



Article

Family Education and Support Programme: Implementation and Cultural Adaptation in Cape Verde

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Abstract: This article describes some preliminary data on the implementation of the Family Education and Support Programme (FAF) on psychosocially at-risk families of Boavista Island, Cape Verde, specifically in relation to its effectiveness in parenting competences. The FAF is a family intervention programme designed to be integrated into preventive and formative actions and it has the purpose of promoting positive parenting and preventing child abuse. This study aims to (a) describe the participants' psychosocial profile regarding sociodemographic characteristics and negative or risky life events, (b) analyse the effectiveness of the FAF on improving parenting competences, and (c) address the main procedural topics related to the implementation of the FAF in Cape Verde. An experiential and participatory methodology was used with 66 parents, who participated in 12 group sessions, with a weekly periodicity, for four months. The evaluation was performed, in the pre-test and post-test, with the control group and the intervention group. Results show the effectiveness of the FAF in an African context, including its impact. The intervention group improved their post-intervention scores on perceived efficacy and satisfaction with a moderate and high effect size, respectively. We present some recommendations to be considered in future programs to promote positive parenting, since improvements in parents' competences, are key to reducing neglectful or abusive situations.

Keywords: African at-risk families; parenting competences; positive parenting; psychoeducational intervention



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1. Introduction

The parental programmes based on evidence stem from social learning theories, cognitive-behavioural principles, and developmental theories. These programmes are among the most successful innovations of intervention in psychology, by improving the parents' effectiveness in how they perform their parental duties and, consequently, improving the well-being of the children (Barlow and Coren 2018; Jiménez et al. 2019; Sanders 2019).

Interventions based on prevention and promotion, whose purpose is to support and strengthen the parental competences of families at psychosocial risk, play a central role nowadays as a means of ensuring the adequate development of children growing up in such contexts (García-Poole et al. 2019). They are also identified as a key strategy to prevent child abuse (Sanders et al. 2018; Lachman et al. 2017; Nunes and Ayala-Nunes 2019) and are recommended by the World Health Organization as the main tool to put an end to any type of child abuse (World Health Organization 2016).

It is therefore necessary to rigorously assess the effectiveness and efficiency of psychosocial interventions so that practitioners can implement evidence-based intervention programs with a reasonable expectation of success (Hidalgo et al. 2014, 2016), mainly in

developing countries where poverty and violence can compromise parenting and increase the risk of child abuse (Ward et al. 2016, 2019).

Around the world, it is estimated that each year one billion children experience some kind of abuse. The majority of these children are from low- and middle-income countries (Hillis et al. 2016). In Cape Verde, children between 6 and 12 years old are the ones who suffer more from child abuse and poverty and 57% of them are physically punished by their caretakers if they are disobedient (Instituto Nacional de Estatística [INE] Cabo Verde 2017). These data point to the need to implement psychoeducational programmes among Cape Verdean parents, to promote parenting competences, reduce parental stress, and develop appropriate educational strategies for children. In addition, the scientific literature clearly indicates that the implementation of positive parenting programs has a high potential to reduce the level of child abuse and risk (Knerr et al. 2013; Ogidan and Ofoha 2019), thus promoting child well-being (Ayala-Nunes et al. 2018).

Although the number of studies that assess these programs in low- and middle-income countries have been increasing, little is known about their implementation process and their impact on the participants. However, the majority of those who assess the effectiveness of the replication of these programs in this specific context obtain positive results, namely in terms of positive parenting and child abuse. Therefore, it is highly important to study it systematically and disseminate it through the communities (Cluver et al. 2016, 2018; Doubt et al. 2017; Lachman et al. 2016; Shenderovich et al. 2018, 2019). With such data, it will be easier for governments to know what are the primary needs, what really works, and how to integrate parenting programs in the public health system in a sustainable way (Álvarez et al. 2020; Axford et al. 2017; Gonzales 2017; Gray et al. 2018).

Given the plurality of forms of parenting, working with families presupposes adopting an intervention focused on proactivity, capacity building, and incorporating positive parenting into the institutional responsibility of supporting families, all with the objective of helping them adequately fulfil the tasks of raising and educating their children. In addition, the scientific community should provide institutions with studies and knowledge to ensure that positive parenting initiatives, as implemented, meet the internationally recognised quality requirements for psychoeducational programs (Jiménez and Hidalgo 2016; Rodrigo et al. 2015).

According to the determinants of parenting model (Belsky 1984), parental functionality can be determined by personal factors (psychological resources of parents), contextual factors (sources of stress and support), and the characteristics of the child. These determinants influence how parents perform their parenting duties. Therefore, we must focus our attention on these determinants, namely the personal factors of the parents in hard context, to improve parenthood and protect the development of children. This way, the ideal condition is to increase the protective factors and decrease risk factors, notably with parents, through the training of parental competences.

