Deputy Prime Minister's Office

A National Strategy and Plan of Action On Positive Parenting in the Kingdom of Eswatini 2023 – 2027

FOREWORD

The United Nations Convention on the Rights of the Child (UNCRC) is one of the world's most widely ratified international human rights treaties. The Convention did not only introduce a new vision of childhood, but also called for a paradigm shift in the way society considers and treats children, and provides a firm normative foundation to prevent and address violence against children in all forms. In addition, the UNCRC recognizes the crucial role of the family in children's development and well-being and in the safeguard of their rights, including the right to protection from violence, abuse, neglect and exploitation. Furthermore, the UNCRC notes that while member States have to respect parents' primary responsibility for providing care and guidance to their children, they are also requested to support parents in their child caring responsibilities, including providing material assistance and support programmes, including good parenting and early childhood initiatives.

In addition, current statutes in the Kingdom of Eswatini provides for the rights of children, including the right to be properly cared for and brought up by both parents or other lawful authority in the place of parents (Chapter III section 29 of the Constitution of the Kingdom of Eswatini Act (2005)) and to grow with parents and in a family environment respectively (Part III of the Children's Protection and Welfare Act 2012). It is against this backdrop that the Kingdom of Eswatini, being a signatory to the UNCRC, has seen it fit to support parents to execute their parenting responsibilities to ensure that children grow up to be productive, assertive and independent adults by developing a national strategy and plan of action on positive parenting led by and coordinated within the Department of Gender and Family Issues(DGFI). This National Strategy and Plan of Action will provide the strategic direction towards realisation of the rights of children by strengthening positive parenting and supporting parents to better execute their parenting role and responsibilities.

The government of the Kingdom of Eswatini's courageous step to support positive parenting stems from the country's genuine commitment to upholding children's rights and to strengthen families. This strategy recognises the existence of different types or configurations of families and individuals responsible for the parenting of children which may have an effect on the relational expectation in the parenting of a child. That as it may be, the strategy is premised on the understanding that positive parenting involves five key elements:

1. Strong supportive family and community environment,
2. Communication and mutual respect between a parent and child;
3. Mutual involvement in decision-making;
4. Positive discipline based on a developmental approach; and
5. Consistency in keeping, applying and maintaining family rules and expectations.

The National Strategy recognises and embraces the need for sustainable interventions to support families' evolving needs to care for and protect their children. The participation of different population groups and communities, in particular children in its development and implementation will no doubt ensure a clear focus on the issues that matter most in their lives. This national strategy is also an important step in the Kingdom of Eswatini's efforts to reach His Majesty's 2022 vision, as well as many of the targets in the 2030 Agenda and Agenda 21 for Sustainable Development, especially the violence-related and empowerment of youth targets with the ultimate goal of investing in the nation's children and ensuring that every child grows up free from violence, neglect, exploitation and poverty.

It is indeed high time to end violence against children, everywhere and at all times. We have to strengthen and support families to become safe places and "circles of non-violence". As we implement the national parenting roadmap, let us all stand united for children's rights in families, communities and the society at large. I am confident this important milestone will help us make preventing all forms of violence against children INDZABA YETFU SONKHE (everyone's business).

Sen. Themba Nhlanganiso Masuku
Deputy Prime Minister, Kingdom of Eswatini

ACKNOWLEDGEMENTS

The Government of the Kingdom of Eswatini as a signatory to the global and regional frameworks and standards on the rights of the child is committed to ensuring all children in the country realize their full potential. This commitment is reflected in the National Constitution Act (2005), the Children's Protection and Welfare Act (2012) and other national policies that have been enacted to ensure that children are protected. This National Strategy and Plan of Action (2023 - 2027) build upon this commitment, and provide a blueprint which will enable progressive realization of the rights of these children. Its intention is to guide the provision of sustainable quality services that minimize vulnerability of children and provide them with the right to live healthy and meaningful lives that can propel them into becoming responsible citizens.

The Government of the Kingdom of Eswatini's aspirations with regards to children and young people is that they grow up in a family and community environment that is caring, loving as well as supportive to their goals and aspirations. The National Parenting Strategy seeks to turn that aspiration into practical action – by championing the importance of parents to Eswatini society, by improving knowledge and skills, and strengthening the support on offer to parents on parenting. Put simply, by helping our nation's parents be the very best they can be to make a positive difference to children and young people.

The Deputy Prime Minister's office wishes to extend its appreciation to the Department of Gender and Family Issues for spearheading and leading the development of the National Strategy and Plan of Action on Positive Parenting. Indeed, this is an important milestone for the country as it struggles with a number of issues affecting children and young people including violence and teenage pregnancy. Further appreciation goes to the European Union for the financial and technical support that facilitated the development of this plan, and Human Dynamics for the leadership they provided the DGFI which has made it possible to develop the strategy.

In addition the DGFI is grateful to the many individuals and population groups (Religious Leaders, Lutsango leadership, local and international NGOs resident in the country, young people) and members of the Gender Technical Working Group who provided lots of the insights through their active participation in consultative meetings and dialogues. Finally, the DGFI is indebted to the team of consultants from the University of Eswatini Mr. Clement Dlamini and Dr. Fortunate Shabalala who facilitated the development of the documents. To all of you we at the Department of Gender and Family Issues say thank you very much and do implore you to be champions for and ambassadors of positive parenting wherever you are. It is my hope that with the renewed commitment that ushered in this new strategic plan, we can allocate time, resources and expertise that are required to fully implement the plan, always remembering that Positive Parenting INDZABA YETFU SONKHE.

N. M. DLAMINI
Director-Department of Gender and Family Issues

EXECUTIVE SUMMARY

This National Strategy and Plan of Action on Positive Parenting 2023 - 2027 provides a blueprint and national roadmap towards achieving holistic child development through empowering and supporting parents to discharge their parenting roles and responsibilities in the most competent and effective way possible.

