African Family Counselling as a pivot for Cohesive Parenting. A Case of juvenile protection home in KCCA – Uganda

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Abstract:

The study evaluated African family counselling a pivot for cohesive parenting in Kampala (Uganda). The objectives of the study were: To investigate the nature African family counselling used to enhance cohesive parenting. To analyze the impact of cohesive parenting on juvenile protection homes used to enhance family adaptability in Kampala Capital City Authority (Uganda). To evaluate the application of African family counselling as used in cohesive parenting in Kampala Capital City Authority (Uganda). The study randomly selected 136 family members (female (55%) and male (45%) respondents), guided by Family Environment Scale, and Parental Psychological Control as study instruments. Thematic data analysis and statistical data analysis was used. Study findings revealed the increase in Mentoring of aunts and uncles (Mean: 49.52, SD = 11.78), Family council of elders (Mean: = 58.46, SD =15.60) and Benevolent Parenting (Mean: 48.53, SD = 9.30). However, there was a decrease in the Fire place wisdom influence (Mean: 25.33, SD = 5.89) that led to decrease in of Parental Control (Mean: 12.76, SD = 3.50) and parental warmth (Mean: 39.19, SD = 11.67).

The study concluded that the African family therapeutic systems through the application of concepts and techniques impacted on the parenting dimensions as reflected in parental warmth and parental control. The African family counselling approach had a strong relationship with parental cohesion and adaptability in family life.

The study recommended through the ministry of health, ministry of education and the Uganda counselling association should enhance the practical implementation of the African family counselling to be practiced
in Uganda. The research recommended that the religious and all cultural institutions should endeavour that all the families should have consistent parenting pattern that form functional family systems. **Key words:** African family counselling; Cohesive parenting

**Introduction**

This section dealt with the background of the study including the conceptual perspective, contextual perspective, statement of the problem, research question and conceptual framework.

**Background of the study**

**Conceptual perspective:** The study adopted the perceptions of Mbiti (1969&1989) on indigenous African family therapies. The scholars approaches include: Life cycle rituals, Religious practices, Sacredness of nature, council of elders, storytelling and listening, fire place wisdom, physical activities with management of interpersonal relationship (body movement therapies: dance ceremonies). The other components considered in this approach entailed the use of symbolisim and enactment, use of naming, cleansing, libation and sacarification.

Lunts (2003) asserted that parenting refers to implementing a series of decisions about the socialization of one’s children. This involves raising children based on the biopsychosocial needs. Parenting enables children to become responsible, members of society. Parenting is the means by which the family socializes children basing on the following dimensions; physical, social, emotional, psychological, spiritual and economical/material. Parenting involves parents, guardians, stepparents, siblings, members of extended family, and any other adults who might carry the primary responsibilities for a child’s health, development and education into the meaning of “parents”.

**Contextual perspective:** The context of family therapy in Uganda is closely linked with couple and family HIV/AIDS counselling (Haour-Knipe, 1996). Family therapy has gained momentum in Uganda with the presence of HIV/AIDS. This explains the reason as to why family therapies have been mainly used to handle HIV/AIDS family, couple and children related issues.

The study gained an inspiration from Karin Weber’s (2013) argument that the Uganda family social problems that are prevalent are due to the collapsing and disappearing family parenting roles in the presence of the underutilized African and western family therapies. The Ugandan society had transitions that are recognized as part of family dynamics. It is amidst this context that Kampala Capital City Authority experiences new challenges ranging from urbanization, industrialization, globalization and salaried employment. These have impacted on the family and parenting dynamics which has given birth to new trends of child day care takers, house girls and baby sitters, nursery and primary boarding schools. These parenting agents have left children in
non biological caretakers who do not adequately bond the children due to the life and work hassles. The non biological caretakers do not have direct biological maternal and paternal instincts for the children raised in these places.

