Research Report: Development of a parenting intervention to promote effective parenting practices in South Africa

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Background

The Problem

Child maltreatment is a global phenomenon and pervasive in South Africa. Child maltreatment includes a broad range of behaviors including harsh parenting, primary caregiver neglect, psychological, physical, and sexual abuse, and is most frequently perpetrated by parents or primary caregivers (1, 2). An estimated 40 million children worldwide under 14 years old experience abuse and neglect annually (1). Neglect is the most prevalent form of child maltreatment, but the least widely acknowledged (3). Similarly, harsh parenting is very common yet rarely recognized before it is chronic and severe enough to be reported to protection agencies (4).

While child maltreatment is a global phenomenon, it is ubiquitous in South Africa where harsh disciplinary methods are commonly used, and parental neglect and child physical and sexual abuse are widespread (5). The level of violence and maltreatment against children is mirrored by high levels of sexual and intimate partner violence (IPV) (5). These different forms of violence can be understood as emerging from similar root causes (6). Risk for violence against children and women in South Africa are exacerbated by the broader societal context of gender inequalities, social exclusion, high levels of poverty and income inequality.

Child maltreatment is associated with deleterious consequences for children including physical injury, delayed growth, psychological problems (such as depression and aggression), and has been shown to precipitate future perpetration of violence and substance abuse (7). There are short- and long-term negative consequences of child maltreatment on children’s physical and mental health as well as social outcomes. Short-term effects include psychological problems (e.g., anxiety, conduct disorder, depression, post-traumatic stress disorder, poor self-esteem) and behavioural problems (e.g., aggression, delinquency, substance abuse). Longer-term effects include mental health problems, substance dependency, earlier sexual debut, risky sexual behavior, and sexually transmitted infections including HIV (8, 9).

Causal or Contextual Factors

Child maltreatment and harsh parenting are associated with a broad range of factors at the child, parent, community, and societal levels (2). Parent-level risk factors for child maltreatment include low socioeconomic status, low educational achievement, mental illness including depression, substance abuse, poor attachment during infancy, prior experience of
child abuse, lack of awareness about child development and appropriate parenting practices for a child’s developmental level, and belief in harsh disciplinary methods (8-10). The presence of other risk factors – e.g., at the child, community and societal levels – contribute cumulatively to the risk of child maltreatment.

Additionally, inadequate responsiveness of a primary caregiver has been shown to cause disruption in the neural and stress response systems of a young child’s developing brain, which will cause enduring biological effects on the child’s brain architecture with adverse mental, behavioural and physical health outcomes (11). Further, early exposure to violence and maltreatment has also been associated with poor educational attainment as well as being a perpetrator or victim of violence later in life (1, 12-15).

**Change Mechanisms**

Interventions that promote responsive parenting and safe, consistent and nurturing relationships between parent and child may reduce harsh parenting, maltreatment and negative subsequent consequences on the child’s mental and physical health and social functioning (13, 16). A review of interventions to enhance responsive parenting in high income countries (HICs) and low and middle income countries (LMICs) suggests that such interventions generally have positive outcomes in children (17).

A number of strategies to promote parental responsiveness have been used, including parent education and support in home visits, clinic visits, and promotion using mass media. In HICs, the most common interventions have involved providing education and support to caregiver in the context of home visits, clinic visits, or a combination of home and clinic visits (18-23). These studies have shown beneficial effects on parent and child outcomes including improved parenting knowledge, attitudes and practices, maternal responsiveness, child cooperativeness, happiness, and problem solving abilities. In contrast to studies from HICs, evidence for effective parenting interventions in LMICs is relatively sparse, though the base of evidence is growing.

Parenting intervention strategies that are consistently associated with larger positive effects include teaching positive parent-child interactions, building emotional communication, teaching the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions (24). Counselling of primary caregivers has been shown to improve maternal mood and aspects of infant outcome (Cooper & Murray, 1998). Effective parenting interventions take into account the developmental stages of children
as well as adopting a generational approach (including parents, children, siblings, and grandparents) so that the broader ecological context of the family is considered (25). They also consider the immediate and broader context as well as the bi-directional influences of parent-to-child and child-to-parent (26). Short term interventions with a clear focus show promise – particularly those involving one-on-one interactions between a trained facilitator and parent. Such interventions have been found to improve maternal mood and aspects of infant outcome (27, 28). Engaging parents in a parenting intervention creates the space for child socialization processes to be modified within the family and has the potential to modify children’s exposure to and interpretation of social influences occurring outside the home environment (29).

Research Aims and Objectives

The overall goal of this research was to design and manualise a proof of concept early parenting intervention to promote effective parenting practices and maternal coping skills, both of which have been shown to be related to the treatment (or maltreatment) of children.

_Sikhula ndawonye_ (Growing together), hereafter referred to as ‘the intervention’, was developed in the context of peri-urban and rural communities in KwaZulu-Natal, South Africa. However, it was developed with a view to allow adaptation to other contexts.

The intervention is intended to be one component of a broader violence prevention research agenda which recognizes the synergistic contributions of individual, household and community influences on children’s well-being and the multiple risk factors for child maltreatment and future risk of perpetration/experience of IPV.

The intervention aims to engage parents practically and emotionally and help to promote responsiveness to their child. The intervention approach is holistic, recognizing not only the role of early parenting behaviours on child physical and mental health and social outcomes but also the contribution of external stressors and parental coping skills, and environmental factors that affect parenting behaviour. The approach views maternal well-being (stress and

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1 Throughout we refer to primary caregiver or mother interchangeably. In the context of South Africa, with histories of economic bifurcation, migrant labour and apartheid, the majority of small children are cared for by their maternal and not their paternal parent. More than 7 million South African children grow up in female-headed households (Meintjes H, Hall K. Demography of South Africa’s Children. In: Jamieson L BR VA, Lake L, Pendlebury S & Smith C editor. South African Child Gauge: Children as citizens: Participating in social dialogue. Cape Town: University of Cape Town 2011). According to the 2003 South African Demographic and Health Survey, only 33.7% of children lived with both parents (Department of Health, MEASURE DHS, ORC Macro. South African Demographic and Health Survey 2003. Calverton, Maryland:
mental health) as key to the success of a parenting support intervention. As such, the intervention aims to promote positive parenting skills and maternal coping skills in order to positively impact on both child and maternal outcomes.

Specifically, the intervention focuses on caregiver knowledge and skills, provides space for the practice of these skills, seeks to increase maternal support and is designed specifically for group delivery to mothers and a support person identified by the mother/caregiver\(^2\). Where possible, early parenting interventions need to be linked with other types of interventions that are appropriate during pregnancy, in the early post-partum period or during the early childhood years. Such interventions may include livelihood interventions and/or interventions that promote gender equitable sexual relationships.

This research had three objectives:

**Objective 1:** Develop a parenting intervention for group-based delivery to new mothers in KZN, South Africa;

**Objective 2:** Pilot test media to assess acceptability and understandability

**Objective 3:** Produce final intervention materials and activities and prepare for future research on the effectiveness of the intervention.

Ethics approval for this study was obtained from the University of KwaZulu-Natal (HSS/1466/014). Informed, written consent or verbal consent (as outlined in the ethics protocol) was obtained from all participants involved in the study.

