



Faculty of Community and Health Sciences

Full-thesis submitted in fulfilment of the requirements for the MA Thesis degree (Psychology)

Exploring the scope of parenting programmes/interventions in South Africa: Guided by a
systematic review and Delphi method.

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Declaration

I hereby declare that the present work entitled: *Exploring the scope of parenting programmes/interventions in South Africa: Guided by a systematic review and Delphi method* is my work. It has not been submitted for any degree or examination at any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.

Signed: Genevieve Martin (3567262)

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Abstract

The most fundamental figures in a child's life are their caregivers as they play a crucial role in the child's psychobiological, cognitive, social, psychological and emotional development. A positive influence in this development is fostered through the caregivers' parenting practices, which may be governed by various factors including, but not limited to, the degree of responsiveness/warmth and demandingness/control exhibited. Parenting interventions refer to programmes designed to assist caregivers in improving their parenting practices and skills to promote positive outcomes in children. This study explored the scope of parenting interventions in South Africa through a mixed-method design, involving a systematic review and Delphi method. The systematic review provided a structured assessment of existing peer-reviewed literature pertaining to the design and delivery of parenting interventions in South Africa. Literature was sourced via a selection of nine databases within UWC's institutional library repository. The final analysis identified 16 articles which referred to the effectiveness of parenting interventions in South Africa as well as the barriers to intervention. The second phase of this study utilised a Delphi method as a measure to explore key findings from the systematic review. Nine experts in the field of parenting interventions (identified through the systematic review and through expert referral) participated in this phase, highlighting the importance of parenting interventions and the mitigation of barriers. Qualitative data was obtained from nine individual structured interviews that were facilitated either via online meetings or via written response. Data was analysed thematically in conjunction with Braun and Clarke's six principles. Findings of the study emphasise the need for culturally adaptable, scalable interventions, long-term sustainability and to address the systemic barriers that negatively influence parenting practices and behaviours. This research provides the groundwork for improving parenting

interventions and fostering healthy family dynamics and communities. Limitations centred upon contextual relevance, systemic and structural barriers. Future recommendations emphasise the need for broader national representation, gender-diverse expert panels, and culturally relevant, community-based approaches that address socio-economic barriers such as transport, cost, and access to services.

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Chapter One: Introduction

This chapter provides an outline for the scope of parenting programmes/interventions in South Africa. The chapter provides a background into the factors that contribute towards child development, parenting behaviours and practices and the relationship(s) between these constructs. Furthermore, the rationale and problem statement are presented before outlining the aims and objectives that were used to guide the study.

1.1 Background of the Study

Children's health is governed by the interaction of various factors that represent complex processes. These factors are classified as psychobiological, cognitive, social, psychological and emotional aspects of development (Gadsden et al., 2016). Experts within the realm of child development have acknowledged the supposition that parents, as essential primary figures, apply the first, and possibly the most, noteworthy effect on these factors, towards supporting the overall psychological well-being of children (Latouf & Dunn, 2010). This effect is exerted through parents' parenting practices which refer to the behaviours related to parenting as employed by caregivers who typically strive to nurture, protect and guide the development and well-being of children (Jeong, et al., 2021). Parenting practices involve providing support, and boundary setting, which is mimicked by children. When parenting is effectively fostered, secure attachments form and children are more inclined to acquire social competence and resilience which lays the groundwork for their development across their lifespan (Jeong, et al., 2021). Piquart's (2017) study refers to this, in stating that parental interaction exhibited in the form of warmth, behaviour control, supportive autonomy, and an authoritative parenting style, reflects a positive association with children's overall development. However, parenting practices are not homogenous, and in some cases, the

adverse developmental outcomes displayed by children require intervention (Jeong et al., 2021).

Parenting interventions refer to programmes designed to assist parents or caregivers¹ in improving their parenting practices and skills to promote positive developmental outcomes in children. The interventions are generally focused on improving parental knowledge, attitudes and practices (Gadsden et al., 2016). Popular areas of interest refer to positive discipline strategies, effective communication, emotion regulation and stress management. These interventions vary in length, ranging from four to 20 sessions depending on how extensive the intervention is, the targeted outcome and population requirements (Jeong, et al., 2021). Parenting interventions can be delivered through various modes such as one-on-one counselling, focus groups, home visits and via digital platforms to cater to accessibility, cultural relevance and the availability of resources (Singla, et al., 2021). These interventions are multifaceted and comprise of key components such as responsive parenting, positive discipline strategies, parental mental health support, parental education and skill building and cultural and contextual adaptations through various modes of delivery and accessibility (Cluver, et al., 2018; Sanders, et al., 2014; Webster-Stratton & Reid, 2010).

Notably, interventions emphasising responsive parenting have proved beneficial, resulting in improved cognitive development, parental knowledge and parent-child relationships (Jeong et al., 2021). Parenting interventions, therefore, form the crucial foundation for frameworks suited to better recognise and respond to children's needs, improving parenting practices, encouraging supportive welfare in children, and strengthening

¹ This study uses parents and caregivers interchangeably, as the dependent person may not necessarily share a biological relation with the caregiver. The focus in this study is on 'care' rather than 'legal status' in reference to the primary caregiver.

family resilience (Britto, et al., 2017). The interventions substantially impact mental, emotional and social health outcomes, laying the foundation for children's potential to thrive which may contribute towards secure attachment between parents and their child(ren) (Jeong, et al., 2021).

Britto et al. (2017) have noted that parenting interventions tailored to cultural and contextual demands have been advantageous within underdeveloped countries where barriers such as financial constraints, limited resources and access to healthcare and education are at an all-time high. Mejia et al. (2012) correlate by noting that parenting interventions provide parents with the tools to assist in effectively building an environment where children can develop social and cognitive skills. These tailored interventions, thus, optimise the impact by adjusting to social beliefs, needs, psychological health and resilience whilst attempting to alleviate socio-economic barriers.

The Triple P-Positive Parenting Program, by Sanders (2012), is a world-known, popular, and effective intervention. The intervention includes techniques applicable to various cultural contexts that strengthen the bond between the child and their parent. The programme was designed on proven research techniques that optimise emotional well-being, lower stress levels and manage a child's behaviour accordingly (Li et al., 2021). According to Sanders (2012), the intervention consists of a multi-level framework offering isolated solutions to families based on their needs. The levels range from general guidance to intense training. The intervention strongly promotes proactive parenting, which supports parents in reinforcing emotional control and encouraging consistent discipline, which results in positive behaviour. Studies have indicated that Triple P assists children with the tools to become more socially adept, self-reliant and confidently address the issues they face (Li et al., 2021; Sanders et al.,

2014; Sanders, 2023). These elements support a well-rounded, inclusive developmental framework (Li et al., 2021; Sanders et al., 2014; Sanders, 2023).

Knerr et al. (2013) furthermore noted that interventions intended to alleviate harsh and abusive parenting have shown to be significantly beneficial in low- and middle-income contexts. It is, therefore, important to reiterate that children's mental health and behaviour improve when parents apply constructive and optimistic methods to disciplinary action through a positive, strengths-based approach to discipline that emphasizes encouragement, empathy, and emotional validation (e.g. instead of punishing a child for misbehaving, a parent calmly discusses the behaviour) (Sanders & Mazzucchelli, 2018). This approach promotes health child development that further validates the child's feelings and guides them toward making better choices next time with the support of interventions that foster the skill of patience, displays of empathy and providing children with emotional validation (Knerr et al. 2013). The results, therefore, offer circumstances where a child feels secure and appreciated and can build social relationships confidently through the adjustments within family dynamics. The fundamentals of positive parenting, thus, take the form of enforcing routines, providing affection and promoting growth (Gardner et al., 2016). These interventions result in developing a child's security through their sense of self-worth, gradual resilience and overcoming various obstacles, which are crucial life skills required for adulthood (Seay et al., 2014).

Eshel et al. (2006) assert that responsive parenting, defined as the rapid and attentive responses to the demands of a child, has drastically improved children's developmental outcomes with particular scrutiny in low-resourced settings. A significant adjustment between the child and parent is needed to recognise a child's various signals and effective responses, emphasised through responsive parenting (Lobo et al., 2024). Bhana and Bachoo (2011)

highlight the significance of these adjustments by scrutinising family resilience in low- and middle-income settings and reflecting on how positive parenting techniques can promote a child's emotional and mental health despite the challenging socio-economic conditions they are exposed to. The results, thus, reflect how responsive and adaptable parenting can provide strong groundwork for a child's development by providing them with the skills to deal with and overcome their hardships and positive outcomes in a child's psychobiological, cognitive, social, psychological and emotional development through safe attachments and secure, loving environments.

Research on parental interventions has, thus, shown how vital child development is and the significance of positive parenting, especially when highlighting a child's mental and emotional health and social skills (Jeong et al., 2021). The research indicates that culturally adaptable interventions tailored to confront socioeconomic issues show significant advantages for children and their families (Schilling et al., 2021). Parenting interventions such as Triple-P (Sanders, 2012) and frameworks for positive parenting (Berge et al., 2010) provide parents with the skillset required to encourage a loving, secure home with a supportive atmosphere that forms the base of their future development. The research furthermore indicates that successful parenting techniques impact the broader society by creating resilient communities.

1.2 Rationale and Problem Statement

As noted previously, parenting styles and parent-child interaction patterns are frequently identified as risk factors for the onset and maintenance of developmental issues (Loeber et al., 2009), with unfavourable relationships and outcomes at-risk of progressing into adulthood. Parenting in South Africa is complex as it is influenced by multiple factors such as history, socioeconomic status, and culture (Asiimwe, et al., 2021). Furthermore, high

rates of poverty, unemployment, and exposure to violence present additional stressors that impact parenting capacity and child outcomes (Berg, 2020).

Although South Africa has made progress in social, economic, and health conditions since the start of democracy, many people's lives are still shaped and limited by the hardships and inequalities experienced by previous generations (von Fintel & Richter, 2019). The socioeconomic challenges faced by families are intimately related to broader socio-historical contexts of discrimination and persisting structural inequalities (Cilliers, 2021). The history of colonialism and Apartheid contributed to South Africa's extreme levels of inequality. Dominant discourses defining 'good' parenting often limit reflection of families' socio-historical experiences in context, acting as additional constraints for caregivers (Cilliers, 2021; von Fintel & Richter, 2019). Parents also experience stress from trying to keep their children safe in communities where violence and crime are common. These pressures, combined with the way parenting styles are passed down through generations, can lead to stricter or harsher discipline and less time for play or bonding (Cilliers, 2021). In families affected by HIV/AIDS, parents often face the added challenge of explaining the illness, treatment, and stigma to their children in ways they can understand (Cilliers, 2021).

Globally, parenting interventions have been recognised as effective strategies for promoting development in children and fostering positive overall well-being (Jeong, et al., 2021). Strong arguments favour early intervention for child difficulties, claiming that it is more cost-effective and beneficial to address issues earlier than later in life, as the brain is far more adaptable at these stages (Gardner et al., 2019). Parenting interventions have additionally, been associated with improved parental mental health and an enhanced parent-child bond (Jeong, et al., 2021). Structured parenting interventions such as the Triple-P equip parents with the skills required to improve their knowledge, skills and attitudes (Sanders,

2012). These interventions have proven notably effective when responsive parenting has been factored in, which fosters positive parenting, strengthens the child-parent relationship and supports a child's overall development (de Graaf et al., 2008).

Barriers to the implementation of parenting interventions, do however, present themselves. According to Adebisi et al. (2022), there is very little research on the barriers to effective parenting, especially in low-resourced communities. Congruent to this, Dawson-Squibb et al. (2022) have also reiterated a significant and urgent need for parenting interventions that may be successfully used in resource-constrained economies. Adebisi et al. (2022) and Dawson-Squibb et al. (2022) consistently raise low socio-economic status, unsafe environments, and technology constraints as barriers to intervention. Research on parenting interventions in South Africa has been growing; however, gaps are still arising as there is a need for rigorous evaluation to establish the effectiveness of interventions across diverse communities and contexts (Ward, et al., 2019).

The viability of parenting interventions and their applicability to target demographics may be significantly impacted by South African cultural values, including respect, social duty, and reciprocity (Lachman et al., 2016b). For example, research is required to determine whether parenting practices in high-income countries that support positive reinforcement and nonviolent discipline are acceptable in local South African contexts, where corporal punishment may be viewed as a normative approach to discipline (Lachman et al., 2016a). In addition, challenges such as limited resources and disparities in access to mental health and other services (such as early childhood education programs, social welfare programmes, community-based parental support and healthcare services) hinder the widespread implementation and scalability of parenting programs (Cluver, et al., 2018; Jeong, et al., 2021). Moreover, there is insufficient data on long-term outcomes and the sustainability of

intervention effects in South Africa. Thus, it is essential to explore this in-depth to assist in understanding the role of these factors to strive to successfully implement parenting interventions within these low-resourced communities, in ensuring cultural relevance and effectiveness (Lachman et al., 2016b).

1.3 Aim

The aim of this study was to explore the scope of parenting interventions in South Africa guided by a systematic review and a Delphi method.

1.4 Objectives

The objectives that were used to guide the study are to:

- Conduct a systematic review to determine the current landscape of available literature concerning parenting interventions in South Africa
- Use the synthesised information from Objective 1, to identify key experts in the field of parenting interventions and to inform questioning related to the current scope of parenting interventions in South Africa
- Use a Delphi method to determine the factors that hinder and encourage the participation and application of parenting interventions in South Africa.

1.5 Structure of the Thesis

Chapter one has provided insight into the study with the presenting background information, the rationale and problem statement, aim and objectives of the study. Chapter two provides a thorough scope of the literature, encompassing noteworthy outcomes in child development, parenting behaviours, practices and family dynamics, and the rise of parenting interventions. Each theory stands as an important role in fostering overall development in children and the encouragement of positive parenting. Chapter three provides the structured methodology and ethics considerations applied within the study. Chapter four illustrates the

findings of the systematic review after data was collected and synthesised, while Chapter five illustrates the key findings of the Delphi method. Chapter six thereafter, provides a concluding section to the thesis through an integration of the findings acquired from both methods, providing limitations and suggested future recommendations for research.

Chapter Two: Literature Review

This chapter explores the scope of the literature, encompassing noteworthy outcomes in child development, parenting behaviours, practices, family dynamics, and the rise of

parenting interventions. Theories of child development such as the theoretical models used to frame parenting and parenting interventions, i.e. bioecological model of development, among others, are introduced. Furthermore, child development outcomes are explored to provide a framework on how parenting influences a child's growth across various domains and how parenting interventions aim to improve child outcomes (Britto, et al., 2017; Bronfenbrenner & Morris, 2006).

2.1 Developmental Outcomes

Child development incorporates various, intricate factors at psychobiological, cognitive, emotional and social levels, that interrelate through childhood to maturation (Blair & Diamond, 2008). It is important to understand the multifaceted lens of child development through these factors as it highlights the importance of parenting and interventions that are linked to the various needs of the child at respective developmental stages.

2.1.1 Psychobiological Outcomes

As psychobiological outcomes refer to the interplay between biological factors and psychological functioning (Blair & Diamond, 2008), psychological development will be discussed first and then integrated into the psychobiological.

Psychological development focuses on forming one's personality traits, identity and self-conceptualisation. Erik Erikson's Psychosocial Stages of Development (1994) outlines eight stages from birth to old age, each representing an individual's conflict or task that must be resolved or achieved. Erikson's Psychosocial Stages of Development provides valuable insight into understanding the progression of psychological growth and personality formation in one's life. Each key milestone represents a critical stage for successfully resolving conflict and maintaining a healthy personality and social relationships (Maree, 2021). It highlights the importance of dynamics between personal experiences and social connections. Effective

navigation of these stages can foster resilience and emotional stability. Furthermore, it may assist individuals in forming deeper connections with others, resulting in a firm foundation for lifelong fulfilment (Malone et al., 2016).

Parenting is an intergenerational process and the manner in which an individual is shaped is through their own developmental path and influences that stem from the way that they were parented. Thus, when Erikson's stages are viewed through an intergenerational lens, the following stages integrate with parenting practices and behaviour (Belsky & Jaffee, 2015). These developmental outcomes encompass multi-level interrelated domains, each contributing to the child's overall well-being and growth. Supportive parenting, thus, creates an environment that fosters the development of essential skills such as emotional regulation and empathy. Caregivers who nurture a responsive atmosphere contribute to the children's overall emotional well-being and mental health (Zimmer-Gembeck et al., 2022).

In terms of biology, brain development, hormonal changes, genetic influences, and cognition form one's psychobiological structure. Early neural development is thus essential to capacitate cognitive functioning and emotions (Smith & Pollak, 2020). One's experiences during these critical periods can significantly impact the brain's construction and subsequent psychological outcomes (Smith & Pollak, 2020). Experiences may be projected through early life stress, positive early experiences and experience-dependent brain development.

- **Early life stress**

Experienced stressors during early development may lead to lasting changes in the functioning and structure of the brain. Chronic stress, also known as early life stress, affects

the neural system across individuals differently by reducing the hippocampal volume (Petchel & Pozzagalli, 2011). The hippocampus is a crucial area in the brain responsible for memory (cognition) and emotion regulation (Tottenham & Sheridan, 2010). Early life stress, therefore, disrupts the neurogenesis and synaptic pruning, which are essential for processing during brain development, as the hippocampus is vulnerable to stress due to continuous postnatal development and, thus, results in a reduced volume associated with regulated cognition and emotion (Kaffman & Meaney, 2022).

- **Positive early experiences**

Healthy brain development is fostered through supportive and nurturing environments, resulting in cognitive and emotional growth. Children, thus, thrive in both areas of functioning when raised in environments where consistent caregiving and emotional support are present (Luby et al., 2022). Unfavourable environments such as one marked by poverty, have opposing outcomes as the brain may be negatively affected through the impairment of neuroendocrine and cognitive functions and processes. In light of the brain's ability to adapt, early interventions are essential to counteract the negative impacts that early experiences may have on it (Blair & Raver, 2016).

- **Experience-dependent brain development**

Plasticity is the brain's ability to be adaptable and to (re)organise. Thus, an individual's experiences shape their neural circuits – the connections between cells in the brain. How one adapts, influences cognitive and emotional functioning throughout one's development; thus, stressors may negatively impact structural and functioning changes in the brain, particularly the amygdala, which is responsible for emotion regulation. These changes subsequently lead

to socio-emotional difficulties and may have long-term effects that project through one's adolescent phase (Guadagno et al., 2021; Tottenham & Sheridan, 2010).

2.1.2 Cognitive Outcomes

Cognitive development refers to the progression of mental processes in thinking, learning, problem-solving and memory. Cognitive abilities evolve through interactions with one's environment, which are influenced by genetic and experiential factors (Tucker-Drob, et al., 2013). Jean Piaget's (1971) theoretical framework provides a base through which children develop rational thinking and comprehension of the world through four cognitive developmental stages. In Piaget's (1971) framework, each stage builds on knowledge and skills acquired from the previous stage for the child to progress. It highlights the importance of supporting a child's cognitive development, i.e. how they develop and refine thinking, reasoning and problem-solving. Caregivers may foster positive environments to facilitate experiences that nurture optimal cognitive growth to ensure children reach their full intellectual potential (Piaget, 1971).

- **Stage 1: Sensorimotor stage (Birth – 2 years)**

Infants learn through sensory experiences and goal-directed behaviour. This could be as simple as reaching for a toy or shaking a rattle to hear the sound (von Hofsten & Rosander, 2018). The sensorimotor stage lays the foundation for future learning through problem-solving and critical thinking. The development of refined motor skills strengthens neural connections that support language development (Lones et al., 2016). Responsive interactions thus, foster secure attachments which support emotion regulation and relationship building for future development. This stage, furthermore, fosters emotional security through active learning which lays the groundwork for communication (Lones et al., 2016). Positive parenting techniques are essential for this stage as a stimulating environment is required for

optimal development. Secure attachments are formed, and language and motor development are enhanced through interactive play (Jeong et al., 2021).

- **Stage 2: Preoperational stage (2 – 7 years)**

In this stage, children use their imagination and words to represent and communicate what is in their environment; a child's symbolic thinking develops. At this point, children cannot grasp the idea of conservation, such as pouring the same amount of liquid into a narrow versus a wider cup (Piaget, 1971). The preoperational stage is imperative for cognitive development, improvement of language and developing more complex ways of thinking. At this stage, perspective-taking and reasoning abilities are still in the developing stage and therefore, the need for appropriate support is highlighted (Sanghvi, 2020). Parenting interventions aid this as interactive, imaginary play is encouraged, and egocentrism is discouraged through perspective-taking activities. Parents may thus, implement effective methods to support the growth and development of this stage (Malik & Marwaha, 2023).

- **Stage 3: Concrete operational stage (7 – 11 years)**

At this stage, the child can classify objects by size or colour in a systematic manner; in addition, mathematical calculations are introduced (Piaget, 1971), and the child understands that $3 + 2 = 5$, but so does $4 + 1$. The focus is on developing logical thinking and comprehension. This is an important stage as the ability to see things from another's perspective develops and thus, social and empathetic skills develop (Rabindran, 2020). Furthermore, it builds the foundation for reasoning and logical interpretation of information. Positive parenting plays an important role as children need support at home to navigate through complex tasks and effective relationships. In this stage parents are also encouraged to

have perspective-taking discussions to enhance social and cognitive development (Cigala et al., 2023).

- **Stage 4: Formal operational stage (12 years +)**

This stage engages in higher order thinking whereby the child can use logic and reason and think about what is morally and ethically correct or incorrect. The focus here is on developing abstract and theoretical thinking. A child may be able to weigh out possible outcomes through interpersonal communication (Piaget, 1971). This stage is important as adolescents who engage in higher-order thinking are able to benefit from autonomy in decision-making, with the guidance of their caregivers and additionally, encourages a time of reflection and intrapersonal communication (Santrock, 2021). Positive parenting enriches this development particularly with addressing externalising behaviour, moreover, it is critical during the transition into the formal operational stage to improve the various aspects of child development (Jeong et al., 2021).

Piaget's framework (1971) explains how children progress through four stages of cognitive development, from sensory exploration in infancy to abstract reasoning in adolescence. Each stage builds on the previous, showing how thinking, learning, and problem-solving evolve through interaction with the environment. This cognitive progression links with psychobiological development (Blair & Diamond, 2008; Smith & Pollak, 2020), emphasising that cognition and biology are inseparable. Together, they explain that a child's thinking and emotional capacity are rooted in brain-body interaction and environmental experience, highlighting the need for early, responsive caregiving in parenting interventions to optimise both neural and cognitive outcomes (Blair & Diamond, 2008; Smith & Pollak, 2020; Piaget, 1971).

2.1.3 Emotional and Social Outcomes

Emotional outcomes are developed through recognising, expressing and managing one's emotions. As children grow, they begin to understand their own emotions and those of others, which is imperative for emotional regulation and the expression of empathy (Thummler, et al., 2022). Supportive parenting, including a solid supportive environment, promotes healthy emotional development in children, consequently leading to positive mental health outcomes (Wang et al., 2021). Social outcomes are essential for a child's development by aiding them in forming relationships, independently building their identity, and navigating challenges they may face. These outcomes work interrelatedly, as they co-construct a child's ability to form relationships and regulate behaviour (Denham, 2023).

The focal point of social outcomes is allowing children to interact with others to form positive relationships and navigate various social settings. Caregivers must nurture this outcome by shaping a child's social competencies as secure attachments and promoting positive social skills and peer relationships (Groh, et al., 2014). John Bowlby (1978) provided a foundation for the theory of attachment, which focuses on the significance of the emotional connection between the parent and the child. Attachment theory was identified through four styles based on how a child responds to the separation and reunion with their parent (Bowlby, 1978). The styles are as follows:

- **Secure attachment**

Secure attachment is motivated by consistent and responsive parenting i.e. caregivers who are observant and attuned to their child's needs, sustaining open lines of communication and providing comfort when needed, which consequently promotes a healthy, trusting relationship later in life (Hong & Park, 2012; Zwönitzer et al., 2023). Secure attachment is extended into adulthood whereby individuals exposed to secure attachment during their

childhood have a higher sense of self-esteem, are able to manage stress effectively and create fulfilling relationships. Furthermore, it is associated with positive mental and social functioning (Sagone et al., 2023). Secure attachments that are formed in early childhood influence an individual's perspective on parenting later on. The individual is more likely to approach parenting in a sensitive, caring manner with their own children through the past cycle of healthy attachment (Shah et al., 2010).

- **Insecure-avoidant attachment**

This attachment style is motivated by distant or unresponsive parenting, i.e. where caregivers are emotionally unavailable, neglectful or inconsistent when responding to a child's needs, which may lead to detachment in future relationships (Zwönitzer et al., 2023). A child presenting with an insecure-avoidant attachment style may develop coping mechanisms in the form of self-reliance and emotional suppression which may furthermore affect how an individual's builds interpersonal relationships and how they may express their emotions. Moreover, insecure-avoidant patterns may result in increased risk of mental health issues and the (dys)regulation of emotions (Hong & Park, 2012). Parenting interventions may assist in addressing insecure-avoidant attachment in an attempt to reverse the effects of it by implementing a responsive, sensitive approach to parenting which is effective in enhancing attachment security and increasing caregiver sensitivity (Gregory et al., 2020).

