



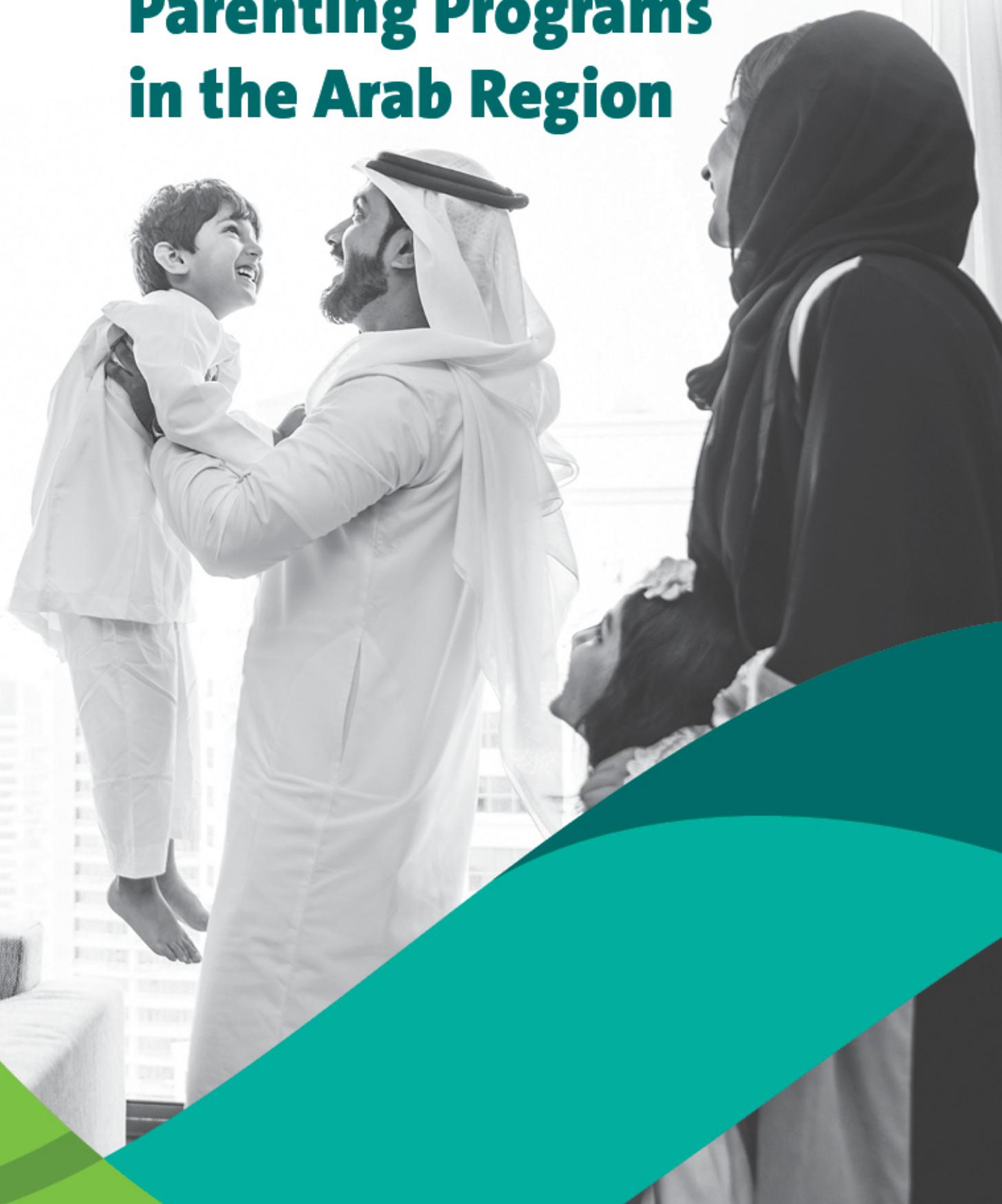
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Doha International Family Institute

الدوحة لدعم السياسات الأسرية
Research to advance family policies

عضو في مؤسسة قطر
Member of Qatar Foundation

Parenting Programs in the Arab Region



PARENTING PROGRAMS IN THE ARAB REGION



First English Edition (2022)

Hamad Bin Khalifa University Press
PO Box 5865
Doha, Qatar

www.hbkupress.com

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The online version of this book can be found at:
www.difi.org.qa

ISBN: 9789927161032
DOI: https://doi.org/10.5339/difi_9789927161032

Doha International Family Institute. (2022). Parenting Programs in the Arab Region.

For citation:
Doha International Family Institute. "Parenting Programs in the Arab Region." Doha, Qatar: 2022.



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DOHA INTERNATIONAL FAMILY INSTITUTE

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ACKNOWLEDGMENTS

The authors would like to thank the Doha International Family Institute for leading this research project. We would also like to express our sincere gratitude to Dr. Sharifa Noaman Al Emadi, Executive Director of Doha International Family Institute, whose insightful comments and support were invaluable to the report.

FOREWORD

We are pleased to present our report on Parenting Programs in the Arab Region, which provides a survey and description of parenting programs across the region based on their reality, types, objectives, patterns, components, and impact in order to monitor challenges, issues and gaps in parenting programs.

The family unit is the first and most important intermediary in the process of socialization, because it is the family that determines a child's social identity and social status according to its own status in society. The economic and social status of the family also affects opportunities available to the child to grow physically, mentally, socially, and emotionally. The family is also largely responsible for defining the child's personality traits and behavior in the future, through the approaches or methods that parents follow in treating and raising their children at different stages of their lives, from childhood to adolescence to youth.

Parental education contributes significantly to shaping children's psychology. This emerges immediately when identifying parental psychosocial, emotional, cognitive, and behavioral influences on their children. Parenting programs were implemented in many countries to assist parents and empower them with educational capabilities to allow them to cope with existing challenges, in order to protect children from negative influences on their lives in the future. Parenting programs include interventions designed to advance child and family performance by empowering parents with operative parenting skills. These programs are designed to increase the parents' abilities and confidence to allow them to raise their children in a healthy environment. However, parenting remains a challenging task in a rapidly changing world.

The report contributes to increasing knowledge about parenting programs in the Arab region by analyzing the reality of available programs, to identify the strengths and weaknesses, and the challenges they face. Despite difficulties the researchers faced, including the poor documentation of parenting programs in general; the lack of guiding material for the majority of parenting programs setting out their objectives, outcomes, and target audience; and the lack of national databases (e.g., governmental, voluntary, civil society databases etc.) specific to these programs in terms of their participants, expertise, and program types, the report presents recommendations regarding ways to improve and develop parenting programs in the region.

Finally, I would like to thank the Ibn Khaldoun Center for Studies and Research for their meticulous research work and analysis, and I would also like to thank my colleagues at DIFI for their continued dedication, earnest work, and support in reviewing this report.

Dr. Sharifa Noaman Al-Emadi
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EXECUTIVE SUMMARY

This report draws an overview of parenting programs around the world and classifies them according to their definitions, objectives, approaches, components, and impact. It also includes a description of the experiences of participants in parenting programs as well as a description of discussions by focus groups conducted in Jordan, Morocco and Oman. The study also identifies best practices through an examination of the literature and a study of available programs in the Arab region with the aim of developing an Arab framework for parenting programs.

Parenting programs are defined as services developed to support parental care interactions, behaviors, awareness, philosophies, approaches, and practices. These programs aid parents and caregivers in comprehending parenting methods, specifically with regards to early childhood development, functions, and the provision of care, as well as the vital part that parents have in the progress of younger children. Parenting programs address a variety of areas within parental care by developing information that covers health, nourishment, encouragement, and protection. Vulnerable families, in particular, benefit most from such interventions. As such, these programs should be established to enable parents and caregivers to constantly practice suitable techniques while adopting new methods that would advance children's health, development, learning, and well-being (UNICEF, 2016).

The study utilized qualitative methodology, including:

1. A literature review of databases, studies and reports on the subject of parenting programs globally;
2. An institutional mapping of parenting programs in the Arab region through a questionnaire designed for each country;
3. Analysis of the state of parenting programs using focus group discussions in three Arab countries based on geographical location and development level (Morocco, Jordan, and Oman).

Through the institutional mapping that was conducted, the study found 108 parenting programs, which were identified through documents and interviews, and direct and indirect contacts with relevant institutions. The programs are distributed across geographical regions in the Arab region, including 32 programs in the Arabian Gulf, 38 programs in the Arab Mashreq, 26 programs in the Arab Maghreb, and 12 programs in less developed countries.

The study also implemented three focus groups in parenting programs held in Jordan, Oman, and Morocco with 11, 12 and 15 female participants respectively in each program. The aim of these groups was to gain an in-depth understanding in identifying parental needs, the quality of the programs, awareness levels on parenting programs, and the motivation for participation.

Parenting programs in the Arab region generally target the family as a unit or individuals such as children (early childhood and youth), fathers and mothers. They

also target service providers and employees of relevant institutions that work on family care and family issues.

In summary, four distinct categories were identified, including:

1. **Family:** Family-centered parenting programs focus on risk factors in the family, methods of social upbringing, domestic violence, alternative methods to resolve family conflicts, family relations, family disputes, family empowerment, and divorce. They also address the issue of gender and time between pregnancies, the integration of women who are breadwinners, reproductive health, and family planning.
2. **Individuals:** Individual-centered programs focus mainly on childhood with a specific emphasis on the deterrence of violence, school performance, neglect, child rights, and employment opportunities for young people.
3. **Community:** Community-centered programs focus on awareness, partnerships, raising awareness of mothers who have no family support, poor families, social safety nets, and divorce.
4. **Programs:** Program-centered focus entails inclusiveness of children from different age groups, content inclusiveness of child-focused themes, financial support, reach to broader segments, program orientation, and developing programs for special segments.

The components of these programs focused on education, training, support, and intervention targeting children and families, which aligned with the program objectives that focused on raising the competencies of family care workers, family awareness, behavioral modification, providing support, knowledge and training in parental care methods, and empowering women and staff in parenting and family programs.

Parental education programs were found to be the most prolific numbering 34 programs, followed by parental support programs at 29, parental training programs at 27, and finally, parental intervention programs at 18. Furthermore, in a more detailed review, family-related programs ranked first with 35 programs, followed by 27 community programs, 25 individual-focused programs, and 21 mixed programs.

The main areas covered by the four components include:

1. **Parental education:** The main areas covered are knowledge transfer; awareness of characteristics of childhood; parental care in the social, religious, medical contexts; coaching mothers, children, and parents; development in all its forms; women's education; awareness of risks facing the family, and child rights; and family planning.
2. **Parental training:** The areas of training focused on parenting, health, parental integration, parental care mechanisms and methods, parental care for children, involvement of children, upbringing, service standards, and reproductive health.

3. **Parental support:** The areas of parental support focused on psychological support, family relations, care, services, technical support, family stability, social care, unaccompanied children, community support, and support for families with special needs.
4. **Parental intervention:** Interventions focused on a number of areas, including psychological and educational counseling, counseling of mothers in anger management, anti-social behaviors in children, behavioral modification in children, positive behaviors, group counseling, family counseling, family conflict resolution, and guidance for families of disabled persons.

Research Difficulties

While undertaking the study, mapping the programs, as well as working with the focus groups, various difficulties were encountered, including:

- Lack or absence of documentation of parenting programs in general, with the exception of some programs implemented by international institutions;
- Lack of frameworks for the majority of parenting programs setting out their objectives, outputs, and target groups;
- Multiplicity of stakeholders implementing parenting programs without coordination or partnership among them;
- Absence of administrative structures, such as administrative departments, specifically in relation to parenting programs in relevant organizations;
- Lack of national databases (governmental, voluntary, or civil society organizations) focused on such programs to provide information about number of participants, types of programs, expertise, etc.;
- Absence of feedback from the participants of these parenting programs;
- Lack of independent electronic content regarding these programs on the websites of implementing agencies;
- Absence of research evaluating the success of these programs, with the exception of some rare studies supported by international institutions;
- Difficulty in documenting personal information of female participants, mainly due to social reasons;
- Variation in the educational levels of the participants.

Gaps and Challenges

The scarcity of data and understanding on the program results is striking. The majority of the information is based on parental care programs, which are typically delivered to parents in sets of courses in a high-income environment. Other gaps in information include: knowledge of existing interventions and how they are

applied; circumstances for continued success in implementation; collaboration between formal and informal care and mutual implications; linkages concerning methods focused on family behavior and parental care; and human rights and other responses designed to tackle discrimination and stigma (Daly et.al., 2015).

The literature review showed gaps in the availability of parental programs globally and well as poor documentation of the programs. Furthermore, there is an evident lack in coordination among program providers, resulting in duplication and repetition in many programs. The literature review also showed a lack in available evidence-based criteria governing the programs. The programs generally lack evaluation and deploy a multitude of mechanisms and interventions in a way that renders it difficult to identify influencing factors.

The most important challenges revolved around the development of a theoretical or philosophical approach to grounding the programs as well as a lack of preventive programs. Furthermore, parental involvement remains a challenge and programs lack a focus for the gifted, and people with disabilities. Another challenge is evident in the poor documentation and evaluation as well as an overlap in coordination between caregivers and programs.

Arab Framework for Parenting Programs

The Arab Framework for Parenting Programs was developed taking into consideration the challenges that needed to be addressed, and the benefits advancing parenting programs in the region would bring by applying international best practices. The theoretical premise of this framework is an integrative theoretical approach within the umbrella of the ecological approach. Interaction between the groups forms the cornerstone of the theoretical perspective of the framework. This interaction takes place within the systems defined by the ecological perspective of the microsystem, the mesosystem and the macrosystem.

The family and children occupy a central position in this framework, where parenting programs seek to strengthen points of strength and address weak links in family functions and interactions within the ecosystems of this framework. Hence, the interaction here is seen as personal, interpersonal, and collective (child, child-parents, and child and parents). Thus, this framework facilitates interventions at the three levels, identifies, interprets and examines their effect and outputs according to appropriate scientific evidence.

The framework focuses on developing preventive parenting programs, while also taking into consideration the deficiencies and gaps in parental programs. It also provides easy access to all categories, the lack of which constitutes a gap as well as a challenge in parenting programs worldwide. The programs in this framework are expected to be implemented at all levels (family and children), in the neighborhood, and the community. It does not overlook parenting programs that respond to family problems, early childhood behavioral problems between children and parents. The framework focuses on involving parents by making their situation central to the

framework, because their participation represents the success of parental programs worldwide, and helps deal specifically with the family within the targeted audience. It also takes into account urgent, chronic, and persistent problems that affect the family, its structure and its interactions.

At the macro level, primary parental programs target the whole community, especially in the areas of general and emergency problems such as poverty, unemployment, nutrition, health, diseases, conflicts, wars, and refugee crises. They focus on problems that constitute a “**social epidemic**”—problems that are experienced by large segments of society. The meso level targets local communities that suffer from local problems confined to these communities (e.g., drugs, difficulties with the law, etc.) requiring specific interventions that are compatible with the local culture of those communities (immigrant neighborhoods, citizen neighborhoods, low income, high income contexts, etc.)

At the micro level, programs focus on child problems, and familial problems that may require individual interventions, such as coaching sessions with specific guidance for specific problems. The child and the parents can participate in homogeneous groups formed according to the type of problems, which would encourage learning by observation and from the experiences of others, or they can benefit from financial aid programs, especially for those with specific conditions.

In conclusion, the framework is founded on an in-depth analysis of relevant parenting programs and literature, and is an integrated and inclusive framework that takes into account all ecological levels and all target groups for parental programs within the contexts in which the target groups are located. It takes into account preventive programs, formal and informal response programs, and includes a mechanism for assessing their effectiveness and impact on the behaviors of the target groups, to secure scientific evidence that supports robust programs.

CHAPTER ONE: INTRODUCTION

Parental support has been present through informal relationships and family nets, however the need for official acknowledgement was established in the International Year of the Family in 1994 (UNESCO, 1994). Parenting literature covers interventions that do not focus on parenthood, but which have led to better parenting outcomes. These interventions include, for example, social protection or conditional cash transfer programs that syndicate parental services with a clear influence on parenting understanding and practices. Family and adult literature programs have had constructive effects on parent-child outcomes (Padak & Rasinski, 2003).

Policies in high-income countries seek to define and actualize the responsibilities of the state and parents with regard to the education of children, as well as those of social institutions, in particular the extended or living family, real ethical considerations, and the accountability for childhood and adolescence. The environment is also significant as it incorporates the institutional and political situation (and resources) prevailing in a country. Parental care programs are usually based on and benefit from existing service infrastructure, where support is provided to families and parental care is part of a variety of other services, such as social, health, educational, early childhood development, and in certain cases cash transfer services (Britto et al., 2015).

Parenting (Education) programs represent one form of support provided to parents and caregivers. They aim to raise responsiveness to the vital role of caregivers in child development and progress, and to enhance or adapt the approaches, philosophies, and practices of caregivers on child care. Eventually, these programs should enable caregivers to acquire methods to develop their care and communication with children, and enhance the immediate setting in which they live (Al-Hassan, 2009).

Various parenting programs offer parents the skills and resources that help to promote their children's health, nutrition, and safety around the world. In certain scenarios, these methods also address strengthening parent capabilities to improve linguistics, literacy, emotional and behavioral balance, and pre-school social skills. Parental care education is understood as a group of programs, resources, or facilities aimed at increasing the capacity of parents to promote child health, development, or education. In addition to their varied content, parenting education programs differ in how they support parents, which could be completely informal or otherwise organized (Tolani et al., 2006).

With the aim of understanding the status quo of parenting programs in the Arab region, this report mapped the available programs while undertaking a literature review on the topic and an in-depth description of available programs. An Arab Framework for Parenting Programs was developed based on the research conducted as well as on the ecological approach that has resulted in the integration of theories upon which parenting programs are based.

1.1. Parents and Parenthood

Before delving into the definitions and objectives of parenting programs, it is important to understand key terminologies including parents and parenthood, noting that the term parent and primary caregiver are interchangeable throughout the report.

Parent/caregiver defines a person who takes care of an infant or toddler and provides all necessary care at home or in a family context. The term “**parenthood**” or “**parent**” is not restricted to biological parents alone, but includes any guardian or caregiver who provides constant care for the child. Carers consist of parents, siblings, grandparents, as well as child caregivers who play an important part in the care of infants and young children. To facilitate the return to these terms, this study uses the terms “**parents**,” “**parents and caregivers**” and “**parental care**” to refer to all of the above (UNICEF, 2016).

Similarly, the concept of parenthood includes the exchanges, behaviors, emotions, awareness, philosophies, and the perspective linked to children’s health, progress, knowledge, and protection between parents and children (Yale-AÇEV, 2012). The obligatory undertaking of parents is to help their children in physical, psychological, social, and economic settings. In the midst of the several effects on child growth, parents are crucial to child development as children interact with their parents and caregivers. A parent’s involvement and participation contribute to the promotion of their child’s development, notably, as children observe and imitate, and as they connect physically, socially and emotionally with those around them.

