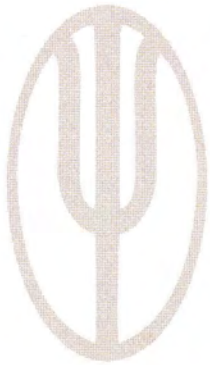


July 2014

ISSN 0215-0158
Volume 29, Number 4



ANIMA

INDONESIAN PSYCHOLOGICAL JOURNAL

Anima Indonesian Psychological Journal
publishes peer reviewed articles with editors and consultants providing
detailed assistance for authors to reach publication. The journal publishes research reports and scientific papers in
psychology and/or related sciences with the aim to advance science, knowledge, and theory of psychology

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**Accredited by the Indonesian Directorate General of Higher Education
Ministry of National Education
No. 81/Dikti/Kep/2011, November 15, 2011**

**Recommended for the Internationalization Grand for Domestic Journals by the Ministry of Education and Culture
No. 1118/E5.4/HP/2012, April 25, 2012**

Anima Indonesian Psychological Journal is published quarterly (first published October 1985)
by the Laboratory of General Psychology
Faculty of Psychology Surabaya University

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Subscription

Inside Java Rp 200,000.00; Outside Java Rp250,000.00
Overseas US\$100.00/volume (four issues, including airmail)
Payable through PermataBank Jemursari, Surabaya, Indonesia. Account number: 291 113 9394 (Hary K .Lasmono)
A copy of the receipt should be send, e-mailed. or fax-ed to the administration address

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Parenting Practices and Parenting Programs in Indonesia: A Literature Review and Current Evidence

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Research has indicated that parenting practices play an important role in the development of child emotional and behavioural problems. Despite its importance, there has been limited research that focuses on Indonesian parenting practices. Furthermore, with the increased prevalence of child emotional and behavioural problems, parenting interventions are needed. Research conducted in developed countries has found that parenting programs are effective in increasing parenting competence and reducing child emotional and behavioural problems. Unfortunately, evidence-based parenting programs are not yet available in Indonesia. This paper reviews the literature on parenting practices and parenting programs in Indonesia and proposes the Triple P-Positive Parenting Program as a promising intervention program for Indonesian families.

Keywords: parenting practices, parenting programs, child emotional and behavioural problems, Triple P.

Penelitian menunjukkan bahwa pengasuhan anak mempengaruhi munculnya masalah perilaku dan emosi pada anak. Meskipun masalah ini penting, riset yang berfokus pada pengasuhan anak oleh orang tua Indonesia relatif terbatas. Selain itu, intervensi parenting sangatlah dibutuhkan mengingat kasus-kasus yang terkait dengan masalah perilaku dan emosi pada anak semakin marak. Penelitian yang dilakukan di negara-negara maju menunjukkan bahwa program parenting terbilang efektif untuk meningkatkan kemampuan orangtua dalam mengasuh anak dan menurunkan masalah perilaku dan emosi pada anak. Hanya saja, program parenting yang berbasis bukti belum ada di Indonesia. Artikel ini mengkaji literatur pengasuhan anak dan program parenting di Indonesia dan membahas *Triple P-Positive Parenting Program* sebagai program intervensi yang menjanjikan bagi keluarga Indonesia.

Kata kunci: pengasuhan anak, program parenting, masalah emosi dan perilaku pada anak, *Triple P*.

Parenting has a powerful impact on child development. Research has shown that parental warmth and responsiveness promote infant social and emotional development (Eshel, Daelmans, Mello, & Martineš, 2006) and positively contribute to children's and adolescents' well-being (Khaleque, 2013). In contrast, harsh and uninvolved parental behaviour negatively impacts children's adjustment (Manly, Kim, Rogosch, & Cicchetti, 2001), and increases the likelihood of children's aggressive behaviour (Kawabata, Alink, Tseng,

van Ijzendoorn, & Crick, 2011) and delinquency (Hoeve et al., 2009). Although genetic pre-disposition, such as the child's temperament, has been suggested to influence child behaviour, this is mediated by parenting practices (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000).