- **Insecure-ambivalent/resistant attachment**

This style is caused by inconsistent and unpredictable parenting – sometimes responsive, sometimes neglectful. The child, in turn, exhibits the same treatment, and this may lead to anxiety and clinginess in future relationships (Zwönitzer et al., 2023). The insecure-ambivalent style leads to emotional dysregulation as caregivers' inconsistent responses cause

children to struggle with the management of their emotions which may lead to heightened anxiety and difficulty in self-soothing. Behavioural issues may also arise, and children may experience increased aggression later on (Hutchings et al., 2023). The implementation of parenting interventions can assist in mitigating these effects to encourage healthier, emotional development and foster more secure relationships between the parent and child (Zeegers et al., 2020).

- **Disorganized attachment**

Finally, in a disorganised attachment style, the child's behaviour may present as contradictory, as they will approach the caregiver but exhibit avoidance of them. This may indicate that trauma, abuse or neglect has been occurring, resulting in difficulty regulating emotions and sustaining relationships in future (Zwönitzer et al., 2023). The caregiver is noted as the source of comfort and of fear, which results in significant implications for the child's emotional and social development.

Social and emotional development emerges through the ability to recognise, express, and regulate emotions (Thummler et al., 2022; Wang et al., 2021). These capacities depend heavily on early attachment patterns (Bowlby, 1978). Thus, attachment patterns directly predict social-emotional outcomes, i.e. how a child manages emotions, empathises with others, and forms relationships. Children who experience disorganised attachment struggle with emotion regulation leading to heightened stress and difficulty in self-soothing which may, furthermore, contribute to mental health issues such as anxiety and depression later on in life (Duschinsky & Solomon, 2017). Children may have issues forming healthy relationships due to mistrust and fear of getting too close to others. They may experience difficulties in understanding social cues and their interactions may be inconsistent e.g. overly aggressive and overly withdrawn (Duschinsky & Solomon, 2017). Promoting positive

parenting through interventions that are aimed at addressing disorganised attachment through encouraging caregiver sensitivity and responsiveness, may assist caregivers in following their child's lead, reducing frightening behaviour and promoting a more secure attachment. Interventions thus, highlight the importance of the role of the caregiver and their behaviour (Juffer et al., 2012).

Developing social competencies and forming positive relationships are pivotal to long-term success and well-being. Caregivers, thus, play a key role in facilitating this process by fostering secure attachments and encouraging positive social interactions (Gregory et al., 2020). Bowlby's (1978) attachment theory provides a lens to view early emotional bonds that profoundly impact emotion regulation and how to manage relationships (Costa et al., 2022). Positive and consistent responsive parenting nurtures secure attachment and provides a foundation for building strong and healthy relationships. In contrast, insecure attachment styles, which are typically the result of neglect, inconsistency and trauma, may lead to difficulty in forming and sustaining relationships. Accordingly, recognising and understanding the importance of attachment within early development may provide an environment for the child to grow into a confident, resilient and socially adept individual (Julian et al., 2017).

2.2 The Role of Responsive Parenting in Child Development

The World Health Organization (WHO) advocates responsive parenting as an international framework to promote healthy, early childhood development (WHO, 2018; 2020). This approach allows children to gain a sense of stability and security, which supports exploring their world, positive learning and developing social skills, which consequently affects their overall succession in growth (Jeong, et al., 2021). Responsive parenting methods provide inclusive support to children as the techniques not only support the child's cognitive

and mental well-being but also promote the long-term development of a child's resilience (Jeong, et al., 2021).

Through this approach, children, acquire problem-solving and social skills, self-regulation and emotional resilience. Children learn to identify and manage emotions by mimicking their parent's responsive behaviours. Mejia et al. (2012) note that the attributes expressed by children through responsive parenting are upskilling parents to listen to their children and provide empathy actively. Parents become competent in engaging with their children in meaningful and enriching interactions, which are crucial for their development. According to Bhana and Bachoo (2011), a substantial advantage of responsive parenting is that it encourages secure attachment, which is defined as a psychological foundation that significantly affects a child's behaviours and emotional well-being. When parents are prompt and nurturing in addressing their children's needs, they foster a sense of security that encourages children to face new experiences confidently.

Responsive parenting is foregrounded in the development of a child through attachment, alleviation of stress and promotion of social and cognitive skills (Mortazavizadeh, et al., 2022). Lee and Knauer (2023) elaborate on how responsive parenting enhances family resilience, particularly in low-resourced contexts where resilience aids in mitigating socio-economic factors. These techniques are particularly enriching in contexts where access to schools, educational and developmental materials and resources are inaccessible (Mejia et al., 2012). In these low-income settings, consistent and nurturing interaction from parents can counter the external limitations, providing the child with the emotional stability needed for their development. Whilst responsive parenting has been proven to be beneficial, researchers have noted concerns about its application and effectiveness:

- **Culturally Universal Parenting vs Context-specific Responsive Parenting**

The manner in which responsive parenting is expressed may vary across regions. Culturally universal parenting principles and behaviours hold relevance and effectiveness across all cultures. For example, responsive parenting is widely known as a positive aspect on child development across cultures (Lansford, 2021). However, a context-specific approach, means that this recognised aspect may be implemented and comprehended differently within various cultures (Lansford, 2021). Lansford (2021) highlights that approaches to responsive parenting differs within cultures. One would need to understand universality without uniformity as an essential measure to implementation for parenting practices to be aligned with the community's cultural beliefs and values. Additionally, Smith et al. (2022) emphasise that socio-economics, parental mental health and social support, work hand in hand with the implementation of responsive parenting, and thus, consistent discipline and support are required within the community structure to achieve the objective of improved development in children.

- **Short-term vs long term benefits**

Research has shown that the implementation of responsive parenting is beneficial to improve overall development; but without consistent support, the benefits may cease, and thus, the need for ongoing interventions has been emphasised to maintain these developmental improvements (Prime et al., 2021). Resource availability and cultural relevance massively affects the scalability and sustainability of the implementation of responsive parenting interventions. Thus, to maintain short-term benefits achieved in the greater scheme, interventions must align with cultural norms and beliefs, and adequate resources must be allocated to sustain mechanisms for ongoing support (Lobo et al., 2024).

Child development outcomes have been proven to improve with intervention implementation across various income brackets across regions (Jeong et al., 2021). However, implementation limitations arise, particularly in low-resourced settings, which subsequently calls for culturally sensitive approaches and perspectives to be implemented by integrating parents' values and beliefs into the intervention (Jeong et al., 2021). Careful consideration, however, must be accounted to maximise short and long-term benefits and address socio-economic challenges and contextual factors to achieve positive child outcomes across diverse regions effectively (Booth et al., 2018).

2.3 The Development of Parenting Interventions

The development of parenting interventions has evolved significantly since the 1960s and is moulded by advancing research in child development. Parenting interventions were initially rooted in early attachment research and then later, progressed into evidence-based, culturally tailored approaches.

2.3.1 Early Foundations and Theoretical Models (1960s-1990s)

The foundations of parenting interventions began in the 1960s. This groundwork emerged into contemporary theories incorporating parenting stress, child development and family resilience. The foundational model's core purpose focused on uncovering the key elements that affect parenting and exploring how various parenting styles and behaviours impact a child's development (Power, 2013). Urie Bronfenbrenner (1979) developed the Ecological Systems Theory, which is based on four key layers to understand influences on child development by incorporating multiple interrelated environmental layers, i.e. the microsystem, mesosystem, exosystem and macrosystem. Thereafter, he developed a Bioecological model (Bronfenbrenner & Morris, 2006) that added a fifth layer, the

chronosystem, that will be included for the purpose of providing insight into changes over time within the developmental frame.

- **Microsystem**

This layer refers to the child's immediate environment, i.e. school life, family, and peers. Behavioural issues and family and marital conflict may be a result of stressors experienced within this layer (Bronfenbrenner, 1979; Crnic & Greenberg, 1990). As the microsystem has a direct impact on the child, a child's overall growth is dependent on the quality of the interactions with parents, teachers and peers. Through this, positive influence results in positive school environments, promoting learning and engagement and social skills (El Nokali, 2010). Parenting styles have a major impact on this system as it influences how children's behaviour and social skills are shaped. Thus, parental stress or mental health issues may impact the child's overall well-being. Therefore, caregivers who are supportive and engaging foster positive emotional regulation and problem-solving skills in their children (Zimmer-Gembeck, 2022).

- **Mesosystem**

This layer refers to interactions within the microsystem, such as the relationship between the child's parents and teachers. Bronfenbrenner (1979) suggests that if these interactions positively align, a supportive environment will be fostered for the child. Conversely, misalignment may result in stressors for the child (Bronfenbrenner, 1979). Child development is reinforced through positive interactions thus, when parents and teachers work hand in hand, children then receive support that is consistent throughout their mesosystem. Support systems also result in reduced parental stress which aids parents in being more effective. When these relationships are weak however, the parent may experience increased

stress and consequently, lead to inconsistencies in the child's support and practices that are beneficial to the child (El Zaatari & Maalouf, 2022). Parenting interventions aimed at parent and teacher collaboration foster a unified approach to the child's development as the tools acquired from these interventions enable parents and teachers to be competent. Parents and teachers also experience social support and community engagement which subsequently, fosters a positive mental health status and emotional support (Zulauf-McCurdy et al., 2024).

- **Exosystem**

This layer refers to external environments that indirectly influence but affect the child, such as the parent's workplace and demands or community resources. These external factors may influence parenting styles and exacerbate parental challenges (Bronfenbrenner, 1979). A parent's workplaces' leave policies and working hours impact the amount of time that parents are able to spend with their children (Genadek & Hill, 2017). Community resources such as support groups (parental, social, childcare) may relieve parental stress however a lack of this support may cause the opposite. Support services such as parenting classes, early childhood education programmes and increased funding for parenting interventions are vital to positively impact the child's development (Lo et al., 2023).

- **Macrosystem**

This layer refers to social norms, culture and economic contexts that the child is exposed to. In this system, cultural beliefs about parenting roles may indirectly influence a parent's interaction with their children (Bronfenbrenner, 1979). Societies and cultures encourage various parenting styles as some prefer a balance in warmth and discipline (authoritative) whereas others encourage strict discipline (authoritarian). These norms shape the parent's strategies to discipline and their expectations of the child (Bornstein, 2013). Economic

contexts have an effect, as low-income settings may increase parental stress due to financial constraints as well as limited access to resources such as education and healthcare.

Community-based interventions thus incorporate cultural norms and traditions whilst maintaining the foundation of encouraging positive parenting practices (Bornstein, 2013).

Bronfenbrenner (1979) has indicated the importance of understanding the various systems and how they shape a child's development. The integration of these systems emphasises the importance of fostering positive relationships and valued support in each system. When addressed, children's developmental outcomes improve. Thus, interventions may adopt this perspective to address societal and cultural factors influencing child development.

- **Chronosystem**

The chronosystem refers to a representation of time as a dimension of human development. This encompasses how one's life transitions, considering all events, historical changes, and how the individual developed over this period of time (Bronfenbrenner & Morris, 2006). The chronosystem operates under three levels: micro-time, meso-time and macro-time. Micro-time refers to the duration of a particular developmental process or interaction and this could take the form of how frequent responsive behaviours in parents were evident (Bronfenbrenner & Morris, 2006). The meso-time refers to how consistent the interactions were over a period of time, i.e. the patterning of interactions. Lastly, the macro-time refers to societal or historical changes within the timeline that has an impact on development from a much broader perspective, i.e. pandemics (Bronfenbrenner & Morris, 2006). A child's experiences are thus, shaped by these temporal aspects. Parenting interventions are thus, impacted by the chronosystem, e.g. delivering a parenting intervention during a pandemic (COVID- 19) requires significant focus on mental health whilst acknowledging the economic strain on low-resourced communities (Cluver, et al., 2020).

2.3.2 The Development of Parenting Style Models

Parenting style models have long been central to developmental psychology. They offer frameworks to understand how various approaches to parenting shape and impact children's emotional, social, and behavioural development. Influential work by Diana Baumrind (1991) marked a breakthrough in this division by identifying three primary parenting styles: Authoritative, Authoritarian, and Permissive. Baumrind (1991) distinguished these styles by the level of warmth and control that parents display, linking each style to a specific developmental outcome.

- **Authoritative style**

High levels of attentiveness and demands are referred to as authoritative parenting styles, which exhibit more supportive behaviour than harsh behaviour. Authoritative parents' value verbal exchange and expressing the justification for their disciplinary measures. Additionally, responsible, independent, and acceptable behaviour is expected within the limitations of children's ages (Kong & Yasmin, 2022). Furthermore, children raised in authoritative parenting environments are more likely to succeed and be respected by their colleagues, classmates, and others in their social circles (McWhirter et al., 2023). These children are also more likely to exhibit kindness, be capable of demonstrating self-determination, and use efficient coping techniques on their own (McWhirter et al., 2023)

- **Authoritarian style**

Authoritarian parents try to evaluate, mould, and regulate their children's behaviour and attitudes following the established moral standards, known as absolute standards. High levels of control and expectations characterise authoritarian parenting, although communication is frequently ineffective (Baumrind, 1991). Authoritarian parenting is often viewed as a

constraining approach to parenting, where discipline may take the form of severe punishment, and children are forced to follow the rules without explanation or guidance from their parents (Chen, 2023). Consequently, the impact of authoritarian parenting styles on children has been noted as feelings of unhappiness most of the time; and a ready compliance with the rules of others or excessive obedience (Chen, 2023). Therefore, authoritarian behaviour may elevate mental stressors, where youngsters may experience depression or turn to self-blame (King et al., 2016)

- **Permissive style**

Warm and loving, permissive parents typically have few, if any, demands and restrictions that they place on their children. While keeping lines of communication open, parents enable their children to solve problems independently. Limited instances of discipline typically result from these low expectations (Baumrind, 1991). Congruently, Sarwar (2016) suggests that permissive parents refrain from using behavioural control, in which no rules are established and minimal behavioural expectations are placed on children. Children can participate actively in this approach without being held accountable for their behaviour. Therefore, increased levels of nurturing with low levels of responsibility, low demands from children, and limited control and communication are characteristics of the permissive parenting style (Ofosu-Asiamah, 2013). Children of permissive parents typically have some sense of self-worth and respectable social abilities. However, they tend to be impetuous, irrational, egotistical and lack self-control (Sanvictores & Mendez, 2021).

- **Uninvolved/neglectful style**

Maccoby and Martin (1983) expanded on Baumrind's model by adding a fourth parenting style: uninvolved/neglectful. A low responsiveness and demandingness characterise the

uninvolved/neglectful parenting style. Parents are viewed as indifferent to their children and only meet the fundamental requirements of a guardian. Parents who are emotionally detached and uninvolved with their children typically fail to relate and associate with them, thus failing to set boundaries and expectations (Berge et al., 2010; Rothrauff et al., 2009). These parents are receptive to immediate needs, such as food and clothing, but unresponsive to long-term direction and expectations. According to Singh (2017), exceptional situations have revealed that these parents have disregarded their children's fundamental requirements. As a result, children raised by absent or negligent parents encounter difficulties in their connections with others.

These are essential foundational aspects that significantly influence children's development. In particular, they underscore the importance of the quality of the parent-child attachment and the nature of the parenting relationship, including the intensity and style of discipline and behavioural regulation (Bauminger et al., 2010). Parenting practices can thus be understood as the specific behaviours and strategies parents use in raising their children. These practices are typically conceptualised along two key dimensions: responsiveness/warmth, which reflects the degree of emotional support and attunement a parent provides, and demandingness/control, which refers to the extent to which parents set expectations, enforce rules, and monitor their child's behaviour (Berge et al., 2010). Together, these dimensions form the basis for widely recognised parenting styles and shape children's emotional, social, and behavioural outcomes.

2.3.2.1 Parental Self-efficacy and Social Learning Theory

Parental self-efficacy, a concept significantly influenced by Albert Bandura's (1986) Social Learning Theory, plays a crucial role in parenting. The theory highlights that cognitive, environmental and social factors shape behaviour (Bandura, 1986). Priscilla

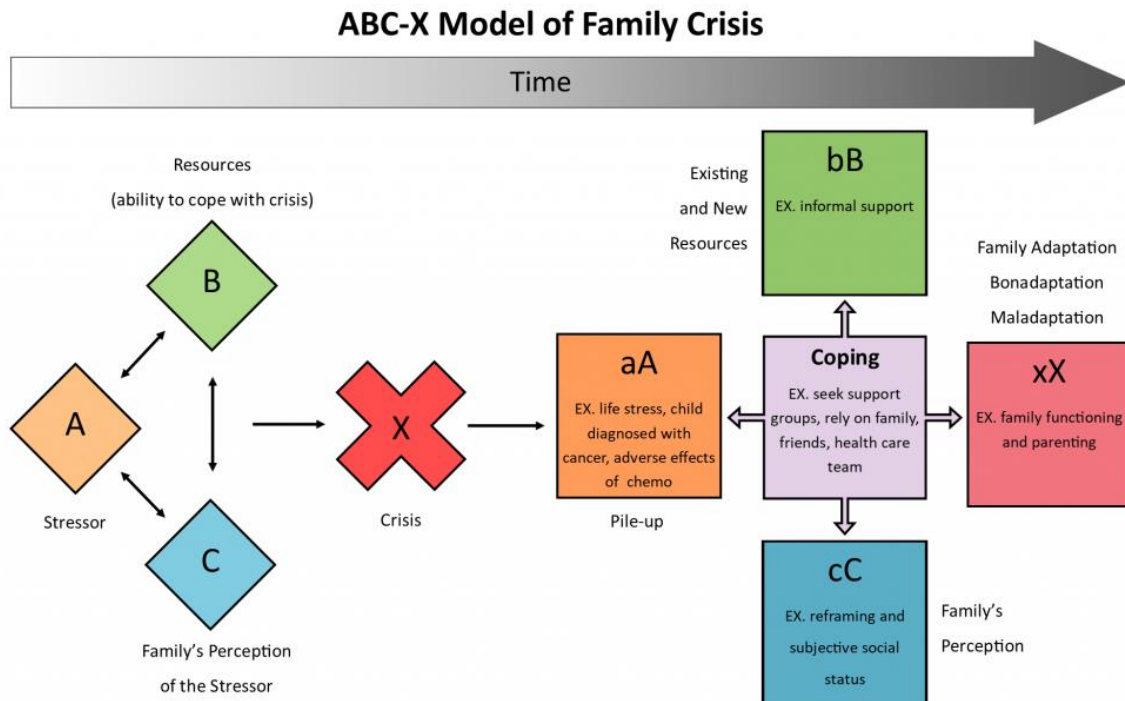
Coleman and Katherine Karraker (1998) built onto this framework. They identified the concept of self-efficacy as the focal point of this theory, which refers to an individual's belief in their ability to achieve specific outcomes. Self-efficacy, thus, plays a crucial role in defining how challenges and stress management are approached. When the Social Learning Theory is applied to parenting, self-efficacy takes the forefront of managing stress. The theory states that individuals with high self-efficacy view challenges as manageable rather than insuperable (Hamovitch et al., 2019). When applied to parenting, parents with high self-efficacy have a positive outlook on challenges and are less likely to feel overwhelmed, even in the most challenging contexts. In contrast, parents with low self-efficacy levels may feel overwhelmed, and this may potentially result in a negative impact on their mental health and quality of parenting where discipline is inconsistent or emotional responsiveness is reduced. These challenges, thus, underpin the importance of supporting parents and providing them with resources to enhance their self-efficacy (Liu et al., 2024)

2.3.2.2 Resilience and Coping Mechanisms in Parenting

Hamilton McCubbin and Joan Patterson (1983) extensively advocated the concept of resilience in families. Their resilience-based perspective emphasises the importance of adaptability and coping mechanisms within families. Resilience refers to a family's ability to withstand and recover from adversity and significant stress whilst maintaining healthy relationships and role functioning throughout challenging circumstances (Tan, et al., 2024) . The Double ABCX Model of Family Stress and Adaptation emerged from the extensive concept of resilience in families, which has set the groundwork for understanding family resilience (McCubbin & Patterson, 1983). *See Figure 1.*

Figure 1

The Double ABCX Model of family adjustment and adaptation.



The Double ABCX Model comprises several crucial structures that influence how families respond to stress:

- **A - The stressor event**

This refers to a significant challenge or crisis that puts pressure on the family system, such as job loss or financial crisis (McCubbin & Patterson, 1983).

- **B - The family's resources**

These resources include tangible and intangible resources, such as stable finances and emotional support. When a family has access to more substantial resources, they can recover and manage the stressor effectively (McCubbin & Patterson, 1983).

- **C - The family's perception of the event**

This structure is entirely subjective to the family's interpretation of the crisis. Families with a positive outlook on the crisis tend to excel in adapting and managing it well. In contrast, those with a negative outlook tend to experience struggles and feel overwhelmed (McCubbin & Patterson, 1983).

- **X - The outcome**

This refers to the level to which the crisis is experienced by the family, which is determined by the first three factors: Stressors, resources, and perceptions and how they interact with one another (McCubbin & Patterson, 1983).

The Model was further extended to incorporate additional factors such as:

- **Pile-up of demands**

The model considers the pile-up of demands by recognising that stressors may accumulate over time and, thus, considers the effect of it on the family's ability to cope (McCubbin & Patterson, 1983).

- **Family coping mechanisms**

Implementing effective strategies to assist family with stress management. This can be in problem-solving, emotion regulation and adapting roles (McCubbin & Patterson, 1983).

- **Adaptation (both short-term and long-term)**

Whilst maintaining emphasis on the ongoing process of the dynamic of resilience, short-term and long-term responses to crises and adjustments must be considered (McCubbin & Patterson, 1983).

Bhana and Bachoo (2011) notably provide insight into how positive parenting affect family resilience by implementing vital coping mechanisms. Positive parenting uses positive

reinforcement, explicit instruction and boundary-setting techniques to achieve its objectives, i.e. a robust parent-child bond, responsibility, self-discipline, resilience and appropriate, positive behaviour (Sanders, 2008). Parents focus on factors such as emotional support, effective communication, stress management and resilience as their groundwork to enable the child's psychological capabilities to overcome challenges. Consistency is the crucial skill needed for the effects of positive parenting. Parents who provide consistent emotional support create a space where their children develop confidence within themselves to be resilient when facing challenging factors (Green et al., 2024).

Culturally appropriate interventions emphasise active listening, empathy and non-violent disciplinary techniques. These techniques strengthen and nurture family dynamics and empower children with adaptive coping mechanisms, particularly against environments that cause stress due to external factors (Mejia et al., 2012). Empathy, patience and non-violent discipline are central to creating a conducive environment for development. The stability and inconsistency of implementing the technique, thus, diminishes poor behaviour or misconduct and supports overall well-being, encouraging positive relationships with their parents (Knerr et al., 2013). Interventions such as the Triple P Program emphasise the effectiveness of positive parenting techniques through multi-level support, which can be adaptable to various challenges (Sanders, 2012). Resilience thus emerges from the intervention as parents acquire the skills needed to handle adversity effectively. Family resilience is, therefore, extended from individual households to difficulty within socio-economic contexts whereby the community may be actively involved in eroding the challenges. Positive parenting thus nurtures resilience across the community and children, positively impacting the communities. This type of technique, when consistent, enables lasting societal effects where generations to come, are born into stability and resilience to external factors (Bhana & Bachoo, 2011).

The Model has, thus, indicated that reliance and adaptability are crucial for parental well-being. A strong social community, communication and role flexibility foster unity and a shared purpose, as individuals are protected through emotional support, advice and assistance, which aid parents in reducing isolated feelings and improving self-efficacy levels (Pozo, 2014). Family members may also feel that role flexibility and community assist in countering stressors as responsibilities are shared, concerns are voiced, and collaboratively, solutions are developed. Families that implement problem-solving, emotional regulation and role adaptation are found to have positive outcomes through being better equipped and maintaining positive parenting, thus promoting positive developmental outcomes in children (Meleady, 2020).

2.3.3 Emergence of Evidence-based Parenting Programs (2000s)

Contemporary research on parenting became more evident in the early 2000s, when emphasis was placed on evidence-based intervention. These interventions arose through understanding parents' complex challenges and provided structured support, guidance and tools to improve parenting practices (Sanders, 2008). The evidence-based intervention, grounded in scientific research, focused on rigorous evaluation of the intervention, ensuring effectiveness and promoting outcomes such as fostering positive parenting and reducing behavioural issues in children as opposed to previous approaches, which lacked practical validation (Brody et al., 2004). Programmes such as Triple P (Positive Parenting Program) (Sanders et al., 2002), Parent Management Training (PMT) (Forehand & McMahon, 2002), and The Incredible Years (Webster-Stratton, 2001) gained prominence, shifting the focus towards structured and practically supported interventions during this period.

2.3.3.1 Triple P – Positive Parenting Program

The intervention was developed by Matthew Sanders, Karen Turner, and Carol Markie-Dadds (2002). Triple P adopts a multi-level, evidence-based approach that is personalised to suit the needs of each family. The range of support is offered, from universal strategies for all parents to more concentrated support for those facing complex behavioural challenges. The flexibility of the extremes allows for a balanced level of support to reduce families being either under-treated or over-treated (Sanders et al., 2002).

The intervention is based on five core principles, as outlined by Sanders et al., (2002):

- **Creating a safe and engaging environment**

This principle encourages parents to promote a family dynamic where children feel a sense of security and stimulation

- **Promoting a positive learning environment**

Praise and reassurance encourage children's skill development and positive behaviour.

- **Using assertive discipline**

This principle encourages parents to set clear boundaries and enforce consequences to reiterate these boundaries to reduce harsh or inconsistent discipline.

- **Maintaining reasonable expectations**

These behavioural expectations are encouraged to be realistic, attainable and maintainable to reduce children's stress and frustration.

- **Taking care of oneself as a parent**

Self-care is highlighted in this principle as parents are encouraged to manage their stress and maintain patience.

