Effectiveness of “Mindful Parenting” Program in Reducing Parenting Stress

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Candidate of **Doctor of Philosophy** in psychology at the National University of Modern Languages do hereby declare that the thesis **"Effectiveness of "Mindful Parenting" Program in Reducing Parenting Stress"** submitted by me in partial fulfillment of Doctorate degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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Date

Dedicated to

The Prophet of Love, Peace and Mercy

Muhammad (Peace Be Upon Him), My Treasured Parents, Siblings

And

Yumna

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In the name of Allah, the most Merciful and the most Beneficent

"**Here's to strong women. May we know them. May we be them. May we raise them**"

I am profoundly moved by the extraordinary strength, courage, and resilience that women embody. From the hardships they endure to the grace with which they navigate life's challenges, women possess an unparalleled power that is both deep and limitless. Their ability to rise above adversity, persevere, and lead with wisdom, compassion, and integrity is a reflection of their divine strength. Throughout history, women have shaped the course of humanity through their unwavering faith, determination, and dedication. Their courage, rooted in their deep connection to Allah and their nurturing spirits, continues to inspire me every day.

This work is dedicated to the strong women in Islam whose lives have been a testament to unwavering faith, resilience, and courage. Women like ***Hazrat Hawwa*** (Eve; Peace be upon Her), the first woman, whose strength and grace marked the dawn of creation; ***Hazrat Maryam*** (Mary; Peace be upon Her), mother of the Prophet Issa (Jesus; Peace be upon Him), whose purity, devotion, and unwavering faith serve as a shining beacon for all generations**;** ***Hazrat Asiya*** (Peace be upon Her), the wife of Pharaoh, who chose faith over power and defied oppression at great personal cost; ***Hazrat Khadijah bint Khuwaylid*** (Peace be upon Her), the wife of the Holy Prophet (Peace be upon Him), the accomplished business woman who supported Him with extraordinary strength, integrity, and wisdom; ***Hazrat Aisha bint Abu Bakr*** (Peace be upon Her), the wife of the Holy Prophet (Peace be upon Him) whose brilliance as a scholar and leader has left an indelible mark on the legacy of Islam; ***Hazrat Fatimah bint Muhammad*** (Peace be upon Her), the beloved daughter of the Prophet (Peace be upon Him), whose piety, compassion, and unwavering resilience in the face of hardship continue to inspire millions and ***Hazrat Zainab bint Ali***, (Peace be upon Her), the daughter of Hazrat Ali (Peace be upon Him),whose courage and resilience in the aftermath of the tragedy of Karbala have become a lasting symbol of strength and

devotion. These women, through their sacrifices and their unshakable faith, have shown us that true strength is not just physical, but also deeply spiritual. Their lives are a powerful reminder that resilience, compassion, wisdom, and conviction are the pillars of true strength. Their legacy continues to uplift and inspire women around the world, making them timeless role models of grace, dignity, and faith.

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To ***all the women who pour their hearts into raising their children***, facing each day with resilience and love despite the challenges—know that I see you. I see the quiet sacrifices, the boundless patience, and the fierce strength that you carry for your families. You are not alone. I understand the battles you fight silently, the dreams you

hold onto for a better future. This work is dedicated to you, in honor of your unwavering courage and commitment. Your strength shines brightly in every moment, and you are an inspiration to all.

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Finally, I dedicate this work to my daughter, ***Yumna*.** You are my greatest source of strength and inspiration. Your resilience, courage, and belief in me have propelled me forward through the toughest of times. Your wisdom, strength, and unwavering support remind me daily that the future is bright, and that women like you will continue to lead with compassion, intelligence, and grace. You embody the very essence of the strength and resilience that I celebrate in this work, and I am incredibly honored to witness your growth into a strong, resilient woman. You are the future, and with your strength, the world will undoubtedly be a better place. In shaaAllah.

Uzma Shafiq

ABSTRACT

Parenting stress is not only a personal burden but also a profound determinant of the mental health crisis in children and youth, which is showing an upward trend in the contemporary world. This context underscores the need for effective interventions to mitigate the effects of parenting stress and foster healthier families. While a multitude of evidence-based interventions to reduce parenting stress have been established in Western contexts, Pakistan faces a stark scarcity in comparable research and programs. The present study aims to culturally adapt, implement, and evaluate the effectiveness of Mindful Parenting (MP) program for Pakistani parents facing parenting stress. MP, an evidence-based intervention underpinned by the cognitive parenting paradigm, has proven its efficacy in reducing parenting stress across multiple cultures and settings. This work represents the first intervention study employing a mindfulness-based program conducted in Pakistan to reduce parenting stress. The present research comprises four studies. Study I was designed to pilot test the Mindful Parenting program in its original form and the outcome measures on a sample of six parents. In light of their feedback, cultural adaptation and translation of the program and outcome measures into Urdu were conducted in Study II by employing the heuristic model developed by Barrera and Castro (2006). Cultural mismatches were identified in the content and structure of MP, while maintaining its core elements. Islamic concepts and teachings, along with cultural elements, were added to the adapted version. A pilot test was conducted for the culturally adapted Urdu version of MP, named *Bashaoor Tarbiyat-e-Aulad*, and outcome measures. A sample of 10 mothers participated in the study. The results indicated moderate to good reliability across all outcome measures. Based on the mothers' feedback, *Bashaoor Tarbiyat-e-Aulad* was considered an effective