The prevalence of child emotional and behavioural problems has been estimated as relatively high across many countries. The World Health Organization (Rangaswamy et al., 2001) reported that between 10% and 20% of children in developed countries, such as Switzerland, United States, Germany, India, and Japan, experienced one or more mental health or behavioural disorders. A recent report (O'Connell, Boaf, & Warner, 2009) based on 50 studies around

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the world found that the mean rate of child emotional and behavioural problems was 17%. In Australia, particularly Queensland, more than 25% of parents participating in a household survey reported that their child under 12 years old had emotional or behavioural problems (Sanders, Markie-Dadds, Rinaldis, Firman, & Baig, 2007; Sanders et al., 1999). Research in developing countries, such as in Pakistan and Egypt, has demonstrated an even higher rate of emotional and behavioural problems among school-aged children at 34% (Elhamid, Howe, & Reading, 2009; Syed, Hussein, & Mahmud, 2007).

Considering the high rates of child emotional and behavioural problems in different parts of the world, evaluating strategies to prevent such problems is important and parenting programs have been recommended as a strategy to reduce the risk of child emotional and behavioural problems by improving effective parenting practices and the quality of parent-child relationships (O'Connell et al., 2009; World Health Organization, 2004). Parent-child relationships and parenting practices play a crucial role in the development of child emotional and behavioural problems (Patterson, DeBaryshe, & Ramsey, 1989). Meta-analytic reviews have demonstrated the efficacy of parenting programs in increasing parental self-efficacy and decreasing the use of dysfunctional parenting strategies (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008b; Lundahl, Risser, & Lovejoy, 2006). Additionally, parenting programs have been found to be effective in promoting parental adjustment and family relationships (Serketich & Dumas, 1996; Zubrick et al., 2005). Positive changes in parenting practices and parental adjustment have been followed by significant reductions in child problem behaviour (de Graaf, Speetjens, Smit, De Wolff, & Tavecchio, 2008a; Furlong, McGilloway, Bywater, & Hutchings, 2012).

While the evidence for parenting programs is extensive, there have been limited studies focusing on parenting practices and parenting programs in developing countries, particularly in Indonesia. This paper reviews the literature on parenting practices and parenting programs in Indonesia and presents the results of the implementation of an evidence-based parenting program namely Triple P-Positive Parenting Program. A description of family relationships and parenting practices will be presented first. This will be followed by a description of parenting programs available in Indonesia and the summary of results of the first implementation of Triple P in Indonesia.

Method

The literature presented in this paper was searched in various databases, such as: PsycINFO, PsycArticles, and Google Scholar. The key terms used were "Indonesia", "parenting", "child emotional and behavioural problems", "parenting program", "Bina Keluarga Balita", "Triple P", "developing countries", and "low and middle income countries". Relevant books, conference paper, government websites, and parenting program websites were also used to enrich a description of parenting practices and parenting programs available in Indonesia. The results of the literature review are described below.

Pictures of Children and Families in Indonesia

In Indonesia, the number of young people is considerably higher than that of older people. Despite some changes to the population pyramid in the last decades due to a declining fertility rate and increasing life expectancy, the percentage of children aged 0-14 years (29%) was the highest among the other age groups in 2010 (Badan Pusat Statistik, 2012). Statistics showed that the number of children in the age range of 0-4 years, 5-9 years, and 10-14 years were almost the same, 22.68 million, 23.25 million, and 22.67 million, respectively. In contrast, the percentage of people aged 65 years old and over was only 5% of the total population (Badan Pusat Statistik, 2012).

The picture of families in Indonesia was captured by a 2012 survey conducted by the Population and National Family Planning Board (Badan Kependudukan dan Keluarga Berencana Nasional, 2013). The survey involved 99% of the total number of families in Indonesia and was equal to 65 million families. The number of families was 4 million more than the number of families in the 2009 survey (Badan Koordinasi Keluarga Berencana Nasional, 2009). Based on the total population and the number of families in 2012, it was estimated that the average Indonesian family consisted of three to four people. Another calculation showed that there were about 30 children below the age of 5 in every 100 families in Indonesia. In the majority of families, the heads of household were males (88%) and in marital relationships (87%). Most of them had relatively low levels of education with 68% having completed only junior high school and primary school, and 17% having never completed primary education. Nevertheless, 90% of the heads of families were working whereas 10% indicated that they were unemployed. With respect to welfare, most

families were able to meet their basic needs (e.g., food, clothes, and house), access health services and education, and make an income. However, the percentage of poor families (20%) was greater than that of affluent families (5%; Badan Kependudukan dan Keluarga Berencana Nasional, 2013).