In the process of contextualizing family socialisation process enjoyed in parenting the Ganda culture of the central Uganda came into play where Boys and girls are expected to conform in their behaviour. Burton et al., (2010) elaborated that aunts, uncles and grandparents instruct children soon after entering puberty stage on the future domestic responsibilities. This involves the parenting roles and responsibilities. In this way, Nabagereka’s Kisaakate (Queen’s cultural counselling club) as a parenting enhancement club is used to provide family education (Burton et al., 2010). The problem discussed in conceptual and contextual perspectives of the study brings out a direct link with the statement of the problems of the study.

Statement of problem:

The traditional African family systems aimed at human survival and for that reason it was a religious obligation. Through family, life was deepened vertically and spread horizontally. Therefore in family setting marriage and childbearing is the focus of life because they are at the very center of human existence, just as man is at the very center of the universe (Mbiti, 1969:106). The African family systems are situated within certain social economic context that is social prestige or the assurance of hands to work the fields. These were to serve to preserve and prolong life, to provide for ritual fecundity and physical procreation (Magesa, 1998:128). The vitality of family systems was manifested in parenting.

Parenting takes different dimensions and forms. Diana Baumrind (1966) found what she considered to be the four basic elements that could help shape successful parenting: responsiveness vs. unresponsiveness and demanding vs. undemanding. From these, she identified three general parenting styles: authoritative, authoritarian, and permissive. Baumrind did not argue that in terms of child outcome, the authoritarian nor were the permissive parenting styles as successful as the authoritative parenting style (Baumrind, 1966, 1967, 1968, 1993).

The world view of traditional African family systems and Bamaurind’s types and forms of parenting seem to be parallel which expose children to juvenile behaviours. The former emphasizes the communitarian element and the latter emphasizing individual centred focus. The study attempted therefore to analyse the impact of traditional family system and parenting styles in Kampala Capital City Authority (Uganda).
Objectives of the study

1. To investigate the nature African family counselling used to enhance cohesive parenting.

2. To analyze the impact of cohesive parenting on juvenile protection homes used to enhance family adaptability in Kampala Capital City Authority (Uganda).

3. To evaluate the application of African family counselling as used in cohesive parenting in Kampala Capital City Authority (Uganda).

Source: Researchers (2015)

The nature of African family therapy

African family therapy used in family interaction.

Figure.2: Framework for possible interactions in African family therapies.
As shown in Figure 2, the African family therapy including Life cycle rituals, Religious practices, Sacredness of nature, council of elders, storytelling and listening, fire place wisdom, physical activities with management of interpersonal relationship (body movement therapies: dance ceremonies).

The indigenous African family therapeutic approaches

In his explanation regarding the life cycle rituals, Caplan (1997), presented that life cycle ritual, which include components such as birth, naming, circumcision, puberty, marriage and death as the key stages that mark the most important moments of human development. According to Ssekamwa (1991), these passages bear the consequences of the identity of the person involved with all its social and religious characteristics. The social and religious components are central in the growth processes of the African families. Kyewalyanga (1976) contends that the life cycle rituals begin with conception pregnancy and delivery, naming and incorporation (to the family/clan), initiation (Puberty initiation rituals), marital rituals which includes activities like; preliminaries to marriage, choosing marital partners, courtship and betrothal, wedding ceremonies, divorce and polygamy. Death rituals which include the concepts of death and the ceremonies immediately after death, burial ceremonies and customs after burial.

However, one should not that all these activities are geared towards healing, vitality, wholeness, congruence of the family, clan and society within which these rites of passage are performed. For example, the birth of the twins among the Baganda was convinced to be an emanation of intense and prolonged ritual danger that had to be decisively addressed, which if well handled would turn out to be a blessing of fertility that had to be celebrated and above all communicated to other people through the performance of rituals.

However, the above authors do not clearly show how these family rituals can be used in the therapeutic process of the clients’ healing.

