Family Health Intervention for Improving Family Relationships among Selected Destitute Families in Ambo Town

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Abstract: The objective of this study was to test the effect of family-based training on family relationships of destitute families in Ambo town, Ethiopia. Twelve families in the treatment group received a six-session relationship-based intervention aimed at improving family interaction (cohesion, communication, and conflict resolution). In this study, a mixed research design was used. As a result, a quasi-experimental design was employed to assess the intervention's effect, while an interview was done concurrently for data triangulation. Both the treatment and control groups were evaluated before and after the intervention. The effect of the intervention was investigated using one-way ANCOVA. The study found that after the intervention, the quality of the family relationship increased significantly among the treatment groups. In comparison to the control group, qualitative data showed that family cohesion, communication, problem-solving, and positive discipline were all higher in the treatment group, whereas negative family interactions and children's behavioural difficulties were reduced. The outcomes of the intervention showed that healthy family-based interventions that target low-income families and are implemented with few resources and in a short period of time provide significant results. Despite the fact that the intervention was only directed at one family member, it had a huge impact on the entire family. Finally, in order to enhance family and societal well-being, family-based intervention should be included in child development policy and practices.

Keywords: Cohesion; Communication; Conflict resolution; Family relationship; Family-based intervention

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1. Introduction

Families play a leading role in supporting family members to reach their full potential by creating a good relationship and generally performing their responsibilities. Good family relationships are very important for both family and community wellbeing. Family-based interventions that aim to educate and support the family have become an increasingly popular approach to equip family members with the necessary skills that increase their relationship and wellbeing (Harold, Acquah, Sellers, and Chowdry, 2016; Kumpfer and Alvarado, 1998). The central aim of family-focused intervention is to decrease risk factors and increase continuing family protective strategies through promoting family relationships, providing information and necessary supports (Harold *et al*., 2016). These interventions are needed to enhance an individual's interpersonal skills, social competencies and psychological well-being. Hence, family-based interventions that focus on enhancing family relationship have so many importances. Findings by Landry, Smith, Swank and Guttentag (2008); Pinquart and Teubert (2010) also asserted that family-based intervention which emphasis on strengthening family knowledge and skills help to increase family relationship and also child developmental outcomes such as cognitive, behavioural, social and emotional development.

Quality of family functioning, mainly family relationship, has a major impact on families and societal wellbeing. The study conducted by Chang, Stewart and Au (2003) shows that a positive parent-child relationship is a protective factor that can influence behavioural and academic outcomes for overall family harmony. A study by Harold *et al*., (2016) indicated that quality inter-parental relationship and communication predict effective parenting practices and overall family wellbeing. On the other hand, an offensive relationship in the family predicts adverse health outcomes across life spans including a greater risk of diseases, respiratory diseases, substance abuse problems, physical, or sexual abuse and some cancers (Miller, Chen, and Parker, 2011). In addition, Miller *et al*. (2011) reported that conflictual relationships among family members predict significant health Problems across the life span. This shows that family relationship is one of a key element of family functioning that affects family well-being. Thus, to achieve personal, family and also societal well-being, healthy relationships among family members should be ensured.

Various studies have shown that individuals living in families with low relationships are highly affected by negative developmental outcomes across life span. For instance, Harold *et al.* (2016) discussed that inter-parental relationship predicts children's quality life and long term outcomes such as employability and family stability. Thus, enhancing healthy family relationships by providing family behavioral training on the area of family relationships is a promising strategy to enhance personal positive developmental outcomes and family well-being. Behavioral family training is one of the best effective family intervention strategies in enhancing the family relationship and reducing risk factors (Kumpfer and Alvarado, 1998).

