, modifying policies) through social and political advocacy, activism, and community organizing. With these characteristics in mind and the importance of FLE programs, we surmise that there will be a slow to moderate growth in FLE programs in Chile in years to come.

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Family Life Education in Colombia: Fostering Families' Well-Being

Karen Ripoll-Núñez and Sonia Carrillo

The development of family policies in developing countries is usually associated with the war against poverty (Bogenschneider, 2006). Colombia is not an exception; most of governmental guidelines to family policies in this country focus on poverty but also on a broader category of families under vulnerable conditions that includes forced displacement, family violence, and early pregnancy, among others (Maurás, 2005). Carrillo, Ripoll-Núñez and Schvaneveldt (2012) and Carrillo and Ripoll-Núñez (2014) summarized the main family policies developed in Colombia in the last decades and highlighted three main limitations to these policies: (a) they do not follow a family system perspective, (b) their emphasis is on children's well-being, and (c) they do not focus on fostering positive family dynamics. In a detailed analysis of family policies in Colombia, Puyana (2012) suggested that such policies usually follow a conservative tendency, which focuses on two aspects: a family-care perspective and the reinforcement of the traditional family structure. She emphasized the need to replace this type of policies with new approaches that recognize family diversity and foster democratic relations within the family system.

In Colombia, the interest on family policies has increased in the last two decades. Although the term family life education has not been incorporated to family policy's guidelines and manuals, Colombian policy makers as well as researchers are implicitly incorporating some family education components into the development of family policies and programs that are in agreement with the FLE principles pointed out by Duncan and Goddard (2017). We found that current family policies and programs (a) recognize the importance of a preventive and strength-based perspective that focuses on protective factors, (b) are mindful of family diversity and the variability that exist among families in their contexts, and (c) focus on fostering the well-being of children, parents, and families. Thus, the leading family policies and programs under the actual government in Colombia are providing answers to the main criticisms underlined by some policy analysts; they also show important changes in their conceptualization, objectives, and goals that respond to the diversity of contexts, individuals, and families in Colombia. One of such policies is the National Policy for the Strengthening of Families developed by the Ministry of Health and Social Protection, which contains the main guidelines for the design and implementation of strategies and programs oriented toward families for the 2012–2022 time period (Colombian Ministry of Health and Social Protection, 2012). The present chapter

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will analyze different aspects of the design, implementation, and evaluation of recent developed family education programs in Colombia.

Social and Historical Context of Colombian Families

Colombia's current population is around 44 million people. Seventy-four percent of the population lives in urban areas. This percentage has increased due to the forced-displacement phenomenon associated with the internal armed conflict that Colombia has faced during the last six decades (Internal Displacement Monitoring Center- IDMC-, 2015). The populations' socio-economic distribution reveals that the majority (51.7%) is of low socioeconomic status, whereas 36% of the population is considered middle class and 12.3% is upper class.

In Colombia, the Political Constitution defines the family as "the fundamental nucleus of society which is formed by legal or natural bonds, by the free decision of a man and a woman to constitute a marriage, or by their responsible will to form it." The Constitution also establishes a co-responsibility between the State and society to ensure the care and protection of families (Colombian Political Constitution, 1991). During the twentieth century, important social, economic, and cultural transformations had a great impact on the conceptualization of the Colombian family. Carrillo and Ripoll-Núñez (2014) highlighted three main changes responsible for the diversification of family dynamics and structures in Colombia:

First, gender roles within families changed and, as a result of such changes, a greater emphasis on equality permeated family relationships. Second, although the family continued to be regarded as a core social system that fosters the development of individuals, it was also conceived of as a context for conflict and crisis that moves toward changes in societal traditional values and behaviors. Thirdly, families were initially conceived of as mere recipients of benefits provided by government laws and social programs. However, a new conceptualization of the family has emerged in social policy, which assigns families a more active and participatory role. (p. 426)

Recent analysis of family's typologies and characteristics, conducted by the Family Observatory at the National Department of Planning (2016), showed an increase in diverse family structures. Even though nuclear two-parent family continues to be the predominant family structure in Colombia, the percentage of this type of family decreased from 1993 to 2014 (from 65.5% to 60%, respectively). Additionally, single-parent families represent around a fourth of the current family population (23%). Women head around 35% of the families in Colombia. In the last decades, there has also been an increase in families with no children (9% in 1993 to 14% in 2014); and families of same-sex couples represent 0.12% (DANE, 2014). Lastly, the percentage of extended as well as composed families decreased (26% in 1993 to 21.9 in 2014), while single-person households increased from 5.1% to 13% in the same period.¹ Family size has also decreased in the last decades. In 2014, the average number of individuals per home was 3.5 (Profamilia, 2015).

A very significant and recent transformation that impacts Colombian society is the peace agreement signed in 2016 (Presidency of the Republic of Colombia, 2016b). This was the result of about 5 years of negotiations between the government and one of the main guerrilla groups in the country (e.g., the FARC). The peace agreement constituted a great achievement that put an end to a 60-year social and political conflict that affected many spheres in society, particularly families. This agreement involves many challenges at the political, economic, and social levels; nevertheless, it represents an invaluable opportunity for Colombia's policy makers to intervene on many social problems and to build a better society. The peace agreement was the result of the work of many governmental organizations under the leadership of the High Council on Post-conflict. This Council was headed by the Ministry of Post-conflict and had the

¹Extended families are formed by a nuclear family and other relatives. Composed families are defined as a nuclear family (with or without other relatives) and other nonrelatives living in the household (NDP, 2016).

responsibility of coordinating the delegates that participated in the negotiation process. The Ministry of Post-conflict has also the task of formulating the policies related to the design and implementation of social programs oriented to the victims and displaced families and to the reinsertion of the illegal groups to civil life (Presidency of the Republic of Colombia, 2016a). The peace process received the support of many international agencies and governments.

Family Strengths and Needs

Social, political, and economic circumstances in Colombia have contributed to the proliferation of individuals' needs and risk conditions in the last decades; the number of vulnerable families around the country has risen in recent years. The government invests a great amount of effort and resources in programs to assist vulnerable families by providing goods and services that alleviate the main needs of children and families. As a result, the observed tendency in the development of family policies corresponds to a deficit model that emphasizes on individuals' problems, illness, or social limitations and prioritizes program's coverage rather than the quality of services provided to families. The majority of policies and programs in Colombia have concentrated on reestablishing the fundamental rights and providing economic and social assistance to families under vulnerable conditions. During the last presidential period, government agencies have introduced changes in basic aspects of the family policy making. First, policies are more based on an ecological perspective that takes into consideration the different social, economic, and cultural sectors in society and their interrelation with families. This ecological approach is also evident in the implementation strategies that the government has adopted, which are developed based on collaborative and coordinated efforts of central government agencies, as well as local organizations in the country's five geographical regions. Secondly, recent policies have abandoned the deficit model about family issues and are adopting a strength-based perspective

that focuses on the identification, enhancement, and promotion of individuals' competencies and the family's well-being. Lastly, recent family policies and programs follow a differential approach that recognizes the diversity in family structures and in the characteristics of the population in each of the geographical regions (e.g., ethnic groups).

With regard to the differential approach in family policies and programs, it is worth mentioning here that, while most Colombians identify themselves as people of mixed race/cultural heritage, approximately 14% of the population in Colombia identify themselves as belonging to a specific ethnic and racial group (DANE, 2005). Most of these individuals identify as members of indigenous (native) groups or as African descendants and live primarily in rural communities on the Pacific coast, the eastern plains, and the rain forest in the southern part of the country. The government has developed policies to preserve the cultural heritage of such groups. For instance, children receive bilingual education, in Spanish and their native dialects, in these communities. In order to preserve these groups' cultural heritage, government family policies encourage program development teams to take into consideration the diverse ethnic composition of the population they will target in different regions of the country (e.g., families of indigenous groups, afro-descendent families) and adjust the education programs so that their contents are congruent with the values and cultural traditions of such groups.

In Colombia, different governmental institutions develop and implement family policies. In the last decades, the main institutions in charge of this task are the Ministry of Health and Social Protection, the Ministry of Education, and the National Department of Planning (NDP). Since 1968, the Colombian Institute for Family Well-Being (CIFW) has coordinated and overseen the implementation of specific strategies and programs that focus on the protection of children, adolescents, and families. Table 1 summarizes the most current family policies in Colombia that impact family life education (see Table 1).

Table 1 Colombian laws and policies related to family issues and family education

Public policies or laws	Goals	Agencies and organizations involved	Family life education programs derived from policies
National policy for Colombian Families 2012– 2022	Provides affective, economic, cultural, and legal resources to the families to promote rights, integral development, and positive relations which hip in different contexts	Ministry of Health and Social Protection	Increase recognition of diversity in Colombian families (ethnic, regional, structural) Need to promote increase in women's participation in the labor force Need for alternative strategies for early care
Conpes 147: Guidelines for the development of a teen pregnancy prevention strategy and the development of children's, adolescents', and youths' life projects: (National Council on Social and Economic Policy, 2012)	Provides guidelines to develop programs that prevent teen pregnancy and foster the development of children's and adolescents' life projects	Ministries of Health, Education, Culture, Information Technologies National Department of Planning Colombian Institute for Family Wellbeing National Learning Service	Sex Education and Citizenship Development Program (SECDP), an educational and preventive strategy that involves family members as well as other agents in the community (e.g., community leaders, counselors, mass media, community educators)
Strategy "Building Protective Environments Together"	Promote children' and adolescents' rights Strength democratic family relations and positive dynamics between children, parents, and teachers	Colombian Institute for Family Well-Being (CIFW)	Parenting education programs in public and private schools throughout the country school
Law 1404: Parenting education programs in preschool, elementary, middle and high schools (Colombian National Congress, 2010)	Develop parenting education programs in public and private schools that foster parents' involvement in their children's education	Ministry of Education, nongovernmental organizations (e.g., Network of Mothers and Fathers)	Parenting education programs in each school "Good grade parents": parental involvement in children's academic and socio emotional development
Public Policy for Displaced Families: The Care Program for Displaced People (2005)	Provides families with financial assistance and defines mechanisms to ensure displaced families could return to their land	High Council for Assistance to Displaced People (1997)	

One of the key policies that defines the guidelines for the design and implementation of family programs is the national policy to support and strengthen families that was proposed by the Ministry of Health and Social Protection for the 2012–2022 time period. The principal objective of this policy is to provide families with economic and legal resources in order to guarantee

the rights of its members and with social and cultural tools to strengthen positive competencies that lead to more secure and harmonious family dynamics. This policy is based on the recognition of diversity in Colombian population and the complexity of family structures that characterize our country (Colombian Ministry of Health and Social Protection, 2012).

Development of Family Life Education Programs

There are several types of institutions involved in the development of FLE programs in Colombia: governmental organizations, institutions within the educational system, and nongovernmental organizations (NGOs). Although most FLE programs developed within the educational system and NGOs follow the general guidelines provided by governmental child and family policies, such organizations prioritize specific topics in their programs depending on their mission and objectives. For instance, most private and public schools have developed sex education programs in compliance with governmental policies; however, the objectives, contents, and strategies of such programs vary according to each school's educational philosophy, mission, and objectives.

Governmental institutions have different roles in the development of FLE programs. The Ministries of Health and Education are two of the main institutions in the central government in charge of formulating policies and providing guidelines to both public and private institutions that develop the programs locally. Another role of government institutions is to oversee the implementation of programs locally and provide funding for program implementation and evaluation. To oversee program implementation and manage government funding, the central government relies on agencies such as the Colombian Institute for Family Well-Being and the National Service for Learning, as well as local authorities (e.g., governors, or majors). At the end, local institutions such as schools, community organizations, NGOs, and mass media are in charge of program implementation. Lastly, governmental institutions are also responsible for planning and funding program evaluation efforts. Central government institutions such as the National Department of Planning (NDP) are keys in planning, administering funds, and overseeing the implementation of program evaluation research. In order to conduct evaluation studies, NDP works together with organizations as well as university-affiliated researchers that are in charge

of collecting data locally and producing evaluation reports.

Institutions in the educational system participate in the development and implementation of FLE programs in different capacities. We will refer specifically to universities and basic education institutions (i.e., elementary and high schools). On one hand, universities participate in the development, implementation, and evaluation of government programs through the following mechanisms: (a) university-based research teams provide their expertise on specific FLE subjects and work as consultants in program development and evaluation with government agencies and NGO's and (b) graduate programs and university-based continuing-education programs offer training to program facilitators as well as professionals working at other levels of the educational system (i.e., teachers, principals, and school counselors). Also, universities develop graduate programs or institutes that focus specifically on family development, family counseling and education, and family policies. Most graduate programs hold an interdisciplinary perspective on family interventions and a system-theory approach to family issues. Through such institutes and graduate programs, universities train students in both research and professional skills (e.g., family counseling) to work in the development and implementation of family policies and programs in both the private and public sectors (e.g., Masters in Social Work with a Concentration on Family and Social Networks at the Colombian National University, 2014). For instance, some of these programs and institutes expect their graduates to become program developers and managers in educational institutions (e.g., Master's in Family Counseling at Sabana University, n.d.) or to work as family counselors in community-based institutions (e.g., Master's in Family at Xavier University, n.d.).

On the other hand, both public and private basic education institutions design, develop, and implement family education programs following the guidelines of the Ministry of Education and private organizations (e.g., NGOs) that work on family education. Within these elementary and high schools, FLE programs may be conceived of

and designed by professionals in Psychology or Education. These professionals may also implement the program activities themselves, or they may train school teachers to do it.

Lastly, nongovernmental organizations and civil society organizations may also develop and implement FLE programs. A good example is a nonprofit organization called “Network of Mothers and Fathers” (in Spanish, RedPaPaz) that was established in 2003. This organization has developed programs related to seven different themes in FLE – such as child rearing and education, lifestyles and well-being, the use of information technologies, sex education, and suicide prevention – that target parents, teachers, and other caretakers. Programs are implemented through workshops and conferences both face-to-face and online. In addition, RedPaPaz offers consultation services to educational institutions across the country and helps them develop FLE programs on the topics mentioned above (RedPaPaz, 2017).

Implementation of Family Life Education Programs

In this section, we present three examples of FLE programs that target different issues and represent governmental as well as private organizations’ initiatives.

Building Protective Contexts: A Focus on Child and Family Well-being

The Colombian Institute for Family Well-Being – CIFW – focuses on designing strategies and programs that support and strengthen families’ well-being. This governmental organization comprises five units, each one with a specific mission: (a) early infancy, (b) childhood and adolescence, (c) families and communities, (d) nutrition, and (e) protection. Family programs and actions within the CIFW are usually the result of the collaborative work between two of those units (childhood/adolescence and families/communities). One of the main programs recently formulated by the CIFW is the strategy “Building

Table 2 Normativity that supports the strategy “Building Protective Contexts Together”

Norms	Related issues
Colombian Political Constitution, 1991 Article 42, 46	Family is the nucleus of society; it is established by natural or legal bonds, by a free decision between a man and a woman to get married or by their responsible wish to conform it The care and protection of rights of children adolescents; elderly is co-responsibility of state, society, and family
Law 1098 (2006) Infancy and Adolescence Code	One of the State’s obligations is to assign specific responsibilities related to the care and integral protection of its members in their particular context, to families and society
Law 1361 (2009)	Law: integral protection of family The protection of family is based on the following principles: rights’ perspective, equality, universality, participation, and integrality, among others
Law 294 (1996) In 2000 reformed to Law 575	Norms that focus on the prevention, intervention, and sanctions of within families’ violence
Law 1404 (2010)	The program of parental education in elementary and high schools was established
National Policy for Enhancing Families (2014–2024)	Provides the framework under which plans, actions, and answers are established to promote competences and possibilities for families to act as proactive agents of their well-being
National Policy for sexuality, sexual, and reproductive rights (2014–2024) Conpes 147	Offers a sense and meaning of sexuality as a human condition that includes relational and communicational aspects and protects individuals’ sexual and reproductive rights

Note. This table was put together using information from the following document. Colombian Institute for Family Wellbeing (2017)

Protective Contexts Together” (CIFW, 2017). This strategy was developed in 2016, and it is based on several national laws and norms directly related to family issues (see Table 2).

The strategy “Building Protective Contexts Together” (Colombian Institute for Family

Wellbeing, 2017) emphasizes the importance of family education as a resource to empower parents as educational agents to enhance secure affective bonds within the family. The strategy focuses on actions, projects, and programs to teach caregivers, children, and teachers key aspects of human development and to train them on positive competencies to strengthen family relations and child-rearing practices. The final proposal of this strategy was based on a pilot study conducted in 2015 by the Direction of Childhood and Adolescence at the CIFW. This study was implemented on a sample of 8154 children and adolescents and 1535 fathers, mothers, and teachers in different towns in the central region of Colombia. Two main conclusions emerged from this study: first, the program contributed to enhance children's knowledge on fundamental rights and sexuality; and second, parents reported a positive change in family interactions and communication dynamics after attending the sessions. These findings reinforced the importance of parenting and family education; recognized the need of including children, parents, and teachers in the programs; and highlighted the complementarity in the roles of governmental institutions, families, and society in the promotion of family well-being.

The strategy will be implemented in both public and private schools in Colombia. It comprises seven sessions that will be conducted by a coordinator and some facilitators hired by the CIFW. Implementation of the strategy will take place in six regions of the country with the support of CIFW's personnel and community leaders in each region. The strategy involves two phases: preparation and implementation. The purpose of the first session of the program is to gather information about specific children's and family's needs identified by the participants in each community. This information will be used to design specific prevention activities that will be incorporated during the subsequent sessions of the program. These activities include issues related to family violence, child maltreatment, sexual violence, child labor, and alcohol or drug use. The program ends with a three-hour session in which participants share their particular experiences

during the strategy's implementation and evaluate the topics and activities included in each of the sessions. Lastly, the strategy includes different protocols with specific assistance routes that facilitators will follow in case they observe situations that threaten children's or adolescents' fundamental rights during the program's implementation. Figure 1 summarizes the main characteristics of the CIFW's strategy "Building Protective Contexts together."

Beyond Educating Teens about Sex

Since 2003, the central government recognized that developing coordinated actions between different governmental sectors (e.g., Ministry of Health, Ministry of Education, and others) were necessary to maximize the impact of public programs that targeted some of the most pressing social issues (National Council on Social and Economic Policy, 2012). One of such issues was related to teens' pregnancy rates and, in general, to reproductive health and sex education for adolescents and children. Despite government policies during the 1990s that led to the development of a mandatory sex education curriculum in schools, several research studies both in Colombia and internationally indicated that a coordinated preventive approach that involved schools, families, and communities was necessary in order to provide education on reproductive health to teens and their families (National Department of Planning, 2014).

In 2012, the government launched the Sex Education and Citizenship Development Program (SECDP), an educational and preventive strategy that involves family members as well as other agents in the community (e.g., community leaders, counselors, mass media, community educators) (National Council on Social and Economic Policy, 2012). The approach in this strategy has been to educate adults directly involved in adolescents' care in various contexts (i.e., family, schools, and the community) about topics that include sexuality, reproductive health, reproductive and sexual rights, and the role of education and families as

Description of the Strategy “Building Protective Contexts Together”		
Purpose The purpose of the strategy is to foster the rights of family members and to enrich positive competences in order to consolidate it as a protective context for children’s optimal development.		
Target population: Families with children between 6 and 17 years of age Participants also include mothers, fathers and other significant caregivers, and school teachers.		
Phases	Objectives and topics	Duration
1. Preparation:	Consists of different meetings at the regions; its main purpose is to know specific characteristics of the community, and to sensitize people with the objectives the implementation process. It also includes technical assistance on important laws such as de Infancy and Adolescence Code.	2 weeks
2. Implementation	Comprises 5 thematic modules. The themes include: <ul style="list-style-type: none"> - Context analysis - Children’s and adolescents’ rights - Sexual and reproductive rights - Prevention of pregnancy - Citizen participation - Affective bonds. 	7 three-hour sessions
3. Final session: Closing and evaluation	Forms: Participants will register their experience during the implementation of the program	3 hours

Fig. 1 Strategy “Building Protective Contexts Together” – CIFW

protective factors to teens’ pregnancy. In order to train facilitators in the communities, the National Service for Learning (a governmental agency) and a university-based team of experts designed a series of online workshops that have reached more than ten thousand community agents (National Department of Planning, 2014). In addition, the Ministry of Education required that parents and adolescents received sex education workshops at schools. Lastly, the strategy has involved the development of online interactive tools that engages adolescents in discussions about different topics, as well as educational campaigns disseminated through mass media (i.e., television and radio).

A team of experts, under the supervision of the National Department of Planning, conducted an evaluation of the implementation of the SECDP program. Figure 2 summarizes information about the program as well as the strengths and weakness of its components that were identified during the evaluation conducted in 2014.

A Network Approach in Family Life Education

Before ending this section, it is worth presenting the implementation of programs that are developed by civil society organizations. A good example of this kind of organization that designs and implements FLE programs is the “Network of Mothers and Fathers.” As mentioned before, some of network’s programs target parents, teachers, and other caretakers/educators directly while other programs are directed specifically to school principals, counselors, and administrators. There are at least three important characteristics of the ways this network implements programs: using online resources, developing a team of facilitators, and securing program funding. First, a key feature in the implementation of most of the network’s programs is that they rely on online resources that are useful to parents, family life educators, and schoolteachers and administrators. On their website, users may find not only educational materials (e.g., literature reviews, video

<i>Sex Education and Citizenship Development Program</i>		
Program Goals To coordinate efforts and implement strategies that allow children, adolescents and other education community members enjoy a healthy and responsible sexuality and enriching life projects.		
Implementation A key to the implementation of this program is the coordinated work of different sectors (health, education, culture, information technologies) both at the central government as well as in the local communities		
Scope The program comprises several interventions at multiple levels of the individuals' ecosystem: school, family and community. This requires that community leaders, leaders in youth organizations, and professionals working in institutions (school teachers, health providers) receive training to become facilitators.		
Training facilitators An online curriculum to train facilitators comprises different modules on key topics such as: sexuality, reproductive health, human development, life project, development of citizenship and relational competencies		
Interventions in family contexts		
<i>Who participates?</i> Mothers, fathers, other caretakers	<i>Program Contents</i> Human development and life project. Reproductive rights and health. Educating children and teens on living a responsible sexuality	
Process evaluation of program implementation		
<i>Participants / Strategies evaluated and methodology for data collection</i>	<i>Strengths</i>	<i>Limitations / Challenges</i>
Facilitators: Focus groups about the online training strategy	<ul style="list-style-type: none"> • Easy access to training materials • Availability of online training allows participants to fit the activities in their working schedule • Allows interaction between central government agencies and regional institutions 	<ul style="list-style-type: none"> • Even though an online training reaches more participants, it limits the interaction between them • Limited internet access in some regions represents a difficulty
Youth (children and adolescents): Focus groups about mass media educational messages that targeted youth	<ul style="list-style-type: none"> • Messages were understood and attracted their youth's attention • Youth identified with characters in the stories and their experiences 	<ul style="list-style-type: none"> • One of the campaigns was intended to question the concept of intimate partner, as someone on whom one may depend completely. Youths did not understand that this message encouraged autonomy of individuals in a relationship, but did not discouraged intimate connection
Regional program coordinators: Focus groups about mass media educational messages that targeted parents and teachers	<ul style="list-style-type: none"> • Makes parents and teachers aware of their attitudes regarding adolescents' sexuality • Provides teachers and parents with knowledge and helps them develop skills to communicate with youth • Encourages teachers to develop a strength-based and positive perspective, instead of a problem-based approach to sex education 	<ul style="list-style-type: none"> • Regional agencies in charge of funding the production of mass media messages did not allocate funds on time

Fig. 2 The sex education and citizenship development program

presentations) that can be easily adapted and used in a parenting education program but also different resources such as links to online conferences, blogs, and other online interactive tools to support schools and local parent networks at different stages in the development of a FLE program (e.g., facilitators' training, needs assessment, and program development). The use of online resources to disseminate their programs is cost-effective and allows the network's professional staff to be available to users on a regular basis.

Another important feature in the implementation of the network's programs is a structured and coordinated team of facilitators that has spread out to different regions in the country. Over the years, the network has trained professionals, parents, and school personnel in different geographical regions of Colombia, and it has held reunions, conferences, and other training events locally on a regular basis to both keep the facilitators updated and recruit new facilitators. A team of professionals that works for the organization in the capital and other major cities in the country provides support and oversees the implementation of programs in different regions. Lastly, unlike government agencies that count on public resources, NGOs and civil society organizations need to find financial support to develop and implement their programs. The Network of Mothers and Fathers recruits private funding from companies, businesses, and foundations by holding events to socialize their program outcomes (i.e., number of facilitators trained as well as parent organizations and schools that have participated in their programs). Also, the network's website provides information to potential donors on current and future programs and the financial support needed to implement them.

Evaluation of Family Life Education Programs

In a review of family policies and programs in Colombia, Carrillo and Ripoll-Núñez (2014) found that most government-funded programs that are implemented to target the most pressing social needs (i.e., families in poverty, victims of armed conflict) incorporate an evaluation phase.

Both government agencies such as the National Department of Planning and university-based research groups design and conduct methodologically rigorous program evaluation studies using both quantitative and qualitative methodologies. However, in most cases, the evaluation of such programs focuses on indicators that are deemed relevant to international funding agencies (e.g., the Inter-American Development Bank, the World Bank, and others). Thus, the evaluation of family policies has traditionally focused on (a) the indicators of program coverage and attendance, (b) the reduction of children's and families' vulnerable conditions, and (c) the formation of human capital (e.g., increased school attendance, improved health and nutritional status), rather than on indicators of family functioning and well-being (Carrillo & Ripoll-Núñez, 2014). Based on this analysis, an important challenge to governmental FLE programs is to formulate and evaluate indicators that are relevant to the goals of transforming family interactions, fostering family development and well-being.

More recently, government agencies have incorporated process evaluation of FLE programs as a way to assess the implementation of strategies. This type of evaluation provides direct feedback to program developers and facilitators about (a) the effectiveness of procedures that agencies follow to implement the programs, (b) the experiences of different actors involved in the implementation of the strategies (e.g., administrators, facilitators, target population), and (c) the needs and expectations of target populations that were not identified during baseline evaluations. An example of a government FLE program that included a process evaluation component is the Sex Education and Citizenship Development Program (SECDP) (National Department of Planning, 2014). The process evaluation of SECDP gathered information on the mechanisms and procedures that were implemented to coordinate different agencies in the geographical regions, as well as the strengths and limitations of program materials and activities. The evaluation study incorporated different data collection tools (e.g., surveys, focus groups, interviews) and collected information from multiple informants. Some of the results of the process evaluation

study are summarized in Fig. 2 (see Fig. 2) and refer to both successful aspects and challenges/limitations in program implementation.

Although program evaluation reports usually include a section on recommendations regarding program design, implementation strategies, and increasing program impact, it is difficult to establish if those recommendations are taken into consideration and how they are translated into changes in specific aspects of the programs. As will be discussed later, one of the main factors that may negatively affect the revision and improvement of FLE programs is the continuity of government policies across presidential periods. In each presidential period, a new set of policies and programs may be proposed and implemented. Thus, some programs that target pressing issues such as the war against poverty continue to be implemented, while others are simply transformed or redefined. In both cases, the use of previous evaluation studies and the implementation of recommendations made in such studies may depend on the priorities defined by the president's team of advisors.

Recommendations for FLE Programs in Colombia

The purpose of this chapter was to analyze the current development of FLE programs in Colombia. In the previous sections, we have discussed the social, economic, and legal contexts of family policies in Colombia. Also, we presented the strengths and limitations in the implementation and evaluation of FLE programs in this country. Our focus in this section will be on some of the current challenges that need to be overcome in the development, implementation, and evaluation of FLE programs, so they provide families and individuals with the knowledge and skills necessary to lead fulfilling lives.

Program Development

Our first conclusion regarding FLE programs analyzed in this manuscript is that there seems to be a positive turn toward developing policies and

programs that focus specifically on issues related to family functioning and the well-being of its members. The programs discussed in this chapter are good examples of a change in the way policy-makers and program developers are making the goals and functioning of the whole family system (or its subsystems), a core component of FLE programs.

In addition to this change in the conceptualization of FLE programs, most of the programs that we analyzed are based on previous research on risk and protective factors that are associated with the issues they intend to address. The adoption of an evidence-based approach is a significant advance in the development of FLE programs as it allows program developers to make informed decisions on how to deal with the problems and needs of their target audience. However, recent literature indicates that in developing a program, it is key to formulate clearly the theory of change guiding it (Futris, Mallette, & Richardson, 2016). Although the programs we reviewed seem to have a clear definition of the problems they intend to address, program developers need to reflect on the assumptions they make when choosing specific actions to reach their goals. Also, most of the programs we reviewed have not stated explicitly the different kinds of outcomes that they intend to generate in the short, intermediate, and long term with regard to individuals' and families' functioning. In other words, Colombian FLE programs should define the specific indicators (behaviors, interactions, relationship qualities) that would demonstrate the program is effectively preventing difficulties and fostering families' well-being, as well as the process variables (mediating and moderating factors) that the program hopes to influence in order to generate the expected outcomes.

Program Implementation

In our previous work on family policies in Colombia (Carrillo et al., 2012; Carrillo & Ripoll-Núñez, 2014), we identified two issues regarding the implementation of programs: the involvement of multiple agencies in developing

and implementing family programs and the lack of coordination between sectors during program implementation. With regard to the involvement of multiple agencies, it seems that some of the programs reviewed in this manuscript have a clearer plan of action to coordinate agencies at the central and local levels. Also, we had suggested previously (Carrillo & Ripoll-Núñez, 2014) that building collaborative relationships between central and local agencies require that professionals and staff receive training to understand the program's goals, implementation process, and evaluation. We found evidence of a positive step in this direction in one of the programs reviewed here. The sex education program (SECDP) incorporated an intensive training program for facilitators and agency staff that local agencies evaluated positively.

Another positive development in recent government programs is the recognition of the need to work in collaboration with different agencies both at the central and local levels. An example of this movement toward greater coordination between sectors is that this topic was included in the evaluation agenda of the sex education program (SECDP) reviewed in this manuscript (National Department of Planning, 2014). Staff members in different agencies involved in the program implementation were interviewed about positive developments in inter-sectorial coordination and the difficulties to overcome in this matter. Therefore, our recommendation in this analysis of Colombian FLE programs is that program-developing organizations should spend time in planning effective strategies to coordinate the participation of different agencies in the implementation of programs. Also, the evaluation of any program should include an assessment of the effectiveness of such strategies.

A somewhat related issue that requires attention in the implementation and evaluation of FLE programs in Colombia has to do with addressing the needs of families and individuals from diverse cultural and socioeconomic backgrounds. As mentioned before in this manuscript, most of current family policies emphasize a "differential approach" to the development of FLE programs. Although this approach recognizes the differ-

ences between individuals and families based on gender, age, cultural background, sexual orientation, family composition (structure), and other factors, program-developing agencies need to work on defining clear guidelines to implement FLE programs with individuals and families in diverse situations. More importantly, government and private agencies that develop training programs for facilitators need to incorporate the development of competencies to work with families and individuals that represent different forms of diversity. As Ballard and Taylor (2012) proposed, a skilled family life educator is one who is able to coordinate program content, design, and the strengths and needs of the target population. Thus, government and private agencies must train facilitators to (a) gather information about the families' needs and resources as well as the specific characteristics of the contexts in which they are embedded, (b) adjust the contents to the identified characteristics and needs, and (c) take into consideration both outcome and process evaluation strategies when assessing program implementation and outcomes.

An opportunity arises for Colombian family education program developers to reflect on the contents and designs of their programs as the country makes the transition to a post-conflict society. After the peace agreement with one of the major guerrilla groups in 2016, thousands of men and women (and their children) will return to society as civilians. Most of them joined the guerrilla at a young age and started a family while they were still at war. Families of ex-combatants that will reenter society and those of civilians who were victims of guerrilla's crimes will face the challenges of coexisting in peace in rural and urban communities across the country. Such a major change in Colombian society will definitely be a priority in the public policy agenda for the next decade. This will require that family researchers and professionals working on FLE programs face a tremendous challenge: to provide best FLE practices that support the development of peaceful relationships within families and communities.

Based on what FLE experts (e.g., Ballard & Taylor, 2012) suggest, we propose here that this

challenge will require at least two actions in the short term: (a) revising existing programs so that they become relevant to the specific characteristics of the families and their contexts and (b) training skilled facilitators that are sensitive to the needs of these families and their communities. With regard to facilitators' training, we specifically recommend that they familiarize themselves with the socioeconomic conditions in which these families live and the most relevant social issues that shape the lives of individuals in such communities (e.g., social inequality, poverty, community violence, limited access to services). Also, facilitators must be familiar with the communities' cultural traditions and, more specifically, with their beliefs about gender relationships and family life.

Program Evaluation

As mentioned in a previous section, family policy evaluation has traditionally focused on indicators of its impact and coverage. Although outcome evaluation is key to improve family programs and policies, government agencies must be careful in choosing the outcomes and indicators to evaluate the effectiveness of FLE programs. We believe it is important to emphasize that the outcomes evaluated in FLE programs need to include relationship characteristics, interactions, and other properties of the family system (or subsystems) that the program intends to target. In order to evaluate such family/relational indicators, government agencies should involve family researchers and experts in family assessment to develop and/or adapt measures and train professionals to conduct the assessment. We have not found evidence that family policies and programs in Colombia take into consideration evidence-based approaches to family/relationship assessment. Thus, future FLE program evaluation efforts should be oriented in this direction.

Our review of recently developed programs revealed that program evaluation has also focused on the process of implementing the strategies in order to identify strengths and weaknesses in essential components of program implementation

such as training facilitators, coordinating involved agencies, and reaching the target audiences. We consider a process approach to evaluate an essential component to program assessment that provides valuable feedback about the design and implementation of programs. This type of evaluation seems especially relevant when program goals are directed to different levels of the context (individual, family subsystems, communities), as it helps understand how the program operates at each level (Steckler & Linnan, 2002). Lastly, process evaluation, with its focus on program implementation, is also an important supplement to other types of program evaluation (e.g., outcome and impact evaluation).

Conclusion

Family policies and programs in Colombia have recently incorporated educational components that seek to improve families' well-being and capitalize on families' strengths and resources. Family education programs are mostly oriented to make families a safe environment in which individuals (especially children) may develop the skills necessary to lead fulfilling lives. These characteristics and orientation of family education programs in Colombia are in agreement with essential features of family life education, as conceptualized in the international literature. The review of some of the current family policies and programs in Colombia revealed several strengths in their design, implementation, and evaluation. However, as discussed in this chapter, government and private organizations involved in the design and implementation of family education programs in Colombia have to continue revising and improving their interventions in order to respond to the social demands of a changing and diverse society.

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Part VII

Europe



Family and Child Welfare in Norway: An Analysis of the Welfare State's Programs and Services

Mette L. Baran and Janice E. Jones

Norway: Overview of Country Statistics and Demographics

Family policy encompasses a broad range of topics and services. For the sake of this chapter, the authors focus on issues that pertain specifically to families including children's welfare. Of interest is how the Norwegian government is educating and generating programs for immigrants, a group that will need these government services. Located at the northern tip of Europe, the Kingdom of Norway is one of the three Scandinavian countries along with Denmark and Sweden. Norway is a small country with a very long coastline. The country covers a total of 304,280 sq. km (slightly larger than New Mexico) and spans 1581 miles in length making it the longest country in Europe (Nations Encyclopedia, n.d.). The total population is 5.26 million and is forecasted to reach 5.3 million in 2018 (Ieconomics, 2017). While the population numbers continue to grow, the growth is considered low.

