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Parenting, Family Care and Adolescence in East and Southern Africa: An evidence-focused literature review

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PARENTING, FAMILY CARE AND ADOLESCENCE IN EAST AND SOUTHERN AFRICA: AN EVIDENCE-FOCUSED LITERATURE REVIEW

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ABSTRACT

Based on an evidence-focused literature review, this paper examines existing knowledge on raising adolescents in east and southern African countries, including Kenya, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe. Country selection was based on the availability of relevant literature and data. The vast majority of research on parenting and adolescent development is based in studies from the global north. This research sought to deepen understandings of family life, care practices and support networks in the east and southern African region so as to inform policy and interventions that seek to improve adolescent-family relations and reduce risk behaviours. Analysis of the regional literature prompts a reconsideration of conventional understandings of parenting and of support focused on adolescence. An evidence-informed model for understanding the ecology of adolescent-parent relationships in the cultural and economic contexts of the region is provided. In addition, a framework for exploring contextually-relevant dimensions of parenting through research and practice is offered.

Keywords: parenting, adolescents, social norms, cultural norms, family structure, East and Southern Africa Region, risk behaviour, lower middle income countries (LMICs).

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TABLE OF CONTENTS

1.	Executive Summary	4
1.1	How is parenting understood and practised in the region?	4
1.2	What are the structural factors affecting adolescent well-being and care relationships?	5
1.3	Where do parents and adolescents seek and find support?	5
1.4	Conclusions and their implications for thinking and practice.....	6
2.	Introduction	7
2.1	Aims and rationale	7
2.2	Background	7
2.3	Research questions	8
2.4	Methodology	8
2.5	Findings	14
3.	How is Parenting Understood and Practised in the Region?	17
3.1	Norms and aspirations for raising adolescents.....	17
3.2	What do adolescents expect from parenting?	19
3.3	Initiation rites and the role of parents.....	20
3.4	Who do adolescents live with?	22
3.5	How does family structure affect parenting and adolescent well-being?	24
3.6	Perspectives on social change	26
3.7	How do adults currently 'parent' adolescents?	27
4.	Structural Factors Affecting Adolescent-Parent Relationships	32
4.1	Parent perspectives on factors that undermine their care of adolescents.....	32
4.2	The impact of poverty on adolescent work and parenting.....	33
4.3	Trends in education, marriage and child-bearing.....	34
4.4	Adolescent care of family members and of the family reputation	36
4.5	Structural drivers behind adolescent health and well-being	37
4.6	Intimacy, sex and perceptions of risk	39
5.	Where Do Parents and Adolescents Seek and Find Support?	41
5.1	Parent support-seeking: the scope and limitations of family networks	41
5.2	Support to parents from community institutions	42
5.3	Adolescent support-seeking: blurring the boundaries of parenting and 'social support'	43
6.	Discussion and Conclusions	47
6.1	Adolescence and social change	47
6.2	Gender dynamics undermining fathering and mothering	48
6.3	Economics, the struggle for well-being and the emotional economy of parenting	49
6.4	The (ideal) character of parenting	49
6.5	The possibilities offered by parenting support	51
6.6	Understanding the potential for transferability across cultures and contexts	52
7.	Recommendations towards Policy and Intervention	54
7.1	Framework for exploring the dimensions of parenting in a given regional context	56
	Bibliography	61
	Appendix 1 - Definition of Parents and Parenting	72
	Appendix 2 - Country Selection Criteria	73

1. EXECUTIVE SUMMARY

This report reviews existing knowledge on raising adolescents in selected southern and east African countries in order to understand how adolescents are raised in the region, what social and structural factors affect parenting and where adolescents and parents turn for support. Conventional views on positive parenting of adolescents emanate predominantly from the Western world and often fail to take into account the diverse socio-cultural and economic influences present in other regions of the world. This literature review challenges this conventional understanding of parenting. The findings highlight that parenting in the southern and east African region has to be seen in the context of other influences such as strong cultural values, high levels of migration, the HIV epidemic and extreme poverty – all of which have a profound impact on parenting in this region.

A broad definition of parents is used to include all those who provide significant and/or primary care of adolescents. Parenting is defined as the activities entailed in raising adolescents and to the relationships between adolescents and the adults who care for them. Parenting is viewed as a gendered, cultural practice influenced by community and wider societal values and norms.

The study focuses on the opportunities and constraints of parenting adolescents posed by the environments in which families live. A model (Figure 1, page 12) is provided for thinking about what the evidence tells us about the ecology of adolescent-parent relationships, including skip-generation or sibling-headed households¹, and when adolescents themselves become parents.

The methodology used is a rigorous, evidence-focused literature review based on the core principles of a systematic review. It allows for innovation and reflexivity, particularly regarding policy implications. The review encompassed academic and grey literature from six countries (Kenya, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe) and from the region as a whole.

1.1 How is parenting understood and practised in the region?

Culturally embedded ideals place many of the caring roles within the collective space of kin and community networks – particularly those facilitating young people's entry into adulthood.

Adolescents' households vary in composition and size, with mothers and grandmothers taking most responsibility for adolescent upbringing. The traditional community and kinship structures are being eroded and families are under increased strain due to micro-economic forces driving social change: migration (resulting in absence of a father), chronic poverty, joblessness, food scarcity and illness. Previous research has linked paternal absence with adolescent sexual risk and suggests these adolescents suffer from less social support. There are indications that new conceptualisations of motherhood and fatherhood associated with being a modern, educated, self-regarding adult are emerging amongst young parents in urbanised

¹ Skip-generation households are those in which the only adult members are grandparents and/or older adult relatives or neighbours. Sibling-headed households comprise children of the same generation some of whom may be over 18 years of age. Child-headed households are a subset of this group whose members are all under 18 years.

South Africa, but the extent and consequences of these for this generation of adolescents requires further research.

There is little discourse around diversity in parenting styles in the region because even the notion of 'parenting' is an external construct. Reciprocity in the sense of mutual care, support, respect and valuing of the other are prioritised by adolescents in their relationships with parents. Several studies from diverse settings corroborate the importance of these parenting qualities, but the details of how these are achieved are poorly understood.

1.2 What are the structural factors affecting adolescent well-being and care relationships?

Structural factors such as poverty, workloads, education opportunity, HIV and early marriage have major impacts on parenting adolescents.

The range of indicators and national statistics collated in this research show high variation in adolescent occupations, experience and roles within and between the six countries examined. A large portion of adolescents' time is spent working in or outside the home, and this increases with age for adolescents in rural areas and urban migrant adolescents in particular. Adolescents also engage in labour activities in order to meet their own basic needs and supplement family income thereby blurring the traditional lines between "provider" parent and "recipient" adolescent. However, in urban areas formal education is steadily replacing work in the daily lives of adolescents. Parental aspirations that place high value on schooling also shape relationships between parents and adolescents through inter-generational bargains premised on the notion that completing school will lead to employment and upward social mobility. Despite this, schooling remains tenuous for many.

Continuing high rates of early marriage and child-bearing may reflect parental desire to protect the family reputation despite the negative impact of early child-bearing on the health and socio-economic prospects of adolescent girls. Poverty and inequality influence the quality of care given to adolescents as poverty is often associated with the erosion of dignity and attempts to cope through drugs and alcohol, with related impacts on mental health. Fathers, in particular, identified huge challenges in raising adolescents as their role is primarily seen as providing for basic needs, which is increasingly compromised due to persistent poverty, lack of income and opportunity.

Taboos on parent-initiated discussions about sex and related choices are upheld by long-standing cultural norms. Older adolescents are often seen as adults following initiation, early marriage, sexual experience or childbearing. Parents then tend to encourage mixing with other adults, which limits their parenting role around the sexual health of their adolescents.

1.3 Where do parents and adolescents seek and find support?

The scant literature on the existence of support networks rarely distinguishes between different forms of support, such as practical, emotional or social support.

While relatives remain key sources of support, both adults and young people often opt to seek support from outside the family because it can be more reliable and can avoid

intra-familial conflict or threat to their dignity. For example, support groups established by health and other services have become an important source of help for adults. Adolescents who have strong attachment to adults in their community exhibit greater resilience and are less likely to engage in harmful behaviour. However adolescents, including young parents, are frequently denied the social status required to access formal and informal community networks so are reliant on adults to act on their behalf.

1.4 Conclusions and their implications for thinking and practice

The literature review suggests that parental abilities to shape the lives of their adolescent children depend on many factors and are frequently subordinate to the roles played by community members, particularly in facilitating transitions from childhood to adulthood. If mechanisms for upholding high standards of care in these settings are weakened, adolescents will be more vulnerable to illness, violence and exploitation.

The interlinkages between unintended pregnancy, HIV, substance abuse and inability to complete school has prompted interest by scholars and policy makers in the role of parents in buffering these risks, and in the potential merits of parenting support as a policy direction.

The findings suggest furthering this work through:

- i. Replacing concepts of parenting based on (one-way) provision and guidance with those that allow for reciprocity within and between generations;
- ii. Broadening understandings of the goals of care in the region in ways that enable enquiry into how families champion adolescents, defend their reputation, facilitate their integration and status within society and uphold their potential to succeed despite the odds;
- iii. Identifying areas of misalignment between culturally prescribed parenting practices followed in the region, and those embedded in parenting programmes imported from the global North. This will serve to enable a fuller understanding and strengthening of existing support to both carers and their adolescents, and to reduce the risk of resistance to potentially helpful resources, including programmes.

The final section reflects on the implications of findings for policy development and intervention design, then offers two tools as springboards for further research in the region. The first shows how the ecological model (Figure 1, page 12) can be used to investigate factors influencing care relationships in a given area. The second is a framework for building on the dimensions of parenting identified by the World Health Organization (WHO) in order to understand how these are experienced and expressed in southern and east African contexts.

2. INTRODUCTION

2.1 Aims and rationale

This paper reviews existing knowledge on raising adolescents in selected southern and east African countries. It aims to increase the evidence base to inform empirical research and policy development in low-income countries, specifically on family strengthening and better adolescent outcomes. Our focus on the southern and east African region is prompted by its poor adolescent health profiles (Patton et al. 2012), and the high prevalence of intergenerational poverty, infectious diseases, parental absence and violence within families and neighbourhoods.

The specific contribution of this paper is to collate sources, analyse collective knowledge and draw attention to major factors and research gaps relating to raising adolescents – particularly in the southern and east African region. It situates parent-adolescent relationships within the broader dynamics of care, family and community life, and socio-cultural transformation.

2.2 Background

In the global North, where investment in families is considered a fundamental building block of cohesive societies (Eurochild, 2012), targeted support has been offered to families made vulnerable through poverty and social exclusion for several decades. Forms of family and parenting support include cash transfers and services such as parenting education programmes, family mediation, resource centres or community networks.

Many lessons can be learnt from the successes and limitations of the work with families and adolescents in the North. However, transferability of these lessons to lower- and middle-income countries requires investigation (see, for example, Gardner, Montgomery, & Knerr, 2015; Ward et al., 2016). Little is known about parenting adolescents who may themselves be parents or carry out parenting roles. Even less is understood about the conditions that constrain or help adolescent and parent well-being, and the respective priorities and needs of each generation within the 'parenting' relationship. These issues deserve scrutiny when considering the viability and possible design of policies and provision towards supporting parents in the region.

An emerging critique of parenting support services, as conceptualized and practiced in the global North, is that they may be promoting a normative, a-cultural account of 'good parenting' that, although backed up by research, neglects the reciprocity inherent in parent-child relationships (Ramaekers & Suissa, 2011; Smeyers, 2010; Vansieleghem, 2010).

Reviewing existing literature enables us to shed light on these dynamics, and is therefore a critical step in building a more nuanced understanding of what it means to parent and be parented during adolescence in southern and east Africa.

2.3 Research questions

The questions posed for this review are as follows:

- i. How is parenting understood and practiced in the region?
- ii. What are the structural factors influencing adolescent well-being and care relationships?
- iii. What sources of support are currently used by parents and adolescents?

As far as the regional literature allows, our analysis of the research questions is balanced by the perspectives of adolescents, parents and their communities. While some sections of these communities may share modern ideas of parenting emanating from the global North or expanding African cities, many may draw on traditional values linked to rural practices. Aware of the large variation in family structure across the region, we pay particular attention to parenting adolescents within intergenerational or skip generation households, and to contexts in which people perform a parenting role for adolescents who are not their biological children. The purpose is to understand these relationships; for example the nature and extent of provision, guidance, emotional support or access to social capital.

Parenting is defined as the activities entailed in raising adolescents and to the relationships between adolescents and the adults who care for them. It is viewed as a gendered, cultural practice influenced by community and wider societal values and norms. Expansions upon this definition are set out in Appendix 1.

2.4 Methodology

The exploratory nature of the research questions required a rigorous, evidence-focused literature review employing some of the core principles of a systematic review while retaining space for innovation and reflexivity, particularly with respect to how the findings could be used to inform policy. To ensure rigour, transparency and replicability, the systematic process suggested in recent guidelines for this type of review was followed (Hagen-Zanker & Mallett, 2013).

This section outlines focal country selection, the conceptual framework developed to answer the research questions, and the criteria used to search and categorise the literature.

2.4.1 Country selection

UNICEF's Eastern and Southern Africa Regional Office (ESARO) works with 22 countries. The scale and diversity of these countries could not be covered within the scope of this review. The decision was taken to select countries using five criteria, namely:

1. Typicality
2. Regional influence
3. Literature availability
4. Engagement with the topic
5. Absence of high-intensity conflict.

The logic for each criterion and steps taken that resulted in the selection of Kenya, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe are set out in Appendix 2. Relevant demographic indicators for each country are set out in Table 1 (page 10) and illustrate the variation in context within which families raise adolescents. Modernisation indicators – access to a television, mobile phone subscription and internet use – suggest high exposure to alternative parenting ideals. The lack of age breakdown in these figures means that we cannot ascertain the extent to which modern media messages are being consumed and/or spread by the parents/caretakers compared to adolescents. Nor do these figures tell us whether mobile phones are significant tools through which families organise care or parents and adolescents communicate.

Considerable ethnic diversity exists in the six focal countries, particularly in terms of family norms and practices. This review focused on parents and adolescents in majority indigenous African communities – whether from native or migrant families – because poverty, family hardship and adolescent risk are more prevalent in these communities than amongst groups of European, Asian or mixed-race descent.

2.4.2 Theoretical approach and a model for conceptualising ‘parenting’

Parenting is universal in its orientation towards the well-being and best interests of children (Daly et al., 2015). However, it varies across cultural contexts with respect to criteria and goals for adolescent well-being and the transition to adulthood.

Cultural practices are “actions that are repeated, shared with others in a social group, and invested with normative expectations and with meanings or significances which go beyond the immediate goals of the action” (Miller & Goodnow, 1995). They include ideas about what is natural and moral in relation to childhood and child rearing (ibid.p.6). Cultural practices influence the activities of everyday life and are re-shaped over time by socio-economic trends, history and family circumstances.

The way adults behave toward children (and vice versa) depends to an extent on adult-child power relations, and on perceptions of age-appropriate behaviour for boys and girls over time and place (Rogoff, 2003; Woodhead, 1999). The possibilities for parents and adolescents are also strongly shaped by the changing socio-economic, health and other structural dynamics of the region.

This review highlights the relevance of an ecological model for the design and contextualising of parenting support interventions in the southern and east African region (see Figure 1, page 12). Starting with Bronfennbrenner’s (1986) concept of nested spheres of influence on individual well-being, the authors developed this working model using both regionally contextualised understandings of the interactions between young people’s well-being and that of their families and communities (e.g. Dawes et al. 2006; Ward et al., 2012), and the body of literature consulted in this review. While the scope of this study could not permit a full exploration of all interactions between the macro-level driving influences and parenting, it is able to demonstrate that the activities and relationships that constitute ‘parenting’ in any given context are both directly and indirectly influenced by wider socio-cultural, economic and political forces that change over time. It also shows how communities and extended families both mediate the impact of these forces on intimate relationships in the home, and are

TABLE 1 – Demographic characteristics of selected countries

Country	% urbanisation	Rural/urban balance	Net migration in/out of country 2010–14 ¹	% tertiary education enrolment 2012 ²	Fertility rates Births per women 1990–2013 ³ <i>Declining</i>	% population with access to TV ⁴	% population with mobile phone subscription ⁵	% population using the internet 2013 ⁶	HIV prevalence rate % of population ages 15–49 in 2013	% of adults (15+) living with HIV receiving antiretroviral therapy in 2013 ⁷	% of children (0–14) living with HIV receiving antiretroviral therapy in 2013
Sub Saharan Africa			Not Available ⁸	8	6.2 to 5.4	25	66	16.9	4.9 in 2011	39	Not Available
Kenya	24 in 2011 (Index Mundi)	High rural / low urbanisation	-50,000	4 (2009)	6.0 to 4.4	28	71.8	39	6	55	36
Malawi	15.7 in 2011 (Index Mundi)	High rural / low urbanisation	0 ⁹	1 (2011)	7.0 to 5.4	9	32.3	5.4	10.3	56	28
Mozambique	39 in 2010 (World Bank)	Mid rural / rapidly urbanising	-25,004	5	6.2 to 5.2	Not Available	48	5.4	10.8	<40	Not Available
Tanzania	26.7 in 2011 (Index Mundi)	High rural / low urbanisation	-150,000	4	6.2 to 5.2	15	55.7	4.4	5	45	18
South Africa	62 in 2011 (StatsSA)	High urban (rural pockets)	-100,000	20	3.7 to 2.4	75	145.6 ¹⁰	48.9	19.1	45	49
Zimbabwe	39 in 2010 (World Bank)	Mid rural / rapidly urbanising	+400,000 ¹¹	6	5.2 to 3.5	36	96.3	18.5	15	56	30

¹ Net totals over five years (estimated), hence do not reflect the scale of movement over national borders. <http://data.worldbank.org/indicators/SM.POP.NETM>.