\(^2\) A key challenge for the field is how to deliver parenting interventions so they reach more children and more parents. This intervention design provides an opportunity to test different, more cost-effective ways to deliver a parenting intervention – specifically by incorporating a group format structure. Additionally, because maternal stress and coping is a key factor to consider in parenting interventions, we specifically explored women’s support networks with a view to expanding the group composition receiving the intervention. Targeting secondary caregivers or someone key in the woman’s support network, and exposing support persons to the same principles and messages incorporated within the intervention curriculum, is a potential way of strengthening support systems for the mother once the parenting programme has ended.
## Intervention development methodology

The intervention was designed using participatory methods and followed a systematic process for intervention development (Figure 1) that has been recommended for developing parenting interventions (29). The intervention is primarily a manualized curriculum, which is supplemented by a series of short digital films that support the curriculum objectives.

**Figure 1: Eight step parenting intervention development process**

1. **Objective 1.** Develop a parenting intervention for home-based delivery to new mothers in KZN, SA.

2. **Step 1: Produce a logic model of the intervention**

   Following a comprehensive literature review on current research on early child development, maternal stress and coping, parenting practices and styles, and prevention of child maltreatment, we developed a theory of change model (Figure 2) in order to produce a structured and functional model for our intervention design. This model outlines some of the underlying causes of child maltreatment and maternal stress (such as unplanned pregnancy, low socio-economic status) as well what positive outcomes the intervention sought to promote.
Based on our Theory of Change, modifiable factors and change mechanisms specifically relevant to a parenting intervention were identified (Table 1). This approach meant that some of the large structural factors shaping the issues, such as single parenting, low SES, unwanted pregnancies would not be directly targeted through the intervention. Our focus was on a short intervention, which addresses risk factors that could be modified through a relatively short and simple programme, deliverable through current mechanisms in South Africa, rather than a large stand-alone intervention.

### Table 1: Identification of modifiable factors and change mechanism for an early parenting intervention for the primary prevention of violence

<table>
<thead>
<tr>
<th>Modifiable factors</th>
<th>Change Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor attachment and responsive parenting</td>
<td>- Infant development and parent-child interactions</td>
</tr>
<tr>
<td>Harsh parenting</td>
<td>- Dealing with unplanned pregnancy</td>
</tr>
<tr>
<td></td>
<td>- Providing strategies to self-calm, increase support</td>
</tr>
<tr>
<td></td>
<td>- Providing strategies to calm infant</td>
</tr>
<tr>
<td>Child safety and abuse</td>
<td>- Environmental dangers for physical harm</td>
</tr>
<tr>
<td></td>
<td>- Averting opportunities for physical and sexual abuse</td>
</tr>
<tr>
<td></td>
<td>- Positive discipline</td>
</tr>
</tbody>
</table>
**Step 2: Specify precise intervention objectives**

Following the above identification of modifiable factors and change mechanisms, we refined our specific intervention objectives. These were to:

- promote sensitive, responsive and non-intrusive caregiver-child engagement
- promote maternal ability to cope with stressors
- reduce harsh parenting strategies, especially hitting, shouting and shaking of children
- reduce likelihood of child maltreatment and harm.

The measurable outcomes of the intervention will determine whether the intervention was successful in:

1) Increasing maternal sensitivity, responsiveness and non-intrusive engagement with the child
2) Reducing harsh and coercive parenting (e.g., hitting, shouting, shaking).

**Step 3: Build intervention blueprint**

Given the focus on responsive and sensitive parenting, Step 3 consisted of a series of meetings between the research team and practitioners and experts in the areas of early child development. Brainstorming of approaches for intervention activities to achieve intervention objectives and mapping activities and materials to the functional model were carried out. Revisions to the initial blueprint were made following the formative research carried out in Step 4.

**Step 4: Obtain participant input**

As outlined in Figure 1, interventions are much more likely to be successful if they resonate with the lives, expectations and aspirations of those whom the intervention targets. To achieve this we conducted 45 semi-structured interviews with women ≥ 18 years old who were the biological mothers of infants <12 months of age. Thirty interviews were carried out in a peri-urban setting and fifteen interviews were in an urban setting. The interviews examined parenting values, beliefs and practices, support networks and potential spaces for intervention implementation. We present a summary of themes emerging from this research in Appendix 1.
Step 5: Develop prototype materials and activities

The development of the prototype materials (curriculum) and media (film) was an iterative process. We present our design methodology in Figure 3 below. Design phase 1 consisted of developing the curriculum framework and the key message and treatment approaches for the digital media. Once a draft curriculum and film storyboards had been developed, they were subjected to expert review and a focus group discussion (FGD) with mothers with infants <12 months of age (design phase 2). Feedback from these groups led to revisions and a new version of the draft curriculum and storyboards, which were again reviewed by the two groups. This looped, feedback process continued over a period of six months. Directors and artists from Jive Media Africa contributed extensive expertise in creating and refining the materials and activities, including the short films and animations so as to be accessible and culturally relevant.

Figure 3: Design methodology
Objective 2: Pilot test curricula and media to assess acceptability and understandability.

Step 6: Develop and field test prototypes of intervention materials, activities and measures.

Following the above process, prototypes of the curriculum were developed and filming and animation for the digital media conducted. The prototype for the curriculum was tested in a FGD with a group of new mothers with infants <12 months (design phase 3). In this discussion, the key sections of the curriculum and description of the content, with examples, were presented (design phase 4). For this design stage, it was not feasible or appropriate to conduct a full pilot of the curriculum and films delivered as an intervention. The curriculum was subsequently finalized and the penultimate version of the digital media consisting of five short films.

A new group of 16 mothers with infants <12 months of age, each together with a support person (N=32), were recruited for the final phase of field-testing of the digital media [mothers (median age 25 years), 16 support persons (median age 34 years)]. A pre- and post-test structured questionnaire testing any changes in knowledge was administered before and after viewing the digital media (Appendix 2). In addition, after each film was viewed, a short FGD was held (N=4 groups each viewing five films) to determine target population understanding and perception of the key messages and communications objectives underlying each film. A summary of the four FGD responses is included in Appendix 3. FGDs results indicate that participant understanding of the film content matches the intended key messages (Table 3 presented below provides a description of the digital media key messages). In addition, while still very preliminary, there are indications that the messaging of the films have the potential to prompt changes in parenting practice perceptions. These perceptions will need to be cemented by the activities in the intervention curriculum. The films are intended to supplement the intervention curriculum, which employs participatory and adult learning principles.

The intervention curriculum raises a particular topic and through the use of a film creates an environment for participatory learning. Participants are encouraged to practice what they saw and learnt from the films, directly with their infants, in the same group session. They are also encouraged to continue practicing at home and at the beginning of each new group session, invited to provide feedback on their experiences at home. In the context of the FGDs during field-testing, participants were asked if there was anything that disturbed them about the films or if there was any part they particularly didn’t like. None of the four groups raised concerns about the content, messaging or visuals of the digital media and provided very positive
feedback on their overall acceptability and receptiveness of the films. Importantly, in the FGD women indicated that they believed the films had applicability to the broader community, particularly citing teenage mothers as a potential beneficiary group. It is also important to note that while women indicated that they had gained new knowledge from the films, they also reflected that some of the parenting practices that they had already been employing had been validated in the films and consciously brought to their attention as bringing positive effect.