The strategy is based upon the premise that a positive approach to parenting is an investment in the future of the Kingdom of Eswatini. The adoption of such an approach is considered to be both cost-effective as well as a major support for parents as they face today's challenges. Positive parenting refers to parents' behaviour (or that of individuals designated to this role) which prioritises children's best interests in order to help them grow in an environment that is conducive to their healthy development physically, socially, psychologically, spiritually and emotionally, thus enabling them [children] to be productive adults in the future, while at the same time providing all the necessary guidance and support to ensure an environment that is free from all forms of violence against children. The strategy specifically aims at building and sustaining a positive culture and infrastructure for parents and their children, where parents are supported in various ways to fulfil their parenting role to the best of their abilities. A parent in the context of this strategy refers to any person who is socially and legally authorised to take care, nurture and raise a child.

The development and implementation of this Strategy is embedded in a cultural context where work-family balance is prioritised through family friendly measures. This in turn empowers and enables parents to participate in the upbringing of their children and provides the necessary support such that new parents can have their desired number of children. Throughout this Strategy, a number of key interventions that build on evidence from within and outside the country are proposed such that the importance of preventive work with both parents and children is highlighted. A number of evidence-based preventive and interceptive parenting programmes at different stages of the family life cycle are also proposed. The implementation of the proposed programmatic interventions will encompass various government sectors and Departments, and non-governmental organisations, hence creating a greater synergy to help deliver a seamless and continuous service provision. With respect to parents who are deemed to be hard to reach or mostly at risk (such as teen parents), specialised and targeted interventions are also be provided with the goal that no child should suffer as a result of poor parenting.

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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
Constitution	Constitution of the Kingdom of Eswatini Act, 2005
CRC	Convention on the Rights of the Child
DGFI	Department of Gender and Family Issues
DPMO	Deputy Prime Minister's Office
EU	European Union
FGD	Focus Group Discussions
GBV	Gender Based Violence
HIV	Human Immuno-deficiency Virus
NGO	Non-governmental organisation
NGP	National Gender Policy
PDT	Parent Development Theory
SADC	Southern Africa Development Community
SNKE	Senior Non-Key Expert
SODV	Sexual Offences and Domestic Violence
SPS	Social Protection System
TA	Technical Assistance
TOR	Terms of Reference
UNCRC	United Nations Convention on the Rights of the Child
VAC	Violence Against Children

DEFINITION OF KEY TERMS

TERM	DEFINITION	SOURCE
Child	Any person aged 0-18 years	Children's Protection and Welfare Act, 2012
Family	A basic unit of existence consisting of one or more parents and their offspring and close relations that provides a setting for social and economic interaction, transmission of values and protection. In the context of parenting, families may vary in constitution, some of the categories include those that are child headed families, and skipped generation families (elderly caregiver headed), single parent families, blended families, foster care, among others.	
Parent	Refers to the array of individuals whose presence impacts the health and well-being of children	Juffer, Bakermans-Kranenburg & van Ijzendoorn (2008)
Parenting	Parenting or child rearing is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the intricacies of raising a child and not exclusively for a biological relationship	
Positive parenting	Is the continual relationship of a parent(s) and a child or children that includes caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally	Seay et al., (2014, p. 207)

SECTION 1: PREAMBLE

1.1. Introduction

Among the five priority themes of the Kingdom of Eswatini Strategic Roadmap 2019-2022 is the promotion of social safety nets to protect vulnerable populations. Part of the vulnerable population groups are children, defined in the Children's Protection and Welfare Act (2012) as any person aged 0-18 years. The development of the strategy comes at an opportune time where more than almost 40% of the population of the Kingdom of Eswatini is made of children, who are the country's future- *Bangu'mliba Loya Embili*.

The strategy also comes at a time when the challenges parents are faced with in nurturing and raising children abound. Warm and caring relationships among family members have a substantial impact on children's development and their future outcomes. Children brought up in secure and stable family backgrounds tend to exhibit the characteristics of good citizens, have self-confidence, are good leaders and are socially competent in problem-solving. Hence this National Strategy on Positive Parenting provides an important contribution not only to children's development but also to the wellbeing of the parents, communities and society at large. His Majesty's Government is committed to helping the Kingdom's children to flourish, a commitment which is intended to be upheld by the provision of targeted support to parents through the implementation of this strategy.

1.2. Indicators for a need of a National Strategy on Positive Parenting

There a number of indicators that point towards the pressing need for a National Strategy on Positive Parenting. These are listed and explained below:

a) **Teenage pregnancy and teenage parenting***:* there is a notable increase in the number of children being born to teenage parents, who unfortunately are not well equipped to discharge their parenting responsibilities. The assumption of active parenting significantly changes a young woman's or man's life. The demands of parenthood must come as a shock to the teenager who is enrolled in school, who is dependent on her parents, and who knows very little about caring for children. Similarly research has consistently found that being a child of a teenage mother often entails numerous risks: low birth weight, complications of the mother's pregnancy and delivery, and health problems associated with poor perinatal outcomes; greater risk of perinatal death; lower IQ and academic achievement later on, including a greater risk of repeating a grade; greater risk of socio-emotional problems; a greater risk of having a fatal accident before age one; and finally, a greater probability of starting one's own family at an early age. These health, social and economic challenges may affect the teenage parent's ability to provide effective parenting, leading to a vicious circle of poverty, dependency and violence. This strategy will look at how teenage parents can be assisted to be better parents while encouraging them to also focus in bettering themselves through education and other interventions.

b) **Change in family structure and types:** Family is a fundamental building block of society and any disruption in this foundation affects society. The family as a unit of production, consumption, reproduction, and accumulation, has been profoundly impacted by the economic downturns that transformed the environment in which families make their decisions. New demands unleashed by forces of globalization have had mixed outcomes for African families, simultaneously enhancing the chances of families to seize the opportunities for participation in larger economic exchanges while at the same time heightening their vulnerability to these forces. Similarly, throughout the 1990s, the scourge of HIV/AIDS put additional pressures on the sustainability of families and households in the continent. During

this period, mortality rates rose to more than ten times due to the pandemic, and those who succumbed to AIDS were those at the prime of their reproductive lives, leaving children behind to be cared for by grandparents, relatives, or just take care of themselves with barely any resources. As a result, the state of African families is clouded by the competing strains of social regeneration and economic constraints. Hence, there has been a shift from the traditionally extend family that was commonly found in the Africa Continent to new types in the nineteenth and twentieth centuries, partly as a result of industrialisation, urbanisation and migration, and partly due to the emergence of fatalistic diseases like AIDS. These new types include:

i. *Child headed families* where a sibling (usually the older child) assumes the role of a parent to his or her sisters and brothers;

ii. *Single parent families* where one parent (usually the mother) takes the total responsibility of parenting her children with little or no role of the other natal parent (usually the biological father);

iii. *Skipped generation families* where grandparents assume the role of being parents to their grandchildren who have either lost their natal parents or have been abandoned or left behind by the same;

iv. *Blended families*. Studies have found that in such a family, the stepparent are viewed as 'legal strangers' in the eyes of their stepchildren and in some cases there is resentment as the children view the stepparent as responsible for their biological parents' separation. Findings from these studies suggest that while marriage provides stepparents with the legal status of being parents, they remain perceived as strangers in the familial context especially in the eyes of their stepchildren. This may pose a parenting challenge for both the child, biological parent and the children in such a family relational environment.