² Ratio of the population enrolled to the age group that officially corresponds to tertiary education. <http://databank.worldbank.org/data/reports.aspx?source=health-nutrition-and-population-statistics&Type=TABLE>

³ World Bank: World Development Indicators 2015.

⁴ These figures are for 2005 – 2012: <http://wdi.worldbank.org/table/5.12>

⁵ Source: World Development Indicators, 2013. <http://data.worldbank.org/indicator/IT.CEL.SETS.P2/countries/>

⁶ Individuals who have used the Internet (from any location) in the last 12 months. Internet can be used via a computer, mobile phone, personal digital assistant, games machine, digital TV etc. <http://wdi.worldbank.org/table/5.12>

⁷ http://www.unaids.org/sites/default/files/media_asset/09_ChildrenandpregnantwomenlivingwithHIV.pdf

⁸ The World Bank does not provide this figure, but for one year (2012) estimated a figure of -1,544,836. <http://www.tradingeconomics.com/sub-saharan-africa/net-migration-wb-data.html>

⁹ Historically Malawi has experienced relatively little migration, but 2014 saw a small net immigration of 0.25/1000. <http://www.indexmundi.com/g/g.aspx?c=mi&v=27>

¹⁰ Rates of more than 100 per cent can be explained by business subscriptions as well as multiple phone ownership by individuals.

¹¹ Note that between 2000 and 2009 Zimbabwe experienced large scale emigration producing a net migration of -1.5million.

shaped by the ideals and practices of individual parents and young people. The agency of adolescent children in this relationship is discussed to the extent enabled by the existing literature.

The value of this ecological model is to identify the range of potential influences on what may be experienced, or thought about, as elements of 'parenting' (for example the WHO dimensions below), and to begin investigating their interactivity in a particular setting and moment in time. Its purpose is to illustrate potential determinants of adolescent care. Thus, interactions between the green sphere and the inner core should be fully understood by those seeking to support adolescent-parent relationship. The lower arrow depicts changes over time in the socio-cultural and economic environment that shape what is desirable and feasible with respect to raising adolescents. More difficult to represent, but no less important, is the variation in notions of appropriate parenting related to the child's age or life-stage as locally construed. Forms of care or communication considered appropriate during early adolescence are unlikely to be salient as young people approach, or attain, adulthood.

This model, combined with the three research questions, guided our investigation of the literature in the following themes:

- conceptions of adolescent development, capacities and related responsibilities;
- social change and its influence on homes, family, neighbourhoods and community relations, specifically sources of informal and formal support;
- well-being of adolescents and adults, and their underlying factors;
- negotiation of roles and responsibilities between parents and adolescents.

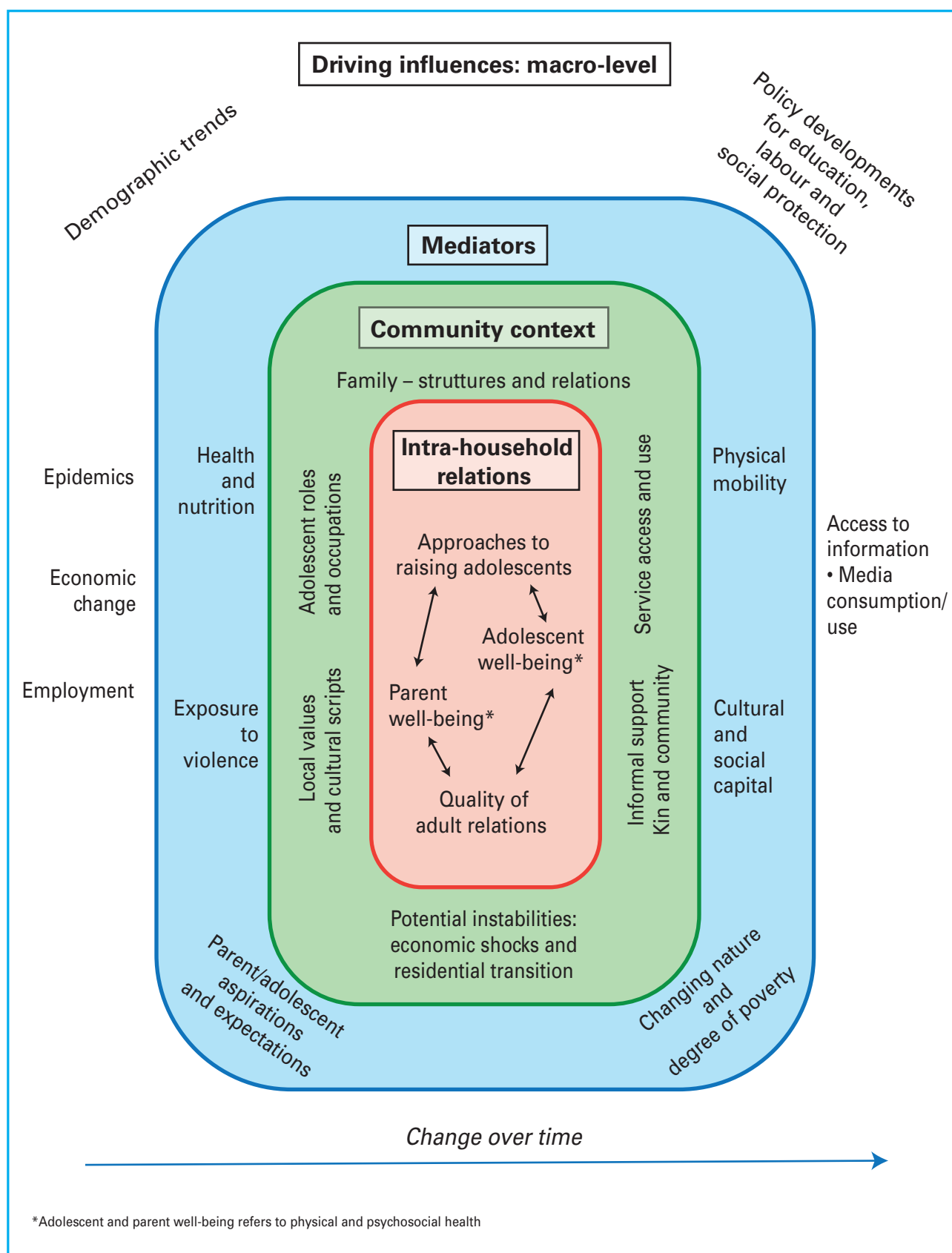
These themes were used to categorise the literature relating to each focal country and to the region as a whole (see Table 2 page 14).

The WHO identified the following dimensions of parenting through a global analysis of available literature on adolescent health and parenting relationships (WHO, 2007), and each is understood to have specific influences on adolescent health:

1. *love* – connection between an adolescent and a caregiver, behaviour that conveys to adolescents that they are loved and accepted
2. *limit setting* – caregivers actions aimed at shaping or restricting adolescents' behaviour
3. *respect for individuality* – allowing the adolescent to develop a healthy sense of self, apart from his or her parents
4. *model* – caregivers provide examples of appropriate behaviours and attitudes, and of how to behave
5. *provide* – provision and protection and essentials for living.

These dimensions provided a starting point in this review in light of mounting evidence of their use and potential applicability across contexts. They would fall into the inner two layers of the ecological model – intra household and community. The value of

FIGURE 1 – An ecological model to situate the parenting of adolescents in southern and east Africa



situating ideas about dimensions of parenting in the ecological model is to ensure that care-related aspirations, activities and relationships are not seen in isolation from history, modernisation and the social, economic and political environment.

This literature review aimed to expand upon our understanding of the WHO's five dimensions and how they cohere with the aspirations of parents and adolescents in the southern and east African region. It also considered other motivations and priorities in the lives of adolescents and parents aside from intra-familial care that may influence the appropriateness of parenting policy and provision.

2.4.3 Strategies for identifying literature

This review drew on regional literature published between 1990 and 2015. This time frame encompasses the potential variation in effects of economic liberalisation, conflict and democratic transition on family life between and across the six countries. It also set our analysis firmly in the era of rapid modernisation that has followed the post-colonial period.

Our search strategy involved three simultaneous processes:

- i. An academic literature search using social science databases, including Library Information Science and Technology Abstracts (LIBSA), EBSCO, ProQuest, Web of Science, the University of Oxford library catalogue and Google Scholar;
- ii. A purposive search for grey literature produced by international and national organisations;
- iii. The identification of eight experts working in the field followed by an email and/or Skype exchange to ascertain their knowledge of and access to further literature, and recommendations for other sources (snowballing technique).

Search strings based on the research questions were used to ensure a systematic survey of the academic literature in each country as well as that with a regional orientation. These were initially highly specific (e.g. Malawi + parent*) and subsequently broadened in ways to identify material covering aspects of the parenting context that was not conceptualised in this way (e.g. Malawi + family + adolescent*). Results of these searches were screened for relevance to the research question, imported into a bibliographic reference manager (Endnote), and categorised according to theme using group folders. This method produced a cumulative record of literature by country and theme.

An additional step towards quality control was taken in the case of grey literature accessed through browsing the websites of civil society organizations. Each item was assessed for its reliability and the presence or absence of peer review, robustness of sampling strategy and methodology recorded on an excel spreadsheet.

Dialogues with key informants produced further avenues of knowledge and advice was sought on institutional or individual sources of research until a point of saturation was reached when no further new names were suggested.

Every effort was made to capture a spectrum of material on the basis that comprehensive coverage could not be achieved given the broad, open-ended research questions.

2.5 Findings

2.5.1 Results of the literature search

A total of 408 peer-reviewed journal articles, book chapters, books and edited volumes were identified in the academic literature. The grey literature search yielded approximately 30 further reports and working papers.

In addition to the 334 country-specific sources, a further 74 provide information at regional level on demographic trends including migration (17), adolescent well-being and fertility (14), gender, family and care (15), policy developments (15), support systems (5) and the broader economic and political context (8). Approximately one third of the total sources consulted are cited in this review given their direct relevance to the topics covered.

Table 2 – Distribution of literature

Theme	Kenya	Malawi	Mozambique	Tanzania	South Africa	Zimbabwe	Totals
Parenting, family & care	21	10	8	9	42	11	101
Adolescent well-being	28	12	12	6	39	8	105
Health, risk & gender (across age groups)	15	5	26	11	6	5	68
Livelihoods and informal support			18	3	11	4	36
Formal support		2	5		12	5	24
Totals	64	29	69	29	110	33	334

Table 2 reflects considerable variation in the volume of pertinent research between the six countries and across the five themes. This pattern is consistent with findings in a recent review of the global literature on healthy adolescent development (Blum et al., 2014: 327), and indicates a cluster effect in research that can leave some topics under-explored. It includes:

- i. A concentration of research on late adolescence, and on women aged 15 to 49. Large-scale, nationally representative surveys always sample women but include men sporadically (Blum et al., 2014: 327). Least is known about early adolescence (10-14 years) and adolescent boys;
- ii. A tendency to focus on a narrow set of health issues (reproductive health in particular) to the relative exclusion of physical health (including nutrition), mental health (largely unknown amongst adolescents except in highly vulnerable HIV-affected sub-populations), and psycho-social well-being (social identity, belonging, self-esteem/regard);
- iii. The prioritisation of risk over protective factors.

Apart from South Africa, research across the region on adolescent health and well-being has tended to focus on HIV/AIDS. More than half of the sources identified under the health and adolescent well-being categories focussed on HIV prevention or care, and underlying risk factors. This reflects the huge burden of HIV in the region.

By contrast, little attention is given to how adolescents or their parents view empowerment as a development goal and interventions or policies to support this.

Empowerment is frequently neglected as less pressing than protection even by developmental specialists. Blum et al. (2014), for example, define empowerment as a component of adolescent development when introducing his conceptual framework, but does not incorporate it within his analysis of research coverage and gaps in knowledge. One explanation for this oversight is the lack of relevant data. A recent review of the data available on women's empowerment in sub-Saharan Africa found that the demographic and health surveys used in most countries lack questions on adolescent girls. Further gaps pertaining to the civic and economic participation amongst all adolescents were economic empowerment, knowledge of legal rights and recourse, participation in decision-making, and attitudes and social norms (Heckert and Fabric, 2013).

The everyday lives of adolescents involve a combination of activities and roles associated with childhood and those through which they have adult status. Those that exert the greatest impact on their well-being, at least as understood in the worlds of science and policy, are set out in Table 3 (page 16).

TABLE 3 – Markers and trends in adolescent activities in the selected countries

Country	Child labour ¹ % 5-14 year olds UNFPA 2012	In work or seeking work % 15-24 year olds UNFPA 2012	Participation in education % 10-19 year olds UNFPA 2012	Primary school completion rate UNESCO UIS ²	Secondary school completion rate Survival to last grade 1980 to 2004 UNESCO UIS ³	Marriage rate % females UNFPA 2012	Sexual debut before age 15 % of 15-24 year olds UNFPA 2012	Child-bearing in 2013% % females age 15-19 giving birth per year World Bank 2015
Kenya	5-14 year olds 27% male 25% female	44% male 36% female	In school: 100% male 98% female	<i>Rising</i> 42% in 2000 62% in 2007 ⁴	<i>Rising (especially for F)</i> M: 68% to 73% F: 48% to 65%	6% by age 15 26% by age 18	22% male 12% female	9.2% 145.3%
Malawi	5-14 year olds 25% male 26% female	54% male 66% female	Progress to secondary school 78% male 76% female	<i>Rising</i> 68% in 2010 75% in 2013	<i>Declining for M: 58% to 38%</i> <i>Rising for F: 22% to 36%</i> <i>sharp peak for both in 1993</i>	12% by age 15 50% by age 18	26% male 12% female	14.3%
Mozambique	5-14 year olds 21% male 24% female	61% male 72% female	Progress to secondary school: 49% male	Falling 60% in 2010 49% in 2013	No change for M at 48% <i>with falls to <30% in 1986 and in 2000</i> <i>Rising for F: 20% to 42%</i>	<i>No data</i>	27% male 23% female	13.3%
Tanzania	<i>No data</i>	81% male 81% female	Progress to secondary school: 46% male 37% female	Falling 89% in 2010 76% in 2013	Declining for M: 86% to 78% Slight rise for F: 80% to 82% with sharp peak for both in 2001	7% by age 15 37% by age 18	8% male 11% female 2	12.1%
South Africa	7-17 year olds 24% male ⁵ 25% female	29% male 24% female	In school: 97% male 98% female	No data on WB's WDI table	No change for M: (after fall to 60% pre-2000) Rising for F: 65% to 80% (with fall to 58% pre 2000)	No data [because the legal age of marriage is 18 years]	17% male 7.8% female In 2002 ⁶	4.9%
Zimbabwe	5-15 year olds 54% male ⁸ 46% female	82% male 77% female	<i>No UNFPA data</i>	92% in 2012	Declining for both sexes M: 92% to 60%; F: 78% to 62% <i>With rise to 90%+ in 1991⁹</i>	4% by age 15 ⁷ 31% by age 18	20.5% male 5.6% female In 2003 ¹⁰	5%

¹ Involvement in child labour is defined as children aged 5 to 11 who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores; or children aged 12 to 14 who did at least 14 hours of economic activity or at least 28 hours of household chores (UNICEF, State of the World's Children Report, 2012). Zimbabwe is an exception, see below.

² Cited in "Education statistics for ESAR: UNICEF, Division of Policy and Practice, Statistics and Monitoring Section" www.childinfo.org, May 2008 (accessed 3/6/2015)

³ Cited in World Bank World Development Indicators. <http://data.worldbank.org/indicator/SE.PRM.CMPT.ZS>

⁴ This progress was observed across poor and rich households, as was the parallel rise in children achieving minimum learning standards in mathematics at primary level (from 25% to 39%) (UNESCO 2015:289). Improved attainment is partly attributed to a school-based professional development programme run over 5 years in 47,000 primary schools to help teachers adopt effective pedagogical strategies.

⁵ Statistics South Africa 2010.

⁶ Pettifor et al., 2005.

⁷ These marriage rates, cited in UNICEF 2015 State of the World's Children, are sourced from the most recent data available in the period 2005 to 2013.

⁸ For 5- to 15-year-olds, the Zimbabwean government defines child labour as 3 or more hours a day of economic activity or 35 hours a week of non-economic activity (Zimstat, 2012).

⁹ Zimbabwe experienced rapid progress in human development prior to the collapse of its welfare system in 2008. Secondary school completion rates topped 90% in 1991.

¹⁰ Peltzer, 2010.

3. HOW IS PARENTING UNDERSTOOD AND PRACTISED IN THE REGION?

This section responds to the first of the three research questions listed above. It summarises and discusses learning from the literature on continuity and change in cultural norms, family structure and the mobility of family members, and the perspectives of parents and adolescents on the core components of parenting.

3.1 Norms and aspirations for raising adolescents

In southern and east Africa, no discourse exists around diversity of parenting styles because even the notion of 'parenting' is an external construct. Thus, there is little in the literature that speaks directly to the notions of 'positive parenting' found in the scientific and policy discourse.

However, a limited amount of work has been done to explore local concepts of early childhood development milestones and factors that enable achievement (Dawes et al., 2004a, 2004b). Deep ethnographies and more rapid qualitative studies in the region offer a starting point for documenting parent understandings of what is desirable and what is possible in raising adolescent children (see, for example, Ramphela, 2002; Bray et al., 2010; Wamoyi et al., 2010; Wamoyi & Wight, 2014), yet a wider range of contemporary, nuanced investigations is needed.

