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The Seven Passes Initiative
RURAL YOUTH DEVELOPMENT PROJECT

POLICY BRIEF

Are parenting programmes enough to prevent violence?

Chandré Gould, Catherine Ward, Wilmi Dippenaar, Marilyn Lake, Diketso Mufamadi, Lisa Kleyn and Warren Parker

This policy brief presents findings from an assessment of changes to parenting and child behaviour in a rural community in South Africa, carried out during the implementation of four positive parenting interventions and a social mobilisation process. Promising observations included reductions in parenting stress and improvements in children's mental health. But parents' poor mental health, substance misuse and intimate partner violence undermined these trends. This highlights the need for multifaceted interventions to address the risk factors for violence.

Key findings

- The intervention community (Touwsranten) is divided along language lines. It was difficult to identify suitable isiXhosa-speaking parenting facilitators during the research period, so there was no participation in the parenting programmes by isiXhosa-speaking caregivers.
- During the course of the intervention, 20.5% of Afrikaans-speaking caregivers participated in one or more programmes. A trend towards increased positive parenting was found among Afrikaans-speaking parents, and an increase in the density of social networks centred on parenting.
- Qualitative interviews revealed that community members found it difficult to identify things that were good about their community. It was easier for them to identify what was wrong or bad. But during participatory research processes, it was possible for community members to imagine a better future, including developing a manifesto for change and songs expressing change concepts.
- While these processes were linked to social activation activities including parenting-focused community events, the challenging material circumstances of community members overwhelmed these initiatives. The community's negative view reflected not only challenging circumstances, but a lack of belief in the possibility that things could change, or that individuals could enable change. Without improvements in the livelihoods and living conditions of people in Touwsranten, this is likely to remain the case.
- A community-wide reduction in parenting stress and in children's mental health was achieved. But a community-wide change towards positive parenting was not achieved.
- Parents face a multitude of inter-connected stressors including a lack of employment opportunities, intimate partner violence, substance misuse and mental health issues. These have a negative impact on sustained positive change.
- A trend towards a reduction in the spanking of children (but not shouting and beating with an object) was observed.

Recommendations

- The Department of Social Development should work closely with the Department of Health and non-governmental organisations (NGOs) to ensure that in areas where parenting programmes are delivered, there are interventions to prevent and respond to intimate partner violence, improve adult mental health and reduce substance abuse. This will ensure a positive return on investment.
- Donors and development partners that support the implementation of parenting programmes should consider investing in interventions to prevent and respond to parental mental health issues, intimate partner violence and substance abuse where these are prevalent.
- NGOs delivering parenting programmes, and donors supporting these programmes, should consider investing in psycho-social support for implementers who carry a burden of care, often in difficult circumstances.

Conditions for the multi-year study

Many South African parents are stressed and disempowered by the very difficult socio-economic contexts in which they raise their children.[1] This is compounded by the effects of racialised intergenerational trauma and poverty.[2] The safety and wellbeing of many South African children are undermined by structural and interpersonal violence in their homes and communities. Positive, non-violent parenting skills that help parents keep their children safe in and outside of the home and reduce the stress of parenting can be developed and supported. These skills may improve wellbeing of children and parents.[3]

Between 2012 and 2019 the Institute for Security Studies partnered with the University of Cape Town's psychology department and a community-based organisation, the Seven Passes Initiative (SPI), to assess the impact of delivering the four Parenting for Lifelong Health (PLH)[4] programmes alongside a social activation process. The study was carried out in the community of Touwsranten, a peri-urban community just over 30 km from the city of George.

Positive, non-violent parenting skills that help keep children safe can be developed and supported

A community-wide survey in 2012 found that 53.8% of parents surveyed wanted support with parenting – support that was more substantial than a pamphlet or a single visit.[5] Touwsranten is a small, stable community with defined geographic boundaries, geographically separate from other communities and with relatively low rates of in- and out-migration. This made it possible to track caregiving and child behaviour over time.

In addition, the SPI has been providing after-school care and holiday programmes to the children and young people of the community of Touwsranten since 2008 and had the trust and support of community members. This created the conditions for a multi-year study to assess the impact of delivering the four PLH[6] programmes alongside a social activation process.

Our theory of change

The theory of change for this community intervention was that the delivery of four parenting programmes[7] (three of which are group-based), combined with a social activation process, would lead to a community-wide shift towards positive parenting. This would be achieved along two pathways: the delivery of the parenting programmes would increase positive parenting, reduce corporal punishment, and increase parents' social support. This would lead to improved parent mental health, reduced parenting stress and better communication and relationships between caregivers and children.