We assessed whether exposure to the digital media (5 short films) increased people’s basic knowledge of parenting/child caring using an interviewer-administered brief questionnaire including 17 questions presenting prior to and after participants viewed the films (Appendix 2). We asked participants to respond “true” “false” or “don’t know” to the 17 questions, all of which were related to parent-child interactions (e.g., “A 4- to 6-week old baby wants to interact with its parents and the world around it”) or violence-related (e.g., "Shouting/hitting a child <12 months can teach a child good habits"). Questions were structured in such a way as to require reverse coding for some. We coded individuals who answered “don’t know” as answering incorrectly. We calculated a mean value for each participant’s knowledge (rather than a straight sum). To assess change, we used paired t-test to assess differences in means between pre-test and post-test knowledge. We assessed knowledge of mothers and support persons separately.

At baseline (pre-test) mean knowledge pretest scores were 71% and 70% in mothers and support persons respectively. Post-test mean knowledge scores increased to 93% (p<0.0001) and 87% (p<0.001) in mothers and support persons respectively.

Objective 3: Produce final intervention materials and activities and prepare for future research on the effectiveness of the intervention.

Step 7: Professional design and development

These have been submitted as separate digital files and further description is provided below.
Step 8: Prepare proposal for larger study of intervention effectiveness

We have begun presenting the concept of the early parenting intervention in different forums and country contexts. We intend on developing a funding proposal to evaluate a pilot of the proof of concept intervention.
**Description of the Intervention:**

The intervention incorporates a participatory, problem-solving focused approach using adult learning theory. Each session is structured in way so as to encourage participants to:

- Become aware of their usual patterns of thinking and behaving;
- Think about and reflect on their situation and past experiences;
- Share their experiences and ideas with one another and learn from one another;
- Think about what strategies have worked well for them in the past and what are possible relevant solutions for their own situation;
- Trust their own wisdom in knowing what possible strategies will work well for their situation;
- Consider options for how to cope with anticipated or real challenges and identify what prevented participants from achieving a particular goal;
- Practice what is learned in the course, and then reflect on what worked, what did not work and explore reasons why some things worked and/or did not work;
- Then begin the process again, this time developing new strategies to deal with the obstacles.

The intervention approach aims to build on the existing knowledge base in the group. All intervention sessions follow the following learning cycle: Elicitation, New Learning, Action.

The intervention programme includes five sessions. Each has been developed to take about three hours (total of 15 hours) to complete. Each session is divided into three modules. These sessions may be delivered in either a group or an individual setting. The programme may be delivered at home or an appropriate community setting, which is safe, comfortable, relatively quiet and easily accessible to pregnant mothers and mothers with babies.

Based on the findings from formative research and a second research study falling under the research team's parenting research agenda, two of the sessions are intended to be delivered antenatally and the remaining three sessions to be delivered after the baby is born. Ideally this process should be run with the same group of mothers who can get to know one another, but this may not be possible in different contexts.

The curriculum content, messages and activities closely follow two key evidence-based interventions:
UNICEF’s Care for Development package – a holistic early child development intervention which promotes sensitive and responsive parent-child interactions in the provision of cognitive stimulation and social support to young children (http://www.unicef.org/earlychildhood/index_68195.html)

The Thula Sana Mother-Infant Intervention Programme by Lynne Murray, Peter Cooper, Mireille Landman, Mark Tomlinson an evidence-based early parenting intervention aimed at promoting responsive parenting and improved parent-child attachment.

The sessions and curriculum are tailored towards the primary caregiver being female. In South Africa the majority of children are cared for by a female carer with many fathers not residing in the same household as the child. Throughout the intervention there are examples of positive male role models to encourage male engagement.

At the end of session two, participants are asked to identify a second ‘support’ person to bring with them to the next session, with a view to being included the feedback and learning process and to strengthening the support network of the mother. This extends the reach of the intervention, as well as recognizes the importance of social support.

Structure of each session

Each session is structured to include the following:

1. Welcome and check-in: Each session begins with an opportunity for participants to share their thoughts and experiences with the previous session’s homework activity; ask questions; and participate in planning for the day’s session. The shape of this element can be influenced by the ‘Negotiating the Space’ agenda item in Session One. For instance, the group may decide to start each day with a prayer or a song.

2. Existing knowledge base and expansion thereof:
   - Elicitation (Knowledge is in the group): Questions and activities such as brainstorms, case studies and mapping exercises encourage the participants to share their thoughts, experiences and feelings on the topic in focus; all participants have a wealth of knowledge and experience to share.
   - New Learning: Information sharing using various methods such as audio-visual presentations and interactive discussions to build on the existing knowledge of participants on the topic in focus.
- **Action:** Activities to allow participants to try out and practice what has been learned through demonstrations or discussions and creation of action plans where relevant.

3. **Reflection:** The last agenda item of every session allows time for reflection on learnings for the day, and introduction/reminder of the homework activity. Each session ends with a relaxation exercise for participants to mentally unwind from the session before they leave.

The sessions are designed as oral/practical events, not requiring textual literacy.

**Table 2: Intervention Table of Contents**

<table>
<thead>
<tr>
<th>SESSION ONE: My child’s future starts now</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Module 1: How I feel about having a baby</td>
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<tr>
<td>Module 2: What happens to me happens to my child</td>
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<tr>
<td>Module 3: Anticipating the arrival of my baby</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SESSION TWO: A brighter future for me and my child</th>
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</thead>
<tbody>
<tr>
<td>Module 4: The Journey of my life</td>
<td></td>
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<tr>
<td>Module 5: Our future</td>
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<tr>
<td>Module 6: Who can support me?</td>
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<thead>
<tr>
<th>SESSION THREE: Babies learn fast from the moment they are born</th>
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<tbody>
<tr>
<td>Module 7: What we have learnt so far</td>
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<tr>
<td>Module 8: The newborn baby is aware and responsive</td>
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<td>Module 9: Interacting with my baby</td>
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<table>
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<tr>
<th>SESSION FOUR: Babies learn through play and communication</th>
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<tbody>
<tr>
<td>Module 10: Babies learn through play and exploration</td>
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<tr>
<td>Module 11: Calming a baby</td>
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<tr>
<td>Module 12: Calming myself</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SESSION FIVE: Protecting my child's future</th>
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<tbody>
<tr>
<td>Module 13: Protecting my child from harm</td>
<td></td>
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<tr>
<td>Module 14: Positive parenting</td>
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<tr>
<td>Module 15: Planning for the future</td>
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</tbody>
</table>

**Digital media**

The digital media will form part of a growing digital library aimed at promoting positive maternal and child health outcomes. Investigators Lisa Butler and Robert Inglis have previously developed a family of characters for a NIH-funded mobile health technology intervention targeting community health workers and households they support called “Community Health Worker Assistive Technologies (CHAT)” (NIH R34 MH097563).
The *Sikhula Ndawonye*: Responsive Parenting Intervention builds on the existing CHAT Character Set through the addition of a new family for this series (a mother, with biological baby and the father). The intention is to build a community of avatars / characters that viewers will come to know, love and trust and which can deliver interactive messaging from a safe and trusted space. It is envisioned that over time a library of media items, each delivering a key learning or key message, will be developed. The *Sikhula Ndawonye* intervention also incorporates one of the CHAT films promoting parent-child interactions.