v. *Helicopter families* where the care and nurturing of children and young people revolves from one relative to another or from parent to parent or parent to home helper. Increasingly parents are working leaving their children to be cared for and nurtured by grandparents or helpers, which may pose a problem for children in the long term.

vi. *Foster families*: In recent years the country has seen an increase in organisations that assume the role of being foster homes (families), mainly as a result of a high number of children orphaned by AIDS. Research indicate that children brought up in foster or adoptive homes and their adoptive parents struggle with psychological and emotional adaptation, which may affect parenting, which itself may negatively affect the child's development.

Parenting in such type of families may be very challenging, inconsistent and devoid of the love and positive relation necessary for child development. It is hoped that the strategy will provide the necessary support to the parents so that they are able to discharge their parenting responsibility to the best of their ability.

c) Violence against children: It is no secret that violence against children has reached epidemic proportions in the country, and the sad truth is that the perpetrators are family members or people known and often trusted by the child.

1.3. What is (Positive) Parenting?

Parenting is the process of nurturing, promoting and supporting the physical, emotional, psychological, social and intellectual development of a child from infancy through adulthood. Positive parenting is key for the healthy development of children; it has a positive influence on the quality of children's development, it promotes parents' general welfare and wellbeing, and maintains a general healthy family environment, which in turn is related to children's resilience and risk factors (Samuelson, 2010). Positive parenting is about nurturing and supporting a child physically, emotionally, psychologically, cognitively, socially and spiritually from birth and throughout infancy, childhood, adolescence and up to the onset of adulthood. It is an ongoing, complex, and dynamic relational process in which a parent or other primary caregiver behaves in a manner that affects the child's development. Yet despite the benefits, positive parenting education and tools to support it are not widely available in the Kingdom of Eswatini, and those available from other countries and sources may not be culturally sensitive to the Eswatini context. The next section below delves on the parenting situation in Eswatini based on reviewed literature and as reported during the consultative dialogues. Specifically we are answering the question of what gaps, challenges, strengths and opportunities exists in the country for positive parenting.

SECTION 2: SITUATIONAL ANALYSIS

2.1. Introduction

The population of the Kingdom of Eswatini is predominately young: the median age is 20.3 years and almost half of the 1.2 million people being children aged 0-18 years (CSO, 2017). About 79% of the country's population lives in rural settlements while 67% lives below US$2 a day. The country is recovering from a high adult mortality as a result of HIV, which has left behind orphaned children and disintegrated the family structure. Some of the adversities experienced by children affected by HIV have been documented over the course of the last decade. Most of the existing studies conclude that losing a parent to HIV or living with an HIV-infected parent is a significant risk factor to child and adolescent development (cf. Cluver, Orkin, Gardner, & Boyes, 2012). In addition, the practice of parenting and who a parent is has also been put to test. Most of the orphaned children are parented by "non-natal" parents including grandparents, siblings, and other family members and in foster care. Therefore, parenting can no longer be viewed as a responsibility of biological parents; other people have taken over the parenting role for orphaned children and those designated as vulnerable because of their socio-economic situation.

The phenomenon of "individualism" caused in part by economic hardship continues to limit families' and communities' capacity to intervene and provide nurturance and care for children when parents are absent or dead. In certain cases, caregivers have been found to neglect and or even violate the rights of children because of these hardships. This has been accentuated by the increasing adoption of western ideals against receding traditional values of child care.

As the country recovers from the HIV and AIDS scourge that ravaged it in the first two decades of the millennium, gender based violence (GBV) has emerged as one of the major public health and development challenges currently described as a national crisis, where children and women are the main victims of the scourge. According to the National Study on Violence against Children and Young Women in Eswatini (2007), 48% of women in the country experience sexual violence in their lifetime. The Deputy Prime Minister's Office (DPMO) reported that 78% of the perpetrators of violence are males with only 22% being females. A recent national study (2016) on drivers of violence against children in Eswatini found that the most prevalent forms of violence against children (VAC) were violent discipline (88%), sexual violence (38%), bullying (32%), physical violence from an adult/carer and emotional violence (28.5%). The study further noted that about three quarters (75%) of affected children experienced violent discipline and one in every three children experience some form of severe violence (including sexual violence). In order to address both GBV and VAC, the Government put in place the National Gender Policy 2010 and a costed Eswatini National Strategy and Action Plan to End Violence. Further, the Sexual Offences and Domestic Violence Act, 2018 (SODV) has been enacted as a measure to prevent, reduce and mitigate the occurrence of GBV and VAC cases.

Corporal punishment (a form of physical violence against children) remains a contentious issue with parents calling for its retention as one of the methods of disciplining children. Despite that it has been "banned" in the school and home environments, studies carried out in the country have reported that corporal punishment remains high. A study carried out by the Save the Children in 2008 on the practice of corporal and humiliating punishment in schools and homes across the country, found a prevalence of 90.8% among teachers; 92.8% of pupils who participated in the study reported that they had received corporal and humiliating punishment from their teachers and 2.2% received it from their parents

Studies carried out in 2008, 2017 reported that corporal punishment continue to be meted out in a gigantic scale and in a non-compliant fashion contrary to the laid down rules and regulations by the

Ministry of Education and Training. In the process students suffer serious injuries in schools through the use of corporal punishment by teachers. According to the study the situation is exacerbated by the held belief that corporal and humiliating punishment as being good (60%) whilst teachers felt it was good and it is aimed at developing a child's own self-discipline (94.2%). Almost ten years after the 2008 Save the Children study, two other studies reported high rates of corporal punishment in schools (Dlamini, Dlamini and Bhebhe, 2017; Mabuza, Makondo and Bhebhe, 2017) and that ignorance about how to administer positive discipline from the side of teachers and the belief that the pain resulting from corporal punishment helps pupils focus on school work (Makondo and Bhebhe, 2017) continue to perpetuate it. All three studies indicate a training need for teachers, parents and pupils about positive discipline to dispel the myths about corporal and humiliating punishment. Teachers and parents need to know how to administer positive discipline.