Evidence-based positive parenting programs enable parents to change their beliefs and attitudes, reduce coercive practices, and improve their competences as parents (Nunes and Ayala-Nunes 2017, 2019). The feeling of being able and having competences as a parent is one of the core factors of positive parenting, since parents who trust their ability to deal with children are more caring, receptive, and assertive, which, in turn, has a positive influence on children's behaviour (Dekovic et al. 2010).

Although there have been different concepts to describe parenting competences, such as perceived control, parents' self-esteem, self-efficacy, or self-confidence (Nunes et al. 2016), the majority of recent studies consider that all approaches include two key dimensions: efficacy and parent satisfaction. The former refers to the perception parents have regarding the organisation and performance of their duties and how that promotes the positive development of their children; it reflects the degree to which the parent feels competent, capable of problem solving, and at ease with parenting. The latter contemplates the parents' satisfaction in performing their role, which is the positive feeling result of the comparison between expectations and the obtained results in parenting or, to a lower degree, it reflects

the extent to which the parent feels frustrated, anxious, and poorly motivated in the parenting role (Nunes and Ayala-Nunes 2019).

Self-efficacy can vary through parents, children, and cultural contexts; however, it is important to consider it as a key factor of parenting competences and child well-being, or as a risk factor, when parents feel they are not effective in performing their parental duties. Parental efficacy can act as a protective factor to families exposed to psychosocial risk contexts, like poverty and high levels of stress. Therefore, the improvement of parental self-efficacy by the implementation of psychoeducational programs focused on prevention and intervention, might be an effective mechanism to improve the well-being of parents and children (Jones and Prinz 2005). In the same way, the extent to which parents are satisfied with their children in relation to parent–child interactions (communication, activities, praise, and punishment) and child behaviour (compliance, responsibilities, and actions), influence the parent–child relationship including the presence of child maltreatment (Bradshaw and Donohue 2014).

The FAF is a parental education programme specifically designed for at-risk families. It aims to (a) improve parenting practices, (b) strengthen parents' feelings of security, and (c) promote community integration of families (Hidalgo et al. 2011). The programme has been implemented, uninterrupted since 2009, in all social centres in the city of Seville (Spain). After several years of pilot application and review, the final version of the FAF (see Hidalgo et al. 2011) was included in the Municipal Plan of Prevention and Assistance to Children and Adolescents in risk situations (Hidalgo et al. 2014, 2016). Subsequently, the cultural adaptation of the programme and its replication was broadened and replicated in other countries, namely Peru (Maya and Hidalgo 2016), Portugal, and Cape Verde (Correia et al. 2019). It should be noted that the interventional scope of these programs is not only targeted at specific sectors (such as abuse, neglect, or socioeconomic disadvantage) but, in a broader way, at the general population and all families with needs, in order to support the promotion of parental competences and family well-being (Chaffin et al. 2001).

Despite the importance of developing interventions with a scientifically recognised impact, evidence of the effectiveness of parental programs in developing countries is limited (Knerr et al. 2013; Mejia et al. 2012). In a recent meta-analysis, which shows that parental programs can be equally effective when applied from one country to another, only one is a developing country, Iran (Gardner et al. 2015). In addition, in studies carried out in South Africa, the dissemination of evidence-based approaches is very limited, as a review of the currently implemented parental education programs showed that few are based on theoretical frameworks that support effective programs or incorporate recognised effective strategies (Wessels and Ward 2015).

Contextual factors in developed countries can influence the viability of implementing parental programs, including cultural variations (e.g., language, customs, beliefs, and family dynamics), accessibility (e.g., location and cost), and adherence (e.g., institutional support, facilitator training and supervision, and motivational mechanisms). All these factors can directly affect cultural acceptance, participant engagement, and fidelity in implementing programs when transported from one context to another (Berkel et al. 2011). In addition, it should be borne in mind that non-Caucasian and low-income families in both developed and developing countries generally live in social communities with cultural circumstances that are very different from those of Caucasian families (Kumpfer et al. 2002).

It is in this context that it is important to develop family intervention programs in circumstances where they have not yet been developed and where they are most needed. This is particularly applicable to the difficult living conditions of families in developing countries, where poverty and violence are present in parenting, increasing the risk of child maltreatment (Beasley et al. 2022; Ben David 2021; Etieyibo et al. 2020; Gonzales 2017; Jiménez and Hidalgo 2016; Kotchick and Forehand 2002; Krug et al. 2002; Long 2016; Maya and Hidalgo 2016; de Ossorno García et al. 2017; Frías-Armenta et al. 2017).

