It takes more than a village:
Why children need their caregivers, community and country to work together to enable nurturing care

Marguerite Marlow, Tatenda Mawoyo, Yeukai Chideya, Lungile Mdluli & Mark Tomlinson[i]

The type of care and support that children receive in their earliest years can influence the rest of their lives. For healthy development, children need a safe, secure and loving environment, with adequate nutrition, and frequent opportunities for responsive and stimulating interactions with others.[1] This type of nurturing care enables healthy neurophysiological, physical, and psychological development, and supports children's health and well-being across the life course.[2, 3]

When we think about who is responsible for providing nurturing care and support to young children, we often think first of the child's parents – particularly the child's mother. While the influence of parents is critical to support healthy child development, the provision of nurturing care is dependent on much more than individual parents and caregivers.[1] This is because the care and support that parents and caregivers can provide is influenced by a complex interplay of factors, many of which are outside their control, such as limited economic opportunities, poor infrastructure and service delivery or high levels of crime and violence. These factors, which are often interlinked and mutually reinforcing, can greatly influence caregivers' well-being, and the quality of interactions between them and their children.[4] Responses that focus on improving only the capacities of individual caregivers will not be sufficient to ensure that children receive the care they need to develop and thrive. Instead, nurturing care requires an enabling environment (see Figure 12) characterised by enabling policies, supportive services, and empowered communities, which, taken together, make nurturing care possible for parents and caregivers.[1] In this chapter, we focus on what is needed at a policy, service and community level to ensure that parents and caregivers receive the care and support *they* need to optimally care for children. To achieve this, we argue that we need to extend our focus beyond the individual parent and caregiver to the broader care economy, by actively involving government, workplaces, churches, and other community-based services in locally relevant, strength-based approaches to nurturing care.

Figure 12: Enabling environments for nurturing care

Source: World Health Organization, UNICEF, World Bank Group. *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential.* Geneva: WHO. 2018.

What are South Africa's mandates and commitments?

In 2007, the first *Lancet* series on early child development (ECD) identified a lack of learning opportunities from parents and primary caregivers as a key factor contributing to the millions of children failing to achieve their developmental potential.[5] Ensuring that young children receive responsive care and opportunities for early learning has since become a prominent priority for policy makers, researchers and programme providers concerned with improving human development.[1, 2, 6]

In 2020, the World Health Organization (WHO) released guidelines to provide global, evidence-informed recommendations on improving early childhood development.[7] The guidelines recommend that parents and caregivers should be supported to provide responsive care and should

i   Institute for Life Course Health Research, Stellenbosch University

be supported to engage in early learning interactions with their children. The guideline also recognises the importance of caregiver mental health in improving early childhood development and recommends that psychosocial interventions that support maternal mental health should be provided as part of ECD services.[7] To complement the ECD guidelines, WHO also recently released guidelines on the value of parenting interventions, recommending that evidence-based parenting programmes should be made readily accessible to all parents and caregivers of children ages 0 – 3 globally.[8] Given that children in lower- and middle-income countries (LMICs) are exposed to elevated risk of maltreatment and other risk factors, parenting interventions should also be provided to all parents and caregivers of children aged 2 – 17 years to improve parent-child relationships and prevent child maltreatment.[8] Parenting interventions offer important and effective avenues for enabling caregivers to have nurturing and supportive relationships with their children, and to reduce forms of maltreatment.[9, 10]

At a national level, the South African National Integrated Early Childhood Development Policy (NIECD Policy) recognises parenting support as a key component of a comprehensive package of ECD services for all South African children. The 2021 Revised White Paper on Families in South Africa[11] similarly promotes parenting support to strengthen family well-being, through providing wider access to parenting programmes and services, ensuring access to maternal and caregiver care, and supporting the role that both women and men play in the care and well-being of children.