Parental roles need to be seen within broader socio-cultural understandings of who should be involved in the various aspects of raising adolescents, and what these provisions or processes entail. The ideals and practices identified here feature prominently in the region but vary between and within countries.

Historically, fathers and mothers are allocated specific roles alongside other members of the family and community.

Most striking in Table 4 (page 18) is the involvement of other adults and the boundaries to parental influence at an ideological level. Parenthood as a role and set of responsibilities is shared beyond the biological parents and closely linked to the structure of kinship relations across the region. For example, in Malawian society, a child has more than two parents: 'The siblings of the biological parents are classified as "senior" and "junior" parents according to their order of birth. The "senior" and "junior" fathers are the elder and younger brothers of the father, respectively. The "senior" and "junior" mothers are the elder and younger sisters of the mother.' (Chirwa, 2002). Individuals are connected to all these relatives through a broad network of blood relations. The wider and more cohesive the network, the greater its capacity to adapt to crises such as caring for children whose biological parents are absent for some reason (ibid.).

Macro-economic forces driving social change have forced some compromises to these ideals, resulting in parents – and particularly mothers and grandmothers – taking on a large portion of what was previously shared more evenly across adults in the community and family. Mothers and female relations are increasingly responsible for daily provision, while mothers and fathers are increasingly looked to for guidance around sexual relationships and morality, though their provision is usually judged inadequate, as described below.

Table 4 – The distribution of roles and tasks in raising adolescents from a sample of cultural contexts

Components of parenting (priority concerns in raising adolescents)	Who should provide these and how?	Distribution
Provision of basic needs	Fathers through subsistence farming or income	Across SE Africa
Protecting the home	Fathers through presence	Across SE Africa
Direction and advice in the home	Fathers with mothers	Ndebele, South Africa
Teaching respect for elders	All family members, mothers to girls; through demonstration	Maasai, Kenya
Teaching responsibility for domestic production	Young men (warrior set) to boys; mothers and grandmothers to girls	Maasai, Kenya
Sex education and morality relating to sexual relations	Uncles and aunts	Shona, Zimbabwe
Negotiating bride price (to legitimise marriage and create unity between families)	Fathers and uncles	Swahili, Kenya and Tanzania; Ndebele, South Africa
Personal and sexual health, preparation for marriage, social codes	Married female relative	Swahili, Kenya and Tanzania
Preparation for manhood, conferring moral values	Community members responsible for initiation school	Ndebele, Sotho, Xhosa, South Africa
Midwife for young mothers	Grandmother	Maasai, Kenya

Sources: Francis-Chizororo, 2010; Ntombana, 2011b; Mbugua, 2014.

While male migration for labour is a trend that has shaped family life for several decades, the more recent and spreading co-occurrence of disease, chronic poverty, joblessness and food scarcity brings new and constantly shifting pressures on those raising adolescents (Nyambedha, 2007). Further discussion of these structural determinants is provided under research question 2 below.

It is important to note how the roles of mothers and fathers are changing. For example, research using life-history interviewing over three generations of families in Cape Town found that young mothers are increasingly emphasising the achievement of personal goals and “working on ‘the project of the self’” (Moore, 2013). This newer conception of motherhood sits alongside aspirations to be a good provider and source of care to children. Unlike their own mothers and grandmothers, young mothers’ commitment to motherhood is vested in their sense of self as “educated, employed, self-respecting and responsible” adults, rather than in the sole social identity of ‘mother’ (ibid., p.169). This means that adolescent mothers may have different expectations of their roles and responsibilities to that of their own parents with whom they may still live.

Furthermore, young mothers hold strong notions of ‘good fatherhood’ and see fathers (or their absence) as central to their conceptualisation of motherhood (Moore, 2013). To our knowledge, these trends have not been investigated.

Research in South Africa demonstrates that men place a high value on fatherhood, including acting as a provider, despite long-standing and increasing difficulties in fulfilling the duties associated with paternity (Hunter, 2006). The Social Attitude Survey

(cited in Franklin, Makiwane, & Makusha, 2014) revealed that most men in South Africa believe it is a crisis in the country that many fathers do not live with their children, and that most men want to have loving relationships with their children. However, a higher proportion of black African men than men from other racial groups reported that children are a financial burden and restrict employment opportunity, suggesting they experience both a persistent sense of responsibility and much greater challenges in securing a minimal income (ibid.).

3.2 What do adolescents expect from parenting?

Adolescents have opinions about what constitutes a positive relationship with their parents, but they have only been explored in a limited number of settings.

Table 5 – A snapshot of adolescent priorities in their relationships with parents

Components of parenting: Priority concerns for adolescents	Who should provide these and how?	Distribution	Who actually provides these and how successfully?
Provision of basic needs	Fathers (and mothers)	Across SE Africa	Mothers, grandparents (via pensions), other adult family members; adolescents themselves
Unconditional love, acceptance and support	Mothers Mothers and fathers	South Africa Tanzania	Female kin who have been long-term caregivers (are effective at a practical and emotional level, but symbolically cannot replace a 'real mother')
Listening, empathy (being understood) and open communication	Mothers and fathers	South Africa, Tanzania	Mothers, fathers, older siblings or other relatives (particularly where illness at home entailed adolescent participation in care)
Opportunity to contribute to household production and maintaining rural homesteads	Fathers and male relatives (for boys) Mothers (for girls)	South Africa	Mothers until mid-teens, variety of relatives, or in some cases no-one (Bray, 2012)

Sources: Bray et al., 2010; Henderson, 2011; Wamoyi & Wight, 2014.

Adolescents, like adults, describe 'good' parenting foremost in terms of material support, in part because it is essential for a child's well-being and also because such provision is symbolic of love and commitment (Bray et al., 2010). Recent research in South Africa shows how organizations providing social care following the death of a parent were more able to fulfil this parenting role than biological parents were able to when living (Vale & Thabeng, 2015). These organizations supplied clothing, food, contacts with missing relatives and privileged access to health care.

Differences in emphasis were noted in the way adolescents in the Mwanza region of northern Tanzania expressed their expectation of parent-child connectedness compared to that of their parents (Wamoyi & Wight, 2014). Adolescents spoke of their expectation to be listened to and treated with upendo (love or liking), whereas parents mentioned provision of material needs, monitoring their children's whereabouts, spending time together talking in the evening and treating their children with respect. Available data

from the region indicates that adolescents consistently prioritise parental abilities to listen to their problems and guide them, with some noting that this rarely happened: *“parents should listen to the problems of their children. If a child has problems, parents should speak to the child. There are only a few parents who do that – too few of them”* (Ramphela, 2002:73).

3.3 Initiation rites and the role of parents

This section look specifically at the role traditionally played by rites of passage during adolescence, in part because they signify an important task for those involved in enabling adolescents to transition to adulthood and in part because they provide helpful insights into prevailing notions of what it takes to raise adolescents appropriately and adequately within contemporary settings. Of potential significance to both generations are the shifts in responsibilities at home or in the family that function as informal rites of passage, including increasing domestic responsibility, deeper and more meaningful communication with parent figures and inclusion in household decision-making (Bray, 2009). To date, these relationships remain poorly documented, particularly outside South Africa.

In parts of Malawi, Mozambique and South Africa, rites of passage into adulthood are still widely practised across large regions and particularly in rural areas (Ntombana, 2011a; Tvedten, 2012). Responses to a nationally representative survey in Malawi (2002-2006) entitled ‘Protecting the Next Generation: Understanding HIV risk among youth’ showed that 43 per cent of females and 33 per cent of males had participated in an initiation or puberty rite. While these proportions are large, most adolescents either do not participate or do so well after they have experienced pubertal bodily changes. Furthermore, their lack of knowledge about what to anticipate reportedly caused anxiety and distress (ibid.).

Initiation rites for girls across Malawi start soon after menstruation, when older female relatives and friends of a girl’s mother gather to counsel her; mothers are usually excluded. The church also plays a key role. A growing proportion of initiation ceremonies are being devised by Christian groups to teach young people about what is expected of them as they enter adulthood – including pre-marital sexual abstinence – as an alternative to the alleged sexual focus of teaching in traditional practice (Munthali, 2007). It also includes teaching of respect for and obedience to parents and personal hygiene, but only rarely is advice shared on giving or receiving sexual pleasure (ibid.).

In South Africa, male initiation is important both for securing male social identity in adulthood and as a communal practice for expressing and affirming *Ubuntu* cultural values of mutual respect (Mbiti, 1986 cited in ibid.; Ncaca, 2014). The last decade has seen increasing public debate about whether and how male circumcision should be continued following media reports of problems including commercialisation, malpractice by guardians, and deaths or permanent injury from botched circumcision (Ntombana, 2011b). However, studies also report the beneficial role of circumcision against sexually transmitted infections (Lagarde et al., 2003). Research indicates that initiation practices are being sustained (Mtumane, 2004 cited in Ntombana, 2011b), and that their value in conferring “ancestral masculinity” (Ncaca, 2014) has perhaps strengthened where other sources of male identity have reduced in importance.

As evident in Table 4 (page 18), amongst cultural groups with long traditions in male initiation, the role of teaching moral values and coaching and nursing the initiates through the rigours of initiation school is played by traditional guardians – members of the community considered to hold the necessary knowledge and experience (Ntombana, 2011b). In South Africa the boy's father or the chief chooses the surgeon who will perform the circumcision and amongst the Chewa in Malawi fathers decide when a boy should join the *Gule* cult (the secret male-only cult through which initiation occurs).

While parents demand adolescent participation and support initiation, they do not participate in the process. The implication of their peripheral role is that the transition to adulthood primarily concerns the young person's identity within the wider community in ways that de-emphasise intimate parent-child bonds centred around shared domestic space. Furthermore, parents are generally unaware of the extent of knowledge imparted to adolescents, and given no culturally sanctioned opportunity to fill in the gaps.

In Malawi, adolescents are instructed to demonstrate respect for parents by avoiding entering their bedrooms and in the case of boys, not sleeping in the same house as their parents (ibid.). Research in the Nyanza province of western Kenya, where adolescent reproductive health indicators are very poor, found increased sexual activity amongst adolescents who sleep in a different home to the household head. This suggests poorer monitoring on the part of grandparents or married brothers and indicates reduced recourse to their traditional chaperoning roles (Juma et al., 2013).

3.3.1 Communication about relationships and sex

In much of the region a mismatch exists between adult beliefs (at least those aired publicly) and young people's sexual practices. Shona adults in Zimbabwe reportedly believe that children are sexually inactive, disinterested and therefore ignorant about sexual issues, and that talking about sex will encourage experimentation – two lines of thinking that reinforce the taboo on talking about sex (Francis-Chizororo, 2010).

The initiation rites described above provide culturally-sanctioned means to communicate about sex but often result in partial knowledge and heightened health risks. The grandmothers and elderly women who guide girls through menarche and initiation in Malawi tend to use euphemisms rather than explicit language, resulting in girls being partially informed of dangers associated with sex but uncertain how to negotiate safe sex (Munthali, 2007). Similarly, boys are taught little about sexuality during initiation. Researchers suggest that the enduring popularity of these rituals presents opportunities to promote abstinence and condom use (ibid.), however the views of the community leaders expected to convey such messages are not explored.

After initiation, adolescent Chewa males are taught how to have sex and told to do so to prove their maturity, a practice that contributes to the church's fierce opposition to the *Gule* cult.² Survey data from across Malawi shows that boys who have been circumcised are more likely to be sexually experienced (37 per cent of 12-14-year-olds as compared to 16 per cent of their uncircumcised peers), indicating that participation

² Comparatively poor educational outcomes for adolescents in central Malawi are linked to this antipathy because most schools were established by the church, and it is now common for Christians who join the *Gule* cult to be ex-communicated (Munthali, 2007). This long-standing, negative relationship between institutions shaping young people's transitions to adulthood demonstrates the power of wider social forces within which parents have little influence.

in initiation is more widely understood as license to have sex. This association is unsurprising given the purpose and content of initiation rites described above, however it points to the relative weakness of parental influence on adolescent choices where formal systems exist to mark young people's passage into an adult world from the age of 10 or 12 years.

Research in all six countries reports strong cultural norms regarding who can talk to adolescents about sex, resulting in widespread adolescent ignorance and vulnerability (Francis-Chizororo, 2010; Juma et al., 2013; Mkandawire et al., 2014). Early sexual experience and high rates of pregnancy, sexually transmitted infections (STIs) and forced sex in the region suggest this lack of communication has a harmful impact on adolescent well-being (Juma et al., 2013). It is also experienced as frustrating and disempowering by adolescents themselves (Thorpe, 2005).

The absence of communication about sexual health was highlighted by adolescent orphans who otherwise reported moderate to high levels of psychosocial support at home (Juma et al., 2013), a finding that points to a broader regional picture of gaps in understanding between generations. Research among adolescents in Mozambique identified adult discussions that tended "to construct adolescent behaviour as 'incontrollable' and full of 'vice', rather than 'part of growing up'...and to 'lament' a lost generation" on the grounds that adolescents dress in provocative ways that undermine traditional values and customs (Thorpe, 2005). Criticising the young for their 'immoral ways' through rose-tinted spectacles on one's own youth is neither a new phenomenon nor particular to this region. More difficult to ascertain is where the lines of connection between generations remain strong, where these have become eroded and the possibilities seen by both parents and adolescents to sustain or retrieve these in new ways.

3.4 Who do adolescents live with?

Across southern and east Africa there is wide variation in the size, composition and stability of families in which adolescents live (Young & Hamdok, 1994). Several decades of labour migration and high HIV prevalence in much of the region have had an impact on instances of unstable adult unions, parental death and the movement of children between caregivers (Amoateng & Heaton, 2007; Moore, 2013; Whyte, Alber, & Geissler, 2004). In Zimbabwe this was exacerbated more recently by the economic crisis (Parsons, 2010).

While most children in southern Africa live with at least one surviving parent (Hosegood, 2009), the proportion of adolescents who do so is likely to be smaller. Figures are not available for many countries in the region, but patterns of varying and often low parent co-residence in childhood are evident.

For example, in 2003, it was found that 60 per cent of Kenyan children lived with two biological or step- parents, 28 per cent with one parent and 12 per cent with neither parent (Lippman, Wilcox, & Ryberg, 2014). Kenya has one of the lowest rates of parental co-residence for 0-14 year-olds in East Africa, undercut only by Zimbabwe's rate of 45 per cent (Better Care Network, 2015a).

In South Africa, fewer children live with two parents (38%) than with one parent (42%), and almost a quarter (23%) live with neither parent (Hall, Meintjes and Sambu cited in Mathews et al. 2014). However, there is more to these figures than meets the eye. The majority of children in South Africa live in households where there are two or more co-resident adults (ibid.). A large portion (39%) live with their biological mothers only, and a very small one (3%) with their fathers only (where mothers may have died or be working elsewhere). Within East Africa, the proportion of children living with their fathers only is highest in Tanzania (5%) (Better Care Network, 2015b).

Age, and in some countries urban residence, reduces the likelihood that adolescents live with either parent. In Tanzania, approximately a quarter of 10-14 year olds live with neither parent and a further quarter with one parent and half with both parents although the latter figure declines with age, gender and location. About half of 15-17-year-old girls in urban areas live with two parents (Population Council et al., 2015). The proportion of Kenyan children living with neither biological parent rises from 1 per cent for those under two years, to 17 per cent for young adolescents (aged between 10-14 years) (Better Care Network, 2015a).

In South Africa, almost one third (30 per cent) of adolescents aged 12-17 years were not resident with either parent in 2012, as compared to 18 per cent of children aged 0-9 years (Hall, Meintjes and Sambu cited in Mathews et al. 2014). Depth of household poverty has a similar effect, meaning that adolescents in very poor households are least likely to reside with a biological parent. A recent analysis of South Africa's 2011 General Household Survey found that 59 per cent of all caregivers are 'lone mothers', defined as a mother living in the same household as her dependent biological or non-biological children (aged 0-17 years) and not living with a spouse or partner (Wright et al., 2013). Of these approximately five million 'lone mothers', one fifth are caring alone for a non-biological child of which 42 per cent are known to be the grandmother of the child. Older lone mothers tend to live in rural areas whereas half the young lone mothers live in urban areas. The age distribution of children living with 'lone mothers' has not been studied.

The number of children who are fostered by kin and non-kin continues to rise in South Africa, while rates of adoption remain low. Recent qualitative research into public perceptions, beliefs and experiences that inform decisions to either foster or adopt found that fostering is "driven predominantly by access to subsidies but is also informed by socio-cultural beliefs" (Rochat et al., 2016). Low rates of adoption by kin are explained primarily by the absence of subsidies, poor access to quality adoptive services and a lack of information about the process. The relative lack of cultural precedent may explain low rates of adoption by non-kin.

Analysis of DHS data from 24 countries in sub-Saharan Africa finds that half of older women and one third of older men live with at least one grandchild under the age of 15 years (Zimmer & Dayton, 2005). The proportions who live with older adolescent grandchildren are not disaggregated in this study, but the finding that over half of adults aged 60 years or more live with at least one adult child (age 15 years or older) suggests that co-residence with grandparents rises with age.

Gender also influences who adolescents live with: boys are more likely than girls to live with their grandparents, whereas girls tend to live with their siblings, aunts, uncles or

other relatives, and in households headed by their husbands (*ibid.*). In general, adolescent co-residence with two generations of adults is much more common than a skip-generation scenario.

Overall, across the region, skip-generation households are slightly more common than child-headed households but are still relatively rare, and the proportion remains stable despite rising rates of orphanhood (Hosegood, 2009). In several South African studies over the past 10 years, the proportion of skip-generation households, where grandparents are looking after their grandchildren, was found to be less than 3 per cent (Hosegood & Timæus, 2005b; Merli & Palloni, 2004; Noubissi & Zuberi, 2001; Wittenberg & Collinson, 2007, all cited in *ibid.*). This low figure may mask a higher proportion of temporary skip-generation arrangements as well as the more widespread presence of caring role played by grandparents and older kin.