Thus, this intervention focuses on practical tools such as positive reinforcing, consistent discipline, and enhancing parental competence through effective communication. Its scalability and adaptability allow it to be implemented within public health sectors. The

intervention has proven effective in reducing child behavioural issues, improving parental satisfaction, and impacting the broader community (Furlong et al., 2012; Sanders et al., 2002).

2.3.3.2 Parent Management Training (PMT)

The Parent Management Training Intervention (PMT) addresses children's disruptive behaviours using behavioural techniques as the focal point. PMT is based on the belief that reinforcement and consequences shape and modify child behaviour and is particularly effective for more complex behavioural disorders such as oppositional defiant disorder (ODD) or conduct disorder. The intervention was developed initially by Gerald Patterson and his colleagues at the Oregon Social Learning Center (OSLC) in the 1960s and further refined by Rex Forehand and Robert McMahon (2002). PMT is based on three defining principles (Forehand & McMahon, 2002):

- **Positive reinforcement**

Using rewards, praise and positive feedback to encourage positive behaviour.

- **Setting clear expectations**

Parents are encouraged to set firm boundaries and clear expectations to ensure children understand their expectations.

- **Consistent consequences**

This principle encourages parents to be consistent in consequences to combat undesirable behaviour, i.e. removing privileges when behaviour is challenging.

PMT has proven effective by modifying tools and skills to suit various problematic behaviours, fostering a positive parent-child relationship through communication. Children consequently feel more secure within their home environment, which is important, particularly for children who are diagnosed with behavioural disorders (Kazdin, 2005). PMT and Triple-P Positive Parenting Program produce similarities in their key principles.

However, PMT primarily targets families with children who exhibit conditional behaviours, such as children with Oppositional Defiant Disorder and conduct disorder. In contrast, Triple P engages with families from a broader perspective, ensuring that the various intensity levels may be adapted to each family's needs (Forehand & McMahon, 2002; Sanders et al., 2002).

2.3.3.3 The Incredible Years Intervention

The parent-child relationship also emerged as a key factor in fostering positive development outcomes. A strong bond between the parent and child has been deemed crucial in improving child behaviour, social skills, and overall well-being. This premise shifted from behavioural-based intervention to emotional connectivity and social-interactive-based approaches (Shonkoff & Phillips, 2000). The Incredible Years intervention, initially developed by Webster-Stratton in the 1980s and further developed in the 2000s, emphasised fostering of secure, positive relationships to promote social and behavioural development (Landy & Menna, 2006). The Incredible Years intervention is based on four key principles (Webster-Stratton, 2001):

- **Play-based strategies**

Strategies are provided to parents to enforce child-directed play where parents follow their child's lead and reflect a genuine interest in their activities. Children essentially feel valued and understood through this tool, resulting in a strong sense of confidence and security.

- **Praise and encouragement**

Parents are encouraged to motivate and provide meaningful, positive feedback to children through this principle. Children reflect positively on their image and, consequently, repeat those actions.

- **Active listening**

Children feel validated when they know they are being heard. Active listening encourages open lines of communication and a desire to understand, resulting in a strong foundation of trust as children feel that their emotions and thoughts are valued and respected.

- **Positive discipline**

Positive discipline techniques in the form of boundary setting, establishing clear expectations and offering choices are emphasised in this principle. This approach to discipline promotes children to take responsibility for their actions whilst maintaining a strong relationship with their parents (Webster-Stratton, 2001).

The Incredible Years intervention has proven beneficial for families, particularly in cases where high-stress levels and children’s behavioural issues are evident. The relationship-building element equips parents with the skills to address behavioural issues and promote long-term well-being and resilience within their child, while fostering healthy development for parents and children (Landy & Menna, 2006).

2.3.4 Contemporary Issues in Parenting Interventions

As approaches to parenting interventions evolved, the “one-size-fits-all” model became increasingly inadequate. Researchers shifted towards tailored interventions that address population-specific challenges, such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), or developmental disabilities. The limitations of generic approaches led to the development of specialised programmes like Parent-Child Interaction Therapy (PCIT) and Stepping Stones Triple P, which aim to support families navigating complex behavioural, social, and emotional difficulties (Sofronoff & Sanders, 2007). These interventions maintain a common goal: to enhance outcomes for children with these specific conditions and bolster parental well-being, while incorporating elements such as play therapy, behavioural management, communication strategies, and stress reduction for

parents (Eyberg et al., 2001; Mazzucchelli & Sanders, 2012; McNeil & Hembree-Kigin, 2010; Plant & Sanders, 2007).

2.3.4.1 Issues Around Technology and Accessibility

The integration of technology into parenting interventions marked a shift in how support is delivered to parents. Traditional in-person formats often posed barriers, including scheduling conflicts, travel burdens, and limited accessibility. Digital platforms such as Triple- P Online and Internet-Assisted Parent Training emerged as flexible and cost-effective solutions, maintaining the core principles of their original models while offering interactive, self-paced learning experiences (Florea et al., 2020; Jones et al., 2013). These online programmes have demonstrated comparable outcomes to traditional interventions, including reductions in disruptive behaviour and improvements in parenting consistency and reinforcement. Features such as videos, quizzes, and parental feedback enhance engagement and help bridge the gap between knowledge and practice (Letourneau et al., 2015). However, disparities persist: families lacking digital literacy, internet access, or necessary devices remain excluded, exacerbating inequality (Baker et al., 2017; Rotger & Cabré, 2022). Despite this, the technological advancements in intervention delivery offer promising opportunities to expand reach and reduce logistical burdens (Corralejo & Rodríguez, 2018; Fluja-Contreras et al., 2019).

2.3.5 Current Trends: Global, Culturally Sensitive, and Scalable Interventions (Late 2010s-onward):

In current times, parenting interventions have significantly emphasised the need for global applicability, cultural sensitivity and scalability to address the diverse needs of families worldwide. Research has, thus, aimed to tailor parenting interventions using global collaborations and technological advances to develop interventions accustomed to various

cultural contexts whilst maintaining the core principles of these interventions, such as fostering positive family dynamics, reducing stress, and promoting global positive child development (Jeong et al., 2021). This approach allows parents to benefit from the skills and strategies that are rooted in these core principles. Furthermore, this approach required interventions to suit the socioeconomic and cultural environments across the globe (Maciel et al., 2023). Implementing the core principles comes with socioeconomic challenges due to cultural and social norms varying across regions. Organisations such as the WHO and the United Nations International Children's Emergency Fund (UNICEF) have made tremendous efforts to support tailored interventions to suit low to middle-income countries (LMIC) and address the challenge of limited access to resources (Pedersen et al., 2019).

2.3.5.1 Parenting for Lifelong Health (PLH)

The Parenting for Lifelong Health initiative (2012) became a prominent product of the support provided by WHO, UNICEF, and researchers: Dr. Jamie Lachman, Professor Frances Gardner, Professor Lucie Cluver, Professor Andy Dawes and Dr. Wim Delva. It was developed to deliver evidence-based interventions for parents with particular scrutiny to low-resourced settings. The PLH initiative's objective is to ensure that interventions are accessible, widely attainable, and sustainable. It primarily focuses on addressing culturally relevant parenting practices whereby locals may quickly adopt and maintain the skills and strategies; essentially, the interventions are aligned with local customs and values within the region (Cluver et al., 2017). The key principles incorporate positive reinforcement, open lines of communication between the parent and child, and non-violent discipline measures to support positive child development and to reduce abuse in children (Ward et al., 2019).

The success of this initiative was evident through its implementation within sub-Saharan Africa and Southeast Asia. In 2014, Ward et al. (2014) highlighted that culturally

adapted approaches positively impact outcomes, i.e., reducing child maltreatment, improving parent-child relationships and reducing parental stress. Ward (2014) demonstrates this in sub-Saharan Africa, where community values and collective responsibility are significant, and group-based sessions and shared learning experiences are supported through PLH. Southeast Asia emphasises respect for elders and adherence to authority; thus, PLH supports these values by incorporating discipline measures to suit the principle of non-violent discipline while maintaining mutual respect. The study also highlights that incorporating community members, i.e. parents, local organisations and community leaders, plays a crucial role in aligning the intervention to the needs, norms and values of that culture, which subsequently enhances the acceptance and sustainability of it (Ward et al., 2014).

Parenting for Lifelong Health has demonstrated the significance of collaboration between global entities and researchers intending to address diverse cultures and implement parenting interventions suited to all. The evolution of parenting interventions towards a more applicable, culturally sensitive, and adaptable initiative has been remarkable, supporting families worldwide. The PLH sets a firm foundation for future research to provide more nurturing environments, reduce stress, and maintain strong communication while emphasising inclusivity, values, and beliefs (Cluver et al., 2017).

2.3.5.2 The Impact of Culturally Adapted Parenting Programs

Culturally adapted parenting interventions are structured to align with a particular group's cultural beliefs and values. This includes practices isolated to diverse families, and since parenting interventions can be tailored to suit this, their effectiveness is enhanced, and parenting skills and child outcomes are improved (Mejia et al., 2012). A successful study by Syed et al. (2024) explored the effectiveness of culturally adapted parenting interventions, and the results reflected moderate improvements in parenting knowledge and engagement as

well as a significant effect on the children's cognitive and social development. The analysis thus highlights that deeper cultural adaptations are associated with significant improvements in intervention outcomes. Similarly, Schilling et al. (2022) examined the cultural adaptation of group parenting interventions.

Emphasis was placed on the importance of including cultural values in the intervention and addressing the specific challenges that families face. It is necessary to tailor parenting interventions to the needs of the community to increase intervention engagement and effectiveness (Schilling, et al., 2022). Mejia et al. (2012) highlight that culturally tailored interventions increase the acceptability of the intervention and encourage longevity through the incorporation of traditions, values and beliefs; therefore, tailored interventions emphasise the development of skills such as empathy, active listening and non-violent approaches to discipline - these principles have been demonstrated to alleviate harsh parenting methods and consequently, promote healthy overall growth and development in children. When tailoring an intervention to meet a specific culture, the strategy is to embrace positive parenting practices while still honouring the cultural norms to maintain a consistent behavioural change (Lau, 2006).

Knerr et al. (2013) applied the technique and promoted culturally informed interventions through the success of their study. Their review was designed to mitigate harsh and abusive parenting practices in low- and middle-income countries. Their research honoured local customs, presented parents with an alternative suitable positive practice, and nurtured the family's support system. Culturally adapted interventions are, therefore, essential in encouraging positive development in children (Maciel et al., 2023). The research indicates that interventions that resonate with specific cultures are more likely to be acceptable by the community and, essentially, be sustainable. Through encouraging empathy,

non-violent discipline and developmental awareness within a cultural framework, interventions provide parents with the competencies to promote resilience and positive mental health outcomes in their children (Knerr et al., 2013).

2.4 Long-term Benefits of Positive Parenting Practices

The crucial components of positive parenting, i.e. structured routines, demonstrating warmth and implementing consistent discipline, are pivotal in promoting long-term developmental achievements in children. The developmental achievements may include exploring their surroundings, taking risks after thoroughly weighing their options, and cultivating problem-solving capabilities essential for more intricate social and professional contexts (Seay et al., 2014). Knerr et al. (2013) echo this and highlight the importance of incorporating these components into interventions as they motivate children to build cognitive resilience and overcome academic and social challenges. This contributes to long-term success in education and professional paths. Positive parenting practices, thus, leave a long-lasting and significant effect on children by contributing to their emotional regulation, social competence and cognitive resilience, aiding them with the tools required to excel in adulthood (Morris et al., 2017).

Knerr et al. (2013) evaluated several parenting interventions to decrease abusive and harsh parenting, particularly in low- and middle-income countries. The evaluation examines the efficacy of initiatives that promote empathy, patience, and non-violent discipline, which were favoured due to improved children's mental health and behaviour overall. These parenting interventions are intentional in that they are developed as the focal point of nurturing by shifting emphasis from harsh parenting to a more supportive approach, which may also assist in alleviating opposing effects such as anxiety and aggression within children. Joussemet et al. (2018), echo this, as interventions that focus on active listening, emotional

validation and positive reinforcement provide parents with the tools to substitute harsh actions and reactions. Children in these settings consequently benefit from a supportive household, resulting in an improvement in social and cognitive growth and decreasing exposure to trauma linked to harsh discipline (Mejia et al., 2012). Structured interventions are, thus, noted as a vital key to diminishing harsh parenting through the prioritisation of empathy, patience, and not violent discipline to nurture a supportive family environment.

2.5 Chapter Summary

The literature discussed above indicates that parents or caregivers play a pivotal role in shaping and promoting positive developmental outcomes in children and cannot be overlooked. Research has emphasised that positive and responsive parenting techniques encourage an environment where children can flourish. Collectively, the theories and frameworks show that parenting interventions must address the full ecosystem of child development in relation to biological, emotional, social, cognitive, and contextual factors. They support the rationale that effective interventions (1) promote responsive and positive parenting to stimulate neural and emotional growth, (2) are developmentally aligned with the child's cognitive stage, (3) strengthen secure attachment for healthy social-emotional regulation and (4) are socially and culturally sensitive, considering socio-economic and cultural influences.

The purpose of interventions has been consistent throughout the development of the framework however, to allow for generalisability, interventions should be adapted to the cultural context to increase effectiveness, enforce resilience, and promote healthy communities and surroundings. Furthermore, a child's long-term security and happiness will emerge through implementing and investing in positive parenting frameworks, creating the

pathway to success. The proceeding study will provide the structured methodology and ethics considerations applied within the study.

Chapter Three: Methodology

This chapter outlines the methodological approach undertaken in this study, which aimed to explore the scope of parenting interventions within the South African context. To address the complex nature of the research questions, a mixed-method design was employed, through an exploratory sequential approach. The chapter is structured in two primary phases: Phase 1 involved a systematic review of peer-reviewed literature to identify theoretical frameworks and existing evidence on parenting interventions; Phase 2 applied a Delphi method to engage with experts in the field and gain consensus on current gaps, challenges, and future directions for parenting support in South Africa.

The chapter details the rationale for the research design, including the selection of databases, inclusion and exclusion criteria, data collection procedures, and analytic strategies. The systematic review established an evidence-based foundation, which was then used to inform the expert interviews conducted in the Delphi phase. Additionally, the chapter discusses issues of trustworthiness, reflexivity, and ethics, ensuring transparency and rigor in the research process. Together, these methodological strategies were designed to yield a comprehensive and credible understanding of parenting interventions, both in theory and in practice.

3.1 Research Design

A mixed-method design supporting an exploratory sequential study was implemented to better understand the research problem. When two or more research studies are performed, each completed to address research questions and/or hypotheses, a topic, or a programme, it is referred to as a mixed-method design (Kasirye, 2021). The research design may combine qualitative and quantitative methodology within a single study, such as this respective study. The justification for combining various types of data in a single study is based on the

observation that neither quantitative nor qualitative methodologies alone, are sufficient to fully capture the trends and specifics of a situation (Ahmed et al., 2024). When used in conjunction, quantitative and qualitative methodologies strengthen one another and provide a more thorough examination by utilising the advantages of each (Creswell, 2024). Thus, a systematic review and Delphi method were implemented in this study, as Phase 1 and Phase 2, respectively. The design used one data set to play a supporting, auxiliary role in the study (Delphi) based primarily on the other data type (Systematic review). The systematic review was conducted in order to identify theoretical aspects and the implementation of plausible parenting interventions. The Delphi method was used to provide future recommendations and factors that impede the current scope of parenting interventions in South Africa, based on expert opinion in relation to synthesised findings from the systematic review.

3.2 Phase 1: Systematic Review

Research that addresses a clearly defined subject by reviewing prior literature is known as a systematic review. The systematic review identifies pertinent studies, evaluates their calibre, and summarises the available data (van der Wouden, 2014). A systematic review enables the rigour and integrity of chosen publications to be assessed (van der Wouden, 2014). This is guided through the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P) framework as a means of demonstrating the methodological processes and enhancing the rigour through a 17-checklist reporting structure (Appendix B) (Moher et al., 2015). It is important to engage with a systematic review as it compiles findings from multiple studies and may offer a more comprehensive overview of the study topic, providing evidence-based insights (Munn, et al., 2018). As this study required more comprehensive research in its area, the systematic review was important to highlight

and explore these areas, synthesizing data and providing a clearer understanding of the scope, design and efficacy of parenting interventions in South Africa.

3.3 Search Strategy

The aim of the search strategy utilised is to identify peer-reviewed articles relevant to the research topic (Eriksen & Frandsen, 2018). Potential academic sources were accessed via electronic databases made available through uKwazi, the University of the Western Cape's online platform for library and information services. Considering that research on parenting interventions may be distributed across a range of multidisciplinary areas, multiple databases were consulted, specifically the EBSCOhost meta-database: Academic Search Complete; Academic Journals; CINAHL Plus with full text; ERIC; Healthsource: nursing/academic edition; MasterFILE premier and MEDLINE.

The comparable keywords relating to the research topic that were applied in the search strategy, read as follows: Parenting style* OR parenting behaviour* OR parenting practice* OR parenting intervention* OR Parenting program* AND South Africa*. The limiters used were as follows: Full-text article with references available, peer-reviewed academic journals, with articles published during the period 2013 to 2023, and language availability in English.

3.4 Inclusion and Exclusion Criteria

Inclusion criteria are used to identify and refine the topics and types of studies to be included in the analysis (Salkind, 2010). Peer-reviewed literature was included in the research as it is important in improving the quality of what has been published (Solomon, 2007) and establishing the validity and reliability of literature appraisal (Cowell, 2014). South African-based literature was explored, specifically consulting English literature. As the study focused on the South African context with English being one of South Africa's official languages and

a worldwide accessible language, it was crucial to include this in the criterion. Additionally, the study consulted literature between 2013 - 2023 to ensure relevance to current practices and contexts and included mixed-methods for depth, rigor and a comprehensive understanding.

The exclusion criterion is fundamental in research as it rules out content for a research study (Salkind, 2010). Non-peer-reviewed literature and grey literature were excluded to reduce the risk of incorporating methodologically weak studies, or reports that are based more on opinion than scientific and empirical method. This study also excluded sources not focused on South Africa, as this was not consistent with the geographical context of the study, as well as sources published before 2013, as those studies would be deemed as largely outdated. Literature in non-English languages and studies with no full-text access were also excluded to focus on interpretable and accessible sources, where a thorough critical appraisal and data extraction could take place.

3.5 Data Screening, and Extraction

The use of the Covidence data management platform was implemented to review articles. Covidence is an online software tool used to aid researchers in conducting systematic reviews through supporting tools on screening studies, reviewing full texts, assessing bias, extracting and exporting data (Harrison et al., 2020). Once the studies were sourced from the databases within the EBSCOhost metadatabase, the studies were exported into Covidence whereby three rounds of screening took place. Firstly, the titles of each article were reviewed (those that aligned with the study focus were included, while those that were not, were excluded). Secondly, the abstracts of the studies included from step one was reviewed and either included or excluded based on relevance to the inclusion criteria. Lastly, the full text was reviewed to confirm the relevance of the studies to the research topic. Supervisors

completed a duplication of these steps, to monitor and ensure consistency in this process. Reference mining was completed on the final article selection to identify any additional sources, that were then subject to an abstract and full-text review. Through this process, the researcher was able to filter the potential sources to obtain their final included number of studies.

Each article was evaluated to establish its rigour using a critical appraisal tool (Appendix C). The critical appraisal tool evaluates the articles based on various criteria for example the purpose of the study, the sample size, intervention within the study, ethics, instruments, data analysis and results. The result of applying the appraisal tool established particular category frames which determined whether the articles would still be included or excluded. The established assessment score of 61, which had been depicted as a level of the most noteworthy score was used as a baseline measure as per the critical appraisal tool. The score shows how many of the PRISMA-P checklist items were followed in the study (Moher, et al., 2015). It helps assess how clearly and carefully the authors planned and reported their review. A higher score means the study followed more of the checklist and was reliable. A lower score means important details may be missing or unclear (Moher, et al., 2015). Each score can be communicated on four levels in particular: weak (<40%), moderate (41-60%), strong (61-80%) and excellent (>80%). In this manner, studies were excluded from the systematic review if the quality of evidence was rated as weak or moderate (60% or lower). The results of the critical appraisal are reflected and discussed in Table 1, in the following chapter.

Once the final studies were identified, a process of data extraction was used to summarise the results, across various key thematic areas. The initial data extraction tool (Appendix A) was informed through the PRISMA-P framework (Moher et al., 2015).

Identified areas for information extraction included the authors and year of publication, the research context and sample characteristic, research design and data collection methods, as well as key findings. However, as charting the data is an iterative process, the content of the data charts needed to be updated and refined during the extraction process to ensure that the study information was captured with sufficient breadth and depth, in relation to the research questions.

3.6 Phase 2: Delphi Method

A Delphi method is a well-known and respected way to collect information from respondents within their area of knowledge (Sablatzky, 2022). The Delphi method has been applied in areas like programme planning, needs analysis, formulating policies, and resource management (Khodyakov et al., 2023). A Delphi technique refers to the specific implementation tools such as structured questionnaires, controlled feedback and iterate responses over time. A Delphi study thus, encompasses the implementation and application of the Delphi method and technique within the research, in an effort to reach a state of consensus (Benninger & Savahl, 2016; Isaacs, et al., 2018; Naidoo et al., 2023).

The Delphi method in this study comprised experts who had conceptualised or engaged in the facilitation of parenting interventions or programmes within South Africa. The researcher contacted experts within the field of parenting interventions, as determined by the findings of the systematic review conducted in phase one. These findings served as the foundational basis for engagement with each expert, ensuring that the opinions presented were grounded in evidence-based insight. This process represented a two-round interaction that was aimed at collating and triangulating data. The first round involved the presenting of findings to the experts to draw their professional input. The second round involved a

comparison of the expert opinion with the initial findings, identifying areas of similarities and differences and the way forward.

The standard Delphi method was deviated in this study due to the limited availability of the experts within this specific context and subject area. The constrained pool of qualified experts in South Africa posed a challenge in conducting extended rounds of interviews. As a result, the extrapolated findings from the systematic review, combined with the initial rounds of the Delphi method were deemed sufficient to establish a consensus. The final presentation of the core features or purpose of parenting interventions was established by identifying themes or content that reflected a +70% agreement across expert participants - efficacy of parenting interventions for both parents and children, target category for parenting interventions, barriers to intervention-based treatment, prevention or treatment methods, resources needed to intervention-based treatment and future recommendations which were also highlighted as important discussion points within the systematic review. This does not take away from the importance of any other presented questions, however, these were pivotal points noted in the systematic review and thus, the final scope of parenting interventions was made through this consensus.

3.6.1 Sampling and Procedure

The study's sampling approach involved purposive and snowball sampling. Purposive sampling involves a deliberate method of recruiting participants based on the criteria used within the study to provide relevant, knowledgeable, and strong information. Thus, the depth and quality of the data are representative of the sample (Palinkas et al., 2015). The findings from the systematic review provided a base to determine some of the experts within the field, as well as relevant organisations in the field, within South Africa.

In this study, potential participants included individuals who are essentially ‘experts’ in the field of parenting as well as parenting programmes and interventions in South Africa. This means that the participants must possess vast and profound information within the scope of parenting interventions in South Africa. The participant needed to be currently working or have worked in the field of families and parenting-child programmes/interventions. To determine if an individual is an expert in the field, the researcher focused on recruiting members of an esteemed institution of higher learning which would be any recognized institution of higher learning. Another consideration was an organisation within the same respect (i.e. a skilled practitioner in parenting interventions within the scope of South Africa), as well as someone whose writings have been peer-acknowledged or recognised by numerous credible sources as authoritative in the subject matter, to ensure that the expert has sound knowledge of the topic. As experts needed to have a well-developed professional knowledge in the field of parenting, it was anticipated that participants may reflect a range of backgrounds in mental health, allied health, education and child development.

Snowball sampling was also employed to widen the recruitment strategy. Snowball sampling draws on the knowledge and contacts of existing participants to recruit more participants in the study, as per the recruitment criteria (Naderifar et al., 2017). The experts (see *Table 5*) included facilitators, counsellors and one researcher in the field of parenting interventions.

3.6.2 Data Collection

Experts were identified and contacted via the emails provided on publications, or via the professional contact information that was made publicly available. The expert participants were then contacted via their professional email contacts, inviting them to participate in the study and to engage in the initial process of information sharing and consent for participation.

Qualitative data was obtained from nine individual structured interviews that were facilitated either via online meetings or via written response. The interview schedule was designed and developed in conjunction with the findings extrapolated from Phase 1 (systematic review) and was used to consult with the experts. Participants were interviewed remotely via the use of Google Meet, at a time that was convenient for the researcher and participant. The interviews were approximately 30 – 45 minutes in duration. A slight adjustment was made during data collection to accommodate participant schedules. Six individual interviews were conducted online, while three participants completed the interview questionnaire digitally, at a time suitable for them. The researcher and participants attempted to find common ground with a scheduled interview, however, since the researcher was a full-time employee, interviews were conducted between 1pm and 4pm or extended to after-hours and weekends. This scheduling posed challenges for many participants, as most of their private sessions ran in those time periods. The option to complete the questionnaire was provided to participants who could not attend an online interview, as they still expressed interest in participating.

In order to reach a degree of satisfactory consensus among experts, the process of data saturation took place among the experts. The term "satisfactory consensus" only refers to reducing the variability of the replies to an acceptable level; it does not indicate perfect convergence in the prediction value (Antonio et al., 2018). The researcher implemented data saturation at participant five, seven and nine. This involved the researcher analysing the feedback from the experts and noting the similarities in replies. In this process, the researcher analysed feedback from participant one to five, then one to seven and finally one to nine. However, at participant eight, with the process of saturation in mind, the researcher was able to foresee participant nine being the last participant before the consensus was reached, unless

the expert noted significantly different feedback. At the points of data saturation, the researcher was able to hear one voice throughout the various participants.