Many social ills ranging from evil to those that are labeled silly are blamed on the absence of attention to rituals. Such may include ecological crises, lack of respect for the environmental,
high crime rates, mental illnesses, drug and substance abuse, bizarre body ornamentations among others. There is a need for more meaningful rituals. Aziz (1990) presents C.G. Jung’s view as the forerunner of ritual in the western psychological tradition, who refers to the preoccupation of ritual with archetypes which helps to free the individual from isolation and restore wholeness. The same author insists that “rites are dams and walls to keep back the dangers of unconscious or the perils of the soul.” The same author concludes a ritual is more effective than psychotherapy because it is more impersonal than person and unites both the cognitive and emotional. Fontaine, J. R., Duriez, B., Luyten, P., Corveleyn, J., & Hutsebaut, D. (2005) argue that the human body itself is an important source of ritual symbolism. A ritual is “an immediate acting out that bridges and unifies the somatic and ideational, the bodily and the mystical” the ideal ritual fosters both the psychological and social well being.

Rituals are source of therapeutic means in the African societies. Rituals were an attempt to mend relationships among the living and the ancestors who were believed to be the gate way to the fullness of life and blessing. A direct practical application the African rites of passage to the family rituals as a tool to family therapeutic healing lacks in the interpersonal picture, which leaves knowledge gap to be investigated by the study.

Religious practices: Mbiti’s (1999), advances that “Africans are notoriously religious” as reflected in their practices of daily life. In every life event of the Africans there is an accompanying religious practice. Although, Mbiti (1969) stipulated that “Africans are notoriously religious,” he does not clear reflect the use of religious practices in the family counseling context which knowledge gap the research attempted to clarify.

Sacredness of nature: Nkrumah (1964), advanced that “our philosophy must find its weapons in the environment and living conditions of the Africa people.” It is the environment of people that best protect individuals as measures and means for an African family system that creates the healing in the society. According to Kewalyanga (1976), God is presented as the supreme being of spiritual nature who is also, omnisicient, and transcendent. The different names and attributes that point to, Gods creative hand exhibited are in all aspects of nature. For example, the manifestation of God on mountain Kenya in the Mogumo tree reflects the sacredness of the mountain and this tree (Kenyatta 1938). This line of thought is cuts across various tribes whereby God’s presence is manifested in nature; in Rivers, Lakes, Trees, Stones, lightning (thunder) the
rainbow and other natural phenomena. When looked at closely, the sacredness of nature has therapeutic connotation in the African family system and community since it is from the same nature that man derives his livelihood (in terms of food, medicine and getting into contact with the supernatural being).

Physical activities with management of interpersonal relationship (body movement therapies: dance ceremonies). Butler (1998), advanced that traditional healers used treatment that offered vigorous activities or interpersonal interactions more effectively than those that failed to actively engage the body and general interpersonal synergy. The physical activities included groups of other people who supported the client and healers in the treatment efforts. The healing activities entailed vigorous physical exercises, like dancing, clapping of hands and singing ritually related ceremonial songs were used in the adherence to intervention for the wellbeing of the person or the involved community.

To understand traditional healing, Flint (2008) argues that we must consider the cultural actors not commonly associated with African therapeutics. Flint’s analysis of the ways that indigenous medical knowledge and therapeutic practices were forged, contested, and transformed over two centuries is highly illuminating, as is her demonstration that many “traditional” practices changed over time. The discussion of African traditional healing encounters opens up a whole new way of thinking about the social basis of health and healing in Africa.

The body movements therapies are employed in the context of cultural-spiritual rituals. For instance, at dance ceremonies, the bar is lowered on everyday conduct of behaviour for the client to express his or her repressed affects and behaviour pattern.

Bojuwoye O., Sodi T. (2010) asserted that the healers used the group as a behavioural change agent in dealing with the challenges of traditional healing. In this context, the group activities avail the social networking for the reconstruction of people’s physical, social and spiritual environment.
Use of symbolisim and enactment: Bojuwoye (2005) and Edwards (2014) emphasized that the healers offer herbal extracts to convey symbolic usages. There is a symbolic association that healers and their clients believe to b potent in treating a variey of considerations. These involve: the name of the remedy, form or appearance of the remedy, physical qualities, behaviour of the remedy (such as leaves that “go to sleep”), reference part of the remedy (like, strong skull or head of an animal believed to fortify from migraine headache), symbolic holism (such as, pepper or salt, believed to be anti-spell agent, is sprinkled on a surface or object with a spell), colour symbolism (like, a castaway black hen carries an offending malevolent spirit cast out of a person). Mpofu (2003) argued that the healers usually provide ritual enactment as a way of representing and casting away unwanted spiritual influence.