In parallel a social activation process would identify and amplify existing community values about positive parenting, undertake activities to support those values, and disseminate messages of positive parenting and care widely across the community. This would increase uptake of the parenting programmes and support a community-wide change towards positive parenting.

The theory of change was informed by several assumptions:

- That the PLH programmes could be adapted to be contextually and culturally relevant
- That parents would participate in the parenting programmes
- That community members would take ownership of and lead the social activation process.

The study: choosing Touwsranten

Touwsranten is a rural settlement in the Western Cape province of South Africa. The 2011 census by Statistics South Africa put the total population of Touwsranten at 2 245. The census data also show that in the year prior to the first baseline survey for this study, 769 adults were employed and 731 were unemployed, not economically active or were discouraged work seekers. Nine households in the community with the highest annual income brought in R153 801 – R307 600, while the remaining families had much lower income levels.

Individual interviews conducted during the course of the study showed a strong distinction between the minority isiXhosa-speaking population in Touwsranten and the majority Afrikaans-speaking population. Overall, isiXhosa-speaking residents experienced higher levels of social

exclusion and social and economic deprivation than their Afrikaans-speaking counterparts. The parenting programmes were delivered in Afrikaans during the years of the study. Since then two isiXhosa-speaking parenting facilitators have been trained and employed, specifically to address this problem.

The intervention was evaluated through an assessment of parenting and child behaviour at five intervals between 2012 and 2019. This was achieved through community-wide surveys (with parents and children between the ages of 10 and 18), observations of parent/child interactions (for children from birth to nine), and focus groups and individual qualitative interviews. A social network analysis was conducted to determine whether the intervention changed interactions between caregivers.

Around one third of parents who had a partner reported experiencing intimate partner violence

The surveys were conducted in August 2012, March 2013, January 2016, June 2017, and February 2019 (see Chart 1). The survey assessed parenting practices, child behaviour, caregiver mental health, intimate partner violence, alcohol use, social networks around parenting and income and employment of caregivers.[8] In this way, it assessed parenting practices, child mental health and behaviour and the factors that could have a negative or positive impact on these aspects.

Fieldworkers recruited from the community were trained and administered questionnaires to caregivers. The first three waves of the survey provided a baseline. The parenting programmes were initiated after data collection in 2016 and the social activation process was initiated in February 2016.[9] The final two waves assessed changes during the intervention.[10]

What we found

Baseline assessment

From the first three waves of the survey (the baseline), we found that parents often used positive parenting strategies, had slightly lower levels of parental involvement (such as playing with their children, taking them to activities, and attending school meetings), and typically monitored their children reasonably well (e.g. knew where they were after school and when to expect them home). Spanking was fairly prevalent, but slapping and beating with an object were uncommon.[11]

Over the three waves, increasing numbers of parents reported poor mental health: none (0%) in the first and second wave, and 82 (18%) in the third wave. Reports of alcohol use showed a similar pattern: in the first wave, 33 parents (14.6%) reported risky drinking patterns; in the second 51 (21.8%) reported risky drinking, and in the third wave 87 (19.8%) reported risky drinking.

Reports of intimate partner violence among those parents who had a current partner were similar at the first (52; 23%), second (71; 29%) and third (136; 30%) waves. Many parents in the first (120; 54%) and second (159; 66%) wave reported being in a high range for parenting stress, but this fell considerably by the time of the third wave to 53 (12%). The qualitative data suggested that these apparent fluctuations may represent increasing trust in the confidentiality of the surveys.

Children's outcomes seemed to deteriorate slightly from the first to second waves, and then hold steady (which may again represent greater trust in study confidentiality). At the first wave, 33 children (14.8%) were in the borderline or clinical ranges on the internalising subscale

Chart 1: Number of caregivers interviewed in each year

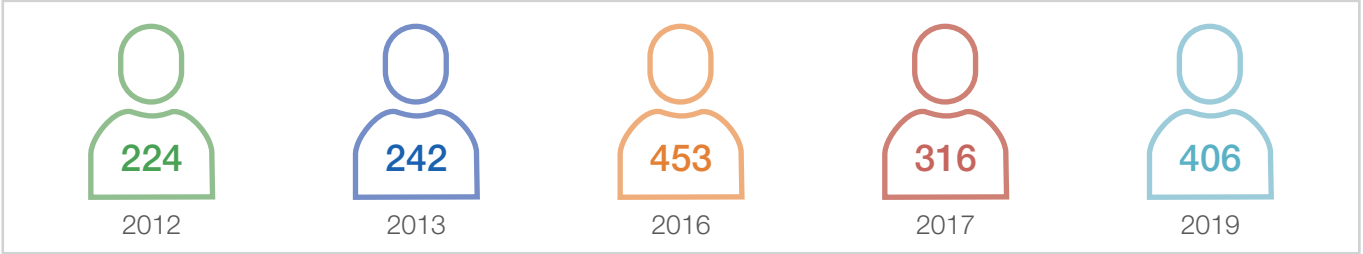

Chart 2: Prevalence of factors that impact parenting[12]