The population by age shows that in 2017 the age groups 20–39 years old and 40–59 years old (both 1.41 million) are the largest groups among Norwegian inhabitants. Children and youth, from 0 to 19 years old, make up 1.26 million of total

population. The smallest group 60 and older was 1.17 million (Statista, 2017). These group distributions have been highly consistent for decades. Over the last two decades, Norway has received many immigrants while the total number of ethnic Norwegian is in decline. While a small country, Norway is experiencing the fastest population growth in Europe, and the country's population is becoming more diverse (Andreassen, Dzamarija, & Slaastad, 2013). In 2017, immigrants consist of 16.8% of the total population (SSB, 2017a) with the majority immigrating from Europe including Turkey. The highest relative growth in 2016 was among immigrants from Syria (SSB, 2017a).

Unemployment in Norway remains low at 4.3% (SSB, 2017b). This figure has remained low for more than 30 years: 1–2% during the 1970s and 2–3% during the 1980s. In the 1990s, unemployment reached a high of 5–6% and then fell to around 3%. Norway is close to full employment and at present imports more labor from EU, from the new member states, than other Nordic countries. Norway also has the highest employment rates in older age cohorts of any European country except Iceland (Solem & Overbye, 2004). The retirement age is 67.

Even though the labor force participation rate for women remains high at 67.7% (SSB, 2017c) and most households consist of two family providers, family life has become increasingly turbulent since the 1960s. The estimated percentage of marriages projected to end in divorce increased

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from 13% of all marriages in 1970 to 48% of all marriages in 2001. Following the rate from 1996, it is estimated that 44% of today's marriages will end in divorce (Noack, 2012).

With a GDP of \$74,734.56 per capita, Norway is the eighth richest country in the world due to its oil and gas commodities (Worldatlas, 2017). A strong economy, coupled with a focus on equitable income distribution and generous welfare, benefits Norway nationwide as poverty levels are relatively low at 4.5% (Wright, 2015). However, a recent study shows that 8.3% of the population in the capital city of Oslo lives in poverty (Wright, 2015). The population at risk in this urban environment includes immigrants and refugees, the elderly living on minimum pensions, single parents and families with young children, and others receiving social welfare benefits. The same 2015 study noted that child poverty is on the rise as 3.4% of all Norwegian children are now living in a state of "relative poverty," with immigrant children showing a much higher risk than children with Norwegian heritage (Wright, 2015). In 2016, 36% of all immigrant children, or nearly four in ten, lived in poverty, compared to just 5% of children with Norwegian parents (NTB, 2016). The reason may be that immigrants often have larger families or may only live on one income or on welfare as they may not be able to find employment.

Health and Well-Being

Norway, like other Nordic countries, consistently ranks high on many measures of health and well-being (Tancau & Sandelson, 2010). Norway has ranked number 1 on the Human Development Index (HDI) out of 148 countries every year since 2001, except for 2007 and 2008 when Iceland held the top position (Quora, 2012). The HDI "is a summary measure of average achievement in key dimensions of human development achievements: a long and healthy life, being knowledgeable and have a decent standard of living" (United Nations Development Programme, 2016, p. 1). Similarly, there is reason to believe that the HDI numbers are strongly linked to the World

Happiness Report, which ranks 155 countries on the general state of their population's level of happiness. The Nordic nations are the most content, according to the World Happiness Report, 2017 produced by the Sustainable Development Solutions Network (SDSN), a global initiative launched by the United Nations in 2012.

Since first published in 2012, Norway has consistently been in the top ranking and moved to first place in 2017 ranking high on factors which support happiness (World Happiness Report, 2017). Sachs, the director of the SDSN, noted that the aim of the report "is to provide another tool for governments, business and civil society to help their countries find a better way to wellbeing" (Reaney, 2017, p. 1). The rankings are based on six factors—per capita gross domestic product, healthy life expectancy, freedom, generosity, social support, and absence of corruption in the government or business (World Happiness Report, 2017).

A Generous Welfare State

Profits from the oil and gas sectors afford Norway to provide numerous public services paid for by the state. There is also a private sector offering health services; however, it remains small as all Norwegians are covered by free public health insurance and state-funded services for families and children. The country is considered a model welfare country with its long tradition of providing welfare services for families and is typically defined as a social democratic state (Esping-Andersen, 1990). This tradition entails the state providing a wide range of family services including the public school system (a 10-year compulsory primary school education, in addition to public secondary schools and universities), health and medical services, and childcare services. The social security system in Norway also provides a broad range of family allowances to support families with children, for example, benefits to single parents. Families receive a monthly universal flat-rate child benefit for children aged 0–18, and single parents get benefits for one more child than they have.

New parents can apply for parental benefits and must choose between 100% (49 weeks of coverage) and 80% (59 weeks). The maternal and paternal quotas are 10 weeks each. The rest of the weeks, 26 or 36 weeks, depending on the coverage chosen can be shared between the parents (NAV, 2017). The number of fathers taking advantage of the paternal leave is on the rise. In 2015, 37% of all new fathers used more than the allotted 10 weeks, 33% used the 10 weeks, 6% used less, and 24% did not use any paternal leave (Samfunnsspeilet, 2017).

Many of the allowances are universal and independent of parental income. Families receive cash-for-care benefits for children between the ages of 1 and 2 years if the child does not attend a government-subsidized kindergarten. For adopted children, the care could be up to age 6 (Nordic Social Insurance, n.d.). Other "welfare" activities are partly subsidized such as kindergarten/day care, after-school programs, and a variety of leisure activities for children (music, arts, sports, etc.).

While family policies in Norway include numerous programs aimed at assisting families, this chapter will focus on two major areas of family services, namely, child welfare and family counselling services along with family life education initiatives. In addition, the authors will discuss various initiatives available to immigrants that fall under family services. The Ministry of Children, Equality, and Social Inclusion oversees family services in Norway (Bufetat, 2017). An underlying agency, the Norwegian Directorate for Children, Youth, and Family Affairs (Bufdir 2016a; 2017a), oversees services pertaining to families and children and is responsible for services relating to child welfare, family counseling, adoption, violence in close relationships, equality, and nondiscrimination. In addition to its role as a competence center for child welfare and family counseling, Bufdir is also responsible for the management and operation of state-funded child welfare and family counseling services, including adoption, and operates care centers for unaccompanied asylum seekers under the age of 15. Their main task is to provide children, young people, and families in need of help and support

with appropriate, high-quality assistance on a nationwide basis with an orientation toward support, prevention, and early intervention (Bufdir, 2016b).

Child Welfare Services

The Nordic countries provide direct income transfers to families with children at a level that exceeds other Western European countries. The Nordic countries are unique in their wide-ranging social service direct income transfer to families with children (Ministry of Social Affairs and Health, Finland, 2009). According to Reedtz, Martinussen, Jørgensen, Handegård, and Mørch (2011), the Scandinavian universal welfare programs and policies including universal health care have assisted families with children in offering supportive and preventative measures to aid in children's development.

These approaches have proven to be very successful in Norway. Overbye, Vabo, and Wedde (2006) reflect:

Characterized as relatively speaking a welfare service state, in contrast to the welfare transfer states dominating the rest of continental Europe (the South European countries). That is, the provision of public welfare services (such as kindergartens and old age care) is more prominent relative to cash benefits (pensions and the like) in Norway than, say, in Italy. (pp. 12–13)

After World War II, the Norwegian Welfare state began its rise and the first Child Welfare Act (CWA) of 1953 was enacted. The purpose was to move away from just providing citations to parents and instead focus on prevention, advice, and guidance. Preventative measures became incorporated into the CWA (Befring, 2010). The second CWA of 1992 established the Norwegian Child Welfare Services where the repurposed aim became to incorporate attention to the child's needs, rights, and interests as well as preventative initiatives (NOU, 2009, p. 8). The purpose is "to ensure that children and youth who live in conditions that may be detrimental to their health and development receive the necessary assistance and care at the right time," and "to help ensure

children and youth grow up in a secure environment” (Wikipedia, 2017, p. 2). The CWA applies to all children between the ages of 0 and 18 years; however, services can be given to children up to 23 years if the child agrees. This is especially important for children who age out of the foster care system. Both the Child Welfare Services and the Norwegian Employment Agency (Arbeids og Velferdsdirektoratet) can provide assistance to former foster care youth ages 18–23 depending on their needs easing the transition into adult life. In 2003, the UN Convention on the Rights of the Child was incorporated into the CWA formally emphasizing the right of children’s participation on matters that concern their welfare (Sandberg, 2008).

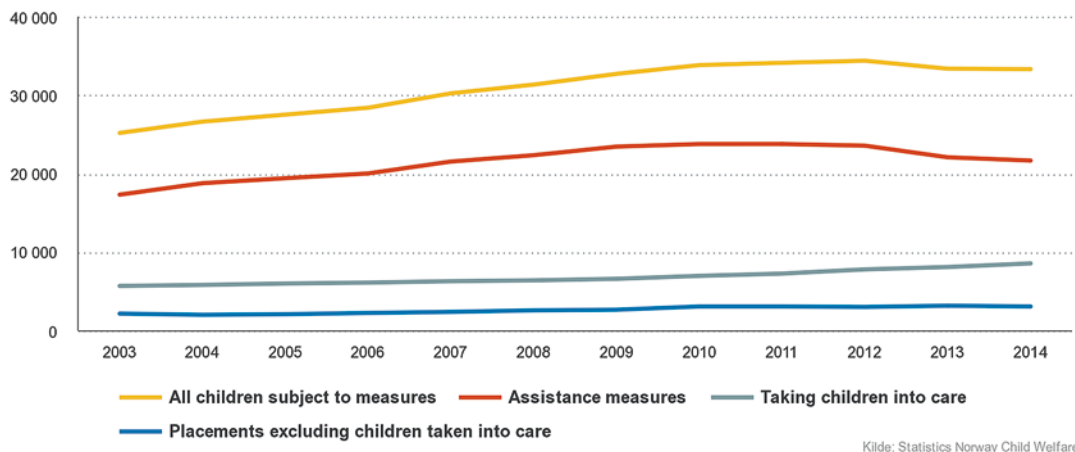
Child Welfare Services are present in every municipality in Norway deeply embedded within the core values of the Welfare state. The overall commitment to children and youth’s health, development, and learning are steadfast in Norway. A total of 54,620 children received services from the Child Welfare Services during 2016, an increase of 2% over the previous year (Dyrhaug & Grebstad, 2017). However, the increase in measures is small compared to the increase in notifications and investigations during 2016. Only 18% of the notifications were dismissed during 2016, compared to 20% in 2015. Compared to 2015, 10% more investigations

were initiated in 2016 due to the rise in the number of notifications and the drop in dismissed notifications. In 2016, the Child Welfare Services initiated 47,900 investigations on 44,900 children.

Table 1 shows that there has been an escalation in the number of services provided since the millennium. While the number of youth aged 0–17 years of age has increased during this time, services provided have indeed gone up. In 1993, there were 20 services provided per 1000 children and youth. In 2010, there were 30 services provided per 1000 children and youth (Kojan, 2011). The authors make an interesting argument in that the increase could also be in relation to the renewed attention and focus on prevention and early intervention measures. Similarly, the standard of living in Norway has increased overall providing the government with more resources to spend on additional public services including Child Welfare Services (Kojan, 2011).

The Norwegian Directorate for Children, Youth, and Family Affairs (Norwegian *Barne-, ungdoms- og familiedirektoratet*), (*Buddir*) is a governmental body responsible for children’s welfare services. The Child Welfare Services (*Barnevernet*) provides help and support to children, youth, and parents who are experiencing challenges or difficulties within the family. The Child Welfare Services may also get involved if a

Table 1 Children aged 0–17 years old subject to Child Welfare Services measures inside or outside of the home. At the end of the year



Kilde: Statistics Norway Child Welfare

Source: SSB (2016). Child Welfare Services for children with a minority background. Reprinted with permission

child needs help for other reasons, such as behavioral issues connected to drugs or alcohol (Bufdir, 2017b). The Child Welfare Services is responsible for implementing measures for children and their families in situations where there are special needs in relation to the home environment. Assistance may be provided as counseling, advisory services, and aid measures, including external support contacts, relief measures in the home, and access to day care. When parents are unable to provide care for their children, the Child Welfare Services is mandated to provide whatever help is necessary to ensure that children and youth receive the care they need. The child's best interest is always primary and may sometimes conflict with the parents' interests. At times, services may include relocating a child or children from their families into temporary care or longer-term care. Each municipality is responsible for providing various services for families and children and the County Social Welfare Board (*Norwegian Fylkesnemnda for barnevern og sosiale saker*) functions as tribunals that must approve of any compulsory measures and care orders (i.e., decisions that parents lose custody of their child).

The Child Welfare Process: Help Within the Home

The process for reaching out for information or services from Bufdir is expedient. A note of concern will often be submitted either by phone or letter to the Child Welfare Services, which prompts an investigation. Obligated by law, the Child Welfare Services will decide if there is cause for further investigation, and a call may or may not be placed to the originator for additional information. The parents are then contacted, and a meeting is scheduled either at the home or at the Child Welfare Services' offices where the concern is shared with the parents. If additional information is needed, other stakeholders who know the family well may be contacted such as health-care workers, teachers, and day care providers to assist. The Child Welfare Services then makes a decision "as to whether further work in

the case is necessary" (Bufdir, 2017b, n.d.-a, n.d.-b, p. 3). The majority of those who receive help and support from the Child Welfare Services receive help within the home, so that the child/children and parents can continue to live together. Initiatives may include the following:

- Guidance and advice for the family
- Parent groups
- A support contacts
- Financial support for kindergarten
- Financial support for day care facilities for schoolchildren arrangement
- Financial support for leisure time activities or other arrangements
- Relief at weekends/visiting homes (Bufdir, n.d.-a, n.d.-b, p. 4)

It is important to note that ultimately the Child Welfare Services makes the final decision as to what services will be provided. Under the guidelines of the Norwegian Child Welfare Services, children are entitled to participate in decisions involving their personal welfare and have the right to state their views in accordance with their age and level of maturity. This applies especially in cases where there are administrative and legal proceedings that will strongly affect the children's day-to-day lives (Bufdir, 2017b).

Another option is to schedule a family group conference involving the extended family such as aunts, uncles, grandparents, and others who may know the child well. Families can also request this service. The aim is to generate a plan to assist the family keeping the child living at home. "Family group conferences lead to more children and young people receiving help in the family and from their social network instead of being moved to a foster home or residential child care institution" (Bufdir, 2017b, para. 8). Bufdir provides several educational videos in numerous languages to assist families with information pertaining to family group conferences.

Schjelderup, Omre, and Martinsen (2005) note that there has been an increase in the development of home-based services as initiatives around early prevention have been at the forefront. Today, the Child Welfare Services aims to

assist families' needs at an early onset of seeking services to hopefully prevent further escalation of conflict. Parents and children are provided tools that can help with conflict resolution.

Help Outside the Home

The Child Welfare Services are required to act if measures implemented in the home environment are not sufficient to safeguard the child's needs. In such cases, the Child Welfare Service, in consultation with the parents, may place children under foster care, in a child welfare institution, or introduce specific parent-child measures. If the parents do not agree to the child being taken from the home, they are entitled to legal aid. The case must then be settled by an independent body (the County Social Welfare Board). A child may be placed in a temporary foster care home either at the request of the parents, in conjunction with the Child Welfare Services, or solely on the decision of the Child Welfare Services for children under the age of 12 if the child's health and welfare are endangered. Norwegian law states that the Child Welfare Services can act if they suspect that a child is suffering at home. The Foster Care Service is responsible for recruiting and allocating foster homes and for providing foster parents with the necessary training and general guidance. The Foster Care Service assists the local authority Child Welfare Services with respect to placement, follow-up, and conclusion of foster care. For youth aged 12–18, youth care homes provide short-term or long-term placement, which may be private or public in nature (Bufdir, 2017c).

Removing a child from the home without parental consent is a measure of last resort in cases of (justifiable suspicion of) serious neglect, maltreatment, violence, abuse, trafficking, etc. This requires a decision from the County Social Welfare Board based on a recommendation submitted by the municipal authorities. In urgent cases (i.e., imminent danger for the physical or mental health of the child), the municipal Child Welfare Services are entitled (and obliged) to issue a provisional care order. Provisional care orders expire after 6 weeks unless the County

Social Welfare Board confirms them. Decisions taken by the County Social Welfare Board may only be overturned by courts. The municipal Child Welfare Services is charged with monitoring the development of children who have been placed in care outside their homes as well as their parents (Wikipedia, 2017).

Parents' Rights in the Event of Forced Adoption

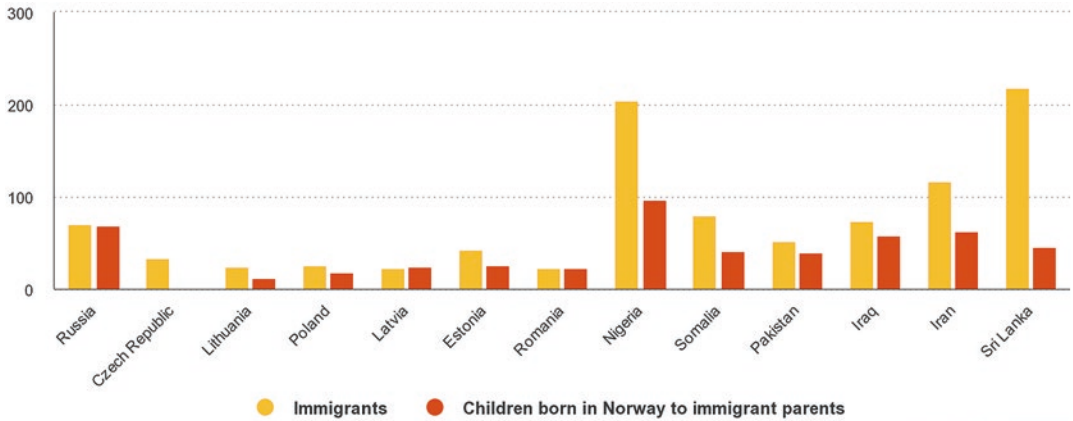
Family counseling services provide free guidance to parents who have lost custody of their children, either temporarily or permanently. Forced adoption is sometimes used as a child welfare measure, and the trend has increased in recent years. "In 2015, there were 64 adoptions under § 4-20 of the CWA, while the corresponding figure in 2008 was 14" (Bufdir, 2016c, p. 1). Parents have legal rights in their dealings with the County Social Welfare Board. A lawyer of their choosing will be appointed, and the Norwegian state covers all expenses. They have the right to be heard and may call witnesses before the County Social Welfare Board (Bufdir, 2016c).

Parents may bring the case before the court system if they disagree with the County Social Welfare Board's decision. After a case order is implemented, the parents are entitled, once a year, to request that the County Social Welfare Board consider whether they should regain custody of their children. If the parents' caregiving abilities have changed significantly, the County Social Welfare Board can also reverse the decision at an earlier date.

Immigrant Families and Children

Norway has seen a large influx in the number of immigrants over the last two decades. Since 1990, a total of 883,751 people, or 16.8% of total population, has settled in the country (SSB, 2017d). Today, 4.1% of the total population has a refugee background (SSB, 2017e). Many immigrants are unaccompanied minors, and in 2015 alone, a total of 5480 young people under the age

Table 2 Number of children and young people subject to child welfare measures per 1000 0–22-year-olds, by country of origin. During 2014



Kilde: SSB Barnevernstatistikk

Source: SSB (2016). Child Welfare Services for children with a minority background. Reprinted with permission

of 18 entered the country alone. In 2016, 1221 children arrived alone. The Child Welfare Services provides care for these minors (see Table 2). During the fall of 2015, a significant number of unaccompanied minors arrived which caused the numbers of children staying in the care centers to increase from 112 in 2014 to 744 in 2015. Immigrant families and children tend to receive a higher percentage of services from Bufdir. While 2.2% of all children with Norwegian parents received measures, the corresponding figures were 3.2% for children born in Norway by immigrant parents and 4.9% for immigrant children. The latter group includes minor arriving without parents.

Additional Public Welfare Services and Resources for Children and Youth

About 5% of all Norwegian children and youth experience behavior challenges (Bufdir, n.d.-a, n.d.-b), and thus providing help to this population and their families is of great importance. Government agencies such as the Norwegian Directorate for Children, Youth, and Family Affairs; the Ministry of Children, Equality, and Social Inclusion; the Norwegian Directorate of Health; and the Norwegian Directorate for

Primary and Secondary Education have shown an increased focus on providing evidence-based programs including structural and supportive measures to families struggling with children exhibiting behavioral challenges (Mørkrid & Christensen, 2007). These structural programs are offered to families free of charge at either the municipal or state levels.

At the state level, renowned remedial programs developed in the United States such as the Parent Management Training Oregon, Multisystemic Therapy (MST), and Functional Family Therapy (FFT), which are research-based programs, are offered when the child has behavioral difficulties. The aim of these measures is to provide a positive change in the child or the family. Each municipality can apply for these services from the government, and they pay a deductible for them. The Norwegian Center for Child Behavioral Development (NUBU) at the University of Oslo is responsible for the education and certification of therapists skilled in these methods. The first Norwegian PMTO therapists were educated in 2001 while MST and FFT were first introduced in Norway in 2000 and 2007, respectively (Oslo Economics, 2017, p. 55).

Parent Management Training Oregon (PMTO) is a treatment program for families with children aged 3–12 who show serious behavioral challenges and often find themselves in conflict with

others. The programs aim to rebuild or build a positive developmental relationship between the child and the parents breaking down negative relations by focusing on increasing the child's self-confidence by taking responsibility for his own actions and behaviors. A PMTO therapist is an active supporter for the family and meets with them weekly for about 6–9 months focusing on developing shared goals (Bufdir, 2016b). Most municipalities employ their own PMTO-licensed therapists and often do not require state assistance when seeking to offer this program (Barne-, likestillings- og inkluderingsdepartementet, 2015). Research shows that the treatment reduces the child's behavioral challenges both at home and at school (Ogden & Amlund Hagen, 2008).

Multisystemic Therapy (MST) is a treatment program for youth aged 12–18 and their families with serious behavioral challenges. This is an alternative to placement outside the home and seeks to focus on building positive relations between the child's peers, school, and family. The program is highly intensive in nature and may require that the therapist meet several times a week with the parents and youth seeking to address specific measurable short-term goals. Parents have the right to contact the therapist 24 h a day, 7 days a week (Bufdir, 2015a).

Functional Family Therapy (FFT) is an evidence-based treatment program for youth aged 12–18 providing training to families over a period of 3–6 months. A FFT-trained therapist trained at the Norwegian Center for Child Behavioral Development (NUBU) provides 10–30 h of training aimed at assisting the family to resolve problems identifying challenges and to rebuild positive relations within the family (Nubu, 2017).

In addition, there are other structural initiatives offered at the municipal level such as *Early Prevention for Children at Risk (TIBIR)*, *the Incredible Years (DUÅ)*, advice, and guidance. One short-term program aimed at prevention and treatment is *Early Prevention for Children at Risk (TIBIR)* for children aged 3–12. The program is based on the *Parent Management Training Oregon* and *Stop Now and Plan (SNAP)*,

which is a cognitive behavioral therapeutic method developed at the Child Developmental Institute in Toronto. Parental support and consultation along with social behavioral training for the child in conjunction with the child's school aim to change behavior challenges at an early stage. The program consists of six modules, which are targeted to the individual needs of each family. Employees of each municipality receive training in this intervention program (Bufdir, 2015b).

The Incredible Years (DUÅ) is a research-based program based on modern developmental psychology, affiliation theory, modern behavioral analysis, and group intervention processes aimed at assisting children showing behavioral and social challenges and their families. The program is “a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence” (The Incredible Years, 2013, p. 1). The programs are used worldwide in schools and mental health centers and have been shown to work across cultures and socioeconomic groups (The Incredible Years). Modules provide preventative measures and treatment measures for children aged 0–12 and their parents and other support personnel in day care centers and schools with the goals of strengthening caretakers' competencies in the prevention and treatment of the child's behavioral challenges. The aim is to reduce the child's behavioral challenges and help develop appropriate social and emotional skills. There are sets of treatments, which take place in groups: child groups, school and day care programs, and parental programs (Bufdir, 2017d). These programs are offered for free. Group leaders must have a minimum of a bachelor degree in social work and pedagogical, psychological, or medical programs. The training for group leaders is free, and they also receive a materials package when an organization wants to offer the program.

Less structural programs include training for parents either one-on-one or as part of a group

setting to discuss experiences or challenges as parents. Providers of these services are often family therapists or environmental therapists who meet with the family or the group regularly. Parents receive parental training as well as support so that they can reflect on their own behavior as well as understanding their child's needs and reaction patterns. The aim is to provide lasting positive change. The *International Child Development Programme* (ICDP) is offered to parents with children up to 18 years of age. The groups are led by instructors trained in the ICDP program and is often offered in multiple language meeting the needs of the participants (Bufdir, 2017e).

In addition to structured measures which provide tools to families in terms of developing long-lasting behavioral change, supportive measures seek to supplement the families' unmet needs for the duration of the programs. These needs may be financial in nature, or the family may need someone coming in to take care of the child to give parents a break. Examples of supportive measures are the following:

- Economic aid (to purchase supplies or to pay for activities for the child)
- Support person who meets with the child on a regular basis to expose the child to different activities
- Weekend home where the child can stay with a family for weekends or vacations
- Rent assistance for own apartment even if the child is over 18 (Oslo Economics, 2017)

Youth themselves can also find services pertaining directly to them and their circumstances. Bufdir (n.d.-a, n.d.-b) publishes a web resource service called *Ung.no* or *Young.no*, which is a public information provider for young Norwegians offering a comprehensive list of rights, opportunities, and responsibilities. In addition to detailed information about child and youth welfare services, the website covers topics such as education, economy, employment, and general information addressing various needs that are of interest to young adults.

Additional Family Services and Resources

In addition to providing state-funded Child Welfare Services, the office for Children, Youth, and Family Affairs (Bufetat, n.d.-a, n.d.-b) is also responsible for services pertaining to family counseling and adoption assistance offering help to families in need. This section will provide an overview of Family Counseling Offices Services, including couples therapy offered on a nationwide basis through the agency's five regions. These regions are also responsible for handling adoption cases within their individual region as well as operating care centers for unaccompanied minor asylum-seekers and refugees. In addition, a description of various family life education programs will be presented. There are approximately 48 family counseling offices in the country and additional church-affiliated providers as well (Bufdir, 2017f). Their main tasks are traditional family or marriage work including mediation with the main goal of aiding couples to find a functional way for parental cooperation and visitation when relationships fall apart (Jensen, 2013). Psychologists, social workers and other specialists in family therapy under the duty of client confidentiality staff the family counseling offices. Norwegian family therapists belong to the Norwegian Organization for Family Therapists.

Family Counseling Offices

As noted earlier, families can seek assistance through two paths, through the Norwegian church or through the publicly funded state welfare program. Family therapy has a long history in Norway. Its introduction is credited to Albert Assev, a Norwegian clergyman who upon his return from having studied family counseling in the United States opened the first church-sponsored family therapy office in 1957. Soon after, "Members of the labor movement had begun to understand the need for a new approach to the treatment of different socio-medical prob-

lems—not least for women—in the context of the patient’s family situation. With an initiative from the then present Minister for Public Health, Karl Evang, the first public Family Counseling Office was established some years later” (as cited in Hårtveit & Jensen, 2004; Jensen, 2013, p. 288).

Today, family counseling is available to anyone struggling to cope with family or relationship issues. The service is open to individuals, couples, and families, while couples with young children and teenagers are given priority. Clients make an appointment with the family counseling office where they live. The service is free of charge, and no doctoral referral is necessary. Interpreters are available to non-Norwegian-speaking clients. Services offered are couples therapy, family therapy, mediation in connection with legal separation or the breakdown of relationships, parental cooperation and visitation, and various courses on how to cope with changes within the family.

Couples Therapy

Couples therapy is open to married and cohabiting couples, as well as couples in a romantic relationship but not living together. The service is available to both heterosexual and homosexual couples. Counseling may be sought because of problems within the relationship or about a breakup. Before a separation or divorce can be granted by the county governor, cohabitating parents, married or not, who are responsible for children under the age of 16 must seek mandatory mediation services. This is established as a help to parents to secure good access to agreements between them and to take care of the children’s best interests. Recently, a major goal is to include children in the family therapy and mediation processes, and several methods for involving children have been developed (Ask & Kjeldsen, 2015). A mediation certificate is required before the higher rate of child benefit will be granted. In addition, parents who wish to petition the court for parental responsibility, permanent custody, or visitation rights must obtain a mediation certificate. The objective of mediation is for the parents

to arrive at an agreement on parental responsibility, permanent custody, and visitation rights. The primary purpose of all agreements relating to children shall be to safeguard the child’s best interests.

Various Family Life Education Programs

Family counseling offices within Norway are designed to help establish a better “climate of cooperation” if there are breakdowns with marriages or within family relationships (Bufdir, 2015c) by keeping the children’s best interest at the forefront. In addition, Bufdir has several family life education programs available to couples and families. They can enroll in these free courses, which are generally offered in a small group setting to learn how to cope with family issues. These programs include courses and group meetings relating to family and relationship issues, such as relationship-building courses, first-time parents, new fathers, parents of children with disabilities, and adoption. One such course is geared toward assisting first-time parents in their new roles and provides tools to help overcome the changes and challenges to their relationship. The course consists of four parts:

- The Great Transformation: Moving from Couple to Family
- Communication: How to Stay in Touch
- Arguments and Conflict: How to Manage?
- The ABC of Love: Sense and Feelings (Bufdir, 2017g)

What About Us? is a free course which assists with the parenting of children with special needs such as physical impediments, learning challenges, or chronic illness. Parents are provided with tools to help them cope with the stressors they encounter caring for a special needs child. The course provides information on how to improve communication, how to avoid arguments, how to relate to siblings, and how to take care of each other’s needs as partners among other topics. The course is offered on weekends,

from Friday to Sunday, in a small group setting (Bufdir, 2017h). Similarly, a course entitled, *What About Me?* provides the same content to a single parent of a special needs child (Bufdir, 2017h).

For those seeking to adopt a child from another country, a mandatory course is required as part of a pre-approval process spanning over two weekends. Instructors share their personal experiences with the adoption process as parents of an adopted child or as an adopted child themselves (Bufdir, 2017i).

The Education of Family Life Educators, Family Therapists, and Child Protection Workers

There is not a formal education program that provides the title family life educator in Norway. Instead, the overall competency of employees within Child Welfare Services and family services is to hold a bachelor degree in social work or child welfare education. Those working directly with families have family therapy competencies. They have deep understanding and expertise in child development, parental resource-oriented development, care-based needs, case proceedings, environmental care, and relations and communication competencies. In addition, the offices are staffed with lawyers and psychologists (Helsedirektoratet, n.d.).

There has been an extensive increase in the professional development and competence among child welfare workers in Norway over the last 20 years. In 1993, child welfare therapists and social workers comprised of 64% of total man-hours, while in 2010 this number increased to 80%. Not only is the work within the Welfare Services conducted by employees with relevant education, the number of man-hours has also increased from 2200 in 1993 to more than 3500 in 2010 (Samfunnsspeilet, 2011).

Over the last two decades, there has been a shift toward a systems theory approach and an orientation toward the family perspective within the child protection with many child protection workers now being educated in family therapy

education (Jensen, 2013). Child protection services now:

Offer programs like MultiSystemic Therapy (MST), Parent Management Training Oregon (PMTO), Functional Family Therapy (FFT), as well as other evidence-based programs. These programs are aimed to help families take care of their children and adolescents who struggle with behavioral and social issues. Many of the professionals in these programs have had education in family therapy. (Jensen, 2013, p. 292)

Conclusion

The Norwegian government's family policies surrounding programs and services that provide care and assistance for children and families in need appear to be comprehensive and easily accessible for clients. These services are free of charge to inhabitants in this leading welfare state. There are also a variety of family life education programs available. While the numbers of children, youth, and families accessing services have increased over the last 20 years, there has been a parallel trend to focus on prevention and early intervention. Since the early 1990s, Norway has seen a sizeable number of immigrants, including unattended minors, arriving in the country. This is a group that will continue to need family and Child Welfare Services. There are no signs that the public sector will reduce spending on these programs and services, and the country continues to place at the top of the World Happiness Report. As discussed earlier, this report ranks countries on six factors: per capita gross domestic product, healthy life expectancy, freedom, generosity, social support, and absence of corruption in government or business (World Happiness Report, 2017). In addition, the educational levels among the service providers of family and Child Welfare Services have increased over the last 20 years, and the majority has obtained educational credentials in family therapy and social work. The number of providers continues to increase as well. Norway continues to be a leading example that when families, children, and youth thrive under stability of their overall health and wellness, society benefits.

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Irish Family Life in Changing Times

Colm O'Doherty

Introduction

This chapter examines the changing social structures and accompanying cultural shifts which frame new and evolving family life education opportunities and challenges in modern Ireland. It explores the impact of changing patterns of parenting and the declining cultural hegemony of conservative 'family values' linked to traditional family forms. A central interest of this chapter is the cultural and cognitive influences and trends shaping the family support, protection and welfare systems in contemporary Ireland. In Ireland, as elsewhere, family life is no longer solely a private activity. It is increasingly emerging as a public enterprise.

Governments are striving to put in place measures oriented to family support and parents, and parenting practices are popular topics of public discourse and debate. Ireland is no exception to this pattern. The developments are coming both from the ground up – from families themselves, local organisations and self-help initiatives – and also from the top down, through government policy and the channelling of public and private funding. While the nature of the debate and the actual remedies and programmes put in place

vary, at their core, they signal an increasing state and societal interest in family life and parenting activities. Parenting has now emerged as one of the most hotly debated issues of the twenty-first century. While parents have primary responsibility for raising children, the state and wider society create the environment in which families live. The state and wider society have now become stakeholders in parenting. Parents, supported by networks of family, friends and well-disposed citizens shoulder the responsibility of raising the next generation, but it is in society's interest to ensure that they have help to do this in a positive wellbeing framework and to intervene if they are unable to meet their responsibilities.

Broadly speaking, this chapter has two principal and connected themes. First, the nature and rationale of continuities and discontinuities that have shaped family life education since the foundation of the Irish State and the key influencing factors which had driven these changes. The second theme refers to the multiple meanings and purposes of family life education in our modern times.

Historical Background

There is always a tendency to mistake our present for a timeless normality and naturalness, forgetting why and how it came to be this way and, therefore, to risk losing a vital connection between it and our irrepressible affinity with the past (Hendrick, 2016, p. 16).

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Early Social Development 1900–1940

Prior to the establishment of the independence in 1922, some of Britain's emerging social welfare and child protection system was introduced in Ireland. The Children Act of 1908 signalled a new approach to children, less punitive and more protective than heretofore. The focus of the act was on care rather than punishment, the prevention of cruelty to children, the protection of children at risk and the enforcement of parental responsibility. This act remained in force until it was replaced by the 1991 Child Care Act. The 1911 National Insurance Act introduced some benefits for workers in the event of sickness or unemployment.

The Irish State from its foundation in 1921 was economically conservative and strongly promoted a certain model of family life which incorporated family life education practices directed towards upholding and reinforcing Catholic social teachings. As Dukelow and Considine (2017) make clear, there was considerable Catholic influence on policymaking, and as a consequence of this pressure, a reduced social equality agenda was a feature of successive governments. This policy approach left class distinctions, gender inequalities and childhood adversity unchanged. The Archbishop of Dublin, Dr. Diarmuid Martin, has recently endorsed this view (2017b; Irish Times, 2017a). McCaughren and Powell (2017) suggest that social policy was complicit in the development of an architecture of containment which was based on an assortment of interlinked institutions, including mother and baby homes, reformatories, industrial schools, mental asylums and adoption agencies.