Thus, this study intends to describe the implementation of the Family Education and Support Programme (FAF) in Cape Verde, Boavista Island and analyse the effectiveness of the FAF on improving parenting competences, analysing these aims:

- (a) Describe the participants' psychosocial profile regarding sociodemographic characteristics and their negative or risky life events;
- (b) Describe their perceived parental competences (pre- and post-test), as well as the impact of the programme;
- (c) Describe the motivation and expectations regarding the programme;
- (d) Address the main procedural topics related to the implementation of the FAF in Cape Verde;
- (e) Describe the participation data.

2. Materials and Methods

2.1. Participants

For implementation of the program, we had 66 participants (56 mothers and 10 fathers) aged from 26 to 56 ($M = 35.53$; $SD = 7.27$), living on Boavista Island and identifying with low or moderate psychosocial risk. Their children were aged between 6 and 12 years ($M = 8.82$, $SD = 2.35$). The sampling was for convenience, not random, and was divided according to the interest and availability of each parent: the intervention group had 42 participants; 24 were in the control group.

2.2. Procedure

The parents who participated in this study were selected by professional technicians from the Cape Verdean Institute for Children and Adolescents, professional technicians from the social and educational area of Boavista's Town Hall, and basic education teachers.

After a presentation of the FAF at school meetings at the beginning of each school year or individually through technicians, the parents were contacted by telephone to be invited to participate in the programme. Participants who accepted and attended two sessions were given a pre-test. In the event that they were not available or interested in participating in group sessions, individual interviews were scheduled to record their psychosocial profile and parental competences (pre-test), thus integrating the control group. After the intervention, post-test interviews were conducted in both groups.

In all cases, both in the intervention group and in the control group, informed consent was sought and the anonymity and confidential nature of their responses to the questionnaires was stressed. No economic reward was offered for participating in the study and it was explicit that, at any time, they could abandon their participation without any negative consequences.

The instruments were administered by two researchers, in an individual interview format with a duration of approximately 60 min.

2.3. Instruments

Sociodemographic data. Participants completed an interview-formatted questionnaire consisting of 13 items that evaluated individual indicators (age, origin, level of studies, and professional situation) and family indicators (family type and size, family stability, and number of children).

Level of psychosocial risk. We used the Inventory of Stressful Situations and Risk (Hidalgo et al. 2005). This inventory is comprised of a list of stressful and negative events (e.g., 'Conflict relationship with children' or 'Being a victim of abuse') that can characterise both the life trajectory (7 items) and the persons' most recent situation (15 items). In the latter case, it also assesses whether the stress experience had occurred at some point in the last three years and whether this situation had been overcome and/or had recently disappeared in the last six months.

Motivation to participate in the programme. This evaluation consists of an open-ended question (Why do you want to participate in this training?), which was aggregated into

12 categories to assess the reasons why parents decided to participate in the programme (Hidalgo et al. 2011).

Scale of Expectations for Change. Developed by Hidalgo et al. (2011), this assessment consists of 8 items on a Likert scale with four response options (from 1 = none to 4 = a lot); it evaluates two dimensions: personal expectations (*'I believe that participating in this programme will help me feel better with myself'*) and expectations about parenting (*'Participating in this programme will help me be a better parent'*). In this study, the reliability indices were $\alpha = 0.70$ for the subscale of personal motivations and $\alpha = 0.81$ for the subscale of expectations about parenting.

Perceived parental competences: We used the Portuguese version of the *Parental Sense of Competence* (PSOC; Johnston and Mash 1989), adapted to psychosocially at-risk families by Nunes et al. (2016). This version measures parental competence—perceived by the parent—through two dimensions: efficacy (7 items, e.g., *'Although difficult, I already know how to influence children'*) and satisfaction with the parental role (9 items, e.g., *'Being a mother makes me nervous and anxious'*) each measured on a scale from 1 to 6 (1 = 'no, totally disagree' and 6 = 'yes, totally agree'). In this study, reliability indices were $\alpha = 0.70$ for the efficacy subscale and $\alpha = 0.72$ for the satisfaction subscale.

2.4. Plan Analysis

The IBM SPSS—26 and MS Excel programmes were used for data analysis and graphical representation. Statistical assumptions for parametric analyses were checked in accordance with the recommendations of Tabachnick et al. (2019). After verifying the assumptions of normality, univariate, and repeated measures, ANOVA or *t*-test were used to compare the results between groups. In the case of comparison of nominal variables, the chi-square test was used. Linear regression was used to analyse the evolution of the number of participants per session. Results were considered significant if $p \leq 0.05$. The effect size was calculated to clarify the degree of accuracy of the statistical judgments and the strength of the relationships between the variables.