Child Emotional and Behavioural Problems

The reports of the prevalence rates of child emotional and behavioural problems in Indonesia are limited. A study based on the national health survey in 1995 (Isfandari & Suhardi, 1997) shows that 244 out of 2,396 (10%) of children aged 5 to 14 years experienced emotional and behavioural problems. A recent national survey indicated that 12% of 657,782 Indonesians had emotional problems, such as anxiety and depression (Idaiani, Suhardi, & Kristanto, 2009), however it should be noted that this study only involved participants aged 15 years or above.

With respect to behavioural problems, in particular juvenile delinquency, the number of children that committed a crime according to the record of the Indonesian National Police has increased over recent years, from 3,145 in 2007 to 3,280 in 2008 and 4,213 in 2009 (Badan Pusat Statistik, 2011). The most common antisocial behaviour committed by youth offenders was stealing (60%), followed by drug abuse (10%; Badan Pusat Statistik, 2010). To date, no data has illustrated the rate of behavioural problems among younger children. Nevertheless, using a qualitative methodology, Wiguna and Belfer (2010) found that even parents of primary school age children with behavioural problems failed to recognise the nature of problems (i.e., assumed that their child's behavioural problems were part of normal development) and therefore they did not seek help from mental health practitioners.

A recent study with 273 parents residing in Indonesia and Australia (Sumargi, Sofronoff, & Morawska, 2013) showed that the rate of child emotional and behavioural problems was related to parenting practices and parental adjustment. Parents who reported high levels of child emotional and behavioural problems had lower self-efficacy and higher levels of dysfunctional parenting practices, parental stress, family relationship problems and parental teamwork problems than parents who reported low levels of child emotional and behaviour problems. When dealing with child misbehaviour, parents often used ineffective strategies, such as shouting at their child, making the child apologise for his or her misbehaviour, and giving the child a

lecture about his or her misbehaviour (Sumargi et al., 2013). This may indicate that more attention should be focused on the prevention of child emotional and behavioural problems through parenting interventions.

Family Relationships and Parenting Practices of Indonesian Parents

This part of the paper describes family relationships and parenting practices of Indonesian parents in Javanese culture, the most dominant culture in Indonesia. Indonesian-Javanese families form a strong bond. It is common that a nuclear family (i.e., a father, a mother, and children) lives together or near their extended families, such as grandparents (Geertz, 1961; Koentjaraningrat, 1985; Mulder, 1996). Children are expected in the family because children provide a warm atmosphere to the family, provide security for parents in old age, and contribute to household chores (Koentjaraningrat, 1985). There was a time in the past when people desired to have many children in the family (Geertz, 1961), however, this has changed in the last three decades as a result of family planning campaigns (Kantor Menteri Negara Kependudukan/Badan Koordinasi Keluarga Berencana Nasional, 1995).

In typical Javanese families, the mother is an important figure in a child's life as she provides care, nurturance, moral teaching, and unconditional love (Mulder, 1996). A child usually comes to his or her mother if the child needs emotional support (Koentjaraningrat, 1985). The relationship between a child and a father is not as close as that with a mother, partly because a father works outside the home and has only limited time interacting with his child (Mulder, 1996). Nevertheless, a father should be highly honoured, as he is a decision maker in the family (Setiadi, 2006). Sibling relationships are usually close. A child should learn to share, but not to compete, with his or her sibling. Quarrelling is discouraged as it is thought that children should learn self-restraint and to consider other people's feelings (Mulder, 1994).

There are different approaches that parents use to control children's behaviour in the beginning of the child's life and in the later years. Parents, mostly mothers, use a more permissive approach in dealing with their child's behaviour in the first few years; the strategies include distraction, unemotional instructions, frightening the child with threats of strangers or evil spirits, and offering the child promises of reward (Koentjaraningrat, 1985). However, as the child grows older, their parents use punishment more frequently

to enforce obedience. Punishment ranges from a threatening look, a sharp remark to shame them in front of outsiders, tiny but painful pinches, and quick slaps to actual beating and tying up which are extremely rare (Geertz, 1961).