Additionally, some favor using parents or parenthood in order to foster lasting family attention that symbolizes a past and future standpoint, and includes a connection to the education and socialization of the child. In this manner, they may be distinguished according to whether the motives of and activities carried out are for a short term, or whether they provide specialized care for the child (WHO, 2004). That being said, family support can be described as services aimed at refining family performance, founding child education as well as other family activities in a structure of understanding relations. Family care, on the other hand, includes services focused on the well-being of children. Within the understanding of family care, parents determine the course of the child’s life, as such, parental care is a key determinant predicting the child’s success, hence arises the importance of the provision of formal parenting education programs.

1.2. Parenting Programs: Definitions, Objectives and Characteristics

The broad goal of parenting programs is to raise mindfulness of the role of caregivers in helping child growth and progress, and to enhance or adjust the approaches, beliefs, and application of caregivers regarding the care of children. In the long run, these programs should enable caregivers in a way that advances their care and

collaboration with young children, and improves the immediate setting in which they live.

Specifically parenting programs help parents and caregivers better understand the responsibilities of parents (especially with regard to early growth, functions, and care), as well as the crucial role they play to enable younger children to progress during a distinctive life span when relations and encouragement form the basis of their welfare. Preferably, parental programs should speak to the variety of requirements and factors of parental care by containing information on health, nutrition, motivation, and protection. Care programs can particularly assist vulnerable families in benefiting most from such involvements. These programs should be advanced to enable parents and caregivers to develop suitable practices and allow them to implement other methods that will promote the child's health, development, education, and well-being (UNICEF, 2016).

Formal parental education programs usually follow specific curricula with clear and progressive activities, bearing in mind that they are presented in a variety of ad-hoc settings. Non-formal parenting programs are available everywhere and take many forms, but are characterized by their casual and light strategies, and individual-focused approaches that advance parental attitudes (Harkness & Super, 2006; Kagan & Lowenstein, 2002). Efforts to teach informal or organized parental care are usually included in inclusive programs that tackle many factors of the health and well-being of children and adults through increased immunization of children and regular school attendance (Tolani et al., 2006).

Parenting programs also intend to assist parents connect to their children by altering their manners from birth and during their lives. The change is achieved by imparting definite abilities such as cooperative play, selective consideration, giving acclamation to reinforce social manners, and teaching clear rules supported by regular functional consequences to diminish bad behaviors. A sustained delivery of these courses aims to develop all these skills, with these programs focusing on understanding parents' assessments and providing them with non-compulsory assistance. While these programs are similar to counselling and advice, it is different to psychological education, which informs about the reasons behind a child's disorder and where counselling focuses on managing it rather than training. In other words, understanding, rather than skills is addressed, in order to bring about change in relationships.

Thus, most parenting programs aim to influence parents by increasing their knowledge of children's development, changing the way they interact with them in order to provide more appropriate care, and thus support family values. However, changing practices within families is not sufficient in many environments. Families also need to take control over their lives and that of their children's. However, many structures are created to ignore or disregard certain families and their children: health services could be difficult to access or afford, education and employment prospects are difficult to attain for some ethnic groups, while social services trap families in dependency cycles instead of gradual empowerment. In such settings, it is important to design programs to change structures, and hence, it is vital to take a

systematic perspective and develop programs that reinforce all supportive systems (Al-Hassan, 2009).

Furthermore, parental programs are often aimed at improving certain symptoms among children and improving the quality of their relationships. If negligence or abuse is detected, the aim may become to develop positive parental involvement with the child, and to decrease punitive emotional and physical ways, no matter if the child is a source of the problems. Moreover, parental programs help resolve emotional and behavioral problems, especially those involving children. Thus, these programs can help parents deal with children that have health issues, such as autism spectrum disorder, or obsessive-compulsive disorder, even when the quality of parenting had been initially satisfactory (Thaparet al., 2015).

A review of parenting programs (Bunting, 2004) identified a variety of theoretical frameworks that used various forms of parenting programs, including:

- Behavioral Parenting Programs, which are grounded on the principles of social learning, and aim to help parents utilize a variety of basic behavioral methods such as positive reinforcement, negotiation, and substitutes to punishment.
- Cognitive Behavioral Parenting Programs, which combine basic behavioral approaches with cognitive strategies that support parents in reforming their mindset about themselves and their children.
- Relationship-Based Parenting Programs, which seek to promote family connections.
- Rational Emotive Therapy Programs, which aim to decrease emotional tensions by questioning irrational beliefs and promoting rational beliefs and
- Multi-Modal Parenting Programs, which combine the components of other programs with behavioral and/or cognitive strategies (Al-Hassan, 2009).

Parenting programs revolve around five main areas: caregiving, stimulation, support and responsiveness, structure, and social development (socialization) (Bradley, 2004).

- **Caregiving:** Focuses on the behaviors and practices of caregivers (mothers, siblings, parents, caregivers for children caring for infants or young children) aimed at the provision of food, health, encouragement, and emotional support needed to ensure the healthy development of children (Engle & Lhotska, 1999).
- **Stimulation:** Derivative of the stimulation of neurons (Shonkoff & Phillips, 2000) such as linguistic interactions (e.g., singing, conversation, and reading) in the delivery of educational resources, experience in educational opportunities (e.g., books and magazines), physical contact (e.g., sports and games) and parental behaviors that serve as role models for imitation and simulation (Britto et al., 2002).
- **Support and responsiveness:** Articulated in social and emotional relations, increasing confidence, attachment, and interactive behaviors such as

embracing, hand holding, and preferring physical communication (Bowlby, 1988). Parental response comprises a rapid response to child behaviors as applicable to the child's needs and to the stage of their development (Eshel et al., 2006). As an example, interactive feeding practices have achieved a positive response to nutritional status of young children (Yousafzai et al., 2013).

- **Structure:** Linked to correction, administration, and safety of the child from harm, abuse and negligence (Baumrind, 1996). These parental relations can be expressed by constructive discipline practices and a safe, permanent environment.
- **Socialization:** Related to parenthood that encourages the values of progress, attitude towards life, and individuality, and is considered an expression of culture, social and religious ethics, and outlooks (Rogoff, 2003).

Regardless of methods utilized to influence parents and work with them, all strategies include the following components:

- **Program content:** Varies depending on the type of organization providing the service and the specific needs of those who require the service. While curriculums established by the health sector in the 1970s and 1980s had a single health focus, programs that were subsequently developed were commonly more inclusive in their methods, both in their all-inclusive outlook of children's improvement and in their consideration of the entire family within the broader culture. It is important to note that the definite content of curricula for children under the age of three falls into three categories: health and nutrition programs, stimulation, and comprehensive or holistic programming.
- **Service delivery:** Irrespective of the source of the curriculum, it is important to recognize delivery strategies. Families can be reached in a variety of ways that could take the form of calls to homes or clinics, or through social services; some programs even endeavor to influence families through media. The process of service delivery is linked to the simplicity in contact with families and content that is transferred. For instance, house calls are considered more effective with stimulation programs, but not so in development monitoring programs in which parents are stimulated to bring their children to the clinic.

Parental programs fall under three categories: parental (family) support; parent education; and parental training. In some cases, these expressions are interchangeable; though, they are not synonymous. Parent support programs, for example, may include not only assisting parents to fulfill their roles, but also practical training services or literacy programs for adults, while parent education programs cover only educational services. Parent support could come from multiple sources, including informal ones (families, friends, neighbors) or semi-formal (community organizations and volunteer groups) as well as formal support (service organizations in collaboration with volunteers) (Ghate & Hazel, 2002).

Programs are characterized by intensity (frequency and duration); and presentation style such as pairing, grouping, one-on-one, self-guidance. The method of delivery and communication approaches include an educational approach, focus on

development of skills, relationship building, and delivery of ad-hoc content. Other characteristics include the type of trainers, experts, assistants; the type of programs such as family literacy, home visits, behavior control and social development, and programs focusing on child-care.

The type of content developed and the individuals delivering it vary from program to program. In some cases, professionals develop curricula and deliver it through lessons or presentations. At other times, the curriculum relies on real events in the local community, which means local individuals would often be involved in delivering the curriculum. The message of the curriculum largely depends on the target of the service, and the type of people accessible to distribute the content, irrespective of who cultivates the curriculum used in the programs. Notwithstanding who conveys the messages, there is always a need to find a way to work with parents (Al-Hassan, 2009).

People responsible for implementing programs include:

1. **Professionals:** Professionals deliver programs in resource-rich countries, however, even when professionals are accessible, others may be expected to provide assistance.
2. **Trained outsiders/facilitators:** Some programs are not delivered by professionals but by facilitators/trainers from outside the community, who are highly educated in comparison to the groups they work with.
3. **Trained local facilitators:** Instead of bringing strangers to provide parental support and education, utilizing people from the same community to provide curricula to other families in their villages or regions.
4. **Trained volunteers from the community:** The majority of large-scale delivery, especially in pioneering efforts, rely on volunteers from the community to work in their programs. This is often a way to cut costs, though it is offered as a contributing factor towards social well-being.

CHAPTER TWO: LITERATURE REVIEW

Parental programs are a crucial factor in influencing the education of children at the start of their lives to become active members of society who perform their appropriate roles. Parental programs must protect the child's rights to socialization in a supportive, stable, and sustainable environment that promotes his/her personality and independence. This care must be based on a foundation that guarantees for children the right to education, health care, and nutrition; community involvement, interaction, sharing, and participation in activities; personal development and independence; and self-esteem. This review tackles available parental programs and their impact on child-rearing as well as how parents can be empowered to play a significant role in shaping their proper development.

This systematic review included online searches in 10 academic databases (comprising reference lists within the individual studies identified) as well as wider gray literature between 2001 and 2011. Gray literature is defined as reports not found in academia. In the academic research, several areas were studied: medicine, global health, education, psychology, economics, and other social sciences. The data collection used main titles grounded on the geographical location, the type of intervention, and evaluation. In gray literature research, agency sites were methodically studied; key requests were made to applicants to categorize unpublished assessments and agencies for early childhood education programs. Studies were chosen using PICO (population, intervention, control, and outcomes).

The literature review shows that parents, children, and the family, including all primary care providers, are the basis for the well-being and healthy progress of children. Children learn from and depend on parents and other caregivers, from birth, for their protection and care. A parent's influence is the greatest in the early years, when the child's development is rapid and where parents and the family environment shape almost all of their experiences. Parents support children in developing their knowledge and abilities, and chart the path towards their health and well-being during childhood and beyond.

Today, young children are growing within an environment of important developments taking place in the rapidly growing set of early childhood sciences, which have allowed for a more accurate take on the most important periods of early childhood and child-rearing. Additionally, while child poverty has augmented recently, funding given to programs and services delivered to families, such as early childhood education, home visits, and income support programs has increased. All this contributes to creating a better framework for supporting fathers and mothers of young children (National Academies of Sciences, Engineering, and Medicine, 2016).

The Convention on the Rights of the Child (CRC) and the abundant systematic data recognize that parental care is one of the durable stimuli on children, especially during the early years. These experiences are the basis of brain structure, and scientists highlight that a key element in brain advancement is the children's communication with their parents or caregivers. Despite this widespread recognition, the process

of promoting positive parenting practices faces many gaps and challenges, mainly in susceptible circumstances. Data from the Multiple Indicator Cluster Survey (MICS) survey of low- and middle-income countries, indicates that at least half of the parents surveyed participated in parenting conducts that are useful for Early Childhood Development (ECD). To address these programming and knowledge gaps in child-rearing practices, UNICEF systematically reviewed literature to highlight gaps in identifying what encourages effective, complex, and receptive child-rearing practices and care, by early childhood parental programs, and interventions at various local and community levels and contexts. The objectives of this systematic review of research were to assess the effectiveness of early childhood education programs and to examine programming elements that enhance the benefits for children and their families.

Prevention of child abuse is a major public health challenge that must be dealt with, whereas courses such as Triple P (Positive Parenting Program) highlight that strengthening parental and family relations at the population scope is a powerful means to addressing this challenge. The focus therefore is on the value of parental programs for all parents in the community. The key components required to develop a paternal approach at the population level to reduce child abuse are also examined. Available evidence on parental abuse recommends that parental training develops parental competences (James, 1994; Wekerle & Wolfe, 1998). Variations in parenting practices can diminish the risk of abusive behavior towards children, according to reports by preventive interventions, and hospital visits (Prinz et al., 2009). Nevertheless, questions continue on the most operative way to reduce the high rates of child abuse. A certain theme of disagreement materialized in the literature: Should programs directed at reducing child abuse focus on “**at-risk**” parents, or be provided at a larger scale within society? (Prinz, 2016)

The Britto et al. (2015) study reviewed 105 studies on parenting programs. These studies are defined in practice as activities, programs, services, or interventions for parents, with the aim of improving the interaction between paternal and maternal parenthood, attitudes, knowledge, beliefs, and practices involving children between the ages of 0 and 8 years. These recommendations aim to improve the physical health of children, promote cognitive development, and develop their social and emotional well-being.

The UNESCO study (1995) confirmed that well-designed early childhood programs can meet the various needs of young children especially in the vital early years of life, improve their willingness for education, and leave a positive and lasting impact on post-school attainment. Additionally, countries that have successfully mobilized local government, municipalities, communities, and volunteers have been successful in distributing and modernizing their educational systems, while making an important contribution in educating the population.

Parental care programs found include (Barlow, 1999; Thomas, 2004; Barlow & Coren, 2004; Barlow & Parsons, 2004; Coren & Barlow, 2004) programs directed towards parents of kids with ADHD/hyperactivity disorders, behavioral disorders, a variety of developmental and intellectual disabilities, and parents of adolescents

with addiction. There are programs that target low socio-economic families and parents who have demonstrated an indication of extreme use of verbal and physical punishment. Other programs are directed at parents without any specific problem, such as parents of infants. Some programs also include fathers within the parental care program and the assessment process, although in some cases, only data from mothers is utilized in program reviews (Barlow & Coren, 2004).

The cooperation between UNICEF and the Government of the Netherlands on early childhood development (2008–2010) was reviewed with a view to understand comprehensive methods in early childhood development in 10 specific countries and all UNICEF regions, with emphasis on maintainable policy progress and cooperation to continue fruitful interventions. The evaluation was conducted by a group of researchers including Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji and Diane Paulsell, with assistance from Samia Amin, Evan Borkum, Larissa Campuzano and Jessica Jacobson.

2.1. Impact of Parenting Programs

Fraser et al. (2015) sought to identify the impact of early parenting programs in residential Australia, where the program assists parents with young children below the age of three, sent by health and child protection services. Data came from various sources such as interviews, focus groups, direct observations, observer notes, and parent questionnaires. The qualitative data was analyzed using thematic analysis and the associated exams were used to examine the data from the questionnaire. Three topics were highlighted from the objective study of qualitative data: family involvement, capacity building of parents, and transition to society. Parental insights on their own capabilities significantly enhanced from admission to the program and till the end of it.

Rodrigo et al. (2013) aimed to identify the study of the impact of individual and collective influences on changes in parenting practices in programs. The objective of this study was to identify the effect of certain influences on the implementation development, on reporting positive and negative paternal practices, and investigating the consequences of personal and family support programs for parents. These parents were referred by the community, psychologists, social workers, and family instructors in the context of resident social services, as a result of the potential risk of mistreatment towards their children. Individual factors include age of parents, gender, educational level, family structure, number of children, area of residence, and financial assistance, while group influences include scope and composition. Furthermore, since there is an overlap in various groups, the study utilizes the model of the underlying growth curve of the adopted data (sets) to study the relative influence of individual and group factors on pre-post fluctuations in parental methods. This form of study attains an explanation of average population development over a given period of time. However, the main focus is to explain the differences amongst participants in terms of the limitations that address their growth curves, i.e., the differences

between individuals in change among individuals. It also allows an assessment of the reasons behind the change.

2.2. Parenting Program Evaluation

Singer's study (Singer et al., 1999) aimed at identifying parental attitudes to parenting programs. The study highlights the effectiveness of these programs in helping parents, particularly parents of children with disabilities. Similarly, the Keating et al. (2016) study on the evaluation of parenting programs for broken families resulting from divorce in Ireland, highlights the success of parenting programs in increasing parental satisfaction as well as reducing conflict between parents.

The Chen and Ko Ling Chan study (2016) aimed to assess the success of parental care curricula in decreasing child abuse and adjusting related influences. The study examined nine online databases to find controlled trials published prior to September 2013. It calculated the impact of several results at various time points. Of the 3,578 reports found, 37 were chosen for additional study. The results of the study showed parental programs had effectively decreased self-reported abuse and reduced the likelihood of child abuse; programs also decreased risk factors and improved protective factors related to child abuse. Nonetheless, the impact of parenting programs was limited in decreasing maternal depression and anxiety. Parenting programs have created positive impact in low, medium, and high-income countries and have been impactful in decreasing child abuse when practiced as a primary, secondary, or tertiary intervention to treat child abuse. Parental programs were found to impact public health approach to reducing child abuse.

The Barlow and Coren study (2017) aimed to adopt parental care practices that achieved significant results for children. Parental care programs are potential ways of assisting parents in order to encourage the best results for children. The study summarized the results of the systematic studies of parenting programs published in the Campbell Library. Six studies assessed the impact of parenting programs on the prevention of behavioral problems with children between the ages of 0 to 3 years; management of early onset behavioral disorder with children aged 3 to 12 years; improved results for parents of children who suffer from Attention Deficit Hyperactivity Disorder; results for specific groups of parents and children (children with mental disability and adolescents); as well as the psychological and social performance of parents. The results demonstrate the ability of effective parenting programs in developing emotional and behavioral factors as well as promoting the psychological and social well-being of parents. It also suggests the need for further research to evaluate their success with subgroups of parents.

The Sandifer study (2008) aimed to assess the life course theory, which promotes developing incarcerated mothers' childrearing skills and parent-child relationships, the acquisition of parent abilities and parent-child relations to aid both inmate mothers and their children given the urgent need for this. It also sought to assess the effectiveness of parental programs of a southern correctional facility for women in the United States, in altering mothers' experience and abilities. A previous

quasi-experimental test was utilized to evaluate short-term variations within 12 weeks after parenting courses. A correlated sample of two parental pools was tested and the results suggested a significant positive change, likely to be the result of education programs for mothers. Substantial change was not noticed in the control group of female prisoners.

Another study on support programs by Cluver et al. (2017), aimed at developing a program to support parental care to prevent adolescent abuse in South Africa, where violence against children surges in adolescence. A trial program for low-resource settings was implemented in partnership with NGOs, government, and academia in South Africa, utilizing evidence-based ideologies. The research utilized a pre-task method to test the preliminary impact of the 10-session parental care program with 60 participants (30 caregivers-adolescent dyads) in rural regions that live in extreme poverty in South Africa. The programs had moderate to large impact in decreasing child abuse and problematic behavior in adolescents, and significant impact in improving positive parenting, and social support. Through parenting programs, it was found that it is possible to decrease child abuse, advance parenting, and decrease problematic adolescent behavior in South Africa. Additional improvement, analysis and follow-up are needed in the long term to ensure that they can be scaled.