	Wave 1 (2012)	Wave 2 (2013)	Wave 3 (2016)
Poor mental health among caregivers	0% (n=0)	0% (n=0)	18% (n=82)
Risky levels of alcohol use	14.6% (n=33)	21.8% (n=-51)	19.8% (n=87)
Intimate partner violence	23% (n=52)	29% (n=71)	30% (n=136)
Parents with high levels of parenting stress (as measured by the Parenting Stress Index)	54% (120)	66% (n=159)	12% (n=53)

(showing signs of depression or withdrawal) of the Child Behavior Checklist. This increased slightly to 36 (17.9%) at the second wave, and 88 (23.6%) at the third wave.

While in the first wave a small percentage of children were reported to have externalising behaviour problems (aggression) with 19 (8.6%) in the clinical or borderline range for externalising behaviour, this increased substantially at the second (39; 19.2%) and third (64; 17%) waves.

Impact of the intervention

Over the course of the study, 110 parents (20.5%) attended at least one of the parenting programmes, and by waves four and five, on average parents recognised two to three aspects of the social activation programme and had themselves participated in two to three community events.

There was no significant change in parent-reported positive parenting between the baseline and the end of the study (when all parents were included in the assessment). There was, however, an overall 5% decrease in parenting stress, even with all other stressors taken into consideration (and a 10% decrease when other stressors are not considered).

Increases in positive parenting, and having an older child, were associated with decreases in parenting stress, but intimate partner violence, poorer mental health and risky alcohol use were all associated with increases in parenting stress.

There was an overall 5% decrease in parenting stress between the baseline and the end of the study

There was a 15% decrease in positive parenting by the final wave of data collection for parents with a male child, and a decrease as children got older (a 16% decrease for each year of child age). This is not surprising because as children get older, parents may be less involved in their activities and monitor their movements less – especially for male children. Children in Touwsranten attend high school in George. The paucity of public transport makes it hard for parents to remain involved in their children's school activities once they are in high school.

It was clear, however that intimate partner violence and parenting stress had a significant impact on the level of positive parenting. There was a 12% decrease in positive

Chart 3: Children's depression and aggression

	Wave 1 (2012)	Wave 2 (2013)	Wave 3 (2016)
Children in the borderline or clinical ranges for internalising behaviour (depression and withdrawal)	14.8% (n=33)	17.9% (n=36)	23.6% (n=88)
Children with borderline or clinical levels of externalising behaviour (aggression or acting out)	8.6% (n=19)	19.2% (n=39)	17% (n=64)

parenting in the presence of intimate partner violence and a 28% decrease in positive parenting when parents were highly stressed about parenting.

In terms of child outcomes, both children's internalising and externalising behaviour demonstrated significant decreases over time, by 2% and 3% respectively. Again, exposure to intimate partner violence, parents' poorer mental health and greater parenting stress were all associated with increases both in internalising and externalising symptoms and caregivers' risky alcohol use with externalising symptoms.

Parenting can be improved through these programmes, in particular by increasing parental involvement and decreasing the use of corporal punishment

Analysis of data from waves three and four from only the Afrikaans-speaking women indicated that community-wide improvements in positive parenting were achieved among this smaller group over this time period. The significant predictors of improvement were exposure to and engagement in the social activation process and the influence of indirect exposure to the parenting programmes via attendees. Changes did not, however, maintain to wave 5.

Changes in social networks

An aspect of the theory of change for the intervention was that there might be changes in the social networks of parents. There are two reasons for this assumption. First, they would have increased opportunities to mingle with each other through both the parenting programmes and the social activation activities. And parents who had completed parenting programmes might become trusted sources of support for parenting, and so further share knowledge of positive parenting skills.

The social network analysis assessed whether the intervention resulted in change in the networks of Afrikaans-speaking female caregivers with children aged between 1½ and 18 years old (n = 235; mean age 35.92 years).[13] The social network was measured based on a peer nomination procedure (study participants were asked 'Who do you talk to about parenting?').