Both skip-generation and child-headed households have been described as “fragile families” (Madhavan and Schatz 2007, cited in Hosegood, 2009) because they are usually temporary, their members or relatives making concerted efforts to re-arrange care for older and younger dependents. Adolescents are therefore more likely to reside for longer periods in households containing both a grandparent and another (younger) adult, who may or may not be closely related. In Malawi, for example, grandparents are often understood to be primary caregivers when biological parents have died or are absent owing to “affectionate and cordial relationships” with their grandchildren (Chirwa, 2002). When grandparents do not have the material means to assume this responsibility, they retain the name and status of caregivers but the practical tasks are assumed by the orphan’s siblings, aunts and uncles (*ibid.*).

The WHO notes the possibility for children to head families, usually temporarily, and particularly during times of pandemic, war, genocide and natural disasters (Schenk et al., 2010). In southern and east Africa the likelihood of sole or large household responsibilities increases with age, particularly for adolescent girls (Dannerbeck & Muriuki, 2007).

It is common practice for adolescents to move in with a married sister or brother upon the death of a parent. The significant parenting role played by siblings has commanded little research to date except to explore problems faced in rare cases of long-standing child-headed households. This gap in the literature can be partly explained by the attention paid to vulnerable older and younger care-givers, and partly to the very recent recognition of birth order and sibling dynamics in shaping child well-being more generally (Alber, 2013). For example, a study in rural southern Malawi showed higher survival rates amongst children living with older siblings of either sex as compared to firstborn children with younger siblings (Sear, 2008). Whether this advantage carries through to adolescence is unknown.

3.5 How does family structure affect parenting and adolescent well-being?

Two limitations in the literature obscure our understanding of the role of family structure. First, the fact that the vast majority of studies are conducted in contexts of extreme poverty may mask the role of poverty in relationships between family structure and adolescent outcomes. Secondly, there is relatively little information on other dimensions of adolescent well-being aside from sexual risk.

Much of the literature concerned with this question focuses on the absence of a biological parent, or a father-figure in particular, and the implications for adolescent sexual activity. For example, a study conducted in the informal settlements of Nairobi found that adolescent girls in households where fathers were present were less likely to have ever had sex or experienced an unwanted pregnancy than those where the mother only, or neither parent, was present (Ngom et al., 2003).

Another study in Kibera, the largest of these settlements, found that the most important predictor for entering commercial sex work amongst young women is having no male guardian during childhood, followed by low education attainment and a small number of family members around them during adolescence (Ngugi et al., 2012). Adolescent boys in Kenya who live away from home (in boarding houses) were found to be more likely to have had sex than those living with both parents, but the same was not true for girls (Kiragu & Zabin, 1993).

One Kenyan study found that adolescent girls residing in an adolescent-headed household were more likely to have recently experienced some signs of illness than peer households headed by middle-aged adults and the elderly, even when controlling for demographic factors (Dannerbeck & Muriuki, 2007).

More recent studies exploring the relationship between the absence of one or both parents and the sexual decisions of young people find differences in levels of parental control and monitoring. In rural north-west Tanzania, single parents tended to undertake little monitoring whereas in two-parent families one parent was likely to be present when the other was away (Wamoyi et al., 2011). Single mothers prioritised working long hours to provide the basic needs for their family, meaning there was little time to follow up on what their children were doing and they were too exhausted for conversation (ibid). Yet mothers in two-parent families who had more time to spend with their daughters did not always follow up on their sexual activities, whereas fathers did. The implication is of underlying material needs and of paternal reluctance to recognise their role in the decisions of adolescents.

Research in Johannesburg, South Africa found that being raised outside a two-parent family has a widespread, negative association with social capital for young people aged 15-19 years, as was the case for their peers in similarly disadvantaged, urban settings in Nigeria, China, India and the USA (Marshall et al., 2014).

However, there are benefits to children who live with grandparents who are in receipt of old age pensions in southern Africa. These cash transfers are often deployed to ensure children's schooling, improve health care and re-allocate productive resources within households (Adato & Bassett, 2009; Mokomane, 2013). It has been found, for example, that girls in households receiving non-contributory social pensions are more likely to attend school, succeed academically, and have better health and nutrition indicators than children in similar households that do not receive the pension (ISSA, 2008).

Labour migration is a major cause of paternal absence in the region. A recent study in Mozambique found stark differences in young children's mortality rates when the success of their fathers' migration (based on the mother's perception of net gains to the household) was factored in (Yabiku, Agadjanian, & Cau, 2012). Adolescents may also do

better when their fathers are considered by their wives and the adolescents' mother figures to be 'successful migrants' (largely on the basis of employment status and remittances), and fair worse when they are 'unsuccessful', even in relation to those whose fathers remain at home. Research in Malawi found that the 'absence' of a migrant parent varies because intervals between return visits range from a few months to several years, and many migrant parents remain closely involved with childcare from a distance (Carling & Tonnessen, 2013). Moreover, a migrant's remittances typically benefit child welfare by strengthening household finances, reducing reliance on child labour, and helping cover the costs of education, healthcare and other welfare-related expenses.

Migration aside, variation in the abilities of adult kin to access resources in the home setting can also influence young people's life chances. It is often assumed that women who live close to their maternal relatives have greater access to support for their children. However a study in matrilineal communities in rural southern Malawi showed higher mortality rates amongst children aged under 10, particularly girls, who reside with their maternal grandmothers and aunts (Sear, 2008). Where resources are scarce, the result is competition between female relatives and disadvantages for female grandchildren. In this case, through the inter-linkages depicted in Figure 1 (page 12), the ecological context creates conditions in which families become sites of conflict with negative effects on the well-being of young children. There is no data to tell us whether these effects continue into adolescence.

3.6 Perspectives on social change

The extent to which the discourse of loss of tradition reflects actual practice within families is difficult to ascertain and is likely to vary considerably within and between countries.

For example, a South African study of 300 three-generation households in two metropolitan areas found that about nine in 10 African elders live in multi-generation households in which the ethos of the African extended family appeared to be intact (Bigombe & Khadiagala, 2003). Over 80 per cent of all three generations reported harmonious relations between generations. Research in KwaZulu-Natal found that grandmothers perceive themselves as important in building families, educating younger generations, and providing generational continuity (Cattell, 1997). A survey of rural women in the same province with an average age of 51 years suggested that most of them felt empowered when they took responsibility for important family decisions including the education of grandchildren (Moller, 1996). These women were proud to be homemakers and of adopting the 'traditional male' role as providers of the family if their men were unemployed.

In contrast, research in northern Mozambique amongst adolescents and their parents suggested profound cultural change in their communities (Thorpe, 2005).

They characterised the modern era in terms of increased sexual promiscuity, lack of belief in traditions that control behaviour, earlier marriage (with adults involved in choosing spouse), diminishing respect for adults, adolescent need for immediate 'funds' prevailing over satisfaction with subsistence agriculture, fewer initiation rituals, the adoption of Western or Brazilian styles of dress (particularly by girls), scepticism around traditional healers, and discontent around the idea of a future reliance on

subsistence agriculture. Poverty was identified as the core driver behind most of these changes, examples including families seeking to benefit financially from their daughters marrying before they lose their virginity. A second driver was the gradual loss of traditions such as the initiation rites for boys, where manhood is proved by fending for themselves in the bush, and instruction to girls on sexual matters by their *madrinha* (godmothers), and the absence of replacements. Adolescents identified both a lack of parental guidance and of cultural traditions such as song and dance which had previously brought collective appreciation between generations and a sense of belonging for adolescents (ibid.). In rural northern Tanzania, parents – and fathers in particular – perceive their adolescent children as increasingly reticent to follow traditions demonstrating *heshima*, or respectful behaviour to others including deference to parents (Wamoyi & Wight, 2014).

3.7 How do adults currently 'parent' adolescents?

Normally, fathers have a central role in raising adolescents by providing for their material needs, protecting them from harm and ensuring a safe passage to adulthood. In rural South Africa, this role is expressed through appropriate rituals that play an important role in sustaining and enhancing quality family life because they help maintain family memories (Smit, 2011). For example, Zulu men play an important role in rituals that recognise the dead and guide their spirits to their spiritual homes (Henderson, 2011).

The ethnographic data from South Africa identifies a long-standing and consistent tendency amongst physically absent fathers to uphold the ideals of fatherhood, particularly material provision, by trying to supply money for school and other expenses, and by showing interest in their children's lives at points where they feel able to do so (Bray et al., 2010; Henderson, 2013). Henderson coined the phrase 'absent presence' to describe the forms of separation between children and fathers in which the importance of fathers is retained through efforts to sustain rural homesteads, and their symbolic incorporation within the home even after death. In urban contexts, paternal 'absent presence' is sustained through remittances for individual children, mobile phone conversations, visits or even decisions to co-reside – the latter three practices often initiated by adolescents and arranged independently of their 'present' parents (Bray, 2009).

Reciprocity is a consistent but seldom recognised component of parent and adolescent relationships. Amongst families in urban informal settlements in Cape Town, this is expressed in the daily negotiations around who does what in terms of household chores and the explicit efforts by mothers to respect the preferences of their older children (Bray et al., 2010). In rural families in northern Tanzania, reciprocity is expected and expressed through young people's obedience (in ways that demonstrate respect to the parent and social respectability) and a parent's willingness to meet the child's need in return (Wamoyi & Wight, 2014). Fathers were particularly vocal on this topic, perhaps because scarcity of employment or other sources of status means they rely more heavily on inter-generational reciprocity.

Ramphela (2002) points out that shaming individuals in the context of Ubuntu draws attention to an individual's weakness or vulnerability while still accepting him or her.

Families tended to shame their children at home in order to make them less vulnerable to teasing in the outside world where those who 'stand out' can be mocked and ostracised (ibid). However, shaming had a lasting impact on vulnerable adolescents who used it frequently and effectively amongst their peers. Consequently, "a combination of a strong shaming custom and an authoritarian-autocratic parenting style might well be perpetuated by the next generation" (ibid. p.81).

National studies show that levels of harsh discipline are generally high across the region with shaming more commonly reported by adolescents compared to the tendency for younger children to be beaten (Kleynhans, 2010; Soneson, 2005).

In a recent nationally representative, self-administered school survey, 34 per cent of 16-year-old South Africans reported having been beaten by those who cared for them at some point in their lives (UBS Optimus Foundation, 2015). South African parents explain their use of harsh discipline in relation to their efforts to protect adolescents from multiple physical and social hazards in the neighbourhood and their uncertainty about how else to provide appropriate guidance or to communicate effectively (Bray, 2012; Bray et al., 2010). However, the concentration of research on younger children means that we know very little about how neighbourhood quality affects parental priorities, family dynamics and the care of adolescents in the six focal countries.

The importance of investigating the range of internal and external pressures on parents and adolescents in any given context is reinforced by research outside the region. A large-scale study in 30 ethnically diverse US cities found associations between high levels of aggressive parental discipline towards young children and poor quality community context, as well as with individual parenting stress and inferior parental relationships (Kim et al., 2014). Pockets of evidence from the region suggest that parent anxiety and inter-generational discord relating to discipline can increase as the age gap widens. For example, grandparent foster-carers of children orphaned by HIV in KwaZulu-Natal, South Africa reported a feeling of disharmony in relationships with their grandchildren and problems relating to discipline (Nyasani, Sterberg & Smith, 2009).

3.7.1 Adolescent perspectives on parental absence and on society's responses

Even when adolescents' needs are being met, being parentless is a source of internal shame and social anxiety (Bray et al., 2010). In South Africa, one reason why adolescents worry about the replacing of a biological parent is that parents are valued for their unconditional commitment to provide for their children (regardless of actual ability to do so). Relatedly, parents are also valued for their role in introducing children to their ancestors. In short, rather than seen as 'carers' (in the narrow sense of the word), they are seen as champions of, and advocates for, adolescents.

High rates of paternal absence in South Africa mean that adolescents do not consider themselves 'abnormal' when raised by their mother and/or other female relatives (Bray et al., 2010). However, they experience paternal absence as a gap in care, nurture and protection at particular points in their development. For example, adolescent males whose fathers or responsible male relatives were absent were at greater risk of severe infection or even death because of family hardships relating to poverty, and the boys themselves lacked both nurture and the recognition that comes with initiation rites (Ramphele, 2002).

Rural adolescents explain their unruliness (bad behaviour) and misfortune in relation to their invisibility to paternal ancestors, arising from a lack of proper attendance to rituals following a relative's death, and accusations of witchcraft between kin and neighbours in relation to the death of loved ones (Henderson 2011). In Malawi, paternal absence is more generally associated with a profound social vulnerability. In everyday public discourse, vocabulary referring to children who 'grow up alone' is used for double orphans and for children who live in homes without a male presence (Mkandawire et al., 2014). This is because in most Malawian languages the terms used to define orphanhood include loss of parents; the rupture of social bonds; lack of family support; the process and situation of deprivation and want; and the lack of money or means of livelihood. Some of these are, indeed, the effects of orphanhood but are treated as integral parts of the process of "missing something", summed up as "a poor condition of living that might be temporary" (Chirwa, 2002).

The death of a parent can precipitate uncertainty in adolescents about their belonging in a family. For example, teenagers in KwaZulu-Natal struggled to secure a place amongst their maternal kin after their mother died, and were excluded from their paternal kin in the frequent cases when lobola (bride wealth) had not been paid to legitimise their parents' marriage (Henderson, 2011). While adolescents do not expect step-parents or wider kin to meet all the ideals of a parenting role, certain essentials remained desirable including "being treated like their own children" when food is allocated in the home, having access to family resources and being able to attend school. Adolescents appear to tolerate various shortcomings in 'new parents', including being sworn at occasionally and not being given new clothes at Christmas (ibid.).

A further question lies beyond this analysis, namely whether better parenting by mothers can fully substitute for the absence of fathers in the eyes of adolescents. The indications are that it cannot. However, the routes to achieving paternal recognition and participation are not obvious.

3.7.2 The parenting experiences of adolescent mothers and fathers

In the six focal countries, between 5 and 15 per cent of women between the ages of 15 and 19 years gave birth during 2013; yet fertility rates are declining (see Table 1, page 10). The fall is most rapid in Zimbabwe and South Africa. However conception rates amongst women aged 15 to 17 remain higher than in the USA (2.9 per cent in 2012³) and UK (2.8 per cent of 2012⁴) where the greater likelihood of termination contributes to much lower rates of adolescent parenting.

The small body of research on the particular experiences of adolescents who are themselves young parents largely investigates disruption to educational achievement. Examples include a small study of Xhosa-speaking adolescent mothers in a township in the Western Cape, which found that "the women who supported the young mothers with childcare dominated the mothering spheres", and that schools were also experienced as controlling because they were "regulated by authorities in ways that constrained the

³ Annie E Casey Foundation 2014 Kids Count Data Centre. Accessed 5th October 2015 from http://www.aecf.org/blog/teen-birth-rate-at-historic-low/?gclid=CjwKEAjjwv8iwBRC35-_e8aPqwCESJAB8khP9HM9_KLgxY-c224klds9U60Uf7F3hXXTWk8latvte2RoCXxPw_wcB

⁴ Office for National Statistics Statistical bulletin: Conceptions in England and Wales, 2012. Accessed 5th October 2015 from <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics—england-and-wales/2012/2012-conceptions-statistical-bulletin.html>

young mothers' balancing of school and parenting" (Ngabaza, 2010). Their capacities were further undermined by household poverty and lack of neighbourhood resources, coupled with immense stigma attached to adolescent motherhood.

Recent policy changes designed to increase young parents' access to secondary education are unlikely to make a substantial difference to adolescent girls' ability to combine motherhood and education. An analysis of South Africa and Zimbabwe's postcolonial legislations and policies suggests that while policy institutionalisation in both countries is an important step towards democratising formal schooling for girls who fall pregnant while at school, it cannot achieve this without confronting "the negative traditional, social and cultural variables that militate against pregnant girls who choose to pursue their educational aspirations through the formal school system" (Runhare et al., 2014).

Parents of young parents continue to play a significant role in the lives of adolescents and their infants. Young mothers in the region consistently get help from their own mothers, aunts or grandmothers in caring for their infants so they can continue with education or/and seek work opportunities, or simply because they continue to live in the parental home. However, new tensions are arising between the two generations of mothers because young mothers have slightly different conceptions of what 'good' motherhood entails; yet they do not have sufficient resources to create their own home in which to raise their child using these ideals (Moore, 2013).

The obstacles to young fathering have not been well documented across the region. However, a recent study in South Africa shows that many young fathers want to be active parents and have a strong sense of responsibility towards their children but they are unable to provide financially. Moreover they are frequently rejected by the mothers' families if unable to contribute financially (Swartz et al., 2013).

3.7.3 How is parenting understood and practised in the region? Key findings

The evidence suggests that in the midst of rapid social change younger and older family members are retaining rites of passage and other cultural expressions of identity, care and belonging.

- Parents often instigate processes through which adolescents can transition to adulthood but others in the family and community carry primary responsibility for conveying information and social recognition.
- Community checks and balances in the conduct of initiation rituals have weakened.
- A communication gap between adult and adolescent generations is evident, particularly around sex, emotional well-being and social respectability.
- Adolescent risk is closely associated with poor access to adequate, accurate information, gendered power relationships and economic conditions, and HIV which is the leading cause of death among adolescents in Africa.

3.7.4 Family structure and mobility of family members

- Adolescents' households vary widely in their composition and durability within and across countries. Many comprise three generations or multiple adults in addition to or in place of an adolescent's parent.