In general, the nature of parent-child relationships in Javanese culture is not far different from that in other cultures in Indonesia. Sundanese mothers were found to be physically and emotionally close to their young children, and expected independent behaviour from older children (Zevalkink, 1999). Minangkabau parents, an ethnic group in the west of Sumatera, emphasised the value of obedience (Röttger-Rössler, Scheidecker, Jung, & Holodynski, 2013). Children should honour their parents and pay respect to their elders. Mocking and shaming children in public are discipline strategies that are commonly displayed with older children.

Impacts of Current Changes to Family Relationships

Teaching respect and harmonious relationship skills to children continues to be practiced by Indonesian parents today. A study by Asyanti and Lestari (2008a, 2008b) showed that Javanese parents in Surakarta (Central Java) expected their children to give respect to parents and adults outside of the family circle, for instance, by complying with their parents' instructions to assist with household chores, or nodding head and saying greetings to older people. Additionally, parents taught their children to avoid fighting and keep good relationships with other people. Parents transferred these values to their children through dialogue, examples, advice and instructions. It was found that dialogue was the most effective method to transfer the value of respect and harmonious relationships to children.

Despite the existence of these values in recent days, Indonesia, similar to other Asian countries, has undergone some changes in the globalization era that threaten the traditional family practices and values (Keats, 2000). Many young people living in rural areas migrate to urban areas for education and job opportunities. This influences the structure and relationships of the family. The average size of the family has decreased, people live a long distance away from their extended family, and therefore the interaction among family members and relatives is not as frequent and intimate as before (Keats, 2000). People rarely use the local language and practice cultural traditions anymore (Mulder, 1996). As children attend schools, they become increasingly oriented towards modern values and show less restraint in expressing their opinions and feelings, even towards

their parents (Mulder, 1994). Furthermore, as a consequence of the population explosion in the urban areas, more families live in crowded housing and encounter financial problems due to difficulty in obtaining employment (Keats, 2000; Lamoureux, 2003). This may create distress for families living in poverty.

Additionally, more women participate in the work force. Although the father is expected to be involved in household work, including child caretaking (Yulindrasari & McGregor, 2011), in reality there is a little help from fathers for domestic work (Setiadi, 2006). Mothers have to find a way to balance their work and family life, for instance, by hiring a maid or baby sitter, or leaving their children under the care of grandparents (Setiadi, 2006). Children can also experience stress because of the pressure from parents to perform well at school (Joewana, 1997). Overall, the changes in a family's environment create changes in family structure and relationships and this possibly triggers stress among family members.

The number of child abuse cases in Indonesia has increased over recent years, from 1,998 cases in 2009 to 2,413 cases in 2010 and 2,508 cases in 2011 (National Commission for Child Protection, 2011). A national survey on violence in 2006 indicated that there were 2.8 million incidents of violence against children which involves 2.3 million children or 3% of children in Indonesia (Centre for Population and Policy Studies - Gajah Mada University, 2011). Approximately 50% of children in the survey experienced physical violence and 73% of the incidents took place at home, mostly because of disobedience or misbehaviour. Parents were often reported as the abusers (Centre for Population and Policy Studies - Gajah Mada University, 2011; Ministry of Women Empowerment and Child Protection, 2011). A study by Anantasari (2010) with 100 children aged 11 to 13 years in Yogyakarta (Central Java) shows that parents' mental health is related to their parenting behaviour. Child maltreatment has been found to be negatively associated with parents' psychological well-being. Furthermore, studies among Indonesian adolescents indicate the impact of parenting behaviour on children's adjustment. Parenting style, such as permissive parenting style, contributed significantly to children's aggression (Hanif, 2005), and was negatively related to children's pro social behaviour (Mahmud, 2003).

To conclude, Indonesian modern families currently encounter many challenges that possibly influence parent-child relationships and parenting practices. Thus, parenting programs that build the capacity of

families might be beneficial for supporting the families throughout the changes.

Parenting Programs in Indonesia

The Indonesian government has shown concern over population and welfare issues. Reducing the birth rates and promoting people's welfare has become the top priority of the country. A parenting program, Bina Keluarga Balita (Guidance for Family with Children Under Five, abbreviated as BKB in Indonesian), was previously formed by the Indonesian government only as an extension of family planning programs (Kantor Menteri Negara Kependudukan/Badan Koordinasi Keluarga Berencana Nasional, 1995), but in recent years the program has been considered important and has been offered in conjunction with health and early childhood education services.