A family relationship has components such as cohesion, communication and conflict resolution. Family cohesion is one of the prominent components of family relationships which is defined as the emotional connectedness, the degree of commitment, help, and support family members provide for one another (Harris and Molock, 2000). Family cohesion is defined as the level of support and commitment family members have towards one another (Gonzales *et al.*, 2012). They asserted that a higher level of family cohesion leads to better adolescent developmental outcomes. Similarly, researchers show a positive and significant relationship between family cohesion and psychological well-being (Leu, Walton, and Takeuchi, 2011). Family cohesion contains compassionate family involvement, family bonding, and family climate (Rasbash, Jenkins, O'Connor, Tackett, and Reiss, 2011). Thus, family cohesion, in general, is characterized by supportive family environments, a high connection between family members and also a strong emotional bond in parent-child relationships.

Communication is one of the leading factors that influence family relationships. Families possessing effective communication often tend to have an intimate relationship among family members whereas families with hurtful and angry communication inclined to have damaged relationships among family members. Various studies reported the importance of open and respectful family communication in

promoting good family relationships. For instance, a study by Lochman and Van-den-Steenhoven, (2002) shows that significant communication within the family benefits the child, parent, and relationships among family members. Leidy, Guerra, and Toro (2012) also added that positive parent-child communication contributes to improvement in the areas of children's social problem-solving skills and social self-efficacy so as enhance family well-being.

Conflict within a family can impact the family members' positive development. Children from hostile family are more tend to have poor problem-solving abilities and interpersonal relations. Various pieces of evidence reported that children raised in destitute families are often showing inter-parental conflict and violence, negative parent-child relations and also a high level of psychological disorders. A finding by Bogels and Brechman-Toussaint (2006) shows that family conflict and lack of family cohesion are associated with child maladjustment. Children who grew up in poorly resolved inter-parental conflict are also at risk for negative outcomes. On the other hand, families with a healthy relationship and good conflict management skills always tend to have children with no mental health problems and high psychological wellbeing. Strengthening family relationships can impact not only family members but also bring social and community welfare.

A healthy family relationship is also related to showing affection towards other family members which may include showing other family members that you care about them, expressing love, listening to a family member, showing affection and offering positive verbal praise and support (Texas Education Agency, 2014). Various reports, for instance, Bradley and Corwyn (2002) indicated that families with low socioeconomic status tended to practice harsher disciplines, have low communication among family members and higher child behavioural problems. The quality of relationship among family members is consistently and positively associated with a range of child and family outcomes, including child behavior problems (externalizing), child social competence, child school engagement, child internalizing (depression), parent-child communication, and parental feelings of aggravation (Moore, Kinghorn and Bandy, 2011). Thus, intervention which promotes the family relationship is needed.

In addition to the above factors, numerous factors that affect family relationships have been identified. Among these factors family's socioeconomic status is a leading factor (Bradley and Corwyn, 2002; Taylor, Spencer, and Baldwin, 2000). Findings also show that impoverished families are less cohesive and highly stressed (Conger, Conger, and Martin, 2010). Thus, strengthening the family relationship is highly crucial for families living in poverty and other social problems. For instance, a study conducted in Rwanda by Sriskandarajah, Neuner, and Catani (2015) shows family unity and parenting behaviour are identified as the main source of poor developmental outcomes of participants affected by severe poverty. Research by Sharma (2015) revealed that the family climate in which a highly satisfied family would significantly determine the socioemotional adjustment of students. Studies conducted in 25 low and middle-income countries by Lansford, Deater-Deckard, Bornstein, Putnick, and Bradley (2014) identified a lack of family cohesion and inter-parental conflict as the leading cause for child developmental problems.

Enhancing family relationship is very important and needs special attention for families with low socioeconomic status, because of the fact that studies indicated families with low socioeconomic status are less likely to have strong family relationships and more likely to have various psychosocial problems. For instance, Bradley and Corwyn (2002) asserted that low family socioeconomic status is related to less parent-child communication, harsher discipline practices and greater child externalizing behavioural problems. Additionally, Taylor *et al.* (2000) asserted that low socioeconomic status is related to higher family conflict and stress whereas strong family relationships are protective resources for families with low socioeconomic status. Moreover, families with lower socioeconomic status are not able to meet children's basic needs which can lead to low relationships and high conflicts among family members which further escalates the risk of poor developmental outcomes (Chapman *et al.*, 2004). Therefore, it is important to help parents with lower socioeconomic status through promoting relationships among family members and to test the effect of the intervention.