A legacy of colonisation and conflict contributed to a post-independence economy which lacked the capacity for economic growth. Industrial infrastructure was underdeveloped, and agriculture was the dominant economic activity (Dukelow & Considine, 2017).

There was no money to spend on social services and no political will to do so. Families had to rely on charities or home assistance if they were unable to provide for themselves or had no entitlement to a pension or national insurance payment. Home assistance was a discretionary

payment which involved a household or family means test. Its origins lay in the Poor Law of 1838 and the belief that poverty was a manifestation of individual failure rather than a shortcoming of the social system. During the 1930s, the fledgling Irish State grappled with the aftermath of the worldwide economic depression triggered by the 1929 Wall Street Crash. Numbers on the live register of unemployed rose from a figure of 29,331 in 1931 to 102,619 in 1932 (Powell, 1992). Some progressive social policy measures were implemented by the Fianna Fail Government to help unemployed and vulnerable citizens. The 1933 Unemployment Assistance Act provided an allowance for uninsured jobseekers. In 1935, widows and orphans were included in the social welfare system. Overall the reduced influence of the government in family life was reflected in the institutionalisation of Catholic ideology in the Constitution. The principle of 'subsidiarity' which underpinned Catholic social teaching required minimum intervention into family life and that families deal with their own problems. Under article 41 of the Irish Constitution (1937), the family is recognised as the natural primary and fundamental unit of society and as a moral institution possessing inalienable and imprescriptible rights. However, as O'Doherty has observed (O'Doherty, 2013), the 1937 Constitution favoured the rights of parents over the rights of children. The state's overreliance on parents to uphold children's rights indirectly contributed to an underinvestment by the state in family support services. It was not until 2012 when a referendum was held which asked voters to reorder the rights of children and parents that this constitutional imbalance was addressed. The referendum was carried, and a new article was inserted into the Constitution which gave explicit recognition to children as entitled citizens.

Social Stagnation 1940–1970

A universal allowance paid to parents for the third and subsequent children was introduced in 1944. The Catholic Church was not opposed to this allowance as it did not undermine the

principle of subsidiarity – the payment supplemented family income – but did not replace it. The year 1947 saw the passing of a health act which sought to provide a comprehensive package of healthcare free to mothers and children up to 16 years. Both the medical profession and the Catholic hierarchy were opposed to a free, state-run health service for mothers and children. This progressive measure ran counter to the Catholic Church's doctrine of subsidiarity – the primary responsibility for the health and welfare of children rests with parents and not the state. The Catholic Church also feared that the scheme might advocate contraception. Doctors were opposed to a state provided service which might threaten their incomes from private practice. Under sustained pressure and after a change of government, the act was replaced by a new health act in 1953. Under the new act, services were means tested and only available until a child reached 6 weeks as opposed to 16 years. The 1950s was a decade of economic hardship and social stagnation. High unemployment led to mass emigration. A change in direction in economic policies – away from protectionism and a reliance on native capitalism – began to yield some results in the 1960s. A gradual expansion in social reform during the decade was principally manifested in the introduction of free post-primary level education in 1967. Despite a decade of modest economic growth, largely but not entirely driven by foreign direct investment, the 1960s were limited in their social attainments.

Gradual Social Progress 1970–1990

Modest improvement in the Irish economy increased the resources available to the State for promoting social progress in the 1970s. The social shortcomings of Irish society were challenged in the 1970s by membership of the European Community, the women's movement, social reformers and workers representatives. Failures of the State welfare provision and the

limitations of public services such as housing, health and education were highlighted and questioned by concerned civil society activists. The Irish State had proved itself to a laggard in its response to the modernising social changes which had swept across post-war Europe and the USA. During the 1970s, Irish social policy attempted to catch up with these wider economic and social changes. During the 1980s, it was widely recognised by decision makers that improvements were needed in housing, health, education and social welfare. Social infrastructure improvements were hampered by economic difficulties and political instability. The State overborrowed during the 1970s to sustain government spending and its capacity to offer solutions to problems of large-scale unemployment, poverty and immigration was compromised by a growing national debt. The national debt increased from 68% of gross national product in 1970 to 129% of gross national product by 1986. The deterioration in Irish public finances shaped all policymaking. In 18 months between 1981 and 1982, three elections brought three changes of government. The political script for the 1980s was written by the supporters of fiscal rectitude, the so-called New Right. An embargo on recruitment in the public sector followed the trebling of the national debt between 1980 and 1986 – rising from under £8billion to over £24billion. Growth in the economy faltered. The years 1980–1986 registered no economic growth compared to 4% annual growth between 1975 and 1980 (Powell, 1992). The ascendancy of the New Right following the general election of 1987 facilitated economic and social policies which favoured tax cuts, privatisation and public service cut-backs. A limited and under-resourced social work service was given the task of safeguarding children and 'keeping families together'. Family support services were provided by the voluntary sector (O'Doherty, 1996). Personal social services were established within a mixed economy of welfare with family friends and voluntary bodies operating as the main providers of social care.

Positive Social Change 1990–2008

During the 1990s an enormous advance in economic circumstances combined with attitudinal changes around access to contraception, abortion information, cohabitation and equality legislation transformed Irish society. The right to divorce was introduced in 1996, and homosexuality was decriminalised in 1993. From 1994 the economy began to expand and surpass European Union core 15 member's growth rates. The loss of faith in the twin pillars of Irish society, the Church and the family was exacerbated by increasing public awareness of child abuse scandals involving families and clergy. Trust in the state's childcare services also suffered a severe jolt when a series of high-profile child abuse cases were highlighted in the media. The 1991 Child Care Act replaced the 1908 Children Act. This Act clearly defined the responsibility of the state to protect children from abuse and neglect. It also clarified its role and responsibility in the provision of care services for children who could not remain in their own families. A broad and undefined responsibility for the provision of family support services was also specified in the Act. During the boom years, investment in social and public services increased significantly – government expenditure increased from €21.6 billion in 1995 to €70.7 billion in 2007. Health, education and welfare services all saw significant development and expansion.

Austerity Measures 2008–2017

The states expansionist social provision agenda was derailed by the economic crisis which overtook Ireland in 2008. Austerity measures were introduced to keep Ireland solvent, and these measures resulted in cutbacks to all social and health services.

These austerity policies introduced, in the first instance, as temporary measures in response to the economic crash have become embedded in the political system. Financial restraint policies triggered by an obvious and real crisis have remained in place though the crisis has passed. Despite the

obvious improvements in the economy, public service provision is woefully inadequate and getting worse. Health, education, housing and transport systems are down to the bones, and the outlook is bleak. Reductions in spending on education due to the crash have impacted on services and student-teacher ratios across all levels of the system. The ongoing crisis in the formal health system is a cause for concern. Hospital waiting lists are at record levels. Almost 579,891 people were on public hospital waiting lists at the end of July 2017; 493,780 patients were waiting for an appointment; and 86,111 people are queueing for inpatient or day care procedures. Emergency departments continue to be unable to meet the needs of those attending within a reasonable timeframe. Wards are overcrowded. The director general of the Health Service Executive recently stated that the health service will not survive the next 5 years in its present form. A tidal wave of demand was overtaking the health service, and it lacks the capacity to deal with the challenges of an ageing population and the rise of chronic diseases. Recent census data reveals that just 2% of the 1.7 million homes in the State were constructed in the last 5 years. Allied to the almost total collapse of social housing construction, the fall-off in affordable housing supply since 2010 has resulted in an acute housing and homelessness crisis across Ireland. In the Dublin region alone, there were 1037 homeless families in emergency accommodation on June 2, 2017, 54 (5%) had been homeless for 2 years or more. A total of 133 (12.8%) had been homeless for between 18 and 24 months.

Contemporary Irish Family Life

The most recent census data (2016) show that Ireland's population stood at 4,761,865 in April 2016. Non-Irish nationals – 535,475 in total – accounted for 11.6% of the population. The total number of families has increased by 3.3% to 1,218,370 since the previous census in 2011. Families according to the Central Statistics Office are couples with or without children or one parent with children. The most common family type – wife, husband and children – accounts for 52.8%

all families in Ireland, 29.2% are married couples without children, and 18.0% of all families are headed by one parent. The vast majority of one parent families (86.4%) are one parent mothers. The census recorded 6034 same-sex couples of which 3442 were male couples and 2592 were female.

The total number of children in families shows a modest 3.5% increase and now stands at 1,682,600. A long-running decrease in the number of children per family has levelled off, and the average number of children in each family is 1.38, the same as 2011. In 2006, it was 1.41. It would appear from these statistics that family life in Ireland is flourishing. However, to understand the quality of family life and its role and significance in intergenerational formation, we need to explain the *how* and *why* behind the *what* of data.

In twenty-first-century Ireland, the comings and goings of parent-child relationships must be considered against the push and pull of the broader context of social and economic change.

Family wellbeing does not occur in a vacuum. Wellbeing is constrained and facilitated by the social structures within which family life is lived. Family wellbeing is brought about when the basic physical and social needs, which all families across the world more or less share, are met. Dean (2010) has distinguished between two aspects of human need. Family members have ‘thin’ needs, which require satisfaction in order to survive, and ‘thick’ needs, which when met enable a person to have a sense of purpose, feel able to achieve important goals, participate in society and make a contribution to the community.

Different Kinds of Family Needs

Thin needs	Thick needs
<ul style="list-style-type: none"> • Shelter • Food/water • Healthcare • Nonhazardous living environment • Nonhazardous work environment • Financial security 	<ul style="list-style-type: none"> • Having a sense of purpose • Feeling able to achieve important goals • Participating in society • Having supportive personal relationships • Living in a strong and inclusive community • Having meaningful and rewarding work

Broadly speaking it is the relationship established between families and society by two social structures which determines how these needs are met. The market or economic structure is about the distribution of goods and services which meet largely material needs. The normative structure is the set of cultural (shared) rules, values, beliefs and norms regulating the behaviour of family members and endorsing the traits of personhood which emerge.

The Market/Economic Structure

After several lean years following the crash of 2008, Ireland is in a more favourable economic position. The economy is growing; there are more people employed and fewer unemployed. The population is rising steadily. At the same time, the social institution of family fits uncomfortably within an economic system which does not recognise its real value. Families need sufficient income to allow them to live free of hardship and stigma. Inequality in Ireland is on the rise. In the absence of good quality public services (pensions, childcare, housing, elder care, health), families must find their own solutions to life events and socially generated problems. The key organising principle of the Irish economic system is that society works best when each person individually seeks to maximise their own utility or satisfaction in the marketplace. Before income transfers (taxation, social welfare payments, pensions) apply, Ireland is the most unequal society in Europe (TASC, 2017). State welfare payments to the lower paid, the sick, the elderly and the homeless are a mechanism for reducing the impact of insecure employment and the lack of investment in universal public services. The state subsidises an exploitative labour market and indirectly provides employers with cheap workers. A low tax model diminishes the State’s capacity to provide positive social services (TASC, 2017).

Social Justice Ireland in a recent policy briefing (July, 2017) makes the case for increased investment in infrastructure to reduce inequality and build a better society for families. If families do

not have to pay directly for basic social facilities, then the quality of life, standard of living and well-being are more equal for all families. The social investment proposals advanced by Social Justice Ireland are as follows:

- *Social housing*: €500 m towards increasing the resources needed to move Ireland towards providing an additional 90,000 social housing units.
- *Rural /regional development*: €450 m to help complete the rollout of a high-quality rural broadband network as well as additional investment in the rural transport scheme, a rural enterprise scheme, retrofitting houses with insulation and community facilities as well as developing community hubs within the Post Office Network.
- *Education*: €460 m investment focused on adult literacy, lifelong learning and further/higher education.
- *Healthcare and disability*: €459 investment prioritising a statutory scheme for home care services, primary care, programmes for children, families and an obesity and chronic disease programme.
- *Pensions*: A *universal* pension financed mostly by reducing tax breaks that currently strongly favour the better off.
- *Social welfare*: €346 m to finance an increase of €5 a week on social welfare payments, an equalisation of jobseekers rates for under -26 s and an increase in direct provision payments for asylum seeking and refugee families.
- *Children*: €90 m *focused* on early childhood care and education, paternity leave and affordable childcare for families.
- *Overseas direct aid*: An additional €106 m as a contribution towards increasing the aid budget.

The Normative Structure

Cultural norms are susceptible to economic pressures, and during the boom years, a combination of economic essentialism and individualisation

of social life ensured that family life in Ireland was valued more as a production line for human capital and a private social containment space. The social institution of parenting became an adjunct to an economic system ill-equipped to recognise its real value. Post-boom family policy has consolidated a narrow social investment agenda focused on labour market imperatives. Viewed through a social investment lens, families and children are now a resource for the State – human capital – rather than future citizens. In a social investment state, children are viewed as the means to ensure economic success in the future. They are the citizen – workers of the future and policies are focused on maximising their utility rather than their happiness and well-being. Childhood and the development of healthy and educated/skilled children have a public dimension, and parenting is no longer an entirely private concern (Ridge, 2012).

Recognition of new globalised social risks centred on the reconciliation of work and family life and different family forms, and caring has led to this recasting of the Irish welfare system. The rise of ‘maternal breadwinning’ where working wives and partners earn as much or more than their male partners and lone mothers provide the sole income for their family has contributed to the decline of the male breadwinner model of welfare, associated with the key social risk of job loss. Negotiating these new globalised social risks and coping with labour market marginalisation and unemployment can, as Jackson (2015) suggests, become overwhelming for parents who can no longer align their parenting to traditional pathways. Hendrick (2016) views this trend towards the exploitation of children as a form of human capital as a continuously futile attempt to fulfil the grand designs of our ‘life agenda’. He argues that since the 1970s, many of the coping strategies used by families to counterbalance the institutionalised individualism of work, welfare, law, education and the bureaucratic state with a self-actualisation agenda have pivoted around the exploitation of children as human capital. As Jackson (2015) has stated, self-actualisation means individuals

can shape their own lives and break away from traditional roles.

In post-traditional societies, a person's sense of identity is constructed through their engagement in significant relationships with other people. Intensive parenting to compensate for limited or non-existing channels for self-actualisation through work or relationships is a cultural manifestation of the move away from the traditional Irish view of families as intimate communities offering members unconditional solidarity respect and care. On a day-to-day level, intensive parenting syndrome becomes visible as defensive parenting and over parenting. Defensive parenting is a response to concerns about the safety and wellbeing of children. Parental responsibility for keeping children safe can dominate the parenting practices of adults and create trust barriers between parents and wider society. Notions of stranger danger reduce positive reciprocal contact between parents and others and can reduce social capital levels. In turn, parenting becomes a solitary and lonely activity. Overparenting is manifested as practices which stifle young children's capacity to take risks. With older children, overparenting inhibits their healthy development of autonomy and is commonly associated with helicopter parenting strategies (O'Doherty, 2015a, 2015b).

Allied to these trends, Irish family functioning has evolved to be increasingly narcissistic, a state of affairs whereby owing to rapid social changes, including the dominance of neo-liberal economics knowledge of the self 'has become an end, instead of a means through which one knows the world' (Hendrick, 2016). Hendrick contends that as modern child rearing has become more technical than personal parenting programmes have become focused on empowering parents with new knowledge and techniques with which they can counter personal and social problems in their own lives as well as rearing their children. Parenting programmes challenge parents (usually the mother) to improve their parenting practice through hard work and learning new skills which will improve them as individuals and increase their capacity for dealing with the pressures of

modern life – earning a living and being a committed parent (Hendrick, 2016).

Essentially, family life is about socialising children to gain personhood and to become well-functioning accepted members of society. In contemporary Ireland, there is a growing disconnect between selfhood and family as community.

Family Life Education Services

Family wellbeing is promoted when the relationships between families and wider society are characterised by respect for the family as an asset. All families benefit from being supported and esteemed by their immediate community and wider society. Family wellbeing is influenced by the interplay between children's developmental needs, parenting capacity and wider family and environmental factors.

Key Family Life Education Service Providers

Tusla The establishment in January 2014 of Tusla, the new Child and Family Agency, was prompted by a need to provide a dedicated State agency responsible for improving wellbeing and outcomes for children. Prior to its establishment, child protection and welfare services were delivered by the health services. This arrangement was unsatisfactory as the needs of the health service took priority over the needs of the child protection and welfare services. The establishment of Tusla (a conjunction of the Irish Gaelic words for new, tus- and day, la) represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland. Tusla represents a new departure in the provision of family support, child protection, educational welfare and alternative care services. It is concerned with developing services which safeguard children and enable them to reach their full potential. Tusla recognises that children and families should be active

participants in the development and delivery of services (Tusla, 2017a, 2017b). The Child and Family Agency's services include a range of universal and targeted services.

Child Protection and Welfare The Child and Family Agency has a primary responsibility to promote the safety and wellbeing of children. An Garda Síochána (The Irish Police) also have statutory responsibilities for the safety and welfare of children. Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. This responsibility is particularly relevant for professionals such as teachers, childcare workers, health professionals and those working with adults with serious parenting difficulties. It is also an important responsibility for staff and people involved in sports clubs, community activities, youth clubs, religious/faith sector and other organisations catering for children. The agency should always be informed when a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect. A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the Agency. The guiding principles in regard to reporting child abuse and neglect may be summarised as follows:

1. The safety and wellbeing of the child must take priority.
2. Reports should be made without delay to the agency.

Children First (2011) provides the national guidance for the protection and welfare of children in Ireland. The guidance is a roadmap to help parents, professionals, organisations and the general public to identify and report child abuse and welfare concerns. The Children First Act (2015), which was signed into law on 19 November 2015, puts elements of the Children First:

National Guidance for the Protection and Welfare of Children (2011) on a statutory footing and required organisations providing services to children to keep children safe from harm and to produce a child safeguarding statement. Neglect is the most common factor precipitating a child's entry into the care system. Inadequate staffing means that there are not enough social workers to meet the needs of children in care and respond to referrals made to Tusla. There were 1400 full time social workers employed by Tusla in September 2016. However, in April 2016, the Irish Association of Social Workers reported that almost 1000 high-priority cases had no assigned social worker, and more than 450 foster children had no social worker. The weaknesses of the state child protection and welfare system are the lack of early intervention strategies, too great a focus on firefighting emergency cases, poor co-operation between state agencies and the lack of resources.

Alternative Care As of December 31, 2016, there were 6258 children in state care – 93% in foster care. This figure represents an overall ratio of 54 children in care per 10,000 under 18-year-olds. Foster care services are provided by the State and private companies. At the end of June 2016, 334 children in care were placed with foster carers sourced by private companies. Private foster care has grown over recent years to meet a need that Tusla has been unable to meet. Private companies are engaged in fostering to make a profit. Foster carers, whether privately recruited or identified by Tusla, are paid the same. However, when a child is placed with private foster carers, it costs the state a great deal more. In 2015, Tusla paid private companies €18.35 million for at most 306 children – averaging at €58,000 per child. Foster carers who were caring for 5616 children received an average of €17,900 per child.

Family and Community Support There are 108 communities supported through the Child and Family Agency's Family and Community

Services Resource Centre Programme. Through its established network of 106 centres nationwide, and two outreach centres, the Family Resource Centre (FRC) programme is Ireland's largest family support programme delivering universal services to families in disadvantaged areas across the country based on a life-cycle approach. The aim of the FRC programme is to combat disadvantage and improve the functioning of the family unit. Each FRC operates autonomously working inclusively with individuals, families, communities, and both statutory and nonstatutory agencies. FRCs act as first steps to community participation and social inclusion. The programme emphasises involving local communities in tackling the problems they face and creating successful partnerships between voluntary and statutory agencies at community level. A central feature of the FRC programme is the involvement of local people in identifying needs and developing needs-led responses. FRCs involve people from marginalised groups and areas of disadvantage on their voluntary management committees. This approach ensures that each FRC is rooted in the community, and this, in turn, makes it a vehicle for delivering other programmes in the community. FRCs are participative and empowering organisations that support families while building the capacity and leadership of local communities. FRCs provide a range of universal and targeted services and development opportunities that address the needs of families. These can include the following:

- The provision of information, advice and support to target groups and families. Information concerning the range of services and development options available locally and advice on accessing rights and entitlements is also extended. FRCs act as a focal point for onward referrals to mainstream service providers.
- Delivering education courses and training opportunities.
- The establishment and maintenance of new community groups to meet local needs and the delivery of services at local level (e.g. childcare facilities, after-school clubs, men's groups, etc.).
- The provision of counselling and support to individuals and groups.
- Developing capacity and leadership within communities.
- Supporting personal and group development.
- Practical assistance to individuals and community groups such as access to information technology and office facilities.
- Practical assistance to existing community groups such as help with organisational structures, assistance with accessing funding or advice on how to address specific social issues.
- Supporting networking within the community.
- Contributing to policy work (Tusla, 2017a, 2017b).

Counselling Tusla – the Child and Family Agency – provides grants to voluntary organisations offering the following types of counselling and support services:

- Marriage and relationship counselling
- Child counselling
- Rainbows peer support programme for children
- Bereavement counselling and support on the death of a family member

A voluntary organisation is described as being a group providing low cost services to the community on a not-for-profit basis. The majority of these services are located in the Family Resources Centres established across the country. A minority is part of a dedicated counselling centre. The principles of open access, self-referral and user participation are fundamental to the approach of family resource centres. Such an approach fosters the growth of trust so that positive personal development can be nurtured.

Youth Work Services

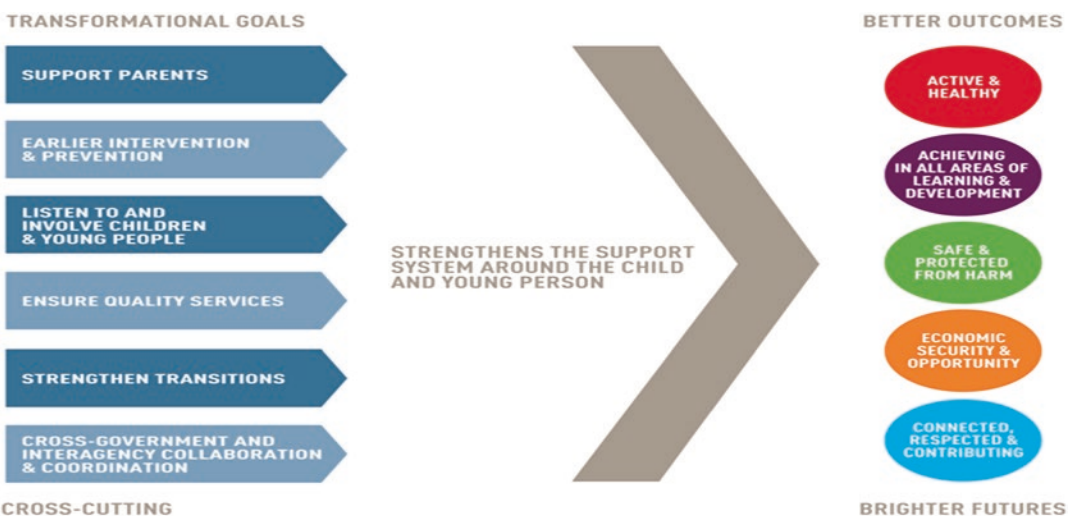
The Irish government has established a Youth Affairs Unit (YAU) in the Department of Children and Youth Affairs in order to support and promote non-formal education and developmental opportunities for young people so that they can enhance and improve their personal and social skills. Youth work services address the needs of young people between the ages of 10 and 21 in general and particularly young people from socially or economically disadvantaged backgrounds. The Youth Affairs Unit is engaged in:

- Developing youth policies and strategies that enable and enhance young people’s personal and social development
- Supporting the youth sector in providing effective youth work and associated opportunities for young people and to consolidate and enhance existing provision of youth services and initiatives
- Monitoring and assessing the youth work structures, supports and services so as to ensure both quality of service and value for money
- Supporting the alignment of youth policies and services with other departmental policies

and services and the broader policy and services field to help ensure an integrated and coordinated approach to the needs of young people

- Liaising with EU/Council of Europe on youth policy and the implementation of EU programmes for youth

These activities define and direct the youth work and youth services. The funding of youth services provision is intended to establish opportunities for engagement in non-formal education for young people from 10 to 24 years of age through participation in voluntary services. In this way, youth work acts as a support to young people, within and outside of the formal education system, and also as a point of contact or referral for other youth-related services. The national policy framework for children and young people – *Better Outcomes, Brighter Futures (2014)* – asserts the importance of supporting children and young people ‘to realise their maximum potential now and in the future’ (p. 20). Outlined in the document is transformational goals that will deliver five national outcomes for children and young people. Youth work services are delivered by voluntary organisations such as Youth Work Ireland, Kerry Diocesan Youth Services and Foroige.



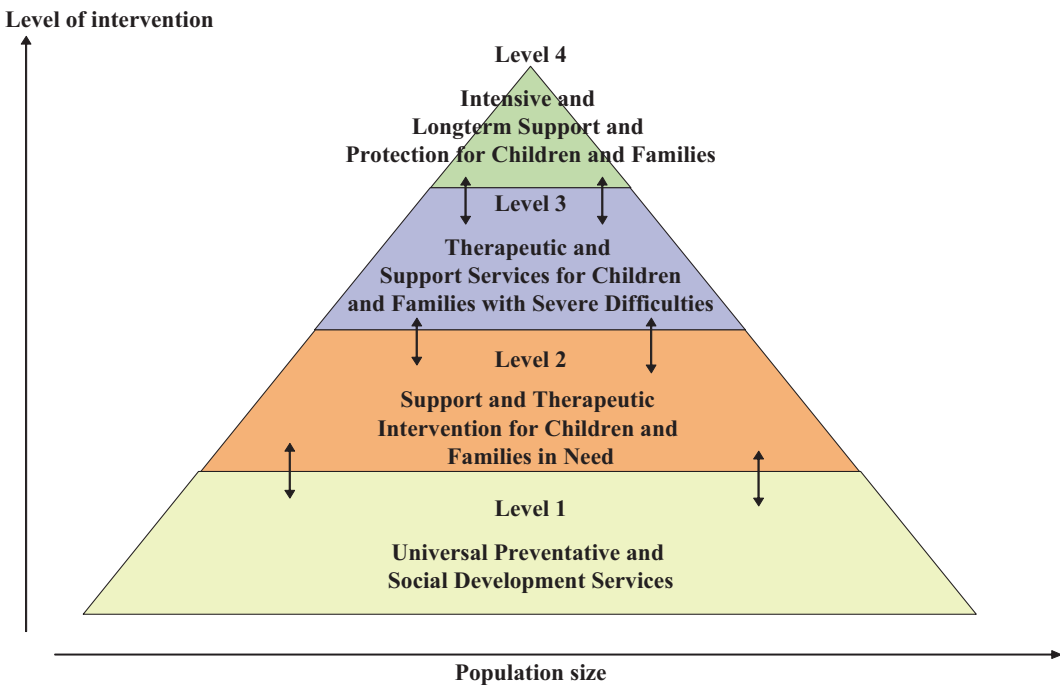
Source: Department of Children and Youth Affairs (2014, p. iv)

Early Years Services

Childcare services are, in the main, provided by the private sector. Limited childcare services in the community and voluntary sector childcare are provided by family resource centres, community development organisations and Barnardos. It is acknowledged by the government that the Irish childcare system is one of the most expensive in the world. Efforts are being made to make childcare more affordable, and the Minister for Children and Youth Affairs has announced that an Independent Review of the Cost of Delivering Quality Childcare will be established to deliver findings which will decide future government investment: ‘The first big step is being taken to change our childcare system from one of the most expensive in the world into the best. Government investment this year will top €466m, with extra supports for up to 70,000 children starting next month’. (Department of Children and Youth Affairs Press Release, 30-5-2017a, 2017b).

Supporting Parents

There are a number of different ways that parenting support services can be focused, structured, organised and delivered. One of the most widely used typologies for classifying operational levels of parenting support is the Hardiker, Exton, and Barker (1991) model for preventive childcare practice. Level one services are intended to promote health and wellbeing, prevent negative outcomes and will often equate with universal services being offered to any parent(s) within a defined geographical area. Level two services seek to prevent problems escalating and are often targeted at individual parents or all families living in a disadvantaged neighbourhood. Programme interventions, delivered on a group or one-to-one basis, are more intensive than universal services. Level three services are a response to problems that are categorised as severe and where children and parents are deemed to be at risk of highly undesirable outcomes. These services are often intensive and focused on crisis situations.



Level four services are intended to stabilise chronic family behaviours and commonly require targeted services to be sustained at a high level of intensity. (Source: Hardiker et al. (1991)).

Table 20.1 Parenting programmes operating in Ireland

Programme (listed by age of child)	Age of child	Mode of delivery	Hardiker level
Community mothers	0–2	Individual parent	1/2
Home start	0–5	Individual parent	1
Triple P	0–18	Group of parents	1/2/3/4
Incredible years	2–12	Group of parents	1/2
Strengthening families	12–15	Group of parents and children	1/2
Expressive play and parenting support	0–18	Group of parents	1/2/3/4
Preparing for life	0–5	Individual parent	1/2
Growing child parenting programme	0–5	Individual parent	1
Parenting UR teen	11–18	Group of parents	1

A number of parenting support services are operating at just one of these levels, while other interventions are designed to operate at several levels of intensity, with different components building on the same, basic approach. In addition to Irish programmes, there is a growing range of interventions that originated in the USA, the UK and Australia now being offered in Ireland.

The following provides a summary of some of the key parenting programmes identified in Table 20.1.

Home start and *community mothers* are home visiting programmes committed to promoting the welfare of families with young children. Home start is a high-impact, low-cost early intervention service, which operates a volunteer-based model that is focused on parents first and then on children. It is a non-discriminatory service that provides support to all parents regardless of social class, financial status, religion or ethnicity. Home start began in Leicester in 1973, spreads across the UK and is now established across 18 countries worldwide. Home start began operating in Ireland in 1988.

The *Community Mothers Programme* was also established in Ireland in 1988. This is a home visiting service for parents with new babies/young children. A community mother is an experienced mother who is trained to visit parents in their homes and to encourage them to enjoy and participate more fully in their child's life. Parents are offered support and information on child development. The programme is facilitated by the Health Service Executive (the State Health Services). Community mothers has been positively evaluated (Johnson, Howell, & Molloy, 1993, Johnson et al., 2000).

The *Incredible Years* is a school-based programme developed by Carolyn Webster-Stratton which is being delivered mainly in disadvantaged communities in Ireland. Guided by the principles of behavioural and social learning theory, brief group-based interventions for parents of children aged 2 to 7 are utilised to prevent the early onset of problems amongst young children and to foster parenting skill development. The programme uses a combination of videos, role play, discussions and modelling to assist parents rehearse and adopt positive parenting strategies. Parents are enabled to use praise and incentives to encourage positive child behaviour and develop non-adversarial coping mechanisms. Trained facilitators deliver the programme. Considerable research into the programme has been undertaken in the USA and Europe, and the evidence suggests that the programme significantly advances parent-child interactions and child behaviour outcomes. Findings from the Incredible Years evaluation carried out in Ireland by McGiloway et al. (2013) demonstrated the effectiveness and cost-effectiveness of the programme.

In Ireland, the *Triple P – Positive Parenting Programme (Triple P)* – a multilevel, public health approach to parenting, was implemented in Longford and Westmeath by the Midlands Area Parenting Partnership (LWPP). The Triple P Programme is targeted at parents of children aged 3–7 through four modes of delivery: a universal media strategy, seminars, workshops and groups. A defining feature of the Triple P Approach is that

it can be developed and operated by a partnership, i.e. a collaboration of committed organisations that share resources for delivery of the programme to achieve a collective impact. In the case of the Midlands Area Partnership, partners include Tusla, HSE, Education Providers, Family Support Services, a Youth Work organisation and Community Development Companies. Staff required for the management and delivery of Triple P are drawn from education, health, community development, youth work fields – ideally staff should have prior experience of working with children and families. The programme was positively evaluated between 2010 and 2013 (Fives, Pursell, Heary, Nic Gabhainn, & Canavan, 2014).

Expressive play is a play therapy service for children and is based in Kilflynn Co. Kerry, established in 2005. The centre offers a number of services and resources for children, parents and professionals. Initially established as a children's play therapy centre, expressive play evolved to include parent therapeutic support services and became a training centre for students/professionals wanting to extend their training in therapeutic play skills, creative work with children, child development and self-awareness, teacher training and puppetry. It is a private service delivered by a play therapist who also has a professional social care qualification.

Family Life Education in Ireland

Family life education is not an accredited professional activity in Ireland. The aims and objectives of family life education as defined by Duncan and Goddard (2017) are poorly served within the Irish education system, but a significant *outreach* FLE sector is a positive force for the promotion of family wellbeing. Noncognitive subjects generally have a low status in the Irish education system (Duggan, 2015). Table 20.2 details the educational pathways, practice repertoires and professional commonalities of practitioners engaged in outreach family life education endeavours in Ireland.

Challenges for Family Life Educators

The unemployment rate in Ireland has fallen to just 6.2%, and the Bank of Ireland has forecast a gross domestic product (GDP) growth of 4.8% this year after a healthy 5.1% last year. In 2017, Ireland will be Europe's fastest growing economy for the fourth year in a row. Despite these positive economic trends, many of the state's policies and practices fall short of meeting the needs of families in modern Ireland. Critical social challenges facing family life educators relate to the following issues.

Substance Abuse Speaking at the launch of the National Drugs Strategy which will govern the official approach to substance abuse through to 2020, Minister for Health Simon Harris stated that the problematic drug and alcohol use levels in Irish society – it is estimated that there are up to 1.35 million harmful drinkers, and one in four adults have tried an illegal drug at least once in their lifetime – must be tackled (Department of Health Press Release, 27/7/2017). The strategy will establish a working group to assess alternatives to criminal convictions for minor drug possession and to examine the benefits of a health-led approach.

Domestic Violence Domestic and/or sexual violence – the threat or use of physical, emotional, psychological and sexual abuse in close adult relationships – is a serious problem in Irish society. Women's Aid, a national voluntary agency, recorded 16,946 disclosures of domestic violence against women in 2016. Tusla co-ordinates and funds a national voluntary network of emergency refuge and support services for the predominantly female victims of domestic violence. There is a voluntary support service for male victims of domestic violence. In 2016, Tusla provided €20.6 million to support 60 services for those affected by domestic and sexual violence. This funding has been increased by €37 million in 2017.

Table 20.2 Professionals and practitioners engaged in family life education activities

Title	Professional education/training	Practice repertoire	Location	Practice focus
Social worker	Three to five years bachelor and masters levels university programmes	Case management Group work Advocacy Facilitation Collaboration	Tusla Health Service Executive (HSE) Disability Services Private care providers	Child protection family preservation Children in residential and foster care
Social care worker	Three to four years bachelor level programmes in institutes of technology	Case management Community practice Residential care Facilitation Collaboration	Tusla Health Service Executive (HSE) Disability Services Family Resource centres Private care providers	Direct work with children, adults and families
Family support worker	Three to four years bachelor level programmes in institutes of technology and universities	Advocacy Education Networking Facilitation Collaboration	Tusla Health Service Executive Family Resource Centres	Promotion of family wellbeing through social growth and development
Community worker	Three to four years bachelor level programmes in institutes of technology and universities	Groupwork Advocacy Education Networking Facilitation Collaboration	Tusla Health Service Executive Family Resource Centres Community development organisations	Promotion of social justice and empowerment for marginalised and excluded individuals/groups
Counsellor/therapist	One, two, three, four and five years, certificate, diploma bachelor and masters levels full-time and part-time programmes in universities, institutes of technology and private training/education providers	Casework Groupwork	Tusla Health Service Executive (HSE) Family Resource Centres Private providers	Information Advice Guidance Support Mediation Conciliation

Housing Housing is the most important issue facing Ireland according to a recent Eurobarometer survey (2017) across the 28 EU members states; 7941 homeless people – 5046 adults and 2895 children – were in emergency accommodation in June 2017, a 30% increase on the same time last year (Dept. of Housing, 2017).