- Steady economic migration to urban areas is pushing up the proportion of adolescents who live on the urban periphery.
- Most adolescents live with a female caregiver, but in many cases she is a grandmother, aunt, cousin or older sister and may or may not be regarded as a mother figure.
- The literature emphasises the absence of a biological parent, or father-figure in particular, and the negative implications for adolescent sexual activity.
- Parental presence may involve some complex trade-offs: 'successful migration' of father can benefit women and children, but there are losses associated with 'unsuccessful migration', and risks associated with the presence of a parent who drinks heavily or uses drugs.
- Little is known about adolescent co-residence with older resident siblings or cousins, nor about the dynamics of care and reciprocity in these households.
- Large inequalities exist in access to quality education, training, employment or entrepreneurship opportunities leaving the majority of adolescents vulnerable to disappointment or exploitation.
- A small body of research identifies challenges associated with adolescent parenthood but these require further interrogation in relation to broader social, cultural and structural influences. Most of the research focuses on disruption to educational achievement.

3.7.5 *Adolescent and parent perspectives on the core components of parenting*

- Parenting is often perceived to equal material support, by adolescents and parents alike.
- While paternal absence is seen as normal in the region, it is also seen as a gap in care, nurture and protection at particular points in their development.
- Economic pressures, family dispersal and adult underemployment mean that adolescents frequently stand in for adults in ways that invert the hierarchy of seniority and responsibility found in discourses of 'respect'.
- Reciprocity is a seldom recognised component of parenting.
- Traditional parenting styles tend to be authoritarian. Obedience and respect are important.
- Shaming is commonly reported by adolescents as a form of punishment; more often in the confines of the home.
- Young mothers in the region seek help from their own mothers, aunts or grandmothers in caring for their infants, but new tensions are arising between the two generations of mothers because young mothers have slightly different conceptions of what 'good' motherhood entails.

4. STRUCTURAL FACTORS AFFECTING ADOLESCENT-PARENT RELATIONSHIPS

This section presents evidence from the literature that contextualises the ideas and practices of parenting within broader socio-economic, health and other structural dynamics of the region.

4.1 Parent perspectives on factors that undermine their care of adolescents

Where HIV rates are high, it is common for adults and adolescents to have experienced the deaths of several family members for whom they have cared in the final stages of illness. Women in South Africa describe the grief and mourning (Henderson, 2013), noting its impact on their mental health (Bray, 2012) which undermines their ability to parent young children to the standards to which they aspire (Bray & Brandt, 2007). The impact of multiple family bereavements on mothers' abilities to parent adolescents is not well-researched, and even less is known about the effects of multiple bereavements on men and fathering.

Fathers identified huge challenges to parenting adolescents. For example, they find their ability to protect and provide for their families is frustrated by lack of income. They also have little or no day-to-day involvement in the lives of their children and are largely unable to fulfil their expectations. Parents recognise that disciplining their children is particularly difficult when mobility in either generation means that they spend little time together (Ramphela, 2002). Moreover, cultural norms emphasise material care over other forms of care such as social and emotional support (Khunou, 2006), meaning that the contributions fathers make in these spheres are overlooked or diminished in public discourse. (Bray & Brandt, 2007). Additionally, cultural notions of propriety may restrict paternal communication. Formative research towards an adult-child communication intervention in Botswana, Malawi, and Mozambique found that adolescent girls rarely have close relationships with their fathers (Schwandt & Underwood, 2013). Some adult members of the community, particularly, though not exclusively, in Malawi, perceive a father's interest in his daughter's life as a sign of him harbouring incestuous feelings toward his daughter. Fathers tend to distance themselves from their daughters when they reach adolescence in order to avoid such accusations.

The most devastating effect of poverty faced by lone mothers in South Africa is the loss of dignity (Wright, Noble, & Ntshongwana, 2014). Humiliation and shame were experienced particularly acutely due to the strain that poverty placed on these women's family relations. Lone mothers reported being insulted by family members, being made to feel a burden and in some cases abused, all of which undermined their self-esteem. Moreover, the consequent loss of standing in the community, coupled with an inability to provide for their children, further eroded their sense of dignity.

Recent research has clarified the links between poverty and shame across many contexts (Chase & Bantebya-Kyomuhendo 2014) and a small body of ethnographic work in South Africa lends weight to the suggestion that the shaming aspects of poverty exert strong influences directly on parent mental health and the stigma associated with it. This reduces parental ability to fulfil parenting aspirations both for young children (Bray & Brandt, 2007) and for adolescents (Bray, 2009; Bray, 2014, cited in Posel & Ross, 2014).

4.2 The impact of poverty on adolescent work and parenting

Statistics on child work in all six countries indicate that for over one quarter of young people, work within the home, on family farms or in local businesses takes up a significant portion of their time before and during adolescence (Guarcello et al., 2004). As we would expect, these proportions increase with age such that between half and three quarters of older adolescents are working, or seeking work. However, adolescents frequently combine school and work.

Poverty is the primary driver of children's participation in work in this region (Admassie, 2002) although its nature and implication varies across contexts. Research in South Africa and Zimbabwe on distribution shows that most working adolescents live in very poor households in rural areas and are engaged in subsistence agriculture, many combining this with domestic work (including care) and commercial agriculture (Robson, 2004; Bray, 2012; Dawes et al., 2012).

In the extended or nuclear families, adolescents can gain social competence, moral maturity and personal agency from work done independently or alongside adults in ways that contribute to household functioning (Bray, 2003; Dawes et al., 2012), and experience increased intimacy with parents (Bray, 2012). Collaboration over domestic work (for girls) or maintaining the home (for boys) is a vehicle through which parents ascribe value to adolescents, model appropriate behaviour and include them in social reproduction in ways that are consistent with the aspirations of parenting captured in the WHO's five dimensions. Adolescents are proud of their participation in the running of the family and prioritise their "right to help in the home" as well as engage in family activities (Bray, 2012; Thorpe, 2005). For reasons we go on to explain, the pressures and motivations around work influence the notion of 'good parenting' in this region, differing from those commonly expected or assessed using standard measures.

Research suggests that increasing proportions of adolescents participate in temporary or sporadic work that involves sustained relationships with employers who, while paying very little (in cash or kind), do so on a daily basis and retain the promise of more such work (Mkandawire et al., 2014; Nyambedha, 2007). Poverty plus additional vulnerability due to HIV, including orphanhood and family dispersal, lies behind adolescent engagement in commercial sex work (Nyambedha, 2007), while transactional sex in the community is commonplace across poor neighbourhoods (Juma et al., 2013). Young people's reliance on these informal and often exploitative relationships increases where lone mothers, or small families, cannot meet material needs or connect adolescents to genuine alternative routes towards upward social mobility (Ngugi et al., 2012).

Evidence shows that adolescents seek an income primarily to meet their own expenses, including school uniform (Dawes et al., 2012), or to reduce personal deprivation (Busza et al., 2014), suggesting that provision from the family frequently falls far short of adolescent needs. Parenting must therefore be understood as a continuing effort towards individual survival and provision for others where the means to do so are severely constrained. These conditions serve to blur the distinctions between 'provider parent' and 'recipient adolescent' in a more tangible, yet potentially detrimental,

manner than the developmental and socialisation benefits parents recognise to accrue from adolescent participation in work. Also, parents are rarely able to protect adolescents from significant levels of physical and psychological abuse, including humiliation, owing to their own low status in society, or detachment from the sphere of adolescents' work. Parents and children are in this sense equally vulnerable. Although ethnographic work indicates adolescent awareness of the limitations to parental capacities (Bray et al., 2010), they suffer when parent coping strategies include excessive drinking (Dawes et al., 2012) and from related increases in violence and mental instability (Bray 2012; Roman & Frantz, 2013).

Unemployment is very high across the region, particularly amongst adolescents and young adults. This trend matters insofar as parents and adolescents worry about the future work opportunities for adolescents and their capacity to earn. Research in South Africa has shown that chronic joblessness forces many young, unemployed adults to remain in the parental home, but few invest their labour in family farming thereby threatening its viability (Hull, 2014). The reason for this trend is that marriage now costs so much that rates have declined significantly, and with them young people's sense of obligation to provide labour or income to the parental home.

In her 2012 book on work and social change in Africa, Alcinda Honwana coined the term "waithood" to describe young people's "perpetually waiting to enter into adulthood [...] neither dependent children nor autonomous adults". Waithood is, she argues, "a liminal space in which the majority of African youth find themselves trapped as a consequence of the foreclosure of the historical pathways to adulthood such as financial autonomy, marriage and the creation of an independent home, all of which are dependent on inclusion in the labour market" (Honwana, 2012). Waithood is driven by inequality, but at the same time is creative and adaptive as shown through the reconfiguration of intimate relationships and notions of acceptable behaviour amongst young migrants and cross-border traders (ibid.). Socio-political analyses of this nature help to contextualise the way challenges to young people's abilities to realise their aspirations – and those of parents for their adolescent children – are understood, and to question the agency of individuals within configurations of families as well as the role of social institutions more broadly.

4.3 Trends in education, marriage and child-bearing

The trends in education, marriage and childbearing are having an effect on parenting and adolescent well-being.

A positive trend is that more adolescents are staying on in school. On average, adolescent participation in schooling is increasing in terms of numbers and duration (see Table 3), a trend that at one level reflects the aspirations of adolescents and parents for greater educational opportunity. The associations between sustained secondary school attendance and lower HIV risk have prompted research to investigate the potential for cash grants and/or social support (including feeding schemes, covering costs of uniform and school-based helpers) to support retention and reduce vulnerability to HIV. A trial of school-based supports in Zimbabwe reduced the drop-out rate by 82 per cent and marriage by 63 per cent after two years, with greater school

bonding, better future expectations, more equitable gender attitudes, and more concerns about the consequences of sex reported amongst the intervention group (Hallfors et al., 2011).

Work underway in South Africa investigates the links between secondary school retention and the provision of cash grants alongside social supports; this combination has shown a reduction in HIV-risk behaviour amongst adolescent girls and boys (Cluver et al., 2014), while household receipt of a pension (cash only) had no significant effects on the schooling or labour force participation of young people aged 14 to 20 years (Siaplay, 2012).

However, parents do see risks in education, particularly for girls, due to its association with high intra-pupil sexual activity (Lyimo et al., 2013). Girls in rural Kenya are subject to sexual harassment by both teachers and students (Mensch & Lloyd, 1998). A study in rural Malawi found that parents have many concerns regarding a daughter's schooling even before puberty (Grant, 2012). Lack of safety in schools, the negative influence of classmates, perceptions of sexual activity and loss of parental control shape parental predictions about how long daughters would remain in school, and weakened parental motivation to encourage them to do so.

Parental involvement in their adolescents' education is widely known to be critical but varies according to different factors. For example, in South Africa, a survey of parent engagement in their children's schooling found that the parents' gender, age, living standard and marital status all had an influence, with younger mothers participating most and fathers least (Mmotlane, Winnaar, & Kivilu, 2009). Ethnographic research in South Africa suggests other factors underlying parental detachment from educational institutions include low literacy levels, teachers' high status in the community and assumptions around the inherent quality of education. In part, this is a legacy of the apartheid government and more recent attempts at redress (Bray et al., 2010).

Demographic research in the region suggests that the rising age of marriage results from a combination of an extension of girls' secondary education and the characteristics of their family and neighbourhood (Manda & Meyer, 2005).

Raising women's education levels in sub-Saharan Africa is understood to have the double benefit of increasing marriage age and reducing total fertility rates. However, the qualitative data does not wholly support this assumption. Ongoing work in Malawi (Amoaten et al., 2015) finds that young people have aspirations to complete school and marry in their late 20s, however the majority leave school much earlier and many have children. This could be due to poverty, lack of real educational opportunity plus lack of jobs, and gendered power relationships.

Additionally, research findings indicating that HIV has reduced the demand for education in Malawi, as households see the loss of wage earners, struggle to meet the costs of education and therefore increasingly require children's labour at home (Streuli & Moleni, 2008). However, the regional picture is varied and complex. An ethnographic study of youth and families in a large urban informal settlement in South Africa found that the value of education is sustained, or even increased, in contexts of high HIV prevalence with families investing considerable portions of income and energy in trying to secure secondary school completion (De Lannoy, 2007).

Other factors influencing duration in education include difficulties with school work, long distances to travel to school, illness and death in the family (for Malawi see Kadzamira and Chibwana, 2000, Kadzamira and Rose, 2003 and Rose, 2002 all cited in Streuli & Moleni, 2008). For girls, late entry to schooling combined with grade repetition means that many reach puberty before completing primary education.

The literature tends to frame early marriage, pregnancy and demand for domestic work in terms of the “additional socio-cultural pressures” precipitating drop-out from school (for example, Kadzamira and Rose, 2003a in *ibid.*). However, adolescent perspectives emphasise the respective viability of these, compared to schooling, in terms of securing identity and status within the community (Bray et al., 2010).

Emerging from this body of work is an understanding that parents or families and adolescents themselves face ongoing challenges in juggling the promise of education with its viability in their everyday lives as well as what it can offer in practical terms for the future. These latter considerations are influenced by the quality of education and the nature of training, employment or entrepreneurship opportunities in the locality or in places adolescents can migrate to. The nature of this underlying tension and its impact on the expectations or tasks of parenting are not well understood.

4.4 Adolescent care of family members and of the family reputation

Across the region adolescents frequently stand in for adults in ways that invert hierarchies of seniority and responsibility found in discourses of ‘respect’ that emphasise a distinction between generations. Through caring for sick and dependent family members, or earning alongside each other, adolescents and parents demonstrate two-way reciprocal care and decision-making that is accepted – even welcomed – within families, both for immediate benefits to individuals and their role in sustaining or mending social ties weakened by death and illness (Henderson, 2013). Research in Kenya, South Africa and Zimbabwe broadens the notion of ‘parenting’ as experienced by grandparents or other relatives to include mutual support within and across generations. The psychological and social benefits of these dynamics are rarely captured by research that focuses on the ‘burden of care’ shouldered by adolescents (Andersen, 2012; Bray, 2012).

Young adolescents living with and caring for sick adults in South Africa are vulnerable to higher levels of psycho-social distress, anxiety and depression than their peers (Cluver et al., 2012). However, caring roles were seen as acceptable, appropriate and even welcomed by adolescents for the intimacy they formed with parents, contributing to self-esteem and status in the home – at least until the point when adults became very sick and needed specialist care (Bray, 2012). Adolescents in this study approached the tasks and responsibilities of care as part and parcel of their role as daughter or son within the household. Rather than seeing care as a set of chores, girls and boys offered practical and emotional care to adult relatives in ways that protected not only the individual adult but the entire domestic unit. Their primary concern was to safeguard the family from gossip and denigration on the basis of poverty or illness. In a context where the limits to their own parents’ capacities to provide or offer consistent emotional or social support were obvious to adolescents, their needs were for reliable social connections to members of

the community who had resources to help, even if only a mobile phone, and a willingness to take young people's concerns seriously (ibid.).

While there has been a consistent research focus in southern and east Africa on understanding how chronic, life-threatening illness affects children's roles and responsibilities, little attention has been paid to the role of alcohol or drug dependence. One small-scale South African study documented adult women's recollections of spending their adolescence coping with hunger and looking after parents (who had passed out or been beaten up), leading to the assertion of high rates of early drinking as a way of coping amongst adolescents, and the subsequent inter-generational transmission of addiction and violence (Jacobs & Jacobs, 2013). It also identified a similar code of silence around alcohol use as has been documented for HIV/AIDS, resulting in substantial efforts on the part of adolescents to maintain the impression that all was well in the family, even to the point of agreeing to parent demands to deny social workers' entry to the home.

4.5 Structural drivers behind adolescent health and well-being

Full consideration of the factors influencing adolescent health and well-being is beyond the scope of this review. However, the table below provides an insight into domains for which data are routinely collected owing to their association with poor outcomes in the short and long term.

In many communities across all six countries, and particularly in certain countries, girls and boys are exposed to high levels of violence at home and in the community from a young age. A recent review of research on the prevalence of intimate partner violence in Africa, and its implications for adolescents, found the highest prevalence in Zambia (48 per cent), followed by Kenya (46.2 per cent) with lower rates in Malawi, Rwanda and South Africa, though still exceeding 25 per cent (Roman & Frantz, 2013). Moreover, all the studies reviewed reported exposure to violence during childhood. The highest rates recorded were in South Africa where 25 per cent of participants reported witnessing their mothers being abused by their respective partners (ibid.).

Full consideration of the effects of violence in the family on parent-adolescent relationships is complex and beyond the scope of this review. National surveys of violence against children conducted in Kenya, Tanzania, Swaziland and Zimbabwe indicate an association between exposure to sexual violence in childhood and adolescent participation in HIV risk behaviours (Richter et al., 2014). However, with the exception of South Africa's Birth to Twenty study, there are no longitudinal studies able to shed clear insights on processes involving parents and adolescents. Forty per cent of this study's sample had direct or vicarious experience of community or family violence, most of whom did not show signs of high-risk behaviour in early adolescence (Richter, 2006). Those who did, showed advanced pubertal development for their age and lived in environments where they were exposed to older adolescents, without monitoring and supervision by caring adults (ibid.).

The figures in Table 6 (page 38) do not tell the complete story on adolescent or parent well-being, nor their implications for parenting. These need to be interpreted alongside data provided in Table 3 on adolescent occupations. Also useful is an intra-national

survey or qualitative data on other dimensions of well-being such as mental health, psychosocial well-being, civic participation and measures of citizenship or belonging for which few sources exist.