intervention for Pakistani parents combating parenting stress. Study III was designed to test the efficacy of *Bashaoor Tarbiyat-e-Aulad* in reducing parenting stress and to assess its effects on the well-being of both parents and children. Utilizing a randomized control trial (RCT) with a waitlist control group, 127 mothers (Mean age = 36.56, SD = 6.00) were randomly assigned to the intervention (n=63) and the control conditions (n=64). Pre- and post- intervention scores on outcome measures were taken, with the outcome measures categorized into three domains: parenting, parental wellbeing, and child emotional and behavioral problems. Analysis of Covariance (ANCOVA) and Repeated Measures Analysis of Variance (ANOVA) were conducted to evaluate between-group and within-group changes, as well as interaction effects. Effect sizes were calculated for both groups independently. The results showed significant differences in all domains except for the sub-domain of marital satisfaction. A significant reduction in parenting stress was found in the intervention group where the mothers also showed a significant increase in parental sense of competence, mindful parenting, self-compassion, couple satisfaction, mental well-being, and mindfulness as compared to those in control group. Similarly, a significant reduction in internalizing and externalizing problems was observed in the children of the intervention group as compared to those of control group, along with a significant increase in prosocial behavior, as reported by the mothers in intervention group. Study IV was designed to gather detailed feedback about the contents, delivery and effects of *Bashaoor Tarbiyat-e-Aulad* and give a booster session to the mothers. The study provides preliminary evidence supporting the effectiveness of *Bashaoor Tarbiyat-e-Aulad* for Pakistani parents. Despite its limitations, the results of this study are promising and suggest that *Bashaoor Tarbiyat-e-Aulad* is an effective intervention for reducing parenting stress and promoting

both parental and child well-being, even when implemented in diverse contexts and settings. The implications of this study are discussed in relation to the implementation of the program for other relevant populations of parents and children, either as a standalone intervention or in combination with behavioral parenting programs to maximize its benefits for fostering a healthy and thriving society.

Chapter I

INTRODUCTION

For a peaceful and thriving society, the wellbeing of children is paramount. Montessori (1992) once stated “The child is both a hope and a promise for mankind” (p.76). Being the lifeblood for a harmonious world, children need to be accepted, respected, appreciated and loved. Such an approach is imperative to cultivate emotional intelligence, resilience as well as physical, emotional, psychological and social wellbeing in them. Moreover, it instills strong values in children and creates the fertile ground to let the unique strengths and capabilities bloom in them. In turn, a ripple effect is created that results in developing happy, productive, empathetic and motivated individuals that are fundamental for the collective wellbeing of the community, acting as vibrant threads that beautify the fabric of society.

One-third of the world population comprises children and youth. Unfortunately, the 21st century is witnessing an unprecedented increase in mental health challenges in them with 10- 20% facing these problems (Baranne & Falissard, 2018; Belfer, 2008; Bor et al., 2014; Boyle et al., 2019; Center for Disease Control and Prevention [CDC], 2024; Glied & Cuellar, 2003; Membride, 2016; Slomski, 2012; Tolan & Dodge, 2005) especially in low and middle income countries (LMICs) where they make up half of the population (Barry et al., 2013; Juengsiragulwit, 2015; Klasen & Crombag, 2013; Morris et al., 2011; Patel, 2007; Patel et al., 2013; Ribeiro et al., 2009; Zhou et al., 2020). According to a systematic review, internalizing and externalizing disorders are multiplying rapidly among children with one out of five children effected by them around the globe (Bor et al., 2014). This trend is seen in both developed as well as low and

middle income countries where statistically significant increase over time in global burden of mental disorders is noted (Baranne & Falissard, 2018).