Jive Media’s approach to their work is guided by the following overarching principles, both in the creation and use of the media:

1. The level of abstraction of a drawing of a person or character contributes to the level of identification with that character and with the message they convey.
2. Familiar sights, sounds and people (characters) carry coded information which is transmitted unconsciously – adding to the richness of the message without encumbering it with information.
3. Familiar sights, sounds and people are trusted and may result in less barriers in the taking up of new knowledge.
4. Using the films in conjunction with discussion greatly increases the opportunity for engagement – increasing the integration and application of new knowledge by the viewer.
5. The intervention facilitator is expected to draw on solutions from participants based on participant’s own knowledge and use the communication products to reinforce key learnings. This departs from a didactic learning style to one in which the beneficiaries are empowered to look within themselves for answers and seek additional information where appropriate.
6. The relevance (benefits / impacts) of the information for the viewer must be quickly apparent and should trigger an emotional response (resulting in stronger engagement and internalization).
7. It is usually possible to frame negative messages in a positive light. Since graphics are strong and remain with the viewer long after the contact – it is preferable to use positive images.

The digital media use a mix of animation and real life characters. Filming of specific real life parent-child interactions was done under the guidance of investigator Professor Mark
Tomlinson for the purpose of the current intervention\(^3\). Each film opens with the animated characters introducing the film. The sequence then switches over to real life interactions with the same characters narrating voice-overs.

\(^3\) Permission from the Humanities and Social Sciences Ethics Review Committee was obtained prior to filming as well as signed informed consent forms from all mothers who were included in the films. These women were unrelated/delinked with any of the study activities.
Table 3: Key messages of digital intervention media

<table>
<thead>
<tr>
<th>Film Title</th>
<th>Communication Objective:</th>
<th>Change mechanism/underlying theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Film 1: The Social Newborn</td>
<td>➢ To encourage maternal responsiveness and maternal sensitivity</td>
<td>➢ Infant development and parent-child interactions</td>
</tr>
<tr>
<td></td>
<td>➢ To demonstrate that the baby soon starts to prefer the mother over other people and a special relationship can develop (Brazelton demonstration: baby moves to find the source of its mother’s voice)</td>
<td>➢ Active involvement in a two-way interaction in which the baby’s attention is maintained on a focus for long periods has been found to be highly predictive of the baby’s later cognitive development</td>
</tr>
<tr>
<td>Film 2: The way an infant communicates</td>
<td>➢ To encourage maternal sensitivity</td>
<td>➢ Infant development and parent-child interactions</td>
</tr>
<tr>
<td></td>
<td>➢ To demonstrate two-way communication</td>
<td></td>
</tr>
<tr>
<td>Film 3: The Distressed Infant</td>
<td>➢ To demonstrate maternal regulation of a distressed infant/ discourage both harsh and/ or disengaged parenting</td>
<td>➢ Parent-child interactions</td>
</tr>
<tr>
<td>Film 4: Keeping Babies Safe</td>
<td>➢ To encourage parents to support their child’s exploration in a safe environment</td>
<td>➢ Assessing and managing risk</td>
</tr>
<tr>
<td>Film 5: Book Sharing</td>
<td>➢ To support parents to interact meaningfully with their child (shared attention and naming objects). ➢ Inside/outside world of an infant and shared interaction</td>
<td>➢ Parent-child interactions</td>
</tr>
<tr>
<td>CHAT film (funded by NIH R34 MH097563, PI Butler)</td>
<td>➢ To demonstrate age appropriate play and interaction</td>
<td>➢ Infant development and parent-child interactions</td>
</tr>
</tbody>
</table>
Conclusion

Promoting responsive and sensitive parenting is protective against harsh parenting. Parenting interventions have the potential to increase responsive and sensitive parenting and are a potentially valuable addition to the violence prevention intervention toolkit.

*Sikhula ndawonye* is one of the few early parenting interventions developed in a developing world context that seeks to promote responsive and sensitive parenting for caregivers with infants <12 months with a view to the primary prevention of violence. This intervention was developed through a rigorous participatory process with experts in the field and target recipients of the intervention. It provides a step-by-step approach to delivery through a participatory-based curriculum supplemented by short films, each of which is embedded with a key message. The films were very well received by the target recipients in the field testing component, with confirmation of broader applicability within the community, most particularly adolescent mothers. Even though our pre- and post-test sample size was small, the results revealed strong potential for the digital media, alone, to increase knowledge. The films and curriculum now need to be brought together and delivered as a cohesive intervention.

The proof of concept *Sikhula ndawonye* intervention now needs to be piloted and evaluated through a rigorous research process to determine whether it is successful in promoting responsive and sensitive parenting and reducing harsh parenting.
Appendix 1
Formative Research Findings

Table 1: Formative research population demographics

<table>
<thead>
<tr>
<th></th>
<th>Peri-urban 67% (n=30)</th>
<th>Urban 33% (n=15)</th>
<th>Total 100% (N=45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td>18-40 years</td>
<td>20-40 years</td>
<td>18-40 years</td>
</tr>
<tr>
<td>Median</td>
<td>23 years</td>
<td>28 years</td>
<td>27 years</td>
</tr>
<tr>
<td>IQR</td>
<td>20-32 years</td>
<td>24-36 years</td>
<td>20-36 years</td>
</tr>
<tr>
<td>Infant sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53% (16)</td>
<td>53% (8)</td>
<td>53% (24)</td>
</tr>
<tr>
<td>Male</td>
<td>47% (14)</td>
<td>47% (7)</td>
<td>47% (21)</td>
</tr>
<tr>
<td>Infant’s father residing in household</td>
<td>13% (4)</td>
<td>33% (5)</td>
<td>20% (9)</td>
</tr>
<tr>
<td>Regular secondary caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>7% (2)</td>
<td>47% (7)</td>
<td>20% (9)</td>
</tr>
<tr>
<td>Infant’s grandmother</td>
<td>50% (15)</td>
<td>27% (4)</td>
<td>42% (19)</td>
</tr>
<tr>
<td>Other relative</td>
<td>50% (15)</td>
<td>47% (7)</td>
<td>49% (22)</td>
</tr>
<tr>
<td>Non relative</td>
<td>13% (4)</td>
<td>13% (2)</td>
<td>13% (6)</td>
</tr>
<tr>
<td>None</td>
<td>0 (0)</td>
<td>7% (1)</td>
<td>2% (1)</td>
</tr>
</tbody>
</table>

Thirty women located in a peri-urban setting and 15 women from an urban environment were recruited into the study. Women from the urban setting were slightly older than women from the peri-urban environment (28 years versus 23 years respectively). There were no differences in proportions of male versus female infants between the two groups of mothers. More fathers, proportionately, resided in urban households (33%, n=5) compared to peri-urban households (13%, n=4). Nearly half of the fathers in the urban setting were cited as the regular secondary caregiver of the infant (47%, n=7) compared to the peri-urban setting (7%, n=2).

Summary of themes arising out of analysis:
Below we identify the key themes emerging from the interviews and, in the grey box, particular issues that the intervention messages aimed to engage with.

1) Independent mind: Most participants reported that an infant started to show signs of an independent mind only between 2-6 months. Only three women recognised that infants are active mentally from birth. The concept of an ‘independent mind’ tended to be linked to when a baby started being responsive.

Intervention considerations: Draw attention that mother’s actions do count very early as opposed to just when the baby is bring responsive.

2) Play/interaction/routine: Many women indicated that infants played with their mobile phones and regularly watched TV with the rest of the family. One women spoke of the infant’s father throwing the infant (< 6 months) into the air. Other women indicated that they had to leave their infants lying on the bed for stretches of time while chores were attended to. Two women talked about children who slept throughout the day and then did not sleep at night.
**Intervention considerations:** Mothers have competing demands and the intervention needs to be sensitive to this (balancing household chores with child care; balancing school with childcare).