The effect of parental care on the well-being of children and their future prospects is highlighted in the European Report for the Improvement of Living and Working Conditions, 2013, but recent backing for parental care and education is observed as a social investment that assists in reducing parental stress and supporting parents in balancing work and family responsibilities. European nations provide assistance to parents in various ways, including breastfeeding support, programs aimed at increasing parents' self-confidence and self-esteem, thereby improving their bond with their children. The study provides a recent outline of the essential components of parental care assistance and service format throughout Europe, and information on parental assistance in seven EU member states: Estonia, Germany, Portugal, Sweden, Austria, Belgium and Hungary. The report summarizes the shared challenges encountered by all parental assistance providers and provides policy recommendations grounded on observations from different countries.

International developments in parenting assistance have led to policy endeavors at the national level. The ratification of the 1990 United Nations Convention on the Rights of the Child in Sweden resulted in parental care programs that had a positive effect on children's health and well-being. During the International Year of the Family (1994), a Working Group on Parental Education was established at the federal level in Austria, resulting in the creation of a legal grounding for monetary assistance for parental education. The Council of Europe Recommendation 19 (2006) also spurred Member States to develop policies to promote positive parenting and new related laws and programs in Belgium and Estonia.

The Gardner et al. (2015) study aimed to identify parental evidence-based replicated programs for problematic child attitudes (age 3–10) in a number of countries, where there was prompt international distribution of parenting interventions. However, not much information is available about their impact when transferred to different

countries or the elements that affect their success. This was the first methodical study to tackle this matter, while concentrating on programs that reduce child behavior problems. Phase I in the systematic reviews identified evidence-based parental interventions that have had a strong impact, while Phase II identified the replication of these interventions in new countries. The systematic reviews were followed by aggregate analysis of the transferred programs, and subgroup analyses according to cultural, resource, and policy factors. Seventeen pilot programs were found to have been transferred from four interventions that were devised in the United States or Australia and tried in 10 countries in five regions. The effects on child behavior were found to be significant in 14 randomized samples, but insignificant in three non-randomized samples. Subgroup analyses of randomized trials did not show any correlation between the influencing or intervention factors (e.g., slogan, recruitment). Programs that were transferred to “**Western**” countries resulted in similar impact, but the impact was higher when programs were transferred to more socially remote areas. The impact was higher in countries that concentrated on family-based child-rearing and survival than those classified as more individual. There were no differences in the impact when measured as a function of factors like policy or resources at the country level. Contrary to popular belief, parental care programs seem to be effective when transferred to more culturally diverse countries and in the provision of services than those they were developed in. Broad adjustment was not necessary for successful transfer.

Moran et al. (2004) showed the presence of international data on the impact of parental support programs collated by the Policy Research Bureau (PRB). In light of the research evidence linking the various aspects of parental care and the outcomes for children, many programs have emerged to help parents strengthen their parental capacity, in the hope that the results will eventually improve for children. Notably, a collection of research on the scientific assessment of parent support programs has also been gathered and evaluated. The research was developed to assess this increasing collection of studies. The undertaking included collecting, classifying, organizing, and summarizing the literature evaluating parental care support (both published and unpublished) in order to identify “**what works**” in the United Kingdom and elsewhere, and to produce main points for policymakers on practices, research, and comprehensive national policy. The findings indicate that multiple families in society can take advantage of parental care support, noting that enticing and appealing to fathers is still difficult. Regrettably, in the UK, the increasing number of parental support programs in the past few years did not cause growth in the quantity of qualitative studies to assess them. Thus, assessment literature offers only an incomplete view of “**what is good**” and assessment of how certain programs are more effective than others. Nevertheless, using the correct content proves that the delivery of parenting programs remains a vital way of assisting parents, particularly when coupled with local and national policies that tackle larger circumstantial matters affecting the lives of parents and children.

Wales et al. (2016) studied the features of mothers and fathers who participated in the Community Practice Program for Parental Care. The study sample consisted of a group of mothers (141) and fathers (96). The questionnaire included demographic

characteristics, behavioral and emotional problems, and parental behavior. The findings of the research show that the participation rate in the programs was related to the characteristics of the parents. In general, parents with a lower educational level were less involved in the programs. The rate of participation of mothers was associated with the extent of their knowledge of behavioral problems in children. The rate of participation of fathers was related to the extent of their knowledge of psychological and emotional problems in children.

The Morawska and Sanders study (2009) sought to examine the conceptual and practical foundations of parenting gifted children. In view of the lack of research focused on the requirements of gifted children and their families, in specific, there was a shortage of evidence-based parenting approaches to assist parents in educating gifted children. This study offers a summary of the research related to the challenges faced by parents of gifted children, and a depiction of the improvement of parenting programs specifically developed for this segment of society. Qualitative data is provided from a survey of gifted children's parents to highlight major topics for support and assistance to parents. The program describes the clinical effects, and suggested research trends in helping gifted children's parents are discussed. The research highlights important ideas on the precise facets of nurturing a gifted child as parents are challenged with the kind of information required to assist them in their responsibilities. The results have led to the development of parental intervention for gifted parents and gifted children, paving the way for further research to support parents.

The Craig study (2004) provided an overview of the relevant literature and described parental care programs for mentally ill women with young children. Literature review, including researching bibliographic databases such as MEDLINE database, CINAHL and PsycINFO databases, and the Cochrane database of methodical studies and EMBASE psychiatry database, was conducted. Examination of journals and English-language books were limited to the last five years primarily, with consideration of previous literature where appropriate. The studies showed that a mother's mental illness can have a negative impact on a child's wellbeing, specifically when an unsafe attachment occurs between the mother and child throughout the critical early years of growth. The possible repercussions of mothers' mental issues include weak cognitive development, behavioral problems, and augmented jeopardy of psychological illness. Operational parental skills are proposed as a remedy to avert these consequences. The implications of parental programs on women with mental health issues were not studied thus the long-term potential gain of these programs is unclear. Parental skills programs for women with mental health issues could be a valuable preventive intervention. Public programs are improbable to be the right approach. Instead, programs for women with mental health issues should tackle common parenting issues, in addition to the requirements for women with mental health issues.

In the context of prisons, the study by Lober and Tuerk (2006) aimed to identify parenting programs for imprisoned parents and prospective trends in criminal justice policy. It also aimed to assist in advancing relations amongst this increasing number of imprisoned parents and their children, where penitentiaries had

developed educational programs aimed at teaching prisoners how to maintain healthy relations with their children. These parenting interventions encompassed programs that allow children and parents to live with each other in prison while getting help and counseling, visits to build relationships, counseling to parents, and after-service assistance. The Family and Correctional Network (www.fcnetwork.org) includes several organizations that provide widespread assistance to families impacted by imprisonment.

2.3. Parenting Studies in the Arab Region

To begin with, it is worth noting that there is an evident lack of studies on parenting in the Arab region. The results of the Al-Hassan (2009) study represent one of the key evaluation studies for the Arab region. In their study of the Better Parenting Programs (BPP) in Jordan, the key results of the evaluation are as follows:

1. The most effective program is studied through attendance, community interest in the program, alterations in the attitudes of mothers and fathers with their children using stories reported by those recipients to the program providers, and increasing participants' knowledge in child nurturing. All sides are contented with the elasticity of the program and its aptitude to meeting the requirements of partners and families. Moreover, all partners settled that the funding given to the program was inadequate.
2. All partners and organizations are dedicated to the program. The program is built into local established arrangements, and partners are well equipped for technical and administrative responsibility. Though, some partners, such as the Ministry of Education, the Ministry of Social Development, the Ministry of Health, the Ministry of Social Affairs, UNRWA, and the Jordan Hashemite Fund for Human Development, are able to continue to work after the end of the program if adequate budget and equipment are made available, according to the resources and priorities of each of those partners, most non-governmental organizations, on the other hand, stated that they need other sources of funding to carry on with the program.
3. The overall cost of the best parenting program during 2006–2008 was \$479,784. The overall number of recipients in those three years was 66,151 with 17,642 participants in 2006, 20,420 participants in 2007, and 29,305 participants in 2008. The approximate cost per recipient was \$725. If the national average of four children per household is utilized (four children are an average for the poorest groups in this program), the projected cost per child in this program becomes about \$2,000.

The Al-Hassan (2009) study showed that the effect of the programs on families and children was as follows:

1. The program is valuable and operational, showing certain positive impact in parents' knowledge and attitudes towards child rearing, with reports

of decreases in child beating, increased communication with children and explaining bad behavior to them.

2. The program altered participants' behaviors in positive manners. Following the program's completion, they began spending more time engaging in different ways with their children when compared to their answers at the start of the program.
3. Participants gained and remembered information on parenting and child-caring included in the courses.
4. Participants used more positive disciplining than prior to participating in the program.
5. The program is helpful and details multiple key topics for recipients.
6. Overall, modification in understanding was more evident than alterations in behaviors, attitude, and insights.

To improve the best parenting program in Jordan, Al-Hassan (2009) recommends the following:

1. Integrating the Better Parenthood Program (BPP) with relevant programs for each partner organization, as possible.
2. Providing concerned ministries with more key roles in the program given the nature of the programs they share with society.
3. Allocating more financial support to the program to increase financial incentives for facilitators.
4. Training facilitators on effective Training of Trainers (TOT) skills, such as communication skills and adult education, as well as enabling program providers to undertake special training on the information provided in the manuals to deliver it successfully, particularly if the manual is separated as discussed previously. In addition, developing a training manual for providers containing the required skills is proposed.
5. Preparing booklets for recipients to retain. These handbooks should contain an overview of the key points and notions of the themes enclosed in the training. Additionally, it is useful to train facilitators on use of video presentations.
6. Reviewing and improving the training manual continuously. It is important, for example, to add a chapter on parenting skills that targets children with special needs because this type of material is not included in the current manual. It is important to target this group of children whose parents require crucial parenting skills.
7. Improving the monitoring and evaluation system to obtain clarity in relation to the performance indicators to assess program impact. Additionally, adjusting the current models is proposed, and to concentrate on the effect of the program on recipients.

8. Developing a system for ongoing communication and follow-up with the recipients following the workshop, by producing a database of targeted groups and participants.
9. Strengthening effective communication amongst partners to ensure collaboration and organization among them, through holding regular meetings.
10. Clarifying the job description of liaison managers, facilitators, and technical directors.
11. Investigating the underlying causes of low father involvement. For example, if the timing of meetings is the key drawback, afternoon sessions could be given instead. Additionally, offering incentives to recipients is proposed, such as transportation and meals, to entice large numbers of both males and females. Pre-planning and scheduling of training sessions are also recommended at different times of the year.

In Dwairy et al. (2006), the Arabic version of the Parental Authority Questionnaire was used with 2,893 Arab adolescents participating in eight Arab societies. The findings showed that methods of education differ among Arab societies. Cluster analysis showed three common features of parenthood: Inconsistent (permissive and authoritarian); dominant (authoritarian and overbearing); and flexible (authoritarian and lenient).

The authoritarian parenting pattern was most common among males, while the overbearing parenting pattern was higher amongst females. First-born adolescents showed an increased level of leniency than other adolescents. The impact of urbanization, parent awareness, and the financial factor of the family was minimal on the upbringing of children. Most of the studies on the effect of parental care on the contentment of children and parents in the Arab region point to authoritarianism in contrast to the West (Hatab & Makki, 1978), and parents are accepting of teachers punishing their children (Dwairy, 1998). According to Al-Khawaja (1999), 64.4% of women and 33.1% of Egyptian university students prefer “absolute submission” to parents. In relation to similarity and differences to parents, 57.7% of females and 25.7% of students prefer for children to have similar personality and morals as their parents (Al-Khawaja, 1999). In a research among students at the Saudi College of Girls, 67.5% of the sample stated that they were physically punished at different times in their lives. When studying their attitudes towards corporal punishment, 65.1% of the students vindicated this (Achoui, 2003). Arab females were more supportive of traditional standards than males (Al-Khawaja, 1999). Al-Ashawi (2003) found that male children received more corporal punishment than females (Achoui, 2003).

Since Arab society is based on collectivism, extended family members provide support in the child-rearing and socialization of children. This united educational entity is called “**Ahl**” (Parents and relatives) and is accountable for the care and education of Arab children and adolescents based on shared patriarchal values (Weller et al., 1995). In this context, mothers adopt paternal rules and apply them to both boys and girls (Dwairy et al., 2006).

The Banat study (2015) sought to measure the impact of a training program in developing the perceived parental efficacy of parents in foster families. The study sample consisted of 20 parents and 10 foster households. To attain the aim of the study, a 34-paragraph Perceived Parental Efficacy scale was developed and applied to the study sample before and after the 12-session training program, and was implemented again after a two-month follow-up period. The quasi-experimental one group design was adopted. The results of the study showed the impact of the training program in adjusting perceived parental knowledge. There were also major alterations in the benefits of the program in favor of fathers. The results of the follow-up measurement also indicated the continuous impact of the training program.

In conclusion, the review of the literature, evaluation studies, and related reports reveals a number of challenges for parenting programs, including basing programs on a theoretical or philosophical approach; creating preventive programs; securing long-term funding; creating parental programs for gifted and disabled persons; examining the impact of the program (scientific evidence).

The scarcity of information and knowledge about the results is noteworthy. Most information about parental care programs, which are standardized programs usually conveyed in sets of courses to parents, comes from high-income environments. Additional gaps in knowledge and evidence include:

- knowledge of existing interventions and their implementation;
- circumstances for sustainability or positive implementation;
- collaboration between formal and informal sectors and common significances;
- the linkages amongst coping procedures towards family behavior and parental care;
- human rights and other procedures to tackle discrimination and stigma (Daly et al., 2015);
- poor documentation of these programs;
- poor coordination between program providers to avoid repetition;
- multiple backers, duplication, and repetition of some programs and the absence of standards that govern them;
- weak theoretical frameworks on which they are based and their lack of clarity;
- poor evaluation of program outputs;
- the use of various mechanisms and interventions that make it difficult to identify influencing factors;
- weak access for the most vulnerable targets;
- poor prioritization of programs;
- limited literature in terms of content.

Moreover, it is worth noting that evidence of the effectiveness of these programs comes from high-income countries, where conditions are different from those of

poor or middle-income countries in terms of resources, capacity, and understanding of the program. For example, there is a notable diversity in the focus of early childhood parenting programs in terms of different strategies and mechanisms, which makes it difficult to identify the factors influencing these programs. Also, there is a lack of regular information on the scope, sustainability, and integration of parenting programs in the existing delivery system, in order to influence the most vulnerable and disadvantaged groups. Lastly, there is limited research on the curriculum and content of parenting programs, many of which do not include “**bottom-up**” trends that ensure sustainability.

As such, the following emerged when reviewing literature regarding the knowledge gaps and required research priorities:

1. The need for scientific research. Many programs need scientific evidence to prove their effectiveness. Community protection programs, such as cash transfer programs, are a vital tool in poor countries for underprivileged families. But a deeper study is needed to assess their feasibility in integrating early childhood development into cash transfers for parents. It is also necessary to study the effect of this incorporation on adjusting outcomes, and assess the impact of cash transfer programs on the effects of parents and children.
2. The mental health status of caregivers is an essential factor, but little research has addressed these important intermediaries between programs and children's outcomes.
3. Much of the literature relies on programs with a narrow scope. It is vital to study the impact of large-scale programs and to identify effective programmatic characteristics. In general, parenting programs need many Early Childhood Development studies and guidelines on early childhood development.
4. Fathers' involvement in the development and assessment of programs in line with the reality of the low paternal participation.
5. Focus on emotional and social outcomes among children because they were limited.
6. Parental impact assessment measures are largely based on self-reporting. It is important to prioritize the improvement of evaluation tools, as well as diversity in achieving potential programmatic impact.
7. The results of early childhood development programs have reached critical global stages (such as peacemaking, social transformation, sustainable development, and academic achievements); multiple disciplines and assessments are a requirement for poor and middle-income countries to stimulate early childhood programs, and secure support and sustainable funding for them.
8. Low-employment policies and social assistance could be vital catalysts for parenting programs (e.g., food security, time spent at home after childbirth). Maintaining these crucial features is key to understanding the program participants as well as recognizing other factors of support (Britto et al., 2015).

Evaluation studies of parental programs have shown that these programs have a beneficial impact on the well-being of families and children, reducing maternal depression, improving self-esteem, and reinforcing relationships between spouses. They have also helped reduce behavioral disorders in children and achieve improvements in the practice of parental care. Behavior-oriented programs were found to be more effective than other types of programs.

The literature review showed that program evaluations produced a number of characteristics, including:

- **early intervention is more effective than delayed intervention;**
- **intervention with theory and model;**
- **concrete and measurable intervention;**
- **comprehensive intervention;**
- **targeted intervention;**
- **intervention concerned with implementation, with attention to services accessible in different ways, and services using more than one implementation methodology;**
- **group action interventions;**
- **individual training in case of deep-seated problems;**
- **the quality of staff involved in the intervention;**
- **parallel interventions with parents and children;**
- **interactive and practical materials;**
- **involving parents and keeping them in the program;**
- **involving the community;**
- **long-term funding;**
- **preventing child abuse.**

In contrast, ineffective programs were characterized by lack of interest in execution, focusing instead on the attitudes of parents, oral rather than behavioral interaction, teaching by rote instead of interaction, individual rather than group action, dealing with families with difficult backgrounds, and dealing with children with behavioral problems.

In order to address the challenges faced by parenting programs, four areas can be rectified, especially within the field of childhood:

1. Program time (child's age).
2. Program dose (date, intensity, and frequency).
3. Format of the program (the way in which the program is delivered).
4. Service provision (provider and ability to provide effectively).

The reviews revealed the need for scientific research to measure the effectiveness of the programs; the quality and mindset of the provider; the application of programs with wider scopes; the participation of the target audience in the design and assessment of the program; focus on emotional and social services like other outputs; the development of measures to study the impact of programs; as well as self-reporting, linking and developing program outputs, especially in childhood, to integrate them with global processes that encourage peacemaking, altruism, and tolerance.

Finally, the programmatic objectives of each program must be documented and measurable, and beneficiaries must include family members as well as parents, and children of all ages, in all circumstances, even if the parents are in prison. Using multiple and diverse methods in delivering the program is important to enhance benefit from the program, and enhance the capacity and quality of service providers.