Direct Provision A dispersal and direct provision system whereby asylum seekers are accommodated in privately operated centres was established in 2000 by the Irish government. Meals are provided, and asylum seekers are entitled to €19.10 per adult per week, unchanged since 2000 and €15.60 per child, which includes a €6

increase agreed in 2016. Eight contractors operating the network of direct provision centres were paid a total of €43.5 million in 2016. Asylum seekers are not permitted to work. Families in direct provision centres have struggled to cope with the institutional circumstances that have been imposed on them. Recently the children's ombudsman has stated that he has received complaints from children in direct provision. There are 1200 children in direct provision. Complaints have been made about access to food from the children's country of origin and overcrowding.

Cost of Education Irish parents subsidise the state's underfunded education system. A recent survey of 1800 parents (2017) with school age children carried out by children's charity Barnardos found that 45% of them were forced to forgo other bills or cutback on daily essentials to fund the cost of getting children ready for school.

Social Media Social media forms an integral part of the daily lives of young people in Ireland, and it is a key channel for communication between friends. In many respects, social media has replaced the traditional face-to-face time and personal interaction in families (McAleer, 2017).

Table 20.2 makes it clear that quite a degree of convergence can be identified in the domains and boundaries of the social professions active across the family life education field in Ireland. All family life educators are, therefore, wrestling with the consequences of the social problems precipitated by the challenges outlined above. Social workers and social care workers intervene in family life to protect children from neglect and abuse, which is triggered by adult carers with alcohol and drug dependencies. They also support and advise victims of domestic abuse. Family support workers and community workers engage with marginalised and socially excluded families struggling to find a home – a private space for personal expression, a place to escape from a hazardous world and a place that ensures their wellbeing – and the rising costs of education. Counsellors and therapists provide individuals

and families with safe, confidential spaces where they can give healing attention to traumas resulting in substance abuse, homelessness, poverty, domestic violence and digital alienation.

Conclusion and Recommendations

This chapter has detailed some of the key historical factors which have led to a considerable shift in the nature and understanding of Irish family life since the foundation of the state. There can be no doubt that Irish society has moved a long way from the position outlined by McCaughren and Powell (2017) where lone parent families were problematised and institutionalised in mother and baby homes. New and diverse family forms have transformed Irish social relations. The overwhelming support for the same-sex marriage referendum in 2015–62.07% voted in favour – meant that Ireland became the first country worldwide to achieve marriage equality by referendum. However, in Ireland, as is the case in many other countries, ambiguity still exists around the role and responsibilities of family life. Is family life principally a private domain or should it be viewed through a social investment lens? There is always a risk that long-standing social issues are viewed as stemming from problem families with inadequate parenting skills. Viewed from this perspective, family life education services responsibilities stop short of addressing the structural circumstances that are the root cause of the issues. Meeting the needs of families and promoting their wellbeing in twenty-first-century Ireland are a complex and demanding task. As discussed earlier in this chapter, family members have both 'thick' and 'thin' needs which must be met in order to develop a family-centred society. It is clear that some of the critical 'thin' needs of family members such as shelter, healthcare and financial security are not adequately provided for in contemporary Ireland. It is also the case that meeting the 'thick' needs of family members for purposeful participation in strong and inclusive communities is also problematic in a society which rewards and encourages economic and

emotional individualism at the expense of family altruism. The overarching goal for Irish society should be happier family life. To achieve this goal requires an agenda for social renewal fashioned around the creation of a family-centred society. The three pillars of a family-centred society are as follows:

- Equality in social relations
- Economic security for families
- Establishing empowering family life education services dedicated to fostering altruistic personhood

Personhood – what states want from their citizens – exists along a continuum between individualisation and community. Ideally family life in Ireland should be encouraged and supported to nurture persons who are drawn to contribute to community rather than solely the pursuit of their own individual futures.

Following many difficult years since the financial crash of 2008, the outlook for Ireland is bright. Positive indicators are GDP is growing, unemployment is falling, and the population is growing. On the negative side, there is a lack of ambition on the State's part to managing the economy for the benefit of all its citizens. This lack of ambition translates as a lack of commitment to the politics of the common good.

Commitment to the politics of a common good is manifested across the family life education field. Civility – a decent way to deal with others – is under threat in Ireland, as it is across the globe. The State has a role in legislating for civility, and family life educators have a responsibility to promote the benefit of civility for family wellbeing. Family life education professionals can nurture civility on three levels. The first level is personal, and it is here that counsellors and therapists can assist family members in the acquisition of empathetic skills which will allow them to take account of other's feelings and therefore to appreciate the impact of their behaviour on others; what psychologists refer to as 'perspective taking'.

The second level is interpersonal. Sociology makes us aware of the degree to which our behav-

iours are determined by social situations, social norms and cultural traditions – the interpersonal economy. Social workers and social care workers practice recognises the value of the interpersonal economy. The third level is environmental. The character of our environment (housing, amenities, play space) influences family behaviour. Family support workers and community workers can enable and empower families to gain more say and have a stronger voice in place shaping activities which promote wellbeing.

Over the next 20 to 30 years, family life educators must promote a new guiding vision for the treatment of families in Irish society. One based on the promotion of forms of civic virtue that express 'passionate care' for fellow citizens and the pursuit of the common good. These values are at the core of a civilised society in which all families have what they require to live life with dignity and to fulfil their potential.

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Family Life Education in Ukraine

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Socioeconomic, Historical, and Cultural Context of the Country and Their Impact on the Families

Due to its strategic location and fertile soil, the territory of modern Ukraine has been home to numerous cultures that contributed to the diversity and uniqueness of Ukrainian identity and civilization. Modern Ukrainians stem from Trypillian culture (5400–2250 BC); the Cimmerian, Scythian, and Sarmatian cultures (1000 BC–400 AD); Huns (second–mid-fifth centuries); and Greek and Roman colonies from 600 BC to 300 AD (“IEU’s featured topics in Ukrainian history,” 2017). From the ninth to thir-

teenth centuries, Kievan Rus emerged as a powerful European federation with the capital in Kyiv (modern capital of Ukraine). From the fourteenth to sixteenth centuries, Ukraine existed as a Lithuanian-Ruthenian state. Between 1648 and 1782, Ukraine was an independent Cossack Hetman state. As Muscovy began to emerge, Ukraine sought alliance with the powerful neighbor in the mid-seventeenth century (Monahan, 2016). From the 1720s, Muscovy Tsar Peter I and then Catherine II continued the policy of Russification and integration of Ukraine into the Russian Empire eventually turning Ukraine into a Russian province by the end of the eighteenth century. Ukrainian political revival began in the Western Ukraine in the mid-nineteenth century, and Ukraine gained independence from Russia in 1917–1920. However, the Red Army invaded Ukraine in 1917 starting Ukraine-Soviet war that ended by integration of Ukraine into the Soviet Union in 1922.

For generations of Ukrainian families, fighting for freedom and survival was an essential element of life. Although Ukraine has been invaded and oppressed by other neighbors, for the majority of Ukrainian families historical trauma is related to Russia. This relationship led to the limited ability to exercise one’s culture and use native language (Kononenko & Holowinsky, 2001), Holodomor (famine-genocide) (Conquest, 1987; Dolot, 1987), violence and terror, massive incarcerations, resettlements, and killings of

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millions of Ukrainians (Getty, Rittersporn, & Zemskov, 1993; Shevchenko, 1964; Wheatcroft, 1990, 1996, 1999). In 1991, following the collapse of the Soviet Union, Ukraine regained its independence again. Today Ukraine is the largest country with borders within Europe.

However, being a part of the Soviet Union severely damaged the Ukrainian economy which was stagnating since mid-1970s. In 1991, Ukraine inherited the economy that was largely agrarian. Many companies had low productivity and minimal profits because they used technologies that required unskilled, manual labor. Although the economy is gradually becoming modern, it is still far from being driven by research and high technologies. Skilled workers, doctors, and researchers tend to get jobs in wealthier countries. The supply of local low-skill jobs shrinks as industrial facilities and agricultural companies more and more opt for robotic and automated manufacturing tools. Growing unemployment tends to escalate social and mental health problems and crime. Many Ukrainians feel driven to despair as the burden of poverty and the growing economic injustice continue to rise (Horbulin, Vlasiuk, & Liashenko, 2016).

In 2014, Russia started the military intervention in Ukraine by first taking control of key positions and then annexing Crimea and then sending the troops to Ukrainian Donbas region ("Exclusive," 2014). As any other war, the hybrid in the Eastern regions is very costly for Ukraine's economy. In addition to monetary costs, the war with Russia-backed troops has led to internal migration of millions of people and the sharp increase of social problems (Libanova, Horbulin, & Pirozhkov, 2015). Five million out of total six million citizens of Luhansk and Donetsk oblasts have lost their dwellings, property, income, and social networks because of Russian aggression against Ukraine. Majority of 1.5 million internally displaced citizens had no savings or job skills to compensate for the sudden losses.

In the rest of the country, many families have lost their savings due to depreciation of the local currency and the steep increase of the cost of house utilities. In fact, during 2015 alone, the people's income dropped 22.2%, while poverty

level increased from 29% to 58% (Libanova, 2015). Over a half of families (55%) live in overcrowded apartments and houses and 41% of Ukrainians postpone having children because they do not own apartment or a house (Balakireva, Dmytruk, & Bilous, 2016).

Social and economic vulnerabilities of Ukrainian families have also other consequences. A growing number of parents abandon their children, and more and more children are removed from high-risk families and placed in state orphanages. Importantly, there is a growing number of war veterans many of whom return to their families with physical disabilities and severe mental health problems.

Exposure to traumatic events impacts people in very real ways. The horrific events continue occupying the minds of the returning veterans, and nightmares are relived daily and narrated to children and grandchildren. The sense of hopelessness comes from inability to change the events that have shaken the very existence and forever removed the sense of stability and predictability. People who were affected by trauma tend to develop psychological distress and substance use problems (Fassin, 2009), while professional help in Ukraine is often lacking in scope and quality.

Research with young Ukrainian adults identified a number of barriers that affected effective utilization of mental health services in Ukraine (Burlaka, Churakova, Aavik, & Goldstein, 2014). Participants described that in many geographic areas, the services were not available; there was no information about where such services could be found and what would typically happen during the process of psychological help. In addition, participants described that often providers were not able to accommodate the scheduling needs of clients; the waiting rooms could be crowded and clients' identities could be disclosed. In addition, young adults shared that treatment quality was very low and the services could be very costly. Participants described that in some cases Ukrainian mental health providers would disclose the content of treatment sessions to other clients and client employers. In addition to these structural barriers, Ukrainian family members

share a number of negative beliefs and stereotypes about mental illness. For example, mental health problems tend to be seen as a weakness of personality and an embarrassing condition.

Another reason why Ukrainians tend to avoid mental health providers is related to the notion that providers' style was old-fashioned and cold and that they would not be trained enough to understand a serious condition. The study participants also thought that providers had very little experience outside treatment rooms and that it was difficult to relate to such professionals. When service providers were asked about potential barriers to service utilization, the main beliefs providers had with respect to Ukrainian family members avoiding mental health services were the fear of hospitalization, concerns for anonymity, hopes to resolve issues on their own, feelings of shame, lack of empathy, providers' attitudes, and costs of treatment.

In spite of these numerous barriers, Ukrainian families find ways to cope with psychological issues. In a related study, Burlaka, Churakova, Aavik, Staller, and Delva (2014) explored the health-seeking behaviors used by Ukrainian young adults. Researchers found that seeking help from friends and family, substance use, self-help, and seeking help from nontraditional healers were very common ways of coping with psychological distress in Ukrainian families. Ukrainians who feel ashamed by their psychological problems tend to ruminate about their condition, analyze their options, and look for positive sides. Using alcohol and drugs can help some to get relief from stressful life situations they are in. Drinking is particularly common among Ukrainian adults who engage in confrontations, avoid dealing with problems directly, do not see difficult life situations as opportunities to learn and change themselves, and have lower spirituality (Churakova, Burlaka, & Parker, 2017).

Substances are also perceived as social lubricants that make talking about potentially stigmatized experiences easier (Burlaka, Churakova, Aavik, Staller, et al., 2014). Such self-medication is practiced independently or together with friends and family members. Self-treatment also

happens in other forms such as engaging in physical activity, reading, writing in a diary, indulging in hard work, overeating, surfing the Internet to look for help information, or simply taking the mind off the problem. These findings suggest that family education efforts in Ukraine need to include solutions targeting individual belief systems about healthy help-seeking behaviors.

Another area that might benefit from the family education work is the individuals' immediate environment (Bronfenbrenner, 1981). In Ukraine, help-seeking is related to the sense of trust (Burlaka, Churakova, Aavik, Staller, et al., 2014). The young adults prefer to turn for help to their peers because of shared values, belonging to the same developmental stage, and often struggling with similar issues. However, when the life situation is so serious that the friends cannot help, the family becomes the main source of help. Most often, the extended family would also provide the resources necessary to obtain services from mental health professionals or nontraditional healers. Therefore, in Ukraine, it is critical to build prevention initiatives with family systems in mind.

In addition to the processes happening in the family, Bronfenbrenner's ecological model (1981) suggests that individual functioning may depend on the situation at work and even in the larger society. Ukrainian political life is rife with conflicts and corruption that affects investment climate and weakens the economy. These negative processes trickle down as heavy burden on the Ukrainian families that struggle financially and receive fewer educational opportunities. As a result, poverty corrodes the inner workings of the families by ruining the role of the family structure, affecting emotional closeness between family members, and increasing the use of such potentially abusive and neglectful parenting practices as corporal punishment, inconsistent parenting, and poor monitoring (Burlaka, Graham-Bermann, & Delva, 2017). Ukrainian adults with lower education are less qualified and often tend to have more difficult employment that requires fewer skills. Such adults tend to have lower income and report more frequent use of negative parenting and higher levels of domestic violence. In a 2017 study of Ukrainian women

and domestic violence, study of Burlaka, Grogan-Kaylor, Savchuk, and Graham-Bermann (2017) 83% reported experiencing intimate partner victimization (IPV). Women were at higher risk of IPV if they lived in urban areas, had lower education, were unemployed, and were not married or living with a partner. This is a critical problem in the Ukrainian society because family violence co-occurs with poor functioning of the whole family system and affects parenting (Burlaka, Graham-Bermann, et al., 2017).

Research in Ukraine shows that parenting can impact the development of behavioral problems in children of school age. Spanking, slapping, and hitting children with switch or belt increase child conduct problems (Burlaka, 2016). Ukraine has ratified the Convention on the Rights of the Child that condemns any violence against children in 1991 (United Nations, 2015); however, corporal punishment is still widely practiced. Vygotsky's social development theory (Vygotskiy & Cole, 1978) postulates that child behaviors develop through adult or peer guidance (scaffolding). Social learning theory suggests that children can learn violent behaviors by observing their parents' aggression in the home (Bandura, 1973; Bandura & Walters, 1959). Ukrainian parents who use corporal punishment engage their children in a coercive reinforcement process (Dishion & Patterson, 2006; Patterson, 1982). Children whose parents reward their children for good behavior tend to behave better, while children who come from single-parent homes as well as neglected children are prone to seek parental attention even if it means that they have to break the rules to get noticed by their parents (Burlaka, 2016).

Alcohol use is another factor linked with problem family functioning, higher level of domestic violence, and poor parenting (Burlaka, Graham-Bermann, et al., 2017). Alcoholism is a significant public health issue in Ukraine that has some of the highest in the world levels of alcohol use (World Health Organization, 2014). In some families, children start using alcohol at very young ages and develop alcohol use-related problems as early as age 9 (Burlaka, 2017). In Burlaka's (2017) study, schoolchildren reported that alcohol use aggravated their relations with

parents, friends, and teachers. Some drinking children also reported missing school and feeling guilty. Others said they had lost their friends and kept drinking after promising not to do so again. Children also reported drinking too much alcohol, having memory lapses, experiencing troubles with police, and having to increase the number of drinks to feel drunk.

Child alcohol abuse develops under the influence of child-, peer-, and parent-level factors. The child-level factors that contribute to alcohol abuse are older age, male gender, and externalizing behaviors (Burlaka, 2017). Children also have higher alcohol abuse if their parents use alcohol more frequently, do not reward child positive behaviors, have less involvement with the child's life, do not monitor the child whereabouts, let the child talk them out of punishment, and utilize corporal punishment.

The latest European substance use data (ESPAD, 2016) suggests that current alcohol use among Ukrainian children aged 15–16 years (10%) is somewhat lower than in other European countries, such as Denmark (32%). Furthermore, that study found Ukraine has some of the lowest in Europe levels of availability of marijuana and illicit drugs as well as the lowest use of non-prescribed tranquilizers or sedatives. Similarly, sociologists in one of the largest Ukrainian cities, Kharkiv, reported reduced prevalence of substance use disorders and drug-related crimes during last years (Rushchenko & Serdyuk, 2014). At the same time, the consumption of "designer drugs," marijuana, alcohol, and tobacco products is growing (Rushchenko, Kononov, Serdyuk, & Belousov, 2014).

The rapid spread of sexually transmitted diseases (STDs), including HIV, is another major social and public health issue affecting Ukrainian families. According to official data, some 238,000 Ukrainians above 15 years of age have an HIV-positive status (Health Ministry & HIV-infection/AIDS Service, 2013). Historically, people who inject drugs (PWID) have carried the highest risk of HIV transmission in Ukraine; presently, however, the most common way to contract HIV in Ukraine is through heterosexual route (Health Ministry & HIV-infection/AIDS

Service, 2012). In this new situation, some 80,000 female sex workers (FSW) represent a particularly vulnerable group (Berleva, Dumchev, Kasianchuk, Nikolko, & Saliuk, 2012). A large study with 4806 Ukrainian FSWs revealed 5.6% prevalence of HIV in this group (Iakunchykova & Burlaka, 2016). Researchers found that 34.5% of these women have not used condoms consistently. In that study, the risk of contracting HIV infection was higher among older women with lower income. In addition FSWs who injected drugs had higher odds to be infected. Finally, women who reported higher violence victimization and women who solicited clients on highways were more likely to have HIV-positive status. Similarly, FSWs who solicited clients on highways reported lower consistency of condom use. In addition, looking for clients at railway stations, through Internet, via previous clients and colleague FSWs was also related to lower consistency of condom use. Other factors associated with inconsistent condom use were younger age, lower client load, alcohol use, violence victimization, and not receiving HIV education and prevention services. Every second FSW was abused while providing the services. The findings also indicated that women with vocational degrees had particularly low level of condom use. Given these data, it is important to develop family education programs targeting STDs in Ukraine. Such programs should cover regular family members as well as students of vocational schools and FSWs who work on the highways.

Parents raising children with disabilities is another group that needs services from family life educators in Ukraine. Similar to developments in the United States and Western Europe in 1970s, the attitudes to people with disabilities in Ukraine have significantly improved over the last years. Ukrainian parents of children with disabilities no longer feel the need to hide from the public; they stand for their rights and enable radical changes in rehabilitation, education, and social services. In addition, these parents are the key force behind recent society changes that increased access of people with disabilities to the various domains of societal life.

At the same time, many parents in Ukraine are competing with other families in a current movement of highly intensive, active parenting designed to increase child achievement and success. This movement puts parents of children with disabilities at considerable disadvantage, and many of these parents feel that they lose such contests even before the competition started. It is not uncommon then for one of the parents to give up the fight and leave the “hopeless project.”

The mass media typically focuses on pleasant and interesting events that come with parenting. While these positive images help promoting the general idea of parenting in the society, for young parents of children with such conditions as autism or cerebral palsy (CP), they are just reminders of despair and endless difficulties they have to deal with every day of their life. What is intended to inspire regular parents can provoke feelings of denial and anger among parents of children with disabilities who would have more difficulties to accept and effectively deal with difficult realities. Therefore, it is crucial that, in addition to rehabilitation methods, family life educators who work with Ukrainian parents should help them with psychological aspects and address the trauma that comes with parenting a child with disabilities.

Family Demographics

During 25 years of independence, Ukrainian population decreased by 9 million from 51 million inhabitants in 1991 to 42.5 million inhabitants (53% women) in 2017 (UkrStat, 2017). The age of Ukrainian women having their first child increased from 20–24 years in 1991 to 25–34 years in 2017, and the current fertility rate is 1.5 children per woman (UkrCensus, 2017). The total number of children born in Ukraine decreased from about 630,000 in 1991 to 397,000 in 2017. However, the death rate during first year of life also decreased two times. The number of children (0–18 years of age) dropped from 13.2 million in 1991 to 7.6 million in 2016. The average life expectancy in Ukraine increased from 69 years in 1991 to 71 years in 2015. Men

live on average 66.3 years and women live 76.3 years. The 10–11 years gap in life expectancy between men and women is common for post-Soviet Union countries. The average age of Ukrainians is 41.1 years (38.1 for men and 43.5 for women). The number of citizens older than 60 years remains very high in Ukraine—9.5 million in 2017, which is only slightly different from 9.6 million in 1991. Most people live in cities (69%). The death rate is very high in Ukraine (14.7 per 1000 people) and cardiovascular diseases are the primary cause of death. The number of marriages drops and currently there are 5.9 marriages and 3.3 divorces per 1000 people. In addition, two thirds of families with children have only one child. Families who live in Western Ukraine have more children than families living in Eastern Ukraine. Likewise urban families are smaller than rural families. Ukrainians have very high levels of literacy and education. Parents with higher education tend to have fewer children.

Family Strengths and Needs

Family was and still remains an important multifunctional social institution that serves as foundation and buffer that compensates for inefficient or lacking services of other societal institutions (Libanova, 2009). Three quarters of Ukrainians prefer living in the nuclear family that consists of mother, father, and their children. Although some families still live in extended families, the share of families who live with grandparents is being reduced. Most families in Ukraine adhere to traditional gender roles and patriarchy. Since 1991, there is a growing number of cohabitating partners who share the family economy without applying for marriage license. The rural-to-urban migration affects the decision to enter the formal marriage as well as reduces the number of patriarchal and extended families and family size. With such a high divorce and male death rates, single motherhood becomes a norm, and every fifth child in Ukraine is born to a woman who is not married.

Ukrainian families have multiple needs; however, the most important areas for family education are prevention of substance abuse, disabilities, STDs, and interpersonal problems (Burlaka, 2007; Burlaka et al., 2001; Burlaka, Churakova, Aavik, Staller, et al., 2014).

Family Policies that Impact Families and Family Life Education

The strategic goal of the family policy in Ukraine is to overcome the demographic crisis by encouraging growth of families with members who have equal rights and possibilities for personal growth. The policy also aims to help families raise children, by increasing the economic, social, and spiritual standards of the households. The national, regional, and local policy documents in Ukraine typically include statements about the need to build up people's knowledge about importance of family, marriage, and parenthood as well as declarations about importance of social and economic help to families. Policy and programmatic documents also focus on significance of gender equality in the family and in society. In addition, policy papers often target the need to enhance the family's potential to have stable economy and remain a key resource for child upbringing and socialization. Other policies emphasize the need to strengthen psychosocial relations among family members, protect their reproductive health, and provide help to families in crisis situations. The family policy is one of the directions of the broader Ukrainian sociodemographic policy aimed to support and reinforce family lifestyle, promote childbirth, and create best conditions for family development and functioning. However, the single effective instrument of increasing childbirth rate in the country was the recent increase of the amount of onetime cash benefits to families who had a new child.

The implementation of family policy is largely ineffective because it is split between numerous ministries, departments, and other administrative units. The country lacks a consolidated and coordinated body that would assume responsibility for implementation of family policy.

Family Legislation

Ukraine has ratified all basic international conventions regarding children and human rights (United Nations, 2015). The Article 48 of the Constitution of Ukraine guarantees the rights of the citizens to have a satisfactory standard of living for themselves and their family members. The Constitution also specifies and guarantees social rights regarding the family such that individuals should enter the marriage by free choice and they should enjoy equal rights and responsibilities in the family life. In addition, the document specifies parents' responsibility to support children until they reach adulthood and children's responsibility to support retired parents. According to the Constitution, the government bears responsibility for social and economic help to families and children, including orphan children.

Based on the Constitution, a number of laws have been adopted in four major areas:

1. The first group of laws aims to support children. They include provisions to provide for social development of children and youth, healthcare, education, social work with children and youth, special provisions to sustain refugees and persons in need of temporary protections, and other national programs.
2. The second group of laws regulates family relations. They include the civil, housing, and family codes, laws on social support to families with children, support to children with disabilities, prevention of domestic violence, multiple government and parliament resolutions, and presidential decrees.
3. The third group of laws regulates labor relations including employment of children.
4. The fourth group of laws concerns with crime prevention among adults and minors.

The four ministries that bear the key responsibility for family matters in Ukraine are the Ministry of Health (healthcare), the Ministry of Education and Science (education and upbringing of children), the Ministry of Social Policy (social security, family and children affairs, labor

and employment, prevention of violence in families, care for people with disabilities, internally displaced people and veteran affairs), and the Ministry of Internal Affairs (crime prevention in families and among minors). The policy is implemented at three levels, including the national and local governments' levels and the nongovernmental sector.

Family Life Education (FLE): Development, Implementation, and Evaluation

Scholars have been trying to define the boundaries of FLE for many decades. Still, it is not uncommon even for the certified family life educators to feel uncertain about boundaries and clear definition of the FLE (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011). Myers et al. (2011) argued that distinct qualities of the FLE in the United States included a specific use of life-span theory and research and the focus on the prevention. However, other authors found that social workers (who upon graduation work as therapists and case workers) receive training that also derives from the life-span theory and is largely (26.64%) focused on prevention (McCave, Rishel, & Morris, 2013). Furthermore, the modern evidence-based therapies often rely on educating families about mental illness, helping the members to learn to understand and accept the condition, problem-solve, address feelings of loss, help with planning, communication, and enhancing the social support networks (Center for Mental Health Services, 2009). In sum, it might be helpful to think about family education as a broader notion and a subject to equifinality: families can get their education by many potential means, including family counselors, health education specialists, nurses, social workers, and the trained family life educators. It is important to note in this context that Ukrainian family programs are not integrated under one umbrella organization and typically do not use the term *family life education (FLE)*. In Ukraine, the family education field represents a scatter of efforts divided between several disciplines. In this

chapter, we will group the discussion of the FLE work around four problem areas that significantly affect Ukrainian families and *should* be targeted by FLE: (1) substance abuse, (2) disability, (3) sexually transmitted diseases, and (4) interpersonal relations.

Substance Abuse

Substance abuse is a biopsychosocial problem that is addressed and researched in a number of disciplines such as biology, medicine, psychology, psychiatry, sociology, law, and education (Serdyuk, 2013). The primary prevention of substance use is implemented in schools (Burlaka, 2008). This work targets children who have not yet used the substances and aims to delay the age of first use of alcohol and drugs. The primary prevention is generally implemented by schoolteachers, social pedagogues, psychologists, students, and parents. These programs mainly emphasize the negative consequences of drug use, teach students refusal skills, critical thinking, and communication skills.

The secondary prevention work targets children who have already experimented with alcohol and drugs but did not develop the addiction (Burlaka, 2008). These programs can be implemented in the government and private clinics. The secondary prevention is implemented in the form of educational and treatment sessions with parents and children, in individual, group, and family formats, and aims to reduce child problem behaviors and improve parent-child communication and family system dynamics.

The tertiary prevention aims to help individuals who are addicted to alcohol and drugs (Burlaka, 2008). Ukraine has a national, government-funded network of centers (dispensaries) for the tertiary prevention of substance abuse. These centers are subordinated to the Ministry of Health and operate on the regional level. They usually include inpatient and outpatient units and doctor offices. In addition to these government-funded centers, there is a wide network of nongovernmental, religious, and private substance abuse treatment clinics and therapists.

The treatment can combine medical and pharmacological help with psychosocial components, such as 12-step programs, family therapy, psychoanalyses, or cognitive-behavioral therapy. The private clinics tend to be more flexible and offer higher quality of services. The governmental centers are often overregulated, rigid, underfunded, and unable to quickly adapt to the changing needs of the clients (Linskyi, Minko, Musiienko, Diachenko, & Petrychenko, 2009). Majority of people with substance use disorders tend to avoid receiving services from the state centers (Serdyuk, 2008).

Disability

The rapid implementation of inclusive education in Ukraine during last years actively draws attention of the society to issues of disability. Inclusive education has been implemented in laws, and it received necessary funding and staff and was put into the general educational practice. Today the inclusive education has been integrated in pre-schools, schools, and colleges. However, it took parental organizations 20 years to make this change.

In the Soviet times, some children with disabilities were kept indoors in private homes, but the majority were placed in state institutions (Burlaka, Shevtsov, & Lundquist, 2007). The first associations of parents of children with disabilities were organized in the early 1990s, and they gradually turned into powerful agents of societal change. In addition, parents wanted rehabilitation services for their children which eventually led to the development of services in the communities. Multiple private services have been implemented during last decades such as sensory integration therapy, Tomatis therapy, applied behavior analysis, kinesiotherapy, hippotherapy, dolphin therapy, Montessori therapy, and many others. The government funded creation of rehabilitation centers, service apartments, and workshops. Parents of children were often behind implementation of individual rehabilitation plans and advocated for changes in documentation of disability status and equal access to educational services.

Parents of children with disabilities often organize Facebook groups where they can support each other and exchange useful information. For instance, parents of children with autism and CP need to learn about special diets (non-casein or non-gluten; keto diet; lactose-, sugar-, and meat-free diets; etc.) as well as stereotypical eating and disorders related to digestion and chewing and swallowing related to sensorimotor limitations. In addition, parents need knowledge about sleep, aggression, negativity, throwing things, foods and household cleaning chemicals around and through the window, yelling, vocalizations, and running away (Seligman & Darling, 2009). Also, parents need to learn about transportation and walking, limitations related to preschool and school attendance, independent life skills, and regular exercising performed by family members.

The multitude of the tasks related to raising a child with disabilities makes parents very tired (Romanchuk, 2008). Most families have one adult (alpha-parent) who assumes most responsibility for the child. This family member experiences enormous pressure and health risks. Competent parents must be able to effectively address multiple problems: they have to be able to interact with the child and with parent-child environment as well as take care of themselves and their own life.

Educational workshops for parents also help them to learn new knowledge and skills to better interact with the child, provide for the child's basic needs, and problem-solve inside and outside of the parent-child dyad (Khvorova, 2015). In this work, a child is treated as a unique person that needs to develop skills for independent living, positive self-image, cooperation skills, and the ability to empathize with and understand others. In addition, parents can learn about partner relations and ways to relax and have fun, which are important to prevent parent physical and emotional burnout. Family education is sensitive to developmental stages of children, since parenting children aged 3–6, 7–10, and 11–16 often required different sets of skills.

The Program to Promote Competent Parenting of Children with Multisystem Developmental

Disorders in Rehabilitation Centers (Khvorova, 2016b) has been initiated in 2016. Since then, over 50 rehabilitation experts were trained in Kharkiv, Dnipro, Bila Tserkva, and Vinnytsia cities. The training-of-trainers model allowed to prepare experts and help them provide regular services to the parents. Experts meet with parents once a month; make daily, 15-min calls to parents; discuss child development aspects with parents using WhatsApp cellphone application; and write journal entries 2–3 times per week. The experts receive ongoing face-to-face and video supervision from program developers. The program is supported by public funds and, in some cases, by charity organizations. As a rule, parent education is done in small groups of parents (8–10 parents in each group). Parents work around cases that deal with interaction with the child, interaction with environment, and parental self-care (Khvorova, 2016a; Mikheeva, 2010). Parents produce their own solutions, and the trainer helps them compare their answers with the standardized answers described in the treatment protocol. This way parents learn about new effective ways to solve their problems and can practice new behaviors with other participants of the training workshop. Evaluation of training typically takes place at the end of the workshop.

Parental competency is ranked from “very low” to “highest” using such criteria as the ability to formulate the problem, find resources, try new approaches, see the future as positive and feasible, exercise strategic thinking, act in anticipation of future developments, know their rights, and be able to take responsibilities creatively.

The following is the illustration of the alpha-parent Olga with highest level of competency who is not a professional (Khvorova, 2016b):

My son turns 18 years of age, he's got CP, he's not able to walk or sit by himself and he can't use his hands, but he's smart and can discuss any topic (he's got some issues with pronunciation but people don't have a problem understanding him). He's graduating from a regular high school and he intends to study Italian language. I can easily solve any of his problems. We had issues with healthcare and school—I solved all of them. By the way, this is another important parental competency—to be able to talk to any bureaucrat at any level of power

without mumbling and muttering, using arguments and referring to proper laws and documents. That is the reason why I can solve any problem, I wasn't picking stars from the sky but I made sure I got what I needed. I would set up meetings and bring applications, orders, appendices and any other bureaucratic nonsense that I had to bring. This year my son's school received a grant to install wider doors and even an elevator and I feel proud that they were funded with my help. Once, the school asked me to make a presentation for a group of visiting Italian teachers. I spoke with confidence and I was even invited and funded to visit Italy. I wish I had my skills 11 years ago, my son Anton would have probably been able to use a wheelchair to get around school...I didn't know then what to do. I regret it. I helped the school implement inclusive education but my own son graduates and will not benefit from it.

Olga has been helping other families (close to 100 families) for several years now. She disseminates useful information through Internet, searches for specific resources they need, raises funding for medical treatment, surgeries, Christmas cards... Sometimes Olga needs to send up to 80 letters a day. This woman is a true informal leader, a talented fundraiser, and known to hundreds of people who entrust her with their charity money. Parents with high levels of competency are real promoters of change in Ukraine. In addition to helping themselves and helping others, they galvanize professionals working with families raising children with multiple disabilities into continued learning and to stay on a par with such successful parents.

Sexually Transmitted Diseases (STDs)

The state policy in the field of prevention of HIV and STDs is developed by the Ministries of Health, Education and Social Policy. Health departments, social services for children and youth, and departments of education coordinate policy implementation at the regional level and in secondary and vocational schools and colleges (Verhovna Rada, 2014).

Sex education is one of the key components of STDs prevention in Ukraine (Cabinet of Ministers, 1998). The goal is to provide students with information about physical, social, cultural,

and sexual development and help them learn important safety skills. Ukrainian colleges often teach students an integrated course on self-regulation and self-help. Universities often implement prevention campaigns and engage in research on prevention of STDs. The goal is to help students internalize the benefits of healthy lifestyles; develop social, emotional, and communication skills; learn family planning and gendered aspects of reproductive health; as well as develop respectful attitudes toward women, family, and marriage.

At high schools and middle schools, the prevention programs include topics related to social and interpersonal relations, healthy lifestyle, behavioral safety, health safety skills, family relations, friendship, love, marriage, childbirth, spirituality and ethics, social norms and their impact on behavior, role of peers in decision-making, negotiation and refusal skills, help-seeking, culture, society and human rights, privacy and integrity, gender issues, prevention of violence and sexual coercion, anatomy and physiology of human reproductive system, sexual maturation, HIV and STD prevention, avoiding unwanted pregnancy, abstaining from sexual relations, loyalty to partner, use of contraceptives, HIV/AIDS stigma and discrimination, development of tolerance toward people living with HIV, prevention of substance abuse and online dependence, and safe Internet use.