3) **Discipline:** Shouting and hitting an infant <12 months on their feet or hands, often using a towel, was a common form of discipline amongst peri-urban participants. This was reportedly condoned and advised as a parenting strategy by their broader community. Many women conceptualized a child as exhibiting ‘naughty’ behaviour when the child started interacting with their environment. Examples of ‘naughty’ behavior included pulling of another person’s hair, pulling something off the table.

**Intervention considerations:** Need to reframe naughty child as “child exploring environment”. Communication strategies with children and cool down strategies. Women who shouted at their child and the impact of shouting at child.

4) **Intentionality of the child:** This refers to the mother’s perception of a child being deliberately difficult in order to spite the parent. This has been linked to child maltreatment in the literature. However, out findings suggest that most women did not view a young infant as being intentionally difficult or crying just to upset the mother.

**Intervention considerations:** This is a departure from the literature in the developed world. There is no indication that the intervention needs to take this issue into consideration.

5) **Transmission of parenting knowledge and practices:** There were two main sources of parenting advice: female relatives and health care professionals based at the antenatal clinics. Participants generally showed agency in how they acted on the received advice from female relatives. Advice from the clinic was often privileged over advice offered by female relatives.

6) **Conceptualisation of a good versus bad parent:** A good parent was not only conceptualized as one who merely provided for the child, they were also described as a parent who provided a child with love, care, and attention. ‘Bad’ parents were often described as women who experienced an unintended pregnancy, who don’t get support from partners, who had substance abuse problems, who neglected the child/left the child unattended, or with neighbours. A ‘bad’ parent defined as someone who would not on good terms with the father and so deliberately neglected the child to spite the father/through misdirected anger at the father. All framings of ‘good’ versus ‘bad’ parent focused on a woman only and not both sexes.

**Intervention considerations:** Consider including an antenatal component to create space for women to process their feelings about being pregnant.

7) **Partner involvement:** Paternal care was conceptualized in terms of material support. Many women reported that their partners were involved with parenting the child at some level but child care viewed as a maternal responsibility. Very few women lived with their infant’s fathers and many were not currently in a relationship with them. In women’s presentation of a father’s role, it appeared that the father’s duty was primarily to the child and that the women should seek support from her own family. There was little expectation of the child’s father also being concerned with the well-being of women as mothers.
**Intervention considerations:** There is a need to challenge women’s conceptualisation of a father’s role as solely the provider of material support and provide space for a father to be a supportive caregiver.

8) **Hopes/dreams for child (intervention hook):** When asked what their hopes and dreams were for their infants, women frequently desired advanced educational attainment for their child, with a view to allowing the child to embark on a professional career in adulthood. Many participants had not been able to pursue their own education, for a number of reasons, and voiced this as a gap in their own lives.

**Intervention considerations:** Financial saving advice, strategies for economic livelihoods, making education accessible.

**Intervention spaces:**
We asked participants what their preferred spaces were for a parenting programme. Most urban participants preferred the clinic space. Peri-urban participants preferred a quiet, open space, that is not crowded and where baby can be placed next to them. Examples included community or school halls, or crèches out of working hours. However, during the interviews, women residing in the peri-urban community indicated taboos around new mothers and infants being seen in public spaces. For many women, there was an expectation that they remain in the home with their infant for the first three months postpartum. The only exception to this rule was for clinic visits - it was considered acceptable for women and their infants to be seen in public if attending clinic appointments.

**Intervention considerations:** Increasingly strong rationale for incorporating antenatal sessions in the intervention for messaging that needs to occur from 0-3 months of infant age.

**Support persons:**
A number of participants requested a facilitator/another person to advocate on their behalf for support to raise their child. Given the socioeconomic context, conceptualisations of support often revolved around material need. Support people included close female relatives (maternal grandmother, mother, sisters) and these individuals were most often named as the secondary caregivers amongst the peri-urban participants (Table 1). Urban participants generally reported fewer support persons, those that were named were more often a sister or sexual partner. Neighbours who were not relatives were also reported as assisting urban participants with care for their infant.

We also noted that the intervention needs to clearly convey the intention and reason behind choosing and bringing a support person. Participants tended to suggest support people who they believed could benefit from a parenting programme and were not selected on the basis of what support they could provide participants.

**Intervention considerations:** In addition to inviting /including a support person to the intervention, other considerations include implementing a support group that runs alongside the intervention in order to strengthen women’s support networks.
### Appendix 2

**Pre and Post Test instrument**

In the session today, we are going to show you some films about parents and babies. Before you watch these films, I would like to read you some statements about parents and babies and ask you to tell me if you think they are true or false. Please don’t worry whether you are correct or not, we are interested in hearing your thoughts and feedback so feel free to answer as best as possible.

Namhlane sizonitshengisa amafilimu amayelana nabazali nezingane. Ngaphambi kokuba nibuke lama-filimu, ngizothanda ukunifundela izitimende ngabazali nezingane bese ngicela ukuba ungingqeta ukuthi ucbanga ukuthi kuyiqiniso nomayelana yini kulokhu engzobe ngikubuza kona. Ngizocela ungakhathazekile ukuthi uphendula ngokuyikho nomayelana, cona, thina silangazelela ukuzupa imicabango yakho kanye nokuphendula kwakho; ngakho-ke khululeka ukuphendula kungangongakwazi ukuphendula.