Interventions to support positive parenting are mandated by the Children's Act[12] which focuses on strengthening positive relationships within families, improving the caregiving capacity of parents, and using non-violent forms of discipline. This provides the legal basis for the provision of parenting and caregiver support programmes to address these needs.[13] A core focus of the Department of Social Development is to implement programmes and strategies in support of the Children's Act.

Promotion of existing resources and knowledge is one of the national policy principles highlighted in the NIECD Policy. Through this principle, the policy aims to recognise and build on existing systems and knowledge, including beneficial indigenous and local early childhood development practices, to develop a stronger and more unified ECD system.[14] South Africa's national parenting programme is provided through the Parental/Primary Caregiver Capacity Building Training Package, which consists of 11 sessions, and aims to build on the existing experience, knowledge, and skills of caregivers.[15]

What is the status quo?

The provision of nurturing care is influenced by children's care arrangements and the capabilities and constraints of their care providers. Caring for children is a demanding task, and depends on caregivers' physical, psychological and social capacity to provide care not only for their child, but for themselves as well. In South Africa, childcare arrangements vary, and is influenced by the resources, support and programmes available to caregivers and their families.

Providers of care and factors that affect their capacity to provide care

Families and households are profoundly important to the physical, psychological, and cognitive development of children. South African families are diverse, often involving a variety of living and caretaking arrangements for children. The 2022 South African General Household Survey[16] showed that only about a third of children (33%) lived with both their parents, while nearly one in five (19.5%) lived with neither parent. A much larger percentage of children lived only with their mothers (44%) compared to children living with only their fathers (4%). Nationally, one in three families (33%) live in extended households that include grandparents or other family members. Almost two-thirds (63%) of children aged 0 – 4 years stayed home with a parent or guardian, or with another adult, while only 32% attended formal ECD facilities.

Caregiver mental health and emotional well-being are key key factors that enable caregivers to provide responsive care.[17] Female caregivers are often expected to do both caregiving and domestic work, which often results in women carrying a disproportionately high burden of care compared to male caregivers. Women, therefore, may be especially prone to poor mental health in contexts characterised by poverty, where they are often responsible for the care of young children and the upkeep of their household. Indeed, the prevalence of maternal mental illness is higher in South Africa (around 20%) compared to prevalence rates in high-income countries (10 – 15%).[18]

In addition, certain caregivers may require additional support to providing nurturing care. While father and male caregiver involvement is important for child, maternal and family well-being,[19] patriarchal norms and gendered expectations may act as barriers to men's involvement in the day-to-day care of children. However, even where fathers and male caregivers want to be involved, they are often excluded from policies, services and care activities.[20]

The availability of accessible child-care services can restrict families' decisions in terms of who can work, where they can work, and what type of work they can engage in. Many

caregivers in South Africa generate income through work in the informal economy without any formal labour and social protections. Many of these workers in informal employment are women and mothers. Balancing paid work (especially in the informal sector) with unpaid care work can be a source of mental and emotional stress in addition to the physical burden that long hours and a heavy workload puts on women.[21]

Current approaches to providing parent and caregiver support

Parenting programmes often work to improve the knowledge and practices of caregivers directly, to improve the development and well-being of the children in their care.[22] However, caregiving does not happen in a vacuum, and caregivers in South Africa face a range of challenges that may influence their caregiving capacity. For instance, research in low-resource communities in South Africa shows that parenting is influenced by the stress associated with keeping children safe in the community, often resulting in harsher parenting practices and less time spent playing with children.[23] These structural and social risks may act as key determinants of the type of care and support that families are able to provide. Yet many services and interventions seek to improve child outcomes through targeting individual caregiving "deficiencies", for example, by providing parents with information on the importance of child development and advice on what they can do differently.

For a long time, definitions of "good" parenting have been dominated by Eurocentric or Western perspectives, which often overlook the role of structural inequalities that constrain or undermine these practices. Increasingly, concerns are being raised about boldly recommending parenting styles and practices from high-income countries to parents in LMIC settings, especially where these recommendations fail to consider the many existing local strengths and traditional practices that benefit children.[24] When programmes emphasise Eurocentric parenting perspectives while overlooking local social, cultural and gender norms, it risks problematising and undermining families' existing knowledge and practices and may cause more harm than good.