Thus, the purpose of the present study was to examine if the family healthy intervention improves the family relationship among destitute families living in Ambo town, Ethiopia.

In this intervention, destitute families living in Ambo town, those who were receiving services from Ubuntu-family-based child support charity associations (hereinafter referred to as 'Ubuntu"), were involved. Ubuntu was a strength-based approach established in 2015 by Ambo University staff who kindly organized themselves to fulfill one's social responsibility to contribute their parts in sponsoring children's education through supporting families that are challenged in supporting their children's education. To realize this purpose, members of the associations have established a local humanitarian and not-for-profit organization called 'Ubuntu-family-based child support charity associations'. Ubuntu is an African concept; denotes African Humanism expressed in collective life and interconnectedness-which means: 'I am because you are because we are'. A person with Ubuntu according to the great African spiritual leader Desmond Tutu is "open and available to others, affirming of others, caring others and has a suitable self-assurance that comes from knowing that he/she belongs in a greater whole and is diminished when others are humiliated or diminished" (Tutu, 1999: 31).

The situation of social problems as a result of poverty in and around Ambo town is evident. In Ambo town a large number of people are so poor and living in an unstable situation. According to Ubuntu Family-Based Child Support Initiative report (2015) in its project proposal obtaining data from Ambo town women and children office, in 2014 in Ambo town about 3, 600 families with school age children were being given support from the government and different non-governmental organizations. The report asserted that some of the families were unable to support the living cost of their families. Currently, according to the report from Ambo town Women and Children's Office, in Ambo town, many families were receiving support from governmental and non-governmental organizations. Out of them, currently, data obtained in 2019 from the Ubuntu Family-Based Child Support Initiative shows that about 63 families were receiving support from the Ubuntu family based-child support program and about 26 families were graduated before two years. In addition, about 90 families were screened to get support from the project. Hence, supporting those poor and vulnerable families who were unable to support themselves and their children is timely. Providing family relationship skills is one of the key services that influence destitute families. Thus, this study was targeted to examine the effect of family-based intervention in promoting family relationships among families living in extreme poverty living in Ambo town.

Theoretical ground

Family, the smallest and crucial unit of society, is the first environment for an individual to satisfy his/her needs to achieve satisfaction from life. The role of family relationships has a theoretical ground of Bronfenbrenner (1979). Bronfenbrenner (1979) discussed that individuals continuously interact with Microsystems or live in and interact with the surrounding environment. The family is one of the most important Microsystems, which is important element for developing individuals. Thus, families' socialization process and a cohesive family environment may directly influence a child's development.

Rationale

Widespread evidence recognized that dysfunctional family relationships can be very dangerous to many features of individual development, family and community wellbeing (Miller *et al.,* 2011; Bogels and Brechman-Toussaint, 2006). Continuous economic strain in family more results in instability of family relationships (Fine and Fincham, 2013). Though many families are facing various challenges, especially low relationship among family members, there are no adequate family-based interventions that aimed to enhance the family relationship of the destitute family in Ethiopia and no report was found in Ambo town. Thus, this study aimed to test the effectiveness of the family healthy intervention in enhancing the parental skills that promote a positive relationship among destitute

families in Ambo town UBUNTU family. Though the Ubuntu Family-Based Child Support Initiative devoted to provide financial and some psychosocial supports to needy families, intervention targeted to enhance family relationship has not been provided in organized ways. Thus, this intervention was planned to the treatment group in the form of training for six days on enhancing healthy family relationships.

Hypothesis

The main objective of this intervention was to test the effect of family-based training that was provided to destitute families on the area of cohesion, communication, conflict resolution and expressiveness to promote positive family relationships in Ambo town among ubuntu family-based child support project beneficiaries. To see the effect of the intervention, the hypothesis was formed. Accordingly, this study tested the following hypothesis.