Furthermore, recordings were captured on a password-protected cellular device, transcriptions were processed through an MS Word transcribing tool and MS Excel was used to document and analyse the data.

3.6.3 Data Analysis

Thematic analysis is the standard application of qualitative studies. As the initial stage of interpretation, it offers a clear, brief summary of the recurring themes and patterns discovered in a dataset. The steps for conducting thematic analysis may be derived from a six-principle process for gathering, analysing, and reporting qualitative data (Braun & Clarke, 2019). Braun and Clarke's (2019) six principles of Reflexive Thematic Analysis (RTA) were applied in the analysis of data generated from the interviews. The steps and stages are structured as follows:

(1) Familiarizing yourself with your data: As per RTA's first phase, the researcher immersed themselves in the data through repeated reading and active engagement with the content and interview transcripts. Audio recordings were listened to again where necessary to ensure accuracy and immersion in the data. This stage was not simply a step before coding, but a key part of starting to make sense of the data. The process involved manually noting emerging insights and meaningful patterns.

(2) Generating initial codes: Building on the familiarisation, the researcher systematically coded the entire dataset. Coding was done in a flexible way, without using a fixed list of codes. Instead of just labelling the data, the researcher used the codes to help interpret what the data meant. The researcher coded segments of the interviews that were meaningful. For example, comments such as: "Parenting interventions are interventions

designed to assist parents in addressing challenges they might face in parenting” (Participant 7) are grouped into a suitable code such as: “Intrapersonal Growth for the Parent”.

(3) Searching for themes: In line with RTA, coding led to actively building themes. .” Themes were not just groups of codes, but were interpretations shaped through repeated reflection and analysis. The researcher looked for key ideas that brought together meaningful patterns in the data. For example in Theme 1: Purpose. This theme reflects the sub-theme of “Intrapersonal Growth for the Parent”, which is based on a number of distinct codes and excerpts.

(4) Reviewing themes: The themes were then subjected to a two-level review process. First, each theme was checked to make sure its parts fit together well. Then, the themes were compared across the whole dataset to ensure they were clear, different from each other, and relevant. The researcher double-checked that the codes and data matched the themes and made changes, where needed. A visual “map” of the themes was created to help organize and refine the analysis.

(5) Defining and naming themes: Through deeper engagement with the thematic structure, the researcher refined both the scope and the essence of each theme. The researcher made clear what each theme covered, what it meant, and how it added to the overall study. At this point, themes were precisely named to reflect their conceptual focus while remaining concise and informative. The relationship between codes, themes, and literature was critically examined to ensure alignment with the research purpose.

(6) Producing the report: In the final phase, the researcher went beyond simply describing the data and provided a deeper, more thoughtful analysis of the themes. This included choosing extracts that illustrated the theme, explaining their meaning, and linking the findings to existing research. The report reflected both what participants said and how the

researcher interpreted it, showing clear thinking and awareness of their role in the process.

This helped present a clear and well-grounded understanding of the study's results.

3.6.4 Trustworthiness

The degree of confidence in the data, interpretation, and procedures followed to assure the quality of a study is referred to as the study's trustworthiness or rigour. Researchers should establish the protocols and procedures required for a study to be considered by readers in each study (Connelly, 2016). To ensure trustworthiness in the study, the five criteria identified by Guba and Lincoln (1985;1986) were reviewed and applied accordingly. The five criteria ensure that the research is reputable, valuable, credible and dependable while maintaining accurate and consistent standards. The criteria are:

(1) **Credibility:** The accuracy and factual information within the findings. Credibility ensures that the themes you create from the data collected provide a high measure of accuracy and truth (Guba & Lincoln, 1985). Credibility was achieved through interviewing experts within the field who had sound knowledge of parenting interventions. Member checking was also conducted during data collection by restating or summarising information that the participant provided or seeking feedback from the participant to determine the accuracy of the data collected. This demonstrates commitment to credibility by ensuring that the participants opinions and perspectives were accurately captured and validating these to ensure that misinterpretation was avoided.

(2) **Transferability:** Transferability refers to the extent to which the findings of a study may be generalised; through this, the researcher must provide an in-depth explanation of the study. To achieve this, the process for the systematic review has been clearly articulated, outlining the steps and stages utilised, as per the PRISMA guiding framework. In terms of Phase 2, the expert interviews, care has been taken to describe which participants were

recruited, how information was retrieved, and any deviations from proposed methodology (Guba & Lincoln, 1985).

(3) Dependability: The focus in this criterion is on the reliability of the research procedure, i.e. documentation of aspects of the research process (Guba & Lincoln, 1985). The researcher kept a digital record of the research process, and any deviations or unforeseen events. This information was readily discussed with the supervisors during the research execution and has been referenced in the design and limitations of the study.

(4) Confirmability: The absence or minimisation of the researcher's bias. This is achieved through maintaining an audit trail and triangulation to ensure that findings are confirmed without influencing on the participants' experience (Guba & Lincoln, 1985). Triangulation refers to using various processes or sources in research, which was achieved through a mixed-method and sequential study design. All interviews were transcribed, and audio files were available to the supervisory space. The supervisory space encouraged confirmability through critical feedback and discussions.

(5) Authenticity: This criterion ensures that the literature and the experiences of the participants are conveyed in the research in a clear, truthful manner without misinterpretation or distortion. For the systematic review, the information sourced was current, up-to-date, and relevant to the study, as per the inclusion and exclusion criteria. The supervisory space acted as a supporting party to confirm the rigour of the analysis (Lincoln & Guba, 1986).

For the Delphi study, clearly defined steps were followed through peer-reviewed journal articles and verified organisations to access legitimate experts and active practitioners in the field of parenting interventions. Information and conclusions were cross-checked within the interview space; and conclusions were made based on corroborated trends (Carter et al., 2014).

3.6.4 Reflexivity

Positioning oneself as the researcher and making the research process more transparent and open to examination is crucial to research adopting qualitative methodologies. The researcher needs to be reflective and reflexive regarding their own bias in the selection of participants, in the framing of questions, and in the interpretation of results (Ismail & Taliep, 2020). Adopting this approach provides the required depth and thoroughness that highlights the importance of transparency within qualitative data collection, thus ensuring more credible outcomes (Creswell & Poth, 2018).

As a woman and a mother of a young child, I was invested in the topic to not only improve our contextual understanding of parenting in South Africa, but at an individual level, in ways to improve my own understanding of my parent-child relationships. As I am open to learning and keen on improving my own parenting skills, I absorbed as much as I could from the experts and noted what was familiar to me. My interest in the topic grew, as I engaged with the literature and that grew even deeper once I was able to converse with the interviewees. I critically reflected on my own parenting, based on the conversations had, and a great deal of introspection was performed and documented in the form of a reflexivity journal.

The experience has helped me tremendously in my parenting technique. My main focus was on communication, and I became more open to listening and understanding what my child needed, rather than applying a dictating stance. Additionally, I remained assertive when implementing rules within and outside of the home, manners and discipline and encouraged communication within those aspects - using phrases such as “This is why we can’t...”, “This is why we don’t do...”, “It hurts when you say/do...” and “Do you understand?” I also noted that my daughter became more open to telling me when I have hurt

her feelings or when she felt sad, which showed me that my new learnings and methods were making her feel comfortable and safe to share with me. The experience has helped me to focus on correcting mistakes on my part and apologising, which had a positive impact on her as well as she began to do the same.

3.7 Ethics

Ethics clearance was sought from the Humanities and Social Sciences Research Ethics Committee (HSSREC) at the University of the Western Cape. Once permission was obtained, data collection occurred (Appendix: D, HSSREC reference number: HS22/10/17). The following ethics principles were adhered to in respect of each phase of the study:

3.7.1 Phase 1

The use of institutionally approved databases, i.e. via the University of the Western Cape, provides access to an authorised online library platform whereby credible databases can be retrieved. Following this, the PRISMA flow chart (Appendix B), and data extraction sheet (Appendix A) allowed for transparent reporting of the steps involved in conducting the systematic review, enhancing the rigour of the chosen methodology. Covidence was used in a two-round process of consultation whereby the supervisors engaged with the articles after the researcher to ensure credibility and rigour of the systematic review. The application of a critical appraisal tool also assisted in ensuring that bias is mitigated. Finally, the researcher has ensured that all sources are accurately and appropriately cited (Sinha et al., 2009).

3.7.2 Phase 2

During the qualitative phase of the study, an information sheet (see Appendix D) was provided to each participant, which outlined the research process, expectations for participation and the relevant contact details for the researcher and supervisors. The nature of the study referred to a research project consisting of a mixed-method approach to explore the

scope of parenting interventions in South Africa. The potential participants were informed of the nature and goal of the study and were asked to fulfil the second phase of the study, the Delphi method, through structured interviews to attain knowledge on parenting interventions in South Africa. The researcher informed participants of the expected time frame of the interview, the implementation of pseudonyms for anonymity, the maintenance of confidentiality in terms of POPIA (Republic of South Africa, 2013) whereby any personal information collected is used for research purposes only, and lastly, advising the participant that they may withdraw from the interview or study at any given point, as participation is entirely voluntary. Consent was requested (see Appendix E) prior to the commencement of data collection, which included a request to record the interview. The collected data is stored on a secure, digital cloud-based service and password-protected device, and will be retained for a minimum period of at least five years, according to the data storage and data management policies at UWC (University of Western Cape, 2021).

It was not anticipated that participants would experience any distress during the study, owing to the nature of the questions employed. However, should the participants have experienced any distress, the details of mental health providers were employed in the contracting for participation (see below). These services offer crisis counselling, psychiatric support, and mental health guidance through phone or online platforms. No requests for referral or access of these services were received by participants.

Contact details:

- Lifeline – National helpline: 0861 322 322 | WhatsApp support: 065 989 9238
- Akeso Psychiatric Response Unit (24-hour) – National: 0861 435 787
- Cipla 24-Hour Mental Health Line – National: 0800 456 789
- Mobieg – National: 0800 567 567

- Open Counselling – Online directory of free helplines:

www.opencounseling.com/hotlines-za

3.8 Chapter Summary

This chapter extensively discussed the methodological and ethical approaches applied to the study. The research design was a mixed-method approach consisting of a systematic review and a Delphi method consisting of nine structured interviews with experts in the field of parenting and/or family interventions. The methods of each study phase were discussed individually and sequentially to provide a thorough understanding of the research process and the gains at each stage. Furthermore, the chapter discusses the data collection methods, sampling, analysis, trustworthiness, reflexivity and ethical considerations. The next chapter will present the synthesis of the systematic review.

Chapter Four: Systematic Review Findings

This chapter presents the synthesis of the systematic review which aimed to provide a context of the landscape of available literature on parenting interventions in South Africa. The chapter begins with an outline of the procedures of the review before detailing the synthesis of the included articles.

4.1 Title Screening

The first search string in the EBSCOhost meta-database resulted in 3820 records which were imported into the Covidence software. Covidence automatically removed 1570 duplicates, narrowing the available records to 2250. The researcher then screened these records through the application of the inclusion and exclusion criteria. The supervisors were also consulted, and feedback was managed and displayed through the Covidence software, which also tracks and details the decisions made per user for greater transparency, reporting and rigor.

4.2 Abstract Screening

After the 2250 records were screened at the level of the article title, 61 records were identified for abstract screening (2189 removed). Thereafter, 45 of these records were excluded due to not aligning with the inclusion criteria (studies outside of South Africa = 15; and were not related to parenting programmes and interventions $n = 30$). Thus, the remaining 16 records were regarded as suitable for full-text screening.

4.3 Full-text Screening

During the full-text review of the 16 eligible records, 11 were considered suitable for selection and inclusion in the research study. The five excluded articles were found to be less relevant to the study research questions because they were not specifically concerned with parenting interventions within the South African context. Furthermore, once the 11 suitable

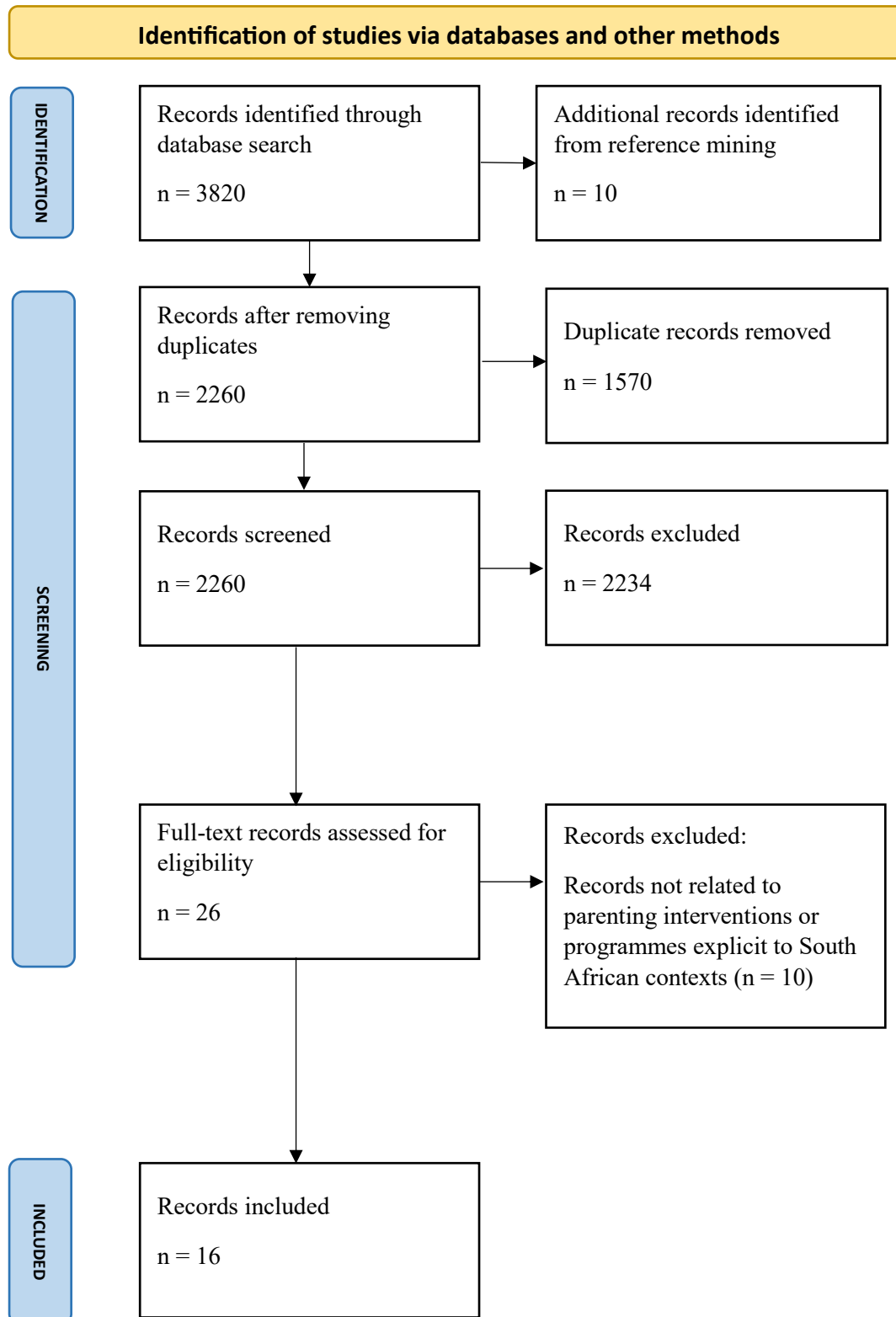
records were obtained, a further 10 sources were included in the reference mining process. Of these, five were excluded during Abstract screening as they were not explicitly related to parenting interventions in South Africa. In summary, n = 16 records from the initial review process and additional reference mining were evaluated as provisionally eligible for inclusion in the study, subject to critical appraisal. *See Figure 2.*

4.4 Critical Appraisal Scores

The 16 records were included as their score level was either strong (61-80%) or excellent (>80%) as per the inclusion requirements for the PRISMA-P Tool (Cluver et al., 2016a; Cluver et al., 2016b ; Cluver et al., 2017; Cluver et al., 2020; Berry et al., 2021; Doubt et al., 2017; Dowdall et al., 2021; Lachman et al., 2017; Lachman et al., 2016a; Lachman et al., 2016b; Shenderovich et al., 2020; Shenderovich et al., 2019; Shenderovich et al., 2018; Ward et al., 2019; Wessels 2017; Thomas et al, 2022). N = 2 articles were regarded as excellent with a score of 82% (Cluver et al., 2017) and 84% (Shenderovich et al., 2018). Although the articles scored relatively high, a common gap would be the lack of information around ethics in terms of what was reported on e.g. reports on ethical issues were not really evident in the studies and some had more in-depth discussion on the psychometric tools used than others which influenced the critical appraisal scores.

Figure 2

PRISMA Screening Diagram



Adapted from, Peters, M. D. J., Godfrey, C., Mcinerney, P., Soares, C., Khalil, H., & Parker, D. (2017). Methodology for JBI Scoping Reviews. In E. Aromataris & Z. Munn (Eds.), *Joanna Briggs Institute Reviewer's Manual* (pp. 1–24). The Joanna Briggs Institute.

4.4.1 Articles Identified

Table 1

Articles and characteristics

No.	Author/s; publication date	Title	Purpose of the study	Study location	Study characteristics (sample size, age, target group)	Study design	Data analysis	Critical appraisal score %
1	Berry et al.; 2021	Mental health effects on adolescent parents of young children: Reflections on outcomes of an adolescent parenting programme in South Africa. Vulnerable Children and Youth Studies	To examine the effects of a parenting program on adolescent parents in South Africa, specifically focusing on their mental health and parenting behaviours.	Cape Town	Sample size: 113 adolescent parents Age: 12 to 22 years Target group: adolescent parents in South Africa who are responsible for at least one child and spend substantial time on parenting duties. Biological and non-biological caregivers included	quasi-experimental; longitudinal research design	STATA version 13. Descriptive statistics, t-tests, chi-square tests, and regression analyses	75%
2	Cluver et al.; 2016a	Development of a parenting support program to prevent abuse of adolescents in South Africa: Findings from a pilot pre-post study.	Develop and test a parenting program to prevent adolescent abuse in South Africa	Eastern Cape	Sample size: 60 participants (30 caregiver–adolescent dyads) Age: 10-17 (adolescents)	pre-post design	ITT, Statistical Measures	70%

Research on Social Work Practice								
3	Cluver et al.; 2016b	Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post trial in South Africa	assess the effectiveness of a child abuse prevention program for adolescents in low- and middle-income countries, specifically in South Africa	Eastern Cape	Target group: Adolescent-caregiver dyads in high-poverty rural communities of South Africa. Biological and non-biological parents or caregivers included. Sample size: 230 participants; 115 families (dyads) Age: 10 – 17 years	pre-post design	ITT, Statistical Measures	66%
4	Cluver et al.; 2017	Parenting for Lifelong Health: A pragmatic cluster randomized controlled trial of a non-commercialized parenting program for adolescents and their families in South Africa	to assess the impact of a parenting program in a low-resource setting on parenting practices, family dynamics, caregiver and adolescent outcomes, and to evaluate the feasibility and effectiveness of the program in improving household welfare and reducing abuse.	Eastern Cape	Sample size: 552 families Age: 10 – 18 (adolescents) Target group: Families (biological and non-biological) reporting conflict with their adolescents	pragmatic cluster RCT	Intention-to-Treat (ITT), Statistical analyses.	82%
5	Cluver et al.; 2020	Parenting, mental health and economic pathways	to investigate the mechanisms through	Eastern Cape	Sample size: 552 families	pragmatic cluster RCT	intention-to-treat (ITT) analyses.	74%

		to prevention of violence against children in South Africa	which a parenting program reduces violence against children in South Africa		Age: 10 – 18 (adolescents) Target group: Families in low-resource settings in South Africa, specifically adolescents aged 10-18 and their primary caregivers (biological or non-biological not explicitly stated) Sample size: 42 families		Mediation analyses. Statistical tests	
6	Doubt et al.; 2017	“It has changed”: Understanding change in a parenting program in South Africa	to assess the effectiveness of the program in promoting positive changes in family dynamics and reducing violence within households	Eastern Cape	Age: 10 to 18 years old Target group: caregivers (biological or non-biological not explicitly stated) and children in low- and middle-income countries Sample size: 140 families; 70 dyads	qualitative approach	thematic analysis	61%
7	Dowdall et al.; 2021	Book-sharing for parenting and child development in South Africa: A randomized controlled trial	evaluated the impact of a parenting intervention on children’s cognitive and socioemotional development in a group of caregivers and their 21-to-28-month-old children in a low-income South African township.	Cape Town	Age: 21-to- 28-month-old children Target group: caregivers (biological or non-biological, not explicitly stated) and children in	RCT	ITT	66%

					low- and middle-income countries			
8	Lachman et al.; 2016a	Process evaluation of a parenting program for low-income families in South Africa	conduct a process evaluation of a parenting program for low-income families in South Africa	Cape Town	<p>Sample size: 68 low-income families parents and children</p> <p>Age: 3 – 8 years</p> <p>Target group: low-income families with children aged 3-8 years (biological and non-biological)</p> <p>Sample size: 126 individuals, comprising both parents and practitioners (community workers – social)</p>	RCT	mixed-methods approach, Q/Q	67%
9	Lachman et al.; 2016b	Integrating evidence and context to develop a parenting program for low-income families in South Africa	to develop a parenting program for low-income families in South Africa with the objectives of reducing the risk of child maltreatment, improving positive parenting, and reducing child behavior problems	Cape Town	<p>Age: 3 – 8 years</p> <p>Target group: socioeconomically disadvantaged families with parents (biological and non-biological) of children</p>	qualitative approach	Thematic approach within an experiential framework	75%
10	Lachman et al.; 2017	Randomized controlled trial of a parenting program to reduce the risk	evaluate the effectiveness of a parenting program in reducing the risk of child	Cape Town	<p>Sample size: 68 parents and children</p>	RCT	ITT	75%

		of child maltreatment in South Africa	maltreatment in highly-deprived and vulnerable communities		Age: 3 – 8 years Target group: low-income parents with children aged three to eight years (primarily biological) Sample size: 270 high-risk families			
11	Shenderovich et al.; 2018	What affects attendance and engagement in a parenting program in South Africa?	To investigate the factors influencing attendance and engagement in a parenting intervention program in South Africa, particularly among high-risk families	Eastern Cape	Age: 7 – 15 Target group: Disadvantaged families residing in communities with high rates of poverty and unemployment, caregivers and adolescents (primarily biological). Sample: 270 pairs of caregivers and adolescents	RCT	Multilevel Models	84%
12	Shenderovich et al.; 2019	Delivering a Parenting Program in South Africa: The Impact of Implementation on Outcomes	to investigate the effects of implementing a parenting program in South Africa on participant outcomes, with a focus on factors such as facilitator fidelity, participant attendance, engagement, home practice, and satisfaction.	Eastern Cape	Age: 10 – 18 Target group: families in South Africa with adolescents aged 10-18 (biological or non-biological, not explicitly stated)	RCT	Longitudinal Multilevel Analyses	70%

13	Shenderovich et al.; 2020	Moderators of treatment effects in a child maltreatment prevention programme in South Africa	to investigate the factors that moderate the effectiveness of parenting interventions in reducing child abuse and neglect	Eastern Cape	Sample size: 552 family dyads Age: 10 – 18 Target group: families with adolescents aged 10 to 18 years and their primary caregivers, specifically disadvantaged isiXhosa-speaking communities. (primarily biological) Sample size: 157 families	RCT	Longitudinal Multilevel Analyses	74%
14	Thomas et al.; 2022	Translational research on caregiver reading and playing behaviors: Evidence from an in vivo community-based intervention throughout the COVID-19 pandemic	investigate the impact of a community-based intervention on caregiver reading and playing behaviors during the COVID-19 pandemic	KwaZulu Natal	Age: 0 – 5 years Target: caregivers of children 0 – 5 in a low-resourced township in South Africa (biological and non-biological)	longitudinal design	Hierarchical Linear Modeling (HLM) framework	75%
15	Ward et al.; 2019	Parenting for Lifelong Health for young children: A randomized controlled trial of a parenting program in South Africa to prevent harsh parenting and child conduct problems	evaluate the impact of the Parenting for Lifelong Health program on positive parenting strategies, child behavior, and caregiver outcomes in a sample of child-caregiver dyads	Cape Town	Sample: 296 caregivers Age: 2 – 9 Target group: families at elevated risk for harsh parenting by screening for parental concern	RCT	Multilevel Generalized Linear Models, ITT	70%

16	Wessels; 2017	Parental engagement in Parent Training interventions: Findings from the Sinovuyo Caring Families Project	this study sought to investigate them in the Sinovuyo Caring Families Programme (SCFP) when it was evaluated via randomised controlled trial in South Africa	Cape Town	about child conduct problems (biological and non-biological)	Sample size: 148 participants intervention, 31 interviewed caregivers	Age: 2 – 9 years	Target group: Families in low-resource settings in South Africa experiencing behavioural problems, specifically isiXhosa-speaking primary caregivers (biological and non-biological) and their children aged two to nine years.	mixed-methods design, RCT	Thematic Analysis, Mixed-effects logistic regression models, qualitative data; Generalised Linear Mixed Methods	69%
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4.4.2 Purpose of Studies

The presented articles share an overlap with some interventions however, the articles have been included as they report on various facets of the intervention. The following interventions and studies present an overlap: “Parenting for Lifelong Health” or, locally named “Sinovuyo Teen” (Cluver et al., 2020; Cluver et al., 2016b; Cluver et al., 2017; Doubt et al., 2017; Shenderovich et al., 2020; Shenderovich et al., 2019; Shenderovich et al., 2018; Ward et al., 2019), “Sinovuyo Caring Families Programme” (Lachman et al., 2017; Lachman et al., 2016a; Lachman et al., 2016b; Wessels, 2017).