3. Results

3.1. Participants' Psychosocial Profile

The majority of the participants (71.43%) lived in two-parent families; 35.71% were reconstituted families. As for the family composition, the aggregates were constituted, on average, by 4.29 members ($DP = 1.54$; Min = 2; Max = 8), of whom 2.32 were minors ($DP = 1.03$; Min = 1; Max = 2.32).

Regarding the level of studies, 46.81% had incomplete primary education, with 10.64% completing primary education, 29.79% secondary education, and 12.77% university education.

Concerning the employment situation, 86.36% of the participants were employed at the time of the investigation. Of these, 78.33% had a work contract and 80.33% had a stable job. Most of the jobs (60.34%) required a low qualification.

The participants had an average monthly family income of 52,062.50CVE ($\approx 473.77\text{€}$), although there was great variability in this dimension. In most cases, this income came from both parents (98.36%) and only 1.64% came from social assistance. It should be noted that, in 71.88% of families, income was stable.

As we can see in Figure 1, the most frequent negative life events that participants suffered in the last three years were economic problems (20%), marital conflict (15%), divorce or separation from the spouse (15%), and taking care of a relative (11%). In the past, the main negative or stressful life events were also economic problems (33%), followed by problems at work (30%) and abuse in adult life (15%).

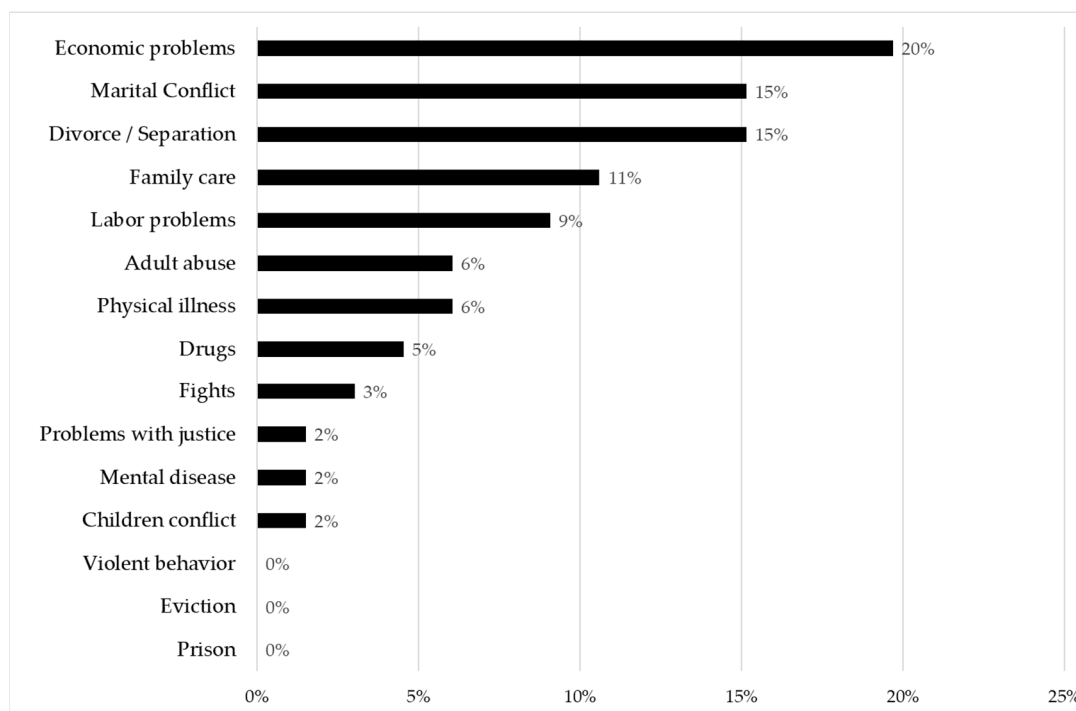


Figure 1. Actual negative or stressful life events.

3.2. Perceived Parenting Competences

We did not observe significant differences between the intervention group and the control group (Table 1). Considering that the minimum and maximum scores in this instrument for efficacy and satisfaction are 7–42 and 9–54 points, respectively, we can say that—on average—participants in both groups had a medium-high level of efficacy and perceived satisfaction as a parent.

Table 1. Comparison of parental competences in the intervention and control groups.

	Intervention Group (N = 42) M (SD)	Control Group (N = 24) M (SD)	F	p
Efficacy	30.31 (3.03)	30.88 (3.43)	0.48	0.490
Satisfaction	32.02 (4.50)	34.63 (6.36)	3.76	0.057
Total PSOC	62.33 (5.53)	65.50 (8.87)	3.20	0.078

As for the individual comparison of the scores obtained in the two subscales (performed by dividing the score obtained in each subscale by the number of items that compose it), the participants scored higher on the efficacy (4.36) than on the satisfaction (3.66; $t(65) = 9.07$; $p = 0.000$) scales. We observed statistically significant relationships ($r = 0.32$; $p = 0.01$) between both subscales: the participants who felt most effective in the task of educating their children were more satisfied with their parental role.