The beliefs or myths about the "usefulness" of corporal punishment as a method of disciplining children was also strongly held by participants during consultative meetings in the various Tinkhundla. Almost all those who spoke on the phenomenon, were strongly of the view that corporal punishment was the way to go and supported it by Proverbs 13: 24 (The one who withholds [or spares] the rod is one who hates his son) and Proverbs 22:15 (foolishness is bound up in the heart of a child; The rod of discipline will remove it far from him) verses from the Bible. This further emphasize the need for intense training of the public at large and parents in particular on children's right to be treated humanely and be protected from all forms of violence.

Gender and its inherent roles and responsibilities is another factor that needs to be addressed as part of improving parenting styles. During the community dialogues there was strong inclination towards shifting the emotional and psychological nurturance and caring roles to women (mothers, grandmothers, etc) with man expected to provide the economical and material expectations. Parents need to be assisted and supported to understand that regardless of their gender, positive parenting expectations are that they work together synergistically for a better outcome.

2.2. The Rationale for Positive Parenting

The child-parent relationship has a major influence on most aspects of child development. When optimal, parenting skills and behaviours have a positive impact on children's self-esteem, school achievement, cognitive development and behaviour. Research indicate that parents play an important role in fostering children's early learning such as language and problem-solving abilities; in shaping their social-emotional skills such as emotion regulation, reactivity to stress, and self-esteem and influence on the development, maintenance, or cessation of children's positive and/or negative behaviours. Thus the quality of parenting children receive during the early years affects three key determinants: their cognitive potential, their social skills, and their behavioural functioning. Considering the fact that parenting skills can be acquired and passed on from one generation to another, continuous efforts to improve the quality of caregiving are important.

Additionally, growing up with natal parents in a supportive family environment is a right of every child. There are several guiding documents and declarations at international, regional and national levels which speak to the rights of children and the need for their safety and protection. These include the United Nations Declaration on Human Rights, the Convention on the Rights of Children, the International Convention on the Rights of women and children, the African Union's African Charter on the Rights and Welfare of the Child. The Kingdom of Eswatini is a signatory to almost all of these declarations, which means the country is expected to observe and follow their guidance in the raising of children. Local frameworks include the Constitution of the Kingdom of Eswatini Act, 2005 and the Children's Protection and Welfare Act 2012, amongst others. These documents and declarations clearly speak to the need by State and governments to ensure a safe and conducive environment

for the positive nurturance of children. In this environment children have to be protected from harmful effects of poverty, abuse, neglect, maltreatment and exploitation.

Positive parenting is vital for the healthy development of children; it has a positive influence on the quality of children's development, it promotes parents' general welfare and wellbeing, and maintains a general healthy family environment, which in turn is related to children's resilience and risk factors (Samuelson, 2010). Positive parenting is about rearing and supporting a child physically, emotionally, psychologically, cognitively, socially and spiritually from birth and throughout infancy, childhood, adolescence and up to the onset of adulthood. It is an ongoing, complex, and dynamic relational process in which a parent or other primary caregiver behaves in a manner that affects the child's development. Parenting programmes can be effective in changing parenting practices, leading to changes in children's behaviour. Yet despite the benefits, positive parenting education and tools to support it are not widely available in the Kingdom of Eswatini, and those available from other countries and sources may not be culturally sensitive to the Eswatini context.

2.3. SWOT ANALYSIS

To what extent is the Kingdom of Eswatini ready for change to adopt positive parenting? What opportunities exist to support the change? What are the possible challenges and weaknesses that may affect successful adoption of positive parenting and how can we mitigate them? This section addresses these and other issues as already stated above.

2.3.1. Strengths and challenges

(a) The availability of a department on Gender and Family Issues under the DPMO. The department will play leadership and coordinating roles. The challenge, however, is human resource capacity. The department is thin on the ground and there is need to capacitate it.

(b) The existence of national statutes (the Constitution and Children's Protection and Welfare Act, 2012) and policies such as the Gender Policy and others, that provide legal and policy guidance means the country has a base on which to start. The challenge however is the limited knowledge about and (mis) understanding and (mis) interpretation of some of the contents in these documents. Again this speaks to the need for public education.

(c) Similarly, that the country has ratified the UN Convention on the Rights of Children and the Africa Charter on children rights is a plus. However, the introduction of the rights phenomenon tended to target children without informing them of their responsibilities and as well left parents out. This has created a near volatile situation where parents are against the rights because they view them as having emasculated them of their responsibilities as parents and given power to children "to do as they please".

2.3.2. Weaknesses

(a) Research:

- Lack of local research studies to inform strategic interventions,
- Non-prioritisation of research (capacity and funding) and the use of research findings.

2.3.3. Opportunities

(a) The identification of Social Safety Nets as a priority area of focus in the 2019-2023 National Strategic Roadmap;

(b) Building upon the work of Khulisa Umntfwana; it will not be a new phenomenon altogether

2.3.4. Threats

(a) Current fiscal challenges the country is facing

(b) Limited capacity of the DGFI to coordinate the implementation of the positive parenting strategy (human and other resources)

(c) Mis-understanding, mis-information, mis-interpretation of SODV and CRC by parents.

SECTION 3: POSITIVE PARENTING

3.1. Introduction

Articles 3 and 27 of the Convention on the Rights of Child states that all children have a right to protection and nurturing care, respectively. Positive parenting helps parents to feel more confident and less stressed about rearing and nurturing their children. Children who have been positively parented are less likely to have behavioural or emotional problems when they get older. Parents recognize that they will be parenting their children for the rest of their lives and that it is in the best interests of the children psychological, emotional and physical well-being that both parents continue to share parenting responsibilities and privileges. One may ask who is a parent and what is parenting?