Cohesive Parenting:
There are four general theories have been utilized to explain the transition to parenthood: systems theory, developmental theory, role theory, and dialectical theory.

Systems theory
Minuchin (1974) argued that the strain felt after a child is born is due to competition between the spousal subsystem and the parental subsystems: that is, the spousal relationship may be compromised through the additional demand of raising a child. Cowan and Cowan's five dimensions epitomize a systems perspective, as applied to new parents. An example they use to link various areas is offered: "Think, for example, of a man who feels anxious about becoming a new father (inner life) and wants to be more involved with his child than his father was with him (quality of relationships in family of origin) but feels pressured by the demands of his job – stress outside the family (Cowan & Cowan, 1992).

Developmental theory
Rossi (1968) who helped shift the focus from "crisis" to "transition," did so with the understanding that a transition implies a movement from one stage to another, in this case a movement from pre-parenthood to parenthood. Other researchers have echoed this assumption, including the identification of the transition as a normal developmental event for married adults (Miller and Sollie, 1980), the examination of the family life cycle during the transition (Entwisle & Doering, 1981), and how pregnancy and parenthood progress from one stage to the next (Feldman & Nash, 1984).
Role theory
Cowan and colleagues (1985) have examined role strain during the transition to parenthood using a "pie" analogy. Individual spouses are asked to both list and divide their main roles (on a circle) before and after the birth of their child.

Dialectical theory
The transition to parenthood can also be examined through dialectical theory, an approach concerned with inherent contradictions that include autonomy versus connectedness, expressive versus instrumental communication, and stability versus change (Rossi 1968; Belsky et al., 1983). The parenting styles are dialectical in nature given the different levels of socio-emotional connectivity that exist in the relationship.

Parenting styles play an important role in child development (Baumrind, 1991). Diana Baumrind (1966) a renowned child rearing psychologist became particularly interested in the connection between the parental behaviour and the development of instrumental competence, which refers to the ability to manipulate the environment to achieve ones goals. The parenting styles are based on the responsiveness vs. unresponsiveness and demanding vs. undemanding (parental control vs. warmth).

African view on parenting
Childhood socialization in traditional Africa was geared to achievement of specific objectives. Children were brought up to fit well into the traditional social fabric. Members of the extended family system, together with community elders, friends, and neighbors, participate in child upbringing (Achebe, 1958). Ayot (1979) argued that:

“When we say that African people have a great love for children, it is not for any kind of child. It is for the well-bred child. This is why the big challenge faced by present family specialists and educators in Africa is how to construct and promote that caliber of curriculum that can assist in making every modern African child a well-bred child”

The researchers agrees with the above writer whereby the children in the African family belong to the community and are raised for the community well being. According to Nwoye, (2000).

“Traditional African culture places enormous emphasis on seniority. Elders including one’s parents are to be respected. Obedience to one’s parents is highly valued while resistance to their commands is frowned on”.

Methodology:
This research employed Exploratory – Case study design. A case study was used because a lot can be learnt from a few examples of selected families’ social issues (Yin, 1994).

The case study enabled the researchers to analyze the family emotional levels, thus assisted the researchers to get respondent’s/informant’s beliefs, attitudes and opinions about the topic of investigation (Gay, 1996).

The targeted population was 210 and study randomly selected 136 family members (female (60%) and male (40%) respondents), Thematic data analysis: Qualitative data majorly basing on the focus group discussions and questionnaire was analyzed thematically. Weber (1997), supports the technique of content analysis since it extends far beyond simple word frequency counts. Statistical data analysis: It should be noted that quantitatively, data was analyzed statistically by means of approved statistical approaches and packages. Data was analyzed quantitatively basing on statistical data analysis approaches that will incorporate frequency distributions, measurement of central tendencies (graphs, tables, pie-charts, histograms, and pictures).