BKB was founded by the Ministry of Women's Affairs in collaboration with the National Family Planning Coordination Board (abbreviated as BKKBN in Indonesian) in the early 1980s to enhance parenting knowledge and skills of mothers from low-income families who have children at or below the age of 5 (Kantor Menteri Negara Kependudukan/Badan Koordinasi Keluarga Berencana Nasional, 1995). With guidance from BKB volunteer workers, mothers learn to nurture and supervise children's physical, intellectual, language, and socio emotional development using different play activities and stimulation (Badan Koordinasi Keluarga Berencana Nasional, 2006; UNESCO, 2005). Mothers receive child development information and practice to support their child's development using educational toys provided during the sessions. A developmental chart is given to parents to monitor various aspects of their children's development (Badan Koordinasi Keluarga Berencana Nasional, 2006). BKB is often held at the same time as Pos Pelayanan Terpadu (Integrated Service Post, abbreviated as Posyandu in Indonesian), a program supervised by the Ministry of Health aimed to provide health services for pregnant or breastfeeding mothers and their infants (UNESCO, 2005). In Posyandu, mothers receive information about nutrition, family planning, disease prevention and early stimulation for their young children (Chang et al., 2006). The programs of BKB and Posyandu are usually delivered twice a month for 2 hours (UNESCO, 2005).

BKB increased its popularity in the first decade of launching, but with time, the popularity faded. There were initially 4,216 groups across country in 1990-1991. This number was doubled in 1991-1992,

continued to increase to 20,446 groups in 1992-1993 and reached 92,196 groups in 1993-1994 (Kantor Menteri Negara Kependudukan/Badan Koordinasi Keluarga Berencana Nasional, 1995). In 2000, there were 244,567 BKB groups all over Indonesia. However, the attendance rate on average was considerably low, 21%, in contrast to the participation of mothers in Posyandu which was 60-70% (UNESCO, 2005). Recent report indicated that out of 2.4 million families that became members of BKB, only 60.1% attended the program from January to March 2008 (Badan Koordinasi Keluarga Berencana Nasional, 2008). It should be noted that the attendance rate was not the same across provinces of Indonesia. For instance, in North Maluku, the attendance rate was as low as 22.1%, whereas in Yogyakarta (Central Java), the attendance rate was relatively high (77.8%). When the number of sessions was estimated, it was found that on average, the BKB sessions were conducted for only 0.6 times in a 3-month period. The number of sessions held varied from province to province. The program was held frequently in Jakarta (5.3 times), but BKB groups in West Papua were never held. This indicates that the BKB program has not been effectively held in some parts of Indonesia (Badan Koordinasi Keluarga Berencana Nasional, 2008).

Arsyad (2008) identified the main obstacle for holding the BKB groups in remote areas was lack of support from the government. There was limited funding to hold the sessions, lack of training for BKB workers to deliver the program, and limited access for program manual and materials, as well as inadequate educational toys for children. Furthermore, Evans, Myers, and Ilfeld (2000) pointed out that BKB has been developed and managed using a top down approach (i.e., from the government to the community), thus the contents of the program, including the types of activities and materials, have been standardised and not yet adapted to the local culture and parents' needs. This may discourage mothers from attending the program. A study by Faraz, Sumarno, and Endarwati (1996) indicated that although mothers rated the BKB program as useful, they had not implemented their learning with their children, partly because the materials were not appropriate for their older children and they did not understand the presentation. Some mothers reported that the information provided was not clear (13%), they were not engaged in discussion (15%), written materials and educational toys were not sufficient for all participants (59% and 56%, respectively), and no expert help was available throughout the program (57%).

Despite these limitations, it was found that participation in the BKB program was related to child developmental outcomes (Marhaeni et al., 1998; Sari, 2010). Mothers that regularly participated in the program were more likely to have children with healthy development than those who rarely attended the program (Sari, 2010). Children of mothers who were actively involved in the BKB groups were more advanced in physical, language, intellectual, and social development, as well as self-help skills (Marhaeni et al., 1998). It is worth noting, however, that neither of the studies measure parenting outcomes, and they are based on correlational design so no causal relationships can be inferred. Thus, the efficacy of BKB program on parental and child outcomes remains unknown.