When comparing the results (pre- and post-test) of the parenting competences in both groups (Table 2), we found that:

1. The intervention group improved their scores after the intervention on perceived efficacy (Figure 2) and on satisfaction (Figure 3). The differences observed were statistically significant: a moderate effect on perceived parental satisfaction and a high effect on perceived parental efficacy.
2. There were no significant differences on the control group's scores before and after the intervention.

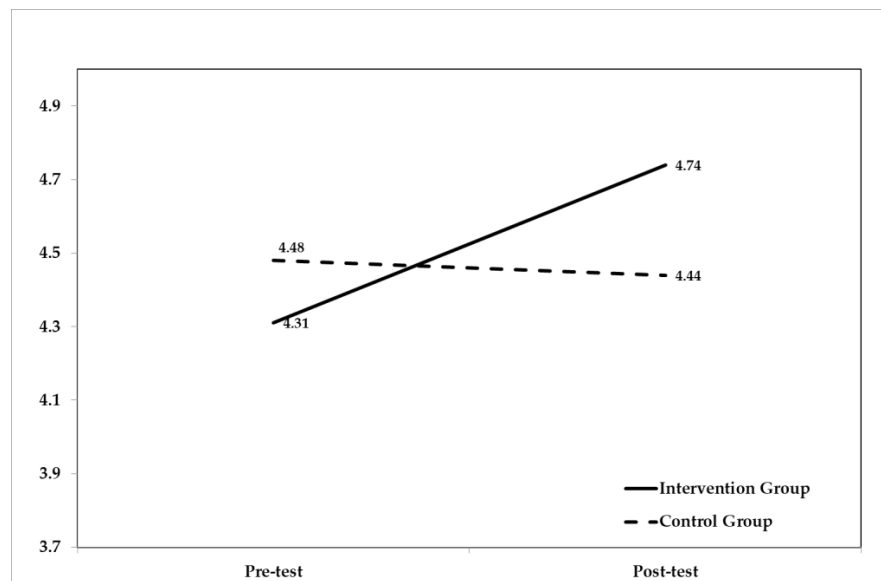


Figure 2. Parenting efficacy in intervention and control groups on pre-test and post-test.

Table 2. Pre-test and post-test comparison of parental competences in the intervention (N = 42) and control (N = 24) groups.

	Pre-Test M (SD)	Post-Test M (SD)	t(gl)/Z	p	d/dz
Parenting efficacy					
Intervention group	4.31(0.44)	4.74 (0.51)	−5.39 (36)	0.000	0.89
Control group	4.48 (0.53)	4.44 (0.60)	−0.41	0.683	0.09
Parenting satisfaction					
Intervention group	3.51 (0.49)	3.89 (0.74)	−3.39 (36)	0.001	0.60
Control group	3.93 (0.68)	3.77 (0.77)	−1.26	0.208	0.26

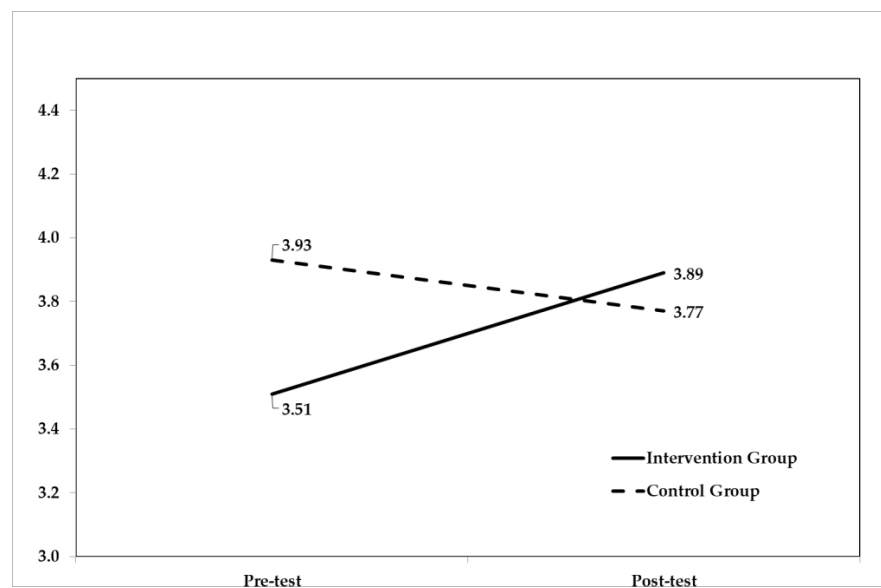


Figure 3. Parenting satisfaction in intervention and control groups in pre-test and post-test.