**Area of the Study**

The study was carried out in Kampala- district of central Uganda. This is because the key respondents and informants handling issues of birth order and styles of life and mistaken goals of African family counselling in relationship to parenting could easily be found. The program of “Nabagereka’s Kisaakate” (cultural initiation programs by the queen of Buganda in Uganda) played a vital role in provision of the information required for the study. The study area was also relevant because it has various counselling centres like Wamukisa teenage counselling centre, Hope and Beyond rehabilitation centre, Consider counselling centre, Mbuya reach out, Rapport counselling centre, Matunda ya wazee, Recovery solutions among others. The juvenile protection homes included Sanyu Babies home, Naguru remand home, Nsambya babies home among others.

**Study population**

Family members from eight counselling centres and three child protection homes within Kampala Capital City Authority participated in the study. They were aged between 7 to 70+ years and were randomly selected using the counselling centres the sampling frame. The final sample consisted of 136 family members. There were more female (55%) than male (45%) respondents from varying socio-economic environments and ethnicity, since the area is cosmopolitan in nature.

**Sample size and selection**

The sample size of research participant will calculated basing on Yamane’s formula (Yamane, 1967) table in appendix.1:

Determining the sample size using Slovene’s formula of calculating the sample size as
\[ n = \frac{N}{1 + N(e)^2} \]

n = required sample size

N = population size

e = Level of precision 0.05 (error of 5 percentage point) or level of confidence (usually 5% standard)

\[ n = \frac{210}{1 + 210(0.05)^2} \]

n = 136

3.9 Study instruments and measures

Family Environment Scale

The Family Environment Scale (FES) is a self-administered test that assesses the social climate and functioning of all types of families. There are 90 items to which participants have to respond with either “True” or “False”. The questionnaire examines three family environment dimensions. These dimensions include the (a) family relationships, with the subscales cohesion, expressiveness and conflict; (b) family system maintenance, with the subscales organization and control, and (c) the personal growth dimension, with 5 subscales: independence-autonomy, achievement, intellectual-cultural activities, active recreational activities, and -moral-religious.

Three subscales in the family relationships dimension were deemed relevant for the present study (such as, cohesion, expressiveness and conflict).

Parental Psychological Control (Barber, 1996)

Mothers’ use of psychological control was reported by children. Barber’s (1996) as cited in Belsky, J. and Kelly, J. (1994) eight-item scale, which was a revised version of the Children’s Report of Parental Behaviour Inventory (Kawash & Clewes, 2012), was used in this study. Children were asked to describe their mothers by choosing responses on a 3-point Likert scale with “not like her” = 1; “somewhat like her” = 2 and “a lot like her” = 3. Examples of items are:

The higher the scores the more controlling mothers are perceived. Examples of items include:

- My mother is a person who is always trying to change how I feel or think about things.
- My mother is a person who changes the subject whenever I have something to say.

The children were asked to circle their response.

Guided by the above standardized scales statistical data analysis techniques were employed guided by the statistical package for social sciences (SPSS).

Data Analysis
Thematic data analysis: Qualitative data majorly basing on the focus group discussions and questionnaire was analyzed thematically. Amin (2005) supports the technique of content analysis since it extends far beyond simple word frequency counts. Statistical data analysis: It should be noted that quantitatively, data was analyzed statistically by means of approved statistical approaches and packages. Data was analyzed quantitatively basing on statistical data analysis approaches that will incorporate frequency distributions, measurement of central tendencies: graphs, tables, pie-charts, histograms, and pictures (Mbabazi, 2008).
Study findings:

The nature African family counselling used to enhance cohesive parenting.