CHAPTER THREE: METHODOLOGY

This study utilized a qualitative methodology with the aim of obtaining reliable information through triangulation, and providing an Arab framework for parenting programs. The methodologies used were:

1. **Literature review:** using various databases, such as the Qatar National Library, as well as studies and reports on the subject of parental programs.
2. **Institutional Mapping:** of parenting programs in the Arab region.
3. **Focus groups:** to analyze the reality of parental programs through the point of view of participants in a select number of programs, based in Arab countries selected according to geographical location and development level (Morocco, Jordan, and Oman).

3.1. Literature Review Procedures

The purpose of the literature review on parenting programs was to address the definitions, objectives, patterns, components, and effects of primary programs, and provide an overview of these programs in countries with different levels of human development. Parental programs are implemented in countries like the United States, Sweden, England, Russia, China, and middle- and low-income countries. As such, the objective was to identify the characteristics and areas of effective and successful programs, and to address the challenges, issues, and gaps, if any. Emphasis was placed on parenting programs focusing on childhood and parents in general, in the areas of parental education, training, and support as the most important types of parental programs.

A number of international and regional reviews, evaluations, reports were identified on the subject of parenting programs. These reviews included evaluation reports of programs in individual countries, regions, and developed countries as well as least developed countries (LDCs). In the Arab region, reports and studies found included reports by international institutions such as UNICEF and civil society organizations. The majority of Arab programs were undocumented and had no written description; they were treated as short-lived sessions delivered in purely traditional ways.

This study designed a unified data collection model that included objectives and types of programs, and their beneficiaries. Parental programs in the Arab region were found to be characterized by duplication and multiplicity of stakeholders, and a lack of coordination between service providers (Britto et al., 2015) and Daly et al. (2015).

The following table shows the institutions and organizations that have been researched, using the methodologies of relevant studies in this field, and following a similar methodology (Britto et al., 2015) and (Daly et al., 2015).

Table 1. Systematic Exploration of On-site Agencies

Organizations	Research Area
Relevant agencies and organizations	UNICEF, UNESCO, UNFPA, World Food Program, World Bank, American Development Bank, Asian Development Bank, African Development Bank, Save the Children, Global Plan, Global Vision
Relevant institutions and initiatives	International Committee of the Red Cross, Inter-Agency Network for Education in Emergencies, International Rescue Committee, Center for Disease Control, Bernard van Leer Foundation, Open Society Foundation - Early Childhood Programs, Mother and Child Education Program, and Agha Khan Foundation (ACEV)
International specialized centers	Foundation for African Development, Youth Life, Education in Africa, Scientific Food Center, IFIS Magazine, Early Childhood Development Virtual University
International networks	Better Care Network, Advisory Group, International Center for Education and Human Development (Latin America), Asia-Pacific Regional Network for Early Childhood, Comprehensive Arab Resources, European Early Childhood Education Research Association, International Step by Step Association, European Association on Early Childhood Intervention

Table 2. A Combination of Search Terms Adopted

Terms and Expressions Assumed	
“Parental education”	Health theme: Maternal and newborn care
“Program evaluation”	
Evaluation of “Parental education”	Health theme: Maternal and newborn care
Literature review “Parental education”	“Parental program”
Parental education search	“Parent training”
Education	“Parent training”
Education “Program evaluation”	Early childhood evaluation
Education analysis	Early childhood interventions
Teaching education	Early childhood education evaluation
Education interventions “Literature review”	Early childhood programs
Education program evaluation	Family program evaluation
Education research interventions	Health theme: Maternal and newborn care, evaluation

3.2. Institutional Mapping

Based on the survey of scientific and applied literature on parenting programs, a picture emerges of the characteristics of the programs and their formats in several countries, along with an idea about the most important challenges and gaps in these programs globally. An ad-hoc unified model was designed to transcribe the data of the programs in the Arab countries based on this survey, and the study requirements and questions. This facilitated the monitoring of programs in Arab countries according to scope, type, impact, challenges, issues, and gaps.

A coding tool (survey questionnaire) was developed to standardize information on target programs for comparison and analysis. The tool consists of a number of variables related to the study, including the name of the country, the name of the program, the organization (government, private sector, civil society organizations, international organizations), type of program (parental education, parental training, parental support, parental intervention), program focus (individual, family, community, hybrid), target groups (children, families, communities, hybrid), program components, program objectives, program description, program main impacts, issues, gaps, challenges, and recommendations. Experts from each country were asked to help search for these programs and document them according to the survey tool.

The following methods have been adopted to access these programs:

- A questionnaire for participants to monitor the programs they had previously participated in.
- Available documentation on some programs, such as manuals and leaflets, especially those implemented by international organizations.
- General electronic scientific survey and specialist database searches.
- Direct and indirect communication with government institutions (websites, e-manuals, and programs available on the sites of some of these institutions).
- Direct and indirect communication with community organizations (websites, e-manuals, and programs available on the sites of some of these institutions).
- Direct and indirect communication with international organizations (websites, e-manuals, and programs available on the sites of some of these institutions).

3.3. Division of Arab Countries

In order to analyze parenting programs in the Arab region, countries were divided in accordance with the division adopted in the 2013 Arab Millennium Development Goals Report: **Facing Challenges and Looking Beyond 2015**. Following in the footsteps of the report, the League of Arab States and the United Nations divided Arab countries into the following groups:

- **The Gulf Cooperation Council (GCC):** including Qatar, the United Arab Emirates, Bahrain, Kuwait, Oman, and Saudi Arabia.
- **Least Developed Countries:** including the Comoros, Djibouti, Somalia, Mauritania, Sudan, and Yemen.
- **The Arab Maghreb:** including Tunisia, Algeria, Libya, and Morocco.
- **The Arab Mashreq:** including Jordan, the Syrian Arab Republic, Iraq, Palestine, Lebanon, and Egypt.

3.4. Institutional Mapping Procedures

The input criteria for parenting programs were determined by the programs implemented in the Arab countries by various agencies, including parental education, parental training, parental support, or parental intervention. Researchers searched for parenting programs in each country or countries targeted within the specific input criteria. The data for each program satisfying the input criteria was entered into relevant questionnaires. The information of each program was entered electronically, where each file was saved with a serial number in the name of the country containing the questionnaire of each program. The programs of each country were placed in a folder belonging to that country.

Table 3. Distribution of Parenting Programs by Country

Region	States	Number of Programs
The Arabian Gulf		
	Qatar	7
	Kuwait	3
	Saudi Arabia	9
	The United Arab Emirates	8
	Bahrain	3
	Oman	2
Total		32
Mashreq		
	Iraq	6
	Jordan	9
	Lebanon	3
	Syria	5
	Palestine	9
	Egypt	6
Total		38

Least developed countries	Sudan	4
	Djibouti	2
	Somalia	2
	Comoros	0
	Mauritania	3
	Yemen	1
Total		12
Maghreb	Algeria	2
	Libya	16
	Morocco	6
	Tunisia	26
Total		50
Grand total		132

3.5. Focus Groups

Three focus groups were implemented in Jordan, Oman, and Morocco with 11, 12 and 15 female participants respectively in each parenting program. The aim of these groups was to gain an in-depth understanding in identifying parental needs; the quality of the programs; awareness levels on parenting programs; and the motivation for participation. The focus groups also aimed to learn parents' attitudes towards the programs and the degree of conformity between the skills learned and the problems faced. Program benefits, extent of satisfaction and effectiveness was also studied, with the aim of identifying potential improvements. The focus groups also sought demographic information about the participants such as age, gender, family size, income, and level of education.¹

Reaching the participants was deemed a difficult task, especially since many of the participants were working-women and their contact information was not readily available. The researchers thus reached out to the organizations that oversaw the implementation of the programs. The organizations were asked to initiate contact with the participants and get their consent to participate. The location, time and date were proposed and transportation was provided to those who agreed to undertake the focus group sessions.

The questions were identified by the study team in collaboration with the Doha International Family Institute, based on research on the evaluation of parenting programs. The questions were of two types:

- 1) Questions about participants' characteristics (short questionnaire approximately half a page)

¹ See Appendices for the interview questions.

- 2) Questions related to dialogue and discussions about the programs in which they participated

Participants' questions focused on demographic variables such as age and education, while program questions focused on a number of key themes, including a number of sub-questions, noting that the questions were open-ended.

3.6. Focus Groups Procedures

At each gathering, the researchers welcomed the participants and introduced the theme of the meeting, explaining its purpose and its role in facilitating dialogue and discussion, to reflect the vision and experience of each of the participants. Consent was requested from the participants to audio-record the session. The researchers used numbers to document testimonials in order to protect privacy and ensure confidentiality. The facilitator raised open questions leaving participants to discuss and respond to them. The facilitator also summarized the answers and discussions on each theme, then gave the participants the chance to inquire further or weigh in.

A short questionnaire was initially distributed to the participants to confirm the demographic information, and provide basic information about the programs. The participants were then asked to complete a questionnaire for each program they had previously participated in and the information about these programs was transferred to the program survey questionnaires.

The qualitative analysis was based on identifying common patterns among the programs, their characteristics and their advantages. They were then classified according to type, objectives, and region, as well as to help build a proposed framework for parenting programs in the Arab region.

CHAPTER FOUR: FINDINGS AND DISCUSSION

4.1. Type of Parenting Programs

Parenting programs were distributed geographically across the Arab region, such that there were 38 in the Arab Mashreq, 32 in the Arab Gulf; 26 in the Maghreb; and 12 in the least developed countries. The programs were grouped into four areas: parental education, parental training, parental support, and parental intervention. The number of parental education programs was 34; followed by parental support programs (29); parental training programs (27); and parental intervention programs (18).

Table 4. Distribution of Programs by Type of Program and Geographical Region

Type	Arab Gulf	Arab Mashreq	Arab Maghreb	Least Developed Arab Countries	Total
	Number	Number	Number	Number	Number
1. Parental education	10	11	10	3	34
2. Parental training	8	10	7	2	27
3. Parental support	5	9	9	6	29
4. Parental intervention	9	8	0	1	18
Total	32	38	26	12	108

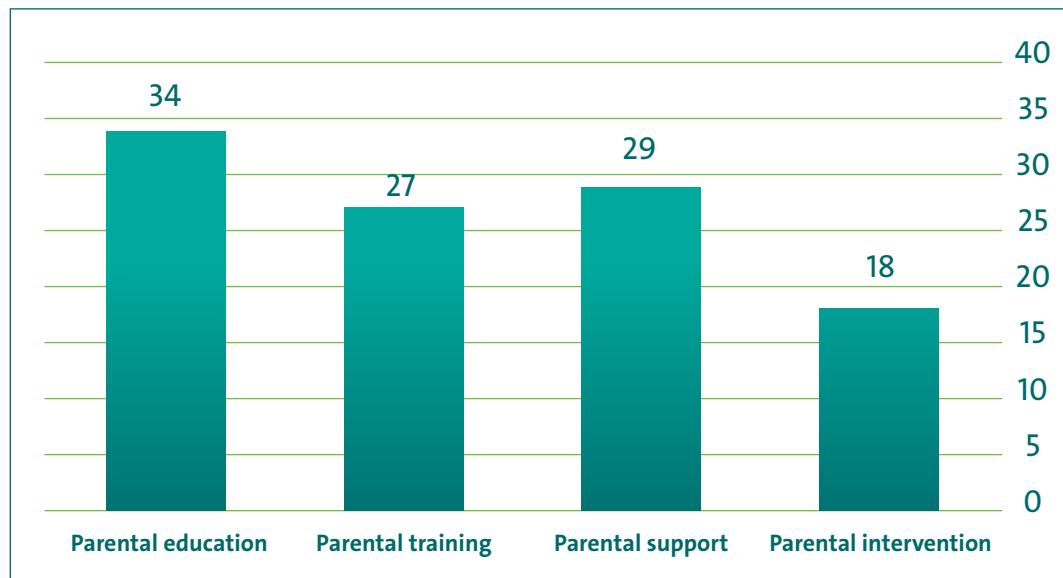


Figure 1. Number of Parenting Programs Per Type

4.2. Approach of Parenting Programs

Figure 2 shows the types of approaches of parenting programs in the Arab region, where they varied in focus between individual, mixed, family, and community. Family-focused programs ranked first, with 34 programs, followed by mixed programs (26), individual-focused programs (25), and community-focused programs (23).

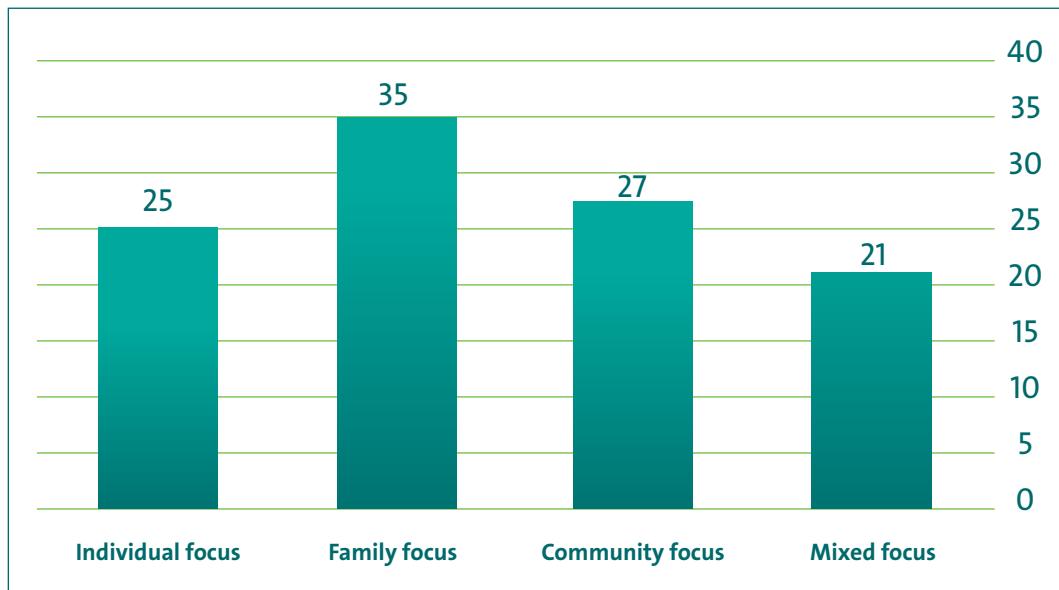


Figure 2. Comparison of the Number of Parenting Programs According to Approach

Figure 3 shows that parenting programs in the Arabian Gulf focused variably on the individual, family and community. Programs in the Arab Mashreq, Maghreb and least developed Arab countries focused more on the family.

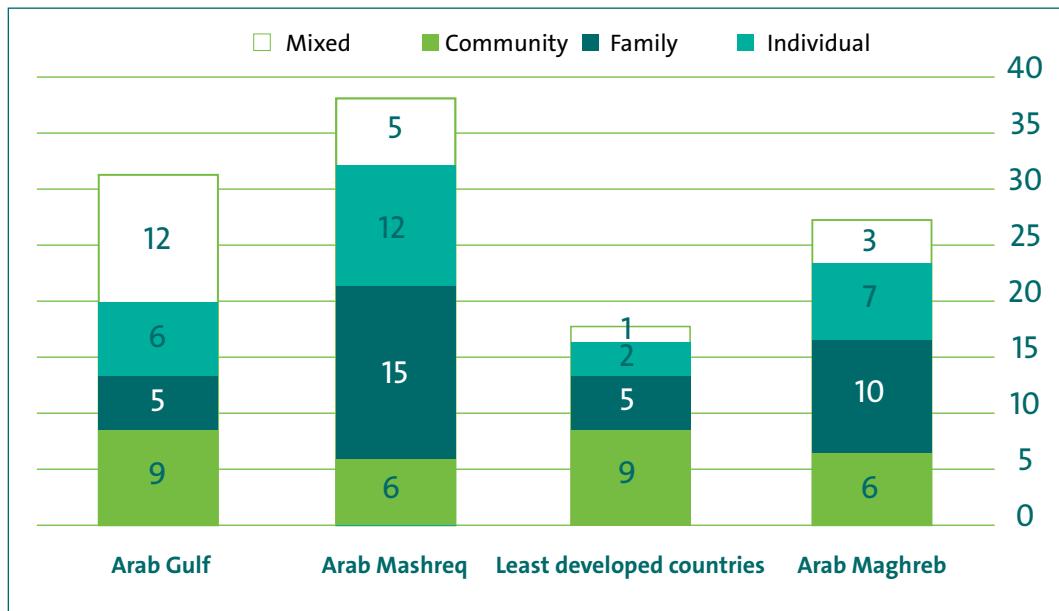


Figure 3. Comparison of the Number of Parenting Programs According to Approach and Region

4.3. Areas of Parenting Programs

When reviewing parenting programs in the Arab region, programs were found to cover three main areas including education, training, and support.

- **Education:** The main areas of parental education focused on knowledge education; enhancing awareness of the characteristics of childhood; parental care in social, religious, medical and social areas; education of mothers, children, and fathers; education of women; raising awareness of the dangers facing the family, the rights of the child, and family planning.
- **Training:** This area focused on methods of dealing with children; health; parental integration; parental care mechanisms and methods; parental care for young children; involvement of children; socialization; service standards; and reproductive health.
- **Support:** The areas of parental support focused on psychological support, family relations, care, services and technical support, family stability, social welfare, unaccompanied children, community support, and assistance for families with special needs.

The most important areas of parental education in the Arabian Gulf included cultural, educational, social, and economic topics. The areas of training also focused on methods of dealing with children, healthcare, parental integration, and parenting mechanisms and methods. The areas of parental support focused on psychological support, family relations, care, services, and technical support. Interventions focused on psychological and pedagogical counseling, training of mothers on the best practices to impart basic cognitive skills to children, anti-social behaviors in children, behavioral modification in children, positive behaviors, and group counseling.

Parental education in the Maghreb included health education, women's education, health care, risk awareness in the family context, children's rights, education for underprivileged children, and improving awareness of children's needs. The areas of training focused on socialization and service standards. The areas of parental support also focused on caring for families with special needs. Interventions focused on treatment programs and family conflict resolution.

Parental education in the least developed countries included care, planning, and family balance. Training areas focused on reproductive health. Interventions were concentrated in family counseling programs (Appendix I).

4.4. Description of Parenting Programs

Parenting programs in the Arab region focused on capacity-building, family counseling, especially for at-risk families, protection from domestic violence, illness, parental skills, early childhood treatment, problematic behavior management, and family planning.

Parenting programs in the Arabian Gulf focused on effective family management, and the rights of children, women, and the elderly. They also covered violence, raising awareness, counseling, child neglect, and good communication among family members.

Parenting programs in the Arab Mashreq focused on children living in care institutions, education and family planning programs, family education, parenting methods, improving the skills of family guidance workers, and reducing child abuse.

In the Maghreb, parenting programs focused on changing negative behaviors, family awareness, education, cultivation, economic empowerment of marginalized groups, especially in rural areas, training on mediation of family disputes, finding solutions to family conflicts, and learning mechanisms for dialogue.

Parental programs in the least developed countries focused on problem solving and coping, specifically in relation to children with special needs (Appendix I).