As shown in Figure 2, after the implementation of the program, the control group presented a relatively stable pattern of growth in terms of parenting efficacy (which was

expected without the intervention), whilst the intervention group, which took part in the FAF, presented a significant growth of parenting efficacy after the intervention.

When analysing parenting satisfaction (Figure 3), we observed that the families that took part in the intervention, have shown an increasing level of satisfaction. Conversely, there were no significant differences in the control group, similar to the previously observed data in the evolution of parenting efficacy.

3.3. Motivation and Expectations Regarding the Programme

As we can see in Figure 4, parents' motivations to participate in the programme were first to learn more about their children (85%), followed by being a better parent (63%), the board of friends (49%), and family problems (46%).

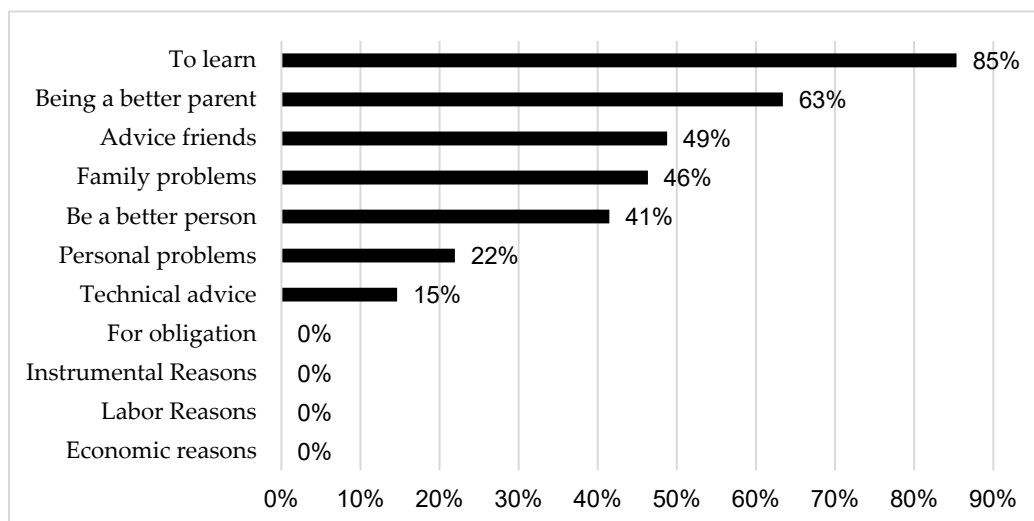


Figure 4. Parents' motivations to participate in the programme ($N = 14$).

As for expectations, in both dimensions (personal and parental), parents expressed high expectations. We did not observe significant differences between the means of personal expectations ($M = 3.25$; $DP = 0.32$) and parental expectations ($M = 3.21$; $DP = 0.33$; $t(43) = 0.92$; $p = 0.37$).

3.4. Characteristics and Conditions of the Programme's Application

The programme was applied to three groups, each with 12 sessions, distributed between November 2018 and February 2019 (there was an interruption for holiday celebrations).

The composition of the three intervention groups depended on the choice of the participants in relation to the venue and the times at which the sessions took place. Group A consisted of 17 participants; Group B consisted of 14 participants; and Group C consisted of 11 participants.

The frequency of the sessions was weekly, with a duration of two hours. In order to strengthen the relationship between participants, a snack was offered during or at the end of each session.

Some cultural adaptations of the contents were made, such as the use of common words and expressions of the Portuguese language, and the chosen activities were readjusted to the educational level of the population.

In the three applications, the same modules were applied; on average, one session was performed for each module with three activities for each module.

The topics covered and the activities carried out are those included in the programme manual, but selected according to the characteristics of the participants and identified needs, among which were: child development (activities 2, 3, and 4), adolescent development (activities 2, 3, and 5), adult development (activities 2 and 3), family system (activities

3, 5, and 6), educational styles (norms and discipline—activities 4 and 5), affection and communication (activities 2, 3, 4, and 5), conflict resolution (activities 2, 4, and 5), sexual risk behaviour and substance use (activities 4, 5, and 6). In this version of the programme, we chose dynamic activities that did not need reading and writing and we selected the modules that best responded to the needs, motivations, and expectations of parents, according to the evaluation collected in the pre-test and the analysis of the psychosocial profile of the study population. With only 12 sessions, we left out the modules relating to performance of motherhood and fatherhood, couple relationships, relationships between brothers and sisters, social support and integration in the community, family and school, and leisure and free time.