TABLE 6 – Markers and trends in adolescent health and well-being in the selected countries

Country	HIV prevalence 15-19 years UNFPA 2012 (using ICS MACRO, DHS 2005-2012 & UNAIDS)	Sexual health 15-19 years testing for HIV condom use multiple partners UNFPA 2012	Victims of violence amongst girls UNFPA 2012	Contraceptive prevalence rate modern method, % married females 15-19 years UNFPA 2012
Kenya	2.7% female 0.7% male	testing for HIV 23% M, 35% F condom use 55% M, 41% F multiple partners 17% M, 5% F	15% victims of FGM 11% sexual violence	20%
Malawi	4.2% female 1.3% male	testing for HIV 27% M (no data on F) condom use 47% M, 44% F multiple partners 15% M, 2% F	18% sexual violence	26%
Mozambique	7.1% female 2.7% male	testing for HIV 8% M, 19% F condom use 36% M, 42% F multiple partners 18% M, 3% F	No UNFPA data	6%
Tanzania	1.3% female 0.7% male	testing for HIV 15% M, 35% F condom use 46% M, 49% F multiple partners 24% M, 5% F	7% victims of FGM 13% sexual violence	12%
South Africa	15-18 years in 2012 ^a 2.9% [Females are 8 times more likely to contract HIV than males]	15-24 year olds in 2012 ^b % testing for HIV 50.6% M & F condom use 67.5% M, 49.8% F multiple partners 37.5% M, 8.2% F physical abuse: 34.4%	Lifetime abuse reported by 15-17 year olds (boys and girls) ^c sexual abuse 19.8%	15-24 year olds in 2007 ^d 52.2%
Zimbabwe	4.2% female 3.4% male	testing for HIV 13% M, 40% F condom use 66% M, 39% F multiple partners 15% M, 3% F	18% victims of sexual violence (female and male)	35%

Notes: ^a Simbayi et al., 2014; ^b Simbayi et al., 2014; ^c UBS Optimus Foundation, 2015; ^d MacPhail, Pettifor, Pascoe, & Rees, 2007.

South African studies have documented the impacts of heavy drinking, drug use and associated addictions on trust and other positive aspects of parent-child relationships (Watt et al., 2014). Interviews with parents, primarily mothers and mother-figures, strongly suggest that drinking is understood to be detrimental to parenting but difficult, if not impossible, to relinquish owing to poor mental health and lack of other coping mechanisms. Many demonstrated distress and inner conflict when articulating their knowledge of the huge costs of their drinking habits to both the children's current well-being. The rise of methamphetamine use in poor urban South African communities has drawn attention to these issues, but we cannot tell their salience in other countries. This is partly because little research has been done, and where it has, the focus has been on drug and alcohol use by adolescents rather than by parents (see for example (Malayi et al., 2013)).

4.6 Intimacy, sex and perceptions of risk

Most studies concerning parenting concentrate on the strategies parents adopt to try to monitor and curtail their children's sexual relationships, with one or two notable exceptions where the understanding of parenting is wider (Wamoyi & Wight, 2014). There is some evidence from rural South Africa that grandmothers caring for adolescents take on lovers in return for cash as a means to supplement meagre earnings from sewing and other local piecework (Henderson, 2013). These women did not frame these actions as shameful or inappropriate, indicating a tacit acceptance of the everyday pragmatics of survival that in turn casts a different light on so-called "transactional sex". It also raises questions about the possibilities open to parents in trying to reduce their adolescent daughters' involvement in such relationships given that these young people are likely to be aware of their activities and the significance of these in their own economic safety net.

Most young women engaged in sex work in Zimbabwe did so for reasons of "mobility" due to family instability and political upheaval (Busza et al., 2014). The determinants of mobility, including the inability to pay school fees or the desire for independence from difficult circumstances, in turn catalysed entry into sex work, and then led to migration to maximise income.

Structural factors affecting adolescent-parent relationships – Key findings

- In many cases, the concept of parenting needs to be understood as a continuing effort towards individual survival and provision for others where the means to do so are severely constrained.
- Fathers identified huge challenges to parenting adolescents. Their ability to protect and provide for their families is often frustrated by many factors including lack of income, little opportunity to spend time with the family and cultural norms, which stress material care over social and emotional support. In contexts where taking an interest in the upbringing of an adolescent daughter is traditionally viewed as improper, it may be difficult for adolescent girls to form close relationships with their fathers even when fathers are at home.
- Poverty also severely undermines the ability of parents to sustain positive relationships with their adolescents because the associated stigma adds to the stress of being unable to meet basic needs, and places greater burdens on parents and children to protect the family reputation. Adolescents are sensitive and strategic in seeking care from outside the immediate family when parental mental health is eroded in this way.
- High HIV rates in the region have significantly affected the lives of parents and adolescents. It is common to have experienced the death of at least one family member; many have to deal with multiple bereavements.
- Grief/loss of dignity can have a huge impact on parental well-being, especially that of lone mothers, which in turn has an impact on their ability to parent effectively (including resorting to violence, heavy drinking, drug use and sex work).

- Adolescents often take on the role of caring for a sick adult. This responsibility can cause stress and anxiety, yet can also contribute to adolescent status in the home, self-esteem and protection of the domestic unit.
- Within the family, adolescents value work done independently or alongside adults in ways that contribute to household functioning and experience increased intimacy with parents. Traditionally, collaboration over domestic work (for girls) or maintaining the home (for boys) is a vehicle through which parents ascribe value to adolescents, model appropriate behaviour and include them in social reproduction in ways that are consistent with the aspirations of parenting captured in the WHO's five dimensions.
- Many adolescents work primarily to seek an income to meet their own expenses, including school uniform, as provision from the family frequently falls far short of their basic needs. The 'provider parent' and 'recipient adolescent' concepts become blurred, and in very poor families, both the parents and adolescents are vulnerable to exploitation and abuse. In the work place adolescent girls are particularly vulnerable to sexual abuse and as a result HIV infection. Transactional sex has become an accepted way to earn money for very poor grandmothers or lone mothers, so that they can provide the basics for the family.
- While more adolescents are staying on in school, parents worry about safety, particularly for girls amidst reports of sexual activity amongst the pupils and sexual abuse by teachers.
- Parental involvement in their education seems to be influenced by many factors including gender, age and level of education.
- In many communities across all six countries, and particularly in certain countries, girls and boys are exposed to high levels of domestic violence from a young age.

5. WHERE DO PARENTS AND ADOLESCENTS SEEK AND FIND SUPPORT?

This section outlines key learning on forms of support used by parents and adolescents to bolster their own well-being and, where possible, their relationship and mutual care. It gives indication of the kinds of support-seeking behaviour that adults and adolescents engage in, what they value most in terms of support, and the limitations they encounter.

Research into support-seeking and provision tends to categorise different forms of support, distinguishing, for example, emotional support or the provision of empathy, love, trust, and caring, from instrumental support consisting of tangible aid and services, and from informational support or the provision of advice for solving problems. However, this area is relatively under-developed in scientific enquiry within this region as elsewhere. Where institutions that may offer support are studied, it is seldom with the question of this chapter in mind. For example, research has been conducted on the role of religion in family planning (Yeatman & Trinitapoli, 2008), and of the church in HIV messaging and behaviour change (Mpofu, Hallfors, Mutepe & Dune, 2014; Noden, Gomes & Ferreira, 2010; Pfeiffer, 2004; Trinitapoli, 2009; Yeatman & Trinitapoli, 2008). However, little attention has been paid to what church membership offers in terms of support to individuals, families and intra-community relationships.

5.1 Parent support-seeking: the scope and limitations of family networks

Family members, living within the home or outside it, are the primary sources of support for parents whose principle reason for seeking support is to fulfil basic material needs such as food and shelter.

The value and duration of material support provision in response to death from AIDS-related illnesses and orphanhood varies across the region, and over time. In Tanzania, households with an adult death continued to receive increased informal transfers for a period following their bereavement (Lundberg, Over, & Mujinja, 2000). In Zimbabwe, households affected by HIV/AIDS found that they were only able to access school fees, food and shelter support from their closest relatives since distant relatives no longer contributed (Mutangadura, 2000). Less than 10 per cent of orphans and foster children in a study in rural Tanzania received support from outside their household (Urassa et al., 1997).

While more recent studies consistently document kin relationships that provide support to people living with HIV (Cummings et al., 2014), some also point out the selectivity with which adults and adolescents choose who to ask, for what and when, particularly where the combination of extreme poverty and illness render them vulnerable to stigma and social isolation (Bray, 2009; Henderson, 2011). These ethnographic studies have identified people outside the biological family whose support is regarded as equivalent to, or better than, that of relatives because it is regular, reliable and/or able to meet specific needs (Bray, 2012). Sometimes these lines of support are kept highly discrete. Children and adolescents often refer to such individuals as 'aunty', 'sister' or 'grandfather'; terms that convey their assimilation into understandings of family and care and may, ironically, mean that they are mis-identified as biological kin in research reliant on questionnaires or interviewing.

Families may not have the material means or sufficient social status to address the instrumental needs of parents, such as access to transport to distant health facilities. In a peri-urban settlement in South Africa's Western Cape, adolescents knew the few neighbours with reliable mobile phones and the local councillor who could ensure that an ambulance would arrive when called (Bray, 2012).

Furthermore, adults and adolescents may avoid seeking instrumental or emotional support from relatives for fear of exposing vulnerabilities that may compromise them in the longer term. Such decisions can be understood as a form of retaining the potential for individual support and providing 'care' in its broadest sense to all members of the household. For example, single mothers living with HIV and on anti-retroviral therapy in an urban informal settlement in Cape Town chose to seek support with child-care and even temporary accommodation with friends, or 'village kin' (who hail from the same rural area), rather than sisters or cousins because they wanted to avoid gossip or conflict that might damage other kin ties (Bray, 2009). Friends and immediate family members (parents, children and siblings) were named as the primary sources of emotional support to young adults in rural Mozambique, with spouses and sexual partners as further providers (Cummings et al., 2014).

A recent in-depth study of lone motherhood in South Africa provides salient insights into the limits of support within co-resident extended families. While most lone mothers live with at least one other adult relative, the majority (97 per cent) who completed the screening questionnaire said they mainly look after the child on their own (Wright 2015, personal communication). The impression gained in focus groups was that these mothers felt that the responsibility of raising the children rested with them: men could move around but they could not. The paradox for these mothers was that in the absence of financial security they and their children frequently relied heavily on the support networks of extended family, some of whom were abusive. Complex support networks largely comprised of kin were often in place, however the ambiguities and risks inherent in these meant that occasionally children were left on their own when the lone mother was working.

Qualitative data from the region suggests enabling participants to choose who to include in behaviour training from amongst kin, neighbours or other community members and across all generations. For example, the involvement of adult men in the Go Girls! Initiative, an adult-adolescent communication intervention piloted in Botswana, Malawi and Mozambique, benefited both the participating fathers and their daughters. Recommendations from this pilot included targeting both women and men in efforts to encourage adult-child communication about sexuality, and monitoring the effects of the programme according to the gender of parents as well as adolescents (Schwandt & Underwood, 2013).

5.2 Support to parents from community institutions

Where available, support groups established by health or other services, have become an important source of support to adults. Recent qualitative research in Tanzania found that poverty and the deterioration of kinship-based networks motivate people's engagement with anti-retroviral therapy (ART) support groups more than their sense of

entitlement to treatment (Mattes, 2014). Such support groups offer practical assistance to women who fall ill or need help with childcare, indicating an expanded role of health-oriented services established to promote adherence and provide psycho-social support. In Mozambique benefits were found to include connecting with a group of people with similar experiences and the chance to give, as well as to receive, emotional support (Cummings et al., 2014). These groups also involve the provision and sharing of information. Amongst people living with HIV, these groups are valued for their inclusion of 'appraisal support' (self-evaluation, feedback and affirmation) of the kind not found elsewhere. Their potential to offer this amongst those living with HIV and amongst friends and the wider community was also noted.

5.3 Adolescent support-seeking: blurring the boundaries of parenting and 'social support'

Aside from parents or parental figures, other sources of support for adolescents include the wider community of neighbours and extended social networks. Research has shown that youth who feel attached to adults in their community exhibit greater resilience and are less likely to engage in harmful behaviour – including sexual risk taking – than youth who do not enjoy nurturing relationships (Blinn-Pike, 1999; Fors et al., 1999; Miller, 2002; Resnick et al., 1997 cited in Schwandt & Underwood, 2013).

Schools and teachers are potential places of support. However, research in Malawi indicates that teachers, already overwhelmed by large class sizes and few resources, can offer little support to orphans and other children affected by HIV/AIDS (Kendall and O'Gara, 2007; McBride, 2004 cited in Streuli & Moleni, 2008).

Yet peer support in schools may offer support in the form of protection against sexual abuse victimisation. In South Africa, girls who are not in school and with a history of victimization are at higher risk for sexual abuse, leading to a suggestion that "interventions to reduce school dropout rates and re-victimization may help prevent contact sexual abuse of girls in South Africa." (Meinck in press JIV).

The peer effect appears to contribute to the supportive potential of local institutions that engage adults and adolescents in activities through which strong bonds can be formed. A quantitative and qualitative evaluation of LoveLife, a large non-profit intervention designed to reduce adolescent risk and enhance the pursuit of opportunity in South Africa found that the 'Motivation' programme operated through community centres has been effective in providing support. It achieved this by creating a safe space and a supportive network in which young people could discuss sensitive issues, set personal goals and define how they see themselves (Naidoo et al., 2015). It is striking that these qualities align closely with some of the WHO dimensions despite occurring outside the sphere of parental influence.

Evidence from South Africa shows that young people engage in creating kinship from their broader community in ways that offer them forms of protection associated with parenting (Henderson, 2011). Adolescents whose parents have died or are physically, or in some cases emotionally, absent seek care from kin, including those who are distantly related or happen to share a clan-name. Clan membership provides a socially acceptable reason for incorporating an adolescent into the family. After the death of

their own parents, young people from rural KwaZulu-Natal tended to appeal to adults of a similar age with the same surname to stand in for their parents when applying for identity documents (ibid.). Clan identity can provide the entry point for care in the familial space throughout East Africa, both in the sense of hospitality and also legitimacy. These practices are illustrated in the journey of a West African migrant through the region captured in a work of fiction based on substantial ethnographic research (Steinberg, 2015).

In rural KwaZulu-Natal, South Africa, adolescents measure the degree to which they are accepted in a new home environment and the likely quality of their care in terms of how evenly resources are shared. They increase their efforts to re-form their own homestead if they see disparities that advantage other children, often through joining up with an older sibling who returns to the family home, or in the case of girls, entering informal marriages (ukugana) with local young men. Sometimes involving a staged abduction, these arrangements simulate formal marriage through the exchange of elaborate gifts to living and deceased relatives. These marriages can happen in a swift but socially acceptable manner because this exchange of valuable items⁵ relating to warmth, sleep, eating and washing denotes a new arrangement of care and belonging while at the same time leaving open the possibility of future bride wealth payment and creating a context in which babies can be unequivocally welcomed. It is worthy of note that bride wealth has never been paid or completely paid in most older relationships in the region, meaning that the possibility of dissolution and the forming of new relationships remains high.

The status of adolescent girls changes through this new position in a wider family, signifying the expectation of parenthood and an end to formal schooling. Parents or adult guardians in the birth family no longer have a strong influence in the lives of these adolescents. Marriage shifts responsibility for the young person's well-being out of the birth family and towards a new broader network of family on which to draw, "forming an important safety net in a time of widespread deaths" (ibid.).

There is a dearth of research about the options available to boys whose networks become fractured through death, illness or mobility. Without ready recourse to marriage, boys may remain without relatives, with little education and without work, a situation that offers little in the way of immediate support or connections that may assist future integration into new social networks.

Some research points to the changing character of community institutions, particularly how support has traditionally been offered in culturally recognised forms. Earlier in the paper we presented the example of adolescents' participation in a form of casual wage labour in Malawi that has recently expanded into urban areas. It is evident from recent research that adolescents make ganyu arrangements independently of parents who have no influence in these relationships (Mkandawire et al., 2014). The opinion of parents consulted in this study was that the character of ganyu has changed in recent years from being a caring form of mutual help to meet school expenses and daily

⁵ Gifts from the bride to her mother-in-law mark her entry into the home in which she is expected to produce children for her husband thereby assuming the responsibility of continuing the lineage. They draw attention to the hierarchical relationship between mother-in-law and daughter-in-law, yet at the same time showed their 'equivalence' in the sense that both were incomers to a patrilineage to which they have or will contribute work and children.

needs that involved generosity and delayed reciprocity. These qualities are now replaced by deteriorating neighbourhood social support that forces every individual to earn what they can each day to meet basic needs. It is this change of character that has turned this work into a humiliating and exploitative trap for adults and adolescents alike. Notable for our considerations around the implications for understandings of parenting and parenting support, is the fact that adolescent girls have become equal and in some cases more significant and reliable providers in the household than their parents, who tend to avoid ganyu labour owing to its associated stigma.

One of the challenges for parenting support interventions in the region is how to address sexual risk amongst adolescents. Recommendations for addressing adolescent sexual risks arising from research in Kenya do not include parenting support in the form of educative programmes directed at parents per se (Juma et al., 2013). Instead they suggest sexual and reproductive health programmes for both generations and the identification of appropriate community structures to implement them (ibid.). The rationale is that enhancing communication about sexual and reproductive health and mustering the resources required for adolescents to protect themselves requires combined and simultaneous engagement of individuals from across the community, and the provision of services from clinics and other community resources. Such intervention programmes could spark debate about whether and how cultural practices that have lost their intended meanings or structures may be recast in ways that are practical and able to reduce any harms associated with their current practice (ibid.).