As a rule, all schoolchildren are targeted by prevention activities, from primary school to high school. Teachers, school psychologists, parents, and local authorities may be involved in prevention work too. The activities are delivered in the form of classes, workshops, and extracurricular events. However, Foundations of Health is considered the main course taught in schools as part of prevention work. The curriculum for this course must be approved by the Ministry of Education.

In addition to activities for students, the schools often organize special learning opportunities for parents. For example, parents can be invited to attend parent conferences; watch and discuss videos, movies, and TV shows; and attend individual meetings with doctors, lawyers,

psychologists, and representatives of nongovernmental organizations. Also, information is disseminated free of charge with the help of telephone hotlines for children and families. Such hotlines can provide anonymous advice 24 h a day, 7 days a week. Professional services for sexual problems are largely missing in Ukraine (Tkach, 2016a); therefore, talking to telephone consultants, parents, and children can get information about work of various nongovernmental organizations (NGOs) and get advice about HIV/AIDS and substance abuse.

Ukrainian NGOs carry a significant burden of prevention work educating children and youth in the Ukrainian communities and pioneer new methods of work. For example, Dr. Viktor Burlaka from the Mississippi Department of Social Work and Tetiana Nickelsen from the treatment and prevention center Zlagoda have recently implemented an evidence-based educational program for parents, Positive Parenting, at the Vinnytsia Child Services and at the Dnipropetrovsk Oblast Center for Psychological, Educational and Medical Services. This program uses such behavioral principles as response cost, praise, and time-out to reduce child and adolescent behavior problems (Kazdin, 2003; Webster-Stratton, 2012) that are often associated with early onset of substance abuse, mental health, and sexual risk behaviors. This program targeted families with biological and adopted children from high-risk social groups. The program consisted of 12 sessions and received high rankings from parents who noticed significant positive changes in child behaviors as a result of participation in this program.

Interpersonal Relations

The government policy with regard to interpersonal relations aims to improve the quality of life; provide for the optimal physical, moral, and spiritual development of all members of society; expand individual opportunities; and secure rights and freedoms of people as stipulated in the international and national laws. The government implements this policy primarily through city

centers for social services for families, children, and youth. The policy is primarily designed to stimulate inner strengths of the families and targets both individual members and entire family systems. The expected policy outcomes include prevention of family problems, domestic violence and child abuse, human trafficking, child labor, and child conduct problems and family education work to develop positive behaviors and healthy lifestyles.

The Ministries of Social Policy, Education, Health, Justice, Internal Affairs, and Security Service of Ukraine are tasked to develop and implement this policy. Professional psychological help is provided in the healthcare system, i.e., at primary care centers and hospitals. The government plans to introduce separate psychological services for children and adolescents at healthcare centers and provide outpatient service and rehabilitation for clients with somatic, neurological, and psychiatric disorders as well as urgent medical and psychological care.

The educational sector, in particular, through its school psychologists and teachers, is a key provider of psychological services to families. Ukrainian teachers are responsible both for academic success of their students and for their prosocial behaviors. When necessary, teachers can do home visitations and work with parents to ensure that families provide adequate care for their children.

School psychologists conduct psychological assessments and interventions with students as well as teach psychology courses. Psychologists are also trained to assess child development and family psychosocial climate and also evaluate children to determine their areas of interests and proneness to interpersonal violence (Tkach, 2016b). Psychologists can work both with children and with their parents.

In addition, Ukrainian families can obtain psychoeducational help at private psychological clinics. Most often, families need help with addictions, aggression, suicide, sexual dysfunctions, depression, phobias, and anxiety. Most widely used interventions include CBT, Gestalt therapy, client-centered therapy, psychoanalysis, eclectic treatments, evidence-based

methods, and esoteric practices. In addition, very popular are workshops to increase self-esteem and improve communication. The field of psychotherapy is not regulated in Ukraine and there are no license requirements to practice psychology.

Multiple NGOs are providing psychological services to prevent HIV, domestic violence, promote healthy lifestyles, increase tolerance to LGBT community, and provide psychological services for veterans with PTSD. It is not uncommon for some NGOs to receive grant funding and provide recreational services instead of mental healthcare or low-quality psychological services. In addition, Ukrainian families have access to a number of nontraditional mental health services such as meditation and yoga centers, tantra centers (primarily helping women who experience problems with orgasm), clubs for psychological transformation games, psychological cinema clubs, and astrologists. It is also very popular to invite psychologists to businesses where they can deliver special workshops, for instance, on ways to enhance family relations.

A number of volunteer organizations have been providing family education services for families of veterans. Very often these services are provided by people who have not been professionally trained in psychology, such as philosophers, teachers, priests, people with mystical experiences, people who believe to be spiritually enlightened, and many others. Among most active are religious organizations that assume responsibility for helping schools, orphanages, health centers for veterans, etc. These organizations offer religious knowledge, psychological services and education in family life that sometimes ends with formal tests and certification. A number of services are provided with the help of online platforms. However, some centers use neuropsychological assessments and professional therapy to improve family relations. This approach has been particularly effective with families affected by military operations in the Eastern Ukraine (Tkach, 2016c). The intervention aims to improve mental health and family relations and can be implemented with individuals and in groups.

Conclusions and Recommendations

Ukraine has a number of economic, demographic, social, and psychological problems. Some of these problems such as multigenerational experiences of trauma stem from the country's history and from present political situation. Other problems, such as poverty, are rooted in inefficient economy. The country has a short history of independence and did not really have time and resources to fully develop family life education services. At the same time, there is a great need to have a coordinated effort and implement FLE in Ukraine in the ways it is implemented in other countries such as the United States. Specifically, establishing departments at the university level on family life education/family studies/family therapy could prepare professionals as family life educators who could then implement family services. There is a high chance of success for such work because Ukrainian culture, national legislation, and traditions are built around families as a core resource of the society. The main weakness of the present Ukrainian system is the lack of coordination between multiple organizations and professions. Implementation of FLE principles in Ukraine could offer so much needed synchronization of efforts.

We discussed the current state of FLE in four problem areas, including substance abuse, disability, prevention of HIV and STDs, and improvement of interpersonal relations. There is a significant overlap between these areas in that all of these areas need to have better systems to control the quality of the work. Research and evaluation should be integrated with services and guide the future development of culturally sensitive and effective FLE in the country.

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Family Life Education in Turkey

Zeynep Copur and Kelly D. Taylor

Socioeconomic, Historical, and Cultural Context of the Country and Their Impact on the Families

Historically, Turkish culture has had a profound impact throughout much of eastern and southern Europe. Turkey began “westernizing” its economic, political, and social structures in the nineteenth century. Following World War I and the Proclamation of the Republic in 1923, Turkey chose Western Europe as the model for its new secular structure (Ministry for EU Affairs, 2014). A modern Turkish civil code was introduced (1926) to replace the old civil code and the Sharia laws, which formed the basis of the Ottoman legal system (IPS, 2014). The Turkish civil law triggered a reform that deeply affected and changed family structure in Turkey. Polygamy was outlawed and women gained the right to initiate a divorce. Child custody was granted to both fathers and mothers, and spouses jointly chose where they lived. The ruling secular and democratic worldview, and the rights gained by Turkish women and the Turkish family, have resulted in

radical changes (Anıl et al., 2002; Ilbars, 2000). The Latin alphabet was adopted to replace Arabic script, and the uniformity of basic education was adopted in 1928. In 1934, the Surname Law was adopted and women in Turkey were given voting and election rights (IPS, 2009).

Turkey varies in social and cultural structure, with “modern” and “traditional” lifestyles coexisting simultaneously within the society. For the inhabitants of metropolitan areas, daily life is similar to western countries. On the other hand, people living on the outskirts of urban areas and in rural settlements are relatively conservative and traditional. Strong family ties still exist and are influential in the formation of values, attitudes, aspirations, and goals. Although laws are considered to be quite liberal regarding gender equality, patriarchal ideology still characterizes Turkish social life in many ways (IPS, 2014).

Turkey has been undergoing rapid social and economic changes, including a demographic transition. The country’s relatively recent and rapid urbanization and industrialization have been accompanied by increased economic and cultural ties to Europe and North America (Yavuz, 2006). Turkey is an upper middle-income country with stable institutions and widespread public services (UNICEF, 2014). While Turkey experienced several debt crises in 1978–1980, 1994, 2001, and 2009 (Metin-Ozcan, Gunay, & Ertac, 2012), today, as the 18th largest economy in the world and 7th largest economy in Europe,

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GDP about \$718 billion, GDP growth 4%, and inflation 7.7% in 2015, Turkey is an active member of the G-20, which represents the world's most powerful economies. Fortunately, the Turkish economy bounced back and achieved a growth rate of 9.2% and 8.5% in the years 2010 and 2011, respectively. Between 2010 and 2014, the average growth rate was reported as 5.4%, which indicates that growth has slowed. For example, per capita income has stagnated around US\$9,000 per year, and GDP growth slowed to 3.7% in the first half of 2016 from 4% in 2015 (Ministry of Foreign Affairs, 2016; World Bank, 2016).

Family Demographics

The transformation of the Turkish population can be observed simply by the changes of some basic demographic measures, apparent in the last few decades (Yavuz, 2004). In 1927, Turkey's population was 13.6 million according to the first national census, which was conducted 4 years after the establishment of the republic. Beginning with the 1935 census, subsequent population censuses were undertaken regularly at 5-year intervals until 1990. After 1990, population censuses were carried out in years ending with 0 (IPS, 2014). Turkey recorded a population of 79,814,871 at the end of 2016; 50.2% of the total population were males and 49.8% were females. The median age of the population was 31.4 and with 92.3% living in the province and district centers and 7.7% living in towns and villages (TurkStat, 2017a).

The improvements in health services and living standards have contributed to a steady decline in both child and adult mortality (Yavuz, 2004). On average, life expectancy is 78 years, 75.3 years for men and 80.7 years for women (TurkStat, 2016). Turkey has a young population owing to high fertility and growth rates in the recent past; one-third of the population is under the age of 15, whereas those aged 65 and older account for 6% of the total population (IPS, 2014). After decades of rapid growth, a downturn in fertility since the 1990s has caused the annual growth rate of the

population to be 1.6% in 2016 – still high by European standards (World Bank, 2017). Fertility studies in Turkey have noted that desired family sizes were lower among those in younger cohorts, those with higher education levels, and those individuals having more egalitarian gender attitudes (Carpenter-Yaman, 1982; Kağıtçıbaşı & Ataca, 2005; Tunçkanat, 2008). However, motherhood is still regarded as central to women's status in Turkey's patriarchal culture (Albayrak & Günay, 2007), even as fertility has declined and women's economic and educational opportunities have expanded.

According to the Turkish Statistical Institute and OECD report, the average size of households was 3.5 persons nationwide in 2016 (OECD, 2016; TurkStat, 2017b). Families in Turkey can be classified according to three classical categories in terms of their size and their perception about the family. According to the results of Address Based Population Registration System (ABPRS), 67.4% of Turkish families were nuclear, 16.3% of them were extended, and 8.2% were single-parent families in 2016 (TurkStat, 2017b).

In Turkey, marriage is almost universal, and practically all births occur within marital unions, whether they be civil or religious marriages (Yavuz, 2006); however, the widespread custom is to have both a civil and a religious ceremony. Because of traditional and religious values, extramarital sexual relationships and extramarital births are very rare in rural areas, but they have been increasing in urban areas (Toros, 2002). As a result, the great majority of children live with both biological parents. According to the Institute of Population Studies (2014), 93% of Turkish children live with both of their natural parents. Five percent live with only one parent (usually the mother) due to the death of the other parent, separation, or divorce. Two percent live with neither of their natural parents, although in most cases their parents are alive. As one would expect, these percentages vary with the age of the child. At the age of 2–4, for example, 97% of children still live with both natural parents, but by the age of 15–17, this number falls to 86%. Over 5% of children in this age group are not living with

either natural parent, even though both parents are living (IPS, 2014; UNICEF, 2013).

During the twentieth century, there were many changes in Turkish demography, family behavior, and relationships. These include an increase in age at marriage, a decline in fertility, an increase in divorce, more egalitarian gender roles, and greater independence among young people (Kavas & Thornton, 2013). Although in the most recent decade, divorce rates have begun to increase, marriages in Turkey are still considered very stable due to close family ties (IPS, 2009). The Turkish Statistical Institute (2017) reported that the number of married couples decreased by 1.4% percent compared to the previous year (602,982 in 2015). The crude marriage rate is 7.5 per thousand in 2016. The number of divorced couples rose by 4.3%, compared to the previous year, to 126, 164 in 2016. The crude divorce rate was 1.59 per thousand in 2016. The average age at first marriage in 2016 was 27.1 years for men and 24 years for women (TurkStat, 2017c).

Within this context, it can be said that the changes in family structure in Turkey parallel the modernization process. As a matter of course, these changes have caused intrafamily relations to evolve. The changes experienced in the political, economic, and social spheres in Turkey after the 1980s played an important role in the transformation of the family (ASPB, 2011).

Family Strengths and Needs

Due to its biological, sociological, and psychological structure, the family provides many necessary functions for the individual and society, such as ease of sexual relationships, reproduction, protection and sheltering, loving and being loved, being dependent and independent, belonging, obtaining a status, trust, realizing oneself, childcare and education, transmission of social conventions and ideals, obtained property, and the dissemination of information to new generations (Aktaş, 1997; Bergman, 1990; Canpolat, 2001; Güzel, 2006).

Turkish families (including rural) are, in general, nuclear in structure. However, nuclear fami-

lies function within extended families, with close social ties, much social support and interaction among close relatives, who also generally live close to each other. Emotional bonding and social contact among family members are very strong; hence, the Turkish family is characterized as “functionally extended.” Individuals grow up with “culture relatedness,” a term meaning they frequently interact with a wide network of relatives, including grandparents, aunts, uncles, and cousins. Ties between parents and children, between siblings, and between the children of siblings are extremely close. Generally, children of both sexes live at home with their parents until they get married. Close ties with parents, involving frequent interaction, continue after marriage as well. Family members take care of the elderly, whether they live in an extended or a nuclear family household. However, the elderly often prefer to live in separate households nearby (Ataca, 2009).

In Turkish culture, nothing in an individual’s life can substitute for the importance placed on one’s family, which is the smallest, most integral, unit of the society. Parents are the natural guardians of their children’s educational and developmental processes. A person does not have the freedom to choose his or her family. In response to this fact, establishing and maintaining a suitable environment for children to be raised as healthy individuals, socially and mentally, depends on the family behaving in healthy ways. For this reason, parents, as the natural educators of their children, are expected to join the educational process consciously and systematically (ASAGEM, 2011; Gür & Kurt, 2011).

The socioeconomic and demographic changes in Turkey may also impact the interactions between family members, parents’ opinions about their children, and styles of child-rearing. Individuals and families facing developments in economic, political, sociological, or technological areas occasionally encounter problems in adjusting to these changes and sometimes have difficulty overcoming them. Rapid changes, merging together with industrialization, may also lead to conflict, anxiety, and tension in individuals. Family members who struggle with such

problems, in addition to keeping pace with societal and technological change, may need support.

Such phenomena as an increase in divorce rates, changes in marital and family roles, and parent-child conflicts have been influenced by the increase in industrialization and urbanization. These phenomena have prompted the “initiatives to strengthen the family” in the USA. These initiatives have led to the emergence of the discipline named “family life education” (Arcus, 1992; Arcus, Schvaneveldt, & Moss, 1993; Hamamcı & Sevim, 2004; Tezel Şahin & Özbey, 2007). Family life education is any educational activity occurring outside a traditional school classroom setting, usually involving adults, that is designed to strengthen relationships in the home and foster positive individual, couple, and family development. Family life education focuses on identifying and promoting healthy family functioning using a family systems perspective and provides a primarily preventive approach. Such education comprises many topics – from marriage education to parenting skills and from stress and anger management to strategies for adapting following divorce – and occurs in many venues (Duncan & Goddard, 2017, p. 4).

In Turkey, the conditions that have prompted the necessity of family life education seem to be similar to conditions abroad. For example, the increase in divorce rates; the increase in single-parent families; the difficulties encountered in parenting, along with the transition to the nuclear family; the presence of a violation of rights regarding women and children; the increased entry of women into the work force; and the prevalence of social violence are all contributors to the need for family life education (Beder Şen & Demirkan, 2008; Hamamcı & Sevim, 2004).

Individual family members are parts of the social system in which they belong, and they have to accommodate to others in the system. Members react to what happens in other parts of the system and, likewise, affect their counterparts in the system. Understanding that families (even large systems) change over time because of regular interactions among members of the system, Minuchin emphasized the importance of

acknowledging family systems theory in family life education programs (Pehlivan, 2008). From a family systems approach, it can be argued that the best learning and chance for family strengthening will occur as a full family group. New knowledge can be learned together and reinforced at home. However, when any member of the family is missing, newly learned attitudes and behaviors are at risk of being sabotaged by the missing member, either knowingly or unwittingly. Having said that, one person behaving positively also has the potential to influence others. In addition, individuals and families differ in terms of their primary learning styles and sensory modalities which effective education must account for (Powell & Cassidy, 2007; Duncan & Goddard, 2017, p. 24). Hence, apart from the kinds of behaviors parents obtain through their daily experiences, educational programs, which will enable them to realize their “parental” roles confidently, are needed. For the purpose of meeting this need, parent training programs have been prepared and conducted increasingly, especially in recent years (Gür & Kurt, 2011). Some of the programs developed in our country are Parent Schools, 3–6 Age Family Education Course Program, and Mother Child Education (AÇEV-supported).

Ethical Considerations The rapid social change which Turkish society is experiencing changes many things socially, politically, economically, and educationally. Thus, the needs of families have changed as well. Due to this, it is necessary to develop new family life education programs that will meet the current needs of changing families and will reach all segments of the society easily and promote their sustainability (Beder Şen & Demirkan, 2008).

Nowadays, the necessity of family life education programs is not simply being discussed anymore; the studies on developing and popularizing different family life education programs are now being conducted including Family Education Course Program (for families with children ages 0–18) and 7–11 Age Father Support Education Course Program (Gür & Kurt, 2011;

Tezel Şahin & Özbey, 2007). Usually, the common point of these new family life education (FLE) programs is that they are organized to inform participants about parenting and related topics and raise their awareness. Various programs have been developed and applied for the purpose of meeting the educational needs of families in Turkey by governmental organizations such as the Ministry of Family and Social Policies and Ministry of National Education and nongovernmental organizations such as Mother Child Education Foundation (AÇEV) (ASPB, 2011; Gür & Kurt, 2011; Tezel Şahin & Özbey, 2007).

One of Turkey's effective FLE programs is Family Education Course Program (for families with children ages 0–18). This program was developed through the Ministry of National Education with support from the Ministry of Family and Social Policies, Ministry of Health, Ministry of Agriculture, Presidency of Religious Affairs, Turkish Statistical Institute, Turkish Radio and Television Corporation, State Planning Organization, and UNICEF Mother Child Education Foundation (AÇEV) and academic support of six different universities. According to a 2016 report, 5608 courses, 8148 educators, and 100,503 parents participated in the program (MoNE, 2017).

However, when the literature on the educational needs of families is examined, it is observed that few such scientific studies have been conducted in Turkey (Aktaş, 1997; Bergman, 1990; Canpolat, 2001; Güzel, 2006). Studies have been conducted for the analysis of the educational needs of families who have children studying at preschool and elementary schools. In this respect, the current situation has been approached with respect to the family life education at the Fifth Family Council organized by the General Directorate of Family and Social Researches. It was determined that “in-depth need analysis studies in this field” have not yet been carried out (ASAGEM, 2008). The needs assessment comprises a significant part of the program developing studies (Gür & Kurt, 2011).

There are many ways to share information about family life in community settings. It can be taught in small or large groups; through media

channels such as radio, newspapers, magazines, television programs, and videos; through newsletters, publications, the Internet, and leaflets; and through one-on-one meetings in homes or in an office setting (Duncan & Goddard, 2017, p. 24; Powell & Cassidy, 2007). In Turkey, family life education is usually taught face-to-face in small-group courses at education centers including public education centers and community centers or in home visits performed with families.

Regardless of the method selected, in regard to enabling the educational process to run efficiently, the process has to include the steps of content, application, education duration, and evaluation (Duncan & Goddard, 2005). The success of this type of education application is directly proportionate to the fact that programs are continuously renewed and developed. Despite the long history of family life education, more studies and development are needed in many aspects of the process, from the definition to education methodology and the structure to content, applications, and the efforts to keep research current, especially in a developing country like Turkey (ASPB, 2011; Hughes, 1994).

Family Policies that Impact Families and Family Life Education

In Turkey, the protection of family is secured by the 41st article of our Constitution. As it is both stated in the governmental programs and in the developmental programs, the Turkish government has aimed to prompt all segments to develop and popularize education at every level, starting from preschool until post-retirement (ASPB, 2011; Beder Şen & Demirkan, 2008). Hence, in the Prime Ministry Circular with the topic of “Precautions to be Taken to Prevent Acts of Violence against Children and Women and Custom and Honor Killings,” dating back to July 4, 2006, the General Directorate of Family and Social Researches was given the responsibility to establish an institutional infrastructure and to popularize the *Parent Schools* program in which families are given child education and child raising methods. Furthermore, for the purpose of

strengthening social structure in the “60th Government Program Action Plan,” issued on September 7, 2007, the General Directorate of Family and Social Researches was assigned to be the responsible institution in the field of “continuing studies towards strengthening the family institution, developing its status, and elevating the life standards of the family members as a whole” (Hükümet Eylem Planı, 2008, p. 13).

In the Ninth Development Plan of State Planning Organization (2007–2013), popularizing educational programs for the family, which is the ideal environment for the child’s care and raising, was introduced (State Planning Organization, 2006, p. 98). Due to *multiple adaptation problems emerging as a result of intense immigration and rapid and irregular urbanization and with the intent of strengthening the family institution*, the plan was implemented to carry out studies to analyze family education needs and to develop the following: family life education curricula, family support service models, educational program content, and studies for the accreditation of the institutions which provide this education at present (ASPB, 2011). For this reason, in 2012, the Turkish Ministry of National Education developed family education service standards for the “Family Education Course Program (for families with children ages 0–18).” These standards were designed to improve the quality of family life education all over the country. In 2013, the Ministry of National Education (MoNE) and the Ministry of Family and Social Policies signed a cooperative protocol for the strengthening of family life education (MoNE, 2014).

Family Life Education (FLE): Development, Implementation, and Evaluation

FLE Development

Family life education studies in Turkey were first started systematically in 1962–1963 by the Chairman of Akıl Hıfzısıhhası Cemiyeti (Mind Sanitation Society) Ord. Prof. Dr. İhsan Şükri

Aksel in Istanbul University Medico-Social Centre and Military Medical School under the name of “Weekly Conversation Assemblies for Parents” (Aydoğmuş et al., 2006; Hamamcı & Sevim, 2004). Since the 1980s, studies have been conducted to help educate and inform parents who have a typically developing child between the ages of 0 and 6. The most comprehensive among these studies are Parents School, Mother Child Education (Early Support Project), and Family Child Education Program (Aydoğmuş et al., 2006; Beder Şen & Demirkan, 2008). The Father Support Program (FSP) was first added in 1998 (Yıldız, 2015).

One of the most important studies carried out in Turkey, the Parents School Model, was started by Istanbul University in 1982. Since 1989, this program has been implemented in 27 provinces and has reached 17,000 families. The 32-hour program, which includes the developmental characteristics and education of children, communication, sexual education, and school adaptation in child and behavioral disorders, was implemented in the public institutions (municipalities, schools, etc.) on weekends (Aydoğmuş et al., 2006; Hamamcı & Sevim, 2004; Yıldız, 2015). It was determined that parents’ protective and repressive-authoritarian attitudes decreased, whereas there was an increase in their equality and sharing attitudes. This was determined by using PARI scale as a pretest and posttest to assess the attitudes of the parents who participated in the program (Hamamcı & Sevim, 2004).

Between 1982–1991, the Early Support Project was designed by Prof. Dr. Çiğdem Kağıtçıbaşı, Prof. Dr. Sevda Bekman, and Prof. Dr. Diane Sunar, and through the education of mothers of low-income children in Istanbul, an understanding of multi-directional development of children was taught. The content of the program was to help mothers understand the cognitive development of the child and to enable mothers to support the whole development of the child by making them sensitive to developmental cues. Later, the program developed by experts from the Mother Child Education Foundation (AÇEV), acquired the identity of “Mother-Child Education Program.” In 1993, this program began

to be applied in public education centers and community centers through the collaboration of AÇEV-Ministry of National Education General Directorate of Apprenticeship and Non-Formal Education – Turkish Prime Ministry of Social Services and Children Protection Agency (SHÇEK). “The Mother Child Education Program (MOCEP)” consists of the topics from the Mother Support Program, Women’s Reproductive Health Program, Family Planning Program, and Intellectual Education Program (Bekman, 1998; Kağıtçıbaşı 1990, 2000; Kağıtçıbaşı, Bekman, & Sunar, 1993; Yıldız 2015). The implementation of the program, which has been subject to various revisions, is still being conducted jointly with the Ministry of National Education General Directorate of Apprenticeship and Non-Formal Education. Instruction has continued in 70 provinces and has also been applied in community centers. Also, under the “Family Educations” heading of AÇEV, family life education is being conducted under the headings of *Mother Support Program*, *Father Support Program*, *Being Parents Seminar*, and *Family Letters* (AÇEV, 2017; Bekman, 1998; Hamamcı & Sevim, 2004; Kağıtçıbaşı 1990, 1997, 2000; Kağıtçıbaşı et al., 1993).

The *Father Support Program* (FSP) was started in 1998. The program aims to give support to fathers who are as important as mothers in a child’s education, yet who do not assume different responsibilities due to cultural and traditional values. In the program, education is offered on topics such as the concept of fatherhood, expectations of the spouse and children from the father, father-child relationships, the importance of the preschool period, methods of discipline, time management, and the importance of games and books. This program is applied in community centers with the intent of collaboration with the Ministry of Family and Social Policies. The program consists of 2–2.5 hours of education one day a week for 10–12 weeks and informs mothers on how they can support fathers (Yıldız, 2015).

The marriage school application started in 1998 at Istanbul University. The application was aimed to raise the awareness and consciousness

levels of young people who are preparing to get married, as well as married individuals, about marital relationships and life management. The marriage school application was held three times in 1998, 2001, and 2004 (ASPB, 2011; Ateş et al., 2004). There are also program applications, group studies, and educational programs on the topic of family and marriage carried out in various studies, postgraduate theses, and doctoral dissertations in Turkey (see Akkok, 1994; Hamamcı & Sevim, 2004; Ömeroğlu & Yaşar-Can, 2002; Pehlivan, 2008; Ramazan, Kılıç, & Arkan, 2010; Turan et al., 1997). However, as these applications have not yet reached large masses, only application efforts with broad participation have been included here (ASPB, 2011).

Today in Turkey, the Ministry of Family and Social Policies, as well as municipalities and the Ministry of National Education, provide family life education to families, couples, and individuals on issues such as family communication and pre-marriage education (Darling & Cassidy, 2014). Family life education is being organized within the framework of the Family Education Program (FEP) by the Ministry of Family and Social Policies. The Family Education Program gained currency for the first time in 2009 with the “Family Education Needs Analysis Project” by the Prime Ministry General Directorate of Family and Social Researches. Studies were initiated through this, by organizing workshops in the creation of FEP curriculums, during which the opinions of persons, institutions, and foundations, either directly or indirectly related to the subject, were taken. At the end of the project, in an attempt to meet the basic information needs emerging in the education need analysis data of families, the Family Education Program (FEP) was developed. FEP consists of 23 modules in 5 fields, and it comprises such topics as intrafamily communication, health, economics, law, and media. FEP attempts to appeal to every segment of the society related to the family, and within the framework of the modules stated above, it aims to educate a large target audience (ASPB, 2011; Yıldız, 2015). FEP became widespread across the country in 2011. Conveying FEP to couples preparing to marry, or married individuals, is accomplished

through local authorities, nongovernmental organizations, and related public institutions and establishments (Yıldız, 2015).

There are also extensive programs, except for the family life education programs mentioned before, that the Ministry of National Education have conducted in collaboration with AÇEV. The Ministry of National Education (MoNE), in cooperation with UNICEF and with the support of Gazi University Faculty of Vocational Training, has been working since 1993 to expand preschool participation through the Mother and Child Education Programme (UNESCO, 2006). With support from national and international agencies, “Family Education Course Programs” were implemented in province/district public education centers and related institutions by the Ministry of National Education and the General Directorate of Lifelong Learning by transforming family education into a government policy (MoNE, 2014).

Eighteen modules comprise the parenting education program entitled My Family–Family and Child Training Program (FACT). This program, for parents of children aged 0–6, was implemented by different ministries and NGOs under the coordination of the Ministry of National Education. This program focused on at-risk children living and working in the streets (12 provinces and their districts) (UNESCO, 2006). Between the years of 2008 and 2010, under the coordination of the Ministry of National Education General Directorate of Lifelong Learning, Early Childhood Care and Education (ECCE) programs (0–6 age), which were intended for the same age range, caused a repetition of services, a waste of resources, and confusion in the application. Because of this, things were restructured by taking the needs of all segments of society into consideration. Following these changes, the “Family Education Course Programs (0–18 age)” were developed with academic support from 12 partnering establishments and 6 universities. The program started to be applied nationwide in September 2010 by the Ministry of National Education and other ministries, official institutions/establishments, municipalities, and NGOs in collaboration with the ministry. The general purposes of 0–18 Age

Family Education Programs are to raise healthier, more successful generations by providing education on topics such as childcare, development and education, positive parental skills, health, diet, acquisition of positive behavior, acquisition of basic habits, social gender equality, communication, domestic violence and conflicts and conflict resolution techniques, basic human rights and children’s rights, developmental characteristics of adolescence, risks and problems during the adolescence, choice of profession-future planning, starting school readily, parent-teacher association, and developing sensitivity toward individuals with special needs. Within the Family Education Course Program, there are subprograms depending on the age groups, including “0–3 Age Family Education Course Program,” “3–6 Age Family Education Course Program,” “7–11 Age Family Education Course Program,” and “12–18 Age Family Education Course Program,” and for different need groups, “6–11 Age Father Support Education Course Program” and “3–6 Age Illiterate Mother Support Education.” Since 2012, the program has experienced revisions, and family life education programs, such as “3–6 Age Mother Support Education Course Program” and “7–18 Age Family Counselling Course Program,” have been included. Other programs have been renamed. Furthermore, a shared database was created within the e-nonformal automation system to be able to follow the programs applied within the scope of all nonformal education, particularly family trainings, throughout the country (MoNE, 2014).

Nongovernmental organizations also organize different activities (seminars, panels, conferences, etc.) within the scope of family life education and conduct research in Turkey. NGOs may organize family life education on the topics of health, sexual education, law, disaster preparedness, motherhood/fatherhood, newborn care, home economics, beauty care, decoration, communication, etc. However, it is not possible to mention standardization in the education programs carried out in the civil field. The studies created by NGOs to determine the quality measures of the educational activities in their programs and to popularize their programs are

insufficient (Ataseven & Ozan Akyol, 2008). Moreover, local authorities carry out family life education activities in which legal, psychological, medical, and educational support are focused on together to create a strong family structure. These programs contribute to reducing health problems in Turkish society and the problems of individuals with disabilities. They also create a forum in which women can share their parenting problems and brainstorm solutions that benefit women in their roles, which, in turn, strengthens the family (Tonguç & Akşener, 2008).

FLE Implementation

Examples of Programs in General Although findings reveal that the aims and targets are similar among Turkish FLE programs, each program

appears to differentiate in terms of its modules and the theoretical approaches on which it is based. Four main groups emerge, in regard to their methods of implementation. They include:

1. The implementation of family life education at home
2. The implementation of family life education at education centers
3. The implementation of family life education merged with institutional preschool education
4. The implementation of family life education through distance education by means of press media (Beder Şen & Demirkan, 2008)

An example of a family life education program implemented in Turkey is outlined below:

Box 1 Family Life Education Program for Families with 3–6 Year-Old Children

<i>Institution developing the program</i>	Various institutions and establishments, nongovernmental organizations, and UNICEF under the coordination of the Ministry of National Education General Directorate of Lifelong Learning
<i>Purpose of the program</i>	Along with supporting the multi-directional development of the child, the aim of the 3–6 Age Family Education Course Program is to raise awareness of the importance of preschool education, children’s rights, methods to establish positive communication with the child, health, healthy diet, and preparing the child for school, as well as helping children develop a sensitivity to people with special needs.
<i>Target audience</i>	Parents who have a child or care for a child between the ages of 3 and 6
<i>How the program works</i>	The program consists of two parts: group face-to-face sessions offered once a week and home visits performed with families. In the sessions, discussions with the group are conducted, and active participation is encouraged, based on the themes included in the program. During the course of the program, child education materials (CEM) are prepared with the development of the child in mind. Ways to best prepare children for school are taught to mothers under the guidance of the trainer each week. 3–4, 4–5, and 5–6 age child-appropriate activity material is presented in the program. For each age, the child activity material is taught to mothers by groupings dependent on the age of children. At the end of each group discussion, mothers are given a summary family letter, which will enable them to share the information they have acquired during the session with their close circle. At the end of each session, parents are directed to make decisions related to the topic of that week and implement what they have learned. The educator determines the home visit program of the week by scheduling appointments with mothers at the end of the session. After the home visit, the educator offers feedback to the mothers by making observations regarding how effective the mother is in applying activities learned in group lessons.
<i>Duration of the program</i>	14 weeks. This curriculum is arranged in 14 sessions, during which a different theme is addressed each week. The course with 15 hours/week is 210 hours in total. Four hours of the 15-hour course per week is theory/child education material (CEM) works, and 8 hours comprise course application and the home visit. Three hours each week is dedicated to an evaluation of the week, planning the next week, and performing child education material studies with families that are not able to come to the session one-to-one

Challenges Experienced Although family life education programs follow different ways to educate the family, fundamentally, they serve the same purpose. These programs enable parents to gain trust in themselves, increase the information and skills they need to aid in the development of their children, and especially include the father in the educational program activities as well. These family life education programs also inform and raise awareness in parents regarding different aspects of motherhood/fatherhood and provide them with skills, inform them of their rights and responsibilities, strengthen the family bond, alter family relations regarding problematic behaviors, and thus decrease the risk of negative family relationship (Beder Şen & Demirkan, 2008; Gür & Kurt, 2011; Tezel Şahin & Özbey, 2007). However, it is not possible to say that the needs of all individuals and families are uniform. Many factors such as the community they live in, education, income status, health, etc. will affect their specific needs in regard to family life education. Furthermore, the target audiences of these educational groups can differ, depending on what stage of life they are in at the time (i.e., those who have reached the age of marriage, those who are engaged, married, and/or divorced). These different life situations will necessitate different topics, as well as possibly the medium of instruction. Thus, in order to ensure the success of family life education programming, an in-depth analysis of the target audience should be carried out prior to beginning. Preparing the content of the family life curriculum and appropriate materials to fit the target audience is essential (Ataseven & Ozan Akyol, 2008).

Findings show that change is often experienced in the behaviors and expectations of individuals who have participated in family life education. However, as long as the spouse, fiancé, mother, father, or the child does not participate in the same education program, the targeted change is not fully realized in the whole family. The importance and the necessity of family life education is observed more in women in comparison with men. Nevertheless, even the women's careful attention is not enough. In Turkish social structure, early marriages or marriages without

the consent of the couple (parental arrangement) may still happen. Furthermore, there are some traditional Turkish marriages in which the intervention of the family and the social environment is intense. In these situations, the problems emerging from the establishment of the family may be much deeper, and the possibility for family life education programming to change the current situation becomes less likely (Ataseven & Ozan Akyol, 2008).