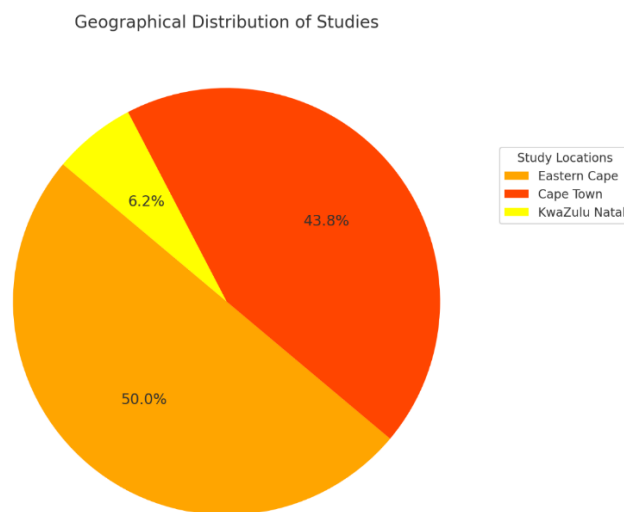
The data presented in *Table 2* indicates patterns among the articles when reviewing their purpose respectively. Cluver et al. (2017) and Ward et al. (2019) are studies that rigorously evaluate the effectiveness of parenting. However, this has been indicated to be a key trend across articles. Additionally, Lachman et al. (2016a) and Shenderovich et al. (2019) are articles that have focused on feedback and refining of interventions through process and outcome evaluations. A key theme that has also been noted across articles, including Cluver et al. (2016a; 2016b; 2017; 2020) and Lachman et al. (2017), is violence prevention and using parenting interventions as a mechanism for alleviation. Berry et al. (2021) and Cluver et al. (2020) highlighted the importance of mental health and providing support through these interventions. Adaptation of interventions has been highlighted in the studies, particularly by Lachman et al. (2016b) and Shenderovich et al. (2019), to tailor interventions to suit cultural context, ensuring relevance and viability. Additionally, Shenderovich et al. (2018) and Wessels (2017) have emphasised engagement and participation as crucial to effective parenting interventions.

4.4.3 Geographical Location

The extracted data reflects that the included articles reflect studies conducted in three of the nine provinces in SA, representing a geographical gap in conducted research (please see Figure 3)

Figure 3

Geographical distribution



4.4.4 Sample Characteristics

4.4.4.1 Sample Size

There is a notable difference in sample size across the studies (Minimum: n=42; Maximum: n=552). All studies included parents or caregivers with an equal distribution focusing on children and adolescents. Most research (93.75%) included family dyads (parents and children/adolescents), and one which focused on caregivers only. The age range of the children/adolescent samples are included in figure 4.

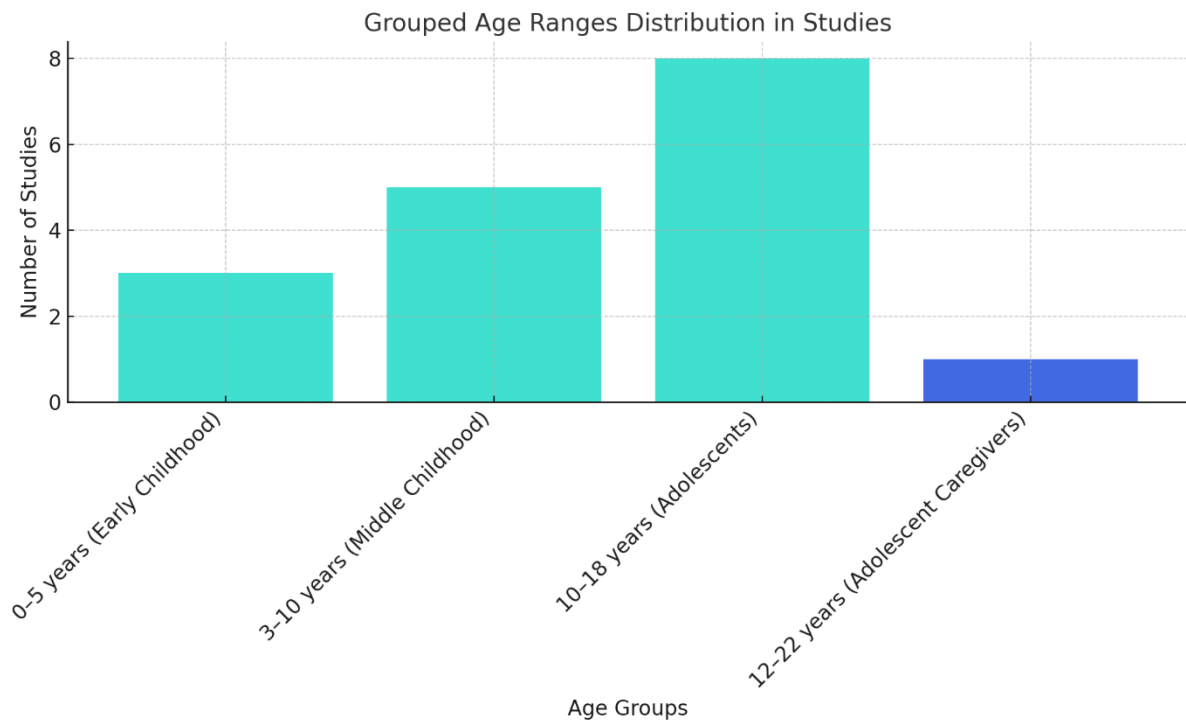
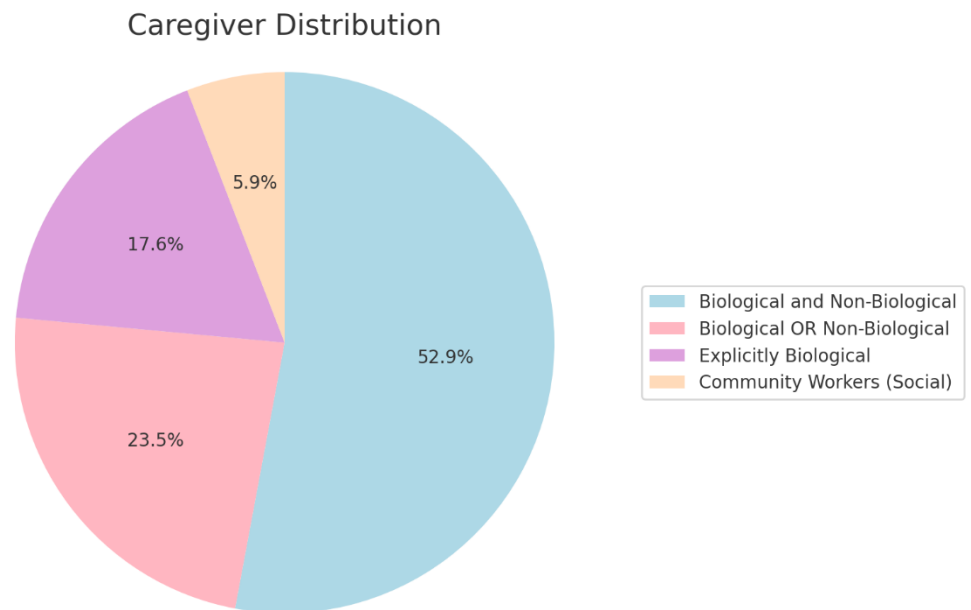
Figure 4*Grouped age ranges***4.4.4.2 Caregiver Distribution**

Figure 5 below demonstrates a notable contextual factor in which several households are blended to include caregivers who may or may not be biologically related to the children. This is specifically referred to where only 17.6% of caregivers (both) are biologically related to their children. This marks a key consideration for parenting interventions.

Figure 5*Caregiver distribution*

4.4.5 Research Design

The research design section will be discussed in the following way: presentation of statistics, detail about the data collection (i.e., articles that used similar interventions, facilitators, and data collection periods), and the integration (i.e., patterns and contradictions) extracted. It is also important to note that articles that used similar interventions are isolated to their aim and sample size, respectively.

N = 10 records reported using a randomized control trial (RCT) research design (Cluver et al., 2017; Cluver et al., 2020; Dowdall et al., 2021; Lachman et al., 2016a; Lachman et al., 2017; Shenderovich et al., 2020; Shenderovich et al., 2019; Shenderovich et al., 2018; Wessels, 2017). Wessels (2017) used mixed methods in conjunction with the RCT. Two records reported using a qualitative approach (Dowdall et al., 2021; Lachman et al., 2016b). Two records reported using a pre-post design (Cluver et al., 2016a; 2016b). And a further two records reported using a longitudinal design (Berry et al., 2021; Thomas et al.,

2022); however, Berry (2021) used a quasi-experimental design in conjunction with the longitudinal research design.

4.4.6 Instruments

Table 3 provides a description of the instruments used across studies, the purpose thereof and whether it has been validated within South Africa or if the instrument is a newly developed or adapted one. When referring to the table, a validated instrument is referring to an existing instrument that has been tested for reliability and validity within the South African population (Laher, 2024). A newly developed or adapted instrument refers to a new or adapted instrument to respond to local needs, languages, or cultural contexts within South Africa (Laher, 2024).

Table 2*Development of instruments*

Instrument	Purpose	Validated in South Africa?	Newly Developed or Adapted?	Articles
Alabama Parenting Questionnaire	Assesses parenting practices and caregiver-child interactions	Yes	No	Cluver et al., (2016a); Cluver et al., (2017); Cluver et al., (2016b); Cluver et al., (2020); Shenderovich et al., (2020); Shenderovich et al., (2019); Shenderovich et al., (2018); Ward et al., (2019)
Basic Necessities Scale	Measures family poverty by availability of essential household items	No	Yes	Shenderovich, et al., (2018)
Bayley Scale of Infant Development	Assesses developmental trajectory in infants and young children	No	Yes	Dowdall, et al., (2021)
Beck Depression Inventory (BDI-II)	Assesses depressive symptoms in parents for interventions	Yes	No	Lachman et al., (2017); Ward et al., (2019)
Behavioural Tasks	Assesses specific child behaviors through structured activities	No	Yes	Dowdall, et al., (2021)
Caregiver Beliefs Questionnaire	Evaluates caregiver beliefs about child development	No	Yes	Thomas et al., (2022)

Center for Epidemiological Studies Depression Scale (CES-D)	Measures depressive symptoms in the general population	Yes	No	Cluver, et al., (2017); Cluver, et al., (2020); Shenderovich, et al., (2018)
Child and Youth Resilience Measure-28 (CYRM-28)	Assesses resilience across individual, relational, and contextual domains	Yes	No	Berry et al., (2021)
Child Behaviour Checklist	Evaluates behavioral and emotional issues in children	Yes	No	Cluver, et al., (2016a); Cluver, et al., (2017); Shenderovich, et al., (2018)
Children's Depression Inventory (CDI)	Evaluates depressive symptoms in children and adolescents	Yes	No	Cluver et al., (2017); Shenderovich et al., (2018)
Dyadic Parent-Child Interaction Coding System (DPICS)	Evaluates interactions between parents and children during guided play	No	Yes	Ward et al., (2019)
Early Childhood Vigilance Task (ECVT)	Gauges attention span in young children using visual stimuli	No	Yes	Dowdall, et al., (2021)
Engagement in Home Practice Activities	Records participants' involvement in home practice assignments	No	Yes	Lachman, et al., (2016a)
Eyberg Child Behaviour Inventory (ECBI)	Identifies child behaviour problems and severity	Yes	No	Lachman et al., (2017); Ward et al., (2019); Wessels, (2017)
Field Notes and Facilitator Reports	Provides qualitative insights into program execution	No	Yes	Doubt, et al., (2017)

Household Economic Hardship Items	Assesses financial difficulties in families	No	Yes	Cluver, et al., (2017)
Household Economic Well-Being Scale	Measures consistent access to essential household resources	No	Yes	Cluver, et al., (2020)
Household Hunger Scale (HHS)	Measures food insecurity and household hunger	No	Yes	Lachman, et al., (2016b)
International Society for Prevention of Child Abuse and Neglect Child Abuse Screening Tool (ICAST)	Assesses child maltreatment across child, parent, and retrospective versions	Yes	No	Cluver et al., (2016a); Cluver et al., (2017); Cluver et al., (2016b); Cluver et al., (2020); Shenderovich, et, al., (2020); Shenderovich et al., (2019); Shenderovich et al., (2018); Ward et al., (2019); Wessels, (2017)
Kutcher Adolescent Depression Scale (KADS)	Identifies depression in adolescents	Yes	No	Berry et al., (2021)
MacArthur Communication Development Inventory (CDI)	Evaluates language development in young children	No	Yes	Dowdall, et al., (2021)
Medical Outcome Study Social Support Survey	Evaluates perceived accessibility and sufficiency of social support	Yes	No	Cluver et al., (2016a); Cluver et al., (2017); Shenderovich et al., (2018)
Mentor Forms	Assesses caregiver engagement in activities with children	No	Yes	Thomas et al., (2022)

Multidimensional Scale of Perceived Support (MSPSS)	Assesses social support in parenting contexts	Yes	No	Thomas, et al., (2022); Lachman et al., (2017)
Parenting Stress Index-Short Form (PSI-SF)	Evaluates parental stress levels	Yes	No	Lachman et al., (2017); Ward et al., (2019)
Parenting Young Children Scale (PARYC)	Evaluates parenting behaviors in adolescent parents	Yes	No	Berry et al., (2021); Ward et al., (2019); Wessels, (2017)
Parental Stress Scale (PSS)	Measures parenting-related stress	Yes	No	Cluver, et al., (2017)
Parent-Child Conflict Tactics Scale (PCCTS)	Assesses strategies parents use during conflicts with children	No	Yes	Lachman et al., (2017); Shenderovich et al., (2020); Ward et al., (2019)
Parent-Report Forms	Evaluates parents' confidence in applying skills acquired	No	Yes	Wessels, (2017)
Play, Communication, and Hope Measures	Evaluates caregiver attitudes towards early childhood development	No	Yes	Thomas et al., (2022)
Satisfaction Surveys	Assesses caregiver satisfaction with parenting interventions	No	Yes	Lachman et al., (2016a); Ward et al., (2019)
Sinovuyo Observational Coding System (SOCS)	Evaluates parent-child interactions during structured activities	Yes	Yes	Lachman et al., (2017); Wessels, (2017)

Substance Misuse Tools	Measures alcohol and drug use in South African contexts	Yes	Yes	Ward, et al., (2019)
The Social and Health Assessment Scale (SAHA)	Evaluates adolescent perceptions of social and family contexts	No	Yes	Berry et al., (2021)
WHO Alcohol Use Disorders Identification Test (AUDIT)	Identifies hazardous drinking behaviors	No	Yes	Cluver, et al., (2020)

The sections below provide a summary report on each of the factors, as seen in Table 3, in terms of what they measure or refer to. Table 4 further below provides a summary of the outcomes measured and are integrated into the descriptions below:

4.4.6.1 Parenting Practice

The instruments that measure parenting practice focus on practices, behaviour, beliefs about the child's development and child-caregiver relationship. Instruments used included the Parenting Young Children Scale (PARYC), Alabama Parenting Questionnaire, Caregiver Beliefs Questionnaire, Play, Communication, and Hope Measures, Parent-Child Conflict Tactics Scale (PCCTS), Dyadic Parent-Child Interaction Coding System (DPICS), and mentor forms. Improved parenting practices are a common outcome across studies, specifically an increase in positive reinforcement and improved supervision. Encouraging non-violent strategies to discipline and a positive, reciprocal caregiving approach majorly influenced the succession of the intervention. Interventions such as Sinovuyo Caring Families and ECD reading and play initiatives showed improvements in the quality of the relationship between the child and the caregiver; thus, consistent engagement in intervention and practising positive parenting skills lead to behavioural change that has long-term effects.

4.4.6.2 Child Behaviour

This section of instruments measured child behaviour, prosocial behaviour, aggression, and child resilience. Instruments employed were the Child Behaviour Checklist, Behavioural Tasks, Eyberg Child Behaviour Inventory problem scale (ECBI), and the Child and Youth Resilience Measure-28 (CYRM-28). Improving caregiver and adolescent relationships and encouraging a safe, structured space for adolescents were proven to help address behavioural issues in adolescents, such as aggression and delinquency. The interventions sought the root cause of the poor behavioural issues and implemented strategies

accordingly. It is important to address these challenges, particularly in communities where resources such as mental health services are limited or absent, as these issues commonly increase tension within families.

4.4.6.3 Child Abuse

There are many variants of child abuse screening instruments that were utilised in the identified studies, namely the International Society for Prevention of Child Abuse and Neglect Child Abuse Screening Tool (ICAST), of which the studies used variations in their studies respectively. These included ICAST-C, ICAST-P, ICAST-R, ICAST-Trial, and the ICAST-Trial Attitudes Subscale. The ICAST includes several variants: ICAST-C (child self-report on abuse experiences), ICAST-P (parent report on discipline practices), ICAST-R (retrospective adult recall of childhood abuse), ICAST-Trial (comprehensive assessment of abuse and neglect), and the ICAST-Trial Attitudes Subscale (measuring caregiver attitudes toward harsh punishment). The reduction in maltreatment (including physical and emotional) has been significant across studies. Interventions such as Sinovuyo Caring Families and Parenting for Lifelong Health (PLH) navigate harsh discipline by equipping parents with established non-violent methods to reduce the outcome. Evidence across studies consistently highlights the importance of addressing cycles of abuse, neglect, and punitive parenting practices, particularly in communities where these challenges are prevalent. These findings point to the relevance of culturally sensitive or tailored interventions that are responsive to the specific needs of each community.

4.4.6.4 Mental Health

In terms of emotional health indicators, depression was another outcome measured in children and caregivers across studies using the following instruments: the Children's Depression Inventory (CDI), Center for Epidemiological Studies Depression Scale (CES-D),

MINI International Neuropsychiatric Interview (MINI), Beck Depression Inventory (BDI-II), and Kutcher Adolescent Depression Scale (KADS). Increased support and the implementation of practical parental strategies have been shown to reduce caregiver depression along with parenting stress. The findings emphasised the correlation between caregiver mental health and their behaviours. Additionally, the interventions that emphasised a nurturing, safe environment at home through the focus on caregivers' emotional and behavioural aspects had positive mental health outcomes for the family unit.

4.4.6.5 Parental Stress

Parental stress was measured using the following instruments: the Parental Stress Scale (PSS) and the Parenting Stress Index-Short Form (PSI-SF). These tools assess the stress parents experience in relation to their caregiving roles. Increased support and the implementation of practical parental strategies have been shown to reduce caregiver depression along with parenting stress.

4.4.6.6 Social Support

Social support was also vital to measure. The instruments used included the Social and Health Assessment Scale (SAHA), Multidimensional Scale of Perceived Support (MSPSS), and the Medical Outcome Study Social Support Survey. These instruments evaluate caregiver and adolescent perceptions of social support, parenting involvement, and family environment. The interventions highlighted the importance of encompassing community frameworks into the intervention. An enhanced social support structure has effectively reduced caregiver isolation and hardship by providing caregivers with the support to maintain positive practices.

4.4.6.7 Child Development

The following instruments measured child development using the various aspects to identify whether or not a child is meeting specific milestones. Milestones included language, cognition, motor skills, and attention. These instruments refer to the MacArthur Communication Development Inventory (CDI), Bayley Scale of Infant Development, and the Early Childhood Vigilance Task (ECVT).

4.4.6.8 Ecological Factors

Demographic information, such as household economic status, was collected. Common instruments included in the identified studies were the Household Hunger Scale (HHS), demographic questionnaire, Household Economic Hardship Items, four-item economic well-being scale, and the Basic Necessities Scale. These tools assess household economic status, food security, and access to basic necessities. Interventions that included economic support elements demonstrated better outcomes in violence reduction and improved caregiver engagement.

4.4.6.9 Substance Abuse

Substance misuse was also measured using validated questions tailored to the South African context. The WHO Alcohol Disorders Identification Test (AUDIT) was also employed. These measures screen for harmful or hazardous alcohol and drug use among caregivers. Reductions in caregiver and adolescent substance use were observed in several studies, particularly where caregiver mental health and stress were addressed.

4.4.6.10 Satisfaction, Acceptability and Involvement

Overall satisfaction was measured to gain insight into the effectiveness of the interventions. Instruments included Satisfaction Surveys, Engagement in Home Practice Activities, and a questionnaire derived from the Incredible Years Parent Satisfaction

Questionnaire. High satisfaction and involvement were linked to effective implementation and improved outcomes.

4.4.6.11 Additional Measures (interviews, focus groups, observations)

Qualitative data collection measures (i.e. interviews and focus groups) were also used to collect data. Instruments and techniques included recorded interviews, face-to-face focus groups, Sinovuyo Observational Coding System (SOCS), Parent-Report forms, observational records, field notes, and facilitator reports. These qualitative and observational methods assess participant experiences, engagement, and fidelity to programme implementation. Findings from these measures helped identify barriers such as logistical challenges and community-specific dynamics, contributing to improved programme design and delivery.

Interestingly, 44% (n = 16) of instruments were validated for use in South Africa, whereas 56% (n = 20) are newly developed and adapted measures. Instruments from the 44%, such as the Alabama Parenting Questionnaire, Child Behaviour Checklist, and Eyberg Child Behaviour Inventory, have been tested or used globally and have a reliable and valid standing. Furthermore, tools such as the Sinovuyo Observational Coding System (SOCS) have been tailored to suit the South African context, making these instruments applicable.

4.4.6.12 Outcomes Measured

Table 4 provides a summary of the outcomes identified in the studies. The outcomes provide insight into the efficacy of the interventions in improving caregiver and child well-being, alleviating maltreatment, and encouraging resilience.

Table 3*Outcomes measured*

Outcome Category	Specific Outcomes	Authors
Adolescent Development	Improvement in academic motivation and relational, individual, and contextual resilience.	Berry et al. (2021), Cluver et al. (2016a)
Communication Strategies	Improved open and respectful communication between caregivers and adolescents.	Doubt et al. (2017), Lachman et al. (2016a), Shenderovich et al. (2019)
Community and Violence	Increased family planning to avoid adolescent victimisation in communities.	Cluver et al. (2017, 2016b)
	Reduction in adolescent exposure to community violence (limited results).	Cluver et al. (2017)
ECD During COVID-19	Caregiver resilience and continued positive parenting during pandemic shutdowns.	Thomas et al. (2022)
Economic Well-Being	Sustained caregiver reading and playing practices.	
	Improvement in family financial management, including access to necessities such as food and transport. Reduction in household economic hardship.	Cluver et al. (2017, 2020) Cluver et al. (2016b, 2017, 2020)
Engagement and Attendance	High attendance and active engagement linked to better outcomes.	Shenderovich et al. (2018, 2019), Wessels (2017)
Improved Cognitive Development	Enhanced expressive and receptive language. Improved child attention and focus.	Dowdall et al. (2021), Thomas et al. (2022)
Improved Parenting Practices	Improved parental monitoring and reduced inconsistent discipline.	Cluver et al. (2016, 2017, 2020), Lachman et al. (2016a, 2016b), Shenderovich et al. (2020), Wessels (2017)
	Increase in positive and involved parenting.	Cluver et al. (2016a, 2016b, 2017, 2020), Berry et al. (2021), Doubt et al. (2017), Lachman et al. (2016a, 2016b, 2017), Shenderovich et al. (2019, 2020), Ward et al. (2019)
	Increased caregiver sensitivity and reciprocity.	Dowdall et al. (2021), Thomas et al. (2022)
Mental Health	Decrease in adolescent depression and suicidality (mixed results).	Cluver et al. (2016a, 2016b, 2017), Berry et al. (2021)
	Improvement in caregiver attitudes against harsh punishment. Reduction in caregiver depression and parenting stress.	Cluver et al. (2016b, 2017) Cluver et al. (2016a, 2016b, 2017, 2020), Lachman et al. (2016b, 2017), Ward et al. (2019)

Parenting Behaviours	Decrease in harsh discipline practices, including physical assault and psychological aggression. Increase in non-violent discipline strategies.	Cluver et al. (2016a, 2016b), Berry et al. (2021), Doubt et al. (2017), Lachman et al. (2016a, 2017), Shenderovich et al. (2019, 2020), Ward et al. (2019) Cluver et al. (2016a), Berry et al. (2021), Lachman et al. (2016a, 2017), Wessels (2017)
Reduction in Abuse	Decrease in physical, emotional abuse, and neglect. Reduction in corporal punishment.	Cluver et al. (2017, 2016b, 2020), Doubt et al. (2017), Lachman et al. (2016a, 2016b, 2017), Shenderovich et al. (2019, 2020), Ward et al. (2019) Cluver et al. (2017, 2016b), Lachman et al. (2016a, 2017), Wessels (2017)
Reduction in Adolescent Behaviour Problems	Decrease in child conduct problems (observed and reported). Decrease in externalising behaviours such as delinquency and aggression.	Ward et al. (2019) Cluver et al. (2016a, 2016b), Lachman et al. (2016b, 2017)
Social Support	Enhanced perceived social support for both caregivers and adolescents.	Cluver et al. (2016a, 2017), Berry et al. (2021), Thomas et al. (2022), Ward et al. (2019)
Stress and Anger Management	Improved strategies for managing stress and anger, reducing reliance on violent discipline.	Doubt et al. (2017)
Substance Use	Reduction in adolescent substance use. Reduction in caregiver substance use (alcohol and drugs).	Cluver et al. (2017, 2016b) Cluver et al. (2017, 2016b, 2020)

4.4.7 Interventions

As noted previously, the identified interventions aim to improve parenting practices, encourage positive family dynamics, and improve child and adolescent outcomes. Table 5 provides a detailed account is provided of the intervention components per programme, to highlight the shared and unique features.