BKB has recently been integrated with early childhood education and health services. The new program, Pos Pendidikan Anak Usia Dini Terpadu (Integrated Early Childhood Education Post, abbreviated as Pos PAUD Terpadu in Indonesian), was initially developed by the local government of Surabaya with the intention to provide a comprehensive service for parents and children aged 0-6 years from lower socioeconomic backgrounds (Pemerintah Kota Surabaya, 2008). In the program, mothers and children can access all the services that are usually run by Posyandu, BKB, and early childhood education centres (i.e., preschool and kindergarten). The services consist of health care, consultation, and information sessions for parents, educational activities for children, and home visits. Parents receive information on health and nutrition (e.g., immunization, the importance of breastfeeding, family planning, healthy snacks, personal hygiene, and disease prevention), parenting roles (e.g., mother and father roles in nurturing children and the importance of parent-child interaction), child development, and early stimulation and intervention (e.g., play activities to stimulate children's physical and intellectual development, and self-help). The information sessions for parents are held at the same time as children's educational programs (2008). The integration of these parent and child services has been considered cost-efficient and expanding early childhood education services to families with lower income. However, for the sustainability of programs, support from the government in terms of the funding and resources is strongly required (UNESCO, 2005). To date, there has been no evaluation of targeted parents and children on the effectiveness of the program.

In addition to the BKB program and its variants, there are other parenting programs in the community that have been organized by private institutions to

increase parenting competence (Auladi Parenting School, 2005; ESQ Leadership Centre, 2011; SekolahOrangtua.com, 2009). Unlike the BKB program, which focuses on teaching parents to stimulate different aspects of their young children's development, these programs support parents in dealing with relationship issues. For instance, the program of Sekolah Orangtua (School for Parents) aims to enhance parenting skills and family relationships (SekolahOrangtua.com, 2009). Parents are guided to renew their relationships with their partners and children, and shown that their parenting belief systems and past experiences can influence child-rearing practices and family interactions. It is expected that after parents change their beliefs and renew their relationships with their children, they have more understanding of children's behaviour and are able to manage them more effectively (T. Wibowo, personal communication, August 19, 2010). The program of Sekolah Orangtua is delivered through seminars, workshops, and on-line courses (SekolahOrangtua.com, 2009). Even though many parents attending the program testified to the benefit of the program and experienced positive changes in their family relationships (T. Wibowo, personal communication, August 19, 2010), the efficacy of this program has not been evaluated, and similar to other parenting programs run by private organizations, parents need to pay for the services.

Despite the availability of parenting programs in the community, many parents were not familiar with the programs and had not participated in any parenting programs. In a study with 273 parents in Indonesia and Australia (Sumargi et al., 2013), only approximately 20% of parents had heard of the BKB and Sekolah Orangtua program, and participated in any parenting program in the community. Parents indicated a moderate to high level of interest in participating in a parenting program, and showed preferences for having an evidence-based parenting program, particularly a brief parenting program, that is affordable and delivered in an accessible place.

Current Evidence of Triple P

Research conducted in developed countries has shown that the implementation of evidence-based parenting programs has reduced the intensity of child emotional and behavioural problems, and increased positive parent-child relationships (O'Connell et al., 2009). However, evaluation studies of these programs in developing countries are limited. A systematic review of parenting interventions in low- and middle-income countries (Knerr, Gardner, & Cluver, 2013) showed that many

parenting programs delivered in developing countries such as "Learning Through Play" (Rahman, Iqbal, Roberts, & Husain, 2009) and "Mediational Intervention for Sensitizing Caregivers" (Klein & Rye, 2004), have limited evidence in regards to their efficacy in the countries in which they originated. No study to date has documented the implementation of well-known evidence-based parenting programs in Indonesia. This part of the paper provides an overview of Triple P and its implementation in Indonesia.

Overview of Triple P. Triple P is one of a small number of evidence-based parenting programs that has been successfully disseminated across cultures and nations (Sanders, 2012). The program has been recommended by the National Research Council and Institute of Medicine (O'Connell et al., 2009), the United Nation on Drugs and Crime (UNODC, 2010), and the World Health Organization (World Health Organization, 2004). It is recognised as a parenting program with the most extensive evidence of acceptability and efficacy (Sanders, Kirby, Tellegen, & Day, 2014).