The target groups of parenting programs in the Arab region included families, children (early childhood and youth), fathers, mothers, service providers. There was also a focus on youth and children in conflict, and parenting through divorce (Table 8).

4.5. Parenting Program Objectives

The objectives of parental programs in the Arab region focused on enhancing the skills of family care workers, improving family awareness, and behavioral modification; providing support, knowledge and training in parental care; and empowering women and workers in the fields of parenting and family programs.

The objectives of parental programs in the Arabian Gulf focused on conflict resolution, family disputes, child rights, and child care. They also focused on divorce issues, techniques for dialogue, parenting methods for children within the family and during periods of conflict and divorce.

The objectives of parent programs in the Arab Mashreq focused on the well-being of children in social welfare institutions, capacity building for parents, family care, education, and training and education for mothers, fathers, and children. The programs also aimed at addressing issues of violence, marginalization, and the rights of women and children.

In the Arab Maghreb, the objectives of the programs focused on early childhood development, parental involvement, women's empowerment, literacy, health issues, breastfeeding, and the inclusion of mothers with special needs.

The objectives of parenting programs in the least developed countries focused on parental awareness programs, training of trainers, identification of parental care methods, and attention to groups with special needs (Appendix I).

4.6. Summary of Qualitative Analysis (Focus Groups)

The programs varied in their characteristics as follows:

1. **Program type:** Programs ranged from parental education programs to parental training and parental support.
2. **Program focus areas:** Programs focused on individual, child, and family.
3. **Target:** Parents, child, and mother.
4. **Program description:** The programs dealt with the problems of children, how to deal with negative behaviors, especially in the context of modern technologies; and dealt with the introduction of solutions, strengthening the family, searching for solutions appropriate to family problems, and promoting methods of dialogue in the family. Programs also focused on child development, family violence, early childhood, positive parenting, breastfeeding, and gender-based violence.
5. **Program objectives:** The programs included various objectives: Identifying behavioral problems in children; learning methods to deal with them, identifying the difficulties experienced by the family in raising children; finding scientific solutions to these problems; forming a family free of problems and a positive family; and developing parenting skills and know-how to deal with children.
6. **Output:** The program outputs focused on families successfully dealing with children, strong families that can face challenges and conflicts, and cohesive and problem-solving families.
7. **Program providers:** The programs were supervised by professionals and specialists, most of whom were social workers and trainers.
8. **Services:** The services delivered by the programs covered multiple skills, dialogue skills, confidence and persuasion, and forming bonds with children. One of the participants said: "**The best service was that I was able to identify my problem.**" They also included awareness-promotion services, skills, and behavioral modification.
9. **Location:** Programs were implemented in schools, NGO offices, and local community organizations.
10. **Strength:** Program strengths included creative thinking, topics related to family roles, how to address their problems and children's problems, learning about dealing with children and their development, and focusing on family issues. Weaknesses including long hours in the sessions, inappropriate timing, their conflict with work hours, lack of resources, and poor transport links.
11. **Theoretical framework:** Behavioral modification was the predominant framework for programs.

12. **Scientific evidence:** There was no scientific evidence made available relating to the evaluation of the programs; when such evidence existed for some programs, it was scarce and inaccessible.

4.7. Gaps

The gaps included absence of youth and adolescence related issues; low attendance; lack of focus on spousal issues; poor attendance of husbands. Noted as well was the poor documentation and coordination among program providers; the multiplicity of supporters; the duplication and repetition of some programs; lack of standards that govern them; weak or vague theoretical frameworks; poor evaluation of program outputs; and the use of multiple mechanisms and interventions that make it difficult to identify influencing factors; weak reach among vulnerable targets and weak prioritization of programs.

The gaps in Arabian Gulf programs included the need for more research and studies in the areas of youth, family, children, and the disabled, unhealthy habits, lack of focus on psychological and behavioral aspects within the objectives of the program, and the reliance of actors in the child sector on civil society organizations to support and develop children's issues.

In the Arab Mashreq, the gaps included illiteracy among males, failure to link the objectives of the program with the target-oriented budget, the lack of adequate staff in the centers to provide guidance on positive education, the lack of adequate budgets to cover all the needs in all regions, the lack of institutions in marginalized areas that have a greater need for parenting programs, and counter-productive attitudes in the community towards family education.

The gaps in the Maghreb included the absence of a methodology for dealing with children's issues uniformly, the need for further research and studies on the reality of poor or low-income households supported by women, the failure to use communication and negotiation techniques to encourage discussion and dialogue on the topics covered by the program, and failure to conduct follow-up evaluation for the programs.

In the least developed countries, gaps included excessive length of sessions, lack of additional discussion space, absence of heads of households, and need for family research and studies (Appendix I).

4.8. Challenges

The challenges included the low educational attainment of participants; lack of adequate equipment; lack of material resources; difficulty in communicating some information due to the limited educational level of the participants; the occasional conflict between program times and working hours; the need to develop a theoretical or philosophical approach for the program; the lack of prevention

programs; the involvement of parents and their retention in the program; long-term funding; parental programs for gifted and disabled persons; scarcity of parenting programs for incarcerated parents; poor program documentation; program evaluation; networking; coordination between carers and programs; poor use of the Internet, media, and newsletters; poor assessment of the effect of the program (scientific evidence); and the difficulty of accessing the program.

The challenges in the Arab Gulf included poor participation, especially by target groups, the lack of regular workshops held on parental care and education, the poor educational level of participants, and the lack of parental awareness of parenting methods and their relationship to mental health of children at all developmental stages.

In the Arab Mashreq, the challenges included child labor caused by the loss of one parent, the expansion of the program to reach as many parents and caregivers as needed for children requiring parental care, and the difficulty of convincing parents of the importance of enrolling in children's emotional behavior modification programs, access to less fortunate areas/marginalized families, the use of ineffective parenting methods, and the difficult economic situation of many families.

Challenges in the Maghreb included the difficulty of implementing program activities, improving awareness, low-income conditions, and difficulty reaching all children in rural areas and slums.

In the least developed countries, challenges included poor scheduling of sessions, and lack of understanding and responsiveness by some families to the programs (Appendix I).

4.9. Program Impact

It is challenging to find the impact of parenting programs in the Arab region due to the scarcity of evaluation studies and impact studies conducted for these programs. When they exist, these studies are rare and often carried out by international institutions. The impact of programs is determined by several factors: program timing in the lifecycle of participants (childhood, youth, adults), program dosage (duration, intensity, frequency), program format, and quality of service.

The impact of parenting programs in the Arab Gulf included developing the intellectual, emotional, and behavioral skills of the participants; improving the behavior of the target groups in dealing with children; contributing effectively to maintaining family cohesion; enhancing the values of family cohesion, bonding, and communication, integration of roles, and family stability.

The impact of parenting programs in the Arab Mashreq included modifying the behavior of children with special needs; being able to identify the gifts of these children; raising awareness of child rights. They also included changing negative parenting habits among parents; increasing trust between parents and children in a positive way; developing new skills of positive child-rearing; developing modern parenting methods; skills to promote positive behavior in children, eliminating

fear and anxiety in children; promoting feelings of responsibility in children; and promoting a feeling of having support and guidance among parents in the setting of parenting.

The impact of parenting programs in the Arab Maghreb included changing the ideas and practices of parents and education counselors dealing with children; reducing the risks children might suffer as a result of bad practices in parental care; maintaining human relations (parental, sibling, etc.) among family members; promoting dialogue and listening skills; and mutual respect in family contexts; alleviating tensions affecting family stability and continuity; increasing awareness of target groups; and educating them on different ways and means of raising their children.

In the least developed countries, the impact of parenting programs included healthy parenting; healthy psychosocial and physical growth of children; improvement of family relationships; reduction of threats for difficult conducts in high-risk children; improvement of parent-child relationships; developing effective parenting skills; and improved child health (Appendix I)

4.10. Jordan

The below table shows the characteristics of the sample from Jordan, which included 11 female participants. The majority of the participants were in their 30s. The sample included two single women while the majority had children. Three were divorced prior to enrolment. About half of the participants were working women, and the majority had a bachelor's degree and earned an average income.

Table 5. Characteristics of Participants—Jordan

Participant	Age	Gender	Status	Presence of Children	Family Size	Work?	Education	Income in US Dollars
1	27	Female	Wife	No	2	Yes	Postgraduate	600
2	28	Female	Wife	Yes	4	No	BA	420
3	29	Female	Wife	Yes	4	No	Postgraduate	565
4	50	Female	Wife	Yes	8	No	Diploma	420
5	55	Female	Single	No	4	Yes	BA	705
6	37	Female	Wife	Yes	5	No	BA	565
7	24	Female	Single	No	7	No	BA	1120
8	46	Female	Wife	Yes	8	Yes	BA	1120
9	25	Female	Wife	Yes	3	Yes	BA	565
10	29	Female	Wife	Yes	3	Yes	BA	565
11	40	Female	Wife	Yes	7	No	BA	490

4.10.1. Identifying the Needs of Parents

Learning Parenting Techniques for Dealing with Children. One of the participants said she wanted to obtain good knowledge on parenting techniques for raising her children and seeking to improve family relationships.

“I am characterized by nervousness in my dealings, and the simplest matter could irritate me. I joined this program so that I could get rid of everything negative in the way I deal with my children. I was able to get rid of this nervousness and become quieter with my children; I listen to them and give them a chance to express their opinion. I was always trying to participate in courses and programs that can help me build my character and this was made possible to us through the Jordan River Foundation.”

Another participant said:

“I participated in this program for personal motivation and at the encouragement of my husband, as there were many issues related to raising children, solving their problems, and [reaching] understanding with them that we were unaware of. Such programs offered us the methods of modern parenting from the early stages of childhood. I benefited from this program with regard to how to provide counsel and guidance in a convincing way for the children, and began to learn how to distribute roles to my children, as I had a problem with them not relying on themselves.”

Another added:

“I had an urgent need to bring about radical changes in the way I deal with my children, because this generation is stubborn and sticks to their opinions. Traditional parenting methods are useless because of technological developments. I had a desire to learn modern parenting methods.”

Another participant, speaking about the difficulty of dealing with children, said:

“My children are adolescents. I was having problems dealing with them in light of physiological and psychological changes. I faced situations in which I could not act and find appropriate solutions to problems.”

Another participant said:

“I had difficulties dealing with my children or was too serious and rigid to the point that I couldn’t accommodate them. So I decided to participate in this program to (better) deal with my children and get close to them, and get rid of negativities in my character.”

Searching for Parental Support. One participant said:

"I experienced difficult psychological conditions because of the loss of my brother, who acted like my father. As a result I was cruel, nervous, and could not control my actions towards my children, which led to a dysfunction in the family."

Another participant spoke about her desire to learn parenting techniques to be able to establish a family in the future, and said:

"Being an unmarried woman currently, I decided to participate in this program to gain awareness and knowledge of the methods of modern parenting in preparation for the next stage to be able to create a healthy family."

Another participant said:

"I'm not married and live with my brothers at home, and by seeing the problems my parents face in dealing with my brothers, I decided to participate in such a program to acquire experience and better awareness on resolving family issues and problems."

4.10.2. Skills Development

Mothers and fathers need to develop skills for dealing with family members, especially children, and learn best practices in these aspects. The role of the mother has become much more comprehensive beyond the role of cooking and cleaning, and it is necessary to participate in such programs, as stated by one of the participants, **"So I can discover, identify and strengthen positive aspects, identify negative aspects and avoid them, and develop the skills and abilities of my children."** These programs give confidence to the mothers in dealing with children. In this regard, one of the participants stated:

"Staying away from fear, anxiety, and hesitation in dealing with my children; my desire to build a strong cohesive family; having distinguished children in terms of academic performance, and my desire to identify the stages of growth and the needs of each stage, and how to play with my children in proper ways."

Protection Against the Risks of Modern Technology. Technology affects the lives of family members, both young and old. Some programs have highlighted this important aspect as young people are exposed to the negative aspects of modern technology, while parents may be preoccupied or unaware of the risks of technology to children. A participant said:

“Because of rapid technological developments, the distance between children and parents, their constant preoccupation with social networking sites, and the lack of advice and guidance, I decided to participate in this program to find out the right ways to deal with my children and manage their time.”

Early Childhood Needs. A participant said:

“My children are of different ages; since I am not well aware of the characteristics of each age stage and its requirements, I decided to participate in this program.”

Another participant expressed her need to learn modern ways of caring for children saying:

“I wanted to learn about modern care methods and solve problems in sound scientific ways, so I decided to participate in such a program.”

Another participant, speaking about lack of cooperation from her children, said:

“My children are not cooperating and are not appreciative of the efforts I make towards them.”

Resolving Family Conflicts. Family are often marred by both simple and complex disputes on many issues, including those related to raising children, marital relationships, and the rights and duties of spouses, and the couple's relations with others. These differences and conflicts ravage families, as cited by one participant, who said:

“Understanding and conciliation in the best manner with the spouse and children, creating a comfortable family climate, and having more self-confident children with strong characters are important.”

Awareness of Programs and Services. Awareness by participants of parenting programs and services was measured by mentioning the most important institutions concerned with these aspects:

1. Young Women Center
2. Schools
3. Associations
4. Jordan River Foundation
5. Health Centers

Motives to Participate in Parenting Programs. The participants mentioned a number of motives for participating in parenting programs, including:

- **Changing negative habits:** The average Jordanian family remains a nuclear family in terms of structure but extended in terms of roles, where strong kinship relations exist between the families of husband and wife. There is still influence and sometimes interference from outside the nuclear family in how they perform their duties and functions. Some adapt to these customs, but others are antagonized by them. One participant said:

“Changing the atmosphere in the family and changing the habits of older parents (with our parents in the past there was no dialogue) [is important]. Everything has changed, the generations have changed I needed to change these habits and get rid of them. The family is no longer the only entity responsible for parenting: Grandfathers, grandmothers, the street and school all have a role in parenting. It was necessary to learn the correct methods of parenting and get rid of external interventions, and [learn] parenting in a positive way. The family is not the only one that influences the behavior of children, but there are other parties.”

- **Resolving marital conflicts:** Some families are affected by accumulated differences between spouses, which accounted for some as a motive to participate in programs to learn how to deal with marital conflicts. One participant expressed this by saying:

“Before I joined the program, I had problems with my husband (we would fight in front of the children, which affected their behavior). Currently, my behavior has changed and I am in control of my temper in front of my children, becoming more careful to avoid problems and angry exchanges in front of the children.”

Another added:

“[I participated] to overcome a psychological problem I was facing; when I started listening to the participants' problems, I started feeling better about my psychological state and character, and became stronger in facing situations.”

Another participant underscored the importance of having a conflict-free family environment, saying:

“The motive was to reach a family atmosphere removed from violence and nervousness, create a warm and comfortable family atmosphere, and increase my knowledge of contemporary issues in parenting.”

- **Methods of parenting and positive interaction with children:** Among the motivations to enroll in parenting programs were training parents on frankness, openness, and dialogue among family members; and the desire of participants to engage positively with their children, according to one participant:

"I participated in the program so that I could deal with my children and the community positively. (In the past, we could not tell our mothers everything that happens with us out of fear.) I am now closer to my children, especially the girls, who now tell me about everything that happens with them."

Another participant said her motive was **"Acquiring skills to promote positive behavior among children and learn modern methods of disciplining."** Another said: **"Eliminating fear and anxiety in raising children in order to be able to carry out my duty to my family properly."** Another participant focused on proper parenting for her children, saying: **"We must raise our children in a sound manner (The life we lived is different from the lives of our children)."** Another commented by saying, **"to learn ways of learning by playing"** while another focused on the characteristics of early childhood **"to learn the characteristics of the early stage of childhood and how to deal with it appropriately."**

- **Skills Development:** Parents, especially mothers, need to develop their skills in solving problems that arise in family life, especially with children. One participant cited: **"The ability to solve problems faced by children in a more realistic manner and following a modern parenting approach."** Another participant cited her desire to acquire experience by listening to and learning from others' problems, **"Gaining experience by listening to the issues of participants and their problems. Each day a new problem is posed, discussed and appropriate solutions are developed."** Another added time management as one of the important skills to learn and her motivation to join the program **"Time management and organization was one of the most important issues I had problems with in managing the affairs of my family (cooperation, help with housework)."**

4.10.3. Parental Attitudes Towards the Program

Positive Attitudes. Most participants agreed on the quality of the program. They indicated that the program was **"good and beneficial,"** adding: **"new information, especially in the area of early childhood, expanded my knowledge, for example the fact that children calm down when they smell their mothers' clothing."** The participants also said the program was **"positive and comprehensive."**

The program was also described as fun, **"I had fun while participating in the program."** Another participant said, **"The program is good, it has to be repeated more than once and it should be more comprehensive."**

Another said: **"The program is good. But I expected it to be broader and more comprehensive. It provided solutions to problems I was facing."** She also said that the program contributed to positive change. **"Thank God, there was concrete change in the way I deal with my children and I found solutions to the problems I was facing."**

Another participant agreed with this, saying: “**I was better able to identify problems with my children.**” Another participant said that the program “**focused on modern parenting techniques, which is what I wanted to learn, as a result of rapid developments especially in the era of technology.**” The participants also obtained good experience in the presence of good trainers and realistic presentation, saying: “**The trainers are experienced and have good methods in communicating the information and presenting realistic examples.**”

Negative Attitudes. One participant said she had expected that the program would include issues related to adolescence: “**I expected that there would be something related to adolescence, but the focus was on childhood only, bearing in mind that dealing with children in adolescence is much more difficult.**” Another participant confirmed: “**I agree with my colleagues because I expected the issues of adolescents to be raised.**”

4.11. Sultanate of Oman

The program's participants in Oman consisted of 12 females. The discussions reflected the good educational level of the participants and their experience in participating in parenting programs. The participants included three women who were divorced before enrolment, three women who were married, and the remainder single women. Discussions focused on solving disputes, building positive family relationships, and dialogues within the family.

Table 6. Characteristics of Participants—Sultanate of Oman

Participant	Age	Gender	Status	Presence of Children	Family Size	Work?
1	22	Female	Single	No	Zero	No
2	22	Female	Single	No	Zero	No
3	23	Female	Single	No	Zero	No
4	22	Female	Single	No	Zero	No
5	23	Female	Marriage without consummation	No	Zero	No
6	21	Female	Single	No	Zero	No
7	23	Female	Marriage without consummation	No	Zero	No
8	23	Female	Single	No	Zero	No
9	23	Female	Marriage without consummation	No	Zero	No
10	27	Female	Married	Yes	5	Yes
11	29	Female	Married	Yes	7	Yes
12	32	Female	Married	Yes	6	Yes

4.11.1. Identifying the Needs of Parents

Awareness of Parental Issues. Participants pointed to the need to raise awareness of family issues, where one of them said:

My goal was preventive. I was concerned about falling into the mistakes that others made through the cases I encountered. The dialogues also highlighted the need for family guidance and management. The issue of family management formed an important chunk of the dialogues in an indirect way, because there was a belief that prudent family management would fortify against family disintegration ... and improve happiness and family stability.