Table 4

Intervention Programme

Programme	Description	Components
Sinovuyo Teen	Parenting for Lifelong Health program for caregivers and adolescents (10–18 years) in South Africa.	<ul style="list-style-type: none"> - 14 weekly group sessions - Effective communication - Positive discipline - Emotional regulation - Supportive family relationships - Problem-solving skills - Collaborative facilitation techniques for facilitators - 12 group sessions
Sinovuyo Caring Families Programme	Parenting skills program for low-income families to improve child behaviour and parent-child interactions.	<ul style="list-style-type: none"> - Non-violent discipline strategies - Effective communication - Emotional support - Interactive discussions and role-playing - 10 sessions over 5 weeks
Sinovuyo Caring Families Teen Programme	Parenting support to prevent abuse among adolescents in South Africa.	<ul style="list-style-type: none"> - Goal setting and mindfulness - Trust building

<p>Berry et al. (2021) Adolescent Parenting Programme</p>	<p>20-week intervention for adolescent caregivers in peri-urban South Africa.</p>	<ul style="list-style-type: none"> - Effective praise techniques - Emotional recognition - Stress and emotion management - Collaborative problem-solving - Rules, routines, and crisis management - Safety plans and community awareness - Completion celebration - 20 weekly sessions - Role-playing and group discussions - Parenting skills: positive discipline, emotional responses - Adolescent development: HIV/AIDS literacy, financial management - Personal development: resilience, coping strategies - Homework application - Facilitated by trained mentors - 8 sessions including home follow-ups - Book-sharing techniques
<p>Book-sharing Programme</p>	<p>Caregiver-focused program to improve child development through book sharing.</p>	<ul style="list-style-type: none"> - Language and attention development - Behaviour regulation - One-on-one coaching and group discussions - Library registration encouragement - Biweekly 1-hour visits
<p>Early Childhood Development (ECD) Intervention Programme</p>	<p>Household-based support program targeting early reading and playing behaviours.</p>	<ul style="list-style-type: none"> - Mentoring for reading and playing activities - Resource bags with educational materials

- Focus on cognitive, emotional, social development
 - Cultural adaptations (isiZulu language materials)
 - Remote support during COVID-19
-

4.4.7.1 Shared Features Across Interventions

- **Parenting Practices:** All interventions aimed to strengthen parenting practices, primarily through non-violent discipline, effective communication, and emotional regulation techniques. Thomas et al. (2022) additionally reported that caregivers demonstrated improved engagement in play, which strengthened child-caregiver connections, an element not previously mentioned. This emphasises how everyday routines can deepen relational bonds and reinforces the importance of active caregiver participation.
- **Focus Groups:** Several programmes, particularly those involving low-income or adolescent parents, integrated focus group discussions. These served as safe, collaborative spaces promoting communal learning and mutual support.
- **Cultural Relevance:** Many interventions were locally adapted to increase relevance. Examples include isiXhosa delivery for the Book-Sharing Programme and isiZulu delivery in the ECD Intervention Programme. The Sinovuyo Teen intervention content was adapted to reflect South African sociocultural norms. Community involvement and tailored interventions (Lachman et al., 2016b; Cluver et al., 2016b) have been noted as important factors to incorporate into interventions to allow for generalisability and relatability and encourage acceptability, engagement and participation in these interventions. This is achieved through incorporating cultural

factors such as values and belief systems and involving community facilitators to guide the intervention (e.g., Lachman et al., 2016b; Cluver et al., 2016b).

- **Socioemotional Development:** The ECD and Book-Sharing programmes focused heavily on promoting children's socioemotional development via caregiver-child interaction.
- **Equipped Facilitators:** Facilitators across all interventions were trained and adequately equipped, underscoring a commitment to quality and fidelity in programme delivery.
- **Follow-Up:** Interventions incorporated follow-up assessments to determine sustained impacts, with periods ranging from immediate post-tests to 12-month follow-ups.

4.4.7.2 Unique Features Across Interventions

- **Parenting for Lifelong Health (PLH) “Sinovuyo Teen”:** This programme stood out in targeting adolescents aged 10–18 and focusing explicitly on reducing youth violence and improving adolescent behaviour in line with the South African context.
- **Sinovuyo Caring Families Programme:** This programme catered to families in low-income settings, placing emphasis on managing parental stress and improving child behaviour through group-based learning and role-play techniques.
- **Sinovuyo Caring Families Teen Programme:** This model targeted adolescent abuse prevention and emphasised mindfulness, trust-building, and identifying adolescent risk factors, supported by broader community engagement.
- **Berry et al. (2021) Adolescent Parenting Programme:** Uniquely tailored to adolescent parents (ages 12-22), this intervention sought to build parenting skills and resilience among young caregivers navigating the dual role of being both adolescents and parents.

- **Book-Sharing Programme vs. ECD Intervention:** While both targeted socioemotional outcomes, the Book-Sharing Programme focused on language and interaction through book activities, whereas the ECD intervention added cognitive development and home-learning support through monthly educational packs.

4.4.7.3 Additional Insights

- **Adolescent outcomes:** Cluver et al. (2017) specifically highlighted the inadequate effects that the intervention had on adolescent depression and externalising behaviours. Although the interventions effectively reduced abuse and maltreatment and improved caregiver practices, the impact on adolescents did not correlate. Therefore, challenges specific to adolescents should be incorporated into the measures used to reduce these outcomes.
- **Variation in Structure:** Although Sinovuyo Teen was typically 14 sessions, some studies deviated. For example: Cluver et al. (2016b) used a 12-session format, and Ward et al. (2019) reported 3-hour sessions, exceeding the average duration.
- **Session Formats:** Interventions varied in combining joint and separate sessions for caregivers and adolescents (e.g., Sinovuyo Teen held 10 joint sessions and 4 individual ones).
- **Implementation Language and Translation:** Nearly all programmes translated materials into local languages and used back-translation to ensure accuracy and cultural fit.
- **Addressing Systemic Factors:** While studies highlighted the significance of addressing systemic factors as a component of interventions, Cluver et al. (2020) explicitly discuss the value of providing economic support to parents and aiming to

mitigate issues such as poverty, limited access to resources, assessing external factors that affect and contribute to challenges in parenting.

- **Long-Term Effects:** Few studies have noted challenges in maintaining intervention effects when completing their post-test follow-up. Shenderovich et al. (2019) and Wessels (2017) specifically reported that maltreatment was reduced after the intervention's implementation. However, these reductions were not sustained after a more extended period, and thus, the need for sustainable strategies has been highlighted.
- **Intervention Scope:** The components of the interventions varied across studies. For example, Dowdall et al. (2021) focused on child language development and caregiver sensitivity, and thus, outcomes such as child aggression and disobedience were not necessarily accounted for. This indicates that interventions may be tailored to the needs of the child or that some may be more suited to specific behavioural or developmental needs.

4.4.8 Drop-out and Attendance Rates

Table 5

Drop-out and attendance

Study	Drop-out Rate	Attendance Rate	Additional Notes
Berry et al. (2021)	20%	Not specified	68% of adolescents lost to follow-up had dropped out of school or did not finish the intervention.
Cluver et al. (2016a)	0%	86% (adolescents), 63% (parents)	All 60 participants completed pre- and post-test interviews.
Cluver et al. (2016b)	1.70%	62% (adolescents), 53% (caregivers); 84% (adolescents), 82.2% (caregivers) including home visits	Drop-out due to frequent illness and funerals. High home visit attendance suggests future research consideration.
Cluver et al. (2017)	3% to 5%	50% (caregivers), 64% (adolescents)	9% of caregivers and 5% of adolescents did not attend any sessions. All but four families received brief home catch-ups. Retention: 263 caregivers (97%) and 260 adolescents (96%) in intervention; 277 caregivers (98%) and 270 adolescents (96%) in control.
Cluver et al. (2020)	20%	Not specified	Dropout occurred between baseline and follow-up assessment.
Doubt et al. (2017)	Not specified	Not specified	Content delivered through home visits for those who missed group sessions. Some participants reported no change despite attendance.
Dowdall et al. (2021)	7% (post-assessment), 12% (6-month follow-up)	63/70 completed, 3 partial, 4 no attendance	140 dyads enrolled, 130 completed post-assessment, 123 completed 6-month follow-up.
Lachman et al. (2016a)	14%	8% attended ≥ 1 session; 83% attended ≥ 6 sessions	Average attendance was 9 of 12 sessions.
Lachman et al. (2016b)	Not specified	Not specified	Barriers included food, childcare, and transport. Certificates/rewards proposed as attendance incentives.
Lachman et al. (2017)	2.90%	94% attended ≥ 1 session; average 75%; 88% attended ≥ 6 sessions	Retention: 97% (self-report), 88% (baseline), 90% (post-test).

Shenderovich et al. (2018)	0%	91% (via group/home visits), 9% (caregivers), 5% (children) did not attend group sessions	No families dropped out during intervention.
Shenderovich et al. (2019)	Not specified	58% (group session), 74% (family engagement)	Families participated in 91% of sessions via group/home visits.
Shenderovich et al. (2020)	8% (1-month), 3% (5-9 months)	50% (caregivers), 64% (adolescents)	Retention rate increased from 92% to 97% after follow-up.
Thomas et al. (2022)	0%	Not quantified	There were no formal drop-outs. All participants were retained in the study, though levels of engagement and attendance varied but this was not quantified.
Ward et al. (2019)	3% (first follow-up), 8% (second)	74% attended ≥ 1 session; average 70% overall (8 sessions)	Follow-up: 97% (self-report T1), 92% (T2); 90% and 71% for observational data.
Wessels (2017)	24%	70% (8/12 sessions)	Only 84 of 110 parents attended final session.

Based on the extracted information, attendance and retention rates across the studies were generally high, with Cluver et al. (2016a), Shenderovich et al. (2018), Thomas et al. (2022) reporting the strongest participant engagement and Wessels (2017) the highest drop-out rate at 24%. Key factors influencing participation included logistical barriers such as childcare, food, and transport (Lachman et al., 2016b), and health or environmental challenges like illness and funerals (Cluver et al., 2016b). Studies emphasised the value of flexible, culturally sensitive interventions, such as home visits and alternative scheduling, to enhance accessibility and engagement (Cluver et al., 2016b; Shenderovich et al., 2019). Incentives like certificates and rewards were also recommended to support retention (Doubt et al., 2017; Lachman et al., 2016b). Overall, the evidence suggests that robust support structures, flexibility, and socio-economic responsiveness are critical for improving attendance and sustaining participation.

4.4.9 Intervention Effectiveness

Across the studies reviewed, interventions demonstrated meaningful effectiveness in enhancing parenting practices, caregiver-adolescent relationships, and select child outcomes. The Parenting for Lifelong Health (PLH) “Sinovuyo Teen” programme showed that caregivers successfully applied acquired skills, resulting in improved parenting, collaborative problem-solving, and enhanced caregiver mental health. While caregiver-reported outcomes were strong, adolescent-reported outcomes were less robust, particularly in terms of depression and behavioural change (Cluver et al., 2017; Shenderovich et al., 2019). Nonetheless, the intervention reduced self-reported adolescent substance use and fostered positive family dynamics. Cultural adaptation and the use of local facilitators were instrumental in the programme’s success (Cluver et al., 2016b), and economic support further strengthened violence reduction outcomes (Cluver et al., 2020). Studies also emphasised the

importance of implementation factors such as home visit frequency and flexible scheduling - in increasing participation and improving outcomes (Shenderovich et al., 2018; 2019).

The Sinovuyo Caring Families and Teen Programmes were similarly effective, with findings indicating improved positive parenting behaviours, reductions in harsh disciplinary practices, and increased perceived social support (Cluver et al., 2016a; Wessels, 2017; Lachman et al., 2016b; 2017). Although some effects on depression and stress were not statistically significant, high satisfaction and involvement levels supported the programme's overall acceptance and feasibility. The Adolescent Parenting Programme (Berry et al., 2021) improved parenting practices and resilience among adolescent caregivers, while the Book-Sharing Programme led to lasting improvements in language development and caregiver sensitivity, though it had limited impact on child behavioural outcomes (Dowdall et al., 2021). Lastly, the Early Childhood Development Intervention (Thomas et al., 2022) was effective in promoting caregiver engagement in reading and play, with increased mentor-caregiver trust contributing to programme success. Overall, the evidence highlights the relevance, adaptability, and multi-dimensional impact of these parenting interventions across diverse South African contexts.

4.4.10 Limitations and Future Recommendations

The studies conducted highlighted limitations. These limitations revolve around generalizability, validity, and overall impact on their findings.

4.4.10.1 Self-reported Measures

The reliance on self-reported measures was emphasised as a prominent and recurring limitation across studies. Self-report measures may introduce potential bias as participants may provide inaccurate or socially desirable responses and underreport certain behaviours; for example, they may not report abuse or answer specific questions based on the topic's

sensitivity (Althubaiti, 2016). This, however, compromises the data by making it less reliable. Future research may combat this limitation by using mixed-method data collection measures to allow for greater objectivity. To address this, many studies integrated mixed-method approaches, combining self-reports with more objective measures such as direct observations by facilitators or researchers, validated assessment tools, and, in some cases, physiological data (Berry et al., 2021; Cluver et al., 2016a, 2016b, 2017, 2020; Doubt et al., 2017; Dowdall et al., 2021; Lachman et al., 2016a; Lachman, 2017; Shenderovich et al., 2019, 2020).

4.4.10.2 Small Sample Size

Some studies conducted their research with small sample sizes (the minimum was $n=42$ with a maximum sample size of $n=552$), which created a challenge as the evidence was limited to how well it could be practically applied within a broader or more diverse group or population, thus restricting generalizability. Recommendations suggest that future research may include larger sample sizes inclusive of various cultures, ethnic groups and geographical populations to ensure that the sample size is well represented and, therefore, improve statistical power (Berry et al., 2021; Cluver et al., 2016a; Lachman et al., 2017; Shenderovich et al., 2018, 2019; Wessels, 2017).

4.4.10.3 Contextual Factors

The lack of exploration of contextual factors such as family dynamics, cultural norms and beliefs, community environment and influences were noted as a limitation. Community-based participatory approaches have, thus, been proposed to address it and allow for meaningful incorporation of contextual factors. Furthermore, integrating local community members into the designing and evaluating of the interventions may ensure a more substantial cultural relevance and appropriateness. Additionally, incorporating longitudinal designs may assist in understanding the effectiveness and sustainability of the intervention through

extended follow-ups (Berry et al., 2021; Cluver et al., 2016a, 2020; Dowdall et al., 2021; Lachman et al., 2016b; Thomas et al., 2022; Ward et al., 2019; Wessels, 2017).

4.4.10.4 Lack of Male Participants

The underrepresentation of male participants was highlighted in the studies. Several studies found it challenging to recruit male caregivers, which results in an underrepresentation of male figures in a child's life. Thus, the family dynamics may not be evaluated to the desirable extent. Interventions should, thus, address this barrier by prioritising male caregiver recruitment and tailoring the interventions to address gender-specific barriers and roles within the family dynamic, allowing for greater engagement with these figures. Additionally, flexible scheduling and childcare support have been suggested as a future recommendation to increase participation, especially from underrepresented groups (Lachman et al., 2016b, 2017; Shenderovich et al., 2018; Ward et al., 2019).

4.4.10.5 Lack of Control Groups

Some studies noted that the absence of control groups formed a challenge regarding causality and the ability to establish it, i.e., whether the intervention was the cause of the observed changes or if other external factors influenced the changes. Recommendations state that randomised control trials should be included to draw richer conclusions based on cause and effect. Additionally, the risk of skewed data may be higher in contaminated environments, mainly where living conditions cause a lack of participant isolation due to overcrowding. Therefore, physical separation and blinding procedures have been suggested to mitigate this challenge (Lachman et al. 2016a; Lachman et al. 2017; Shenderovich et al. 2021).

4.4.10.6 Unvalidated Tools

Unvalidated tools arose as a study limitation due to their low reliability in various cultural contexts. Future research suggests that measures be tailored to suit specific cultural contexts for validity and appropriateness to record behaviours and outcomes accurately. Furthermore, the response to interventions may also indicate gaps that may be used in refining approaches to suit the community's diverse needs.

4.4.10.7 Economic Challenges

Although economic challenges were touched on in the studies, they were not fully addressed as broad social determinants. It has been suggested that economic strengthening is crucial to addressing these social determinants. Multi-level approaches may address systemic inequalities and high levels of poverty by combining parenting interventions with economic empowerment initiatives and policies to tackle the family challenges that arise through the broader social determinants.

Implementing the proposed recommendations will address the limitations, allowing future research to build on more reliable, relevant, and effective parenting interventions. These improvements and developments may contribute to interventions that prevent issues such as abuse and effectively support diverse families across various settings.

4.5 Chapter Summary

This chapter has highlighted pivotal findings from the analysis of the systematic review with emphasis on the effectiveness of parenting interventions and improved outcomes such as parenting practices, reduction in harsh discipline, resilience, improved family dynamics and support systems. The chapter has detailed the data collection process from title screening to full-text screening which resulted in the eligible 16 articles that met the inclusion criterion. The highlighted key outcomes included improved parenting practices, reduction in

child maltreatment and abuse, improvement in resilience and mental health, community involvement and cultural adaptation and, addressing systemic issues. Limitations included the use of self-reported measures, smaller sample size, lack of male participants, lack of control groups, unvalidated tools and, economic and contextual challenges. Future recommendations thus, advocate for addressing the above issues to ensure the sustainability and effectiveness of the interventions, tailoring them to the needs and requirements of the community. The following chapter will discuss the findings extracted from the structured interviews which have been collated into themes along with excerpts from the transcriptions.

Chapter Five: Synthesis of Data

Data synthesised through the systematic review phase was used to identify organisations and individual experts to act as panel and content experts for the second phase of the study. The experts identified were actively involved in the field of parenting, either engaging with relevant research and training organisations or working within their private capacity. This chapter discusses the findings of the structured interviews with these panel and content experts. The findings are presented thematically and supported by qualitative excerpts. The chapter further integrates literature from chapter 2 with the synthesis in chapter 4 in relation to the findings of this phase.

The Delphi method included questions about parenting interventions, with a prime focus on their core purpose, their efficacy, demographic variables and their influence, e.g., socio-economic status, barriers to interventions, resources needed and their accessibility, the target category, and future recommendations (please see Appendix F: Delphi interview guide).

5.1 Description of Participants

Nine experts in parenting practice and child development in South Africa consented to partake in the Delphi phase of the study. The experts were identified through the systematic review and subsequent expert referral. Phase 1 identified the researchers and practitioners in the literature, whose work then qualified them to be interviewed in Phase 2, ensuring the expert pool is grounded in the existing South African evidence base established in Phase 1. The nine participants in the study all identified as White females, with the majority engaged in work in the private sector. Participant professional experience was directly related to qualifications in the field of mental health, allied health, education and child development, with specific exposure in the areas of coaching, parent training, trauma counselling, child

welfare, and through their personal experience as parents. The types of interventions offered among all experts included parent practical training, and private sessions for general or problem-specific scenarios.

Some experts noted the initiatives that they offer or engage in, for example, an intervention project that is currently run by one of the participants, explained that the purpose of it is to promote positive parenting and aid child development through offering resources such as toys, book and activities. The initiative is South African-based and is aimed at supporting families in challenging environments. Trauma counselling was also noted as an area of expertise, where therapy is used to empower and promote the healing process within individuals. Another participant supports parenting interventions through describing her culturally-informed counselling initiative, which supports families by addressing their specific needs and overcoming financial barriers through flexible, low-cost, or free payment options. Additionally, other initiatives that she engaged in were “Boundaries for adolescents” and “Temperament and Early child development” that are used to assist parents with the behavioural elements that emerge in early childhood through to adolescence. For further information on participant demographics, *See Table 7*.

Table 6

Participants

Participants	Private/Public practice	Job Title	Gender
Participant 1	Private	Clinical Psychologist	F
Participant 2	Private	Neuro Coach and Parenting Training Instructor	F
Participant 3	Private	Balanced-Life Coach (Parenting Instructor)	F
Participant 4	Public	Associate Professor of Psychology	F

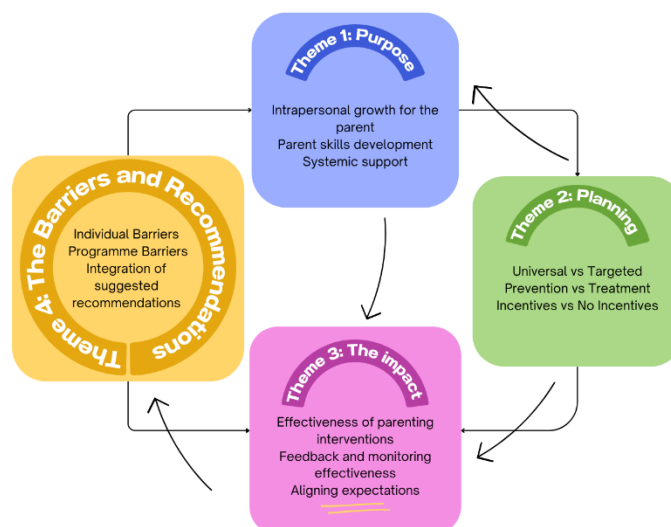
Participant 5	Private	Social Worker and Parent Training Instructor	F
Participant 6	Private	Counsellor, Researcher and Coach	F
Participant 7	Private	Registered Relationship and Family Counsellor	F
Participant 8	Private	Director of Parent and Educational Training	F
Participant 9	Private	Parent Training Facilitator	F

5.2 Review of Core Themes

The following section provides a description of the emergent themes that was derived from the transcripts of the Delphi. The interview guide was developed to gain consensus on the scope, efficacy, and future directions related to the interventions and challenges summarized in Phase 1. Overall, four themes were identified that refer to the conceptualisation, delivery and efficacy of parenting interventions in the South African context. These themes have been conceptualised as the: (1) purpose; (2) planning; (3) impact and (4) barriers and recommendations.

Figure 6

Diagram of Themes and their Interconnectedness



5.2.1 Theme One: Purpose of Interventions

As parenting interventions are seen as multidimensional in their purpose, it is necessary to target not only the skills required to parent effectively but also the broader systems that influence parenting and the personal healing that is necessary to parent ‘well’. This theme reflects three sub-themes, namely intrapersonal growth for the parent, parent skills development, and systemic support.

5.2.1.1 Intrapersonal Growth for the Parent

This sub-theme refers to the parent’s internal development, particularly in breaking cycles of intergenerational trauma and fostering awareness and emotional resilience through mental health support.

Experts believe that parenting interventions are designed to assist parents by addressing concerns, fostering recovery, and averting mental health problems:

“To facilitate healing...a structured programme that is maybe around promotion of mental health and prevention of mental illness in infancy or in early childhood, that is like parenting skills for parents or discipline. You know, discipline.” (Participant 1)

“Parenting interventions are interventions designed to assist parents in addressing challenges they might face in parenting. It teaches practical skills for parents to use in order to improve their relationships with their children.” (Participant 7)

The core purpose of parenting interventions was reflected on, and one participant openly stated that:

“Parenting is a very emotionally heavy task that's all-encompassing, and parents need much support. It is really hard for anybody to do something that they haven't seen done right. So, if

a parent, if somebody didn't experience a really healthy home environment growing up, it's going to be really hard.” (Participant 4)

The literature supports the above excerpts by confirming that the use of structured parenting interventions may be implemented to support the promotion of mental health. This supportive function serves as a preventative mechanism by providing inclusive support through responsive parenting, fostering cognitive and mental well-being, and promoting the long-term development of resilience in children (Jeong et al., 2021). Structured interventions are, thus, noted as a vital key to diminishing harsh parenting through the prioritisation of empathy, patience, and non-violent discipline. This is affirmed in the studies reported by Berry et al. (2021) and Cluver et al. (2020), where the importance of mental health and providing support through these types of interventions were highlighted.

Considering the statement made by **Participant 4**, “*Parenting is a very emotionally heavy task...*” the need for emotional support has been noted in the study as increased support and the implementation of practical parental strategies was shown to reduce caregiver depression along with parenting stress (Berry et al., 2021; Cluver et al., 2016a, 2016b, 2017, 2020; Doubt et al., 2017; Lachman et al., 2016a, 2016b, 2017; Shenderovich et al., 2019, 2020; Thomas et al., 2022; Ward et al., 2019).

It is thus important to address these challenges, particularly in communities where resources such as mental health services are limited or absent, as these issues commonly increase tension within families, exacerbating familial pressure (Cluver et al., 2016a, 2016b; Lachman et al., 2016b, 2017; Ward et al., 2019). Fang et al. (2024) notes that when parents feel dissatisfied or incompetent in their role and demands as parents, they may project frustration or burnout. This highlights that parents need support and are not always *naturally*

equipped to navigate through the skills and demands of parenting through accessing coping strategies or functional tools of parenting.