The literature shows that childhood psychopathology may be caused by a complex interaction of multiple factors including a wide array of biological, psychosocial, environmental and cultural factors (Collishaw, 2015; Essex et al., 2006; Schulte-Körne, 2016), however, the most influential contributing factors are related to parenting and parent-child relationship (Ben Brik et al., 2024; Bolghan-Abadi et al., 2011; Bosqui et al., 2024; Hamovitch et al., 2019; Katsantonis & McLellan, 2024; Ryan et al., 2017; Sampaio et al., 2024; Sandler et al., 2008; Yan et al., 2024). The quality of parenting is greatly effected if the parent experiences parenting stress (Burgdorf, 2019; Crnic & Low, 2005; Deater-Deckard, 2004; Fu et al., 2023; Gouveia et al., 2018; Guajardo et al., 2009; Hattangadi et al., 2020; Holly et al., 2019; Hugill et al., 2017; Kazdin & Whitley, 2003; McQuillan & Bates, 2017; Sepa et al., 2004; Trumello et al., 2023; Williford et al., 2007) which has proved to have adverse effects on mental health and wellbeing of both parents as well as children including psychopathology, low self-esteem, burnout, fatigue, negative self-concept, poor cognitive functioning, low social-emotional competencies etc. (Abidin, 1990; Crnic & Low, 2005; Deater-Deckard, 2004; Dunning & Giallo, 2012; Gouveia et al., 2016; Holly et al., 2019; Sepa et al., 2004; Stopczynski, 2019).

DEFINING PARENTING STRESS

Despite the satisfaction, joy and meaningfulness it brings, parenting, by its very nature is a challenging and stressful endeavor. Parenting stress has been the focus of

developmental psychology for more than five decades. Transactional model of stress and coping regards *stress* as the result of an imbalance between the demands of a stressor and the resources of an individual to fulfill the demands (Biggs et al., 2017; Folkman, 1984, 1997, 2008; Folkman & Lazarus, 1985, 1988; Folkman & Moskowitz, 2004; Hayes & Watson, 2013; Karasavvidis &Avgerinou, 2011; Lazarus, 1966, 1990; Lazarus et al., 1985; Östberg et al., 2007; Sepa et al.,2004).

Similarly, different conceptualizations of *parenting stress* point out to the imbalance between demands related to parenting and resources required to fulfill these demands as the cause of parenting stress (Abidin, 1982, 1990, 1992; Anthony et al., 2005; Crnic et al., 2005; Crouch et al., 2019; Deater-Deckard, 1998, 2004, 2005; Dunning & Giallo, 2012; Fischer, 1990; Fu et al., 2023; Hayes & Watson, 2013; Holly et al., 2019; Hugill et al., 2017; Karasavvidis & Avgerinou, 2011; Kline et al., 1991; Louie et al., 2017; Loyd & Abidin, 1985; Östberg et al., 2007; Øygarden et al., 2022; Perez Algorta et al., 2018; Raphael et al., 2010; Sepa et al., 2004; Solis & Abidin, 1991; Trumello et al., 2023; Wang et al., 2022).

A comprehensive analysis of existing scholarly works highlights the *demandingness* and *challenges* of parenting role while defining the construct of parenting stress. For instance, Fischer (1990) believes that "Parenting stress is characterized by a parent feeling a perceived lack of resources for dealing with his/her demands" (p.337). Later, Abidin, who is known for his extensive work on parenting stress (Abidin, 1982, 1990, 1992; Holly et al., 2019; Loyd & Abidin, 1985; Solis & Abidin, 1991) proposed that "Parental stress arises when the demands of a parenting situation exceed the coping resources a parent needs to be successful in the parenting role and can be influenced by

child behavior and dysfunction in the parent-child relationship (Abidin, 1992, p.410).

Similarly, Deater-Deckard (1998) defines parenting stress as "the aversive psychological reaction to the demands of being a parent" (p. 315). Highlighting the feelings that parents experience during parenting stress, he further added that parents have "negative feelings toward self and toward the child or children, and by definition these negative feelings are directly attributable to the demands of parenthood" (p. 315). Later, he proposed a more comprehensive definition of parenting stress according to which:

> "Parenting stress can be defined succinctly as *a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood.* Parenting stress involves a broad set of complex, dynamic processes linking the child and her behaviors, perceived demands of parenting, parenting resources, physiological reaction to the demands of parenting, qualities of the parent's relationships with the child and other family member, and links with other people and institutions outside of the home (2004, p. 6).

Similarly Dunning & Giallo, (2012) define parenting stress as "difficulties or demands experienced in the parenting role, such as managing children's behavior, establishing and maintaining family routines, and engaging in daily care-giving tasks" (p.147). In the same way, Anthony et al (2005), sees parenting stress as "the difficulty that arises from the demands of being a parent" (p. 134). Bogels et al (2010) also observes that "this type of stress is caused by a perceived mismatch between parenting demands and individual resources and can be experienced in several dimensions of life

and parenting (p.109).