Awareness of Programs and Services. The awareness of participants of parenting programs and services was demonstrated by their knowledge of the most important institutions concerned with these programs:

- Happy Family Foundation.
- Ministry of Social Development, which has a Family Counseling Service, through interviews and phone calls.
- Some lectures and educational courses often held.
- Counseling and Family Counseling Services that provide individual guidance for some cases.
- There is a free family guidance hotline.
- There are 12 special centers (licensed) to provide family consultations distributed throughout the country.
- Family Counseling Department and Family Protection Department of the Ministry of Social Development.
- Family counseling offices located in Muscat.
- There are personal and professional efforts by some family specialists who give educational lectures.
- Some specialists form groups on WhatsApp to raise awareness, share tips, and offer information.
- Promoting awareness through the media such as television, awareness campaigns, seminars, and lectures.
- The Sultanate has a number of programs that vary between preventive, remedial, and developmental.
- Providing guidance and counseling for cases that are exposed to family problems.

4.11.2. Motivation to Participate in Parenting Programs

The participants mentioned a number of motives for participating in parenting programs, including:

1. Learning family management and methods of resolving family conflicts.
2. Spreading community awareness: “**To contribute to raising awareness and education in this aspect is our professional and humanitarian duty.**”
3. Self-awareness: “**After the program I found myself seeing the way forward ... my awareness increased of what this project should be and how it should be built.**”
4. Demystification: “**Some things became clearer to me like the basics of family life and how to deal in certain situations.**”

4.11.3. Attitudes of Participants

Positive Attitudes

“I liked the program very much, and it met my expectations, even exceeded my expectations. If it is held again, I will participate in it, and (learn) how to avoid family quarrels, and how I can resolve family conflicts.”

Negative Attitudes. Participants complained about the length of the program, the generalization of points; the failure to address some issues and skills related to dealing with children; the failure to observe traditions with the lecturer mentioning things “incompatible with our traditions and unacceptable to parents.”

4.11.4. Benefits of Participating in the Program.

The benefits mentioned by participants can be summarized as follows:

- **Practical application:** “**I benefited a lot, but some things were “too idealistic” in a society such as our society ... and difficult to implement ... especially in how to understand the husband and avoid family problems.**”
- **Dialogue and discussion:** “**Some of the workshops I attended were in line with my expectations and added to my information as they presented some factual stories of people’s experiences, presented different positions, and also engaged with some people; the audience enriched this aspect. Other offerings didn’t add to my information, perhaps for being theoretical and repetitive of other lectures and workshops.**”
- **Discussion style:** “**I benefited from it by 80% and the style of the lecturer was very wonderful in the sense of offering ideas suited to our family needs.**”
- **Raising awareness:** “**My awareness of some aspects and facts increased more than ever before ... my general awareness increased.**”

- Partnership: “I do not deny that some of them, especially the last workshop, benefited me more than any other workshop regarding differences that I was aware of but that I sensed were more realistic. I was able to recall situations with my partner and adjust accordingly ... which gave me space to apply for the first time the lessons learned.”
- Learn about dealing with children: “The areas of childhood and family appeal to me a lot and I read passionately about them.”

4.11.5. Expectations

- “Most of the things I expected to know I knew through the program, plus other things that I didn’t think of.”
- “My expectation was to broadly benefit from this program and this has been achieved, thankfully.”
- “Despite the breadth of the program and its themes I have benefited greatly.”
- “The program exceeded my expectations and was satisfactory to me, and we benefited greatly from the information provided.”

4.11.6. Skills

Participants said they acquired new skills such as parents understanding of child personality and self-esteem, relaxation, listening and communication skills, reconciliation skills and norms, conflict resolution strategies, child understanding, discipline techniques, and the improvement of family relations. “**Listening and communication skills improved for me because I realized their importance and effect on marital life, and also conflict-resolution skills, because the program gave some solutions for marital conflicts.**”

4.11.7. General Satisfaction with the Program

Improvements

1. “I propose to come down more to reality to help the program provider propose more realistic things that are appropriate to the nature of society.”
2. “Dig deeper into some points with extended program days.”
3. “It is necessary to observe the customs and traditions of the listening public because I have noticed that they have mentioned aspects that are unacceptable to us in our society or are not accepted by the community and the people, because by addressing such aspects this may open the minds of some to do something that the community does not accept just because they heard it from experts.”
4. “This type of course needs to be longer than three days in my opinion due to the breadth of knowledge.”
5. “The need to raise awareness and disseminate it more in this field in various ways and means.”

Gaps

1. “The only gap in the program is that it did not take into account the audience’s customs.”
2. “I recommend that elements be added to appeal to males to attend the session.”
3. “Information should not be purely theoretical and be more realistic.”
4. “Methods should be used to deliver information in ways that touch on the reality of problems that may occur in married life, in a more detailed and realistic manner, stemming from the core of customs and traditions, and how to deal with them in a correct manner appropriate to religion and customs and society.”
5. “There was no form distributed after the program, but the person who attended conducted self-evaluation.”
6. “The gaps lie in that the lecturer did not sometimes take into account the customs and traditions and talked about principles that are not compatible with these customs, while sometimes some aspects were mentioned superficially.”
7. “The program did not address the subject of child behavior as well as the child’s understanding and methods of discipline.”
8. “The program did not focus on dealing with the child. Children as a topic in the program was targeting newly married couples. The same applies to the methods of discipline that have not been addressed, so I can say that the two skills remain as they are.”
9. “I find that courses should gradually cover all aspects of married life, and should include a careful elaboration of the emotional (intimate) relationships that the community is still conservative in raising awareness about. According to my information, there are cases of divorce and infidelity for the same reason.”
10. “There are a few aspects that were inconsistent with the attitudes and views of families and parents.”

4.12. Morocco

Program participants in Morocco consisted of 15 females. The financial situation of the families was taken into consideration, so that the sample included households with high financial income and families with an average income. Working women in the family were also taken into consideration—survey included families where women do not work, families where women work. The sample also factored in the size of families in which women do not work, families in which women work, and the size of the family in terms of the number of individuals—large, medium, and

small families were chosen. The number of years of marriage was factored in—families were selected where the parents have been married for short, medium, and long periods. Families with problems in raising children were also considered, while taking into account the educational level of families—a high, average, or lower level of education.

Table 7. Characteristics of Participants—Morocco

Participant	Age	Gender	Status	Presence of Children	Family Size	In Work?	Education	Income in US dollars
1	49	Female	Married	Yes	3	Yes	BA	550
2	46	Female	Married	Yes	4	Yes	Postgraduate	600
3	36	Female	Married	Yes	3	Yes	Postgraduate	700
4	24	Female	Married	No	2	Yes	BA	500
5	50	Female	Married	Yes	6	No	High school	
6	35	Female	Married	Yes	4	Yes	BA	400
7	48	Female	Married	Yes	6	No	BA	400
8	38	Female	Married	Yes	5	No	High school	
8	45	Female	Married	Yes	5	No	High school	
10	40	Female	Married	Yes	3	Yes	High school	250
11	40	Female	Married	Yes	7	Yes	Diploma	300

4.12.1. Identifying the Needs of Parents

Psychological Pressure. The participants reported that exposure to psychological pressure was one of the main reasons for participation in the program, where a participant said:

“I recently suffered a psychological crisis after the death of my son because of an accident on his way from school. This was reflected on my other children, as I became very irate with them, which affected them and their studies. But after I participated in this program I felt psychological comfort and an urgent need to change for the good of my children so as not to lose them.”

With some participants, the loss of their husbands created stress for them and pushed them to join the program to learn how to deal with this situation. One participant said:

“With the death of my husband and the difficult situation in which I was with my young children. I decided to participate in these programs in order to compensate them for the loss, so that they don’t feel the loss of their father, and in order to benefit and learn how to deal with my children in such circumstances.”

Another participant cited pressures resulting from separation, saying:

"Given the separation from my husband, my children suffered several psychological problems that affected their state and their academic achievements, so I decided to participate in such programs that help the family on how to deal with children. I was able to get out of this problem by involving them in a range of activities, whether sports or cultural activities, in an attempt to fill the void they have."

Another participant said:

"My husband and children do not appreciate the effort I'm making for them and are indifferent. This affects my psychological state and how I deal with the problem. I joined this program to take advantage and try to find a solution to my problem."

Another participant stated:

"I always wanted to participate in such programs because they help the family overcome the difficulties of how to raise children and try to find solutions to them."

Parenting Techniques and Dealing with Children. Among the needs of the participants was the desire to learn techniques to deal with children and resolve their problems. One stated:

"I used to always reproach my son when he got mediocre grades and would lose my temper and shout at him to the point that the child became weak, had no self-confidence, and he also developed diabetes. I didn't know how to deal with him, so I decided to join this program in order to benefit from it for the education of the children and have become thankfully less temperamental. I was able to identify the weaknesses of my son and work to resolve them calmly."

Another said:

"I have benefited greatly from these programs that I have undertaken, especially in how to deal with my children. I had problems with rows between my children that erupted with or without cause, and I would intervene by hitting them and punishing them. But now I have begun to ignore petty rows thanks to the program."

Another participant complained of the misconduct of her son and his treatment of her and others:

“I had an issue with swear words that my son uttered when he went out or met his friends. When he was punished he threw tantrums and cried. I tried to find a solution to these problems then my friend advised me (to join) a program that helps with raising children. So I joined, thank God, and started to discuss the issue.”

Another participant spoke about how she tackled the issue of too much television time.

“My children’s problem is that they are constantly sitting in front of the television or playing with smartphones. When I tried to manage this, they had fits and tantrums. After I joined this program, I benefited a lot and solved those problems quietly by cutting off electricity for some time or engaging in some activities like drawing and puzzles.”

Another said that the program allowed her to learn how to better deal with children.

“My children are close in age and always fight, especially over games. This makes me lose control of them. After I joined the program, I now participate in their play and give them tasks. The program has benefited me a lot in terms of how to deal with them.”

Need to Learn. Participants cited the need to learn about family matters in terms of parenting and dealing with individuals. One participant said:

“Frankly, we need such programs they help us to learn and become aware within the family. When my child was born, I did not breastfeed him, preferring formula. This had an impact on his health, due to my lack of knowledge of the benefits of breastfeeding, which protects my child and myself from many diseases.”

Another cited the need to learn also, saying:

“As a result of technological developments in our society and the distance between family members, this affected our thoughts and how we raise our children in a healthy way. So I decided to participate in this program in order to fix what can be fixed, and to learn more about the sound foundations in dealing with the children and with my family as a whole.”

Improving Family Awareness. The participants also spoke about the need for family awareness. One said:

“I had a dire need for these awareness-raising programs, which improve family awareness of how to deal with children. I benefited greatly especially as my

son had issues with school attendance, without knowing the reason. Thanks to this program, I was able to identify the cause of why he did not like school, and discussed it with his teacher to find an appropriate solution.”

Preparing to Start a Family. Some young women attended the program to prepare them with starting their own families and learn the required skills. One said:

“I participated in this program so I can be more prepared for this stage in the future because I could get married soon, and the upbringing of children is not an easy thing but requires knowledge and experience.”

Another said:

“I am about to have my first son. Given the difficulties that accompany raising children, I wanted to participate in such programs to learn more about parenting methods and techniques, and children’s health.”

4.12.2. Parental Attitudes Towards Parenting Programs

Positive Attitudes. According to participants, the program is useful and had an impact on their lives and the way they interact with their families:

“This program is nice and useful. Initially, I was scared and now feel comfortable. I expect that I will change and the way I interact (with others) will also change for the better, towards my family becoming an ideal family.”

“I liked this program because it focuses on the family and its children, and the care and attention it needs in light of external influences surrounding the children. I think I will succeed in changing my behavior first and then the behavior of my children.”

“I felt reassured because it was beneficial to us and our family. It helped calm our tempers when dealing with our children because we are role models for them. The way we are raised in the past is not the way now, especially in light of technological developments and social conditions affecting children. So, I will try hard to change the way I interact with my kids.”

“I felt nervous and reassured by the program at the same time because I often lost my temper with my children when they did not do their school homework and collaborate, or when they wanted to buy indiscreet clothes [...]. It was difficult to deal with these problems and I could not find the best approach, but now I will try to speak to them despite the difficulties and to be calmer to overcome the problem. I hope God will help us and our children.”

“I felt reassured because the program guides the family to best practices and motivates parents to give and instill self-confidence in the children, so I will do my best to keep my kids from the negative exchanges that affect their psyche and personality.”

“The program was on par, I feel that I was wrong in the way I dealt with my children, with a kind of harshness. They are under pressure inside and outside the house and a lot of problems make us neglect our children until they are out of control. This program gave us self-confidence and helped us overcome many problems.”

Negative Attitudes. Participants reported that the scarcity of programs and the lack of publicity were the main drawbacks.

4.12.3. Awareness of Parenting Programs and Services.

Participants showed awareness of the availability of services and programs through:

1. Associations: **“Some associations are taking this initiative to help our children overcome family problems.”**
2. Personal experience: **“I participated in one of the meetings held by one of the associations (Association of the Regional Center for Development and the fight against illiteracy). This association helps families in all areas.”**
3. Clinic: **“Yes, there is a clinic I know that offers all kinds of assistance to people in order to overcome the difficulties they face and works to resolve them in a scientific way.”**
4. Need: **“There is a scarcity in these programs offered by the state, except for the work done by some private centers, and there is a lack of educational programs for families. I wish there were more of such training courses.”**

4.12.4. Motivation to Participate in Parenting Programs

The motives for participation were:

- Concern for children: **“My concern for my children pushed me to join this program to learn and benefit more.”**
- To learn parenting methods: **“Raising children is not easy. It requires care and attention to behavioral modification.”**
- Avoiding negative behaviors of children: **“Given the behavioral and cognitive deviations in our society and in order to avoid/address them, I decided to participate in this program.”**
- Solving behavior problems in children: **“The behavior of my son is not balanced; he is angry. He cries frequently without any reason, and this pushed me to look for ways to address it.”**

4.12.5. Alignment Between Objectives and Benefits of the Program

The participants gave examples of the alignment between the objectives of the program and the benefits they received from participation, summarized as follows:

Learning Listening and Dialogue Skills.

“When I want to buy my daughter decent and discreet clothes, she does not want it and looks for other clothes like the ones her friends wear. This angers me and causes clashes between us, but she does not listen to me. I find myself unable to do anything. This program has helped me and clarified things I was unaware of. It gave me listening skills and self-control. This age requires calmness and to deal with them very cautiously so that they don’t do things against my will.”

Behavioral Problem-Solving Skills.

“My son has had a problem of bedwetting for seven years and continues to suffer from it. This worries me to the point that I don’t take him with me to sleep over anywhere. I often monitored him, told him off, and smacked him until I gave up But after participating in this educational program, I learned from the supervisors a set of skills that could help me, including changing my attitude towards my child by not disciplining him but using encouragement instead. Then I decided to take him to a specialist to treat him.”

Skills to Deal with Hyperactivity.

“My son is hyperactive, unlike his sisters, raising whom was calmer. Raising my son is very difficult, because he is hyperactive which sometimes causes him to harm himself despite being stopped, advised, and sometimes smacked. He doesn’t care and repeats the behavior. If I bought him toys, he would play with them for a bit then break them and annoy me with his actions. I was confused about how to deal with him but after I joined the program I gained many skills and was able to adapt to the situation, playing with him and choosing toys that rely on intelligence. I took him to activities like the zoo and the playground with his sisters, so he can burn his excess energy.”

Sharing Skills and Possessiveness.

“The problem I have with my son is his possessiveness and not sharing with his siblings. Sometimes he snatches things and if he cannot, he starts screaming and breaking toys. This worries me because his behavior is very different from that of his sisters. I was unsure how to deal with him. This program helped me acquire skills on how to deal with my 4-year-old son, because at this age children like to possess everything and this is normal. I give him more love and affection, and self-confidence, while not spoiling him because that would harm him.”

Dealing with Lying.

“I had a problem with my daughter’s frequent lying and taking things without permission. I would tell her off and punish her, but unfortunately, she kept repeating her actions. I was unable to deal with that situation, so I participated in this program which helped me learn a set of communication skills. I was able to put those to use in my interaction with her. I took her to a place full of

recreational activities and persuaded her that lying is an abhorrent behavior as per our moral code and Islamic beliefs, which prohibits lying and stealing. I encouraged her by taking her to the places she likes, when she stopped this behavior.”

Dealing with Anger.

“My son’s problem is anger. He gets very angry and starts to cry and scream and kick the floor with his feet with or without a reason. I treat him with cruelty and sometimes beat him so that he will not continue with his temper tantrum, but it’s futile as he gets more violent. After participating in this program, I felt reassured and that I was wrong in my actions. I learned how to deal with my son calmly and distract him by making him laugh and forget his agitation.”

Time Management Skill.

“My child, unfortunately, likes to play on electronic devices very often. He leaves his homework to play which makes me unsatisfied and of course affects his school performance. I tried to stop him but to no avail: he becomes agitated and makes me do certain things and punish him. He becomes stubborn and disregards his school work. This left me confused and unable to do anything. So, I joined the program which taught me how to deal with the children, especially in this age full of technological developments. I also learned a set of abilities and skills, especially skills for resolving problems using modern scientific methods. I gradually started reducing his allowed play time while increasing other activities like drawing and solving puzzles, and taking him to places to engage in sports.”

Problems with School Attendance:

“My son is five. He doesn’t like to go to school. Whenever I take him by force he starts screaming and crying. When I tried to talk to him, he said he didn’t like his classmates because they beat him. But I insisted he continue to go which he didn’t want to do. This made me uncomfortable and unassured with his going to school that he doesn’t like. So, I joined this program to benefit more and find the advice I need. I learned how to talk with my son and reach an understanding with him. I encouraged him with presents if he went to school, and discussed this problem with his teacher to resolve it.”

4.12.6. Benefits of Participation in Parenting Programs

Dialogue and Discussion.

“I learned how to deal with my son in a calm way and discuss things with him. I showed him that I was interested in him and not oblivious of him, so that he doesn’t become agitated due to lack of attention.”

“I learned how to be honest with my children through dialogue and giving them love and affection to be happy in their lives.”

“There are many benefits one can get from learning how to engage in dialogue, communication, and solve problems. Friendship: Also the freedom to choose his friends, hobbies, and clothes without neglecting oversight and guidance of course.”

Persuasion and Accommodation.

“I learned the method of persuasion, how to make my children convinced of what I say, using the skill of dialogue and accommodation, that is to tolerate these behaviors.”

Dealing with Family Problems:

“I benefited greatly from this program, especially in dealing with my children, where I gained the ability to manage the family and the ability to absorb family problems and deal with them in a scientific way.”