5.2.1.2 Parent Skills Development

This sub-theme refers to the development of practical skills that enable effective parenting, such as communication, discipline, conflict resolution, and supervision, thereby enhancing a parent's sense of self-efficacy.

Participants emphasise the bond between parents and children and the importance of providing parents with practical skills, such as communication and dispute-resolution tools:

“Understanding the child and realising that there is a better way to parent. One needs to realise that a child’s needs need to be met and can only be done through proper communication. Building a great relationship between the parents and the child.”

(Participant 9)

Another participant emphasised structured programmes involving mental health or discipline to provide skills to parents:

“Structured programme that is maybe around promotion of mental health and prevention of mental illness in infancy or in early childhood, that is like parenting skills for parents or discipline, you know” **(Participant 1)**

The extracts also noted the importance of equipping parents with the skills of relationship building through healthy strategies:

“I think that parenting interventions that are the strongest are the ones that offer relationships to parents so that they can model some healthier strategies, right? And so, there are health, there are better ways to help a child cope with the tantrum or there are better ways to motivate a child.” **(Participant 4)**

Additionally, *“We're working with children and so these wise interventions are usually the ones that offer some guidance but offer relationships”* (**Participant 4**)

Teaching practical skills such as communication and relationship building is affirmed as the literature notes that positive parenting uses positive reinforcement, explicit instruction and boundary-setting techniques to achieve its objectives, i.e. a robust parent-child bond (Liu et al., 2024). For example, the literature notes The Incredible Years intervention emphasizes the fostering of secure, positive relationships to promote social and behavioural development (Landy & Menna, 2006). Parents essentially become competent in engaging with their children in meaningful and enriching interactions (Mejia et al., 2012). Opposingly, parents with low self-efficacy levels may feel overwhelmed, and this may potentially result in a negative impact on their mental health and quality of parenting (Liu et al., 2024).

The reported results on intervention effectiveness suggest that improved parenting practices were a common outcome across studies, particularly increased positive reinforcement and improved supervision (Berry et al., 2021; Cluver et al., 2017, 2016a, 2016b, 2020; Doubt et al., 2017; Lachman et al., 2016a, 2016b, 2017; Shenderovich et al., 2019, 2020; Thomas et al., 2022; Ward et al., 2019). Moreover, all of the interventions shared a common goal of improving parenting practices. Some used non-violent discipline strategies, while others used effective communication and emotional regulation. For example, studies have reported on improved open and respectful communication between caregivers and adolescents (Doubt et al., 2017; Lachman et al., 2016a; Shenderovich et al., 2019), and improved parenting practices encouraging non-violent strategies to discipline and a positive, reciprocal caregiving approach (Dowdall et al., 2021).

5.2.1.3. Systemic Support

The third sub-theme includes the broader socio-economic and environmental factors that affect parenting and the feasibility of intervention participation, such as access to food, financial stability, and infrastructure. Two experts raised the issue of lack of nutrition, which should be a resource provided during intervention sessions. The emphasis was placed on nutrition, as without it, “everything else collapses” **(Participant 8)**:

*“In situations where there's really not enough nutrition, if there's not enough nutrition, most everything else is going to collapse. And so as much as I really like books. Really good. Really important. Nutrients are almost have to come first, right? And so some of the Itemba projects does a lot with their gardening initiative. And I'm not so much as part of that, but like if the child is nutritionally stunted, it doesn't matter how many books they have, and you know if there's, if there's not enough nutrients then that's really going to limit how much they can learn and grow.” **(Participant 4)***

Congruently, **Participant 8** drew on Maslow’s Hierarchy of Needs (Maslow, 1943) to explain that our basic need is survival and a great percentage of parents who cannot afford to eat will not meet their basic need. Parents will therefore attend to their basic needs first, rather than a parenting intervention or programme:

*“Maslow’s Hierarchy explains that survival needs come first... parents will see to their basic needs first rather than parenting programs. The second level of the hierarchy incorporates the physical and psychological needs that must be met. It is therefore, challenging to meet the second level if the first level has not been met yet.” **(Participant 8)***

The intervention studies (Cluver et al., 2018; Shenderovich et al., 2021), however, explicitly scrutinize basic necessities within their interventions by assessing food insecurity in households to provide insight and implement strategies thereafter. Bhana and Bachoo

(2011) furthermore elaborate on how responsive parenting enhances family resilience, particularly in low-resourced contexts where resilience aids in mitigating socio-economic factors.

5.2.2 Theme Two: Planning

The second main theme explores how parenting interventions are structured and implemented. Planning includes considerations around who the interventions are for (universal vs. targeted), when they are delivered (prevention vs. treatment), and how participants are motivated to attend (incentives vs. no incentives).

5.2.2.1 Universal vs Targeted

As noted above, this first sub-theme refers to the scope of parenting interventions, regarding for whom they are designed for. The universal approach would include all individuals who influence a child's development, emphasising shared needs and community responsibility. The targeted approach would focus on high-risk groups requiring tailored support. These approaches align with developmental theory, particularly Bronfenbrenner's bioecological model (Bronfenbrenner & Morris, 2006).

All experts noted that the category for parenting interventions is broad rather than specific and includes parents who are experiencing behavioural problems with their child and those who have not experienced it.

“It is for any, for the parents that want to grow...the parent that doesn't have any challenges at all.” (Participant 5)

It is also essential for parents and teachers to engage in parenting interventions in order for all children's supportive structures to be aligned with the same objective:

“Because there's more than one adult in a child's life.” (Participant 2)

Some experts noted that parenting programmes are advisable for those who do not have children as yet, to equip themselves with the necessary skills and knowledge to parent effectively until such time. Community involvement is noted as important for parental support:

“Having a whole community that knows something about good parenting might be important.” (Participant 4)

The literature further validates that parenting interventions are not only for those who are biological parents, but for all prospective adults involved in a child’s life. Drawing from a bioecological systems theory (Bronfenbrenner & Morris, 2006), the multifactorial influences on a child’s life depicts the multitude influence on parenting which should be integrated within the broader ecosystems and not considered in isolation or independent of these external influences. Additionally, one intervention study reported that there was a level of orphaning and migration within the community as most of the adolescents were cared for by other relatives and not their biological caregivers (Cluver et al., 2016b).

The Double ABCX Model additionally, places emphasis on social structures and notes that a strong social community, communication, and role flexibility fosters unity and a shared purpose (McCubbin & Patterson, 1983). Thus, the link between the model and theory lies in the shared emphasis on systems and networks of support, showing that parenting is both contextual and relational, and that interventions must address the social and communal aspects of caregiving, not just the individual caregiver. Individuals are therefore protected through emotional support, advice, and assistance, which aid parents in reducing feelings of isolation and improving levels of self-efficacy (Pozo, 2014). The intervention studies support this, as an enhanced social support structure has effectively reduced caregiver isolation and

hardship by providing caregivers with the support to maintain positive practices (Cluver et al., 2016a, 2017; Berry et al., 2021; Thomas et al., 2022; Ward et al., 2019).

In terms of age specifics and health status, all experts agreed that interventions apply to all ages (infant, toddler, adolescent phases) however, health status (mental, physical, emotional - e.g. autism spectrum disorder) affects the type of intervention applied. The below excerpt integrates the two:

“It's not age-specific. However, with mental health status, obviously, the tools can be adapted to various mental health issues.” (Participant 6)

The literature supports that parenting interventions are not limited to one age group. However, for it to be cross-aged, it would need to be designed with adaptability to support the various age-groups. Erik Erikson's theory of psychosocial development (Maree, 2021) provides the various developmental stages as per age group and how parenting interventions may influence those groups. Additionally, practical implementation differs enormously among age groups, in a sense that play-based approaches for toddlers differs significantly from communication strategies for adolescents.

In terms of health status, Sofronoff and Sanders (2007) state that as approaches to parenting interventions have increased, researchers have steered away from a “one-size-fits-all” approach towards focusing on the unique challenges that are population-specific. This is critical in adapting tools to various mental health issues and challenges that are experienced socio-culturally.

The evidence has highlighted the importance of a broad target category with importance placed on community involvement, as a child's development is not only linked to their biological parents but to the multiple layers that they are exposed to and influenced by.

Strong support systems are essential to equip parents and provide care and upliftment where necessary. Hence, all support systems ought to be equipped and trained with the necessary skills and tools to implement successful parenting. Additionally, the experts noted that interventions can be applied to all age-groups, however, the literature noted a slight divergence in specifically stating that the intervention would need to be adapted to specific age groups in order to be applicable. Similarly, with health status, the correlation between the literature and the experts, highlighted the conditional adaptability of tools to ensure that interventions can be transferable to various health statuses.

Participants raised insightful points about targeted intervention groups that are not widely discussed in the literature. One participant reflected on the reluctance some parents feel when interventions are designed for specific groups, suggesting that this can lead to feelings of being singled out or marginalised:

“I don't think parents realize that there is help available. It's usually a governmental intervention that forces them to go there... When a mother has a meltdown, when she's overwhelmed, she thinks think it's too little, too late. It's not” In addition she states that
“parents think everybody's doing it, so I should” (Participant 3)

This example reflects a parent attending a government-mandated programme for low-income families may feel “othered” or embarrassed, particularly if such interventions are not commonly accessed by the wider parenting population.

In contrast, another participant strongly supported the value of targeting at-risk groups, arguing that those with the least access to resources (e.g., books, support networks) often have the most potential to benefit from interventions:

“Our interventions that target populations with fewest resources are probably ones who are least supported, who have the fewest amount of books and would have the most room to grow and so from that then you know if you need to prioritize who gets access; you should prioritize the ones that have the least access because that's the one that you're going to see the most room for growth.” (Participant 4)

This perspective highlights how the most vulnerable or under-resourced families tend to be underserved, despite potentially achieving the greatest benefit from these support services. Furthermore, the literature makes multiple references to intervention and responsive parenting being a crucial need within low-to-middle-resourced and socio-economic countries (Jeong et al., 2021; Sherr et al., 2017). This has come through strongly in the intervention results, as a common trend across studies has target categories that focused on low-resourced settings, with emphasis on poverty or low-income households, conflict between dyads (child/adolescent and caregiver), abuse, and behavioural concerns.

It is important to note that one participant mentioned a specific intervention that is universally accessible which showcases that interventions can be widely tailored to suit the needs of the community:

“This specific intervention (PET) can be taught to any person, regardless of their level of education, income, race, gender, culture, language – it is being taught all over the world and has been translated into many languages. It's even been adapted to train illiterate people from rural areas with limited resources.” (Participant 7)

5.2.2.2 Prevention vs Treatment

The second sub-theme refers to when interventions are facilitated. All experts noted that parenting interventions are ‘theoretically’ designed for both prevention and treatment. One expert, solely due to personal experience within facilitating interventions, indicated that she rarely engaged with parenting interventions as a preventative measure and majorly facilitated interventions as a treatment approach:

“Hardly ever prevention. I've been doing this for too long, almost 10 years. I've never had anybody do it for prevention.” (Participant 3)

“At best, prevention at worst treatment” (Participant 4)

“Which is prevention of mental illness and promotion of mental health, promoting the bond between the parents and the children...But parents don't really see the need” (Participant 1)

“When it's just based on treatment, it makes parenting interventions that much harder because now there's a stigma attached to it. By nature, having a child means that you should work on prevention.” (Participant 4)

Participant 3 particularly raises an important point that although parenting interventions are often designed with prevention in mind, they rarely function effectively as purely preventative in practice. Instead, within the given context, interventions may need to prioritise treatment as the primary focus, with prevention as a secondary element. This highlights a clear disconnect between theoretical intentions and the practical realities of intervention design and implementation.

5.2.2.3 Incentives vs No Incentives

The third sub-theme highlights factors linked to participant motivation, retention and completion of programmes. In terms of incentives, one expert noted that the incentives

provided within research studies in South Africa i.e., shopping vouchers, do not necessarily provide the best outcome, as participants may only attend for the purpose of the incentive rather than reaping the benefits of the intervention:

“I don't think that's the best practice and that my opinion from that comes from what projects has told me. What would it mean if we got the money, and we put it to something, but it's for that money to be repurposed in a way that's more valuable to them, right? Actually, offering them a play group where they can come and be given snacks and friends and an activity, because there's the unintended harm in making people feel like customers instead of partners and so that that handout culture can cause more long-term harm.” (Participant 4)

The expert furthermore mentioned a project that she runs, and the point system that it is associated with, to provide a more in-depth understanding:

“They have a point system, and so parents can earn points and then by engaging by participating in the programme, they earn points and then they can go spend those points on toys, on food...But it puts the control in the family...So that the incentive itself is to participate in the programme and then they get actual resources that they can take home and keep.” (Participant 4)

In another example, ECD programmes provided monthly packs of educational toys and books that were allocated to families to promote continued engagement. A book-sharing programme also encouraged library registration at the local library to encourage sustainability of the intervention and encourage development.

“Put resources out such as awareness, using a rural school bus with a library and food, offer parenting workshops within the community, allow the community to pay for the

session through the making of food in the kitchen and playing with the kids within the community.” (Participant 8)

The experts brought this to light in relation to the LMIC as a strategy to bring awareness, break stigma and effectively implement interventions in these communities. It may also have a positive effect on social support with all the members coming together to be a part of this type of initiative and engage with one another and their children. However overall, the experts appear to issue a caution regarding monetary incentives, and that they need to be understood and used in context as there are other ways to incentivise the intervention in ways that are more appropriate towards a given outcome.

5.2.3 Theme Three: The Impact

This theme is structured into two key subsections. The first, Feedback and Monitoring Effectiveness, explores how the effectiveness of parenting interventions is observed and measured through participant feedback, formal evaluation methods, and systematic follow-ups, highlighting improvements in communication, emotional wellbeing, and family dynamics. The second, Aligning Expectations, considers how effectiveness is influenced by differing goals and perceptions among parents, children, and facilitators, including issues of parental empowerment and potential disconnects in messaging between children’s rights education and parenting approaches.

5.2.3.1 Feedback and Monitoring Effectiveness

It may appear somewhat biased for the participating experts to comment on the effectiveness of parenting interventions that they coordinate; however, the experts in this study have received positive feedback from participants who have successfully participated in their interventions. Essentially, parenting interventions have helped parents define a

relationship with their children that fosters attachment, and it has demonstrated notable changes in the perspectives of both the child and the parents.

The potential effectiveness of parenting interventions was highlighted for both child and parent in the following two quotes, as a means to create a secure atmosphere in which a parent and child can learn to communicate effectively, manage their feelings, and resolve conflicts, while honouring each child's individuality:

“Enormous changes between the child and parent’s perception respectively. Learning HOW to communicate has worked well and testimonies from clients have shown to prove this true.”

(Participant 9)

“It's all in how we listen to our children...how we talk to them... how we deal with conflict.

We allow the child to be a unique human being.” Additionally, *“Children become emotionally intelligent”* **(Participant 5)**

Additionally, the positive changes demonstrated were justified and validated in reference to the use of formal follow-ups. One participant noted a project that sponsors teachers to provide online workshops. This project include multiple follow-up periods to track the effectiveness and sustainability of the intervention.

“The company sponsors teachers from all over the country to come. There were people from Durban, from like areas of the Cape Flats, like everybody in one online workshop. They do pre-test. They do pre-test, pre-intervention and post-intervention.” **(Participant 6)**

Monitoring strategies via immediate post-test evaluation to 12-month follow-up were also noted in every intervention study within the systematic review, as a shared feature to determine sustained impact. The correlation between the effectiveness of the interventions reported on and the reports from the experts highlight and reinforce the impact of parenting

interventions, leading to positive parenting and healthier family dynamics over longer periods.

5.2.3.1.1 *Aligning Expectations*

In addition to finding ways to measure and track effectiveness, experts highlighted how effectiveness may be shaped by differing expectations between parents, children, and facilitators.

One participant noted the importance of the goal of the intervention, as that would determine the effectiveness of it, the age group of the child and how much time they are investing in the intervention.

“So oftentimes children might be the one measured, but it really depends on what's the goal of the intervention, right? Because it's the goal of the intervention that these children would have either better strategies for tantrum, or that the children don't know so much about parenting interventions so there's a lesson that might have a bigger role in that and other times it's helping parents manage sleep after their first child. So it really would depend on how old the child is and how much they're involved in the intervention.” (Participant 4)

Additionally, she states another crucial aspect of effectiveness in stating that parents need to feel that they are partners to this intervention rather than clients and to provide parents with the opportunity to feel independent and empowered through their participation:

“The efficacy of it I think will really depend on how much the parents are seen as partners versus parents seen as clients or consumers or something that you're supposed to fix. I think when parents are seen as partners and they're given enough time and enough attention to change then you know parents are in charge. And so, any researcher or intervention that

comes in and doesn't see the parents as in charge, I don't think it's going to be very effective.”

(Participant 4)

Another participant noted a disconnect that may affect the effectiveness of the intervention. This disconnect arises from the difference between the information given to children and the training provided to parents. For example, children are taught at school that they have rights. As a result, some children believe that their parents are not allowed to place demands on them or speak to them in an assertive manner. The participant emphasised that this misalignment creates confusion and tension in the home environment. She shared that this exact issue had come up during a consultation session earlier on the same day as our discussion.

“I think there's a disconnect between the information given to children and the training for the parents because in a way, in a sense, the focus for the parents is on behaviour, training towards the children to change the children's behaviour, but it's not applicable to them like a child would say. I just had it today “My parents can't speak to me like that because I have children's rights.” The parents' stance is: “I feed you, I protect you. I don't need the school. You are my child.” So, he's taught at school that he has children's rights, but it's got nothing to do with the way you have been spoken to. Those will disconnect the information you are giving children” (Participant 3)

5.2.4 Theme Four: The Barriers and Recommendations

This theme addresses the obstacles that hinder the effective implementation, accessibility, and uptake of parenting interventions. These challenges exist at both the individual and programme-levels and often intersect with structural and systemic inequalities. Some recommendations have been made in relation to the barriers and will be highlighted.

5.2.4.1 Individual Barriers (Motivation)

This sub-theme focuses on personal and situational factors that affect a parent's ability or willingness to engage with interventions. These include stigma associated with seeking help, financial constraints that make participation difficult, and time constraints due to work, childcare, or other responsibilities.

5.2.4.1.1 Stigma and Motivation of Parents

During the interviews, experts noted a perceived lack of willingness for parents to participate in parenting interventions, and to rather respond in a more reactive than proactive way. This was often due to the parent's perception of the relevance or severity of the child's problem:

“In order for them to go to a parenting kind of support group, unless it's for a specific problem that their child has that they're going to get help or, like autism, or using the solutions or something like that, they're not gonna go.” (Participant 1)

Another participant mentioned that cultural experiences are linked to stigma when parents need professional help

“Cultural experience - that parents should get help or can get professional help. Professional help is labelled as “is something wrong with you?”” (Participant 3)

Shenderovich et al. (2018) and Wessels (2017) have emphasised engagement and participation as crucial to effective parenting interventions. Parental motivation or resistance was also associated with the required time commitment:

“Parents need to be willing to sign up for an 8-week PET training course. One session is 3 hours long, so in total 24 hours. Parents often want a quick fix, and 8 weeks feels like a very long time for them to wait to be qualified as an effective parent.” (Participant 7)

The three-hour sessions reported in the previous excerpt, exceed the average of 1.8 hourly sessions for parenting interventions (Ward et al., 2019). This corresponds with the expert's insight that longer sessions are not feasible for most parents, in light of competing demands, where commitment to an eight-week programme, with three-hour sessions are perceived as too long and overwhelming.

Stigma was also noted as a potential individual barrier to accessing parenting interventions. Although the word "stigma" was not explicitly stated in the literature, there were noted references to the possibility of stigma in the interviews. Importantly, this suggests that culturally-adapted interventions may be more appropriate and acceptable to specific cultures.

"People are reluctant when it comes to mental health and there's, like you said, there's the stigma around. There is not really stigma in the private school populations...I don't see the stigma problem in the private sector, but I do think in certain cultures, in certain areas, there's still the stigma... I don't know to what extent that is, that stigma is an issue in South African society. I think it's culture specific and area specific." **(Participant 1)**

Syed et al. (2024) and Schilling et al. (2022) examined the effectiveness of culturally adapted parenting interventions and concluded that it is necessary to tailor interventions to the needs of the community to increase engagement and effectiveness. Mejia et al. (2012) highlight that culturally tailored interventions increase the acceptability and longevity of the programme through the incorporation of traditions, values and beliefs.

5.2.4.2 Resource Constraints for Service Users

In the interviews, it was reported that parenting support was primarily accessed by select demographic groups:

“I would say I think 80% white people. And I would say 20% brown and not black people at all.” (Participant 5)

Shenderovich et al. (2018) and Wessels (2017) noted that dropout rates were associated with poverty-related issues, frequent illness, and engagement challenges. In the following comments, time and financial constraints are factors that directly impact capacity and accessibility intervention-based treatment:

“I think in more socio-economically deprived areas, it's even more difficult to get people to it because there are issues around transport and finance.” (Participant 1)

“I suppose if you are experiencing financial problems, the last thing that you will enrol in is a parenting course.” (Participant 2)

“Unfortunately, these programs cost money...I don't know of a lot of free parenting services.” (Participant 5)

The evidence across the literature, interventions, and expert knowledge presents a strong concern regarding demographic variables and socio-economic status, whereby interventions are predominantly accessed by white, middle to upper socio-economic groups. The literature and intervention studies attempt to close these gaps by tailoring interventions to support these under-represented brackets and highlight the urgent need for interventions within these contexts.

Jeong et al., (2021) argue that responsive caregiving is a cost-effective strategy to support early childhood development in low-resource settings, particularly where more extensive services may be limited. Intervention studies have assessed the number of necessities families could afford, using tools to measure economic hardship, food insecurity, airtime, and transport access. These efforts aimed to alleviate financial barriers through targeted programme design (Cluver et al., 2017, 2020; Lachman et al., 2016a, 2016b, 2017;

Shenderovich et al., 2018). Blair and Raver (2016) refer to unfavourable environments such as one marked by poverty having opposing outcomes on a child's development.

5.2.4.3 Programme Barriers (What is Currently on Offer)

In addition to the factors that impact the parent and service-user, barriers are also noted regarding limitations within the interventions themselves, or how they are delivered. Barriers include a shortage of trained human resources, insufficient or inaccessible materials and resources, and language barriers.

According to the experts, the primary resource needed for effective programme delivery is the training and support of compassionate skilled ECD facilitators:

“Really good people. I think that's one of the biggest ones is that you know that we really need good staff. And people who work with parents compassionately and from a, you know, with wisdom and compassion, so I think, one of the biggest resources, is actually people that could, be the ones to support.” (Participant 4)

“I think early child development certificates and education to be able to have professionals that can be mentors and teachers and educators. That's another systemic barrier is being able to have trained ECD professionals.” (Participant 4)

Zulauf-McCurdy et al. (2024) emphasize the need for collaboration between parents and teachers. While the literature does not explicitly state ECD professionals, it stresses the importance of educational support. Intervention studies, however, do place emphasis on this: Thomas et al. (2022) recruited ECD mentors; Lachman et al. (2016a, 2016b, 2017) and Wessels (2017) trained community-based facilitators to deliver content and manage group dynamics.

In addition to human capacity, appropriate infrastructure and resources were noted as important to programme success, including internet connectivity, books, nutritional support, and a safe space for children:

“So, then you're obviously you're going to need your internet connection, a stable connection, you're going to need your slides in a good condition that you can share screen...The flip chart, the projector and the slides, so that's the basic like training in a classroom situation.”

(Participant 2)

“Books. Books are really important for older kids, right, and for adolescents and for older kids, giving them space, space to play space safe.” **(Participant 4)**

Dowdall et al. (2021) supports this, noting that books were central in the Book-sharing intervention, reinforcing the importance of accessible learning materials. Additionally, the mention of safe play spaces highlights broader infrastructural challenges that may exist in low-resource areas, particularly when implementing parenting interventions.

Given these limitations, particularly in terms of space, materials, and reliable internet access, online interventions may not be appropriate in all settings. In response, several intervention studies have adapted their delivery models by facilitating sessions in local community centres (e.g., Lachman et al., 2016a), thereby increasing accessibility and ensuring programmes are delivered in environments that align more closely with families' needs.

Finally, language has also been noted as a key issue for the effective cross-cultural design and delivery of programmes. Failure to deliver interventions in a native language may lower attendance and engagement. The need for adapted interventions and appropriate

translated material has been stressed throughout the literature and intervention studies, as well as by participants:

“We can say read to your children, but if there's not a book in that language, if they're not accessible, if they're expensive, that's a barrier.” (Participant 4)

“Translating tools and methods into the native language of the community.” (Participant 6)

Participant 6 also noted she is learning isiXhosa to break language barriers and encourage willingness to attend.

5.3 Chapter summary

This chapter provided an integrated discussion on the data collected during the structured interviews. The experts highlight the importance of parenting interventions to promote a positive relationship between the caregiver and the child, emphasising the adaptability of the interventions to suit the developmental, emotional and cultural needs of the participants, including individuals who are not parents yet. The need for culturally appropriate interventions was strongly emphasised to address barriers such as stigma, language and resource availability. Important, noteworthy recommendations refer to accessible and inclusive interventions incorporating economic support and collaboration from the government. The excerpts, thus, highlight the crucial role of parenting interventions in South Africa.