For Östberg et al (2007), “Parenting stress can be seen as resulting from a perceived discrepancy between demands pertaining to parenthood and personal resources, and such stress can be experienced in several areas of life connected to parenting (p.208). According to a concise definition of parenting stress proposed by Loh et al (2017), it is “the stress associated with rearing children” (p.231) while Hoekstra-Weebers, (2001) conceptualizes it as “the stress experienced in carrying out parental roles (p.226).

Thus, parenting stress is a multifaceted construct, which comprises inputs from multiple domains including parents, children, their relationship and a variety of external factors and their complex interplay as described by yet another definition proposed by Pisula (2011) who sees it as “a consequence of a complex set of significant and persistent challenges associated with care of the child” (p.88).

Exhaustive exploration of scholarly work also shows that the terms *parenting stress* and *parental stress* have been interchangeably used for the same construct, however the use of *parenting stress* (Abidin, 1990, 1992; Anderson, 2008; Anthony et al., 2005; Barroso et al., 2018; Burgdorf et al., 2019; Chaplin et al., 2021; Cousino & Hazen, 2013; Crnic et al., 2005; Crnic & Greenberg, 1990; Crouch et al., 2019; Deater-Deckard, 2004, 2005; Dunning & Giallo, 2012; Fang et al., 2024; Fischer, 1990; Fu et al., 2023; Gouveia et al., 2018; Harewood et al., 2017; Hattangadi et al., 2020; Hayes & Watson, 2013; Holly et al., 2019; Huang et al., 2014; Hugill et al., 2017; Karasavvidis & Avgerinou, 2011; Khooshab et al., 2016.; Kline et al., 1991; Kwok & Wong, 2000; Liu et al., 2024; Milgram & Atzil, 1988; Nair et al., 2003; Nomaguchi et al., 2017; Östberg &

Hagekull, 2000; Östberg et al., 2007; Perez et al., 2018; Quittner et al., 1990; Rodriguez, 2011; Sepa et al., 2004; Theule, 2010; Ünsal & Acar, 2023; Wang et al., 2022; Williford et al., 2007; Yeom et al., 2023) is more frequent than *parental stress* (Deater-Deckard & Panneton, 2017; Emerson & Bögels, 2017; Guajardo et al., 2009; Hanson & Hanline, 1990; Hastings, 2002; Jarvis & Creasey, 1991; Kazdin & Whitley, 2003; Lisanti, 2018; McQuillan & Bates, 2017; Øygarden et al., 2022; Păsărelu et al., 2023; Ríos et al., 2022; Stelter & Halberstadt, 2011).

THEORIES OF PARENTING STRESS

Scholars and experts have approached the concept of parenting stress through a range of perspectives (Abidin, 1990, 1992; Belsky, 1984; Bögels & Restifo, 2014; Crnic & Greenberg, 1990; Webster-Stratton, 1990). However, the parent-child-relationship theory (P-C-R; Abidin, 1990, 1992) and daily-hassles (DH; Crnic & Greenberg, 1990; Crnic & Low, 2005) have been prominent in explaining and gauging the concept, factors and effects of parenting stress.

Parent-Child-Relationship (P-C-R) Theory

Developed by Richard Abidin in 1970s and further refined over subsequent decades, the parent-child-relationship theory is a comprehensive framework that is based on three important domains i.e parent, child and parent-child relationship domains. The parent domain comprises those facets of parenting stress that are related to parents i.e personality, temperament, psychopathology etc., child domain includes facets of parenting stress related to the child, for example, behavioral and emotional problems,

developmental disabilities, psychopathology, biological vulnerabilities etc. whereas parent-child domain comprises those facets of parenting stress that are related to the quality of relationship between parent and child, for instance, conflicts, communication problems between parent and child etc. Complicated interactions and dynamics among these domains result in negative parenting behaviors and high parenting stress (Abidin, 1990, 1992; Biondic, 2019; Crnic & Low, 2005; Deater-Deckard, 2004; Holly et al., 2019; Kochanova, 2018; Morgan et al., 2002; Theule, 2010).

Abidin further highlights bi-directionality in parent and child effects where parents' factors effect the children, for instance a parent's psychopathology would increase negative parenting behaviors and stress resulting in negative effects on children. On the other hand, if for example, a child is suffering from congenital condition, disability or externalizing/internalizing problems, it will make parenting more stressful and results in reduced wellbeing in parents and poor parenting practices (Deater-Deckard, 2004; Ingram, 2018; Louie et al., 2017; Rodriguez, 2011; Trumello et al., 2023)

Daily Hassles Theory (DH)

Developed by Crnic and Greenberg (1990), the theory of daily hassles (DH) asserts that parenting, though is a rewarding experience but is inherently stressful owing to its demandingness. Where most of the theorists focus on the role negative life events play in making parenting stressful, i.e. psychopathology in child, job loss, death of a loved one etc., the theory of daily hassles points out that parents experience parenting stress regularly and that is part and parcel of the parenting role. Daily hassles are the demands and irritations related to parenting. They may include poor time management,

transport issues for school, hurdles in executing different tasks related to parenting, arguments over division of parenting and household related chores etc. Such hassles may not be significantly distressing if considered individually, however, their cumulative effects lead to parenting stress (Crnic & Greenberg, 1990; Crnic & Low, 2005; Deater-Deckard, 1998, 2004; Deater-Deckard & Scarr, 1996; McQuillan & Bates, 2017; Morganet al., 2002).