On the other hand, for many families, there are limited opportunities to benefit from the educational programs provided by the public or private sector. Turkish society places great value on the family. Thus, any approach that will benefit the family will support the health and well-being of the family in private and the health of the society in general. Given the likelihood that the younger generation growing up in healthy family structures will model a similar structure as adults, these types of programs will also potentially play an important role in Turkey's social future as well (ASPB, 2011).

FLE Program Evaluation

In general, evaluative studies for Turkish family life education programming have revealed that it is effective when it comes to the following areas: developing self-confidence in children, establishing good relationships between families and children, and encouraging children to develop a positive outlook toward school and subsequent success at school in families that have participated in the family life education program (Aydoğmuş et al., 2006; Beder Şen & Demirkan, 2008; Hamamcı & Sevim, 2004; Yıldız, 2015). Findings showed that mothers who participated in the Mother Child Education (AÇEV-supported) were more sensitive toward their children's development, established better relationships with their children, and held higher expectations and desires regarding the future of their children (Mert, 2008). Similarly, results of the data obtained from the mothers and children who participated in the Early Support Project indicated that cognitive competence, personality, and social

developments of the children of mothers who participated in the program were significantly different compared to the children of mothers who did not participate in the program (Bekman, 1998; Hamamcı & Sevim, 2004; Kağıtçıbaşı 1990, 1997, 2000; Kağıtçıbaşı et al., 1993). The data obtained from the second follow-up study of the program carried out in 2004 showed that the effects of the family life education programming continued on in the children of mothers who participated in the program. According to the findings, the children of the mothers who participated in the program received education for a longer period in comparison with those who did not participate, they began to work at a later age and found jobs with higher occupational statuses, and the socioeconomic level of these children emerged to be higher than that of those in the control group (Pehlivan, 2008).

In 2012, a study by the Ministry of National Education General Directorate of Lifelong Learning across Turkey evaluated family life education programs in the country. The associated report resulted in recommendations for future family life education programs. Within the scope of the study, data from the educators and trainees were obtained. The results of the study revealed that family life education programs had important effects on trainees in terms of learning and developing interest and skills. It was observed that educator education programs, which trained family life educators, and the material employed in these programs were evaluated positively. The trainees stated quite positive opinions about the effects of family life education. Almost all trainees (93%) found the face-to-face training received in class helpful. More than four out of five of respondees (85%) stated that they found the applied home visits “very beneficial.” Almost 90% stated that at the end of the course they attended, their knowledge about family life education increased “a lot.” More than three out of four (76%) understood childcare and education “a lot better” by the end of the course; more than 90% stated that their interest in the topics of family life education increased “a lot” by the end of the course, and for almost 90% of them, self-confidence

about family life education topics increased “a lot” by the end of the course. Trainers also confirmed the trainees’ positive appraisal about the family life education received by stating that participants achieved the goals of the program on a large scale, obtained beneficial knowledge, and managed childcare and children’s education much better at the end of the course. In addition, their interest about the family life education increased. The trainees stated that they used the information and the skills they obtained from the family life education program and, as a result of this, their families’ lives were affected positively. Trainers emphasized that they took the opportunity to correct wrong information about childcare and education and carry out childcare and education according to the new information gained. Furthermore, it was revealed that positive changes in family life were experienced, such as an increase in interfamily communication, an increase in the families’ self-confidence about childcare and educational success, the ability to look at problems from a new perspective, and the establishment of better relationships. Trainees stated that they wanted to participate in similar new courses and shared these ideas with their circles as well (MoNE, 2014).

Conclusions and Recommendations

Especially in recent years, in Turkey, many family-oriented programs within the framework of social state policies are being conducted. State ministries, general directorates, and social solidarity foundations conduct family life education in the fields of health, education, law, economy, etc. intended to aid in the well-being of Turkish families. In addition to the studies carried out by the Ministry of Family and Social Policies and Ministry of National Education, and other public establishments, there are programs conducted by local authorities, academic units, and nongovernmental organizations, which have developed in this field as well. In Turkey, the number of family life education activities has increased significantly. However, parents still express their lack of knowledge in regard to this field, and a higher

number of parents consult experts (Ataseven & Ozan Akyol, 2008; Hamamcı & Sevim, 2004).

In relation to the family life education in Turkey, although public institutions (public education centers, community centers), universities, nongovernmental organizations, and local authorities (municipalities) approach the issue by offering courses and seminars, systematic study is not typical (Mert, 2008). Since training is offered through various channels, such as schools on family or mother education, different family patterns may emerge. It would perhaps be more effective to offer such education through a single center in a suitable way that honors the Turkish family structure. Offering family life education through such a framework determined by this authorized center may be a more orderly approach (Tonguç & Akşener, 2008).

Based on this framework, when evaluated, studies carried out in Turkey on the topic of family life education are often found lacking in making sufficient contributions to solving family issues. This may be rectified if a more holistic approach was adopted. For this reason, an integrated family life education program is recommended in the future (ASPB, 2011).

The family is a whole structure, and the effectiveness of family life education is in jeopardy when males, in particular, are reluctant to participate. This is particularly true in a patriarchal society, descriptive of much of rural Turkey, in which males hold considerable sway over their female counterparts in many families. Finding ways to encourage male participation in family life education is vital. Therefore, a common message in the media, government agencies, and especially educational institutions should be that everyone, female or male, can get consultation and education from experts on any subject (Tonguç & Akşener, 2008).

When the contents of the programs held in Turkey are examined, much emphasis is placed on parent-child education, rather than more comprehensive family life education curricula. There is a need to develop programming that reaches more demographics, and frankly, more specific needs in the family realm. Programs including

subjects such as the economy, media, law, and health, along with the family training are recommended (ASPB, 2011).

Throughout the country, the employment of qualified personnel should be ensured in order to popularize and authenticate family life education programming held in public education centers affiliated with the Ministry of National Education General Directorate of Apprenticeship and Non-Formal Education and in community centers affiliated with the Ministry of Family and Social Policies. People who graduate from the Department of Family and Consumer Sciences, Psychology, Sociology, Social Work, etc. or School of Vocational Education teach family life education at the public education centers or community centers (mostly social workers work at community centers). Also many universities have family counseling certified programming for specific graduate education including social work, sociology, psychology, and child development. Individuals who hold this certification offer family life education topics dependent on recommendations given by the Ministry of Family and Social Policies. Middle school and high school teachers also get in-service training related to FLE and teach parents at the school or public education centers under the Ministry of National Education. Children of those parents receive formal education at the same school. Usually, FLE topics are taught as nonformal education.

Family life education should be extended further in Turkey by collaboration between communities, foundations, institutions, establishments, associations, and nongovernmental organizations. Social workers, psychologists, family and consumer economists, child development experts, sociologists, etc. who will serve as family life educators should cooperate and conduct innovative studies on how to create a public consciousness that includes the development of healthier individuals in Turkey (Mert, 2008). One way to do this is through effective, regulated family life education. Turkey has recognized and begun the process of prioritizing programming that will enhance individuals and families, but there is room for growth and improvement.

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Part VIII

Middle East



Socioeconomic, Historical, and Cultural Context of Israel and Impact on the Families

Shulamit Natan Ritblatt and Ety Rosental

Introduction

Israel is a country in the Middle East located by the Mediterranean Sea bordering Egypt in the south, Jordan to the east, Syria in the northeast, and Lebanon in the north. Its size (22,072 km²) is 0.05 times as big as California (423,970 km²). The State of Israel was established on the historic land promised to the tribes of Israel after the exodus from Egypt and where the kingdoms of Saul, David, and Solomon reigned. Following the destruction of the Temple and the fall of Jerusalem in 70 BCE by the Roman Empire, the Land of Israel was replaced by many conquerors of nations and religions, while most of the Jewish people were in exile up until the twentieth century (CIA, 2016).

After World War II, following the Holocaust, the Jewish interest gained sympathy, and the world nations recognized the need to provide the Jews with a national home and sovereignty in parts of the Land of Israel. The UN had a resolution on the partition of Palestine into two states: Jewish and Arab. Following the UN's resolution and the declaration of Independence of Israel

from the British mandate on May 14, 1948, the War of Independence erupted when the armies of Egypt, Syria, Jordan, Lebanon, and Iraq declared war on the newly formed state (Bar-On, 2012).

The State of Israel has known ongoing wars to protect herself from her many enemies (Suez/Sinai War, 1956; Six-Day War, 1967; War of Attrition, 1967–1970; Yom Kippur War, 1973; Lebanon War, 1982, 2006; Operation Cast Lead, 2008–2009; Operation Pillar of Defense, 2012; Operation Protective Edge, 2014). In the first three decades of her existence, Israel was surrounded on all sides by hostile countries that did not recognize her. In 1977, this had changed with the Egyptian president's visit to Israel and the peace accord signed between these two countries. As of 2014, Israel has peace treaties and diplomatic relations with two of its neighbors, Egypt and Jordan. Israel has ongoing conflicts with the Palestinians residing in Gaza and the West Bank. Several attempts to resolve the conflict via bilateral negotiations have ended with no resolution and with increase violence (CIA World Facts on Israel, 2016). Israel relies on a large defense, which is comprised of soldiers in compulsory service and the regular army as well as reserve force, especially in times of emergency. Both sexes are obligated to military service.

Since her establishment, Israel has defined herself as the homeland of the Jewish people. Israeli law (Law of Return, July 5, 1950) grants citizenship to any Jew – defined as a person being

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born to a Jewish mother or having converted to Judaism while renouncing any other religion – who immigrates to and expresses a desire to settle in Israel. In 1970, an amendment of this act extended the right to family members, who are not Jewish, including the spouse of a Jew, any child or grandchild, and the spouses of children and grandchildren. Since her birth, Israel is shaped by massive waves of immigration from more than 70 countries around the world (Lavee & Katz, 2003). Most citizens of Israel are Jewish, but there are large minority of indigenous Arab (20%, most of Muslim), along with other minority groups. Since the establishment of the State of Israel, there have been approximately 3.2 million immigrants; about 43% arrived in 1990 or later (CBS, 2016b). The Ministry for Immigrant Absorption was opened in 1968 to provide assistance to new immigrants and returning Israeli citizens, starting from their first days in Israel until their full integration in all areas of life: housing, language acquisition, job training, job placement, children's education, health, etc. There are currently 18 immigrant absorption centers in Israel that offer professional assistance to new immigrants and are sensitive to difficulties in cultural adaptation (Koch-Davidovich, 2011). A special population, Ethiopian Jews, arrived in Israel due to rescue operations by the Israeli government between 1984 and 2006. At the end of 2006, the Ethiopian community in Israel numbered 110.7 thousand residents – about 76.1 thousand were immigrants, and 34.6 thousand were Israeli born (about 31% of the community). In 2006, children aged 0–14 comprised over one-third of the Ethiopian community, whereas children in that age group comprised only about one-fourth of the overall Jewish population (Central Bureau of Statistics (CBS), 2006). This population has required major absorption efforts and government services to address their special needs and their very traditional tribal views of the family. They had to adjust to a Western and industrialized country that emphasizes equal opportunities for males and females and offers modern life rather than traditional tribal ones (Rosen & Rubenstein, 1993).

According to the 2015 UN figures, Israel is considered one of the most densely populated countries in the world with 343.91 people per square kilometer. Six percent of the area of the State of Israel is forested, and 27% of its area is agricultural (World Bank, 2015). Since the 1970s, the largest city is Jerusalem, Israel's capital, home to about a tenth of the country's population, while Tel Aviv is the economic and technological capital of Israel.

Israel's population at the beginning of 2017 consisted of 8.68 million residents which are comprised of 6.45 million Jews (74.8%), 1.796 million Arabs (20.8%), and 384 thousand (4.4%) minorities. The age distribution according to the Central Bureau of Statistics (2016) is birth to 14 years, 27.73% (male 1,159,980/female 1,106,946); 15–24 years, 15.52% (male 648,199/female 620,218); 25–54 years, 37.15% (male 1,552,754/female 1,484,059); 55–64 years, 8.51% (male 340,601/female 355,382); and 65 years and over, 11.09% (male 405,511/female 500,877). As of 2015, the median age was 29.7. In 2014, there was a mortality rate of 1.8–2.2 infants per 1000 births (World Health Organization, 2017). However, disparities have led to the fact that Arab infants die three times more frequently than Jewish infants, and the infant mortality rate of Bedouins is the highest, with a ratio of 1:4.

With Judaism being the dominant religion in Israel, Islam and Christianity comprise the minority of religions, and the percentage of Arab Christians among Arabs in Israel is approximately 9% and constitutes about 2% of the total population (Central Bureau of Statistics CBS, 2015). In addition, there are Druze (1.7%) and Circassians, who are also counted as Arabs. Israel is influenced by a mixed of Western and Middle Eastern cultures, fused together with values and practices ranging from highly orthodox religious perspectives to secular ways of life (Lavee & Katz, 2003). The Jewish people in Israel are divided into two main ethnic groups: Sephardim (Jews whose origins are from Africa, Asia, and the Muslim republics of the former Soviet Union) and Ashkenazim (originate from Europe and America).

There are more than 30 languages spoken in Israel. The main language used both for official communication and for everyday communication among Israelis is Modern Hebrew. Arabic serves as another language in some of the official publications, and it can also be used in speeches in the Knesset or in requests to the authorities. Other languages are used to facilitate communication with different immigrants' communities such as Russian and Amharic.

A family in Israel is defined as traditional nuclear family that is composed of two parents, a male and a female, and their biological children (Lavee & Katz, 2003), although alternative family patterns exist such as single-parent families, double-career families, and single-sex families. According to Harpaz and Ben Baruch (2004), the family usually fulfills the following main functions: reproduction, material and emotional security, socialization, and introduction of primary social attitudes.

Political and Government Structure

Israel is a parliamentary democracy. It does not have a constitution yet, but the basic laws are enacted and executed by the Knesset and supervised by the High Court of Justice (HCJ). The parliamentary system is comprised of a president, a symbolic head of the state, who does not hold significant executive powers; the executive branch that includes a prime minister and the government cabinet (ministers); and the legislative branch – the Knesset with its 120 members elected in general and proportional elections for a term of 4 years. Citizens over 18 years old are entitled to vote for the party they support. The party who receives the most votes has more members in the Knesset, and the head of the party is the one to be invited by the president to form a government (The Knesset, 2017).

The political discourse in Israel mostly revolves around the security issue rather than socioeconomic positions. The political blocks in the Knesset include the left, the right, the religious (Haredim), the center, and the Arabs. These blocks differ in their approach to the Arab-Israeli

conflict and the ways to resolve it. They also hold different views on economic issues (welfare state vs. free market and capitalist approach) and the separation of state and religion. Until 1977, the left Zionist parties governed. In 1977, a political transformation took place as the right wing came to power. Since then, the right wing has become the central ruling party, with only a few short power changes (CIA, 2016).

Family Demographic Indicators: Economy

The Israeli economy is strong, stable, and thriving, albeit there is an ongoing security threat, uncertainty, wars, and a rapidly growing population. According to the Human Development Index (2015), out of 188 countries, Israel is ranked 19th (USA is ranked 10th). This is based on life expectancy at birth of 82.6 years, expected years of schooling 16 years, and gross national income (GNI) per capita of \$31,215 (UNDP, 2015).

The Israeli economy is a free market economy that is comprised of government-initiated industry alongside a developed private sector, including a booming hi-tech industry. Other major industrial sectors which include the defense, tourism, metal, chemical and diamond processing, medical equipment, and pharmaceuticals industries are among its leading exports. Its major imports include crude oil, coal, grains, raw materials, and military equipment. Natural gas fields discovered off Israel's coast since 2009 have brightened Israel's energy security outlook.

Beginning in the mid-1980s, Israel economy shifted from a centralized socialist one, with a broad public sector and a large taxation, toward a freer, competitive market economy. Despite the many challenges throughout the years such as hyperinflation, the bank stock crisis, the Arab boycott, high defense expenditure, and absorption of waves of immigration, Israel has managed to reach a high level of economic development (Krempf, 2015).

The world markets, including foreign investors, global banks, and credit rating agencies,

demonstrate great confidence in the strength of the Israeli economy. This success is attributed to many factors, including the educated workforce; the extensive foreign aid received by the State of Israel throughout the years from the Jews of the world, the USA and Germany; the absorption of human capital in the form of immigration; the correct macroeconomic policy of the government and the Bank of Israel; structural reforms; and the opening of economy to competition (OECD, 2015).

In 2015, there were 2.41 million households in Israel, 79.2% of them with employed adults (1.91 million). The average annual expense for family is 15,407 NIS (New Israeli Shekel). A household with children spends on average 1.4 more than a household with no children (13,313 vs. 17,999 NIS). The expenses of a household with children on education have reached 1483 NIS (Central Bureau of Statistics Israel (CBS), 2015).

Family Demographic Indicators: Health

The National Health Insurance Law 5754-1994 stipulates that all of Israel's residents are eligible for health services based on principles of justice, equality, and mutual assistance. The government finances health services, primarily through an earmarked, progressive tax paid by all residents. The law further stipulates that health services must be provided while maintaining human dignity and the patient's right to privacy and medical confidentiality. The basket of services covers the following: individual preventive care and health education, medical diagnosis, ambulatory medical care including psychiatric care, psychogeriatric hospitalization and chronic nursing care, comprehensive rehabilitation, medications, medical and assistive devices, preventive dental care for children, first aid and transportation to a hospital or clinic, medical services at work, and addiction treatments and recovery (Library of Congress, 2015).

Over the years, the health system in Israel has gained many achievements in medical research, public health, and public access to health ser-

vices. Israeli doctors are highly respected in the world and have a great reputation. According to the World Health Organization, as of May 2016, life expectancy in Israel is sixth in the world. The average life expectancy of men is 80.6 years and women are 84.3 years old. In the second decade of the twenty-first century, there was a decline in the quality of services provided by the health system due to the increase in the burden of patients compared with the reduction of the health budget and the lack of standards. 2011 saw a strike by doctors and interns following the erosion in wages and working conditions and the growing burden on health funds and hospitals.

Health services for elementary and secondary school students in Israel are financed by the State. In elementary schools, the nurses conduct routine examinations, such as testing vision and hearing and measuring height; give inoculations; and teach nutrition, personal hygiene, and sex education. The health services provided in secondary schools are primarily educational and focus on preventing drug and alcohol addiction and communicable diseases such as AIDS and on safety and accident prevention. In addition to the health services provided at schools, preventive services are offered to adolescents through specialty service centers, which are financed by the Ministry of Health, social welfare agencies, and one of the health funds' Health Services. These centers specialize in adolescent health and provide sex education, medical testing, and treatment of problems that arise during adolescence, such as acne and weight problems. Countrywide youth counseling centers further provide youth with instruction, counseling, and referral in a variety of areas, including health (Ministry of Health, 2017).

Family Demographic Indicators: Education

The proportion of expenditure on education relative to GDP is the highest in the world (7.3%). Nevertheless, relative to the number of children, the investment in education per pupil is lower than that of most of the OECD countries. The education system in Israel includes schools that

teach in Hebrew and schools that teach in Arabic. The state education system consists of compulsory free access to ages 3–4 to early childhood education and care,

kindergarten, elementary school (grades 1–6), junior high school (grades 7–9), and high school (grades 10–12) (OECD, 2016a). The Compulsory Education Law is one of the first laws enacted in the First Knesset in 1949. The law obliges the child's parents to enroll the child in the educational institution and to ensure the regular appearance of the child until completion of compulsory education. In Israel, there are state schools, which are public schools intended for the general public, state religious schools for the religious public, an ultra-Orthodox educational system, and additional private education.

The Special Education Law 5748-1988, grants children ages 3–21 with physical, mental, emotional, or behavioral disabilities the right for appropriate education in order to enable every child to fulfill his/her potential. The law also ensures the scope of services to be provided including special accommodations, paramedical services (e.g., physical, occupational, and speech therapy), expressive therapies, and assistive devices.

Family Demographic Indicators: Women Status

Until the late 1970s Israel's self-image was that of an egalitarian society (Muhlbauer, 2006). Women have worked side by side with men to establish the new state and have been serving in the Israeli Defense Army since its inception. Israel had a woman prime minister, Golda Meir, from 1969 till 1974, thereby becoming the world's third woman with that title. According to *The Jerusalem Post* (March 8, 2017), today's proportion of women in Israel's parliament, 27.5%, is higher than that of the US Senate (21%) or House of Representatives (19%). Moreover, Israel's female parliamentary representation is greater than France's and Canada's (26%). In fact, Israel is only slightly behind the OECD average when it comes to female legislative

representation. However, only 4 out of the 23 ministers (17%) in the current Israeli cabinet are women (Kenig, 2017).

According to the Israel Central Bureau of Statistics (CBS) (2017) report, at the end of 2015, there were 3,102,500 women ages 15 and up living in Israel, 12.3% of them above age 65 in comparison with 9.9% of men. The average age for women to get married is 25, and the average age for them to have their first child has increased from 26.5 in 2004 to 27.6 in 2015. The percentage of women never married ages 45–49 has reached 9.4% of the population.

The employment policy for women in Israel reflects two central concepts that exist in Israeli society: the expectation that women will take an active part in the labor market and the centrality of woman's role in the family (Vogel-Bizawi, 2005). Despite the progress of Israeli legislation on equality that is one of the most advanced in the world, the wage differential between men and women has hardly changed. This discrimination affects the economic status of women and their power and independency within the family and society systems (Berkowitz, 2001; Frenkel, Hecker, & Braude, 2011).

According to Israel Central Bureau of Statistics (CBS) report in 2017, 68% of women in Israel are employed full time and 32% work part time (less than 35 h a week), while 10.3% of mothers are self-employed. At the executive level positions, the number of women has reached 34.1% in 2016. The monthly income for a woman employee is NIS 7666 (\$2175) vs. 11,219 (\$3182) for a man employee. The hourly pay rate for employed women is low in comparison to men; the highest gap is for women and men with 13–15 years of education –24.4% gap.

Although women are encouraged to access science-, technology-, and computer-related fields, the highest number of women is in paramedical areas 83.1% and in education 80.2%. The lowest number of women is found in the following areas: physics and math, 37.1%; statistics and computer science-related fields, 29.9%; and engineering and architecture, 28.1% (CBS, 2017).

Family Strengths and Needs

Families (microsystems) live as systems nested within other systems (mesosystem, exosystem, macrosystem, and chronosystem) as indicated by Bronfenbrenner (1979) in the ecosystem theory. In order to understand families facing with challenges, it is important to focus on family's strengths (Stinnett, DeFrain, 1985, 2002). As highlighted in *The International Family Strength Model*, "Families, in all their remarkable diversity, are the basic foundation of human cultures. Strong families are critical to the development of strong communities, and strong communities promote and nurture strong families. All families have strengths. And, all families have challenges and areas of potential growth. If one looks only for problems in a family, one will see only problems. If one also looks for strengths, one will find strengths" (Asay & DeFrain, 2012, p. 4).

Poverty The level of poverty and inequality in Israel is high, especially among the elderly population, the Arabs and the ultra-Orthodox. Income inequality and high housing prices continue to be a concern for many Israelis (OECD, 2017). In Israel, the poverty line is defined as earning less than half the median income and is adapted to the size of the family (Gal, 1997). In 2015, out of 1.99 million families, 20% of households received welfare services; 35% of single-parent families receive support and welfare services (CBS, 2015). The main characteristics of disadvantaged families include economic distress, housing shortage, low education level, and ongoing ineffective relationships with existing social services (Bar-On, 2002). In Israel, today we meet families with multigenerational "persistent poverty" that experience constant and ongoing anxiety both for the parents and their children (Shamai, 1994). Politzer, Shmueli, and Avni (2016) claim that in Israeli municipalities, a low socioeconomic index is correlated with relatively high mortality rates. The average mortality rate (adjusted for age) in the lower half of the municipalities is 11% higher than in the upper half of the municipalities.

The economic response to individuals who live below the poverty line in Israel is the responsibility of the National Insurance Institute, which must ensure minimum conditions for subsistence of families and individuals, through income maintenance benefits and other allowances benefits according to the conditions of entitlement prescribed by law. The central role of the Ministry of Social Affairs and Social Services is to assist by providing material assistance to individuals and families, other than their entitlement for assistance through the National Insurance Institute. In many cases they are eligible for additional assistance due to the multiple stressors and difficulties they face.

In early 2015, the government endorsed the social partners' agreement of a 16% increase in the minimum wage, spread over 3 years from April 2015, and, in November 2015, it agreed to a further 6% hike in the minimum wage for December 2017 (Bank of Israel, 2015).

Single-Parent Families and Divorce On average 6% of the families (117,000) are single-parent families with children under the age of 17. In most of these families, 92% are headed by women. Twenty percent (20%) of the single mothers with children under the age of 17 never married in comparison with 15% in the last decade (CBS, 2015). Most single-parent families are divorced (more than half), but there is a steady increase in the percentage of women who choose to have a child alone, or as they choose to call themselves "single mothers" (Segal-Engelchin & Wozner, 2005). While single parents have a substantial proportion of immigrants whose economic situation is lower than that of the general population, "single mothers" are usually women with higher education and a moderate to high socioeconomic status (Segal-Engelchin & Wozner, 2005).

The proportion of same-sex parent families in Israel is still very low – comprised of 1%, of approximately 18,000 households (from the "New Family" website). This means that homosexual families are marginal, but there is a steady

increase in the number of these families, and in particular, there are areas where these families are more common, for example, in large cities and in central Israel (Godcar, 2009b).

The divorce rate in Israel is around 26% (Central Bureau of Statistics Israel, CBS, 2017; Nahir, 2016). The divorce process in Israel is handled by the religious Rabbinic courts since 1953. Even if a divorce settlement is reached at the civic family court, still the approval of the Rabbinic courts is required. According to the laws (1959, child support payments; 1962, parental obligations), parents are obligated and equally responsible for the child and his/her needs. The parents need to reach agreement to care for the child following divorce, and the plan needs to include child support payments and needs to be based on the best interest of the child (Eldar & Barneah, 2002).

In 1995, a special law indicated that family issues during divorce are to be dealt in specialized courtrooms and that the family is to be served within one courtroom under one judge. The court system provides legal representation to the ones proven in need for legal representation and unable to afford it. This court encourages the use of mediation in order to reach an acceptable agreement by all parties involved as well as a cheaper solution to the otherwise expensive divorce process. There are marriage and family counseling centers which operate under the jurisdiction of the legal and court system. The law indicates that families must go through evaluation and assessment when they are served by the court during their divorce process, as well as mediation if needed (Eldar & Barneah, 2002).

The educational system addresses the needs of children whose families are going through the process of divorce. School counselors and homeroom teachers who receive adequate training are to engage with the parents and the children in order to help parents understand the needs of the child and help them focus on the child's needs and their obligations as parents care for him/her. Counselors address the diversity of family structures in classrooms with students at all grade levels and also provide individual and group support to the child during and after the period of

separation or divorce to deal with emotional and mental issues (Eldar & Barneah, 2002).

Domestic Violence According to data collected by WIZO (2016), a women's organization, during 2014, 10 women were murdered by their partners, 18,912 cases were opened by police, and more than 7000 women complained of domestic violence. In Israel today, there are some 200,000 battered women and 600,000 children enduring a life of violence. Welfare officials estimate that only 1% of the 200,000 men who engage in domestic abuse attend violence prevention centers. Every day an average of 65 cases of domestic violence are opened by police. During the year, 14 shelters for abused women around the country hosted 641 women and 932 children; 7640 protection orders were taken out against violent men; and WIZO (2016) received 700 calls about domestic violence through its hotline. The numbers within the healthcare system are not encouraging either: 4930 women were treated for acts of domestic violence and sexual assault, and 1020 battered women were identified at Ministry of Health well baby clinics, compared to 422 the year before – an increase of 240%.

During the early years of the State of Israel, the issue of domestic violence was often ignored and marginalized (Swirski, 1991). A major reason for the delayed government response to this issue is the concessions to the religious parties made by the different governments to ensure their support and collaboration. For this reason, the entire Jewish population in Israel – even secular and Reform Jews – have to live by orthodox rulings in matters pertaining to the family such as marriage and divorce (Yishai, 1985). In 1991, the law to prevent domestic violence was passed and was a breakthrough in the effort to deal with domestic violence and in providing an institutional resolution to an acute problem. It was the first time that law enforcement and social welfare services were allowed to remove the victim from the family in order to protect her/him (Harmel & Nachshon-Glick, 2002).

Findings indicated that about 7% of Jewish families with children reported physical violence

against women and that gender violence is more frequent among the non-Jewish sector of the population and more common among low socioeconomic classes that are exposed to rather chronic difficulties (Izikovitz, 2002). Further analysis pointed to three factors that militated against the severe victimization of women by their partners: greater secularity, higher education, and employment outside the home (Muhlbauer, 2006). Hence, secularity, educations, and financial independence are protective factors for women against domestic violence.

Family Policies and Services Ecological approach for services has been utilized to include law enforcement, medical and clinical services, rehabilitation, education, and judiciary to establish prevention and intervention policies and programs to deal with domestic violence (Harmel & Nachshon-Glick, 2002). The overarching approach held by the system is that violence is an illegitimate relational interaction and is not justified regardless of circumstances. Services are offered immediately to families experiencing domestic violence and are accessible and available to families for the duration needed with no exception; the perpetrator must receive treatment (even against his/her will).

The office of Welfare and Social Services is tasked with the provision of services to families and children experiencing domestic violence. Three treatments' foci were established:

- (a) Programs to protect victims that include shelters for battered women and children and for teenage girls at risk, short-term emergency residential facilities for women and girls at risk, transitional residential facilities, emergency hotlines, emergency centers for children who are not yet removed from home, and emergency centers for children who are removed from their homes.
- (b) Programs to provide intervention and prevention services.
- (c) Professional programs and trainings to prepare professionals to work with this at-risk population. Social and welfare workers are

appointed by the Minister of Welfare and Human Services to act on behalf of children at risk (Harmel & Nachshon-Glick, 2002).

Children and Violence According to the government's estimate, 16% (400,000) of the children and youth in Israel are considered at risk (Vysblyi, 2012). An effort to establish a national baseline for children and youth at risk (for physical and emotional abuse, sexual abuse, neglect, risk behaviors) has started in 2006 by a government committee led by Schmidt (Schmidt, 2006). The committee found that 31% of the children identified are young under the age of 6, 38% school age, 31% youth, 58% boys, and 43% Arabs and 34% of the children were identified to have special needs.

The role of the education system is "child find" – identifying children at risk of domestic violence and referring them to services (Public committee report on the state of children and youth at risk by Weissblai, 2012). The law (Oz & Balshan, 2007) indicates the obligation of reporting of every person above age 18 in regard to any suspicion they have about child abuse and neglect in minors. The law identifies professionals such as physicians, nurses, educators, social workers, welfare providers, police force personnel, psychologists, counselors, paraprofessionals, and administrators as mandatory reporters. The office of child/youth abuse prevention has the mandate to be the liaison between the education system and the welfare services system and to provide training, consultation, and support when needed. According to the report, 85% of the children in the child welfare system were referred by the educational system. The national "at-risk child find" campaign has started at universal community services such as community clinics, preschool and daycare systems, and elementary, middle, and high school systems. Local municipalities have formed an interdisciplinary entity that can oversee the implementation of the regulations and coordinated services, the sharing of information, and storage of data, which are accessible to the different stakeholders. Less than half of the children who were identified for this

national “child find” campaign were known and received services from welfare service providers, probation officers, or school attendance officers. The office of education has developed special resources and information in regard to warning signs and identification of children at risk for abuse and neglect. The Israeli government approved in 2012 the expansion of the national campaign targeting children and youth at risk to include additional 92 municipalities to get to 164 municipalities in this initiative to implement the plan locally.

In addition, the education system has taken upon itself the duty to teach children life and relational skills that can support their future growth and development. The program Non-violent Friendship, Dating, and Adults’ Relationship targets children and youth to promote mutual respect. This is a collaboration between the office of education and the office for welfare services. The program includes 11 experiential meetings 90 min or 45 min and runs by educational and social welfare counselors at different communities’ venues (Gnichovsky, Barnea, Zimerman, & Rokach, 2010).

Culture and Values as Reflected in Policies Israeli society, like the rest of the Western world, has gradually undergone changes in its values from a very collectivist society in its early years, to an extreme individualistic society (Godcar, 2009a; Harpaz, 1998). There are a number of global developments which encourage greater individualism: cross-cultural exposure, economic globalization and a sense of a world without borders, urbanization, advancement in technology, and women’s rights (Brislin, 1993; Sharabi and Harpaz 2002). “The family is being pulled in opposite directions by two main forces: one that prods the family toward greater modernization and Westernization, while the other acts to strengthen traditional values” (Lavee & Katz 2003, p. 193). The modern trends are reflected in legislation creating the legal status of publicly recognized partners, permitting international adoption for individuals, approval of in vitro fertilization procedures for single women, and other

changes in legislation, creating a new social and psychological reality (Godcar, 2009a, 2009b).

Still Israel is considered more “family oriented” than Western and Eastern European countries based on these criteria: a relatively high birth rate, a relatively low divorce rate, and a relatively low proportion of out-of-wedlock births (Peres & Katz, 1991). During 2016, the population has increased by 2%, 83% from newborn babies (181000), and 17% of this increase is due to new immigrants (24,000) (Central Bureau of Statistics, 2017). In 2015 there were 1.99 million families in comparison to 1.66 million in 2006. On average, there are 3.7 members in the family (3.54 in the Jewish family vs. 4.61 in the Arab family). Most children (92%) live with both parents, and only 210 thousand children (8%) live with one parent. Most single-parent family households (92%) are headed by mothers.

Several explanations were offered by Peres and Katz to the cultural focus on the family (1980):

- (a) Due to the ongoing experiences of violence and wars, Israelis have an increased desire to be with their families, as it provides them with a sense of closeness and security.
- (b) The views and beliefs held by most Israelis coming from Africa and Asia (Sephardi Jews) are of more traditional family values.
- (c) Tradition and Jewish religious beliefs are central in guiding individuals as well as the institutions in Israel.
- (d) Israel is a small and cohesive society which supports the sense of intimacy and connectedness.

Israel is a “child-oriented” society. Israelis hold the views that children provide meaning to life and that procreation is the main purpose of marriage (Steier, Oren, Elias, & Lewin-Epstein, 1998). According to Central Bureau of Statistics 2016 report, at the end of 2015, there were 2.798 million children (birth –17) living in Israel, which comprised 33% of the total population of the country. It includes 1.996 (71.3%) million Jewish children and 718 (25.7%) thousand Arab

children as well as an additional 84,000 children (3%) that are categorized as “others.” The fertility rate for women is 3.13 children on average for both Jewish and Arab women (Central Bureau of Statistics (CBS), 2015).

Israel maintains a comprehensive system of laws protecting children’s rights from pregnancy. Health benefits and education are guaranteed by law. The State provides families with a children’s monthly allowance and special benefits to disabled children and their families. Special laws regulate youth labor and protect children from abuse and exploitation. The juvenile justice system applies different rules than in the adults’ court to address children and their developmental levels. Women who have given birth or adopt children are entitled to a hospitalization grant (for expenses of the birth, and of the hospitalization of the mother and baby, including premature babies), maternity benefits, and equipment grants. In addition, mothers are entitled to maternity leave allowance to compensate the working mother for the loss of wages during her maternity leave. Additional child-related benefits paid by the National Insurance Institute are an education grant paid to single parents for each of their children, benefits paid to parents whose finances are below the poverty line, and custodians of orphans or children immigrating to Israel without their parents (Library of Congress, 2015).