- Destitute families in the experimental groups will report better family relationships than those from the control group.

2. Research Methods

2.1. Design

In this study, the mixed research design was used. Accordingly, primarily, quasi-experimental pre-post test design was used to evaluate the benefits of specific interventions that enhance the family relationship, and interview was used to deeply understand the effect of the intervention. In this research, for quantitative one two groups (i.e. both treatment and comparison groups) were selected from two different groups. Both treatment and control groups were selected from two groups having similar characteristics. The two groups were previously divided by the organization to deliver services and they had a constant meeting with the organization every two weeks. These two groups were similar in socioeconomic status and they were unknown to each other. Accordingly, data was acquired before and after the intervention. In addition, an interview was used to obtain further information so as to strengthen and triangulate the data obtained through a questionnaire.

2.2. Organizational Background

The participants of the intervention were destitute families living in Ambo town and served by UBUNTU family-based-child support charity organization. UBUNTU is a local humanitarian and not-for-profit organization called Ubuntu-family-based child support charity associations established in 2015 by Ambo University staffs to fulfill one’s social responsibility to contribute their parts in sponsoring children’s education through supporting families that are challenged in supporting their children’s education.

2.3. Participants

In this study, 24 (12 in the experimental group and 12 in the control group) families living in extreme poverty and being supported by the Ubuntu family family-based child development program were randomly selected from a total of 63 families who were supported by the project. Participants were families recruited to receive support from the Ubuntu family-based child development program established by Ambo University academic and administrative staff. The project is providing financial and psychosocial services categorizing into two groups. In this study, both treatment and control groups were selected from these different groups. These participants were household heads who were representing the family to receive supports. A 6-session relationship-based intervention was provided to the experimental group and no treatment was given to the control group. Both treatment and control groups were not recruited from one group, rather they were enrolled from two different group who had similar characteristics. These two groups were divided by the organization to provide services and they had constant meeting every two weeks at different times. Thus, both treatment and control groups had no interaction during the intervention. In addition, three household heads were selected for

interview from the treatment group to see the effect of the intervention in detail and to triangulate the quantitative data.

2.4. Procedures

To conduct the study, firstly, a formal letter was obtained from Addis Ababa University and then Ubuntu-family-based child support charity associations were communicated about the intervention and research process. At the moment, a discussion was held about the objective of the intervention and the study. By forming good cooperation with concerned bodies and participants, the necessary information was accessed. Accordingly, the intervention was conducted by three psychology professionals from Ambo University. Afterward, the pre-test -post-test equivalent comparison group design was used. To this end, pre and post-intervention test was provided to both the intervention and control groups to see the effect of the intervention on family relationship. Similarly, three particiapants were interviewd to understand the issue in detail. For this intervention, a manual entitled "Building Healthy Family Relationships" was developed by Texas Educational Agency (2014) which focuses on enhancing healthy family relationships were adapted and used.

2.5. Instrument for Data Collection

The study employed Brief Family Relationship Scale (BFRS) adapted from the relationship dimension of Family Environment Scale (FES) originally developed by (Moos & Moos, 1994) and adapted and used in Ethiopian context by (Olana and Tefera, 2021). It has (α=.92) reliability. The tool was intended to measure family relationship across three dimensions (i.e. Cohesion, Conflict Resolution and Expressiveness). The BFRS provides an assessment of the family's perception by measuring three aspects of family relationships. In addition, to collect the qualitative data, interview was used.

2.6. Data Analysis

The effect of the intervention was checked through collecting necessary data before and after the intervention from both control and treatment groups. Data collected from participants was analyzed by one-way ANCOVA to find out the difference in the family relationship of the control and intervention group after the intervention. It was used for controlling the pre-test effect on the post-test scores. Besides, One-way ANCOVA was used because it helps to determine whether there are any significant differences between two independent (unrelated) groups on a dependent variable. The qualitative data were also transcribed and discussed in detail to support and triangulate the quantitative data.