Empirical evidence underscores correlation between these daily stressors and negative parenting behaviors that include child abuse, dysfunctional and harsh parenting, emotional and behavioral distancing from children, parent-child conflicts, marital discord, poor family functioning, low parenting esteem etc. (Burgdorf, 2019; Cousino & Hazen, 2013; Crnic & Greenberg, 1990; Crnic & Low, 2005; Deater-Deckard, 2004; Deater-Deckard & Scarr, 1996; Harewood et al., 2017; Kochanova, 2018; McQuillan & Bates, 2017; Morgan et al., 2002; Östberg & Hagekull, 2000; Păsărelu et al., 2023; Stelter & Halberstadt, 2011; Turner, 2005; Yeom et al., 2023).

Evolutionary Perspective on Parenting Stress

Bringing a child to the age of maturity can be a reason for stress for many parents, particularly for those who are struggling with various psychological problems like anxiety or depression. Children with certain difficulties in terms of managing their emotions and physical development can also make parenting more stressful (Deater-Deckard, 1998). As per the evolutionary approach, those parenting attitudes and practices that ensured a child' survival are passed to the future generations. Bogels and Restifo (2014) proposed an evolutionary perspective on parenting stress according to which four

factors are considered most influential in initiating and exacerbating parenting stress if they lack balance. They include requirement for substantial resources to nurture a child, difference between contemporary family environment and the one in which parents evolved, attachment system which is inherited by offspring from parents and the inherited system of affect regulation.

Source 1: Requirement of Enormous Resources to Raise a Human Child to Maturity

Nurturing and raising a child to maturity requires substantial resources. Parents, particularly mothers are given an ideal image in parenting and child bearing before becoming parents where the challenges naturally embedded in this role are usually not highlighted. Parents often find themselves in extensive guilt when they are unable to meet those expectations.

Throughout the history, parents have tried to attain a balance between resources required for parents and those needed for children, however, in case of an imbalance, a mother's commitment and motivation to look after the baby and nurture her diminishes.

According to the natural selection perspective, pregnant women need an environment rich in caretakers and resources. In the evolutionary history, natural mechanisms in the body when reached an optimal level that was required for pregnancy would facilitate conception. Similarly, in the external world the required resources especially social support would facilitate the smooth upbringing of the child. According to a study by Hardy (2011), if human mother faces lack of support and resources, she is likely to abandon her child. These natural mechanisms are lost in the contemporary world

where the human beings spend most of the time in doing modes which has resulted in an imbalance of these resources and high parenting stress (Bogels & Restifo, 2014).

Source 2: Difference in Modern Family Environment and the Environment in Which Evolution Took Place

The current parenting environment differs from that of past ancestors, where 90% of the evolution took place. Observing various cultures systematically revealed that humans have developed as cooperative breeders (Hrdy, 2011). Within the modern nuclear family system, parents and children are not living together mindfully, instead living separately under one roof. Compared to the hunter-gatherer ancestors, the current child care burden is higher and the resources for this purpose are lower. This means that modern humans have little social support for the child care and are able to give less time to their children because they have demanding work. In the current environment, both parents are working and thus have little time to cater the needs of their children and lack the time for mindful parenting. The modern family environment is thus a breeding ground for parenting stress (Bogels & Restifo, 2014).

Source 3: Inherited Affect Regulation System

Gilbert (2009) proposed a model of compassion comprising drive, commitment and threat systems. The drive aspect of the model fuels human motivation for acquiring support, means, incentives and gains. In case it is over activated as seen in the contemporary world, it makes the human push for more and be obsessed while chasing success. Similarly, the nature of threat has also changed in the modern world where