Carter (1996, cited in James and Ponzetti…) defines ***parenting*** as an act of behaving in a manner conducive to optimal child rearing and positive socialisation.

A ***parent*** on the other hand should be understood to refer to the array of individuals whose presence impacts the health and well-being of children (Juffer, Bakermans-Kranenburg & van Ijzendoorn, 2008). A child's psychological well-being is influenced by all individuals involved in their upbringing, this includes; biological or adoptive parents, foster parents, single parents, step-parents, older siblings, and other relatives and non-relatives who play a meaningful role in a child's life.

Positive parenting, is the continual relationship of a parent(s) and a child or children that includes caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally (Seay et al., 2014, p. 207).

3.2. Purpose of Positive Parenting

As children become better at managing their feelings and behaviour, it is important to help them develop coping skills, like active problem solving. Such skills can help them feel confident in handling what comes their way. So the purpose of this positive parenting strategy is to:

- Give the children the best possible upbringing, assisting them to become healthy and happy adults by equipping parents, guardians and families with positive parenting skills;
- Minimize the impact and consequences of separation, divorce, and death of their parents
- Honour and support relationship with each parent
- Allow each parent to bring his or her particular parenting skills and/or interests to parenting of the children, that is aligned to laws of the country
- Assure that all parenting decisions and actions are in the best interests of the children.

3.3. The Family

Parenting (and positive parenting) takes place in a family environment, hence it is acknowledged worldwide that the family as an institution plays a pivotal role in preserving and transmitting cultural values from generation to generation. The family is the chief agent of socialization and therefore carries the responsibility for preparation of children for the diverse roles they will play in their lives. Over the years there has been a change in the family structure and composition which has affected parenting of children. Increasingly children are raised by one parent (single parent) often the mother; by grandparents or by other members of the extended family. In some cases foster homes take over the care and parenting role. Additionally, where both parents are employed, children are taken care of by maids/child minders. It is not unfounded, therefore, to believe that the change in parenting

outcomes may have changed with the changes in family structure. The positive parenting strategy, whose aim is to empower parents, guardians and families on parenting in the country, falls under the pillar of family and socialization housed within the Eswatini Gender and Family Issues Policy of 2010, which is summarized below.

3.3.1. Thematic Policy Statement

According to the policy of the country's DGFI, the Government shall create a conducive family environment for women and men, boys and girls to fully enjoy their human rights and develop their full potential/capabilities. The conducive environment will be achieved through specific thematic objectives and strategies as follows:

3.3.2. Thematic Objectives

(a) To ensure a conducive family environment for gender equity

(b) To ensure that women and men, boys and girls fully enjoy their human rights, and develop their full potential/capability.

3.3.3. Strategies

The two thematic objectives above are to be achieved through the implementation of the following strategic activities:

(a) Promoting positive cultural practices;

(b) Developing programmes to promote the self-esteem of both women and men from adolescence stage to adulthood;

(c) Developing mechanisms for the economic empowerment of both women and men to ensure economic independence;

(d) Advocating for the integration of human rights and gender awareness education into community belief systems, school curricula including those of training institutions, and

(e) Promoting the enforcement of the human rights of children as stipulated in the Convention on the Rights of the Child (CRC) in order to protect the rights of children.

3.4. Parenting Styles

3.4.1. Baumrind's Parenting Styles

Diana Baumrind, a developmental psychologist, first laid out three types of parenting styles in the 1960s through her research at the University of California, Berkeley. She conducted a series of studies that looked at people's approach to parenting based on the demands they placed on their children and their responsiveness to their kids' needs. She identified three primary parenting styles

(a) **Authoritarian Parenting Style** - this is a strict parenting style in where parents set rigid rules and high expectations for their children but do not allow them to make decisions for themselves. When rules are broken, punishments are swift and severe. Children of authoritarian parents are notably 'unhappy, fearful, anxious about comparing themselves with others, fail to initiate activity, and have weak communication skills' (Cripps and Zyromski, 2009: 6).

(b) **Authoritative Parenting Style** - this type of style, parents provide their children with boundaries and guidance, but give their children more freedom to make decisions

and learn from their mistakes. Roman etal. (2016) state that authoritative parents, while high on control, are also high on warmth. They demonstrate autonomy, self-will and discipline towards their children. One of the most apparent characteristics is the manner in which discipline is achieved.

(c) **Permissive Parenting Style** - parents give their kids very few limits and have more of a peer relationship than a traditional parent-child dynamic. They are usually super-responsive to their kids' needs (think helicopter parent) and give in to their children's wants. According to Starr (2011) this parenting style is associated with immaturity in children, lack of impulse control and self-reliance, and a lack of social responsibility and independence.

(d) **Neglectful Parenting Style** - a style added later by researchers Eleanor Maccoby and John Martin, neglectful parents do not interact much with their kids, placing no limits on their behaviour but also failing to meet their children's needs.

After decades of research, child development experts recognize that ***authoritative parenting*** is the best parenting style and generally produces the best outcomes in children. Studies have found the following regarding children raised by authoritative parents:

PRE-SCHOOLERS	OLDER CHILDREN
✓ Are happy and content ✓ Are independent and self-reliant ✓ Develop good social skills ✓ Have good emotional regulation and self-control ✓ Express warmth and cooperate with peers ✓ Explore new environment without fear ✓ Are competent and assertive	✓ Achieve higher academic success ✓ Engage more in school activities ✓ Develop good self-esteem ✓ Have better mental health (less depression, anxiety, suicide attempts, delinquency, alcohol and drug use ✓ Interact with peers using competent social skills ✓ Exhibit less violent tendencies

The proposed strategy borrows some concepts from Baumrind's Parenting Styles, taking into consideration human rights provision as enshrined in the Convention on the Rights of Children of which Eswatini is a signatory to; The African Charter on Human and Children's Rights, The National Constitution and the Children's Protection and Welfare Act. It is imperative to note that contextually the country's approach to parenting is viewed from the context of extended family more than the nuclear family approach. This strategy proposes the utilization of the Triple P strategy or approach, discussed below.

3.4.2. Overview of the Triple P: Positive Parenting Programme

The Triple-P is a multi-level parenting and family support strategy. It aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.