Chapter Six: Discussion and Conclusion

This chapter provides a discussion on the results attained from the mixed-method approach that integrates findings from both the systematic review and Delphi method, respectively. Furthermore, it provides an integrated concluding paragraph on both methods to bring forth a conclusion based on the objectives of the study. The research study aimed to explore parenting interventions in South Africa through a systematic review and Delphi method. A systematic review was conducted first to determine the current landscape of available peer-reviewed literature on parenting interventions in South Africa, to identify trends, gaps and best practices in the field. The synthesised information from the systematic review was then used to inform the Delphi method, to explore the recommendations of experts in the field of parenting in South Africa. With the use of a Delphi method, the study determined the factors that hinder and encourage the participation and application of parenting interventions in South Africa.

6.1 Summary of the Key Findings from Phase 1: Systematic Review

Intervention effectiveness proved consistent across studies in improving parenting practices and behaviours by reducing harsh discipline and improving the relationship between the caregiver and the child. Studies such as Cluver (2016a; 2020) and Berry et al. (2021) emphasised these outcomes and highlighted that parenting interventions have proven effective in assisting with alleviating physical and emotional violence against children and improving caregiver mental health. To achieve greater engagement and attendance, tailored interventions that suit the context of the specific community have been noted as crucial components, especially for relevance, such as the Sinovuyo Parenting Programme (Lachman et al., 2016b; Shenderovich et al., 2019). Furthermore, the interventions included specific

groups as their target population, i.e. communities exposed to poverty, high rates of violence and low-income, vulnerable families.

The systematic review presented gaps that future research may benefit from, such as representing South Africa in its entirety, as the study only represented three provinces, allowing a vast nationwide underrepresentation; thus, a broader geographical representation may be more viable. Long-term support is necessary to maintain the effectiveness of the intervention; thus, longer follow-ups are required. Furthermore, addressing systemic issues such as financial constraints and integrating economic empowerment may aid in breaking these barriers. Randomised control trials were a trend across studies as it was the most prevalent form of research design however, potential biases occurred through using self-reported data and the implementation of mixed-methods were suggested for more reliable findings. Furthermore, interventions that incorporated the community appeared to have more positive outcomes and uptake, as the intervention components were more relatable to the participants.

Aligning with the literature, structured interventions are, thus, noted as a vital key to diminishing harsh parenting through the prioritisation of empathy, patience, and non-violent discipline, to nurture a supportive family environment (Mejia et al., 2012). Furthermore, the Parenting for Lifelong Health is a prime intervention that focuses on addressing culturally relevant parenting practices whereby locals may quickly adopt and maintain the skills and strategies (Cluver et al., 2017). One would need to understand universality without uniformity as an essential measure to implementation for parenting practices to be aligned with the community's cultural beliefs and values (Lansford, 2021). Knerr et al. (2013) applied the technique and promoted culturally informed interventions that honoured local customs, presented parents with an alternative suitable positive practice, and nurtured the

family's support systems. Without consistent support however, the benefits may cease, and thus, the need for ongoing interventions has been emphasised to maintain these developmental improvements (Prime et al., 2021).

6.1.1 Limitations and Future Recommendations

The systematic review offered insight into the effectiveness of parenting interventions within South Africa; however, several limitations were noted in the scope and design of the identified studies, that were either noted by the author(s) of the studies or the researcher. Firstly, the geographical representation of studies was restricted to select provinces and did not represent South Africa, as a whole. Future research may address this by conducting parenting-related research across the broader, diverse South African context.

Training and qualifications of facilitators differed, and there was considerable variation in the intervention delivery in terms of duration and session structure. Short-term follow ups were noted as a limitation in relation to sustainability of the intervention that could not be measured unless a long-term strategy was implemented. Whilst the sample sizes varied considerably, the presence of male caregivers were largely underrepresented which limited results inclusivity. Future studies suggest recruiting a more diverse caregiver profile. Currently, an intervention called SMS4baba is a mobile health intervention developed in Kenya to support expectant and new fathers through regular, culturally tailored text messages (Wachira, et al., 2024). Adapted from the Australian SMS4dads model, SMS4baba delivers parenting tips, mental health support, and guidance on partner and childcare during the perinatal period (2 weeks of gestation (late pregnancy) and ending 7 to 28 days after birth) (Wachira, et al., 2024). The study demonstrated that the programme was both feasible and acceptable in low-resource settings, with participants reporting improved emotional regulation, enhanced father-child attachment, and increased support for their partners. The

use of mobile technology helped overcome common barriers to father engagement, such as time constraints and limited access to services (Wachira, et al., 2024).

Participant retention and attendance were highlighted as limitations by study authors, as drop-out rates were often related to external socio-economic factors including illness and household responsibilities. Future recommendations suggest a possible implementation of a flexible delivery model to accommodate caregivers' schedules (where participants are able to participate in their homes or in hybrid contexts) as well as advocating for the normalisation of proactive participation, which may help to overcome existing barriers. Flexible delivery was noted in the intervention studies of Cluver et al., (2017), Doubt et al., (2017) and Thomas et al., (2022), where session content was delivered through home visits for participants who missed group sessions, in attempts to increase accessibility and engagement in the interventions.

Self-reported data raised concerns around potential bias from participants by providing favourable responses, thus, mixed-method approaches have been suggested to combat this. In addition, 44% of the instruments used across studies were validated in South Africa. Future research suggests the development of validated and culturally appropriate instruments and continuous engagement with local communities and facilitators to preserve relevance, engagement and sustainability.

Additionally, the absence of control groups across some studies made it difficult to determine causality and assess whether the intervention alone contributed to observed outcomes or whether external factors were at play. In contaminated settings, such as overcrowded environments, physical separation and blinding procedures are recommended to minimise the risk of biased data.

Small sample sizes also emerged as a limitation, as they restrict how well findings can be generalised across broader populations. To enhance representativeness and improve statistical power, future studies should include larger samples that span different cultural and geographical groups.

Contextual factors such as cultural norms, family dynamics, and the community environment were not thoroughly explored. Community-based participatory approaches are, therefore, encouraged to ensure interventions are tailored and culturally relevant. Incorporating longitudinal designs may further support the understanding of long-term sustainability and impact.

Another notable contextual factor is that households may include extended or ‘blended’ family structures where the primary caregivers may or may not be biologically related to the child(ren). This is specifically referred to in studies, where only 17.6% of the caregivers (both) are biological related to their children. This marks a key consideration for both identifying target populations for parenting interventions and the shaping of programme content.

Economic challenges, while briefly mentioned in relation to attendance and retention, were not addressed as broader social determinants. Future research should combine parenting interventions with economic strengthening initiatives. This may involve multi-level strategies aimed at tackling poverty and systemic inequality, thereby improving participation and long-term outcomes.

Overall, the studies did not report on the use of or guidance from any of the theoretical frameworks outlined in Chapter Two. Future research could benefit from this, as it may provide a more critical analysis of why intervention is so important and the impact on developmental outcomes.

6.2 The Delphi Method Summary

The key findings of the Delphi method yielded very similar correspondence to the findings in the systematic review. Experts were consistent in highlighting parenting interventions as an important and crucial methods to equip parents with the necessary skills to foster healthy and positive relationships with their children, encourage positive development and to break through barriers of harsh discipline. The interventions can be seen as preventative and treatment-based, although prevention was not a favourable cause of parents engaging in these interventions but rather as a resources that was accessed once an issue in the family dynamics arose.

Important strategies and methods such as effective communication techniques, conflict resolution and discipline workshops were emphasised to build strong, trusting relationships between the caregiver and the child. The need for emotional support and upskilling parents were strongly emphasised and extended to those who do not have children yet, as parenting interventions are imperative for all individuals to either better prepare them or those who play a caregiving role in a child's life, aligning with Bronfenbrenner's ecological model (1979, 2006) and further supported by findings in the intervention studies. There is thus, strong evidence from both the experts' insight and the intervention studies that parenting interventions can significantly improve parenting practices, family dynamics and children's developmental outcomes however, barriers that hinder and encourage the participation and application of parenting interventions remain evident, as discussed in the previous chapter.

6.2.1 Limitations and Future Recommendations

It has been noted that all experts participating in the interviews, were females employed primarily in private practices serving largely white, middle- to upper-class

clientele. The relative homogeneity of the participants underscored a lack of diversity in the panel, which may have impacted the range of insights provided. Future research may explore this to understand whether there is a relationship between the role of female-led parenting interventions, and the uptake and responsiveness by fathers and male caregivers, who may not feel wholly represented in the intervention space. Experts noted inaccessibility to parenting interventions as a limitation, which is greatly influenced by socio-economic and demographic variables. This highlights the ongoing barrier to those in under-resourced communities who may lack the financial and logistical infrastructure to participate.

Another limitation that came through strongly was the lack of resources such as trained facilitators, poor infrastructure, stigma, limited access to training materials and a lack of necessities such as food and safe spaces for children. Families within LMICs may prioritise meeting their basic needs over engaging in a parenting intervention. Whilst intervention studies have tailored their interventions to suit the community, it is still not reaching the larger scale.

The suggested future recommendations aim to combat these barriers centred around the governments influence and involvement. Experts emphasised the importance of government funding to support these initiatives and embed them into existing public services such as clinics and schools where community-based platforms can be accessed. Additionally, development in infrastructure, food resources and trained professionals were recommended. The development of culturally relevant interventions, incorporating local languages, values and customs, as well as the normalising of parental education may break the barrier of stigmatisation, encouraging parents to use these interventions for prevention rather than treatment and ensuring it is effective within the respective community.

6.3 Limitations and Future Recommendations of the Study

The study yielded a few limitations in the methodology and data collection process. The systematic review did not appear to raise any significant concerns for the researcher; steps were documented and followed in alignment with the identified process, to the extent that could be determined. Although minor, the researcher encountered a brief interruption during the screening process. Initially, no final count was generated after the title screening stage because the researcher mistakenly entered the initial number of records into the “abstract screening” rather than the “title screening” category. However, the error was corrected by reprocessing the records through the appropriate category, after which the three-step screening procedure was successfully completed, yielding the final number of records.

The Delphi method yielded concerns due to the result of the constrained pool of qualified experts and as a result, the extrapolated findings from the systematic review, combined with the initial rounds of the Delphi method were deemed sufficient to establish a consensus. Additionally, six out of the nine participants were available for an online interview due to schedule alignment thus, questionnaires were offered as an alternative. Whilst questionnaires are informative, the option of a discussion around the experts’ opinions were limited. Future research should aim to broaden the pool of experts by establishing partnerships (regional and internationally) with academic institutions, professional boards, and multidisciplinary networks (e.g., those in education, psychology, social work, and public health) to identify additional qualified experts. Conferences, workshops, or webinars may provide opportunities to engage with potential contributors who are not active researchers but hold significant practical expertise. This could enhance the feasibility of conducting multiple Delphi rounds, thereby strengthening the consensus-building process and increasing the methodological rigour of the study.

A limitation was also noted in the interview design, as questions appeared too broad at times, leading to less focused responses from participants, as noted in the engagement regarding the effectiveness of parenting interventions. The following were not explored in detail and future research could benefit from obtaining more information on the effectiveness of family relations, school attendance, parental community involvement, and social support. Future research should refine the interview questions to explore more specific dimensions of effectiveness in parenting interventions. Targeted questioning in these areas would provide a more nuanced understanding of intervention impact and inform more comprehensive programme design and evaluation.

Furthermore, future research should consider incorporating case examples shared by participants to illustrate evidence-based scenarios that ground theoretical insights in practical experience. Additionally, studies could benefit from examining the short-term versus long-term impact of parenting interventions, with particular attention to whether parents are able to generalise the skills acquired and apply them effectively across different children and contexts within the household.

6.4 Conclusion

The study has provided a comprehensive analysis of parenting interventions in South Africa by integrating insights from a systematic review and Delphi method. The methods correspondingly highlight the value and effectiveness of parenting interventions in improving caregiver-child relationships, reducing harsh discipline and providing a safe space for children and adolescents to reach their overall development and positive well-being.

Despite these promising results, significant barriers such as limited geographical representation, accessibility issues and socio-economic challenges were consistently highlighted. The alignment across the literature, interventions and expert insights, reiterate

the urgent need for culturally-adapted interventions that are relevant and sustainably supported. The recommendations thus, emphasise the importance of government involvement, long-term support, innovative delivery methods and a broader representation of both facilitators and participants. Addressing systemic barriers may alleviate the constraints faced by these communities and ensure better inclusivity and diversity.

The research strongly acknowledges that parenting interventions have the power to transform family dynamics and foster positive outcomes in children through their objectives, methods, and applicability, making contributions to healthier family and community dynamics overall. The research thus, offers a well-rounded foundation for future research aimed at strengthening parenting intervention initiatives across South African diversities.

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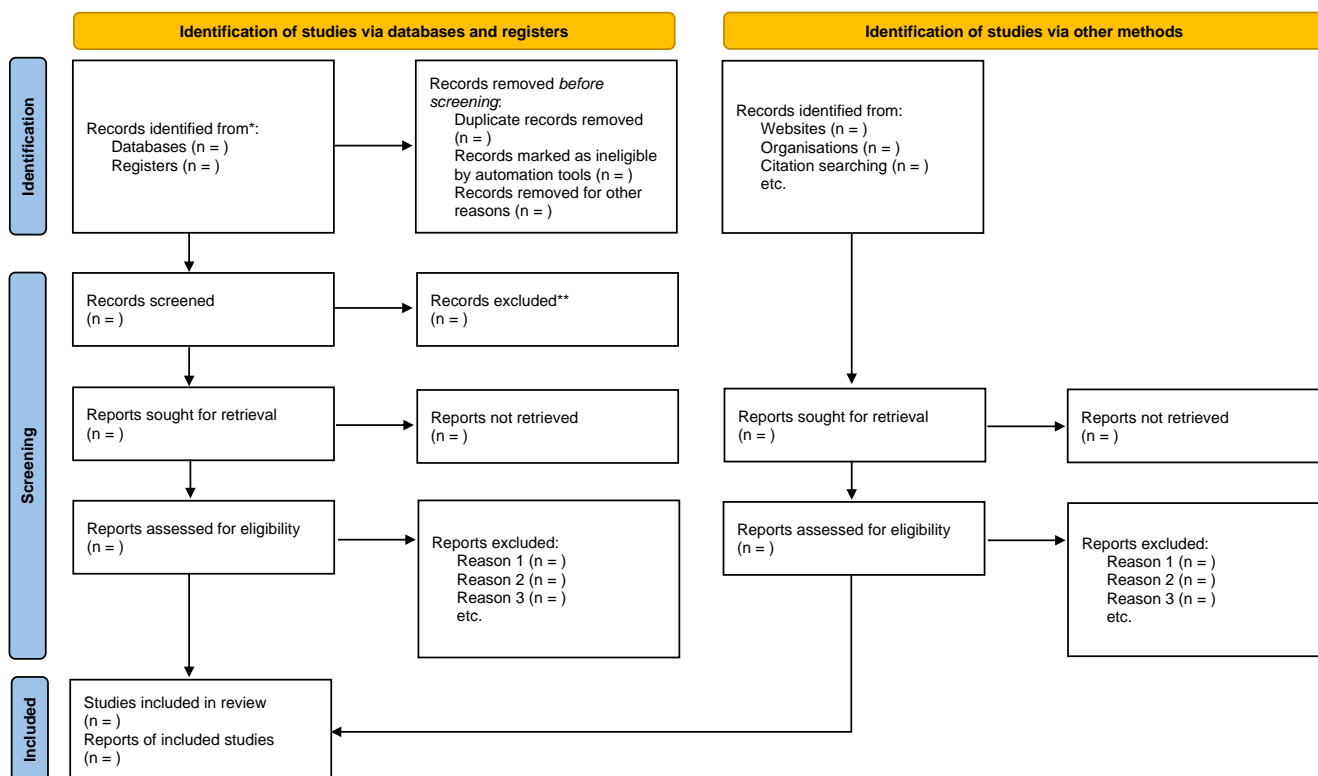
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Appendices

Appendix A: Data Extraction Sheet

Authors	Year	Research context	Research aim	Research design	Data collection methods	Sample characteristics	Key findings

Appendix B: PRISMA Chart



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Appendix C: Critical Appraisal Tool

CRITICAL APPRAISAL CHECKLIST FOR A SYSTEMATIC REVIEW

Bibliographic Details	Author	Title	Source

Description of Intervention Study/programme	Year	
Purpose	Yes (1)	No (0)
1. Is there evidence that literature has been consulted in providing context or background?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a clear problem statement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a clear rationale provided for the study?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the aims of the study clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the aims explicitly related to the problem statement?	/5	
<i>Total points for this section</i>		
Study	Yes (1)	No (0)

1. Is this an intervention study?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the theoretical orientation of the interventions reported and described?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the theoretical orientation described in detail?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the authors report on the development of the intervention?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the elements of the programme reported on?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the authors report on the implementation of the programme?		
7. Is there a description of fidelity to the implementation of the programme?		
8. What is the relationship of the study to the area of the topic reviewed?	/9	
a. Minimal to no relevance (0) <input type="checkbox"/>		
b. moderate relevance (1) <input type="checkbox"/>		
c. Highly relevant (2) <input type="checkbox"/>		
<i>Total points for this section</i>		

	Yes	No
Sample	(1)	(0)

1. Was the source population clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion/ exclusion criteria specified?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the authors make a distinction between probability and non-probability in sampling? Did every eligible person have an equal chance of being included in the study?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the sampling choice motivated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the sampling frame identified?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the sampling method appropriate?		
7. How were subjects allocated to the groups?		
a. Pre-existing (1)	<input type="checkbox"/>	
b. Random assignment (2)	<input type="checkbox"/>	
8. How was the size of the study sample determined?		
a. Not reported (0)	<input type="checkbox"/>	
b. Using threshold numbers (1)	<input type="checkbox"/>	
c. Formulas (2)	<input type="checkbox"/>	
d. Statistical requirements (3)	<input type="checkbox"/>	
9. What techniques were used to ensure optimal sample size?		
a. None (0)	<input type="checkbox"/>	
b. Mortality follow up (1)	<input type="checkbox"/>	
c. Incentivization (2)	<input type="checkbox"/>	
d. Oversampling (3)	<input type="checkbox"/>	
Total points for this section		/20

Ethics	Yes (1)	No (0)
1. Was ethics approval obtained from an identifiable committee?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the authors report on obtaining access from principals, school governing bodies and education departments?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was informed consent obtained from the participants of the study?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have ethical issues been reported on:	<input type="checkbox"/>	<input type="checkbox"/>
a. Confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>
b. Anonymity?	<input type="checkbox"/>	<input type="checkbox"/>
c. Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>
d. informed consent?	<input type="checkbox"/>	<input type="checkbox"/>
Total points for this section		/7

Instruments	Yes (1)	No (0)
--------------------	------------	-----------

1. Were instruments clearly identified with full references?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were specific outcomes identified?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were instruments appropriate for the outcomes identified?	<input type="checkbox"/>	<input type="checkbox"/>
4. Which of the following psychometric properties were reported on:	<input type="checkbox"/>	<input type="checkbox"/>
a. Did they report on the psychometric properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did they report on psychometric properties of the scale for this sample?	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the authors report on the type of data produced by the instruments?	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the instruments produce data that supported the proposed analysis?		
		/7
<i>Total points for this section</i>		

	Yes	No
Data Analysis	(1)	(0)
1. Was the method of analysis made explicit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the method of analysis motivated?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the method of analysis appropriate relative to the research question?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the conclusions drawn appropriate and supported by the data?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the inferences drawn supported by the type of sampling?	<input type="checkbox"/>	<input type="checkbox"/>
		/5
<i>Total points for this section</i>		

Results	Yes (1)	No (0)
1. Were alpha levels reported?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were results correctly interpreted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the results clearly linked to the research questions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the results presented in a tabular form?	<input type="checkbox"/>	<input type="checkbox"/>
	/4	
<i>Total points for this section</i>		

Conclusion	Yes (1)	No (0)
1. Was a clear conclusion drawn?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the conclusion supported by the findings?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were relevant recommendations made based on the findings?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were limitations identified?	<input type="checkbox"/>	<input type="checkbox"/>

<p><i>Total points for this section</i></p>		
<p>Total score/Score (%):</p> <p>Weak <input type="checkbox"/> (<40%) <input type="checkbox"/> Moderate <input type="checkbox"/> (41-60%)</p> <p>Strong(61-80%) Excellent (>80)</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>(Studies will be excluded from the systematic review if the quality of evidence was rated as weak (<50%) and if the combatting of health risk behaviour was not used as an outcome of the intervention.)</p>	<p>Score (61)</p>	<p>Score (%)</p>
<p>Overall Appraisal: <input type="checkbox"/> Include <input type="checkbox"/> Exclude <input type="checkbox"/> Seek further info <input type="checkbox"/></p>	<p>/ 4</p>	

Appendix D: Information Sheet



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2911

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INFORMATION SHEET

Project Title: Exploring the scope of parenting programmes/interventions in South Africa:

Guided by a systematic review and Delphi method

What is this study about?

This is a research project being conducted by Genevieve Martin at the University of the Western Cape. I am inviting you to participate in this research project because you are an expert in the field of parenting in South Africa. The purpose of this research project is to explore the scope of parenting interventions in South Africa in order to provide future recommendations for parenting interventions.

What will I be asked to do if I agree to participate?

You will be asked to participate in an individual structured interview. The interview is expected to be approximately 45-60 minutes in length. The questions will centre around the scope of parenting interventions in South Africa, as well as possible suggestions and recommendations that you may have. Interviews will take place online using an online video application that is most convenient for you (e.g. Google Meet, MS Teams, Zoom etc.). Once you have agreed to take part in the study, I will engage with you about a date and time that is convenient for you.

Would my participation in this study be kept confidential?

Yes, the researcher will employ a number of strategies to ensure that your identity and nature of your contribution will be protected. This includes the use of a pseudonym in all data that has been collected. All recordings and transcriptions will be stored in password protected

files and on a computer device that only the researcher and her supervisors will have access to. The data will be stored on a computer for 5-years after which the data will be permanently destroyed.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about oneself or others may carry some risk. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. The referrals are available nationally and freely and are as follows:

Organisation/Professional	Contact Details
Lifeline	National: 0861 322 322 Whatsapp: 065 989 9238
Akeso Psychiatric response unit 24 hour	National: 0861435787
Cipla 24 Hour Mental Health Line	National: 0800 456 789
Mobieg	National: 0800567567
Open Counselling	www.opencounseling.com/hotlines-za

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher learn more about the scope of parenting interventions within South Africa. I hope that, in the future, other people might benefit from this study through improved understanding of parenting and interventions

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Genevieve Martin at the University of the Western Cape.

If you have any questions about the research study itself, please contact Genevieve at:

0762361994, 3567262@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Main Supervisor:

Dr Leigh Tucker

ltucker@uwc.ac.za

Psychology Honours Coordinator

Senior Lecturer / Clinical Psychologist

Vice-Chairperson of Pets as Therapy (PAT), South Africa

Department of Psychology

University of the Western Cape

Co-Supervisor:

Mr Kyle Jackson

kmjackson@uwc.ac.za

Associate Lecturer

Department of Psychology

University of the Western Cape

Alternatively, you can also contact:

Head of Department:

Prof Anita Padmanabhanunni

apadmana@uwc.ac.za

Associate Professor

Department of Psychology

University of the Western Cape

Dean of the Faculty of Community and Health Sciences:

Professor Anthea Rhode

chs-deansoffice@uwc.ac.za

Faculty of Community and Health Sciences

University of the Western Cape

This research has been approved by the University's Humanities and Social Sciences research ethics committee.

University of the Western Cape

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Appendix E: Consent Form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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CONSENT FORM

Title of Research Project: Exploring the scope of parenting programmes/interventions in South Africa: Guided by a systematic review and Delphi method

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

- I hereby give consent for my personal information to be collected, stored, processed and shared as described above.
- I do not give consent for my personal information to be collected, stored, processed and shared as described above.

Participant's name.....

Participant's signature.....

Date.....

Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

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7535

Tel: 021 959 4111

e-mail: research-ethics@uwc.ac.za

Appendix F: Delphi/interview Guide:

1. What is your understanding of parenting interventions?
2. What type of parenting interventions do you have exposure to?
3. What type of parenting interventions do you offer to parents (should you offer them)?
4. Reflect on the core/purpose of parenting interventions.
5. Comment on the efficacy of parenting interventions for both parents and children
6. Comment on the target category for parenting interventions (is it specific or broad? Is it mainly for parents who struggle with child behaviours, parents who struggle to implement positive parenting or for any parent with or without struggles?)
7. Do demographic variables influence parenting interventions? If yes, what are they and how? (e.g., Level of education, income level/bracket, race, gender, occupation, culture, language, healthcare professionals' registration/qualification).
8. What are the resources needed to intervention-based treatment?
9. Are these resources accessible to all?
10. Are interventions used as treatment or prevention or both?
11. Are interventions applicable to all children of all ages or is it age specific. (e.g., Infant, toddler, adolescent phases).
12. Are interventions isolated to children based on their health status (mental, physical, emotional?) In other words, are interventions categorized and applied according to health status or can one type be applied across all statuses?
13. What are the barriers to intervention-based treatment?
14. Can you suggest future recommendations for parenting interventions?

Appendix G: Ethics Clearance Form



UNIVERSITY of the
WESTERN CAPE

Department of Institutional Advancement
University of the Western Cape
Robert Sobukwe Road
& knowledge
Bellville 7535
Republic of South Africa

9 January 2023

Ms G Martin (Paulse)
Department of Psychology
Faculty of Community and Health Sciences

HSSREC Reference Number: HS22/10/17

Project Title: Exploring the scope of parenting programmes/interventions in South Africa: Guided by a systematic review and delphi technique

Approval Period: 9 January 2023 – 8 January 2026

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and ethics of the above-mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via: <https://sites.google.com/uwc.ac.za/permissionresearch/home>

The permission letter must then be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.