Support-seeking by parents and adolescents: Key findings

- There is very little direct research on this topic in the region.
- Existing knowledge of support-seeking by adults and children has been gleaned in the context of HIV and AIDS, and focuses on the related educational and protective roles of informal and formal institutions.
- Support groups established by health or other services, have become an important source of support to adults.
- Research has shown that youth who feel attached to adults in their community exhibit greater resilience and are less likely to engage in harmful behaviour – including sexual risk taking – than youth who do not enjoy nurturing relationships.
- Parents and adolescents seek material support first and foremost. Much of the value of accompanying social and emotional support lies in the security of knowing that problems are taken seriously and that help will have been provided to the degree possible.
- Households and extended families remain key sources of support to individuals and to networks of care. At the same time, adults and young people prefer to ask for assistance from non-kin where it is more reliable and involves less of a threat to their dignity.
- Marriage is often seen as an option by an adolescent girl in need of support, particularly following the death of a parent. However, there is hardly any research about the options available to boys whose networks are severed through death,

illness or mobility. Without ready recourse to marriage, boys may remain without relatives, with little education and without work, a situation that offers little in the way of immediate support or connections that may assist future integration into new social networks.

- Research highlights the severe strain on informal support systems. However, little is known about certain dynamics within these, including the domestic and caring roles of men and the reciprocity of care and responsibility between adolescents and adults.

6. DISCUSSION AND CONCLUSIONS

6.1 Adolescence and social change

Adolescence in this region is a period of vulnerability and opportunity, during which survival skills are developed with many costs to health and well-being. Understanding it requires looking beyond separate risk profiles (such as sex worker, migrant or adolescent) because these do not fit young people's experience (Busza et al., 2014). Instead the priority is to identify the multiple risks during adolescence and to look at how adolescents, with their families, are able to use healthy coping strategies to deal with these risks.

Three particular challenges that emerge from the literature in this region are:

- i. Commitment to education and the inter-generational bargain, its role in masking the false promise of employment upon completing education and its effects on parent-adolescent relationships;
- ii. Scarcity of work and wide prevalence of high-risk work conditions;
- iii. Early and sustained involvement in transactional sex (across the age range in poor communities).

With social change comes variation and uncertainty in the position of adolescents within families and society. Old systems, modernity and economic stress collide.

Urbanisation, declining marriage rates and less investment by young people in family farms or homesteads, has reduced the value of adolescents' labour for poor households (Hull, 2014). Such situations may arise where adolescents no longer have an economic value to poor families and become a source of anxiety, or even a burden. In turn, adolescents tend to seek or sustain work that can be detrimental to their own well-being (Mkandawire et al., 2014). In contexts where old systems, modernity and economic stress collide, and the former support structures to parents have given way, it is possible that practices for rearing children may become harsher and neglect may increase.

A further implication of these trends could be a reduction in the possibilities for adolescents to make contributions of the kind that are recognised in the wider family and community, a scenario that may exacerbate adult perceptions that adolescents are becoming an economic burden. However adolescents may continue trying to earn through activities that pose health and social risks where they are expected to co-provide for younger siblings alongside mothers or older relatives, especially in small, fragile (and often mobile) family units.

Research in Mozambique captured a situation that appears to be common across the region, namely that young people's participation in the community is not seen as a priority issue for most local leaders, teachers or other key adults (Thorpe, 2005). Former rites of passage and collective ceremonies brought young people into collective celebrations and problem-solving in ways that are now becoming scarce (Bray, 2012; Juma et al., 2013). Adolescent girls point out that even when they reach the age of being 'women', they do not participate in decision-making or any form of leadership at community level because women are confined to affairs of the home (Thorpe, 2005).

Boys, in contrast, are recognised as leaders within their families and in the wider community once they reach adult status (following their initiation ceremony in their mid to late teens), and particularly if their fathers are absent (ibid.).

Adolescents have few, if any, vehicles through which they can engage creatively and constructively outside the family because schools are strongly hierarchical and churches or other faith-based organizations offer limited options. One consequence is that adolescents are denied legitimate routes to community identities and to a sense of belonging. A second is that adults around them are unable to see the effect of this, and of its potential harm on their well-being.

6.2 Gender dynamics undermining fathering and mothering

Across the region, the responsibility and daily activities of parenting increasingly fall to biological mothers and female kin who assume the role of mother. At the same time, parenting is understood and enacted in a highly gendered manner that can disempower men and women in different ways.

In South Africa, fathers seldom live with their children, struggle to provide materially, and easily lose their status as a 'parent' in the eyes of adolescent children. Little is known about the status and role of non-biological fathers in the lives of adolescents, although one or two studies indicate that men play a larger caring role in the lives of young children than is thought (Bray & Brandt, 2007). Moreover, women collude to dismiss the contributions of men in these and other domestic spheres as negligible or non-existent. There is little evidence of a counter-narrative amongst men, perhaps because childcare is not explicitly valued in constructions of masculinity – a situation that is not dissimilar to that of other contexts in the global South and North, but is more disempowering in this region because there are so few alternative ways for men to contribute to family life.

At the same time women, somewhat paradoxically, reinforce patriarchal values that undermine their own considerable roles, effort and commitment. Middle-aged and older women see themselves and each other as hubs in the wheel of care. Yet they are blamed and vilified by other women and children for passing on misfortune. One Kenyan study tracks the blaming of mothers for passing on sickle-cell anaemia (Marsh, Kamuya, & Molyneux, 2011). In rural South Africa, mothers are "often demonised as deviant and negligent" through adolescents' accounts of how they became infected with HIV which they trace back to a mother's unplanned, unprotected sex and early pregnancy (Vale & Thabeng, 2016).

Parental involvement in their adolescents' education is widely known to be critical but varies according to different factors, including gender. In South Africa younger mothers were found to participate most and fathers least (Mmotlane, Winnaar & Kivilu, 2009). Gender also influences who adolescents live with: boys are more likely than girls to live with their grandparents, whereas girls tend to live with their siblings, aunts, uncles or other relatives, and in households headed by their husbands (Zimmer & Dayton, 2005). Analysis of DHS data from 24 countries in sub-Saharan Africa finds that half of older women and one third of older men live with at least one grandchild under the age of 15 years (ibid.).

6.3 Economics, the struggle for well-being and the emotional economy of parenting

Poverty along with illness and social exclusion shapes parenting in multiple, corrosive ways. For a large proportion of parents in all six countries studied, the strain of daily survival curtails the time they can spend with adolescents and produces anxiety around meeting the disparate needs of family members, adolescents included. These, in turn, appear to undermine mental health and reduce parental abilities to participate in social interaction and potentially protective social networks.

Positive parenting (measured through instruments such as the Alabama Parenting Scale), is unlikely to be achievable in resource constrained environments where the emotional economy of parents is stretched to the limit. Evidence from other regions points to the limits of familial care in highly compromised and pressurised environments (Coulton et al., 1995).

A small, and apparently growing, number of working mothers from disadvantaged backgrounds who now live in modernised, urban spaces have achieved sufficient job security and income to support their daily needs and have built an identity based on participation in work, neighbourhood institutions and the fulfilment of their own 'good parenting' goals (Moore, 2013). More research on the contexts in which this is possible and how mothers sustain this way of life, as well as the parallel roles of fathers, would enhance our understanding of ways to achieve positive parenting within the region.

Social security makes parenting a particularly fraught territory in some areas. For example, where social assistance is available in the form of foster care or child support grants (as in South Africa), parenting is tied into a family's struggle for resources. Female kin battle over orphaned children in a bid to gain access to a foster care grant. Adolescents seek control over how grant money is spent or decide to move in with other kin, thereby removing a source of income to their current household (Vale & Thabeng, 2015). These financial considerations put a new source of power into the hands of adolescents that may become even more problematic when adolescents are themselves parents.

6.4 The (ideal) character of parenting

The African literature points to the persistence of strong cultural ideals regarding the appropriate raising of older children and ensuring their safe passage into adulthood. Many of these are oriented not only towards the well-being of individual children, but to the sustenance of a social network that can support the wider family, including those with parenting responsibilities. Striking in the ethnographic data is an increasing mismatch between norms in family life, including care and parenting, and the diminishing possibilities afforded to adults and children for achieving these.

Against this backdrop, members of each generation are finding ways to cope with certain ruptures in ideal patterns of care that can retain the basic integrity of family life. The evidence points to considerable flexibility in who parents adolescents and how adolescents are parented. The literature invites us to think about care for adolescents in

a time of instability and across social groups and provides us with an understanding that in many contexts care, and therefore parenting, is “malleable, mobile and migratory”; (Henderson, 2013 writing about rural South Africa). This offers a lens through which to consider variation in parenting components and illustrates the ability for parenting to flourish across contexts in the region.

Adolescents receive and give care in their relationships with parents and other intimate adults. Findings suggest that it is inappropriate to separate what is happening within the family or domestic unit from ‘good parenting’. The literature highlights two components of good parenting that adolescents in the region perceive as particularly important:

- i. Giving value to adolescents including allowing them to share decision-making, and showing mutual trust and allowing for reciprocity in tasks;
- ii. Facilitating adolescent belonging and value in wider society, particularly older adolescents.

These priorities call upon parents and those supporting them to think about replacing a parenting style based on one-way provision and instruction with one that is reciprocal, and to find ways to champion adolescents, defend their reputation and uphold their potential to succeed despite the odds. This is not about preferential treatment for adolescents over others in the home but about helping individual young people sustain a belief in their own value and potential as they transition toward adulthood and its responsibilities.

For the families of adolescents in many east and southern African communities, and particularly those living in poverty and in more traditional communities, much of the job of parenting and intra-familial relationships is about ensuring the adolescent’s place in a broader community, and bolstering the sustainability of the family or household.

Furthermore, there is evidence of a cultural misalignment with what is practiced in the region in the name of good parenting and how this is set out in models of ‘positive parenting’ developed in the United States (see for example, Elgar et al., 2007). These models measure components such as explicit praise, talk about friends, verbal affirmation and friendly talk with one’s child that may have little cultural salience in the region. In contrast, evidence in this review shows that parenting in much of East and Southern Africa, particularly in more traditional rural areas, is conducted through a requirement of respect for elders and a practice of two-way respect and reciprocity, as well as through shared work, decision-making and care in the home and family. Parents and their kin play important role in adolescents’ major decisions; for example, decisions about marriage partner, work or schooling are traditionally sanctioned by kin. Gender and poverty also have an influence on how they are treated by their parents. For example, the Young Lives study in Ethiopia (not considered in this study but nonetheless instructive), indicates that boys from poor households leave school early to take up work that contributes to the family income, girls leave school to take care of younger siblings, and because the family cannot afford the costs of schooling. Moreover, early marriage for girls can be seen as providing protection against financial risk and pre-marital sex (Feeney & Crivello, 2015).

Good parenting in the sense of transmitting cultural expectations for behaviour, attitudes and moral orientations has traditionally been conveyed through song as described by ethnomusicologists in South Africa (Emberly & Davhula, 2014). Some traditions have been modified to capture salient dilemmas, in different musical genre, such as hip-hop. Moreover, research shows that while songs no longer play such a central role in initiation schools, adolescents continue singing old songs and inventing new ones because this form of cultural expression centres young people within their particular cultural context, and therefore helps ensure their identities are not undermined (*ibid.*). That said, we know little about how widespread these practices are, nor about their effectiveness in retaining channels of communication between generations that can offer protection and support in high risk environments.

Components such as these are not found in current instruments for measuring the content and quality of parenting derived from modern societies. There is merit in considering how we might adapt them to capture local understandings and practices.

6.5 The possibilities offered by parenting support

Social scientists have long recognised the difficulties in initiating and sustaining effective behaviour change interventions. A current argument mounted by those working in the field of parenting support internationally is that such interventions need to be “culturally compelling”, rather than merely culturally appropriate, if they are to engage people in ways that shift discourse and action (Panter Brick et al., 2014; Wamoyi & Wight, 2014). The difference relates to the extent to which interventions “nestle within social and ecological landscapes” so that they are led by, rather than compatible with, existing social realities (Panter-Brick et al., 2006). Evidence brought together in this review suggests that such attempts would also require working with existing power structures at local levels, and perhaps more broadly.

In practice, becoming culturally compelling means fitting into, or ideally emerging from, local understandings of the family, and of the social fabric through which support is given and received more broadly, including leadership structures and administrative systems. It also requires substantial local choice, power, management and ultimately ownership of both the “trigger” (the actual stimulus for change) and the process (Panter-Brick et al., 2006). Thus far, parenting programmes are the chosen trigger through which the feasibility of offering parenting support is being tested in the region. However, there are many other models that exist around the world (Daly et al., 2015), as well as some regional evidence of how families create and retain ways to communicate the values and practices most important to them (Betancourt et al., 2011; Emberly & Davhula, 2014).

Questions are being asked about the premises and nature of parenting support. A recent global review of practice to include fathers concludes by proposing the necessity for “game change” that would include re-thinking current models to arrive at something genuinely attractive and relevant to co-parents, whoever these may be (Panter Brick et al., 2014).

Cumulatively, these findings raise questions about the focus of interventions and who they aim to engage in order to develop support that is both appropriate to context and

viable over the long term. They point to the value of intervention trials that incorporate rigorous process evaluation in order to understand the mechanisms behind uptake, engagement and outcomes across different adolescent experience, family form and community settings. Our findings also suggest advantages in looking beyond models of parenting support to those developed under the name of 'family support' that work with local risk factors and engage community-wide norms and systems for mutual support. A useful starting point is the paper commissioned by UNICEF Office of Research in which the range of concepts and activities applied under the umbrella of parenting support and family support in different socio-cultural contexts are identified and discussed, together with a series of country case studies (Daly et al., 2015).

6.6 Understanding the potential for transferability across cultural contexts

There is much we need to learn about the introduction and implementation of parenting programmes from the global North to the east and southern African region. As we have shown, the cultural and economic contexts are highly varied and so too are the experiences of adolescents.

Global influences penetrate the remotest village. At the same time, the review shows that parents and others charged with the upbringing of adolescents in the region share similar goals and aspirations for those in their care. Their parenting toolkits reflect both local and more global modern ideas and practices.

Importantly, knowledge of cross-cultural transferability of Western parenting programmes is emerging. A recent meta-analysis investigated the effectiveness of parenting programmes developed in the United States and Australia for children aged 3-10 years in Western and non-Western countries. The programmes were effective in the non-Western and more traditionally oriented countries, which included Iran, Puerto Rico; and Hong Kong, indicating promise for cross-cultural transferability (Gardner, Montgomery & Knerr, 2015). The authors remark that part of the explanation for transferability in these countries (with some local cultural adjustments) may rest in cross-cultural similarity in parenting principles, at least with young children. They comment that these principles would include, "parent-child relationship building through play and positive attention, child behaviour change through social learning" (p.10) and suggest that these may be cross-culturally universal. However, this observation may not apply to many communities in the east and southern African region where respect and obedience are strong, and play with young children is seen in many contexts as inappropriate for adults (LeVine et al., 1996; Marfo & Biersteker, 2011). Nonetheless the results are promising – at least for parents of young children.

To date, we have very little insight into the potential transferability of parenting support interventions focusing on children over 10 years old. This review has illustrated large differences in environment (including personal expectations and those of others) and experience between early and late adolescence, as well as by gender, birth-order, neighbourhood and socio-economic status. Migration for education, work or familial duties means that parental reach and influence is likely to be more limited in both real and symbolic terms from mid adolescence. However we know little about who provides the kinds of nurture, guidance, recognition and connections that mobile young people seek, and value, as they enter more adult roles.

Interventions for adolescents in African societies, particularly for those who live in poverty, are needed. Yet, as Ward and colleagues (forthcoming) note, there is much we need to learn about programme transfer and local adaptation in low- and middle-income country settings. And any such learning about the specificities of intervention design must begin by taking a step back to consider how parenting support to adolescents is best thought about including – but not limited to – child protection, youth empowerment, family strengthening and community cohesion. Ignoring this step risks significant compromise in policy and programme effectiveness through overlooking key parameters that affect what is possible and desirable in family life, as well as viable pathways to healthy and fulfilled adulthood in the east and southern African region.

7. RECOMMENDATIONS TOWARDS POLICY AND INTERVENTION

In light of the challenges to conventional understandings of parenting identified in this review, we offer recommendations towards improving the conceptual foundations and planning processes underpinning policy and intervention design.

The findings suggest:

- i. Replacing concepts of parenting based on one-way provision and guidance with those that allow for reciprocity within and between generations;
- ii. Understanding the impact of parent well-being on their parenting skills and other influences on parenting such as poverty, health and also adolescent well-being,
- iii. Broadening understandings of the goals of care in the region in ways that enable enquiry into how families champion adolescents, defend their reputation, facilitate their integration and status within society and uphold their potential to succeed despite the odds;
- iv. Identifying areas of cultural misalignment between practice in the region that is considered 'good parenting' and the content of 'positive parenting' models developed in the global north.

Understanding community norms for parenting is as necessary to the design and goals of programmes as it is to ensuring their sustainability. This is particularly important for interventions which are designed to change some aspects of parenting behaviour, such as use of physical punishment.

Firstly, we suggest a study of local understandings and practices relating to raising adolescents and to securing their safe transition to adulthood. This should pay particular attention to differences arising from age, gender, ethnicity, religion or social class. Other areas of interest should include household structure and care arrangements (for example the adolescent's main carer may be a relative, like an older brother or sister). Additionally, attention should be given to community norms, particularly adolescent's transition to adulthood, and the impact migration and modernisation have on these.

Secondly, we recommend investment in recruiting empathetic and experienced facilitators, as well as providing on-going support and training for this group. In light of the fact that parenting programmes involve engaging closely with parents on difficult and sensitive challenges, their role in encouraging sustained participant attendance and strengthening protective practices in the community should not be under-estimated.