One of the obstacles in using indigenous knowledge in early childhood policy-making, programming and implementation is the lack of contemporary research and documentation of local child-rearing practices, traditions, norms and beliefs.[25] Studies frequently focus on caregivers' possession of professional knowledge, such as developmental milestones and positive parenting practices,[26] while limited attention is afforded to the indigenous and experiential knowledge of caregivers that may hold value for meaningful intervention. Many development agencies are now articulating the importance of understanding local knowledge and practices and, consequently, of designing culturally appropriate interventions, such as through UNICEF's Knowledge, Attitude and Practices (KAP) studies. In South Africa, UNICEF recently conducted a study on caregiver knowledge, attitudes and practices regarding play-based learning for children from birth to six years old, with qualitative and quantitative data collected across all nine provinces in South Africa.[27] The study highlighted several key barriers faced by caregivers in providing play-based learning opportunities. Notably, the results highlighted a historical legacy of caregivers feeling inadequate and lacking confidence in supporting their children with learning, especially where caregiver education and/or income is low. Concerns about safety was a prominent challenge for parents and caregivers across South Africa, with 76% of caregivers reporting that children mainly play inside the house. Due to the increasing breakdown of social cohesion and trust in neighbours and community, children are exposed to less communal play, and no longer raised "by the community" because of safety concerns.

The UNICEF KAP study highlighted several existing beliefs and strength-based practices of parents and families that can be reinforced and built upon to strengthen responsive caregiving and play-based learning. For instance, families believe that children play and learn through daily routines, such as bath time and by being involved in household chores. This offers an important opportunity to strengthen parents' playful parenting practices as part of their daily interactions with children. Caregivers understand that children learn through copying and imitation, and the importance of modelling behaviour for children in the early years. Reinforcing the importance of modelling positive behaviours – including those that support behaviours such as identifying and expressing emotions, self-regulation, communication skills, empathy and pro-social behaviours – is a valuable avenue to enhance children's socio-emotional development. While many working parents have limited time to play with their children, older caregivers such as grandparents were frequently involved in childcare and played a significant role in children's learning, including passing on traditional play and games. Involving and supporting the wider family and older caregivers is therefore an important strategy to strengthen responsive care.

What are the key advocacy calls and recommendations?

Without enabling environments to actively support caregivers in their role, children in South Africa will not be able to thrive. It is critical for institutions such as the state, employers and community

organisations to play their part in prioritising nurturing care for children. Strengthening the care and support that children receive depends on empowering families and communities and must be done with respect for the local context, while building on the positive social norms and practices that already exist within homes and communities. Adopting a collaborative approach can help build an enabling environment that is both sensitive and responsive to caregivers' needs.

Below we provide four key recommendations for improving the care and support that children receive, along with illustrative cases from South Africa that demonstrate promising practice.

Adopt a place-based approach to nurturing care

In 2023, WHO and UNICEF released the Nurturing Care Handbook[28] to support the implementation of the Nurturing Care Framework. The handbook calls for the adoption of a "place-based" approach in order to effectively engage communities in nurturing care (as outlined in Table 23). A place-based community approach for ECD is a cross-sector effort that addresses the needs and problems of families and communities in a specific geographic area by building on strengths at the local level. This approach has been shown to benefit child well-being, particularly in terms of improving parenting practices, home learning environments, and child development outcomes.[29]

Extending the focus beyond the individual caregiver and investing in the broader care economy will require more focused attention and efforts from multiple stakeholders at different levels.[30] This is because caregiving capabilities are influenced by access to societal resources that enable families to make choices and decisions in the best interests of their children, including services such as parenting and caregiver support, quality childcare and primary health care. Increased investment and action will be needed at the household, community, service and policy level.