The program is formed on the basis of five core positive-parenting principles that address specific risk and protective factors known to predict positive developmental and mental health outcomes in children:

(a) Ensuring a safe and engaging environment

(b) Creating a positive learning environment

(c) Using assertive discipline

(d) Having realistic expectations

(e) Taking care of oneself as a parent

These five principles translate into 35 specific strategies and parenting skills that can be grouped into several major categories: parent-child relationship enhancement, encouraging desirable behaviour, teaching new skills and behaviours, managing misbehaviours, preventing problems in high-risk situations, self-regulation skills, parental mood-management and coping skills, and partner support and communication skills.

The program has five levels of intervention of increasing strength and narrowing reach:

1) Level 1 targets the entire population through information-based strategies using the media.

2) Selected Triple P (Level 2) is a l- to 2-session brief consultation program for parents with a specific concern about their child's behaviour or development. Selected Triple P comprises three 120-minute seminars that can be delivered as either a stand-alone intervention whereby parents participate in only one seminar at a time (without necessarily undertaking any more than one seminar), or as part of an integrated series whereby parents undertake all three seminars across a period of several weeks.

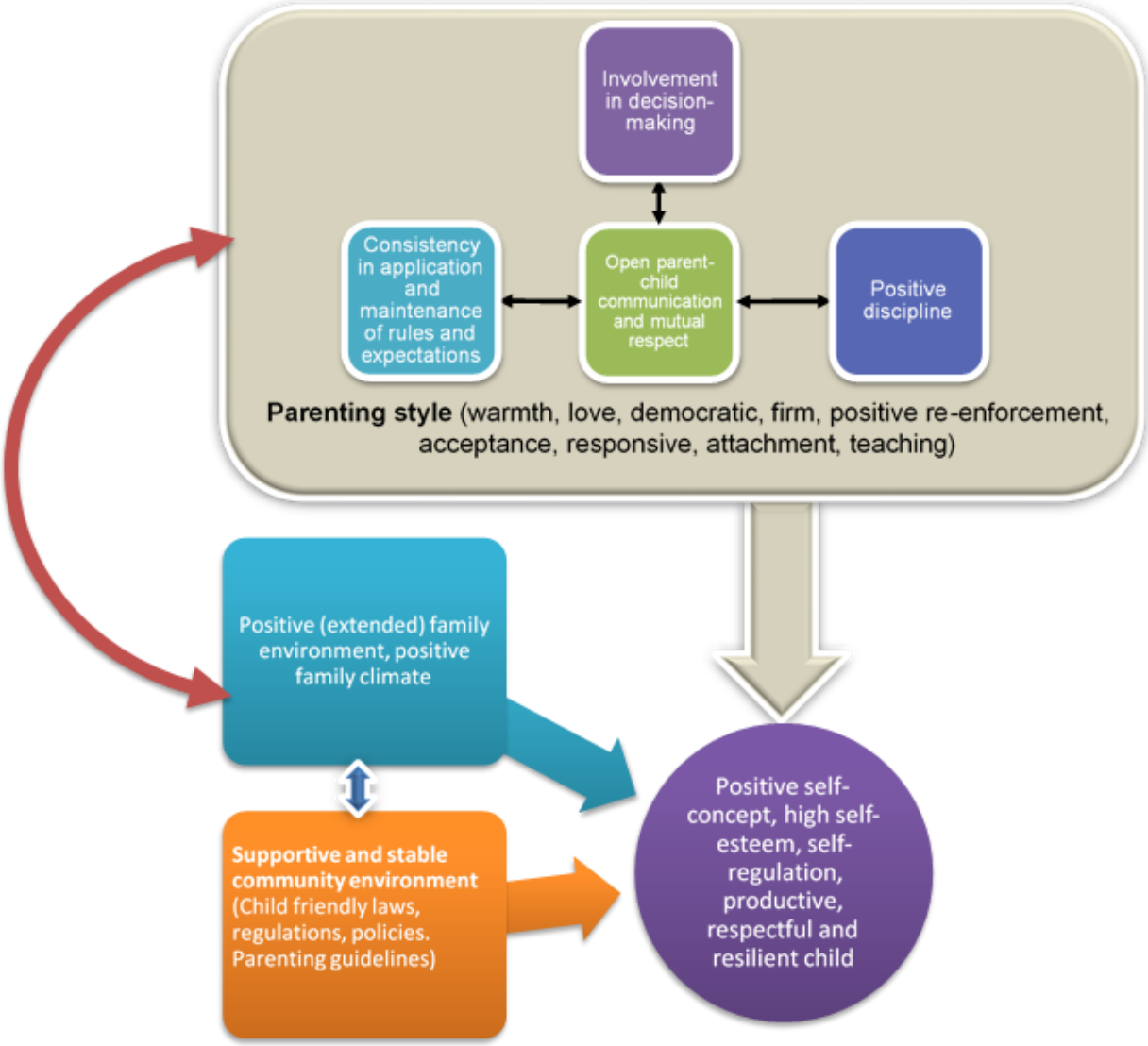
3) Primary Care Triple P (Level 3) is a 4-session brief consultation model for use in a primary care setting, such as child health services and family medicine, meant for parents who have a specific concern about their child and who require consultations or active skills training.

4) Level 4 interventions are intensive 8- to 10-session parenting skills programs that can be delivered in groups, individual, and self-help formats.

5) Enhanced Triple P (Level 5) provides adjunctive interventions for families in which parenting concerns occur in the context of other major adult adjustment problems, such as marital conflict and depression. In addition to the 5 levels of the system, a number of empirically validated derivative programs have been developed.

There have been a large number of evaluations completed on the Triple P intervention, focusing on the different levels of the intervention, as well as different modes of delivery. The evaluations tend to report large effect sizes in treatment outcomes, with good maintenance of treatment gains, and high levels of participant satisfaction. Evaluations of the Triple P have consistently shown positive effects on observed and parent-reported child behaviour problems, parenting practices, and parents' adjustment across sites, investigators, family characteristics, cultures and countries. For instance an evaluation of how parents perceived the Triple P by Morawska, Sanders, Goadby, et al. (2011) indicated overall parents perceived the strategies in Triple P to be highly acceptable, highly useful, were very likely to use the strategies and reported currently using the strategies often. It is with this evidence that we propose positive parenting Eswatini uses a similar approach.