Family Life Education The State of Israel is a pioneer in investing in families in order to close social gaps and support the healthy development of children. Israel is a young country (established in 1948) and has very diverse ethnic and religious groups residing in it who are holding a wide range of cultural values and beliefs (Lavee & Katz, 2003). The family life education (FLE) field in Israel faces the following challenges (Brislin, 1993; Sharabi and Harpaz 2002):

1. Diverse multicultural ethnic groups who hold opposing views in regard to collectivist vs. individualist, patriarchal vs. egalitarian, religious/traditional vs. modern and progressive,

and socialist-welfare economy vs. free capitalist economy.

2. There are cultural and political clashes among the different groups based on political, economic, and cultural differences.
3. Ongoing wars and high investment in defense and security.

Therefore, to bridge the gaps, Israel incorporates a preventative, educational, and collaborative approach to empower families and individuals to address and resolve family issues (Darling, Cassidy, & Powell, 2014). Although, geographically, Israel is a small country, the variation among the different local communities and their country of origin influence the needs of the group and therefore the type of services needed to address these needs. Hence, family social workers and educators are trained to effectively teach audiences of which they are familiar and aware of their views and practices. Programs are designed to meet the specific challenges and cultural beliefs (Ballard & Taylor, 2012). In the following paragraphs, several examples of culturally specific programs targeting families and children are provided. All the programs are government-supported programs.

The Drop of Milk (Tipat Halav) stations are an example of health prevention and provision of services to families with young children within the neighborhood and communities. These stations are dedicated to preventive medicine in the community and are largely staffed by public health nurses who are able to promote health in the community addressing the needs of pregnant women, infants and children (birth to 6 years), and their families free of charge. The services include prenatal examinations, inoculations, early detection of physical and emotional disabilities, counseling, and health education focusing on preventing accidents in the home, at school, and on the roads (Ministry of Health, 2017).

Mentoring of adoptive parents is a program developed by the Ministry of Social Affairs and Services in cooperation with JDC-Israel-Ashalim. It is a unique mentoring of seasoned adoptive parents to new adoptive families. Organizations for adoptive parents, Ometz Leametz (Bravery to

Adopt) and Nitzanei Tikva (Buds of Hope), run the training focusing on empowering parental leadership, discussing adoption problems, and providing tools for support and accompaniment of those who undergo the process for the first time in their lives (Katzav & Nieman, 2015).

“Mother to Mother in the Community” is a voluntary project utilizing experienced mothers volunteering to support and empower new mothers who are coping with physical and emotional difficulties during their transition into motherhood. At present, many young mothers experience a sense of loneliness, isolation, depression, and despair in the wake of lack of family support. The “Mother to Mother in the Community” project is intended to restore some of the tribal feeling to contemporary life. Volunteers are given comprehensive training and then are sent to the home of new mothers once a week for 2 h modeling caring for the infant, listening, and providing new mothers with a support system. This project empowers young mothers to provide sensitive and responsive care to their babies and reduce risk of violence and abuse (Katzav & Nieman, 2015).

Social Services for Families at Risk Over the years, the Ministry of Social Services has handled approximately 18–21% of the households, while in recent years, this percentage has stabilized at the level of approximately 20% constituting 465,000 families (Gorbto, Eldar, & Ben Moshe, 2009). In other words, every fifth family in Israel is in the care of the Ministry of Social Services, or one or more of its members are in its care. Families face difficulties associated with living conditions, couple communication, issues of raising and educating children, impairment in the functioning of parents and their ability to provide children with educational solutions, and to extreme situations such as violence, bereavement and suicide. The service distinguishes among seven different types of families in need of care and services:

- (a) Families in financial distress
- (b) Families with functional difficulties and in situations of temporary or ongoing crisis

- (c) Single-parent families
- (d) Families suffering from violence
- (e) Families in need of assistance in connection with legal issues
- (f) Families with death and bereavement victims due to accidents or assaults
- (g) Families and individuals with special characteristics, prostitutes, homeless people, and victims of human trafficking

The treatment of the individual and the family is based on the following principles: (a) the nuclear family unit that is critical for individual growth and development; (b) ecosystem intervention that sees the interconnectedness among the individual, family, community, and culture; (c) identification, reinforcement, and nurturing of the individual and family’s strengths; and (d) partnering with families and individuals to empower them to ensure long-term effects of treatment (Gorbto et al., 2009).

The services are provided mainly through the departments of social services in the local municipalities, as well as local or regional specialized centers in cooperation among municipalities. Most of the treatment for families and individuals at risk is carried out by social workers in social services departments and especially by those defined as family social workers. Family counseling and support centers operate within the social services departments, utilizing systemic approach to families.

For example, “Otzma (power)” centers for poverty-stricken families are run by social services departments and offer a multisystem answer to poverty-stricken families. The focus of this program is to improve the economic and personal well-being of these families by providing information and guiding them in utilizing all of their rights, implementing employment programs, creating involvement in the community, and advancing the independence of the participants. The program integrates individual, group, and community intervention. Currently, 26 centers are operating in 17 municipalities with the intention to institutionalize it on a larger scale (Katzav & Nieman, 2015, p. 28).

Another program is the National Program for Children and Youth at Risk. Six government ministries (the Ministry of Social Affairs and Services, the Ministry of Education, and the Ministries of Health, Immigration and Absorption, Public Security and Economy), the Local Government Center, and the Israel Joint Distribution Committee (JDC) have joined to reducing the numbers of children and youth who are subject to threatening conditions within the family and their surroundings. Other participants are the Local Government Center and the Israel Joint Distribution Committee (JDC). The program covers seven primary fields of life: physical health and development, belonging to a family, learning and acquisition of skills, mental well-being and health, social belonging and participation, protection against others, and protection against their own dangerous behaviors. The program has an accompanying information system called the Town Information Infrastructure (TMI in Hebrew). Towns participating in the national program are allowed to document and extract information on children and parents participating in the solutions and to manage continuity of services across the various committees and teams operating within the program. More than 170 towns, town clusters, and neighborhoods have participated to provide support for this particular weak population group (Katzav & Nieman, 2015).

Professionals who are dealing with child abuse and neglect are required to receive special trainings focusing on child abuse and neglect. They are required by law to cooperate and share information in order to provide a seamless treatment plan. Since 2006 all educational counselors are obligated to partake in 180 h professional development training focusing on child abuse and neglect and attending to at-risk children. There are also 2-year program preparing counselors to specialize in working with children, victims of sexual abuse. Psychologists are trained in their program of study to do so. Educators, who teach “life skills” courses, are required to have the same training as the counselors. Early childhood teachers have been the focus of the office of

education, and they offer 3–4 times a year special trainings for ECE to identify and recognize child abuse and neglect warning signs. The higher education system who prepares the education workforce offers at least four annual course hours to train professionals working with children to identify child abuse and neglect.

An example for a unique and innovative program targeting child abuse is the animal therapy program for violent parents and their children. It has been developed by senior professionals in the Adult Probation Service. The program focuses on putting an end to parental violence, strengthening ties between the violent parent and child, and developing good communication between them. It consists of three phases: (a) participation in a dedicated therapeutic group, (b) participation in a therapeutic farm for parents and children who have experienced violence, and (c) in-home services for implementing the change. Evaluation outcomes of the program indicated that 91% of participants in the program did not open a new criminal case. In 2007–2014, 260 parents and children participated in 18 programs at the therapeutic farms. The goal in the future is to increase the number of programs and therapeutic farms in various regions in the country (Katzav & Nieman, 2015).

Reform in Social and Welfare Services Israeli government initiated a reform in social and welfare services with the focus on professional strengthening and building the role of the family social worker as the expert working with families in their communities as part of a neighborhood interdisciplinary professional social services team. The goal of the reform is to tailor services to the specific communities and to establish a community professional workforce that is focused on the needs of the community. This requires adapting services and training to small municipalities. Issues addressed by the family social worker include families experiencing poverty and distress, single-parent families, complex families, families with exceptional individuals, families in various crisis situations, and families in various stages of life.

The service process includes an assessment of the family, a well-planned intervention program, implementation, and an ongoing assessment of the results of the intervention with the family. A training system is adapted to the needs of the position and the size of municipality. The construction of designated modular training tracks is done for those with core functions in the department (manager, directorate, area centers, family social worker, expert social worker, social security officer, etc.).

Professional Trainings

Higher Education Systems Israel is ranked number four as one of the most well-educated populations in the world having 46% of all adults holding at minimum an undergraduate degree compared to OECD average of 33% (Ministry for Foreign Affairs, 2015). The higher education institutions in Israel (Technion, 2024; Hebrew University 1925) were founded prior to the establishment of the State (Ministry of Foreign Affairs, 2013). Currently, institutions of higher education operate under the authority of the Council for Higher Education, which is headed by the Minister of Education. In the course of the past two decades, higher education in Israel has been expanding – from 21 academic institutions with 88,800 students in 1989/1990 to 70 institutions with 306,600 students in 2011/2012 (Ministry for Foreign Affairs, 2012). Out of 67 academic institutions in 2011/2012, 7 are universities, 1 is an open university, 36 are academic colleges, and 23 are teachers' colleges. Most higher education in Israel is publically funded, and only 13% of the students study at private colleges (Ministry for Foreign Affairs, 2011). The most common fields of study in Israel are, among bachelor's students, the humanities and social sciences; among master's students, the humanities as well as business and management; and among doctorate students, the natural sciences and mathematics. The number of students who chose to major in the health and social welfare fields was lower than the average in OECD countries (7% vs. 12%) (Ministry for Foreign

Affairs, 2011). In Israel, as in OECD countries, higher education influences employment and salary level, which is 70% higher for those with an academic education compared to non-academics. Sixty percent of young people in Israel are expected to begin studies toward a bachelor's degree in the course of their life. The difference in rates between women and men was significant (66% vs. 53%).

According to the Council for Higher Education report (2014), out of 66,000 students in the undergraduate degrees in 2013/2014, 21.4% graduated in social sciences; out of the 57,885 master's degree students, 16.4% were in social sciences.

More specifically, academic higher education institutions within their social sciences departments and programs in Israel indicated that they offer courses in children's rights, mandatory reporting, warning signs, child abuse and neglect, types of abuse, and tools and ways to prevent and intervene with children at risk to abuse and neglect. The teachers' preparation programs pointed out that they prepare educators to identify the signs and characteristics of abuse, provide guidance and tools working with children with behavioral and learning challenges, as well as addressing at-risk population. The office of welfare services claims that there needs to be a joint training for all professionals working and engaging with children at risk and their families in order to build a cohesive system of care. At present, the office of education does not require educators involved with children at risk to participate on committees with welfare office professionals.

For example, Bar-Ilan University, College of Social Sciences, Department of Sociology and Anthropology, offers a course on the *sociology of families*. This course describes and presents different theoretical frameworks for examining the institution of the family and the social processes taking place within the family. The course deals with the challenges faced by contemporary families in Israeli society and in other societies around the world and deals with various issues such as marriage and divorce, labor-family conflict,

intergenerational relations, and the division of gender roles. At another university, Tel Aviv University, School of Social Work, offers a course on *the family system*, focusing on family life, relationships, parenting and parent-child relationships, boundaries, triangles, communication, self-differentiation and intergenerational transmission, and evaluating family functioning.

A new and unique certification in family counseling focuses on parenting (520 academic hours). This 2-year track combines a broad knowledge of parenting and family from birth on through all stages of development and family growth. The track relates to the couple's difficulties as partners in a relationship, as new parents, and as part of the family.

Levinsky College of Education offers a training program *Parental Guidance Studies* for family counselors. The program was developed in light of the growing needs of the community and families, as well as many requests from parents to receive guidance how to support challenging behaviors in children. The guidance model of a family counselor is based on short-term counseling approaches.

Adler Institute for Couple and Family Therapy – The program combines practical tools in the field of parental guidance and understanding of parent-child relations according to the Adlerian worldview. The program is based on the extensive knowledge accumulated over the years at the Adler Institute, which leads the country in the field of family therapy and parental guidance and integrates other therapeutic approaches.

High School In order to graduate, students in high schools are required to complete a two-unit sociology course. The curriculum deals with the connection between the person and the society around him/her, the culture in which we live, the family in the past versus the postmodern family, and the influence of the environment on the shaping of the personality and life of the individual, as well as the social group as an important element in the life of the individual and society. The topics are tailored to relate to the student's current affairs and life.

Families The Ministry for Social Services offers workshops to enrich family life under vacation conditions. The purpose of the workshops is to strengthen the family framework (marriage, couple relations, and parenthood). The workshops are designed for individuals, couples, parents, and children who experience normative challenges and crises in the family life. The goals include providing tools and knowledge to understand family crises, enrichment of family life, and imparting skills and tools to positive communication. The workshops are administered in recreational conditions for 4–5 days and are based on targeted group intervention which offers physical and emotional “time-out.” In 2009, 35 workshops were held, 20 of them among the general population, 10 in Arab society, and 5 in Haredi society. In total 875 participants participated in the workshops.

Camps for Mothers The target population are mothers in families coping with multiple stressors, burdens of life, and distress, for which the camps are an opportunity for enrichment and respite. This population includes mothers with many children, mothers from families at risk, mothers who are experiencing domestic violence or need to deal with alcohol addiction, single mothers, and mothers of exceptional children. The program is offered in two models: day camps (4 days) or camps with accommodation (3 days) operated by the social services departments. In 2009, 1000 mothers participated in the program.

Conclusion and Recommendations

Israel is a young country that has grown rapidly in population, economy, health, and education. Since its foundation, Israel population has increased, due to natural increase and immigration, tenfolds (Bergren & Saltzman, 2017). In the future, Israel is going to face several challenges due to demographics. Longevity in Israel is one of the highest in the world which is going to affect the health systems and in-home care

services for the elderly (Weiss, 2017). Although Israel has a growing economy, it has one of the highest rates of economic inequality as it holds the highest poverty rate (Lavee, 2017).

Israel is a very diverse population ethnically and religiously. The Israeli society is facing major domestic debates in regard to the proper role of religion in Israeli public life, the conflict between Israelis and Palestinians, and socioeconomic gaps and divides. Israel is thriving to be an egalitarian society with a strong focus on the family and especially the well-being of children. Future efforts are going to be focused on identifying policies and services that can address these issues as well as developing professional workforce that can provide the services to families and children to meet their needs and challenges.

President of Israel Reuven Rivlin spoke at the Annual Herzliya Conference in 2015 where he asserted, "Israeli society is undergoing a far-reaching transformation. This is not a trivial change, it is a transformation that will restructure our very identity as 'Israelis' and will have a profound impact on the way we understand ourselves and our national home; there is no escape from this change" (Bergren & Saltzman, 2017, p. 6).

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Family Life Education in Saudi Arabia

Sarah Almalki and Lawrence Ganong

Introduction

Family life education is a relatively new emerging field in Saudi Arabia. Due to the high divorce rate, especially during the first 3 years of marriage, in 2013, the Ministry of Labor and Social Development, with the collaboration with different academic institutes, started designing governmentally funded premarital education programs that targeted newlyweds and engaged couples. These programs focused primarily on urban families, were not evidence-based, assumed homogeneity of Saudi families, and were gender biased. Future FLE in Saudi Arabia should be available for a wider range of audiences, including rural families and women. In the following sections, we provide a detailed analysis of the Saudi social structure, family dynamics, and the development, implementation, and evaluation of family life education.

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Social-Economic, Historical, and Cultural Contexts of Saudi Arabian Families

Embedded in desert and Gulf ecologies, the Kingdom of Saudi Arabia (KSA) is a Muslim majority country in the Middle East bordered on the south by Yemen, on the east by the Arabian/Persian Gulf, and on the west by the Red Sea. It has a land area of approximately 830,000 square miles, which is about one-fifth the size of the United States (CIA Handbook, 2017). Historically, Saudi Arabia has played an important political role in Third World politics (Lacey, 1982). The Kingdom is governed by an absolute monarch. In 1932, it was unified under the name of Kingdom of Saudi Arabia (KSA) by the Al Saud family dynasty, the ruling family (Huyette, 1985). The official language of Saudi Arabia is Arabic, and the main religion is Islam; 99% of the population is Muslims, with the remaining 1% Christian, Hindu, and other religions (Moaddel, 2006). Among Muslims, about 80% are Sunni; the rest are Shia (Demographics of Religion in the Gulf, 2013). In 2016, of the population of more than 31 million, 63% were Saudis, while immigrants and expatriate workers made up most of the rest. Saudi Arabia is a not mono-ethnic country. In addition to Arabs, other ethnic groups include Afro-Asian, Indian, Pakistani, Filipino, and Bangladeshi (CIA Handbook, 2017; The General Authority for Statistics,

2016). The Saudi Arabia population has increased 16.54% since 2010 (The General Authority for Statistics, 2016).

The Saudi median age is 27. Over 80% live in urban areas. Nearly all (92%) of the Saudi population can read and write in Arabic (CIA Handbook, 2017; The General Authority for Statistics, 2016). About 60% of the college graduates in Saudi Arabia are women, yet they hold only about 13% of the jobs (The General Authority for Statistics, 2016). An average per capita income of \$54,000 makes the Saudi population one of the world's richest (CIA Handbook, 2017).

The Discovery of Oil

Before the discovery of oil in 1938, Saudi Arabian economic resources were based mainly on agriculture, sea trade, fishing, and pearl diving (Shaw & Long, 1982). Both men and women worked conjointly and contributed to household incomes. In this economic system, family members and extended kin lived and worked close to each other in tribal communities.

The oil industry allowed the country's economy to grow rapidly and to become one of the main oil producers in the world (Alsuwaigh, 1989). Saudi Arabia's growing economy led to rapid changes in the country as many American and European oil companies invested in the oil production market in Saudi Arabia (Almutari & McCarthy, 2012). These foreign oil companies created many jobs in refineries and other oil-related enterprises, which led to a migration of people from rural areas to the cities. Oil-related enterprises moved the country toward rapid modernization as thousands of American, European, Asian, and Arab employees and their families moved to Saudi Arabia (Shaw & Long, 1982). The initial growth signs of modernization first appeared when foreign women went shopping unveiled and drove cars in the cities where the oil companies were located; this was new to Saudi Arabian women and men. This influx of foreigners working for international oil companies

created a multicultural community within the country, and Saudis became familiar with non-Saudi food for the first time and began learning other languages (Hamdan, 1990). The oil boom enriched many Saudi families, allowing them to employ domestic help. This change further limited women's roles outside of the household, and they were not encouraged to work for wages.

The economy was drastically changed by oil. Oil revenues now account for about 90% of export earnings and about 87% of government revenues; Saudi oil is mostly owned by the government (Saudi Arabian Monetary Authority, 2016). The effects of other industries, farming, and fishing, have been greatly reduced in the national economy.

Urbanization Influences on Saudi Arabian Families

The economic investments made possible by oil brought huge changes to the cities in the eastern province of Saudi Arabia, the major oil-producing cities. By 1980, better employment opportunities in the oil industry (e.g., mechanical training that led to a good-paying job with the oil companies) encouraged people to immigrate to work in urban areas (Alsuwaigh, 1989). As a result, the Kingdom went from 20% of the population living in cities in the 1950s to about 80% in 2000, and this is expected to be 90% by 2050 (Abou-Korin & Al-Shihri, 2015; UNDESA, 2014; Yamani, 2000a, b). Apartment buildings replaced the traditional houses in which extended families lived. Saudi's traditional houses were often big with high walls surrounding them for privacy. Family members living in traditional housing shared accommodations in extended family groupings; it was common to find family members continuing to live together whenever possible, with brothers with their families living inside family compounds (Alsuwaigh, 1989). The impact of urbanization on Saudi individuals and families played a significant role in encouraging smaller families, but frequent communication and interaction with relatives remained strong (Al Bassam, 2011;

El-Haddad, 2003). Although household space influenced families to live as nuclear families, this did not end involvement with extended kin.

Education and Its Influence on the Family

With increasing oil investment, many Saudi males attended educational classes to learn about sciences and the English language. The 1960s were a huge turning point in the educational system of Saudi Arabia because thousands of male college students were sent abroad on governmental scholarships to seek education, and at the same time, female students were finally able to receive education in local universities after the approval of conservative religious scholars (Shaw & Long, 1982). The first college for women began in 1970 in Riyadh. The local schools provided education for females, but they remained separated from schools for men by high-walled buildings. One of the main aims for women's education was to raise good wives and mothers based on Islamic teaching (Hamdan, 2005).

Allowing Saudi women to have a greater access to educational and social opportunities outside the house resulted in some delays in the age of marriage. In the 1970s, the percentage of married Saudi females under the age of 20 had decreased to 39%, from 83% in 1950 (Fargues, 2005). Women's education did not change the patriarchal nature of Saudi society and women's subordination to men. In fact, marriage remained the goal for females, and although Saudi families supported their daughters' education prior to marriage, there was a cultural belief that a wife's education should not exceed the husband's. Saudi men tended not to want to marry a woman with a college education, as this was perceived as a potential threat to their masculine authority (Doumato, 2000). The widely held stereotype was that a woman's place was in the home (Doumato, 2000). Nevertheless, Saudi women continued to pursue education, and now more than 60% of Saudi college students are female.

Social and cultural beliefs about gender roles are critical in selecting college majors. For

instance, while a high proportion of Saudi women are in education, social sciences, and health care, only 3% of female graduates are in engineering, manufacturing, and construction (OECD, 2015; Onsmann, 2011). Women in traditionally male fields are perceived negatively. Saudi families were affected by increases in the proportions of women and men seeking education because economic resources were enhanced and marriages were delayed (Khraif, Salam, Al-Mutairi, Elsegaey, & Jumaah, 2017).

Slow Social Change

Although Saudi society was influenced by economic growth, urbanization, and education, progressive social change has been extremely slow (Wagoner, Jensen, & Oldmeadow, 2012). Saudi Arabia did not have rapid social change because of the inherent conservative and religious nature of the society – public policy is set by religious authorities and the government (Souryal, 1987). However, like many other Muslim nations, Saudi Arabia was affected by the Islamic revival movement which burgeoned in the Middle East in the 1970s (Yamani, 2000a, b). This revival by religious extremists in the Kingdom was in reaction to societal changes (Ochsenwald, 1981). Before the Islamic revival movement, Saudi Arabia was in the process of modernization. For example, foreign women could drive, veiling was not mandatory, and women and men integrated equally in public daily life. After the Islamic Awakening movement, extreme social conservatism influenced the society. School curricula were changed to facilitate this movement, and women's roles were redefined. For example, women were forced to dress in certain ways, and couples could not walk together unless they showed their marriage licenses. The Saudi Arabian religious police, known as mutaween, restricted people's lives as they enforced gender separation, imposed strict dress codes, banned cinema, and attempted to ban internet access (Al-Sharif, 2014; Hilleary, 2013). It is not surprising that modern representations of Saudi life were restricted (Huyette, 1985; Shaw & Long, 1982).

Since the “9/11” attack on the United States however, the Kingdom has experienced different political, cultural, and social circumstances (Alrasheed, 2007). In 2005, the Saudi government called for tolerance, moderation, and dialogue between religious scholars (i.e., “*ulema*”), educators, and critics of terrorism and radical ideologies (le Renard, 2014). Since then, religious laws have become more relaxed, and there have been increases in women’s rights (e.g., in 2015, Saudi women were given the right to vote for municipal councils). Moreover, the public perception of the United States became notably more positive in Saudi Arabia (Cummins & Martin, 2015). Much of these changes have been due to young Saudis actively utilizing social media to critique extremists, discuss political issues, and encourage social change. Also, the King Abdullah Scholarship program allows for overseas cultural exchanges, and more than 60,000 Saudi students study in the United States and almost 200,000 study worldwide, which is moving young people toward more visibility for women (Ahmed, 2015; Cummins & Martin, 2015).

Arabic Culture, Islam, and Government

As the home of both Mecca and Medina, the important Islam holy cities where Mohammad the Prophet lived and died, Saudi Arabia has a great deal of influence in the Arab and Muslim world. Millions of Muslims worldwide visit Saudi Arabia each year to worship and to study Islam.

The laws and policies in Saudi Arabia are based on the Islamic framework which follows the Sunni Islam, the official religion in the country and based on the *Qur’an* and the *Sunnah* as the constitution. Islam is the main language in which public discourse can take place, providing social interpretations and shaping the political culture of the country (Moaddel, 2006). Islam is a system of laws called *Shari’a* law, which is based on the *Qura’an* (the religious text) and *Sunnah* (the teaching of Mohammad). Laws relating to constitution, family, criminal, business,

energy, labor, and human rights are falling within sharia court system. In Saudi Arabia there is no religious freedom nor is there is a non-Islamic court. Islam has been and is critical in the construction of social policies regarding family, marriage, parenting, divorce, gender, as well as morality and social issues (Nevo, 1998). The Saudi government tries to ensure that it reflects Islamic values in its policies and when planning any projects (Hamdan, 1990).

Arabic culture and Islamic values are deeply intertwined in Saudi society. Arab culture emphasizes that it is important for everyone to have a family and a religious affiliation; there is no place for atheists or agnostics in society. Religious manners, social class, and family background constitute important factors in evaluating personal identity. People in Arab culture share the same values, religions, and traditions, which increase in-group bonding. They appreciate hospitality and interdependency, which are seen as a strength of the culture (Yaman, Mesman, van Ijzendoorn, Bakermans-Kranenburg, & Linting, 2010).

Gender Roles

Social norms are important in understanding gender relations in Saudi Arabia. The structure of Saudi society is patriarchal – men are household heads and are usually the main providers and protectors of the family (Rahman, 2015). Gender segregation in public places is a marked feature of the culture. Females’ workplace, educational institutions, hospitals, mosques, and social events must be separated from males’ (Geel, 2016; Jackson & Manderscheid, 2015). This limits women’s occupational opportunities to either education or health care, both stereotypically female caregiver roles (Ismail, Mersal, & Al Hosis, 2016). Restrictions on Saudi women driving cars significantly increases their dependency on men for transportation, which can be a problem for many women (Almutari & McCarthy, 2012; Geel, 2016). Understanding the gender norms of Saudi Arabia is vital for educators and practitioners because people usually seek health

care and helping professionals of their gender. Also, women who do not have men to transport them may not be able to attend intervention programs, educational programs, or therapy.

Marriage, Intimacy, and Partner Selection

Islam sees the family as the central unit of society. Marriage is the only legitimate way to indulge in sexual intimacy as part of heterosexual relationships and to have children. Sexual relationships outside of heterosexual marriages are illegal. Islam is a strong advocate of marriage and sees it embedded as part of Muslim identity. According to Sunnah teachings, Muhammad said: “No house has been built in Islam more beloved in the sight of Allah than through marriage,” and “When a man has married, he has completed one half of his religion.” These statements show the importance that Islam places on marriage, not just as a way to regulate sexual desire but also as a religious duty that must be fulfilled.

Islam emphasizes marriage must be built on a solid ground of piety, empathy, commitment, and kindness. The marriage contract is taken seriously in Islam as it is the written agreement in which a husband and wife express their obligations and rights. The marriage contract requires the verbal agreements of both husband and wife; plus for wives, male guardians (e.g., usually fathers) must approve the marriage. According to Islam, a husband is obligated to provide the financial needs, accommodations, and fair treatment to the wife, while the wife has the obligations of obedience, provide comfort to her husband, and do not go out of the house without the husband’s permission.

Traditionally, the choice of spouse is arranged by family members, keeping the tribe’s considerations in mind. Arranged marriage between cousins and other relatives is the most common. Individuals are encouraged to marry from the same family network to strengthen extended family ties (Al-Hakami & McLaughlin, 2016). Arranged marriage is different from forced

marriage in that in forced marriage there is outside pressure on one or both parties to accept the marriage, while in arranged marriages both freely accept each other, although in both types of marriage, there are social and cultural pressures (Al-Hakami & McLaughlin, 2016).

The second most common type of marriage in Saudi Arabia is semi-arranged, when couples have the chance to meet and develop some emotional and physical attraction to each other before the family members arrange the marriage (Alsuwaigh, 1989). Unarranged marriages in which the couple choose each other independently before any family involvement are favored mostly among modernized families, but the proportion of these marriages is low (Alsuwaigh, 1989; Moaddel, 2006). Although marriage has become increasingly monogamous, polygamous marriage for men (i.e., up to four wives at the same time) is still present; about 500,000 men in Saudi Arabia between the ages of 35 and 64 are in polygamous marriages (“Over half million,” 2016). Finally, in Saudi Arabia, only a small number have interfaith marriages or married to non-Saudis (1.6% of total marriage in Saudi Arabia; “Saudis Marrying Non-Saudis”, 2012).

Family Structures

In Saudi Arabia, there are mainly three types of families: extended families, nuclear families, and blended families (Al-khateeb, 1998). Because of economic development, education, and higher living standards, nuclear families have become the most common type of family in Saudi Arabia, replacing the traditional extended family that share the same dwelling (Alsuwaigh, 1989; Altorki, 1977). Despite variations in the family structures, family remains the most influential social unit in Saudi Arabia.

Family values include loyalty, respect, and commitment to the family. Family loyalty is an obligation over personal needs, and individual identities are drawn from familial associations. Members of the family are encouraged to unite, sympathize with, and support each other. This togetherness is believed to create family happiness

and peace. Because of these collectivistic values, extended family structure has been preferred over the nuclear family because they are believed to have many advantages (e.g., stability, coherence, social support; Dhimi & Sheikh, 2000). In Saudi society, regardless of the family structure, family members are expected to maintain strong relationships by regular visits or phone calls and by providing financial and emotional support. Parents and grandparents hold a significant level of authority over other family members, and refusing to follow their roles is socially unacceptable (Alsuwaigh, 1989). Respect for parents and others is associated with age; as people get older, they get more respect. Thus, taking care of parents when they get older is extremely important.

While the nuclear family allows for more privacy between husbands and wives, it decreases extended family support for childcare and house chores and leads to more social isolation (Alsuwaigh, 1989; El-Haddad, 2003). Another characteristic of Saudi families is the increased dependency on foreign maids and nannies, mostly in urban areas (El-Haddad, 2003). Family authority has begun to change a little, from patriarchy to somewhat more shared by both spouses (Al-khateeb, 1998, Alsuwaigh, 1989).

Family Demographics

Cohabitation before marriage is illegal, even for non-Saudi couples. Most adults marry; the average age at first marriage is 26 for males, and 21 for females (The General Authority for Statistics, 2016). Approximately 28% are female-headed households, which could mean employed women who are married to nonworking husbands, divorced women, widows, and single females who have never married but live with other family members (The General Authority for Statistics, 2016).

Most married couples have children, and childless marriages mostly happen due to health problems (Khraif et al., 2017). About 28.2% of Saudi women use birth planning methods, and the percentage is higher for women with graduate degrees (Khraif et al., 2017).

Family households have gotten smaller over time with an average of six persons. One of the reasons behind the smaller family size is the declining birth rate, which decreased from 7.2 in 1960 to 2.4 in 2016. About 60% of Saudi families own their homes, while 34.8% rent, and 4.5% live in usually free housing supplied by employers to help workers live near their place of work. A higher proportion of families live in apartments (39.88%) than in villas (30.12%), traditional houses (20.67%), or apartments in villas (9.26%). The median annual family income is about \$36,000. The mean household income increased by 19.5% between 2007 and 2014.

Family Strengths and Needs

Geert Hofstede, a Dutch psychologist, studied more than 70 nations, including Saudi Arabia, to examine cultural characteristics, social norms, and values that had strong influences on people at work (Smith, Bond, & Kagitcibasi, 2006). Hofstede argued that cross-cultural differences in work were inherently related to social and cultural environments. Hofstede's framework addresses six primary cultural dimensions important to understanding socio-cultural backgrounds: power distance, individualism, masculinity, uncertainty avoidance, long-term orientation, and indulgence (Hofstede, 2001; Hofstede, Jan-Hofstede, & Minkov, 2010). Hofstede's model has served as the basis for cross-cultural research, yet it has received criticism because the model assumes continuity and commonality of the cultural norms within a society – the model does not account for rapid changes in cultural norms, individual values, and beliefs (Smith et al., 2006). Despite these criticisms, the model may apply to Saudi Arabia. We briefly discuss two major dimensions in Hofstede's model: (1) power and (2) individualism vs. collectivism. These two dimensions are often related, in that collectivist cultures are more likely to favor hierarchical power structures (Smith et al., 2006).

Power distance is how a society handles power distribution and power inequalities among its members. Saudi Arabia scored high (95%) on an

index of power distance, which indicated greater acceptance of a hierarchal order in society. Individuals in Saudi Arabia are not perceived to be equal. Various religious and cultural factors, directly and indirectly, influence these views. In the context of the family, for example, religious and cultural ideology empowers hierarchal familial relationships. Thus, husband-wife, parent-children, grandparents-grandchildren, bothers-sisters, and all forms of familial relationships are based on a hierarchical power structure. For example, based on Islam, wives are not obligated to have any financial responsibility; instead, husbands shoulder this obligation. A working wife may contribute to the family income, but she is not forced to do so. Effective family life education should be aware of these cultural norms.

Individualism refers to the expectation that individuals should take care only of themselves and immediate family. According to the Hofstede analysis, Saudi Arabia has a low individualism score of 25%, which means that Saudi Arabia is a collectivist society. This is not surprising, because Islamic tradition is a strong advocate of collectivism. Even Muslim daily prayer, for example, should be performed in a group as it believed to be more beneficial to be connected to others. Collectivism represents tightly knit social frameworks. Values like loyalty and sacrifice for the family, in-group contributions, and bonds to the community define Saudi culture. Togetherness is valued, and interdependence is emphasized among social units between family, tribe, and nation. The Saudi collectivistic cultural expectation is that group needs take priority over individuals' needs and collectivistic social norms often guide people's behaviors.

FLE practice in Saudi Arabia does not happen apart from these social norms and cultural expectations. For example, it is unusual to find FLE programs that teach concepts regarding mate selection and picking the right partner without considering arranged marriage and the role of the family in this process. This is not to say that young adults have little say about the characteristics of their future partners, but it is common in collectivist societies to find family members are the ones who take the responsibility to look for

future partners. Thus, teaching skills related to how to "pick" your partner with complete independence from the family is not culturally acceptable.

Accordingly, Saudi family's needs should be addressed within these cultural values. For example, programs' content should be sensitive to that fact that the structure of Saudi family is patriarchal and traditional gender roles tend to be important. However, new generations might be less accepting of their parents' gender roles. Also, families from different economic background should have equal opportunities to access to FLE programs. Couples education programs' content should encourage the negotiation of gender roles among newlyweds and engaged couples. Topics such as healthy love instead of romantic love should be discussed, as well as decision-making, marital conflict, and extended family members' roles in solving problems and fathers' roles in childrearing, self-care, and mindfulness. Programs that are related to money management and work skills might be important for divorced mothers and economically disadvantage couples. Couples who are in polygamous marriages might need specific types of FLE programs and topics, such as skills related to effective parenting, because husbands might not always be present in the same household.

Ethical Considerations

The practice of intervention in Saudi Arabia is deeply rooted in Islamic tradition and culture. In 2014, The Ministry of Labor and Social Development published a national guideline for practitioners and social workers who work closely with families and social development programs. The guidelines included general ethical considerations to ensure the functionality of social development programs the ministry sponsored. Other university departments in social science (e.g., social work) also have their own code of ethics. FLE is a new discipline in Saudi Arabia and does not have its own codes of ethics. Thus, family life educators often use guidelines for ethics used by other disciplines (Albrithen &

Dziegielewski, 2016; Guidelines for Programs and Community Development Projects, 2014). Here are the main ethical principles:

1. Practitioners' behaviors and self-representation.

For example, it is expected that FLE educators dress appropriately according to the social setting and follow traditions and customs; be aware of the social and cultural values of individuals with whom you are working, also to not be intolerant toward minority religious tribal groups and to maintain the confidentiality of all parties involved in the services.