2.7. Ethical Consideration

Before starting the intervention and data collection, informed consent was secured. The informants were provided with full information about the nature and purpose of the study and requested to participate freely in the all intervention process without any influence. They were also assured that any information they gave during the data collection remains confidential. The informed consent and permission were given verbally due to the low educational attainment of participants.

3. Practices of Intervention

The healthy family Intervention consisted of 6 sessions of training that was conducted weekly for 1:30 hour and focused on strengthening relationships through improving family cohesion, communication, problem-solving skills and decreasing conflicts among family members.

Intervention Sessions and Practices

It has been observed that most of the destitute families getting services from Ubuntu demonstrated low relationship and high conflict among family members. Thus, the intervention was planned to

promote relationships among family members living in extreme poverty. The intervention took place for six weeks in six sessions (September 11, 2019, to October 16, 2019) and it was conducted by three Ambo University Psychology professionals. Before and after the intervention, pre-test and post-test were conducted consecutively. The intervention was conducted one day per week (Wednesday) for 1:30 hours in the afternoon. Generally, the intervention practices are described below by the session**.**

Day one (Wednesday, September 11, 2019): Overview of the traits of a healthy family relationship

- Introducing the program and welcoming the participants. On the first day, the nature of the program, the importance of the intervention to the families and the duration of the intervention were introduced to the participants.
- Participants were forwarded about their expectation.
- Establishing goals and rules with the participants.
- Discussion about the characteristics of a healthy family from their experience and reflection on the issue.
- Summary of the characteristics of a healthy family from a theoretical perspective such as trust, forgiveness, affirm, support, communication, listening, respect, love, problem-solving, etc. and relating what they have raised (their experiences) to these characteristics.
- Traits of a Healthy Family.

Day two (Wednesday, September 18, 2019): Factors that cause family stress and dysfunction:

- Reviewing the previous discussion.
- Participants discussed in the group the common factors that cause family stress and dysfunction. Lastly, they reflect individually and also in the group to all participants.
- After a hot discussion among participants and reflection, the causes of family stress and dysfunction such as financial problems, substance abuse, change in family structure, illness and disability, moving, family conflict, etc were discussed. In addition, strategies of dealing with stress and dysfunction like family communication, creating healthy relationships and attachment, doing enjoyable activities, respecting each other, etc were discussed.
- Later on, consequences of family dysfunction and the techniques of solving family dysfunction and stress were discussed by involving participants.
- Summary of the session and giving hint for the next session.

Day three (Wednesday, September 25, 2019): Strengthening family cohesion through strengthening commitment, bonds and affection

Family cohesion relates to supportive family environments, strong bonds between family members and positive emotional connections in parent-child relationships

- Participants discussed in the group and reflected on what they thought of strengthening family cohesion.
- Later on, their discussion was summarized and other essential ways of strengthening family cohesion were forwarded as described below;

Ways to show commitment and affection

- Adding to a person’s sense of security.
- Providing individualized attention to the needs of each person.
- Showing people they are not alone.
- Asking about each other’s day.
- Being involved in each other’s activities.
- Showing appreciation to one another.

- Expressing love – understand what affection means to the other person and offer your love unconditionally.
- Offer positive verbal praise and support.
- Sharing time together.
- Families can share time by celebrating holidays, gathering for celebrations, eating together, etc.
- Having a game night; especially playing Oromo indigenous folktales, e.g. playing riddles (*hibboo*), fable (*durdurii),* proverbs (*mammaaksaa*)*, kuruttuu, ibboonteetee* and the like.
- Participating in different social gathering and events together.
- Summary of the session.