Triple P is a behavioural family intervention in which the program content is based on the social learning model of parent-child interaction, social information processing model, and research in child and family behaviour therapy, applied behaviour analysis, child development, and developmental psychopathology (Sanders, 2003). The aim of Triple P is to prevent child emotional and behavioural problems by enhancing parenting knowledge, skills, and confidence (Sanders, 2012). Parents are taught to provide an engaging environment for their children, promote children's competencies, deal with children's behaviour using non-coercive strategies, and work collaboratively with other child caregivers (Sanders, 2003).

Triple P has various program variants with different levels of program intensity and modes of delivery (Sanders, 2012). The five levels of intervention in Triple P include: (1) Universal Triple P, a media-based campaign that aims to promote positive parenting practices and parent participation in parenting programs; (2) Selected Triple P, brief parenting interventions that can be delivered as large group parenting seminars or brief consultations; (3) Primary Care Triple P, a short-duration of active skill training for individual parents who have specific concerns about their child's behaviour; (4) broad-focus parent training that can be delivered individually (Standard Triple P) or in group settings (Group Triple P); and (5) intensive family interventions for parents who have children with behaviour problems and experience family dysfunction or conflict (Enhanced Triple P) or parents

who are at risk in maltreating their children (Pathways Triple P; Sanders, 2008).

Research has demonstrated the effectiveness of Triple P in decreasing child social, emotional, and behaviour problems, and dysfunctional parenting practices, as well as increasing parental self-efficacy, parental adjustment, and parental relationships (Sanders et al., 2014). The implementation of the Triple P multi-level system in Australia (Sanders et al., 2008) demonstrated positive results as shown by the reduction of the number of children with emotional and behavioural problems, parental stress and coercive parenting practices in the intervention communities in comparison to the care as usual communities. Similar results were found in the implementation of the Triple P multilevel system in the United States of America (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). A greater reduction in child maltreatment cases was found in the intervention counties condition in compared to the care as usual comparison counties.

Triple P has been evaluated in diverse cultural contexts. A randomised-controlled trial with 69 Chinese parents in Hong Kong showed a reduction in dysfunctional parenting practices, as well as an increase in parenting competencies in comparison to the waitlist-control parents (Leung, Sanders, Leung, Mak, & Lau, 2003). Japanese parents living in Australia (Matsumoto, Sofronoff, & Sanders, 2007) and Japan (Matsumoto, Sofronoff, & Sanders, 2010) that received the Group Triple P program reported significant reductions in child behavioural problems, dysfunctional parenting styles, and parental conflict, as well as an increase in parenting confidence. Parents also endorsed high acceptability ratings on the program content (Matsumoto et al., 2010). The evaluations of Triple P in developing countries are limited, but the results are promising. Iranian parents who attended Group Triple P reported positive changes in child behaviour, parenting practices, parental relationships, and parental adjustment (Tehrani-Doost, Shahrivar, Mahmoudi Gharraie, & Alaghband-Rad, 2009). A randomised-controlled study in Panama, Latin America, involving 108 parents of children with difficult behaviour and were also living in poverty, showed that the Triple P Discussion Group (Level 3) was effective in reducing child behavioural problems and the intervention effect was maintained at 3-month and 6-month follow up (Mejia, Calam, & Sanders, 2014). It should be noted, however, that most Triple P studies focus on the broad based Level 4 parenting programs and only few studies evaluate the lower levels of Triple P interventions. Lower intensity programs may provide benefits to parents

from developing countries, such as Indonesia, as the delivery of the programs are time efficient and cost effective.

The implementation of Triple P in Indonesia. Recent studies have trialled the Triple P Seminar Series with Indonesian parents residing in Australia (Sumargi, Sofronoff, & Morawska, 2014a) and Indonesia (Sumargi, Sofronoff, & Morawska, 2014b). The Triple P Seminar Series is the second level of intervention in the Triple P system that provides general parenting information to a large group of parents who are interested in the topics of the seminar or have only minor problems with their child's behaviour (Sanders, 2012). The program consists of three 90-minute seminars that can be delivered independently or in a series: *The Power of Positive Parenting; Raising Confident, Competent Children; and Raising Resilient Children* (Sanders & Turner, 2005). In order to make the program culturally appropriate, in the seminar delivery with Indonesian parents, the materials were translated and delivered in Indonesian. Minor adjustment was made in the graphic materials (i.e., pictures of Indonesian children and families) and case examples in Indonesian context were used to elaborate the points in the presentation.