#### PRE TEST

| PRE1 | In the first days of your baby’s life, it is important to look into his/her eyes and talk to your baby. | 1 True Iqiniso  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EZINSUKWINI ZOKUQALA ZEMPILISO YENGANE, KUBALULEKILE UKUYIBHEKA EMELWENI UPHINDE UKHULUME NAYO INGANE.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| PRE2 | Parents are busy and don’t need to spend time reading or talking a lot to children who are less than 1 year old. | 1 True Iqiniso  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| ABAZALI BAMATASATASA KANTI ABADINGI UKUCHITHA ISIKHATHI BEFUNDELA NOMAYELANA YINO BEKHULUME NEPINGANE EZINGAPHANSI KONYAKA UBUDALA. |  |
| PRE3 | If a caregiver has housework to do, it is ok to leave the baby lying on the bed to wait until the chores are completed | 1 True Iqiniso  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| UMA UMNAKEKELI ENOMBONISO WASENDLINI OKUMELI AWENZELI, KULUNGILE UKUTHI ASHIYE INGANE IILELE EMBHEDENI ILINDE AZE AYIQEDE IMISEBENZI WASENDLINI ASUKE EWENZELI. |  |
| PRE4 | A baby is social from the moment they are born | 1 True Iqiniso  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| UMUTILWA UKUXHUMANA NABANTU NOKUMZUNGEZILE KUSUKELA EZELWE. |  |
| PRE5 | A 4-6 week old baby wants to interact with its parents and the world around it | 1 True Iqiniso  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| UMTWANA ONAMASONTO ANGU4-6UYAFUNA UKUXHUMANA NABAZALI BAKHE KANYE NOMHLABA OMZUNGEZILE. |  |
| PRE6 | A young baby that cries and cries is just being naughty
Umtwana omncane okhala njalo usuke ekhaliswa ukuganga. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE7 | A 6 week old baby knows and can recognise its mother
Umtwana onamasonto awu-6 ubudala uyamazi futhi uyakwazi ukumbona umama wakhe. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE8 | Babies learn from the moment they are born
Umtwana ufunda kusukela ezelwe. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE9 | A 6 week old infant is interested in interacting with her caregivers and the world around it.
Umtwana onamasonto awu-6 uyakulangazelela ukuzibandakanya nalaba abamunakekelayo nomhlaba omzungezile. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE10 | It is possible for a baby <6 months to be naughty
Kuyenzeka ukuthi umtwana onezinyanga ezingaphansi kuka6 agange/ahluphe | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE11 | It is acceptable to smack/hit a 6-12 month old baby who is being naughty
Kwamukelekile ukushaya ingane (ena-6-12 months) uma iganga. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE12 | Shouting/hitting a child <12 months can teach a child good habits
Ukuthethisa/ukushaya ingane engaphansi kwezinyanga ezing-6 kuyamfundisa umtwana ukuthi azi ukuthi yini eyamukelile nengamukelekile. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE13 | Reading a picture book with a 6-12 month child will help him learn
Ukufundela ingane enezinyanga ezingu 6 kuya ezinyangeni ezingu12 ibhuku elinezithombe, kuyamsiza umtwana ukuthi afunde. | 1 □ True | Iqiniso |
|      |                                                           | 2 □ False | Akusilo iqiniso |
|      |                                                           | 99 □ Don't know | Angazi |
| PRE14 | A 6-12 month child will enjoy reading a picture book with its caregiver | 1 True Iqiniso  
Umtwana onezinyanga ezingu 6 kuya ku12 uzokunamela/uzokujabulela ukufunda ibhuku eleinzelembwe nomnakekeli wakhe.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| PRE15 | It is ok to smack/hit a 6-12 month baby who grabs something that is not his. | 1 True Iqiniso  
Kwamukelekile ukushaya umtwana onezinyanga ezingu 6 kuya ku12 ogxavuna into ekungasiyona eyayo.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| PRE16 | A 6-12 month baby who grabs or pulls something over is being naughty | 1 True Iqiniso  
Umtwana onezinyanga ezingu 6 kuya ku12 ogxavuna noma odonsa into ekungasiyona eyayo isuke igangile.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| PRE17 | If a baby<12 months reaches for something dangerous a caregiver should shout at or smack its hand to teach it not to do that | 1 True Iqiniso  
Uma ingane engaphansi kwezinyanga ezingu 12 izama idonsa into eyingozi; umnakekeli kmele ayithethise noma ayishaye esandleni ukuze ayifundise ukuthi ingaphinde yenze lento esuke iyenza.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| POST1 | In the first days of your baby’s life, it is important to look into his/her eyes and talk to your baby. | 1 True Iqiniso  
Ezinsukwini zokuqala zempilo yengane, kubalulekile ukuyibheka emehlweni uphinde ukhulume nayo ingane.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| POST2 | Parents are busy and don’t need to spend time reading or talking a lot to children who are less than 1 year old. | 1 True Iqiniso  
Abazali bamatasatasa kanti abadingi ukuchitha isikhathi befundela noma bekhuluma nezingane ezingaphansi konyaka ubudala.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| POST3 | If a caregiver has housework to do, it is ok to leave the baby lying on the bed to wait until the chores are completed | 1 True Iqiniso  
Uma umnakekeli enomsebenzi wasendlini okumele awenze, kulungile ukuthi ashiye ingane ilele embhenedi nilinde aze ayiqede imisebenzi wasendlini asuke ewenza.  
2 False Akusilo iqiniso  
99 Don’t know Angazi |
| POST4 | A baby is social from the moment they are born | 1 True Iqiniso |
| POST5 | A 4-6 week old baby wants to interact with its parents and the world around it  
*Umtwana onamasonto angu4-6 uyafuna ukuxhumana nabazali bakhe kanye nomhlaba omzungezile.* | 1 True | 99 Don’t know | 99 Don’t know |
| POST6 | A young baby that cries and cries is just being naughty  
*Umtwana omncane okhala njalo usuke ekhaliswa ukuganga.* | 1 True | 2 False | 99 Don’t know |
| POST7 | A 6 week old baby knows and can recognise its mother  
*Umtwana onamasonto awu-6 ubudala uyamazi futhi uyakwazi ukumbona umama wakhe.* | 1 True | 2 False | 99 Don’t know |
| POST8 | Babies learn from the moment they are born  
*Umtwana ufunda kusukela ezelwe.* | 1 True | 2 False | 99 Don’t know |
| POST9 | A 6 week old infant is interested in interacting with her caregivers and the world around it.  
*Umtwana onamasonto awu-6 uyakulangazelela ukuzibandakanya nalaba abamunakekelayo nomhlaba omzungezile.* | 1 True | 2 False | 99 Don’t know |
| POST10 | It is possible for a baby <6 months to be naughty  
*Kuyenzeka ukuthi umtwana onezinyanga ezingaphansi kuka6 agange/ahluphe* | 1 True | 2 False | 99 Don’t know |
| POST11 | It is acceptable to smack/hit a 6-12 month old baby who is being naughty  
*Kwamukelekle ukushaya ingane (ena-6-12 months) uma iganga.* | 1 True | 2 False | 99 Don’t know |
| POST12 | Shouting/hitting a child <12 months can teach a child good habits  
*Ukuthethisa/ukushaya ingane engaphansi kwezinyanga ezing-6 kuyamfundisa* | 1 True | 2 False |
| POST13 | Reading a picture book with a 6-12 month child will help him learn.
Ukufundela ingane enezinyanga ezingu 6 kuya ezinyangeni ezingu12 ibhuku elinezithombe, kuyamsiza umtwana ukuthi afunde. | 1 True Iqiniso | 2 False Akusilo iqiniso | 99 Don’t know Angazi |
| POST14 | A 6-12 month child will enjoy reading a picture book with its caregiver.
Umtwana onezinyanga ezingu 6 kuya ku12 uzokunamela/uzokujabulela ukufunda ibhuku elinezithombe nomnakekeli wakhe. | 1 True Iqiniso | 2 False Akusilo iqiniso | 99 Don’t know Angazi |
| POST15 | It is ok to smack/hit a 6-12 month baby who grabs something that is not his.
Kwamukelekile ukushaya umtwana onezinyanga ezingu 6 kuya ku12 ogxavuna into ekungasiyona eyayo. | 1 True Iqiniso | 2 False Akusilo iqiniso | 99 Don’t know Angazi |
| POST16 | A 6-12 month baby who grabs or pulls something over is being naughty.
Umtwana onezinyanga ezingu 6 kuya ku12 ogxavuna noma odonsa into ekungasiyona eyayo isuke igangile. | 1 True Iqiniso | 2 False Akusilo iqiniso | 99 Don’t know Angazi |
| POST17 | If a baby<12 months reaches for something dangerous a caregiver should shout at or smack its hand to teach it not to do that.
Uma ingane engaphansi kwezinyanga ezingu 12 izama idonsa into eyingozi; umnakekeli kmele ayithethise noma ayishaye esandleni ukuze ayifundise ukuthi ingaphinde yenze lento esuke iyenza. | 1 True Iqiniso | 2 False Akusilo iqiniso | 99 Don’t know Angazi |
Appendix 3
Summary of Focus Group Discussions after viewing digital media