Day four (Wednesday, October 2, 2019): Promoting effective communication skills

In this session, the following tasks were executed:

- Reviewing the previous session.
- Introducing effective communication skills and its role in creating a healthy family relationship.
- Making participants discuss how they communicate with their family members, and help them to reflect.
- Summarize the point of discussion by sharing communication skills that could be taken as effective family communication.
- Characteristics and components of effective communication were discussed.
- Other components of effective communication such as active and politely listening, speaking to the viewpoint of others as well as being heard were also part of the training.
- Besides, how families should encourage open discussion and good communication and its importance in encouraging family's wellbeing was discussed.
- Necessary insights were given on how family members use verbal and nonverbal communication and how they were using 'softy' communication with respect while they were communicating and interacting with each other.

Day five (Wednesday, October 9, 2019): Creative problem solving

This session focused on how to resolve conflict by using non-violent and positive disciplines. In this part, strategies that help to reduce problem behaviour and enhance positive behaviour were provided. This strategy involved ways and importance of providing rewards and praises, reinforcements and also punishments.

In this session, the following issues were addressed:

- Importance of having strong families to solve problems in creative ways.
- Ways of understanding the problem and solving them quickly.
- Stages of conflict (intrapersonal, interpersonal, role conflict, intergroup and international conflict).
- Strategies of conflict resolution.
- Using indigenous conflict resolutions when conflict arises.
- Ways of handling misunderstandings in the family.
- The ability to forgive and forget the little things and mistake was one of the vital ways to establish a great relationship among family members.
- Solving problems – identifying and solving the problems before they became severe and asking for outside help.
- Compromise: seeking a solution that was acceptable to all people involved.

Day six (Wednesday, October 16, 2019): Maintaining a great relationship and summary of the intervention

Family relationships are one of the important ways to establish and maintain a great relationship and it is the ability to forgive and forget the little things. Thus, in this session, to promote great family relationship, the following points were addressed.

- The ability of family members to admit and/or seek help for problems had a sense of humor, I was also to have family rituals and traditions, sharing responsibilities, teaching right from wrong, valuing, respecting and serving each other.
- Promoting family members expressiveness through enhancing their assertiveness, and self-awareness and self-confidence.
- Lastly, the training was summarized and concluded with a coffee ceremony.

4. Results

After two months, from the time of intervention, the post-test was conducted and the scores on the family relationship were obtained from both treatment and comparison groups. The presentation and analysis of the data using statistical techniques are made below.

4.1. Characteristics of participants by sex

Table 1. Sex of participants

Group	Sex		Total
	Male	Female	
Treatment group	2	10	12
Control group	3	9	12
Total	5	19	24

Table 1 shows the number of participants depending on their group and sexes. Accordingly, 24 participants (12 treatment group and 12 control group) were involved. Concerning their sex, the majority of the participants were female where 5 out of 24 were males. The majority of families participating in the program were women (19) and (5) were fathers.

4.2. The mean and standard deviation of control and treatment groups on BFRS

Table 2. The participants' score on the family relationship scale

Groups	N	Pre-test		Post-test	
		Mean	Std. deviation	Mean	Std. deviation
Treatment group	12	37.9167	1.72986	64.2500	2.63283
Control group	12	39.0000	2.44949	41.8333	4.04145

Table 2 indicated the score of participants on the family relationship scale. Thus, the mean and standard deviation of the treatment group on BFRS in pre-test and post-test was 37.92 (Sd=1.73) and 64.25 (StD=2.63) respectively. On the other hand, the mean and standard deviation for the control group in pre-test and post-test scores was 39.00 (StD=2.45) and 41.83 (StD=4.04), respectively. The data illustrated that change in the score of BFRS, especially for the treatment group, was occurred in which increment was seen in the test after the intervention.

4.3. Participants' report on FRS before the treatment

Table 3. One way ANCOVA report of tests of between-subjects effects (pre-test report)

Dependent variable: brief family relationship total score (pre-test)

Source	Type III sum of squares	Df	Mean square	F	Sig.	Partial Eta squared
Corrected model	7.042[a]	1	7.042	1.566	.224	.066
Intercept	35497.042	1	35497.042	7894.877	.000	.997
Group	7.042	1	7.042	1.566	.224	.066
Error	98.917	22	4.496			
Total	35603.000	24				
Corrected total	105.958	23				

a. R Squared = .066 (Adjusted R Squared = .024)

Table 3 shows whether there are statistically significant differences in pre-intervention between the groups. The result shows that there is no statistically significant difference between the control and treatment groups on the family relationship scores before the intervention (p=.224).