3.5. Participation Indicators

The mean number of participants per group was 8.81, although there was considerable variability ($DP = 2.53$). On average, participants attended 63% of the sessions in their group (Max = 100%, Min = 17%) and only 14% did not finish the programme. In Figure 5 we present the evolution of participants per session.

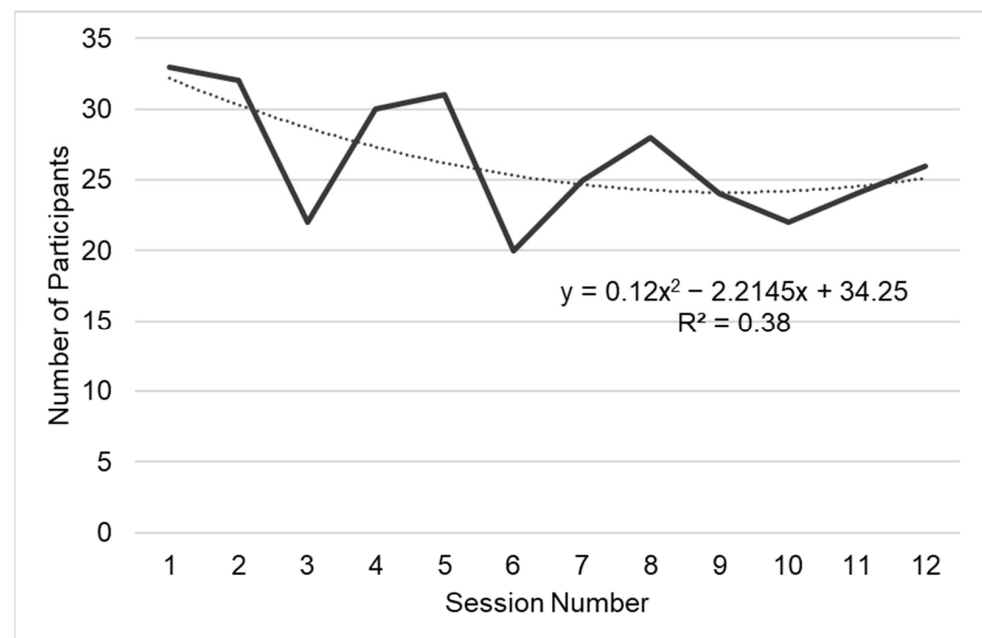


Figure 5. Evolution of the number of participants per session.

4. Discussion

One of the aims of this study was to describe the participants' profile regarding their sociodemographic characteristics. Participants have reported poor economic and employment conditions, as well as a low level of education. Compared to previous studies, regarding the application of the FAF in other contexts, we found that this profile is common in Portugal (Nunes and Ayala-Nunes 2017), Spain (Hidalgo et al. 2014, 2016), and Peru (Maya and Hidalgo 2016).

Regarding negative life events, the risk factor most often pointed out by the participants was economic problems, both in the present (20%) and in the past (33%), followed by marital conflicts, labour problems, and abuse in adulthood. These results illustrate difficult life histories from both a functional and emotional point of view and are similar to those of Portuguese families at psychosocial risk (Nunes and Ayala-Nunes 2019).

The analysis of the main sociodemographic data and the negative or risky life events coincide with the description of the conditions and psychosocial characteristics of families living in developing countries, where poverty and violence persist, increasing the probability of parents mistreating children or being negligent (Gonzales 2017; Jiménez and Hidalgo

2016; Kotchick and Forehand 2002; Krug et al. 2002; Long 2016; Maya and Hidalgo 2016; de Ossorno García et al. 2017; Frías-Armenta et al. 2017).

Regarding the perception of parental competence, participants in this research demonstrated a medium-high sense of parental competence (on average, participants in both groups had a medium-high level of efficacy and perceived satisfaction as a parent). These results are very similar to those found in other studies with families at psychosocial risk in different countries (Maya and Hidalgo 2016; Nunes and Ayala-Nunes 2017). The scores on the efficacy subscale were very similar to those of other studies (Peru—4.47, Portugal—4.40, Cape Verde—4.36, Spain—3.73). The same applies to the satisfaction subscale (Peru—3.78, Portugal—3.76, Cape Verde—3.66, Spain—3.59). In all cases, the perception of efficacy was always superior to satisfaction. This, possibly, means that even when parents feel effective in the exercise of parenting, they do not always feel so satisfied with it. On the other hand, we also see that the participants who felt most effective in the task of educating their children were more satisfied with their parental role. However, although the context is not facilitative, participants in these studies demonstrated a medium-high sense of parental competence. According to the determinants parenting model by Belsky (1984), these personal psychological resources of parents can be important protective factors, even in this difficult context.