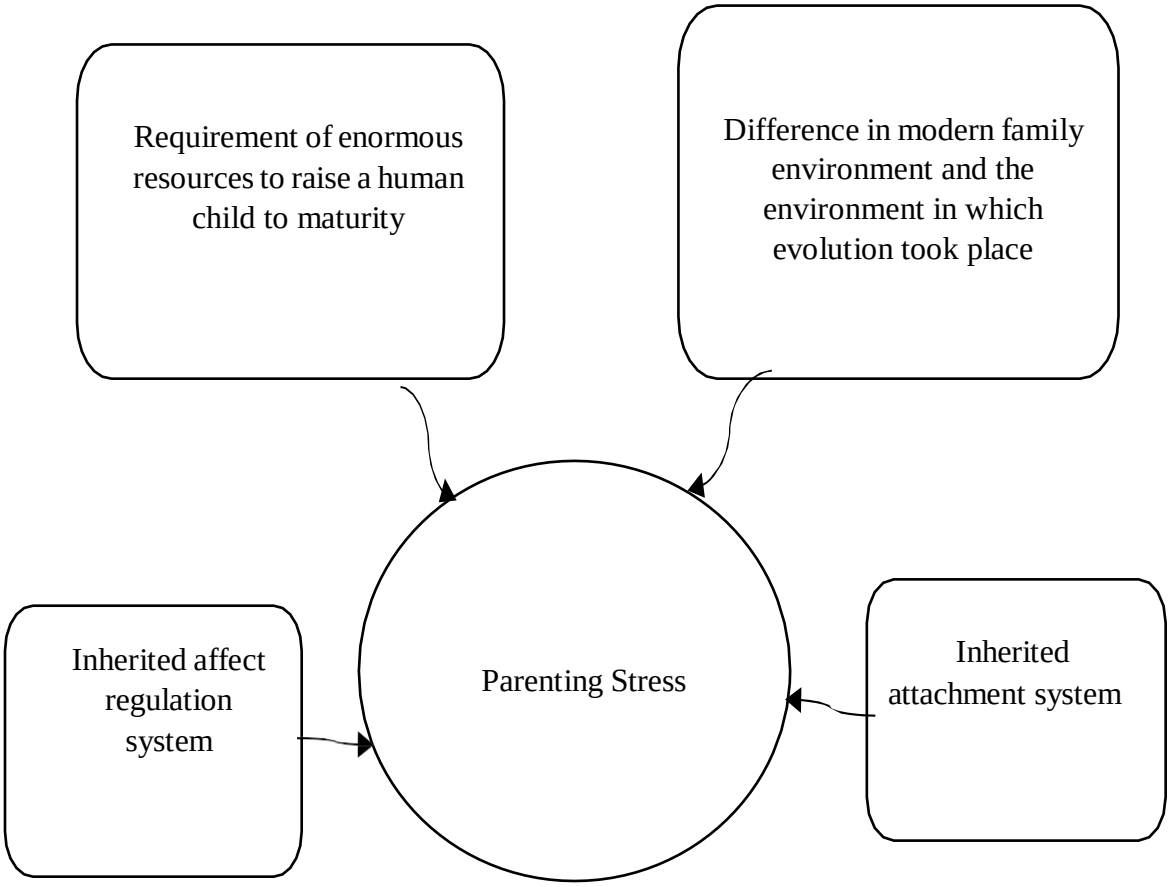
social isolation is more threatening than an actual danger to the human survival e.g. a snake or earthquake. As a result, the human relationships lack emotions and compassion. This affects parent-child relationship too and makes parenting a stressful pursuit (Bogels & Restifo, 2014).

Source 4: Inherited Attachment System

Attachment and bonding is vital for human beings to survive. The attachment system is shaped by evolution, influences parenting and is also inherited by future generations to ensure their survival. It is responsible for soothing and reassuring a distressed child and also aids parents in getting emotionally bonded with their offspring thus reducing parenting stress. If parents were not able to develop secure attachment and bonding with significant others when they were growing up, they are unable to form close bonds with their children. They have an automatic reactive mode through which they replicate their relationship patterns with their own children. As a result, parenting becomes more challenging and parenting stress increases (Bogels & Restifo, 2014).

Figure 1

Evolutionary Perspective on Parenting Stress



Note. This figure is made as per the evolutionary perspective on parenting stress by Bogels & Restifo (2014, p. 16)

FACTORS CONTRIBUTING TO PARENTING STRESS

Parenting stress arises from a complex interplay of factors associated with parents, children, the parent-child relationship, parenting practices, family dynamics, marriage, and societal influences, each exerting a unique pressure on parents as they navigate the demands of raising children.