Figure 1: Conceptual Framework



3.5. The tenants of Positive parenting

3.5.1. Parent-child communication

Children get to learn how to be through observing and listening to their parents and other family members. Communication can thus be viewed as the foundation for child socialisation. It is through observing the actions and listening to spoken words and language that children assimilate and learn. If parents display positive behaviour children are likely to behave likewise. This open communication has a profound effect in shaping a child's behaviour. In their study on girls bullying among high school students in Swaziland, Tshotsho and Thwala found parents' parenting style had an effect on how children deal with bullying. The researchers reported that children raised by authoritative parents knew how to fend off would be bullies and were able to respond assertively during a confrontation of any kind. Authoritative parenting is characterised by open communication, warmth and loving yet positive discipline relationship between child and parent.

3.5.2. Positive Discipline

Adults and parents view discipline as synonymous to punishment. Positive discipline is a positive parenting strategy. It is a non-violet and respectful approach to teaching children self-discipline, healthy relationships, life skills, respect for self and others, and equipping a child with skills and confidence to tackle challenges. Positive discipline is an approach to parenting that teaches children and guides their behaviour, while respecting their rights to healthy development, protection from violence and participation in their learning. Positive Discipline is not permissive parenting as it is wrongly construed by some parents, and is not about punishment. Through positive discipline children can harness long-term solutions that develop their own self-discipline and their lifelong skills. Positive Discipline is about teaching non-violence, empathy, self-respect, human rights and respect for others.

3.5.3. Consistency in application and maintenance of rules and expectations

Positive discipline in the context of positive parenting is about empowerment which requires consistency in the application of rules and expectations. Thus consistency is one of the most important and essential concepts when it comes to effective parenting. Consistency is tied to how parents connect with their child emotionally or how the family operates with getting things done. On the emotional side, consistency means purposely choosing how as a parent you are going to engage with or respond to your child and not varying with that choice over time. Consistency in terms of structure and routine provides the limits and boundaries for children that help them to organize and integrate information into their brain and gain an understanding of how the world works. For children, the learning process involves internalizing, rehearsing, and repeating. When parents are consistent in their reactions and consequences, children know what to expect. Children understand the world through consistency. When kids are able to predict how their morning will go, they feel more secure and in turn make better choices. Inconsistency may lead to confusion and sever the parent-child relationship.

3.5.4. Involvement in decision-making

According to Wolff and Crockett (2011) parenting and parents' role are critical in nurturing a child's decision making ability. In a comprehensive systematic review on association between parenting style and child's decision-making from a global perspective, Davids, Roma and Leach (2015) found that children raised by authoritative parents were able to adopt adaptive decision making style. The authors described adaptive decision making as being one that involves a systematic and rigorous process of selecting alternatives aimed at achieving the best outcome. Adaptive decision making processes have been found to assist and contribute to successful outcomes in a number of the decision maker's life domains. Thus it can be concluded that decision- making is also a key component of positive parenting and that parenting approaches play an important role in the social and cognitive development of children and adolescents, which has an impact on their decision-making.

SECTION 4: THE STRATEGIC DIRECTION AND PLAN OF ACTION

4.1. Introduction

This part of the document outlines the vision of the National Strategy on Positive Parenting. The section lays the foundation for the interventions outlined in this plan. Starting with the vision, mission, and values, the section lays the strategic objectives, and the specific objectives and activities to be implemented to achieve them. The section further identifies the players/stakeholders to be involved in the implementation including indicators necessary to track progress.

4.2. Vision

To be a society where children are nurtured and supported to live their lives to the fullest of their potential and their rights and aspirations are fulfilled through positive parenting.

4.3. Mission

To provide a framework, tools and services that parents require to execute their parenting responsibilities in nurturing and caring for their children.

4.4. Values

(a) **Love** – love is a fundamental ingredient in positive parenting; it is essentially the cornerstone of parent – child relationship. It helps a child's mental well-being and makes them physically healthier. Love also increases the child's brain development and memory and creates a strong bond between child and parent. Lastly love makes the child less fearful and more world rounded; it increases their propensity to be resilient.

(b) **Compassion** - compassion helps to build social relationships and connectedness through caring pro-social behavior (Gilbert, 2014; Goetz et al., 2010), and is essential to the development of secure attachment relationships between parents and children, that helps facilitate emotional self-regulation and adaptive relating styles into adulthood. Compassion has been defined in various ways, in terms of a specific definition a common one is a *sensitivity to the suffering in self and others, coupled with a commitment to alleviate or prevent it* (Gilbert, 2014).

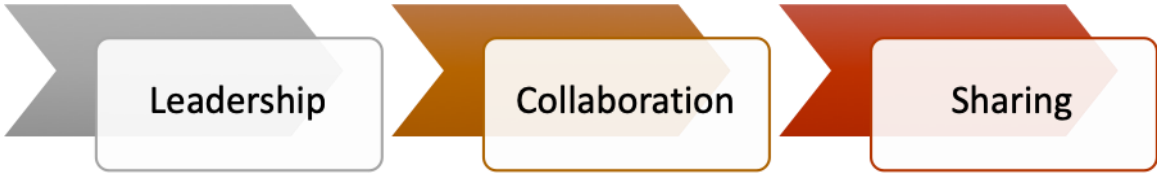
(c) **Open communication** - The more the parents communicate with the children, the more the children will improve their communication abilities and will relate better to the people around them (Runcan etal., 2012). Open communication will increase social skills in the child, increases attachment between parent and child and creates the necessary ingredient of trust between them.

(d) **Accountability** - being responsible in life and accountable for their decisions and actions can help them develop good behavior to use throughout their entire lives. Many parents deal with a child who talks back, curses, procrastinates or refuses to do what they are asked to do.

(e) **Honesty** - a virtue that is best learned by example, it is a whole lot easier to demonstrate honesty than to explain it. In parenting an opportunity to model the value of honesty by demonstrating and the children witnessing it.

(f) **Mutual respect** - between parents and children is fundamental. It plays a key role in the formation of a solid bond and a healthy relationship. It also simply creates a pleasant feeling

that grows with the passing of time. However, the path of respect can sometimes be more difficult than we expect.