2. Practitioners' relationships with families and individuals.

Welcome families and treat them respectfully regardless of gender, religion, blood kinships, or any other family or tribal connections. Not all families are educated, therefore educators and practitioners should use simple, understandable language when communicating, cooperate with other extended family members if needed, let individuals share their opinions freely and respect their customs and traditions, and ask for permission before discussing or questioning people's opinions. Also, if couples feel they can benefit more from same gender classes, this option should be available.

3. Practitioners' relationships with colleagues.

Generally, maintaining professional manners is important that includes respecting other colleagues' opinions and not underestimating others' work, encouraging positive competition and a collaborative environment, and accepting criticism and work on professional manners.

Family Policies that Impact Families and Family Life Education

The Family Life Education Act was passed in 2013 by the Council of Ministers to provide family life education and social development programs offered by the Ministry of Labor and Social Development (Ministry of Social

Development, 2015). The Ministry developed a premarital education program, which was called *Taheel* in Arabic. Scholars from multiple universities and academic departments participated in designing the program. From a collaboration between the Ministry of Labor and Social Development and other family centers, in 2015, the curriculum started to be available for free in different cities in the Kingdom. *Taheel* targets those who seek premarital education and newlyweds. The law was a result of some major challenges that face Saudi family (e.g., high divorce rate during the first 3 years of marriage) and was designed to foster happy marriages and to strengthen family and social ties. The law stressed that family life education should be under the division of the Ministry of Labor and Social Development and correspond with Saudi cultural traditions. The long-term goal of this law was to implement FLE for a broader audience than premarital couples but to extend programs for different audiences (e.g., parents, married couples, youth).

Family Life Education (FLE): Development, Implementation, and Evaluation

FLE Development

The information provided in this section is based on the first author's observations and experience in different educational institutes in Saudi Arabia. The early beginning of Family Life Education (FLE) in Saudi Arabia was religiously based. Religious institutes took the lead in organizing educational sessions after the daily prayer or during Islamic events (e.g., Ramadan). The purposes of these sessions were to remind people of Islamic family values as well as organizing fundraising and charity events to support low-income men to get married. Thus, mosques have been one of the major institutes in which family life education has taken place in Saudi Arabia.

In addition to the Islamic-based FLE, self-help materials – CDs, records, and books – were made available. Much of these materials were

written by western or non-Saudi authors, such as books by Dr. Phil translated into Arabic. These self-help materials have been popular, especially among youth and those who are educated. There is a real question, however, about the degree to which information in these western-created self-help media are relevant to the Saudi context.

Recently, family life education in Saudi Arabia has been receiving greater attention from family organizations, university professors, psychiatrists, and therapists, stimulated in part by recent data on the social challenges contemporary Saudi families are facing. Findings from a national report on marriage and divorce included some startling news: (1) over 80% of Saudi divorces happened in the first 3 years of marriage, (2) around 70% of the court cases were related to family issues, (3) 80% of children in the social welfare institutes had parents who were divorced, and (4) approximately 40% of the individuals who received social security were divorced women (Almawaddah, 2016). In the light of these data, family organizations and other governmental institutions began to focus on building healthy families. Thus, in 2013, the Council of Ministers of Saudi Arabia passed a law that required the Ministry of Labor and Social Development to prepare and organize marriage education programs for youth and young adults.

Providers and Institutions

Governmental-supported (top-down approaches) The Ministry of Labor and Social Development is the main sponsor of family life education. The ministry collaborates with other nonprofit family organizations to provide community workshops. Emphasis is placed on premarital education about legal, financial, psychological, social, and health aspects of marriage.

Educational system The educational system in Saudi Arabia is funded by the government, and so any type of family life education programs, whether in the public school system or in univer-

sities, are government-funded projects. Female students in public schools, starting from the first grade of primary school through high school, take mandatory classes on family and consumer sciences, with some course content on topics related to FLE. Students do not study marriage and relationship skills explicitly. Instead, these classes cover general topics about family and interpersonal relationships (Saudi Ministry of Education, 2017). In addition, girls' public school education usually provides a mothers' education day where students' mothers are invited for lectures that discuss family-related topics such as healthy mother-daughters' relationships and so on.

University departments Although there are no academic programs or specializations in Saudi universities similar to departments of Human Development and Family Studies/Science found in North America, the study of family life education in Saudi Arabia occurs within the academic departments of home economics, family sociology, social work, and psychology. Most well-established universities in Saudi Arabia fund family centers that provide family life education programs for the university community. These programs are often presented via collaborations between these departments. For example, King Abdulaziz University in Jeddah, a public university located in the western region of Saudi Arabia, founded a campus family center in 2014 called the Harmony Center for Familial Counseling (Harmony Family Center, 2014). The center aims to provide solutions for family issues such as spinsterhood and divorce. Another goal is to encourage young people to marry by providing workshops and educational sessions that promote marriage. This center provides three types of FLE. First, a Marriage License workshop, which is basically a marriage education program. The second FLE is Divorce Education for those who have gone through a divorce experience, and the third FLE program is a Marital Expectations workshop for those who are not interested in marriage because of negative ideas/experience they had. The center provides services to many

audiences, but undergraduate students who are enrolled in Islamic studies classes are required to attend one of these workshops and get class credit for attendance. This type of family life education is available free for all university members (Harmony Family Center, 2014).

High schools and middle schools Although there are not specific curricula or classes in which marital or relationship skills are taught, there are general family and social skills curricula for both middle and high school students. In middle schools, FLE is mandatory only for female students. Topics generally include family structure, family relations (e.g., sibling relations, children-parents' relations), and other general female wellness information, as well as nutrition and self-care topics (e.g., beauty trends, hairstyles). At the high school level, there is one required class – Life Skills and Family Education (Saudi Ministry of Education, 2017). This is available for both female and male high school students. In 2015, this course became the first course about family studies available for male students. This was considered a great step toward an equal educational system in Saudi Arabia. This course is skill-based, and the content includes conflict management skills in general, collaboration, leadership, social interaction, family planning, extended family relationships, parenting, and family finance and money management (Saudi Ministry of Education, 2017).

Nongovernmental Organizations, grass roots organizations, and civil society (bottom-up approaches) Profit-based organizations are one example of nongovernmental sponsored projects that provide relationship education workshops along with other self-help classes. These organizations are usually directed by psychologists, religious leaders, therapists, or sociologists. Programs are provided for different audiences, including children, youth, parents, married individuals, and single adults. FLE workshops are available for the community in either traditional lecture settings or online. This program's aim can be to increase self-understanding, anger aware-

ness, stress management skills, premarital education, and parenting education. For example, *Motmaena*, which means the one who is at peace, is a profit-based organization located in the capital city, Riyadh. One of the programs that this organization provides is a one-day workshop for young female audiences with the aim to promote self-understanding and self-confidence. This workshop is provided by a female educator, and the content covers topics related to self-confidence and skills to achieve that goal. In this workshop, participants have to pay 100 SR, which is about \$27. Although *Motmaena* is a benefit-based organization, some programs are offered free for the public, such as stress management training. All of this information comes from the *Motmaena*'s center official Twitter account (https://twitter.com/motmaena_Center).

Community classes on marital relationships and parenting skills This family life education may be sponsored by either religious institutes like mosques or by universities' extension and community outreach divisions. In both types of community classes, FLE programs are free, and anyone can attend. However, in religion-based classes, the target population is mostly men, although women may attend. Men and women attend in separate locations, but they listen to the same lecture via microphone for women. Male religious leaders facilitate the sessions, which often are 30–60 min long. University extension programs usually target female audiences, such as nonworking mothers of preschool children. In this type of FLE programming, sessions are usually led by a female faculty member who goes to local schools or daycare centers to meet with mothers because it is easier to reach them in those settings. The university-based FLE content is varied but mostly focuses on child rearing and motherhood. These seminars are usually longer than the religious programs and may last for 1–2 h.

Types of Programs Offered Regardless of who offers the FLE programs (i.e., educational institutions, NGOs, religious institutions), formal traditional lecturing is the most common teaching

style in Saudi Arabia, although FLE also may be offered via online distance education or telephone. The goal is to allow people who do not have access to the traditional FLE lectures to reach out from home, especially for women who often face transportation difficulties. For online FLE, which is mostly provided by the for-profit organizations, participants attend and listen to webinars that can last for 2–4 h. For the telephone service, which is provided by both profit and non-profit organizations, FLE educators or family specialists provide a quick guide or consulting for individuals who need urgent help but for privacy reasons or access limitations cannot attend the traditional educational setting.

Other types of FLE, such as support groups, are not popular in Saudi Arabia. Support groups are usually informal gatherings that include sharing of private feelings or stories. This may not be culturally appropriate; sharing about relationships may spread rumors. Consequently, traditional lectures with an active teaching-learning style and respect for participants' privacy are the most common type of FLE programs.

FLE Implementation

Nonprofit organizations, such as Alkawaddah [Affection] Society for Family Development in Jeddah (ASFD), have been offering FLE programs. As with other nonprofit organizations, the ASFD offers parenting programs, family leadership, and programs for adolescents and children to promote healthy communication between children and their parents. This organization also provides unique FLE programs, such as one for prisoners and their families that is a collaboration between the ASFD and the Saudi Ministry of Interior. This program targets both male and female prisoners; the goal is to provide them with necessary skills to bond with their families and to reintegrate into society successfully (Alkawaddah, 2016).

Governmentally funded premarital education began in August 2015 when the Ministry of Labor and Social Development provided a premarital

preparation program for the first time (Ministry of Social Development, 2015). The target audiences are engaged individuals. More than 50 people, including academics, religious leaders, physicians, social workers, and educators, contributed to designing the curriculum. The content varies based on the participants' gender, but the program covers five aspects of marriage – legal, economic, psychological, sociological, and health. The emphasis of each of these areas varies based on participant gender. The male's program focuses more on legal and economic aspects of marriage, while the females' program focuses on emotional, social, and health in marriage (Ministry of Social Development, 2015).

Content The legal aspects of marriage include topics such as the marriage contract and marital ethics in Islam. The economic content addresses financial skills, wedding planning, and a heavy emphasis on how to plan the wedding according to a conservative traditional view. For example, this section covers advice on the type of dresses women should wear, the type of music to play, and how women should dance. The limitation of this section is that it was clearly written from a conservative male ideology and may not capture all variations of wedding traditions. The psychological aspect, which has more content for women, addresses emotional well-being and gender differences between men and women on emotional expression and provides advice on marital stress and the characteristics of true love. The social aspects address couples' communication skills and advice regarding the social skills for a successful marriage. For women, the program focuses on how to treat their husbands' extended family and their in-laws; this is not in the program for men. Finally, health topics are divided into (1) gender differences in intimacy and sex-related topics and (2) pregnancy and reproductive anatomy (Ministry of Social Development, 2015).

Length *Taaheel* is a 12-h program divided into three sessions of equal length. Although the audiences are couples and individuals who are

engaged or married, couples are not required to attend jointly, and attendance is voluntary for those who seek premarital education. The schedule of when programs are offered is flexible; it may be offered two to four times per month, depending on the season and enrollments. The program takes place in authorized family centers and family organizations. Programs for females are separated from males' location, although the programs are offered on the same dates. Program *facilitators* vary based on the individual family centers and their policies. Generally, female participants have a female educator, and a male facilitator teaches male participants. Facilitators are chosen based on specific characteristics. For example, the ASFD requires facilitators to be at least 35 years old, married for more than 5 years, hold a Master degree in religion or a social science major, have experience in FLE for 3 years, and have finished 50 h of program training (Ministry of Social Development, 2015).

Challenges

One of the biggest challenges that face the implementation of family life education in Saudi Arabia is the lack of experts who can help with designing, implementing, and evaluating the programs using evidence-based methodology. The lack of family scientists, researchers, educators, and practitioners who can help in this area is a serious challenge. The second challenge is that FLE programs mostly take place in urban areas, particularly in upper- and middle-class neighborhoods, so that low-income individuals do not have the same opportunities for FLE programs. The third challenge is the absence of cultural sensitivity in the FLE programs. There are some cultural variations among Saudis who belong to different tribal and family backgrounds, but governmentally funded curriculum assumes homogeneity and does not capture cultural diversity among participants. Also, there are some challenges reaching women. Because of the restriction on women driving in Saudi Arabia, female participants face challenges in being able to attend face-to-face FLE programs. A woman who

wants to attend FLE program may need her male guardian's permission, and that is difficult for many women. Accessibility for women with low incomes may be particularly difficult. Consequently, providing accessible programs or transportation for female participants is imperative. Finally, there are some logistical challenges for rural centers because they lack equipment or qualified facilitators to implement FLE.

FLE Program Evaluation

There have been few FLE evaluation studies in Saudi Arabia. Reasons for this are varied. The field of family life education is relatively new as a scientific/academic discipline, and there is no specific university department identified as family life education or intervention programs. Although there are some individual efforts to develop family life education curricula, the methods used to conduct evaluation studies have been limited.

To find research evidence about FLE program effectiveness in Saudi Arabia, we searched different databases using Arabic and English, and we contacted governmental and nongovernmental family life organizations. Few evaluation efforts were found. A few participant satisfaction survey studies were conducted by the ASFD (Almawaddah, 2016), and others (Al-Mudaf & Al-Jwaisir, 2013; Askar, 2009). These have been post-survey studies aimed to explore participants' satisfaction and programs' effectiveness. Data were collected electronically from thousands of participants recruited using telephone calls and email contacts. In general, results showed that participants were young adults with a wide range of educational and social class backgrounds. Participants had been married on average 1–3 years. Results showed that many more men (76%) than women (24%) responded to the survey, which may indicate problems with accessibility of FLE programs for women in a male-dominated society or greater willingness for men to respond than women. In the Almawaddah (2016) participant satisfaction survey, 94% reported that they thought the premarital program had positively influenced their

marriages, and 95.4% said that the program helped with the continuity of the marriage. Although 61% of participants still faced marital problems, 64% reported that the premarital preparation helped them manage the problems. Attendance increased with education; those with more education attended more sessions (Al-Mudaf & Al-Jwaisir, 2013; Askar, 2009).

Feedback to Inform Revisions and Improvements of the FLE Programs

Despite the positive outcomes of these satisfaction studies, there is a disconnect between program implementation and research evaluation. Survey research might be a legitimate approach to many research topics, but it is not helpful when exploring program effectiveness. The lack of involvement of researchers is noticeable and is contributing to the slow process of developing FLE programs and the missed opportunities to promote evidence-based FLE.

The following suggestions can inform future research. Programs' content should be evidence-based rather than ideology-based (e.g., *Taheel* has some topics about women emotional instability and how husbands should handle that, which is problematic because it is not a scientific fact but a gender-bias ideology). Also, the current classes are segregated by gender, and couples miss the opportunity to interact with each other; future programs should offer some activities that allow couples to actively engage in in-class activities, or programs should be designed to help couples to do some activities in their homes. Additionally, for the program length, it might be important to adjust program length based on participants' needs. Male participants seem to prefer shorter sessions (e.g., maximum to 5 days), and female participants prefer longer sessions (e.g., up to 1 month). While 1-month premarital education may not be feasible for a variety of reasons and knowing that the current marriage education program is covered in 3 days for 4 h a day, it might be important to provide some in-depth discussion based on audience needs. This raises an

important question about what kind of topics men would be interested in for future FLE.

Facilitators' teaching styles may be important. According to the available research, females prefer active learning and group discussions, while males prefer lecture teaching style using PowerPoint presentations (Al-Mudaf & Al-Jwaisir, 2013). Moreover, there is no national evidence in Saudi Arabia about the characteristics of FLE facilitators and what kind of training and ideology they have regarding families and women, in particular. Thus, it is important for the future FLE to be certified via family science or related academic majors to ensure that FLE educators have the necessary knowledge and experience.

While the current programs target engaged and married individuals, research shows that future FLE programs that are governmentally funded should be available for audiences such as singles, widowed, and divorced individuals (Al-Mudaf & Al-Jwaisir, 2013). Finally, FLE programs should recognize the need for different types of families such as stepfamilies, military families, as well as immigrant families who face different challenges and stressors. Family life education may be necessary to help these families adjust to their demands and manage family communication.

Conclusions and Recommendations

Family life education is increasingly important in Saudi Arabia. In recent years, there has been advancements in the practice of family life education, such as the 2013 law to sponsor FLE programs for engaged individuals, and the addition of nonprofit organizations in the delivery of FLE to strengthen families and individual well-being. Unfortunately, the work of these organizations has been concentrated in cities, with less attention paid to families in rural areas. There also has not yet been clarification of the family life education philosophy or guidelines for how it should be implemented. One of the critiques of this area is that there has not been a theoretical perspective to the implementation of family life education. Although a current FLE goal in Saudi Arabia is to "strengthen the family," there are many instances

where the programs use common sense information that is not well-researched. In the long term, program developers should research the core features of effective FLE programs, including content design, implementation, and evaluation.

Future FLE programs should offer a variety of options for couples to attend the programs. This includes the opportunity for couples to attend mixed-gender classes or the traditional gender-segregated classes. Moreover, topics such as division of labor should be discussed using different in-class or in-home activities. Programs should not assume new Saudi generations would follow their parent gender roles. However, such topics should be discussed with caution by helping couples to at least have the discussion about the division of labor rather than enforcing certain gender ideologies.

This chapter has featured a broad overview of the development and practice of family life education in Saudi Arabia. It is hoped that this chapter provides basic information on the long-term profession of family life education. At a more practical level, there are several recommendations that may be employed to increase the future value of FLE. It is important to (a) promote and support a standard practice of evidence-based family life education; (b) identify relevant theories to be the basis of effective FLE practice; (c) utilize scientific methods for designing program content and choosing program facilitators; (d) conduct solid evaluation research using both qualitative and quantitative designs; (e) increase program accessibility for marginalized audiences, including women, rural populations, couples with disabilities, and those who are non-Saudis; and (f) provide school-based FLE for male students as well as females.

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Part IX
Conclusion



Global Perspectives on Family Life Education: Synthesis and Future Directions

Alan C. Taylor and Mihaela Robila

Throughout this book, each set of authors has encouraged readers to gain a better understanding of how family life education is perceived and accomplished in each of the highlighted countries. While various educational practices unique to each country's cultural and political/economic situation have been highlighted, several themes have emerged to exemplify just how similar or congruent some of the educational practices that have been implemented throughout the world are. In this concluding chapter, we felt it important to highlight some of these overarching themes.

Changing Contexts and Adaptive Patterns

One particular theme that prevails throughout this book is that while government and NGO family life education services have not yet been formally established in many countries, various educational services have been offered every-

where informally, at both the family and community level. Many of these informal educational services have existed for decades. Contemporary changes in the global context provoke necessary adaptations in family patterns and interactions (Nossier, 2002). For example, over the past several decades throughout the world, there have been major population migrations from rural areas to urban areas or from one country to another – i.e., Saudi Arabia (Almalki & Ganong, 2018) and Australia (Smyth, Hunter, Macvean, Walter, and Higgins 2018). Migrations may happen as individuals or entire families. As individuals are part of their family systems, their individual movements have had a major impact on family interaction patterns. In many regions or countries, families prefer to discuss their problems internally (if ever discussed), and they are reluctant to share them with outsiders, even when resources are available. With the contemporary changes, families may often become disconnected at times by large geographical distances and they might not be readily available to support their members. In these cases, there is a risk of potential problems not being solved and becoming aggravated when families are not available or unwilling to provide the support. In addition, there is often no effort to ask for external support, either because of stigma or because of lack of information regarding available resources and

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their effectiveness. Several authors indicated in their chapters that families have been resourceful through the years in providing essential emotional and instrumental support. Due to this, there was no urgent need to extend the request to outside forums. For example, within the two countries of Ghana (Asiedu & Donkor, 2018) and Thailand (Solheim & Wachwhitan, 2018), family life education is most often done informally, by family members within their homes or villages. These authors indicated that these informal family life education practices within the home by elder family members have been in place for decades and even centuries. Similarly, in India the formal family life education programs, or the training for them, are rare, and it is mostly done informally at the family level (Bhangaokar & Pandya, 2018). Chowdhury (2006) (cited by Bhangaokar & Pandya, 2018) indicates that FLE programs in India are needed with a preventative approach to respond to contemporary family and social changes, as well as to respond constructively to structural and functional changes in the Indian family. The global changes are determining necessary adjustments in behavioral patterns at the family level. When there are no family members available for support, families should try to feel comfortable in reaching out for help to adapt to new situations. Becoming familiar with family services and their characteristics, such as maintaining confidentiality and program effectiveness, is an important factor in families becoming comfortable enough to access and employ these support mechanisms.

Prevention Versus Intervention

Evidence indicates that preventive services, designed to avoid interpersonal problems from developing, could be more effective and efficient than intervention services which require higher professional qualifications for professionals and more financial investment (e.g., Gottfredson et al., 2015). However, even with evidence of their effectiveness and efficiency, prevention services lag behind intervention mechanisms in their development. Particularly,

in countries where there are financial difficulties, the tendency is to focus on fixing established problems, instead of investing in preventative measures. This focus on treatment and intervention rather than on developing prevention programming has been mentioned by scholars around the world. For example, in Thailand it was noted that, “policy focuses on remediation that involves social welfare and the law. Little attention is paid to prevention, which is the purpose of family life education” (Solheim & Wachwhitan, 2018).

The importance of prevention and the need to develop such programming have been indicated by several scholars, including Burlaka and his colleagues in the chapter on family life education in Ukraine (Burlaka, Serdiuk, Nickelsen, Tkach, and Khvorova, 2018). Specifically, they write that Ukrainian family programs are not integrated and do not use the term *family life education (FLE)*. The authors note four problem areas that significantly affect Ukrainian families and should be targeted by FLE: (1) substance abuse, (2) disability, (3) sexually transmitted diseases, and (4) interpersonal relations.

Not surprisingly, nearly all of the countries highlighted within this book had various types of health-related programs that addressed sexuality issues, reproductive areas, or education on sexually transmitted diseases. In the African countries of Ghana (Asiedu & Donkor, 2018), Tanzania (Eustace, Nyamhanga, Ghuhuy, and Mushy, 2018), and South Africa (Gerhardt, 2018), HIV/AIDS treatment and prevention education are considered one of the highest priorities. Other countries, such as Ukraine (Burlaka et al., 2018), have also spent significant government and NGO resources addressing HIV/AIDS. With the HIV/AIDS pandemic being one of the world’s major health crises, there have been several responses from both government and nongovernment organizations in these countries to fight the disease. Most of the government resources designated specifically for individual and family services and education are often used for sexuality and HIV prevention education within many countries around the world. While these various programs have been vital in mini-

mizing many of the negative consequences or challenges stemming from unhealthy behaviors, these programs are often not viewed as family life education programming. These have often been labeled as health intervention services and usually lack the preventive emphasis FLE programs encompass.

Family Life Education and Family Policies: Recognition of the Field and Professional Visibility

Family life education has reported varied degrees of development in different areas of the world, with western countries and more developed countries indicating more progress toward formal development. While all countries surveyed reported that families provided education about relationships informally at the family level while trying to solve different problems, some countries have advanced the family life education field to the family policy arena, developing explicit policies to promote this field. For example, Taiwan is the first country to have a Family Education Act passed in 2003 in order to ensure healthy family functioning (Hwang, 2018). Similarly, in Saudi Arabia, the Family Life Education Act was passed in 2013 by the Council of Ministers to provide family life education and social development programming to the people of that country (Almalki & Ganong, 2018).

Developing policies that support family life education could contribute not only to the institutionalization and recognition of the field but could also set up the system in that area for job/career registration and funding. For example, after the development of the Family Education Act in Taiwan, guidelines for professionalism and certifications were established, increasing the credibility, attractiveness, and opportunities of this career. As Hwang (2018) indicates in his chapter, “This is an essential aspect because each city needs well-trained professionals and educators to implement and deliver programs”. Policy at the national level also has the advantage that it could set up funds necessary for the development and implementation of national level preventive

family services which could be available to the general population and not only to those in urban or more developed areas. For example, providing family life education through middle and high schools could make programming more accessible to everybody as supposed to those who attend local workshops or nongovernmental organizations which might have limited scope or limited area covered. Unfortunately, these may be less universally known or accessible.

Within the Caribbean island region, 20 island countries joined together to become members of the Caribbean Community secretariat (CARICOM) – “an umbrella for policymaking based on consensus by CARICOM heads of government” (Gibbons, 2014, p. 405). Within this membership, an agreement to provide Health and Family Life Education (HFLE) programs within Caribbean schools was established and gained strength due to being a collaborative effort between UNICEF and CARICOM. These efforts are a good example of how governments, coming from smaller countries, can join to help effectively provide health and relationship education that would be consistently offered to children and families (Frederick, Reyes-Mohammad, and Obasi, 2018).

Developing Local Programs or Adapting Programs from Other Places

Gardner, Montgomery, and Knerr’s (2016) review and meta-analysis on transporting evidence-based parenting programs for child problem behavior (age 3–10) between countries showed strong, highly significant effects on child problem behavior in countries that had imported the interventions. Leijten, Melendez-Torres, Knerr, and Gardner (2016) found that transported and locally developed parenting interventions were equally able to reduce disruptive child behavior. Thus, Gardner (2017) suggests that programs should be chosen and implemented because they have a strong evidence base, and not because they have been developed locally, or for a particular region or population.

Having said that, taking into consideration the local culture when developing and implementing programs is also very important to ensure that the activities and materials provided are appropriate. For example, Almalki and Ganong (2018) indicate that in Saudi Arabia, support groups are not popular because “sharing about relationships may spread rumors. Consequently, traditional lectures with an active teaching-learning style and respect for participants’ privacy is the most common type of FLE program.” (p. 381)

Some family life education programs have been successfully developed in one country and have then been adopted and used throughout the world. In 2001, Matthew R Sanders and his colleagues at the University of Queensland in Australia created Triple P, or the “Positive Parenting Program” (Sanders, 2008). This parenting program was originally established from a small home-based training program for parents of disrupted preschool-aged children to a worldwide comprehensive preventative parenting program. This evidence-based program is now being implemented in more than 25 different countries (triplep.net, n.d.). Most importantly, the curriculum has been tested and effectively modified to meet the specific cultural and ethnic needs of the parents receiving this preventative educational material. Chile is one country where Triple P has been adapted and modified to fit its unique cultural situations. Its implementation and evaluation has been viewed as a valuable asset to strengthening parent-child relationships in the two regions it is being delivered (Delva, Lopez, and Guzman 2018). The Triple P program has been considered one of the top parenting education offered and it has had a positive impact on the people receiving it.

While programs such as Triple P have found success crossing international lines to meet the needs of diverse families, several authors of our chapters, such as Thailand (Solheim & Wachwhitan, 2018), expressed concern in trying to adapt a western philosophical educational program into a vastly different Thai culture that does not follow modern western values and beliefs. Solhoeim and Wachwhitan advocated for more family life education programs to be developed, refined, and implemented from within the Thai

culture itself so that it was a true fit for the people it served.

Gerhardt (2018) also emphasized that due to South Africa’s unique social, political, and healthcare challenges, developing effective family life education will have a greater impact if it is “built and strengthened from within” the country’s system. She stressed that only those who are vested participants within the South African context would be able to claim true ownership, which can occur in partnerships with national and international stakeholders. With that said, she also acknowledged that pulling from other proven and established international models for effective FLE practices can be referenced for inspiration.

Religion and Its Influence on Family Life Education Practices

Interestingly, several chapters described countries where the religious culture played a significant role in formal and informal family life education. Almalki and Ganong (2018) described that in Saudi Arabia, the Islamic religion was interwoven in practices of educating parents and families as to how to act and interact socially. It was described that all of the social and government laws are based on Islamic law. Mosques have been the primary settings in which FLE takes place. Other countries, such as India (Bhangaokar & Pandya, 2018) and Algeria (Tiliouine & Achoui, 2018), shared these same FLE and religious intertwined connection. As western cultural influences slowly continue to infiltrate many of these religiously traditional countries, they will impact the values and social practices of families within it. Family life education will eventually begin to be less tied to core religious principles and practices.

Preparing Future Family Life Educators

It is evident that several countries, such as South Korea (Lee & Son, 2018), Taiwan (Hwang, 2018), and the USA (Ballard, Cassidy, Taylor, and Robila

2018), are actively building and strengthening the field of family life education by providing formal educational training and opportunities for FLEs. They each have university-level educational degrees at various universities that prepare family life educators to work in communities. In the USA alone, over 130 universities have undergraduate and graduate academic programs in which enrolled students are trained in family life education practices (National Council on Family Relations n.d.-a). Students within these programs have the opportunity to graduate with a provisional family life education certification.

Israel is another country where newly developed family educational programs have been established to prepare those working closely with parents and family members (Ritblatt & Rosental, 2018). The authors mentioned that Levinsky College of Education now offers a training program entitled *Parental Guidance Studies*. The program was developed due to the growing needs of many requests from Israeli parents to receive guidance as to how to better support children. The more countries start to have universities offer specific courses associated with family life education methodologies and practices, the sooner the field of family life education will come out of the shadows and be seen as a valued type of family services for families and individuals.

While formal family welfare or family life education is not currently being offered in Colombia (Ripoll-Núñez & Carrillo, 2018), they have recently opened the Colombian Institute for Family Well-Being (CIFW). This governmental institute was developed to design strategies and programs that support and strengthen families' well-being. It is within this organization that educators and facilitators are trained with the approved curriculum.

On the flip side, there still are several countries highlighted within this book that lack formal academic training for family life educators and avenues for building the family life education field. Ireland (O'Doherty, 2018), Brazil (Bastos, Reis, Carvalho, & Moreira 2018), and Mexico (Salguero-Velázquez, Jurado, & Chavero, 2018) are just a few examples of countries whose authors suggested that no formal FLE programming existed. On the other hand,

these authors emphasized that their country provided educational opportunities by training social workers and welfare workers to work with individuals and families within their communities. These authors emphasized that a focus on FLE training will continue to be limited. A consistent theme that arose from these and other countries, was their continuous focus and need to spend significant resources on the basic needs of the country's populations: Food, shelter, clothing, and other basic living needs. In Mexico (Salguero-Velázquez, Jurado, & Chavero, 2018), the lack of governmental resources used for any type of family services is limited and a concern. Even programs that focus on the basic needs of individuals and families cannot often meet the high demands that exists. On another level, countries such as Israel (Ritblatt & Rosental, 2018) must use more money and resources on defense and security of the people and their resources. Resources for FLE programming are particularly scarce during times of war and conflict.

Perhaps the field of family life education will grow and be more solidified globally when countries begin to acknowledge that many of the health and relationship programs that are currently being offered in various countries are truly synonymous with family life education. Services and programs that are currently offered and have a preventative component may just need to be reframed as family life education. It is then that the FLE field will likely become more solidified and more widely recognized. In addition, as organizations such as the National Council on Family Relations continue to expand their international membership, then the field of family life education, which is an integral part of NCFR, will likely follow suit.

The Need for More Evaluation, Research, and Theory

One theme that was common among our chapter authors was that most family life and educational programs being implemented have typically not been adequately evaluated. Outside of the USA, it appears most efforts in establishing health and

family life education are being placed on just securing adequate governmental support and enough funding to provide resources for minimal programs. Sufficient support and funding is essential for programs to establish longevity and to truly make a significant impact on individuals and families (Darling, Cassidy, and Powell 2014). In nearly all the country chapters, program evaluations were scarce and nearly nonexistent, especially among programs outside of health and sexuality education. A few of the highlighted parenting programs that had been evaluated were actually connected to Triple P programs. (Specific elements of the Triple P program were briefly mentioned earlier in this chapter.) These Triple P programs had been modified to meet the cultural needs of the people within the countries for which each was being implemented (i.e., Australia, the USA, Chile, and Ireland). These culturally specific Triple P programs had been evaluated to make sure they were meeting the needs of the individuals and parents receiving it. The number and quality of program evaluations are vital in order for educators, policy-makers, and funders to determine if their programs are effectively making a difference.

Not surprisingly, another common theme discovered was that most of the health-focused programs developed and implemented to reduce sexuality-related diseases or epidemics (i.e., STDS, AIDS, and HIV) have been regularly evaluated to prove that the resources that are put into the programs are being used effectively. Most of these health-related program evaluations are being paid for and completed by either international organizations, such as UNICEF, or the country's own national government.

In addition to the lack of evaluated programming, it is obviously apparent that more research and theorizing are needed on the practices of family life education within various countries globally. While general demographic information regarding individuals and families are often available in most countries through government census-like efforts, research on parenting and other familial relationships are often lacking or limited. Culturally specific theorizing has the potential for helping family researchers, scholars, and family policy-makers better understand

how and why individuals and families interact and do what they do – all within the country's cultural context. As was highlighted in the first chapter of this book, specific programs can be successfully developed and implemented if based on high-quality research that can be used to determine the strengths and needs of the populations served.

One solution to increasing international research and theorizing is through collaboration and networking efforts (Darling & Turkki, 2009). International family scholars and educators could assist each other if they build solid networks where ideas, research designs, research resources, and strategy conversations could be formulated. Over the past several years, professional organizations, such as the National Council on Family Relations (n.d.-b), have put resources and additional efforts into inviting more international family/relationship scholars to join their organization and to attend their annual conferences. NCFR, in particular, purposefully established an International Section 40 years ago to bring scholars together from all around the world. The goal of this section is “to generate a better understanding of the unique variations of family process throughout the world by promoting cross-national family research, facilitating communication among international family scholars, sharing information on current and proposed research projects, and sponsoring educational cross-national family programs, presentations, and seminars.” (National Council on Family Relations, n.d.-b). We believe that there is a step-by-step building process that should result in producing the most effective FLE programming:

1. An increase of high-quality training/networking should produce better research and theory-building skills.
2. In addition, an increase of high-quality research/theory-building and networking should bring about better evaluations skills and outcome-expectation evaluations.
3. Finally, an increase of high-quality research/theory-building, training/networking, and evaluations should help to establish the best and most effective FLE programming possible.

Final Thoughts

The development and utilization of advancing technology may pave the way for FLE to become more prevalent in countries worldwide in the near future. Providing FLE through the Internet, apps, and other technological means may be the fastest way to distribute FLE programming to the widest audiences. Countries such as Tanzania (Eustace et al., 2018) and the USA (Ballard et al., 2018) have been using newer technology and social media in recent years to share FLE programming. Most of the authors within in this book emphasized the need for more technology to be utilized in future FLE activities and practices within their countries. We must be creative and opportunistic with our social media and our technology uses. In addition, more countries may want to look to more advanced countries who have successfully integrated FLE within their communities as models to emulate. Beyond trying to emulate FLE practices within the USA, Hong Kong is seen by countries such as China as one that might be a good example to follow (Xia & Zhang Creaser, 2018). Hong Kong started FLE development in early twentieth century, and they have established systematic and mature FLE programs (Yang, 2017; Yang & Yan, 2016).

Finally, as the conceptual practice of family life education looks to become more evident and more widely embraced internationally, it will likely also provide a positive impact on the health and well-being of families and their members worldwide. It is our hope that the perceptions of family life education will move from being obscurely seen or nearly invisible in many countries to FLE having a strong impact and presence in most countries around the world. It is our belief that families all over the world can become more resilient and strengthened if more family-oriented government policies are established to strengthen the prevention focus of educating families and individual services. All individuals and families throughout the world deserve access to high-quality, culturally sensitive FLE programming, which can strengthen and improve family well-being.

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