A wide range of factors related to parents contribute to parenting stress (Crnic & Low, 2005; Deater-Deckard, 2004). The relevant literature shows that age, ethnicity and educational level are important contributing factors to parenting stress. Young mothers, individuals belonging to a minority and those with low educational level experience more parenting stress (Fang et al., 2024; Huang et al., 2014; Louie et al., 2017; Östberg & Hagekull, 2000; Östberg et al., 2007; Perez et al., 2018; Sepa et al., 2004; Theule, 2010). Similarly parenting stress is higher in parents with cognitive challenges (McQuillan & Bates, 2017), different health concerns including cardiac problems, diabetes, fatigue, sleep disturbances, postpartum (Anderson, 2008; Dunning & Giallo, 2012; McQuillan & Bates, 2017; Östberg et al., 2007), drug abuse (Dunning & Giallo, 2012; Nair et al., 2003; Sepa et al., 2004), low locus of control (Pisula, 2011), low self- esteem (Crnic & Low, 2005; Pisula, 2011), traumatic childhoods (Crouch et al., 2019; Hugill et al., 2017; Theule, 2010), mental health challenges including both internalizing and externalizing disorders (Anthony et al., 2005; Deater-Deckard, 2004; Deater-Deckard & Scarr, 1996; Dunning & Giallo, 2012; Fang et al., 2024; Morgan et al., 2002; Perez et al., 2018; Pisula, 2011; Theule, 2010; Theule et al., 2013; Williford et al., 2007) and challenging temperaments (Deater-Deckard, 2004; Dunning & Giallo, 2012; McQuillan & Bates, 2017).

Similarly, in children, there are multiple personal factors that contribute to parenting stress. For instance age of the child is an important variable. The literature shows that as different developmental stages have their own challenges, the stress parents experience also change with age of the child. Parents of children who are infants and toddlers,(Dunning & Giallo, 2012; Øygarden et al., 2022), preschoolers and those in early and middle childhood (Crnic et al., 2005; Crnic & Low, 2005; Huang et al., 2014; Trumello et al., 2023; Wang et al., 2023; Williford et al., 2007) and adolescents (Anderson, 2008; Chaplin et al., 2021; Huang et al., 2014; Liu et al., 2024; Putnick et al., 2010) experience parenting stress.

With respect to the gender of the child, it is suggested that parenting stress may be effected by interplay of the gender of parent as well as the child (Putnick et al., 2010), however, most of the studies point to the finding that parents of boys may experience more parenting stress than those of girls especially in the cases when boys have behavioral problems (Crnic & Low, 2005; Kochanova et al., 2022; Trumello et al., 2023; Wang et al., 2023; Williford et al., 2007).Similarly, parenting stress is high when children have biological vulnerability i.e. born with low birth weight, congenital deformities and health issues, chronic illness (Barroso et al., 2018; Bechtel, 2016; Cousino & Hazen, 2013; Crnic & Low, 2005; Deater-Deckard, 2004; Khooshab et al., 2016; Lisanti, 2018; Louie et al., 2017; Östberg et al., 2007; Pisula, 2011; Theule, 2010), psychopathology (Anderson, 2008; Barroso et al., 2018; Chaplin et al., 2021; Crnic et al., 2005; Crnic & Low, 2005; Deater-Deckard, 2004; Fang et al., 2024; Hastings, 2002; Holly et al., 2019; Kazdin & Whitley, 2003; Kochanova et al., 2022; Lisanti, 2018; Louie et al., 2017; McQuillan & Bates, 2017; Perez et al., 2018; Robinson & Neece, 2015;

Theule, 2010; Trumello et al., 2023; Ünsal & Acar, 2023; Williford et al., 2007), developmental disabilities (Barroso et al., 2018; Crnic & Low, 2005; Deater-Deckard, 2004; Fischer, 1990; Fu et al., 2023; Hastings, 2002; Hayes & Watson, 2013; Karasavvidis & Avgerinou, 2011; Pisula, 2011; Theule, 2010; Wang et al., 2022; Yeom et al., 2023), low self- esteem and social competence (Theule, 2010). Parents of children with these problems face stigma and blame which further exacerbate parenting stress (Deater-Deckard, 2004).

In addition to the personal factors related to parents and children, a multitude of variables specific to parent-child relationship and parenting also exert a detrimental effect in creating and increasing parenting stress. They include low attachment security between parent and child (Theule et al., 2013), care taking hassles (McQuillan & Bates, 2017; Östberg et al., 2007; Putnick et al., 2010), child abuse and neglect (Deater-Deckard & Scarr, 1996; Östberg & Hagekull, 2000), negative emotional experiences related to parenting (Perez et al., 2018), low father participation in parenting (Nomaguchi et al., 2017), feeling of parental incompetence (McQuillan & Bates, 2017; Östberg et al., 2007), harsh and authoritarian parenting (Crnic et al., 2005; Deater-Deckard & Scarr, 1996), negative perceptions about children (Anthony et al.,2005), parent-child conflict (Crnic et al., 2005; Crnic & Low, 2005; Deater-Deckard & Scarr, 1996; McQuillan & Bates, 2017; Perez et al., 2018; Putnick et al., 2010), negative role identity as parents (Walker, 2000), low parental efficacy (Dunning & Giallo, 2012), negative parenting behaviors (Deater-Deckard, 2004), lack of parenting knowledge and skills (Deater-Deckard, 2004; Deater-Deckard & Scarr, 1996) and finally low satisfaction with their parenting (Crnic & Low, 2005; Sepa et al., 2004).