Table 23: Changes needed to enable a place-based approach to promoting nurturing care

From:	To:
Parent focus or child focus	Child and family well-being
Maternal involvement	Family engagement
Information	Holistic social and economic support
Isolated programmes	Connected services
Separate sectors	Multisectoral collaboration
Single-programme impact	Collective impact

Source: *The Nurturing Care Handbook: Focus on Families and Communities.*

Promote and support male caregivers' involvement in nurturing care

Mothers and female caregivers remain the focal point in interventions and services aimed at improving the care and well-being of young children. However, fathers and male caregivers also have a central role to play in nurturing care. Improving men's involvement in childcare is important to relieve the disproportionate burden of care experienced by mothers and female caregivers. Actively engaging men within existing programmes and mobilising social resources such as community and religious leadership support and peer support networks is needed to increase their involvement in care work. In addition, these solutions will need to be accompanied by a shift in mindsets through community and media campaigns that challenge entrenched cultural norms to create momentum for change.[29] Fathers Matter and MenCare+ (Case 1 and 2) highlight how programmes and services can be used to empower men and promote their involvement in nurturing care, by using different platforms such as the media and the church, as well as the public health system. These initiatives combine community empowerment and supportive services to enhance the capabilities of fathers and male caregivers.

Identify and build on existing local strengths in the community

Families and caregivers in South Africa are resilient, with many inherent strengths that sustain them in times of adversity. It is important that programming efforts harness existing assets and strengths and provide services that enhance the capabilities of caregivers to provide nurturing care. Strategies to strengthen caregiving and promote child well-being within communities should be designed to align with their best interests, leverage their strengths, and address the key challenges they face. UNICEF's KAP study [27, 33, 34] highlighted important issues that need to be addressed in order to support parents and caregivers in South Africa more effectively. First, concepts of play and learning are presented to parents and caregivers through Western terminology. To provide more effective support, programmes need to listen to and respond to parent's lived experiences, incorporate locally relevant terminology and actively promote positive indigenous and local practices. Second, advocacy is needed to ensure that programme providers speak about – and with parents – in a way that affirms their strengths and acknowledge their central role in supporting their children. Third, there are many evidence-based programmes for caregivers and parents. Rather than developing new interventions, the focus needs to be on how to implement existing programmes effectively, in the real

Fathers Matter is a project of Heartlines: the Centre for Values Promotion, and uses a combination of media and community-based interventions to support and promote the active presence of fathers in children's lives. Fathers Matter harnesses the power of storytelling through six short films on fatherhood to create a national conversation about the importance of fathers in South Africa. The films were aired nationwide, supported by a broader media campaign involving radio and digital platforms.

Each film is accompanied by a discussion guide, which can be used in different contexts (such as social groups, sports clubs and churches) to create awareness of the importance of positive father involvement, and to explore and engage with the topic of fatherhood. Heartlines conducted extensive formative work involving a diverse group of fathers and men across the country, gathering personal stories and experiences to develop an in-depth understanding of what it means to be a father in South Africa. The messaging and storylines focus on creating awareness around barriers and enablers to father involvement, as well as highlighting positive examples of fatherhood. The programme has partnered with a selection of faith leaders and churches across the country to promote and discuss the films, and to create a supportive environment within the church for men and fathers to take on a positive role in the lives of their children.[31]

world, at different levels of scale. Linked to this, is the need for coordination between programme providers and community members and leaders, and for better communication and sharing between programmes.

Alongside this, there is a need to re-think what constitutes a parenting programme, and the emphasis on "training" parents or moving them through a specific curriculum. Programmes should focus on aspects of programmes and services that enable parents to feel connected to other parents, share their successes, problem solve, and receive support to cope with, and respond to, challenges. In many cases, even in the most disadvantaged communities there are families who have found ways to overcome challenges and raise healthy children.