By analysing the results of the study before and after the intervention, we conclude that the intervention group improved their post-intervention scores on perceived efficacy and satisfaction with a moderate and high effectiveness, respectively. These results also show that the FAF played an important role in significantly increasing the perception of efficacy and parental satisfaction. The results support others previously found (Bradshaw and Donohue 2014; Jones and Prinz 2005; Nunes and Ayala-Nunes 2017, 2019) and highlight the importance that psychoeducational programs for parents have, mainly regarding the feeling of parental efficacy and in the improvement of parental satisfaction, consequently led to better results in the development and well-being of children in psychosocial risk contexts.

The fact that both groups present a medium-high feeling of parental efficacy and a moderate feeling of parental satisfaction is in line with the results of Nunes and Ayala-Nunes (2017) study, where it is clear that, although the context of the families at risk is considered to be vulnerable, the data is not contradictory. This means that, since most of these parents face adverse situations (such as difficult economic and work situations), the feeling of being able to take care of and educate their children effectively, can contribute to an increase in the perception of parental efficacy.

The results found in the present study support other evidence too, showing that the psychoeducational programs are effective in increasing the feeling of parental efficacy (Barlow and Coren 2018; Dekovic et al. 2010; Jones and Prinz 2005; Nunes and Ayala-Nunes 2017; Sanders 2019), and emphasise the effect of the FAF's intervention and the extent of one of the objectives proposed by the program, namely strengthening the feeling of confidence when performing a parenting role (Correia et al. 2019; Hidalgo et al. 2011; Maya and Hidalgo 2016).

The expectation of being more efficient in their parental role and hoping to improve as parents were the most likely reasons to participate in the programme. The greatest motivation was the desire to learn how to understand their children better and to respond more appropriately to their questions. Both aspects are also linked to the feeling of parental effectiveness and, once more, the participants showed high levels of motivation and expectation when participating in the program, although the context is not facilitative, or exactly causative. Often during the sessions, parents reported that this was exactly what they needed because, before the programme, they felt that they had no place in Boavista to ask for support or professional help to guide their children.

Regarding data on the implementation of the intervention program, it is worth noting the high degree of adherence, as expressed in the results obtained: of the 66 interviewed, only 24 did not participate in the program; of those who participated, only 14% did not finish the programme.

As in other programme applications, the groups were composed of mainly mothers (Cape Verde—66 participants, 56 mothers; Peru—59 participants, 42 mothers; Spain—155 mothers). The number of sessions was similar (Cape Verde—12, Peru—14, Spain—16), as well as the average number of participants per session (Cape Verde—8, Peru—13, Spain—9) (Correia et al. 2019; Hidalgo et al. 2011; Maya and Hidalgo 2016).

These data illustrate the flexible yet consistent or systematic and rigorous character of the implementation of the FAF, which is necessary for practitioners to replicate the evidence-based intervention programme (Hidalgo et al. 2014, 2016).

Thus, in conclusion—and to highlight some limitations and recommendations to be considered in future programs to promote positive parenting—we emphasise that the analysis of the participants' psychosocial profile was essential to the implementation of the FAF, namely in the cultural adaptation to the target population of this programme. After analysing the profile of the participants with the objective of adapting to their literary level, we preferred to use activities that required little writing, which were more dynamic and practical, where the participants could experience (in session) day-to-day situations and find answers they could put into practice immediately.

We also took special care in making individual telephone calls in order to remind participants of the time, date, and location of the session, even if there were no changes. This attention helped the participants to feel the importance of their presence in the group and in the sessions—enhancing, on the one hand, the feeling of competence, and on the other, that of trust. However, despite the telephone contacts that served as reminders of the sessions, there was a noticeable drop in participation after the Christmas and New Year's breaks. We would therefore suggest avoiding interruptions in scheduling the sessions.

This study presents some limitations, mainly related to the number of participants in the programme. In future examinations, it is intended to increase the number of participants attending the FAF. Additionally, it would be interesting to complement this with a biographical narrative interpretive research method of qualitative study to identify other aspects of the programme not identified in studies of a quantitative nature.

In any case, to our knowledge, this is the first application of a positive parenting programme in Cape Verde, based on scientific evidence, and here we prove the effectiveness of the FAF in an African context, including its impact on increasing parental competences that will help families feel more satisfied, and reducing neglectful or abusive situations. Especially in Boavista, the professional technicians and the teachers were very sceptical about the participation of parents. They told us that the parents would not come to the sessions and that they would not stay with us for long, so the adherence was a positive surprise for all of us. As a limitation in this study and a recommendation for the future, we assume that the number of sessions should be higher, which will allow the realization of more modules for the programme.

We hope that this study will contribute to the dissemination of evidence-based interventions that empower parents and children, promote well-being, and reduce poverty, working in a part of the world where it is very necessary to intervene.

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