Table 4. Test of Homogeneity of regression slopes

Dependent variable: post test score on BFRS

Source	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	3016.014[a]	3	1005.338	78.867	.000
Intercept	192.212	1	192.212	15.079	.001
Group	6.877	1	6.877	.540	.471
BFRTotPreteS	.790	1	.790	.062	.806
Group * BFRTotPreteS	.011	1	.011	.001	.977
Error	254.944	20	12.747		
Total	70793.000	24			
Corrected total	3270.958	23			

a. R Squared = .922 (Adjusted R Squared = .910)

To compute one-way ANCOVA, first of all the assumptions need to be checked and met. In this, the Sig. or probability value is .977, which is above the cut-off. Therefore, we have not violated the assumption of homogeneity of regression slopes.

4.4. Group difference in BFRS after the intervention

Table 5. ANCOVA analysis to explore the differences between our treatment groups

Dependent variable: Post-test on BFRS

Source	Type III sum of squares	df	Mean square	F	Sig.	Partial Eta squared
Corrected model	3016.003[a]	2	1508.001	124.210	.000	.922
Intercept	215.413	1	215.413	17.743	.000	.458
BFRTotPretest	.961	1	.961	.079	.781	.004
Group	2787.920	1	2787.920	229.633	.000	.916
Error	254.956	21	12.141			
Total	70793.000	24				
Corrected total	3270.958	23				

a. R squared = .922 (Adjusted R squared = .915)

The main objective of this intervention study was to see whether treatment and control groups are significantly different in terms of their scores on family relationships. From table 5 it is possible to comprehend that there are statistically significant differences between treatment and control groups in the post and pre-intervention family relationships (p=.000). This indicated that the treatment group is significantly scored high on the overall score of family relationship than the control group. The effect size, as indicated by the corresponding Partial Eta Squared value.916 which is large according to Cohen's (1988) guidelines.

4.5. Qualitative Data

Qualitative results showed reductions in negative family interactions, increment in family cohesion, communication, and decrease in family conflict among treatment group participants. The intervention improved positive parenting practices and positive family relationship among family members. Families who were involved in the interview also reported that they were using positive and non-violent discipline strategies.

One 38 years old female participant with 5 children said that;

> .... in the past, the way I discipline my children was primarily by using forces such as beating with stick and shouting at them. But, after I got the training when one family member is mistaken or gets into conflict with other family members I solve the problems through discussion with my family members.

The intervention also brought changes to how families were correcting and managing their children's behaviour. Participants reported a significant reduction in the use of harsh discipline.

A 41 years old female family household interviewee with 4 children said that "in my household now the way we manage and correct children was drastically changed from using harsh punishment to the use of positive behaviour management, and improved family attachment."

Another 44 years old female interviewee added that:

> After I took the training, I went to my house and we (my family members) had a significant discussion on how to lead our livelihood together through sustaining healthy relationship. Hence, all my family members were very happy with the discussion made and they all showed commitment to contribute what they could through building peaceful relationships among each other. Now I am leading a peaceful family in which all family members were helping each other and making discussions on all activities.

Generally, results of the study showed that, after the intervention, there was an improvement in the family relationships among family members of treatment group. Family members started to working and eating together than before, playing together (especially in the evening, they started to involve in some Oromo indigenous folktales such as *oduu durii, hiibboo, hibboonteetee*, *mammaaksaa*), and others. The conflict between family members was also decreased and the way they solve their conflict was changed from using force to peaceful conflict resolution when it arised.