Change Management:

“I felt that I had changed in my dealings with my family and especially my children; my husband noticed the difference and encouraged me to continue.”

Positive Emotions:

“I learned and benefited a lot, especially that children at certain stages need love and affection, not by being criticized but by giving them self-confidence. I showed love for my child and how happy I was with him. I made him talk about his feelings using dialogue and persuasion.”

Democratic Parenting.

“I benefited from this program by acquiring methods and techniques for parenting like democracy and tolerance, giving [the children] the ability to express their views without fearing punishment, reprimand, or smacking.”

4.12.7. Program Effectiveness

The participants commented on the effectiveness of the program, especially in the following aspects:

Problem Solving.

“I have already learned from this program a variety of skills that helped me solve a range of problems, such as communication, dialogue, and listening patiently, which positively influenced my children’s behavior, and also my relationship with my husband improved. We stopped arguing in front of them, because that often leads to dangerous psychological issues.”

Knowledge Acquisition.

“I felt that this program gave me the knowledge I lacked about raising my children, where I learned to give and love and make them feel it. I tried

to allocate time to care for them and support them while avoiding family differences that affect their behavior and their performance.”

Dealing with Negative Emotions.

“This program has helped me to be comfortable and not to be nervous, because tension leads to psychological stress. I tried to think positively, I learned the ability to communicate and listen to my children and try to discuss with them everything related to study, play, other matters. This gives children self-confidence.”

Positive Thinking.

“Yes, the program helped me to give my children love and to form a strong friendship with them. This improved our lives inside the household and I began to feel that they are helping me with all the housework, such as tidying the room, putting the food on the table, and washing dishes. These chores have helped them feel they can rely on themselves. I also learned how to control the pressures of life better, such as tension, anxiety, anger, and other issues, for a happy and wholesome family.”

Understanding Parenting Techniques.

“Through this program I have been able to understand parenting methods well and learn ways to deal with them with caution, away from violence and beatings and other methods of punishment that do not work. Parenting is a very complicated and difficult matter, and it must be developed and enhanced with care. I decided to use all the skills I learned such as dialogue, discussion, and persuasion and not use obsolete methods that harm their personality.”

Controlling Reckless Behavior.

“Yes, my relationship with my child has changed because of this program that enlightened our minds. I managed to control my behavior and I used the skills I learned from the program to deal with the behaviors of my children. I began to see the effect, especially when they helped me with housework My relationship with my husband also improved after a period in which it was tense.”

4.12.8. Program Improvements

The required improvements mentioned by the participants can be summed up as: The lack of psychological grounding that plays a key role in providing good information, developing and promoting the programs to benefit a broader audience; discussing and resolving spousal problems; promoting awareness of family law; and conflict management.

CHAPTER FIVE: ARAB FRAMEWORK FOR PARENTING PROGRAMS

The following figure shows a proposal for a theoretical framework for parenting programs in the Arab region, which stems from the ecological approach that has already resulted in integrating theories grounding parental programs. The theoretical premise of this framework is therefore an integrative approach under the umbrella of the ecological approach. The interaction between the individual and the collective represents the cornerstone of the theoretical perspective of the framework, and this interaction takes place within the systems defined by the ecological perspective of the micro, meso, and macro systems. In this context, the family and children also occupy a pivotal role. Parental programs seek, in their endeavors, to fortify the elements of strength and address the weaknesses of family processes and interactions within ecosystems in this framework.

The framework is based on parental programs targeting children and parents in the context of the micro, meso, and macro family contexts. These are the elements of power in a family and society. Hence, the interactions are personal, interpersonal, and collective (child, child-parents, and child and parents). Therefore, this framework facilitates interventions at the three levels, identifies, interprets and examines their effects and outputs according to the appropriate scientific evidence for each level.

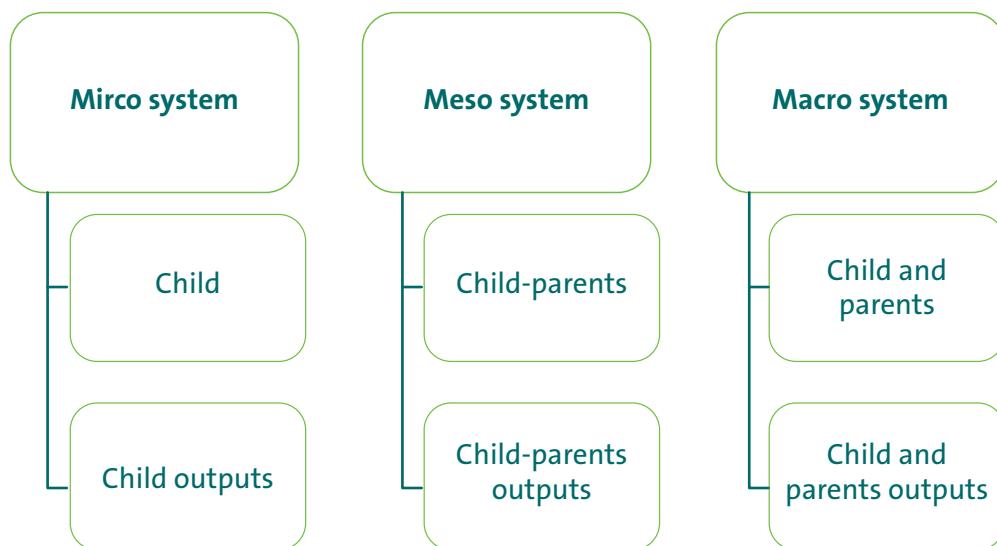


Figure 4. Systems, Targets and Outputs of Parenting Programs

The focus of the framework should be preventive in nature instead of presenting an intervention to an existing problem, which is a shortcoming in parenting programs globally. This should be accounted for within the design of the program. It should also provide easy access to all segments, in response to the gaps and challenges aforementioned in parenting programs globally. The proposed programs are to be implemented within all levels (family and children), the neighborhood and the wider community. The framework also addresses responses to family problems, early childhood problems, and behavioral issues amongst children and parents. The

framework focuses on the involvement of parents by centering them within the framework, as their participation is a measure of the success of parental programs in the world. A feature of the framework provided is the standardization of programs in accordance with family ecosystems, and the requirements of the child and the family, while it enables the application of both formal and informal prevention programs and response programs.



Figure 5. Levels of Programs According to Type of Intervention

At the macro level, primary parental programs target the whole community, especially in the areas of general and contingent problems such as poverty, unemployment, nutrition, health, diseases, conflicts, wars, and refugee crises. They focus on problems that constitute a “**social epidemic**”—problems that are experienced by large segments of society.

The meso level targets local communities that suffer from local problems confined to these communities (e.g., drugs, difficulties with the law, etc.) requiring specific interventions that are compatible with the local culture of those communities (immigrant neighborhoods, citizen neighborhoods, low income, high income contexts, etc.).

At the micro level, programs that focus on child problems may be similar to those that focus on family problems, and may require individual interventions, such as coaching sessions with specific guidance for specific problems. Here, the child and the parents can participate in homogeneous groups formed according to the types of problems, which would encourage learning by observation and from the experiences of others, or to benefit from financial aid programs, especially ones with specific conditions.

The framework also includes an evaluation process so that most parenting programs must identify scientific evidence on the effectiveness and impact of these programs and their outputs depending on target audience. This process allows for the identification of challenges, obstacles, and strengths of each program. The evaluation methods can also be used according to the conditions and design parameters of the program (customer satisfaction, and experimental and quasi-experimental approaches).

The framework is grounded in an in-depth analysis of relevant parenting programs and literature, and is an integrated and inclusive framework that takes into account all ecological levels and all target groups for parental programs within the contexts in which the target groups are located. It takes into account preventive programs and formal and informal response programs, and includes a mechanism for assessing their effectiveness and impact on the behaviors of the target groups, to secure scientific evidence that support robust programs.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

The purpose of this report is to survey and describe parenting programs in the Arab region in terms of definitions, objectives, approaches, components, and impact, while taking into consideration the challenges, issues, and gaps found within these programs.

The analysis of parenting programs was conducted through a literature review showcasing best practices, as well as available programs across the region. Second, focus groups were held for program participants in a select number of countries (Oman, Jordan and Morocco), the selection of which was based primarily on geographical representation. Third, an institutional mapping was held through a questionnaire shared with program participants to survey the best practices resulting from the analysis of literature and state of programs in the Arab region, then develop an Arab framework for parenting programs.

A hundred and eight programs were monitored, analyzed and collected in a variety of ways, including focus group, documents, interviews, as well as direct and indirect contacts with relevant institutions. Parenting programs were distributed geographically across the Arab region. Thirty-two programs were found in the Arab Gulf, 38 in the Arab Mashreq, 12 in the least developed countries, and 26 in the Maghreb. Programs were grouped into four areas: parental education, parental training, parental support, and intervention. There were 34 parental education programs, followed by 29 parental support programs, 27 parent-training programs, and 18 parental intervention programs. Family-focused programs ranked first with 35 programs, followed by 27 community-focused programs, 25 individual-focused programs, and finally, 21 mixed focus programs.

The results showed that approaches of parenting programs focused on the individual, family, and community. Family-focused programs were also discovered to be highest in the Maghreb, the Arab Mashreq, and the least developed countries, while mixed programs were most prevalent in the Arabian Gulf.

The components of parenting programs in the Arab region focused on education, training, support, and intervention targeting children and families, as well as services and methods of parental care, psychological methods, parental support, health, nutrition and family planning, family relations, family conflicts, and behavioral modification.

The review of literature, evaluation studies, and analysis revealed a lack of theoretical or philosophical approach on which programs are based; an absence of youth and adolescent themes within the programs; a lack of focus on marital problems; and an absence of awareness promotion regarding family law and conflict management.

6.1. Best Practices and Recommendations

Evaluation studies of parenting programs showed that they have a beneficial impact on the well-being of both the family and children, including reduction of maternal depression, improved self-esteem, and better relationships between spouses. They have also helped reduce behavioral disorders in children, and improved practices in parental care, while noting that behavior-oriented programs were found to be the most effective types of programs.

The literature review proved that there are four areas to rectify parental programs, especially in the field of childhood:

1. Program time (child's age).
2. Program dose (duration, intensity, and frequency).
3. Format of the program (the way in which the program is delivered).
4. Service provision (provider and ability to provide effectively).

The reviews revealed the need for scientific research to measure the effectiveness of the programs; the quality and mindset of the provider; the application of programs with wider scopes; the participation of the target audience in the design and assessment of the program; focus on emotional and social services like other outputs; the development of criteria to study the impact of programs; as well as to self-reporting and linking, and developing program outputs, especially in childhood, to integrate them with global processes that encourage peacemaking, altruism, and tolerance.

The following recommendations were identified as a result of the literature review, evaluation studies, and analysis conducted:

1. The need for early intervention and prevention.
2. Encouraging concrete and measurable intervention, comprehensive intervention, and targeted intervention.
3. Ensuring delivery of services in different ways.
4. Encouraging individual training in case of deep-rooted problems.
5. Involving parents in programs, in program design and evaluation.
6. Taking into account working hours for program timing.
7. Ensuring the dose is effective (duration, intensity and frequency of programs).
8. The need to measure the effectiveness of programs on scientific bases.
9. Expansion of quality and quantity of parenting programs.
10. Addressing topics according to participants' needs.

11. Focusing on the issues of family conflicts that threaten the survival of the family.
12. Targeting women with quality programs.
13. Developing awareness programs for children.
14. Developing programs for family planning.
15. Targeting young people and adolescent females.
16. Capacity building for specialists in the fields of parenting.

Finally, the analysis of parenting programs in the Arab region produced recommendations covering four main areas:

- Family
- Child/individual
- Society
- Programs

Families. The main recommendations for parenting programs focused on families are: Providing support for at-risk families, parent training for mothers, anger management training in dealing with children, raising parents' awareness on positive education, conflict resolution among divorced ex-spouses, and training on behavior modification techniques.

Child. The main recommendations for childhood focused programs focused on: Supporting children's psychosocial needs, coaching on positive education and parental care, empowering children with learning disabilities, child safety during parental conflicts, child rights, and child protection.

Society. The main recommendations for society focused programs focused: Forming networks and coordination between governmental, non-governmental and international organizations on parenting issues, promoting community awareness of the roles of the mother, including children's and parents' issues in school curricula, forming partnerships and interlinkages among community organizations, caring for juveniles, and outreach to remote areas.

Programs. The program-specific recommendations focused on: Adopting program criteria, program evaluation and risk assessment, including parenting issues in policies, training personnel in parenting programs, securing funding, issuing manuals for programs on evaluation, and expanding parenting programs.

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APPENDICES

Appendix I. Parenting Programs in the Arab Region

Table 8. Areas of Parenting Programs in the Arab Region

The Arabian Gulf	The Arab Mashreq	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • Cultural, educational, social and economic fields • Supporting the stability of families and family relations • Legal (Islamic), social, psychological, medical, and economic areas • Parental care in early childhood • Communication and interaction with children • Training mothers in the best practices to impart basic cognitive skills • Guiding, empowering and educating the family through sustainable development initiatives • Social care for children deprived of parental care • Activating family care for parental care • Emotional, social, and psychological development • Awareness of the developmental characteristics of early childhood • Child care: health care educational, psychological and social care • Social services for children • Awareness of children's rights 	<ul style="list-style-type: none"> • Social services for children • Educational and guidance fields • Implementing the rights of children and those with visual disabilities • Education for children lacking parental care • Knowledge of parental care methods followed by mother and father and their relation to social emotional behavior • Parenting, its different methods and its impact on the personality of the child • Setting Arab standards for the care of children without parental care • Raising awareness to understand the needs of Down syndrome children • Knowledge and solutions and to address social challenges in a positive way to prevent their escalation/to ensure a better life for Jordanian families enabling them to contribute to the preservation of the inherited values and cultural heritage • Health and social fields • Early childhood care and services • Providing technical support and exchange of scientific and practical experience in the education sector • Guiding mothers to control their anger in the parental care for their children • Raising awareness of developmental characteristics of children • Feasibility of parental integration program and the positive and negative aspects for children in social care homes that do meet fostering conditions but who suffer from family and social problems preventing them from living a normal family life • Religious, medical, demographic and social areas • Anti-social behavior • Psycho - social behavior development of children deprived of parental care 	<ul style="list-style-type: none"> • Comprehensive care of children • Educational and health fields • Teaching women reading and writing, and the impact of this on their families and its surroundings • Family and community domains • Economic support for single-parent women • Supporting projects of associations working in the field of parenting • Resolving family disputes and providing the best parental care competencies • Care for families with special needs • Framework for helping families to carry out their functions and enabling mechanisms to help them to take care of their members and to properly nurture their children on the one hand and to accompany children with learning disorders and to protect them from early drop-out and thus risky behaviors • Raising awareness of the risks faced by the family and guiding them to relevant authorities and services • Family and school services for children with learning disabilities 	<ul style="list-style-type: none"> • Areas of motherhood and childhood • Health and educational fields • Parental therapy programs • Supporting more equitable development of children and the protection of children's rights • Educational and awareness programs targeting foster parents and families • Raising awareness among target groups on the importance of "family planning and balance," which ensures the well-being of the family on the one hand and reduces maternal and child mortality on the other • Providing temporary work and basic nutritional education • Expanding access to spaced and safe delivery, and prenatal and postnatal care • Recreational areas for family stability and reproductive health • Recreational, economic and social fields

Table 9. Components of Parenting Programs in the Arab Region

Arabian Gulf	Arab Mashreq
<ul style="list-style-type: none"> • Training specialists and professionals in family matters, counseling services, and family reconciliation • The importance of early childhood • Children's physical, cognitive, emotional , and social development • Negative ways of raising children • Criteria that define acceptable and unacceptable behaviors • Positive parenting methods • Family conflicts and ways to resolve them • Health and health care • Addressing behavioral problems • Child care • Training in parenting relationships after separation • Family and parenting guidance for dealing with children after separation • Reform between disputing families • Training families to deal with children with disabilities • Training mothers to detect the delay in child development • Teaching household financial management skills and methods of financial planning skills 	<ul style="list-style-type: none"> • Protecting children from domestic violence • Promoting dialogue and discussion • Sports and leisure activities • Creativity in children with visual disabilities • Role of the family in the development and care of their disabled children • Educating families about the problem of mental disabilities, their causes, characteristics, distinctive features, means of coping with them and mitigating them • Parental education methods and their impact on children's behavior • Developing skills of disabled children • Illness/violence/poverty/loss/all levels of risk • Best practices adopted at the international level for early childhood education and child protection • Children's world/ Children's needs/ Healthy pregnancy/Child protection concepts • All issues and topics of early childhood • Anger management and negative parenting practices among mothers • Early childhood issues and topics • Diverse skills—cognitive behavioral—for development of self - esteem and independence, initiative and achievement in children deprived of parental care • Positive parenting strategies • Sensitizing parents to understand how children think and feel according to their age • Developing a sense of safety in children • Improving self-esteem in children and mothers • Promoting acceptance of criticism • Educating mothers about the need to respect and encourage the child • Teaching children various skills Foundations for a positive education of children • Parental care methods to increase their academic achievement
Arab Maghreb	
<ul style="list-style-type: none"> • Teaching women reading and writing, and the impact of this on their families and its surroundings • Raising awareness about health, balanced nutrition, and breastfeeding • Proper nutrition and disease prevention • Psychological support • Importance of breastfeeding and its impact on maternal health • Socialization • Managing differences or family disputes with children • Protecting the family and helping members play their roles 	
Least Developed Countries	
<ul style="list-style-type: none"> • Motherhood and childhood • Mother and Child Health • STDs and prevention • Poverty reduction, development, and sustainable livelihoods • Supporting working women • Treatment based on parent-child interaction • Strengthening family stability and reduction of maternal and child mortality • Recreational, economic, and social fields 	

Table 10. Description of Parenting Programs in the Arab Region

Arabian Gulf	Arab Mashreq
<ul style="list-style-type: none"> • Effective Parenting Techniques • Awareness in effective behavior management, family learning, making change happen, providing successful experiences in the field of parenting at the Arab level and internationally • Training parents in the areas of behavior management • Communication and interaction with children, protecting them from hazards and maintaining their health • Giving children basic learning skills • Prevention of sexual abuse and bullying against children in schools • Creating a secure and stable environment for developing separated families or families fighting for custody • The provision of social care for the category of children deprived of parental care • Providing parental care for separated families • Family Health Awareness Program is a program marked by inclusivity and complementarity between preventive health, nutrition, health and healthy habits • Strengthening the relationship between parents and children, and familiarizing participants with methods for a positive upbringing of the children through dialogue with them and positive response in the face of negative behavior 	<ul style="list-style-type: none"> • Awareness, training and capacity building • Prevention of violence and corporal punishment against children, and learning positive parenting towards healthy development of children • Psychosocial counseling • Positive parenting, raising awareness and guiding mothers and fathers • Parental care training • Raising awareness and skills in sound education • Understanding the needs of children with Down Syndrome by their parents and developing their ability to observe and evaluate their behavior throughout the day • Parental treatment methods and child behavior • Increasing awareness of the various methods and means of raising children • Educational and awareness programs +Psychological behavioral awareness + Health awareness for parents • Parenting skills, social skills for children and family life skills • Behavioral disorder in autistic children • Social stability and deviant behavior
Arab Maghreb	
<ul style="list-style-type: none"> • Information and communication technologies for rural women • Family life and responsibilities • Supporting mothers with special needs (freed women prisoners, having children outside marriage, loss of family support) and integrating them into economic life, public life, and society within a comprehensive and participatory approach • Family disputes 	
LDCs	
<ul style="list-style-type: none"> • Expand access to pregnancy spacing, safe delivery, and prenatal and postnatal care • Raising the awareness of target groups regarding "family planning and balance," which ensures the welfare of the family on the one hand, and the reduction of maternal and child mortality on the other • Parental care in education • Awareness, training, capacity building and education 	