A positive deviance model is a behavioural and social change approach acknowledging that in any context, there are individuals who – despite facing similar resource constraints or challenges as their peers – have found successful strategies to overcome problems. The Philani Mentor Mother home visiting programme (Case 3) illustrates how this approach can be used to identify, understand, and harness local solutions and protective factors to enable caregiving improvements at scale. Community services and programmes trying to help families and children with unmet needs should direct their efforts towards strengthening natural support systems, involving relatives, friends, neighbours and community organisations, rather than trying to create new systems. For example, local faith communities and groups can play an important role in reaching and supporting the most vulnerable families and children. Given their geographic proximity, relational ties, influence, and physical resources, faith-based organisations are well positioned and equipped to play a meaningful part in enabling nurturing care for young children as illustrated by Sikunye (Case 19 on page 191).

Address structural and social barriers to nurturing care
Efforts that address the structural and social risks faced by many caregivers and families in South Africa are urgently needed to improve the quality of care and support that families are able to provide to young children. This is because structural factors such as social protection policies, economic infrastructure and access to childcare play a central role in determining the type of care that caregivers are able to provide, yet these resources are not available to all caregivers who need them.[36]

It will always be difficult for parents and families to provide nurturing care when they are struggling for survival, facing

During pregnancy and early childhood, the public health care system often acts as a barrier that prevents the active participation of fathers in children's lives. The health system infrastructure and unwelcoming attitudes of nurses and other women, often keeps fathers away.

Sonke Gender Justice's MenCare+ programme works with communities and the public health system to engage men aged 15 – 35 as partners in maternal and child health (MCH) and sexual and reproductive health and rights (SRHR).

The initiative provides a comprehensive suite of activities aimed at individuals, communities, public service providers and organisations, including:

- Group education with young men on SRHR, gender equality and caregiving;

- Workshops with health workers on the importance of engaging and including men in SRHR and MCH services;
- Advocacy and alliance building with organisations and governments on gender transformative policies like parental leave, the prohibition of corporal punishment, and the health systems strengthening.

MenCare+ is implemented in many countries, including South Africa. It seeks to tackle harmful gendered stereotypes at multiple levels, by including individuals, families, communities and government services. The MenCare+ programme in South Africa has also initiated the "Men Disrupting the Manhood Narrative", to showcase powerful stories of men and families from different communities who exemplify real examples of men who are disrupting and rewriting the dominant narratives on fatherhood and motherhood.[32]

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extreme poverty, food insecurity, and limited access to employment or livelihood support. South Africa's Child Support Grant (CSG) provides essential income support to children in poor households and aims to ensure that children receive sufficient nutrition at a critical stage of their development. It has proven successful in reducing hunger, improving nutrition and in promoting health and development in young children, but is only granted once the child is born.

Children's development starts before birth and is strongly impacted by the mother's health and well-being during pregnancy, and many women in South Africa struggle to afford the basic nutrition needed to ensure a healthy pregnancy. A policy that provides income support to vulnerable pregnant women (see Case 4) could be an effective way to improve both maternal and child outcomes, by allowing expectant mothers to cater for their nutritional needs at a time when the developing foetus requires these nutrients the most.

Employment-related care, such as leave policies, family-friendly working arrangements, maternity and parental leave benefits are equally important to enable caregivers to optimally care for and support their children. However, working caregivers in the informal sector are overlooked by most existing market-related responses and are not supported to provide the best care for their children.[38, 39] Without the security of formal employment,

The Philani Maternal, Child Health and Nutrition Trust's mentor mother programme[35] chooses 'positive deviants' – women who have in one way or another developed coping skills that have benefited their own and their children's health – to serve as mentor mothers. The project then recruits and trains these women to mentor and support pregnant women and new mothers in their community, with the frequency of home visits determined by the level of need of the child and their family.

While Philani staff recognised that the Mentor Mother Programme was having a positive impact on the health of the children, poverty remained a central issue to the community. Philani has tried to redress this by focusing on creating and offering education and training opportunities to mothers. Skills' training occurs at their Development Centre, where mothers are taught income-generating skills to provide opportunities for livelihood support. Through the income generation programme, it was also recognised that there was a need for a place where Philani's preschool children could play and learn in a safe environment. This was the beginning of what is now their Educare Programme. At each Philani Nutrition Centre, a space was made available specifically for the children, and the mothers took turns to care for them.