<table>
<thead>
<tr>
<th>Film 1: The Social Newborn</th>
<th>Question</th>
<th>Summary response</th>
</tr>
</thead>
</table>
|                           | 1. Understanding of the content of the film                            | • Connection between the mother and the baby, a baby can sense the mother even in early days  
• Growth of the baby, the way a baby is able to distinguish between people as from day old  
• Functioning of the senses of the baby  
• It's about growth of the baby  
• Taking care of the baby  
• It is about the connection between a mother and the baby through feeding, bathing, all things that do not cost money  
• Connection between a mother and the baby  
• The way a baby connects with the mother and how to react with an outsider  
• A baby can distinguish between a mother and a stranger  
• Infants learn using their five sense.                                                                  |
|                           | 2. Did this film have meaning for you? How?                           | • Look at the baby's eyes when feeding or talking to the baby  
• This video did have meaning to me simply because I wasn't aware that a child can hear/see when they are less than 4-6 weeks. I thought that children only start hearing or sensing when they are three months  
• It taught me the importance of talking/singing while feeding my baby.  
• It taught me that it's very important to have a relationship at the early days of my child's life since a child learns immediately when they are born.  
• I have been ignorant to some of these things shown on the video  
• Realising a growth phase of the baby, giving attention to the baby  
• From birth, mother and the baby connect  
• It revives the little info I had because I’m the one who takes care of the baby, so I will now have more ways of connecting with the baby. That might end up with the baby being able to connect with me as a supporter as well  
• A child can differentiate between a mother and a supporter  
• It relates to what I normally do as a supporter of the mother  
• It is important to be close to your baby, a baby can recognise a mother’s voice  
• It shows the importance of developing a bond between a mother and a baby.  
• Yes, parents should understand more about the connection between mother and the baby  
• Some parents abandon their babies because they lack love of the babies.                                                                 |

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Do you think this film would apply to other mothers in your community? What is the reason for this answer?</td>
<td>Yes, I did not have an idea of some of the things that I do have an impact on the growth of the baby. Some people believe that when one always believe that when you always carry and talk to the baby you are spoiling them. The baby ends up interacting more with those who give them attention. Yes, it teaches you on how to raise a baby, even if you are having a baby for the first time. This video shows what I am already doing and also adds what I did not know. It shows that some of the things do relate to me as a mother. Yes, some parents lack some love to their babies, they do not have time to raise them, they hardly talk to them. Yes this film would apply to other mothers in my community because the mothers will learn that its not only about breastfeeding, bathing the child only. Spending quality time with your child and getting to learn your child is very important. The film will really teach the teenagers in the community who are 18 and below who do not have time for their babies to actually have an understanding of how important it is to bring your child up in a good way and being there for your child. To some extent, babies become attached to the supporter than mother.</td>
</tr>
<tr>
<td>4. Do you think that you would change anything you do now with your baby after watching this film? What? Why?</td>
<td>There were things I did not know about caring for the baby, such as the importance of the connection. I did not know about the baby’s ability to distinguish between a mother and someone else, I thought it was just in the breastfeeding. Spending most of the time with the baby so to learn more about the baby. The connection between the baby and the mother of the supporter needs to develop in a way that a baby recognises them. I will also teach the siblings of the mother on how to take good care of the baby just like talking to the baby. Yes, when feeding my baby now I’ll make sure that I talk and sing for the baby. I’ll now start a habit of talking and spending quality time with my child because I didn’t know how important that was for me and the baby. To me, all is well. No, I will continue doing the same. No, I have been doing things right. So far I have been doing good but there are some people who cannot interact with babies and I find it important to do.</td>
</tr>
<tr>
<td>5. Is there anything that bothers you or that you didn’t like about this film. Prompt: It could be something about was said, or what you saw?</td>
<td>No. No. There’s none. Everything on the video is well. None, all was fine.</td>
</tr>
</tbody>
</table>
### Film 2: The way an infant communicates

<table>
<thead>
<tr>
<th>Question</th>
<th>Summary response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of the content of the film</td>
<td>- A baby wants to connect with the mother, so as a parent you need respond to that eg do like they do&lt;br&gt;- A baby is able to interact with the environment&lt;br&gt;- A baby is able to interact with you as a mother and the environment as well&lt;br&gt;- It is about the way a baby interact with the mother&lt;br&gt;- Mothers must respond to actions of the baby&lt;br&gt;- You need to have time with the baby&lt;br&gt;- Learn the signs shown by the baby and respond to them&lt;br&gt;- It is about the importance of the parents to connect with the baby and allow the baby to move freely&lt;br&gt;- The importance of responding to what the baby does&lt;br&gt;- Rather expose the baby in light or open space than to cover the child to a point they do not respond to the environment&lt;br&gt;- The baby shows when they no longer want to do something&lt;br&gt;- A baby is able to connect with the mother from day old, if they feel any pain they will cry&lt;br&gt;- 4-6 weeks a baby would want to see the surrounding environment, so as a parent you need to be there&lt;br&gt;- A baby is able to use their tongue</td>
</tr>
<tr>
<td>2. Did this film have meaning for you? How?</td>
<td>- Connecting with the baby makes it easy for me to see if they are feeling better&lt;br&gt;- I did not know about the signs shown by the baby eg when fully-fed&lt;br&gt;- Mothers must respond to actions of the baby&lt;br&gt;- You need to have time with the baby&lt;br&gt;- A child always has their way of showing that they are well or they are not well. Therefore paying special attention to that as a parent is vital.&lt;br&gt;- Learn the signs shown by the baby and respond to them&lt;br&gt;- It doesn't happen, most people always cover the baby&lt;br&gt;- There are people who can respond to the reaction of the baby even though they cover the baby because the child was born prematurely&lt;br&gt;- Sometimes, child's love is lacking such that you shy away from helping those people because they would think you are into their business&lt;br&gt;- It showed the importance of exposing the baby to the light&lt;br&gt;- Not to force-feed the baby, babies have got signs to show when they are fully-fed</td>
</tr>
</tbody>
</table>
3. Do you think this film would apply to other mothers in your community? What is the reason for this answer?

- Yes there is, we do not have an understanding of a baby's behaviour
- Yes, there are people who do not respond to signs of the baby, they do not see it as important
- Young (teenage) mothers do not understand the importance of interacting with a baby, they always think of feeding
- Some people think a baby is irritating when they need attention
- Yes, some people believe in covering the face of the baby as protecting the baby from bad spirits
- Some people believe in force feeding a baby so they grow faster
- Mothers will learn to be patient with their children

4. Do you think that you would change anything you do now with your baby after watching this film? What? Why?

- I will now understand the reaction of the baby when they are fully-fed because all along I wanted them to finish the food. For example, if the baby looks away while I am feeding them, I see it as the mother of the child it should tell me that the baby is full and I should stop forcing the child to eat. I will stop force-feeding a baby, I have been begging the baby to finish the food
- So far, we are doing good
- I will try not to cover always cover the baby
- I will allow the baby to move freely so that they learn quickly
- Not to force-feed the baby like make them finish all the food every time

5. Is there anything that bothers you or that you didn’t like about this film. Prompt: It could be something about was said, or what you saw?