Decisions about whether to develop an intervention and if so how, may be facilitated by:

- Reflecting on who is motivating the intervention, defining beneficiaries or making other strategic decisions and what interests are at play in these;
- Creating effective channels for parents and adolescents to convey their opinions and priorities individually and collectively before and during any intervention design;
- Acknowledging the ideological underpinnings of any intervention and asking whether these are shared across the intended beneficiaries;

- What are local understandings of appropriate adolescent roles and occupations?
- How is support for raising adolescents understood in relation to local rituals or memories?
- Thinking critically about the problems one is seeking to address, and asking:
 - Are these best tackled through an intervention for parents and/or adolescents that focuses on parenting per se?
 - Or are there underlying factors that require attention prior to any focus on intra-familial relationships?
 - How do people define 'effective support' in relation to key challenges and priorities?
 - Is there potential to tap into and bolster existing protective networks through adopting a broader policy direction orientated around family and community support?
 - What services exist in the local area, who uses them, and to what effects?
 - Which groups have no contact with services and why is this the case?
- Carrying out the necessary groundwork to understand both the ideological and practical aspects of an intended intervention, and glean nuanced information on community values, attitudes and practices.

This list is incomplete. For researchers and decision-makers considering intervention in any given context within southern and east Africa, we recommend starting this process by exploring and adding to the list of questions above with the help of the model used earlier in this review (Figure 1, page 12). This ecological model enables evidence and contextual knowledge that exists amongst academics, practitioners and the policy community to be brought together, and key gaps to be identified.

For example, it enables enquiry into the impact of parent well-being, specifically their mental health and social inclusion, on how effectively parents are able to fulfil the parenting roles that they themselves desire and that adolescents benefit from. It is likely that in many parts of the region further exploration is needed of the particular ways in which parent well-being is threatened by poverty and/or HIV, and in turn threatens their parenting practices and skills. The same can be said for local practices of role substitution within households and extended families, in order to understand how 'parenting' is incorporated into wider care practices involving mutual protection, provision and empowerment. The review finds variation in these dimensions of care by age, gender and rural/urban residence that deserves investigation at local area level, particularly in order to understand how adolescents and parents care for each other in highly stressful circumstances.

The ecological model also provides a tool for the relevant stakeholder groups involved in research and design to map their knowledge and assumptions, and then to compare and contrast each mapping. This process will show the extent of shared (and differing) understandings of parenting as a concept, of the issues at stake, and of the appropriate opportunities for intervention.

7.1 Framework for exploring the dimensions of parenting in a given regional context

The literature review (WHO 2007) in search of knowledge on parental roles towards healthy adolescents drew predominantly on studies from the developed world. Validation of these findings with parent projects in developing countries saw the confirmation and expansion of roles to reflect the views and experiences of representatives from all regions of the world. This review suggests that the five dimensions of parenting identified in this analysis speak primarily to the psychological aspects of parent-child relationships. This emphasis is not surprising since very little empirical data from the region has been collected or incorporated.

For these reasons, the five dimensions may have limitations when it comes to capturing what is occurring in societies where collectivism is a strong ideal and is rooted historically within practices of care and child-rearing more generally. In the southern and east Africa region, the spiritual dimensions of parenting protect children's entry and safe passage through life, including their acceptance in lineages, clans and amongst their ancestors, and in their identity within society more broadly. Within the region there is a wide diversity in traditional and 'modern' values and codes for behaviour, as well as different fusions of these found within countries and between cultural groups.

There is a need to understand how goals of adolescent development and parenting that are prioritised in these contexts can be achieved alongside those identified in the international literature as generally applicable.

Evidence gathered in this review suggests the need to reflect carefully on what is incorporated in the WHO's dimensions of parenting, and to continue investigating how these are understood and practiced in the region, as well as potential adaptations to existing definitions used in international policy discussions. The framework set out in Table 7 is a tool for initiating local, contextual research in specific settings and bringing important evidence to regional planning processes

TABLE 7 – Initial proposals for extending the WHO's dimensions of parenting in southern and east Africa

Dimension of parenting (WHO 2007)	Regional priorities and/or adaptations identified in this review and requiring further research	Examples of questions to ask to generate evidence	Who is involved?
1. <i>Love</i> : Connections between adolescents and caregivers; behaviour conveying to adolescents that they are loved and accepted	<p>Recognition: Ascribing value to the individual adolescent as a person, and within the family and kinship group.</p> <p>Related words and actions that build both self-esteem and a collective identity in which adolescents belong.</p>	<p>To what extent are resources shared evenly amongst children within the home of origin and new households? How do people express mutual trust, and give advice to one another (within and across generations)?</p> <p>For adolescents, how important is it that parents confront any wider community tendencies to denigrate them or dismiss their potential contributions?</p>	<p>Household</p> <p>Intra-familial communication</p> <p>Parents or another significant adult</p>
	<p>Enabling adolescents to be open and honest in their communication in ways that do not jeopardise intimacy with parents (e.g. through risk-related fears on the part of parents).</p> <p>For adolescents, intimacy with a parent can be particularly critical in times of adversity where it is tied into their expressed need for unconditional love. It is experienced as a certainty that parents are doing their utmost to provide for their basic needs despite the challenges, and gives adolescents a means through which they can contribute to the well-being of the household, thereby building their role and identity in the home.</p>	<p>How receptive are parents to discussing sexual development and sexuality beyond demanding abstinence or expressing anxiety about risk?</p> <p>To what extent do adolescents mask their sexual activity and why? Have girls/boys tried talking to a parent about dating or sex, and if so with what outcomes? Do parents feel disappointed when adolescents open this topic or pleased to be consulted?</p> <p>What strategies do adolescents use to maintain connections with their parents (e.g. persevering with school even amidst bullying or other serious problems)? What are the costs and benefits for adolescent well-being and for parent-adolescent relationships?</p> <p>What is the nature and extent of support offered to adolescents by adults?</p>	<p>Usually mothers for girls and an older male for boys</p> <p>Another close adult family member may be looked to for this intimacy.</p>
2. <i>Limit-setting</i> : Caregiver actions aimed as shaping or restricting adolescents' behaviour	Teaching, guiding and mentoring adolescents in their relationships with others as a priority alongside discipline.	How do adults understand their roles with respect to guidance and monitoring? What do they think works best for adolescents?	Parents and elder kin or community members, e.g. guardians of initiates, local pastors and teachers.

Dimension of parenting (WHO 2007)	Regional priorities and/or adaptations identified in this review and requiring further research	Examples of questions to ask to generate evidence	Who is involved?
3. <i>Respect for individuality</i> : Allowing the adolescent to develop a healthy sense of self, apart from his or her parents	Reciprocity, achieved through including adolescents in relationships of mutual respect. <i>This dimension needs re-thinking within southern and east African contexts of communal responsibilities, and in relation to each generation's expectations about 'privacy' where large families live in small homes.</i> <i>It is likely to vary across the spectrum of traditional, modernising and modern societies.</i>	How do understandings of identity and practices associated with affirming individuality vary across settings that are modernising in different ways? In what ways do parents listen to and respond to adolescents' views? Examples may involve their preferences for certain household chores, their inclusion in family meetings; incorporating their views in decisions about where to live and how to ensure care for all family members. What evidence is there of discussion with caregivers about adolescents' friendships and relationships, or of actions that recognise their importance and value? In what ways do adolescents experience these as supportive?	Any parent or senior family member.
4. <i>Model</i> : Caregivers provide models of appropriate behaviours and attitudes	Actions that show adolescents culturally appropriate behaviour for navigating resources in their wider communities. Examples may include clan affiliations for accessing care in the short term or forming a 'new family' in the longer term. <i>In many SE African contexts of individual mobility and household fluidity, this dimension has both a current and future orientation.</i>	How do parents demonstrate their expectations of adolescent behaviour and attitudes to their families? To what extent do parents participate in extended family or community gatherings (e.g. festivals, rites of passage)? Do they include adolescent boys/girls, and if so how? Do caregivers use other forms of communication and networking? How large is the circle of caregivers' regular contacts? Who are these people and how many have a mobile phone?	Any parent or senior family member.
	Actions that show how one can balance the identities of 'parent' and of 'worker/ employee', in line with emerging aspirations of motherhood/fatherhood.	What is the proportion of mothers in work who have organized child care they trust (informally or paid within the community)? What do parents respond when asked 'Imagine forward to the time when your child is 25 years old; what do you think are good outcomes for her? For you as a parent? And for your family overall?'	Mothers (but may increasingly apply to fathers)

Dimension of parenting (WHO 2007)	Regional priorities and/or adaptations identified in this review and requiring further research	Examples of questions to ask to generate evidence	Who is involved?
5. <i>Provide</i> : Caregivers provide the essentials for living and protection	<p><u>Provision</u>: Parents, but specifically fathers, are expected to retain the role of material provider even when low incomes make meeting daily needs very difficult.</p> <p>The additional burden of failure this places on fathers may be magnified if judgemental attitudes towards them are unintentionally re-enforced through interventions where 'good parenting' is understood along these lines.</p>	<p>Is there a gap between cultural ideals about who provides material goods in the home and what happens in practice?</p> <p>What are the local attitudes towards fathers who struggle to provide food, finance or shelter, but may offer other forms of care?</p> <p>Do adolescents want, or are they willing to accept, other forms of provision that are important to them from fathers (e.g. emotional care or social legitimacy) even when these are not publicly recognised or prioritised?</p>	Fathers (ideally) but in practice often mothers, aunts or grandparents.
	<p><u>Provision</u>: Although less readily articulated, adolescents also want parents to advocate for, and then sustain their access to resources beyond the home in ways that they can begin using these strategically and independently.</p>	<p>In what ways do parents actively try to sustain social inclusion?</p> <p>Are there factors beyond their control (such as accusations of witchcraft) that undermine these efforts, and what forms of provision and protection can be sustained in such situations?</p> <p>How are adolescents supported in their search for career and study opportunities beyond adolescence?</p>	Parents or other adult kin
	<p><u>Protection</u>: Parents are expected to give adolescents a broader legitimacy within the family, and facilitate their place within society now and for their future adulthood.</p>	<p>What are parents' views on rites of passage? Are parents able to conduct or facilitate rites of passage and other rituals at appropriate times in an adolescent's life?</p> <p>What are the main barriers to fulfilling their own expectations and those of their community in this regard?</p> <p>Are their alternatives to customary rites of passage that afford adolescents a sense of transition to more responsibility and independence?</p>	Fathers (or senior male relatives in the absence of a father) have particular duties to ensure rituals for ancestors.

Dimension of parenting (WHO 2007))	Regional priorities and/or adaptations identified in this review and requiring further research	Examples of questions to ask to generate evidence	Who is involved?
	<p><u>Protection</u>: Both parents and adolescents work hard to protect the reputation of the family (and thereby the well-being of individuals as well as the integrity of the household) in the short and long term.</p>	<p>What indications are there of family members' pride in their family name and family reputation?</p> <p>Is there evidence of complicity between generations within families in masking serious illness, early pregnancy, hunger or other signs that are locally understood as an inability to cope or downward social mobility?</p> <p>To what extent does this priority compete with parent and adolescent efforts to achieve open and honest communication about the well-being and choices of individuals in relation to sexual activity or problems at school/work?</p>	<p>Parent (and adolescent), but the whole household may understand this to be a joint, perpetual task</p>

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APPENDIX 1

Definition of Parents and Parenting

The World Health Organization (WHO, 2007) defines parents of adolescents as “all those who provide significant and/or primary care for adolescents, over a significant period of the adolescent’s life, without being paid as an employee.” These may include biological parents, foster parents, adoptive parents, grandparents, other relatives and non-kin (such as godparents) or a combination of the above. While it is the case that the legal rights and responsibilities of these parent-figures vary across the region,¹ our review concentrates on everyday care practices, or *de facto* parenting, rather than distinguishing those with legal responsibilities from those without. We begin with the understanding that relatives or fictive kin (not based on blood or marriage) are potential alternative sources of parent-like care. Drawing on the available literature we comment on the extent to which parent-figures can substitute for biological parents, or mothers for fathers, in the eyes of adolescents (see Chapter 1).

The WHO notes the possibility for children to head families, usually temporarily, and particularly during times of pandemic, war, genocide and natural disasters (Schenk et al., 2010). In southern and east Africa the likelihood of sole or large household responsibilities increases with age, particularly for adolescent girls (Dannerbeck & Muriuki, 2007). Many adolescents in the region have experienced multiple simultaneous or serial care-giving owing to family mobility and fluidity in household composition, as discussed later in the paper.

For the purposes of this review then, parenting is defined as the activities related to raising adolescents and to the relationship between adolescents and those as who care for them.

Adolescence as a life stage

The review follows the UN definition of adolescence as the period between 10 and 19 years (Cappa et al., 2012), while remaining aware of cultural variations. Yet, despite variation in adolescent experience across contexts, certain defining and universal features of this life-stage that affect the lives of young people and their families can be identified:

- Dramatic physical changes in the body such that young people move from being a pre-pubescent child to someone with an adult appearance;
- Rapid, profound brain development that alters the way young people think and engage the world (Spear 2010; Casey et al 2000 cited in (Blum et al., 2014));
- Expansion of social relationships beyond the family (Viner et al.);
- Further consolidation of gender norms and increasing gender differentiation in roles within the family and community (Steensma et al., 2013);
- Divergence in occupations and trajectories; continuity in school and/or initiation of income generation, early marriage and/or child-bearing (Blum et al., 2014).

¹ In South Africa these rights are extended to biological mothers (over 18 years), biological fathers (over 18 years, married or living with the mother at the point of the child’s birth, or paying damages in the form of contributions to care costs), formal adoptive parents and guardians assigned by the High Court (who are usually maternal grandmothers).

APPENDIX 2

Country Selection Criteria

1 Typicality

Challenges for a review of this nature include ethnic, religious and livelihood strategy variation amongst groups living in the region and the highly uneven availability of relevant literature. In addition, countries in the region are undergoing rapid socio-economic and cultural transformation (Ballard et al., 2005; Bienen, 2015; Bloom, Canning, & Sevilla, 2003; Chisholm & Bhorat, 2004). Some, such as South Africa, are largely urban and modern (in the Euro-American sense), while others, such as Malawi, remain largely rural and retain strong traces of traditional practice. This is not to suggest that traditional practices are absent from a largely modern setting such as South Africa. Diversity is likely as traditional practices persist, although they are being significantly displaced by urban lifestyles and exposure to globalised northern perspectives on family and parenting.

The approach taken was to include six countries in the region that provide typical examples of livelihoods and worldviews that are largely modern and globalised or are modernising while retaining strong traces of traditional practice. We excluded countries that were very similar to those selected because the intention of the review is to learn from illustrative countries rather than to offer comprehensive coverage.

The criterion for selecting countries was based on crude indicators of their likely adherence to more modern or more traditional approaches to parenting. For selection, countries had to contain a significant proportion of people likely to either:

- subscribe to modern perspectives on family and parenting, in countries where more than 50 per cent of the population has lived in urban areas for more than 10 years,

or:

- draw predominately on longstanding parenting practices common to rural areas, where African 'traditional' households are likely to prevail to a significant degree while modernising in certain ways, and in which less than 30 per cent of the population lives in urban areas.

Further modernisation indicators include access to a television, mobile phone subscription and internet use (see Table 1), which suggest high exposure to alternative parenting ideals. The lack of age breakdown in these figures means that we cannot ascertain the extent to which modern media messages are being consumed and/or spread by the parents/caretakers compared to adolescents. Nor do these figures tell us whether mobile phones are significant tools through which families organise care or parents and adolescents communicate.

2 Regional influence

Relative to the size of their economies, most countries in the region send or receive large numbers of migrants. Thus, this review attempted to reflect the diversity of family practices by including major sending and receiving countries. The former may retain traditional practices shaped by internal forces such as rural-urban migration whereas

migrants to destination countries may be influenced by exposure to the practices and media of their host communities, as well as access to global ideals in the media.

3 Availability of literature

Although literature from the region on parenting norms and relationships is patchy, the selected countries make best use of relevant sources using either primary or secondary data, and/or offer insight into conditions and trends affecting adolescent-parent relationships.

Most of the research comes from South Africa, followed by Kenya and Mozambique. The thematic distribution varies between countries; a general trend being a focus on health, risk and/or gender arising from HIV-related concerns, with minimal research on young adolescents and males. Evidence is particularly thin on the sources of informal and formal support for the well-being of parents and adolescents or on the quality of their relationships.

4 Engagement with the topic

Only countries in which national or local governments or NGOs are active in the fields of adolescent well-being and/or family and parenting support, or who are interested in developing these areas within policy or provision, were selected. This was gauged with the assistance of UNICEF country offices working closely with national governments, and also by assessing the amount of relevant policy documentation and research.

By far the greatest engagement is found in South Africa, where the 2005 Children's Act makes provincial governments responsible for providing parenting support alongside Early Childhood Development (ECD) services and child protection. Furthermore, the 2012 White Paper on the Family proposes responsible parenting as one its seven core principles (Bray, 2014). Moreover, research is underway into the feasibility of parenting programmes focused on infants, children and adolescents respectively (ibid.). Elsewhere in the region, children's right to care and a definition of parental responsibilities are found in national policy, primarily Children's Acts, but are not operationalised by the state. Governments have little in the way of family policy beyond provision for orphans and vulnerable children or the reintegration of children living in institutions. At the same time, they are home to small-scale projects to develop or evaluate forms of parenting support conducted by academic-civil society partnerships, often hosted by international organizations.

5 Exclusion of countries with high levels of conflict

Countries where armed conflict is a significant disruptive force were excluded on the basis that family life and the nature of parenting relationships are significantly altered under these conditions. Levels of conflict in some parts of northern Mozambique were considered sufficiently low in intensity to permit its inclusion.