A pilot study with 30 Indonesian parents residing in Australia showed positive results with respect to parent acceptability and program efficacy (Sumargi et al., 2014a). Parents positively evaluated the content of the program and provided high ratings on the cultural appropriateness and satisfaction with the program. Parents also reported decreases in the use of dysfunctional parenting strategies and the rate of child emotional and behavioural problems after attending a 90-minute Triple P seminar.

Similarly, a randomised controlled trial with 143 parents in Indonesia showed that the positive parenting principles of Triple P were culturally acceptable (Sumargi et al., 2014b). Parents in the intervention condition in comparison to those in the waitlist control group reported a greater decrease in the levels of child emotional and behavioural problems, dysfunctional parenting practices, parental stress, and a greater increase in the level of parenting confidence. The effects were maintained at 6-month follow up and further improvements were found for child emotional problems and family relationships.

The positive results of the implementation of Triple P in Indonesia suggest that the program benefits parents. The parenting principles and strategies in Triple P have been evaluated as consistent with Indonesian parents' beliefs and values. In general,

Triple P programs encourage parents to build good relationships with their children and use non-punitive parenting strategies. It is, therefore, necessary to consider the future directions and practical implications of the program.

Future Direction

The evaluation of Triple P in Indonesia has only been conducted in a small part of Indonesia (i.e., Surabaya). Conducting a population study by involving parents from different parts of Indonesia could extend the generalisability of the findings. It is also important to involve parents from a lower educational background and socioeconomic status as well as, parents from diverse ethnic groups to make the study more representative of the actual population. A nation-wide effectiveness trial of the Triple P Seminar Series or even all levels of the Triple P interventions would be ideal. This requires the program be delivered by trained practitioners in different community sites, such as schools and child-care centres, all around Indonesia. It would be interesting to see whether a population roll-out of Triple P can provide significant impacts on the quality of life of children and families in Indonesia and to understand to what extent the program and assessment process should be adjusted for parents from different ethnic groups and socioeconomic statuses. In this large scale research, the assessment period could be extended to one or two years to evaluate the intervention effects over a longer period of time.

At the practical level, the implementation of Triple P in the community can be used as a complement to existing parenting programs. For example, while Bina Keluarga Balita (BKB) focuses on teaching mothers to nurture their young children's development, Triple P would provide support for parents in teaching their children new skills and in preventing and managing their child's disruptive behaviour. For this purpose, it is necessary to provide Triple P training to existing professionals and paraprofessionals who work closely with children and families in educational and health settings. Support for these practitioners is also needed at post training. Service providers and government agencies should continue to monitor and provide necessary support when Triple P practitioners implement the program. This includes (although is not limited to) sufficient funding for conducting parent recruitment, providing parent resources and facilities, as well as holding continuous program evaluation.

Considering that the Indonesian government aims to promote the quality of life of Indonesian children through increasing health and education (Alisjahbana et al., 2010), dissemination of an evidence-based parenting program would fit well with this purpose. With support from researchers, policy and decision makers, service providers and practitioners, wider implementation of Triple P in the community would make a difference to the lives of Indonesian children and families.

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Note:

This paper is a part of the first author's PhD thesis supervised by the second and third author. The Triple P-Positive Parenting Program is owned by the University of Queensland (UQ). The University through its main technology transfer company UniQuest Pty Limited, has licensed Triple P International Pty Ltd to disseminate the program worldwide. Royalties stemming from this dissemination activity are distributed in accordance with the University's intellectual property policy and flow to the Parenting and Family Support Centre, School of Psychology, UQ; Faculty of Health and Behavioural Sciences; and contributory authors. No author has any share or ownership in Triple P International Pty Ltd. Agnes Sumargi was a PhD student in the School of Psychology, UQ, at the time of study; Kate Sofronoff is an academic on staff in the School of Psychology, UQ; and Alina Morawska is an author of various Triple P programs.