- No
- None, it is helpful
- None, it teaches us to understand the feelings of the baby.
- No

---

**Film 3: The Distressed Infant**

<table>
<thead>
<tr>
<th>Question</th>
<th>Summary Response</th>
</tr>
</thead>
</table>
| 1. Understanding of the content of the film | The importance of taking care of the baby so that you will quickly notice when they have a problem  
If they are crying, try find the possible problem  
It highlights the importance of knowing your baby  
A cry of the baby does not mean they are always hungry, it could be that they are hot, cold etc., you need to give them attention  
You do not hit or shout at the baby, always be calm |
<table>
<thead>
<tr>
<th>2. Did this film have meaning for you? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The baby can also feel the heat, I even take the baby outside and sing to the baby. The baby needs fresh air</td>
</tr>
<tr>
<td>• When a baby cries, it is a sign of something</td>
</tr>
<tr>
<td>• I used to get annoyed by a crying baby but now I understand the possibilities</td>
</tr>
<tr>
<td>• A baby was born active but they show that through crying until I understood that behaviour that can be linked with being clever</td>
</tr>
<tr>
<td>• Sometimes a child cries when they are catching flu or any other illness</td>
</tr>
<tr>
<td>• Yes it has a meaning to us, as a supporter I spend most of the time with of the baby, so I respond to all the reaction on daily basis</td>
</tr>
<tr>
<td>• Allow a child to eat their hands even though we believe it makes them lazy</td>
</tr>
<tr>
<td>• I used to get angry when a baby cry only to find out that they were sleepy or suffering from something else</td>
</tr>
<tr>
<td>• If you do not understand the behaviour of the baby it feels like a baby is nagging</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Do you think this film would apply to other mothers in your community? What is the reason for this answer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Yes, it applies. It happens that the baby will cry and people do not know what exactly to look for</td>
</tr>
<tr>
<td>• Some people think it is normal for a baby to cry, they think it's normal so they let them cry</td>
</tr>
<tr>
<td>• It would apply simply because most people in the community know that when a baby cries, probably the baby is crying because they are hungry. But no, a baby can cry because they are hot, cold, sick etc.</td>
</tr>
<tr>
<td>• They would learn that a baby doesn’t cry for no reason. If a baby cries than that’s an indication that the baby has a problem in their body.(For example maybe the baby is sick.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Do you think that you would change anything you do now with your baby after watching this film? What? Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not to be easily irritated but learn to understand the baby better</td>
</tr>
<tr>
<td>• The video is good, it needs to reach out to the community because nowadays, mothers are teenagers who are single parents, they lack some love of babies. That needs to change.</td>
</tr>
</tbody>
</table>
- I’d be more alert on the baby. When the baby cries I should not always assume that the baby is always hungry but check if the baby is not too warm, cold or sick.

5. Is there anything that bothers you or that you didn’t like about this film. Prompt: It could be something about what was said, or what you saw?

- No
- No
- None
- None

<table>
<thead>
<tr>
<th>Question</th>
<th>Summary Response</th>
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</thead>
<tbody>
<tr>
<td><strong>Film 4: Keeping Babies Safe</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Question</strong></td>
<td><strong>Summary Response</strong></td>
</tr>
</tbody>
</table>
| 1. What was this film about? | - Importance of teaching the baby about hazardous items  
- Always have an adult to look after the baby when you are busy  
- Not to hit or shout at the baby but always speak nicely  
- A crawling baby should not be left alone  
- A parent needs to be more careful, always be on the watch  
- Keep hazardous items out of reach of children  
- It talks about safety of the baby |
| 2. Did this film have meaning for you? How? | - I find it difficult not to hit the baby because they are very naughty  
- Hitting a baby never helps, you would rather be calm and talk nicely because you would find that some are playful/energetic  
- Sometimes you need to allow them to get close to the fire so that they feel that it is hot and never get close again  
- Always be on the look in all places where the baby can reach  
- Yes it is important because it allows the baby to interact with the environment; it also help us to raise the baby  
- Yesterday I was warning children at home about keeping electric and other appliances out of reach of children  
- I have to keep hazardous material out of reach of children  
- I do not have to shout but talk nicely  
- Always have an adult’s observation  
- It advises you as a mother to be careful |
| 3. Do you think this film would apply to other mothers in your community? What is the reason for this answer? | - Yes, some people still believe in hitting a baby  
- There are many neighbours who leave young children in dangerous places  
- Others cooks with stoves on the floor and that can be dangerous for the baby  
- Others find crawling of a baby as a relief because they move on their own |
### Film 5: Book Sharing

<table>
<thead>
<tr>
<th>Question</th>
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</table>
| **1. What was this film about?** | - It talks about child’s brain development, making sure that the baby responds well to what you are teaching them  
- Reading books for the baby and show them pictures and ask them questions  
- Ensuring the baby learns what you show them by asking questions  
- It is about showing things such as books to the baby, even if the baby is not speaking they will show you by signs that they are listening  
- Importance of teaching a baby through the use of pictures  
- Not to undermine a baby’s ability to learn  
- Helping a baby getting used to learning |
| **2. Did this film have meaning for you? How?** | - We need to teach them through the use of books as we have not been doing that  
- You would always assume the baby has limited learning ability  
- Teaching a baby is assumed to be time wasting  
- We do not usually read books but let them watch TV; we also need to teach them through the use of books  
- A baby is able to learn through observation |

### Question 4

**Do you think that you would change anything you do now with your baby after watching this film? What? Why?**

- Give a baby some time and teach them right  
- I won’t leave the baby lying in bed while I still do my house chores. I will make sure that someone in the house is there to assist me with looking after the baby  
- The question is difficult because a baby does not learn without a beating, they are exploring so they keep on doing the same if you are not watching  
- Not to hit a child when they are playing in a dangerous place  
- Hitting a child does not help but makes them more naughty  
- Some people end up using vulgar language when giving warning to the baby  
- When shouting, some babies think you are playing with them

### Question 5

**Is there anything that bothers you or that you didn’t like about this film. Prompt: It could be something about was said, or what you saw?**

- No  
- No  
- No  
- No
### 3. Do you think this film would apply to other mothers in your community? What is the reason for this answer?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>We also show them picture album</td>
</tr>
<tr>
<td>Giving ourselves time with our babies</td>
</tr>
<tr>
<td>Teaching them through suitable books with pictures</td>
</tr>
<tr>
<td>Yes, because people have not tried this such that babies do not grow their brain</td>
</tr>
<tr>
<td>Some parents do not have time for that, thus it is crucial for them to know this</td>
</tr>
<tr>
<td>The community will also learn a new way of developing children</td>
</tr>
<tr>
<td>Yes, it can work for others but some are still into beliefs or myths from the olden days</td>
</tr>
<tr>
<td>Some people do not want to be advised about raising their babies</td>
</tr>
<tr>
<td>I am an uneducated parent but always willing to learn, I would encourage you to visit communities as well</td>
</tr>
<tr>
<td>It will help by changing the perception that teaching a baby as being Model-C</td>
</tr>
</tbody>
</table>

### 4. Do you think that you would change anything you do now with your baby after watching this film? What? Why?

<table>
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<tr>
<td>Yes, we will now on, use the books and we think others will learn from this</td>
</tr>
<tr>
<td>There will be a change, we will watch TV together, read books together and also demonstrate to them</td>
</tr>
<tr>
<td>I have learnt a lot adding to what I had already known</td>
</tr>
<tr>
<td>We will give them time with the books</td>
</tr>
<tr>
<td>We have been ignorant with early-childhood development through books</td>
</tr>
<tr>
<td>We perceived babies to have limited learning abilities, that has to change</td>
</tr>
</tbody>
</table>

### 5. Is there anything that bothers you or that you didn’t like about this film. Prompt: It could be something about was said, or what you saw?

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References