Attending at least one session of a parenting programme significantly predicted change in the caregivers' communication networks, indicating the spread of social influence through their network. The small subset of caregivers attending one or more sessions of a parenting programme showed greater activity and potential influence within the communication network, compared to caregivers who did not attend any programme sessions.

This subset of caregivers was more likely to reach out to other caregivers to speak about parenting after being exposed to the intervention, and both sought and received social support from other caregivers. The results indicate that through social networks the parenting programmes do

20%

OF PARENTS IN THE COMMUNITY ATTENDED A PARENTING PROGRAMME

influence the behaviour of parents who do not attend the programmes.

What the findings show

We can conclude the following from this study and the experience of delivering the parenting programmes and social activation process:

- Parents want support with positive parenting.
- It is possible for research institutions to partner with community-based organisations to assess the impact of interventions.
- While it is hard to sustain engagement in social activation processes in a community where there is little hope and strong negative feelings about the community, identifying and amplifying values around positive parenting supports positive changes.
- Parenting programmes bring about an increase in discussion about parenting and a change in parenting practices, even among those parents who do not attend the programme.
- It is possible to change parenting practices positively through parenting programmes. In particular, it is possible to increase parental involvement and decrease the use of corporal punishment. It is also possible to reduce parents' stress about parenting.
- However, unless material conditions change for parents, and interventions support reductions in parental intimate partner violence, substance misuse and mental health issues, it will not be possible to achieve an optimal return on investment for parenting programmes.

Conclusion

Our theory of change held. Parenting programmes, alongside social activation, can shift parenting strategies in a more positive direction and improve children's outcomes. However, social activation processes need a great deal of support, and multifaceted interventions are required that simultaneously address parents' mental health and intimate partner violence.

Notes

1 We use the terms 'parent' and 'caregiver' interchangeably in this policy brief. The term 'parent' refers to anyone who plays a primary parenting role in a child's life and is not restricted to biological parents.

2 MM Amisi and S Naicker, An evidence review of violence prevention in South Africa, Pretoria, Institute for Security Studies, 2021.

3 W Knerr, F Gardner and L Cluver, Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review, *Prevention Science*, 2013, 14(4): 352–363.

4 See World Health Organisation, Parenting for Lifelong Health: A suite of parenting programmes to prevent violence, www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health [accessed 25 February 2022].

5 CL Ward, C Gould, J Kelly and K Mauff, Spare the rod and save the child: Assessing the impact of parenting on child behaviour and mental health, *South African Crime Quarterly*, 2015, 51.

6 See World Health Organisation, Parenting for Lifelong Health: A suite of parenting programmes to prevent violence, www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health [accessed 25 February 2022].

7 In this report 'parenting' and 'caregiving' are used interchangeably. Parenting refers to the practice of caregiving and does not imply any particular biological or familial relationship between caregiver and child.

8 LM Kleyn, M Hewstone, CL Ward and R Wölfer, Using Longitudinal Social Network Analysis to Evaluate a Community-Wide Parenting Intervention, Prevention Science, 2021, 22(1): 130–143.

9 WM Parker, C Gould, CL Ward, L Kleyn, W Dippenaar, S.Kennedy, J Ruiters and N Buys, Community mobilisation to support positive parenting: insights and lessons, *ISS Policy Brief 148*, Pretoria, Institute for Security Studies, 2020.

10 The Seven Passes Initiative continued to deliver the parenting programmes after the assessment period.

11 Spanking is when a child is hit with a hand on their buttocks; slapping is when a child is hit, with a flat hand anywhere on their body; beating is when a child is hit with an object, such as a stick.

12 Waves 1 and 2 only included parents of children aged 6–18 years and waves 3–5 included parents of all children under 18.

13 L Kleyn, Investigating the impact of a parenting intervention within a rural South African community: a longitudinal social network analysis, 2021, PhD, University of Cape Town.

About the authors

Chandré Gould is a Senior Research Fellow in the Justice and Violence Prevention Programme at the Institute for Security Studies (ISS). She has been working in partnership with the Seven Passes Initiative since 2008.

Catherine Ward is a Professor of Psychology at the University of Cape Town.

Wilmi Dippenaar is the Director of the Seven Passes Initiative. She is also one of the driver group members of the South African Parenting Programme Implementers Network (SAPPIN).

Marilyn Lake is a Senior Data Analyst in the Department of Paediatrics and Child Health at the University of Cape Town.

Diketso Mufamadi is a Researcher in the Justice and Violence Prevention Programme at the ISS.

Lisa Kleyn is a Doctor of Psychology affiliated with the Universities of Cape Town and Oxford.

Warren Parker is a Public Health and Communication Specialist working in African contexts.

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