A draft Maternal Support Policy has been put forward by the Department of Social Development in order to provide comprehensive support to vulnerable pregnant women and mothers in South Africa.[37] The proposed introduction of a Maternal Support Grant would build on the existing CSG to reach and support children before they are born. Beyond addressing the basic economic and health needs of pregnant women, the policy also aims to phase in several complementary strategies, including assistance with childcare to enable pregnant women to remain in employment and

education, and transport so that they can access key health and social services. The draft policy represents an important step towards the provision of an integrated maternity package to support women during pregnancy and into parenthood, through income support and a range of other support services including call centres and advice offices operating through schools, labour centres and the South African Social Security Agency (SASSA). The combination of maternity and early child support offers a powerful opportunity to improve the well-being of caregivers as well as the children in their care.

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the majority of working mothers and caregivers are forced to choose between earning an income and providing optimal care for their children. They do not benefit from maternity leave, sick pay or the minimum wage. They are often compelled to return to work quickly after giving birth, and work long hours. They struggle to access basic health and early childhood development services as they are not at home to receive community health workers, and they lose income if they visit primary health care clinics. Supporting these working caregivers is a critical gap in South Africa, and more efforts are needed to address the needs of this vulnerable caregiving population (see Case 5).

What actions will move us forward?

Supporting parents and families to provide nurturing care will depend on the commitment and capacity of local communities and the broader political system. It requires coordination between different stakeholders, sectors and levels of government to create the enabling environment that will be needed to improve outcomes for children across the life-course.

To improve outcomes, a paradigm shift is needed from focusing on the individual parent (usually the mother) to the wider family and the broader care economy. Interventions that include the wider family and community will be important to

Asiye eTafuleni (AeT) is a non-profit organization that works to achieve equitable access to sustainable livelihoods for informal workers in urban public spaces such as Warwick Junction in Durban – a major transport hub around which nine informal markets have developed. These markets sustain the livelihoods of around 8,000 informal workers, many of whom are mothers who bring their children to work with them. However, the settings in which these mothers work leave them vulnerable to environmental hazards which often compromise their well-being as well as their ability to provide nurturing care to their children. Caregivers may also be forced to stop exclusive breastfeeding and sacrifice opportunities for child bonding due to the structural limitations of their informal work environments.

AeT's current work spans a variety of projects that respond to needs and opportunities identified in close consultation with informal workers. They then collaborated with informal working mothers to co-design, pilot and implement a pop-up micro-childcare facility. 'Silindokuhle' (isiZulu for 'we hope for the best') is a small childcare facility that aims to

provide a 'safer space' for the children of Warwick Junction's informally working mothers or caregivers, in close proximity to their place of work. Using a peer-to-peer/time-bank operation model, the intention was for each of the mothers who have a child attending the childcare facility to be responsible for the care of all six children for the equivalent to one day a week. However, two of the mothers offered to take on the roles of caring for the children full-time, at an affordable daily fee paid by each of the other mothers. Staying true to their participatory approach, the mothers were involved in every step of the decision-making process regarding the operating of the facility. Although two of the mothers are in charge of the facility, seven out of the group of 11 opted to complete a four-day caregiver training course through EduBabe, covering a comprehensive range of topics related to caring for babies and young children, including CPR and toy-making. This initiative demonstrates a locally responsive, structural solution designed to suit the needs of caregivers working in the informal work environment of Warwick Junction.[39]

relieve the burden of care experienced by mothers and female caregivers in particular. Strengthening the care and support that children receive must build on local solutions and the positive social norms and practices that already exist in the community. Programmes and services should use strength-based approaches that explicitly harness African perspectives and indigenous parenting practices. Importantly, policies, strategies and services need to prioritise bringing together childcare, care for women, and the economic empowerment of women in order to create an enabling environment for the provision of optimal care to young children.

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