5. Discussions

The result of the study shows that the quality of the family relationships was improved among treatment groups. The interview data also indicated that family cohesion, communication, problem-solving and positive discipline were increased and family conflict was decreased among family members. This intervention study identified the impact of healthy family relationship intervention among low-income families, served by the Ubuntu child based family support project in Ambo town. The results indicated that the designed intervention improved family relationships. Thus, the intervention influenced family functioning.

Supporting this result, the intervention study focused on Building Happy Families Impact evaluation of a parenting and family skills intervention conducted in Thailand by Sim, Annan, Puffer, Salhi, and Betancourt (2014) asserted that the intervention improved positive parenting practices and caregiver-child interaction. They also show that the intervention reduced negative parenting practices, including some forms of harsh punishment and decreased children's behavioural problems and improved children's attention and resilience (ibid). Similarly, Harold *et al*. (2016) also reported that family

focused intervention decrease risk factors and increase continuing family protective strategies through promoting family relationship and providing necessary supports. In addition, Landry *et al.* (2008) and Pinquart and Teubert (2010) discussed that family based intervention which emphasis on strengthening family knowledge, communication and skills play an important role in increasing family relationship and positive child development.

The result of the present study showed that destitute families in treatment group reported higher relationship, communication as well as reduction in the use of cruel disciple and conflict among family members. This result is consistent with Kumpfer and Alvarado (1998) who argued that family skills training that targeted high-risk groups of families bring a significant change in strengthening family functioning. Data gained from participants also revealed that there was a reduction in negative family interactions among treatment group participants compared with controls. The state affection and respect among family members in which family members demonstrate care towards each other was also improved. This shows that the intervention has played a great role in creating a healthy family relationship. Texas Education Agency (2014) discussed the characteristics of healthy family relationships as families who are sharing Goals and Priorities (i.e. establish realistic expectations and set priorities and celebrate together when a goal is accomplished). The report also added the characteristics of a healthy family as families who are sharing resources (i.e. time, energy, interest, knowledge and skills) and also using resources for home management: example: prepare a work schedule and assign responsibilities to each member.

6. Conclusions and Recommendations

This study evaluates family-based intervention that focused on strengthening the family relationships in destitute families living in Ambo town who are receiving support from Ubuntu family-based child support program. For this intervention, 24 families (12 control group and 12 treatment groups) were involved and six-session intervention training for six weeks was designed and implemented. The result shows that the intervention that involves enhancing family relationships (i.e. cohesion, communication and problem solving) brought a significant change in the treatment group. The intervention was carried out with limited resources and within a short period of time (six-session intervention) but bring considerable results. This indicated that such family-based programs can be successful if practiced in a culturally appropriate way and through considering the context. In this program from one family, only one family member was involved. This shows that the intervention that targeted one family member can bring a significant change in all other family members who didn't involve in the intervention. From the families report the intervention decreased children's behavioural problems and improved children's attention

Family-based intervention is the best practice to nurture and develop an individual and family wellbeing living in extreme poverty. Families play a critical role in protecting children and giving them stability by establishing positive relationships. Families those who create a strong emotional relationship with each other often tend to have high wellbeing.

The result indicated that healthy family intervention was effective in strengthening the family relationships. Such intervention has a critical value for families living in extreme poverty and family strengthening intervention can be used as a resilience strategy for all family members with low socioeconomic status. Such kind of evidence-based are more effective, and benefit the involved family members directly and other family members who did not attend the intervention and community in general indirectly. Such family relationship strengthening intervention was a cost-effective program that addresses a large number of families because the training was mostly provided in the group.

The other important implication is that such family intervention may have a significant impact through promoting family relationbship. Family-based interventions may also have the potential to reduce family violence and facilitate positive child development. Such family-based intervention may have impacts on community wellbeing. Thus, in the future, similar intervention studies should

consider the impact of the positive family relationships on community wellbeing. Governments should also give special attention to family-based intervention in family enhancement and child and community development policy and practices through promoting, supporting and sponsoring the program.

7. References

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