4.5. Purpose

To develop programmatic interventions that are responsive to the parenting needs of parents, families and communities.

4.6. Strategic Goal

The overall goal of this strategy is to provide a policy and legal environment conducive for parents to execute and fulfil their parenting role and responsibility to the best of their abilities.

4.7. Strategic Objectives

To achieve the strategic goal in 4.6 above the following objectives will be implemented:

4.7.1. SO1: Strengthen the capacity of parents, families and communities to nurture, care and protect children

(a) Establish a functional programme on family issues within DGFI with the aim of empowering parents, families and communities' understanding and value of positive parenting;

(b) Undertake a parenting needs assessment from the perspective of children, parents, guardians and families, analyse the data and share widely with key stakeholders:

i. Identify key priorities and work on mechanism of implementation,

ii. Identify key players to link with within government and non-government sector,

iii. Streamline strategic interventions according to the expertise of the key stakeholders,

iv. Sign mechanism of implementation with each stakeholder stating clearly areas of intervention, communication and reporting mechanisms,

v. Identify and mobilise resources needed to run the programme and the set priorities successfully,

(c) Increase parents, families and communities knowledge and skills on positive parenting:

i. Develop a parenting manual to train and educate parents, guardians and families on positive parenting;

ii. Train a pool of trainers on positive parenting at regional level who will in turn provide training on positive parenting at each Inkhundla,

iii. Monitor and periodically evaluate the outcome of the trainings,

iv. Identify and train champions who will be ambassadors for positive parenting in their respective communities or constituencies. Periodically update their knowledge through refresher training and motivational gatherings.

4.7.2. SO2: Strengthen the coordinating function of the DGFI on positive parenting

(a) Undertake a skills audit and identify skills gap among current employees of the DGFI;

(b) Develop a skills development plan and source funding to support training on required skills;

(c) Mobilise resources to hire additional staff as necessary; consider cost cutting mechanisms (in-house, on-job, part-time training short to medium term; use of interns at higher level of preparation who can “impart and leave skills behind.

(d) Develop tools needed to strengthen coordination.

4.7.3. SO3: Expand the provision of essential policy, legal and support services for parents, children, and families or households

(a) Raising awareness and advocating for a supportive environment for positive parenting - This shall involve creating general awareness about the vulnerability of children and advocating for their rights at every level of society. Cognizant that well-defined social mobilization plays a key role in the successful implementation of this plan, the DGFI shall develop a comprehensive Advocacy and Communication Strategy for this plan. The specific aims of this strategy is to ensure that all implementing agencies, parent and children themselves, families and communities are knowledgeable about the key provisions of the plan and their roles and responsibilities in its implementation.

(b) Map out and develop a database of all organisations and sectors involved in child development.

(c) Pool available resources and identify resource gap.

(d) Mobilise resources needed to close resource gap.

4.7.4. SO4: Strengthen the institutional, policy, legal and other mechanisms that provide supportive environment for a coordinated positive parenting response

(a) Strengthen and periodically undertake research to inform the direction of the programme - Under this strategy, a coordinated national database shall be developed and maintained to support evidence-based programming for positive parenting. This shall be replicated at national and regional levels. Operational researches shall also be conducted to improve programme implementation. Documentation of best practices and scaling up such practices as well as mapping of services and service providers shall be given priority.

(b) Strengthen and manage partnerships - In order to implement the plan, strategic alliances shall be created and/or strengthened among different actors. This shall involve strengthening partnerships and networks between government, the private sector, civil society and development partners. It is anticipated that these alliances, shall enhance resource leveraging and eliminate duplication of efforts.

INTERVENTION	INDICATOR	SOURCE OF DATA
Establish a functional programme on family issues within DGFI with the aim of empowering parents, families and communities' understanding and value of positive parenting	✓ Family Issues programme established ✓ Programme functional	Reports, physical presence of "bodies" employed under the programme
Undertake a parenting needs assessment from the perspective of children, parents, guardians and families, analyse the data and share widely with key stakeholders	✓ Needs assessment undertaken ✓ Priorities from the needs assessment identified and teased out ✓ Stakeholders identified and implementation agreements signed ✓ Resource mobilisation plan developed and implemented	✓ Report of the needs assessment ✓ Priority list ✓ List and database of implementing stakeholders ✓ Signed MoA ✓ Mobilisation plan

4.8. Intervention Focus

INTERVENTION GOAL/OBJECTIVE	TARGET POPULATION	FOCUS
Put evidence-based parenting into the hands of parents across the country.	✓ Community level ✓ Individual level ✓ Interpersonal level ✓ Societal level	People living in conditions of disadvantage are explicitly stated to be a target population of the intervention.
Normalize the concept of parenting programs so parents feel comfortable asking for help.	✓ Community level ✓ Individual level ✓ Societal level	People living in conditions of disadvantage are explicitly stated to be a target population of the intervention.
Deliver the exact amount of support as parent needs – enough but not too much.	✓ Community level ✓ Individual level ✓ Interpersonal level ✓ Societal level	People living in conditions of disadvantage are explicitly stated to be a target population of the intervention
Provide communities with population-level early intervention to prevent child abuse, mental health problems and mental illness including suicidal and homicidal behaviour and anti-social behaviour.	✓ Community level ✓ Individual level ✓ Interpersonal level ✓ Societal level	People living in conditions of disadvantage are explicitly stated to be a target population of the intervention.
Give parents the confidence and skills to be self-sufficient - to manage problems independently.	✓ Individual level	People living in conditions of disadvantage are explicitly stated to be a target population of the intervention.

4.8.1. Specific Activities of the Intervention

(a) Family support counselling sessions,

(b) Information sessions on positive parenting

(c) Media advocacy on positive parenting,

(d) Group process/program

Priority/Target Population for Intervention Delivery		
Life Stage	**Educational Settings**	**Community Setting**
• Infancy (birth to 2 years) • Early childhood (age 3-5 years) • Children (age 6-12 years) • Youth (age 13-18 years) • Young adult (age 19-24 years) • Adults (age 25-64 years)	• Early learning environment (ages 0-5) • Secondary/Middle school • Before/after school childcare (ages 5-12) • Elementary school	• Home • Workplace • Community/neighbourhood • Health care setting • Media

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