Table 11. Objectives of Parenting Programs in the Arab Region

The Arabian Gulf	Arab Mashreq	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • Supporting positive relations between parents and others, including children, relatives, and friends • Working to raise awareness on mental and social health issues • Activating the language of dialogue within the family and following the approach of counseling • Awareness about domestic violence and prevention • Giving children basic skills • Raising the level of awareness among new mothers about shaken baby syndrome • Contributing to the reduction of social conflicts and psychological impact on children from divorce • Helping children and families overcome difficulties by guiding them and training them on the nature of parental relations after separation • Raising awareness of the rights and duties of the divorced • Providing all the social care to children denied parental care • Promoting community awareness on the basics of healthy nutrition and positive change in their behaviors, attitudes, and habits • Raising community awareness of the importance of periodic detection and prevention of diseases • Developing decision-making and problem-solving skills • Promoting the value of individual and societal responsibility towards the family, community, and homeland. 	<ul style="list-style-type: none"> • Enhancing the role of the family in improving the conduct of their children • Promoting a positive perspective on family relationships with children • Positive parenting for children away from violence • Promoting children's self-confidence and strengthening their relationship with parents • Promoting a positive perspective in the relationship between couples • Strengthening the protection system to prevent violent response (physical, sexual, corporal punishment and degrading acts) against children by empowering grassroots organizations, service providers and children to reduce violence • Providing the target group with the knowledge and skills necessary to practice positive parenting and knowledge to reduce violence • Raising awareness among the community of the concept of positive parenting to reduce violence against children and correcting the bad practices of the target group towards children • Developing the capacities of mothers and young housewives and enabling them to deal positively and healthily with the problems and needs of children and the family • Raising awareness of women about the problems and needs of family members at various stages, and mechanisms of dealing with them through participation in meetings and sessions of health and psychological, educational and legal counseling • Developing the mental, behavioral and emotional side • Creating a generation of young people of both sexes who are strong, capable and psychologically immune to all the wrong practice, including "drugs and others" • Supporting parents and psychologically empowering them to manage their children's education • Strengthening parents' knowledge of the importance of the early years of a child's life • Promoting a comprehensive holistic approach to parents' work in raising and caring for their child • Promoting parents' knowledge of the importance of differences and diversity among their children to meet each child's distinct personality, intelligence and potential • Increasing parents' knowledge about children's rights and development • Changing parents' practices and concepts regarding child development, rights and protection 	<ul style="list-style-type: none"> • Achieving social competence, i.e., giving this group of children desirable characteristics and behaviors, allowing them to achieve positive interaction with their social environment and building harmonious social relationships that contribute to satisfying the child's psychological needs and eliminating his feelings of inadequacy • Promoting a preventive approach that aims to fend against the challenges faced by families • Raising awareness of the dangers faced by the family and parental care and directing them towards relevant authorities and services in different stages and fields • Supporting families with children with special needs, especially children with learning disorders • Investigating, detecting and diagnosing learning disorders for primary, primary and pre-school students in the program • Supporting mothers with special needs • Rationalizing the partnership system within a contractual framework for parental care and protecting families from disintegration • Parental education that focuses on the training of parents to keep up with the needs of their children at different ages • Giving parents the means and skills to keep up with children and protect them from all risks and manifestations of exploitation • Encouraging positive interaction among family members • Deepening the culture of parental responsibility • Providing psychological support within the family • Instilling healthy concepts and principles in the family • Promoting community awareness about the basics of nutrition • The importance of periodic detection of disease and prevention • Contributing to improving parents' negative attitudes towards child care. • Promoting family practices for collective care of children, whether they are sick or healthy 	<ul style="list-style-type: none"> • Conducting the means of wealth produced by the population • Promoting family stability and contributing to accelerate the reduction of maternal and child mortality • Contributing to accelerate the reduction of maternal and child mortality in cooperation with scientists, imams and civil society organizations • Social empowerment as a vehicle for long-term and sustainable change • Reducing family disintegration • Prevention of delinquency (for example, crimes of sexual harassment, rape, skipping during the school day, etc.) • Prevention and treatment of behavioral problems and emotional problems experienced by children and adolescents • Education about some sexually transmitted diseases

Table 12. Target Groups of Parenting Programs in the Arab Region

The Arabian Gulf	Mashreq Arab	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • All parents, professionals and caregivers involved in parenting • Mothers and caregivers for child care • Split families • Family, women, and children • Children with special needs 	<ul style="list-style-type: none"> • Fathers and mothers • Service providers, including civil society organizations working in the psychological and social counselling field. • Children in care homes and social institutions • Parents of children from conception to 6 years of age • Parental and parental care providers • Facilitators working with parents /children of all ages of both sexes • Social and psychological specialists • Childcare providers for children with Down syndrome • Representatives of the Ministries of Social Affairs, Supreme Councils, National Committees for Childhood and civil society organizations engaged in the care of children without parental care 	<ul style="list-style-type: none"> • Rural women • Family members and children of both sexes • Low-income households headed by women • Families accompanying their children with learning disorders • Mothers with special needs (freed female prisoners, mothers out of wedlock) • All family members (male and female parents and children) • Children of all ages 	<ul style="list-style-type: none"> • Families, especially women • Mothers of childbearing age • Children • Low-income families, especially mothers • Parents in families and foster families (unaccompanied children) • Parents + children from 1 to 18 years old • Deprived children and all children recovering from the impact of conflicts, natural disasters and disabilities • Children with disabilities, orphans, working children, marginalized, refugees

Table 13. Issues Emanating from Parenting Programs in the Arab Region

Arab Maghreb	The Arabian Gulf	Arab Mashreq	LDCs
<ul style="list-style-type: none"> • Family counseling and parental care • Areas of care for low-income households headed by women • Areas of care for families with special needs • Breastfeeding • Family health • Community health • Behavioral issues and approaches to dealing with children • Incorrect parenting practices 	<ul style="list-style-type: none"> • Community awareness • Family relations • Awareness of mothers • Children's issues and rights and child care • Methods of resolving family conflicts • Divorce • Special needs 	<ul style="list-style-type: none"> • Parenting methods • Family violence, alternative means of resolving family disputes • Positive parenting • Psychological needs of children • Care of children by paying attention to the emotional side of children • Domestic violence • The effects of the environment (economic and political) on children and their mothers • Psychological pressure among parents • Children affected by deprivation of parental care • Methods of parental care, emotional behavior, and anti-social behaviors and their impact on child behavior • Early childhood areas • Family care and parenting areas • Positive methods that will provide a proper parenting and nurturing method • Modification of behavior and development-appropriate disciplinary measures • Child protection concepts 	<ul style="list-style-type: none"> • Recreational, economic and social fields • Family and reproductive health • Areas of social safety net programs • Family planning areas • Family disintegration, divorce, delinquency • Child protection and child safety • Health problems of parents • Parenting programs and problems for children • Protection of children's rights

Table 14. Gaps in Parenting Programs in the Arab Region

The Arabian Gulf	Arab Mashreq	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • Need for further research and studies in the field of family and childhood • Lack of proper care • Lack of positive ways of raising children • Lack of awareness of the dangers of violence against children • Need to activate the role of social service in family care programs • Poor health and nutrition habits • Poor focus on areas of emotional growth, as well as emotional social growth • Different developmental characteristics of children and young people and negative interaction with them • Lack of interest or focus on psychological and behavioral aspects • Reliance in the child sector on civil society organizations in support and development of children's issues • There is no methodology to deal with children's issues 	<ul style="list-style-type: none"> • Family disintegration due to death or divorce • Delinquency, social delays, and delays in mental development • Lack of the use of behavioral specialists • Lack of practical programs for parents • Difficult access to vulnerable families • Programs are not institutionalized by government institutions • Some families face difficulties in joining and adapting to activities • The program relies on a non-governmental organization without any cooperation with educational or social institutions. • Lack of adequate staff at centers to provide guidance on positive parenting • Lack of adequate budgets to cover all needs in all regions • Lack of institutions in marginalized areas that need this program more • Difficulty integrating fathers into the program • Prevailing societal attitudes towards family education 	<ul style="list-style-type: none"> • Reliance of the child sector on civil society organizations in support and development of children's issues • Need for further research and studies • Need for supporting low-income families headed by women • Failure to use communication techniques to encourage discussion and dialogue on the topics covered by the program • Failure to conduct feedback assessment of programs 	<ul style="list-style-type: none"> • Length of sessions • No additional space for discussions • Absence of religious deterrent • Absence of the household head • Need for more research and studies

Table 15. Challenges of Parenting Programs in the Arab Region

The Arabian Gulf	Arab Mashreq	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • Poor participation of target groups • Lack of periodic workshops in the field of parental care and education • Lack of interest of institutions related to childhood in holding periodic programs in this area • Poor coordination with governmental and non-governmental bodies in the exchange of experiences on children's issues • Low educational level of participants • Lack of awareness of families about the developmental characteristics of children • Parents' lack of awareness of parental treatment methods and their relation to children's mental health at all developmental stages • Difficulty attracting heads of households to participate in the program 	<ul style="list-style-type: none"> • Disintegration of the family • Poor participation in programs, especially from parents. • Lack of program funding • Difficulty accessing disadvantaged areas • Marginalized families/social environment • Inclusion of parental care programs for all families • Difficulty using modern behavioral cognitive methods • Using obsolete parenting methods • Insufficient ability to take responsibility for raising children • Fear and constant anxiety in raising children • Difficult financial situation of the family • Absence of official statistics on the family unit • Difficulty identifying the most vulnerable developmental aspects of children deprived of parental care and residents of care homes in late childhood • Some families do not accept parental education. • Increasing social violence 	<ul style="list-style-type: none"> • Lack of funding • Difficulty in implementing programs and activities adequately • Low income especially of rural women • Difficulty reaching all children in all rural areas 	<ul style="list-style-type: none"> • Meetings are not organized in a schedule. • Financial support • Some families do not understand and respond to programs • Lack of family awareness of the need for family planning • Deteriorating economic situation • Poverty among households headed by women • Differences in education, especially post primary education, and in the field of vocational training

Table 16. Impact of Parenting Programs in the Arab Region

The Arabian Gulf	Arab Mashreq	Arab Maghreb	LDCs
<ul style="list-style-type: none"> • Connected, tightly knit, cooperative families • Promoting family culture in society • Lower number of family problems • Development of the intellectual, emotional and behavioral skills of participants • Maintaining the cohesion of the family, and the rights of its members even after separation, and protecting them from the negative effects of divorce • Preserving the rights of children and contributing to their protection from crime and delinquency • Target groups of families influenced by the requirements of parental care for children through their awareness and education in how to create the appropriate environment for parental care • Enhanced values of cohesion and communication among family members • Support for a healthy family system based on respect, integration of roles and family stability • More cohesive family and social structure based on morality, customs, and traditions that confront modern and accelerating changes • Parents becoming aware of developmental and psychosocial developmental needs at all stages of children and youth development. • Raising parents' awareness of parenting methods and their relationship to children's mental health in all developmental stages • Providing parents with skills to promote positive values and behaviors in children • Enabling parents to implement strategies to guide and modify negative child behaviors • Achieving family well-being and cohesion by ensuring care and sustainable social development • Strengthen national identity to reach a conscious family and a cohesive society • Improving the behavior of target groups in dealing with children 	<ul style="list-style-type: none"> • Modifying the behavior of children with special needs • Identifying the most important means of detecting at-risk families • Awareness of rights and ways of dealing with the special needs of children • Improving the behavior of target groups in dealing with children • Healthy physical and psychological development of children • Reducing the risks to children as a result of bad practices in parental care • Producing a generation of children with best parental care practices • Changing the habits of previous parents in raising children • Promoting positive mutual trust between parents and their children • Acquiring new experiences related to positive child rearing and modern educational methods in line with the surrounding reality • Acquiring skills to promote positive behavior in children and to learn about modern discipline methods • Eliminating fear and anxiety in raising children • Feeling a sense of responsibility and ability to make good decisions • Promoting positive behavior in children • Promoting the values of positive parenting in families • Strengthening parents' sense of support and guiding them in the process of parenting • Increasing the skills of mothers and children to reduce anxiety and depression • • Healthy child-rearing and growth both psychologically and physically for children 	<ul style="list-style-type: none"> • Change in the ideas and practices of parents and educational counselors dealing with children • Improved behavior of target groups in dealing with children • Healthy child-rearing and growth both psychologically and physically for children • Reducing the risks to children as a result of bad practices in parental care as contained in the five contents of the Guide • Normal growth of children within their families • Better understanding of the dangers of and combating illiteracy • Helping the family take advantage of its leading role in socialization • Maintaining human relations (such as paternal and sibling relations) among family members • Education on the culture of dialogue, listening and mutual respect in family building • Mitigating tensions affecting family stability and sustainability • Enabling children to be aware of their own abilities 	<ul style="list-style-type: none"> • Improved behavior of target groups in dealing with children • Healthy child-rearing and growth both psychologically and physically for children. • Reducing the risks to children as a result of bad practices in parental care as contained in the five contents of the Guide • Implementing evidence-based high-impact nutrition interventions • Increased coverage and improvement of the quality of education • Improved family relations • Improved parents' relationships with children • Effective parenting skills • Community awareness • Improving children's health

Appendix II. Survey Questionnaire of Parenting Programs

Country	
Program name	
Organization	
Type	Parental education Parental training Parental support Parental intervention
Approach	1. Focus on the individual 2. Focus on the family 3. Focus on society 4. Other, specify
Number of beneficiaries	
Program Areas	
Target of the program	
Age and gender	
Funding	
Program components	
Program description	
Program Goals Target of the program Age and gender	
Main impact of the program	
Issues	
Gaps	
Challenges	
Recommendations	

Appendix III. Focus Group Questions

Country.....

Introduction. Thank you for agreeing to participate in this dialogue session about your experience and your impressions of parenting program in which you took part. I am (Researcher/Facilitator name). I will ask some questions and we would like to hear your answers to them from your experience and what you learned from the program. I will note (record) the answers (for the purposes of transcribing the discussion material).

Identifying the needs of parents

- Were you in a position where you are asked to seek help as a parent and need to learn what to do in that situation?

Explain: _____

- Parents may be exposed to situations related to basic needs, such as a car breakdown, a child's illness, the death of a loved one, etc. Is there an institution or person you have asked for help?

Awareness of programs and services

- Do you know an institution/center/clinic in your country that provides assistance to people on the topic of parenthood? (State the name)

Motives to participate

- What are the reasons that prompted you to enroll in the program?

Parental attitudes towards the program

- How do you feel about the program?

- What are your expectations for the program?

Alignment between skills learned and problems faced

- Are the skills provided by the program appropriate to solve or mitigate your problems?

 - Most people in this program need to find solutions to some of the problems they face in the family and with children. We want to understand these difficulties. We hope you can give us some examples of the situations you faced with your children when you were not sure what to do.
-

Benefits from participation in the program

- What benefits have you gained through your participation in the program? (State them)
-

- General satisfaction with the contents of the program?

On a scale of 5, how satisfied were you? (5 very satisfied 1 not satisfied at all)

1. Program content

(1) – (2) – (3) – (4) – (5)

2. How much did the program match your expectations?

(1) – (2) – (3) – (4) – (5)

- How did you find yourself and your family before and after the program? (explain)
-

Program effectiveness

- In what way did the program meet your needs?
- Did the skills you learned help you solve the problems you encountered?
- Did the program provide any new source of support or mitigation of the needs I mentioned?
- How useful was the program in:
 1. Changing parental skills (improved / decreased)
 2. Parents' understanding of child self-esteem
 3. Relaxation times

4. Listening and communication skills
 5. Reconciliation, norms and, conflict resolution strategies
- B. Child behavior changes (improved / decreased)
1. Children's understanding of responses
 2. Family routines (e.g. setting the table for meals)
 3. Listening and communication skills
 4. Reconciliation, norms and, conflict resolution strategies
 5. Non-effective disciplinary methods
- C. Improved parents' sense of competence (eligibility)
1. Improved family relations
 2. Program improvements:
 3. Which part of the program can be improved?
 4. What were the useful aspects?
 5. What were the non-useful aspects?
 6. Which aspects need to be modified?
 7. What can be added?
 8. What are the necessary aspects?

Program Information

- Participants' information (number of families, age of children, age of parents, socioeconomic status, age of family (duration of marriage) etc.)

- Describe the contents of the program.

- What are its areas of focus? (E.g., individual, family, neighborhood)

- What are the objectives of the program?

- What are the outputs of the program?

- What services did the program provide?

- How were these services and their providers (nurses, trainers, social workers, etc.) be provided?

- Where have these services been provided (e.g. home, clinic, school or neighborhood)?

- What is the extent alignment between what was described as the objectives of the program and what has already been implemented?

- What are the strengths and weaknesses in implementation?

- On what is the program based (program theory-philosophy) (e.g. behavior modification, social learning ... etc.)?

- Is there evidence of program effectiveness?

- What are the most important challenges facing the program?

- What are the most important issues that have emerged from the program?

- What are the most important gaps in the program?

- Do you have future recommendations for the program?

Appendix IV. General Questions

Participants' questions / Focus groups

Distributed to participants

Country.....

Gender: 1. Male 2. Female

Age: _____ years

Your role in the family: 1. Husband 2. Wife

Do you have children: 1. Yes 2. No

Family size: _____ Individual(s)

Do you work 1. Yes 2. No

Education: 1. High school and below 2. Diploma 3. Bachelor 4. Postgraduate studies

Monthly income _____ JD

Name of the program you participated in: _____

The type of program you participated in

1. Parental education
2. Parental training
3. Parental support

Program focus

1. Individual
2. Family
3. Community
4. Other - state

The number of beneficiaries ()

Target of the program: Child Family Neighborhood

Age

Gender

Kindly describe the participants in the program you participated in.

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ISBN 978-9927161032



A standard linear barcode representing the ISBN 978-9927161032.



9 789927 161032