Indigenous African family therapies:

Table 1: Shows the basic concepts in indigenous African family therapy

<table>
<thead>
<tr>
<th>What are the basic concepts in indigenous African family therapy?</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communalism</td>
<td>19</td>
<td>13.97</td>
<td>13.97</td>
</tr>
<tr>
<td>Respect for traditional values and norms</td>
<td>61</td>
<td>44.85</td>
<td>58.82</td>
</tr>
<tr>
<td>Ancestral linkage</td>
<td>30</td>
<td>22.06</td>
<td>80.88</td>
</tr>
<tr>
<td>Family lineage (hierarchy)</td>
<td>21</td>
<td>15.44</td>
<td>96.32</td>
</tr>
<tr>
<td>All the above</td>
<td>05</td>
<td>3.68</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>


The respondents also identified the highest option of Respect for traditional values and norms 44.85%, while the lowest alternative was all the above with 3.68% in responding to the basic concepts of indigenous African family therapy.

Different scholars have expounded African philosophy and therapies to be based on African communal system Bell (2002), respect and propagation of values, customs and traditions Mbiti (1999), family lineage and continuity and ancestral linkage (Gyeke, 1997). These African family elements are in line with the findings in the table 5.26 that dealt with the basic concepts in indigenous African family therapy.

Figure 3: Suggests the Indigenous African family therapies hinged onto cohesive parenting.
Are Indigenous African family therapies hinged onto cohesive parenting values?


In figure.3, the respondents representing 95% affirmed that Indigenous African family therapies were strongly hinged onto conventional social values while 5% said that the Indigenous African family therapies were not hinged onto conventional social values.

Figure.4: includes the Indigenous African family therapies.

If yes, what are these indigenous African family therapies?

The results in figure.4, of the 95% who stated that Indigenous African family therapies were hinged onto conventional social values, 50. 24% names several ingredients of the Indigenous African family therapies which included traditional norms, language, signs and symbols, as well as ethnic clan systems.

The findings in figure.2 are in concurrence with Gichinga (2007) who advanced that the life of the Africans is full of ritual understood as “symbolic re-enactments of the primordial relationship between life and mystical sources of life” which is evident in various African societies. The signs and symbols manifest the traditional norms, language and ethnicity of a given group of people.

The impact of cohesive parenting on juvenile protection homes used to enhance African family adaptability in Kampala Capital City Authority (Uganda).

Table.2: Descriptive statistical findings for the study variables (n= 136)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Minimum</th>
<th>Maximum</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family council of elders</td>
<td>58.46</td>
<td>4</td>
<td>92</td>
<td>15.60</td>
</tr>
<tr>
<td>Fire place wisdom</td>
<td>25.33</td>
<td>5</td>
<td>35</td>
<td>5.89</td>
</tr>
<tr>
<td>Mentoring of aunts and uncles</td>
<td>49.52</td>
<td>4</td>
<td>65</td>
<td>11.78</td>
</tr>
<tr>
<td>Parental warmth</td>
<td>39.19</td>
<td>6</td>
<td>71</td>
<td>11.67</td>
</tr>
<tr>
<td>Benevolent Parenting</td>
<td>48.53</td>
<td>33</td>
<td>75</td>
<td>9.30</td>
</tr>
<tr>
<td>Parental Control</td>
<td>12.76</td>
<td>8</td>
<td>24</td>
<td>3.50</td>
</tr>
</tbody>
</table>

Source: researchers (2015)

The descriptive statistical findings of the study variables are presented in Table 1. The study revealed that with the increase in Mentoring of aunts and uncles with the mean score of (Mean: 49.52, SD = 11.78) of the family members through African family counselling that increased the Family council of elders with the mean score of (Mean: 58.46, SD =15.60) as African family techniques that consolidated Benevolent Parenting with the mean score of (Mean: 48.53, SD = 9.30), thus further increased the parental cohesiveness and that of the entire family system.

However, with the decrease in the Fire place wisdom influence on the family system with the mean score of (Mean: 25.33, SD = 5.89) based on the operations of the African family
counselling, this led to the decrease of Parental Control with the mean score of (Mean: 12.76, SD = 3.50) as African family conceptual aspects as a result of parental warmth that is based on parenting dimension with the means score of (Mean: 39.19, SD = 11.67)

Table 3: Cohesive parenting on juvenile protection homes used to enhance African family adaptability in Kampala Capital City Authority (Uganda).

<table>
<thead>
<tr>
<th>Cohesive parenting on juvenile protection homes is used to enhance family adaptability</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>47</td>
<td>34.6</td>
<td>34.6</td>
</tr>
<tr>
<td>Agree</td>
<td>34</td>
<td>25.0</td>
<td>59.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>22</td>
<td>16.2</td>
<td>75.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>14.7</td>
<td>90.5</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>13</td>
<td>9.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field data (2014)

The results of table 3 about whether cohesive parenting on juvenile protection homes is used to enhance African family adaptability, the respondents disclosed that the highest scores were on strongly agree with n=47 (34.6%), while those with lowest scores were strongly disagree with n=13 (9.5%).

According to table 3 it was found out that cohesive parenting on juvenile protection homes enhanced African family adaptability. The findings are in agreement with Diana Baumrind (1966) who considered the four basic elements that could help shape successful parenting: responsiveness vs. unresponsiveness and demanding vs. undemanding (parental control vs. warmth). From these, she identified three general parenting styles: authoritative, authoritarian, and permissive Parenthood is core as it shapes the future members of the society and it must be based on psychosocial family rights. Baumrind did not argue that in terms of child outcome, the authoritarian nor were the permissive parenting styles as successful as the authoritative parenting style (Baumrind, 1966, 1967, 1968, 1993; Maccoby and Martin, 1983).

The application of African family counselling as used in cohesive parenting in Kampala Capital City Authority (Uganda).

Figure 5: Characteristic of the indigenous African family therapy that enhance cohesive parenting.
What are the characteristic of the indigenous African family therapy that enhance cohesive parenting?


In figure.5, 30% of the respondents identified several characteristic of the indigenous African family therapies. They included sacredness of life, interdependence, inclusiveness and confidentiality which was also the least considered representing 15%. The basic concepts in indigenous African family therapy are manifested in the indigenous African family therapeutic techniques.

There are various scholars who, have brought out the characteristics of African indigenous African therapies to be based on sacredness of nature Nkrumah (1964) & (Kenyatta 1970) interdependence Kayongo and Onyango (1984), confidentiality Kyewalyanga (1976), and inclusiveness Bell (2002). The characteristics of indigenous African family therapies are in line with the findings in the figure.5 that dealt with the basic concepts in indigenous African family therapy are manifested in the indigenous African family therapeutic techniques.

Table 4: The indigenous African family therapeutic techniques.

<table>
<thead>
<tr>
<th>What are the indigenous African family therapeutic approaches?</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rites of passage</td>
<td>51</td>
<td>37.5</td>
<td>37.5</td>
</tr>
<tr>
<td>Family/community dialogue</td>
<td>41</td>
<td>30.15</td>
<td>67.65</td>
</tr>
</tbody>
</table>
In table 4, regarding the indigenous African family therapeutic approaches, stated rites of passage was the highest options representing 37.5%, while the lowest choice was Shared responsibility (depending on age, sex and ability) with 6.62%.

The findings in table 4 are in concurrence with Megasa (1997) who argued that rituals mark crisis moments in the life of the individual or the community. Rituals express transition, dependence, solidarity, social order and reconciliation. Rituals therefore, are an articulation of “ends and new beginnings.” Butler (1989), advanced that traditional healers used treatment that offered vigorous activities or interpersonal interactions more effectively than those that failed to actively engage the body and general interpersonal synergy. The traditional healers helped to promote family/community dialogue, belief systems and shared responsibility.

**Conclusions and Recommendations**

The study concluded that the African family therapeutic systems through the application of concepts and techniques impacted on the parenting dimensions as reflected in parental warmth and parental control. The African family counselling approach had a strong relationship with parental cohesion and adaptability in family life.

The study recommended through the ministry of health, ministry of education and the Uganda counselling association should enhance the practical implementation of the African family counselling to be practiced in Uganda.

The research recommended that the religious and all cultural institutions should endeavour that all the families should have consistent parenting pattern that form functional family systems.

**References:**


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Authors’ short profiles

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