Contextual factors that include family structure and functioning, marital relationship, marriage type, race and ethnicity, financial stress, neighborhood, living conditions, social support etc. also make up an important domain for causing and increasing parenting stress. In the light of existing literature, parents from high risk communities, ethical and racial minorities, low socioeconomic status, those living in high crime neighborhood or with poor living conditions have high levels of parenting stress (Anderson, 2008; Deater-Deckard, 2004; Fischer, 1990; Hayes & Watson, 2013; Huang et al., 2014; Lisanti, 2018; Louie et al., 2017; McQuillan & Bates, 2017; Morgan et al., 2002; Perez et al., 2018; Sepa et al., 2004; Theule, 2010; Theule et al., 2013; Wang et al., 2022).

When it comes to the family structure and functioning, the parents with high marital discord, more children, communication problems among family members, death of a family member, divorce and separation between parents and those with home chaos and overwhelming domestic chores face high parenting stress (Anderson, 2008; Deater-Deckard, 2004; Hsiao, 2008; Louie et al., 2017; McQuillan & Bates, 2017; Morgan et al., 2002; Östberg & Hagekull, 2000; Östberg et al., 2007; Sepa et al., 2004; Theule, 2010; Williford et al., 2007). Poor quality of marital relationship and dissatisfaction with marriage effects parenting practices and parent-child relationship resulting in high parenting stress (Belsky & Fearon, 2004; Chumakov & Chumakova, 2019; Dong et al., 2022; Ponnet et al., 2013). Though there is a dearth of work that shows a direct relationship between marriage type, parenting and parenting stress, the review of literature yields mixed results with respect to satisfaction and quality of marriage and its type i.e love and arranged marriages which also is determined by the cultural aspects

(Kausar et al., 2024; Kazemi, 2019) In addition, job loss, poverty, lack of social support, poor child care arrangements, work-family conflict are other important contextual factors (Anderson, 2008; Crnic & Low, 2005; Deater-Deckard & Panneton, 2017; Deater-Deckard & Scarr, 1996; Fu et al., 2023; Hsiao, 2008; Huang et al., 2014; Karasavvidis Avgerinou, 2011; Louie et al., 2017; McQuillan & Bates, 2017; Morgan et al., 2002; Östberg & Hagekull, 2000; Perez et al., 2018; Quittner et al., 1990; Sepa et al., 2004; Stelter & Halberstadt, 2011; Walker, 2000; Wang et al., 2022).

EFFECTS OF PARENTING STRESS

Existing body of relevant literature underscores that parenting stress effects a wide range of domains related to parents, children, parent-child relationship, marital relationships, family functioning, social interactions and work (Anthony et al., 2005; Burgdorf et al., 2019; Chaplin et al., 2021; Cousino & Hazen, 2013; Crnic & Low, 2005; Crouch et al., 2019; Deater-Deckard, 2004; Dunning & Giallo, 2012; Harewood et al., 2017; Holly et al., 2019; Kochanova et al., 2021; McBride, 2013; McQuillan & Bates, 2017; Pirraglia, 2019; Putnick et al., 2010; Sepa eta l., 2004; Trumello et al., 2023; Ünsal & Acar, 2023; Walker, 2000).

Studies indicate that as a result of facing parenting stress, the parents' psychological health and wellbeing are compromised resulting in internalizing and externalizing problems (Burgdorf et al., 2019; Crnic et al., 2005; Crnic & Low, 2005; Deater-Deckard, 2004; Deater- Deckard & Scarr, 1996; Dunning & Giallo, 2012; Fang et al., 2024; Holly et al., 2019; Ingram, 2018; McBride, 2013; McQuillan & Bates, 2017; Păsărelu et al., 2023; Perez et al., 2018; Stelter & Halberstadt, 2011; Stopczynski, 2019;

Theule, 2010; Ünsal & Acar, 2023; Wang, 2016). In addition to psychological health, it has been seen effecting the physical health too resulting in poor quality of sleep, weak immune system, fatigue etc. (Burgdorf et al., 2019; Cousino & Hazen, 2013; Dunning & Giallo, 2012; Wang, 2016). The parents report to experience burnout, low quality of life and also inability to take maximum advantage from interventions or trainings that they attend to combat effects of parenting stress (Holly et al., 2019; Theule, 2010; Wang et al., 2024).

Parenting stress not only effect parents' wellbeing but target children too in various domains. Prior findings reveal that it effects their physical health (Stopczynski, 2019) as well as mental wellbeing thus resulting in behavioral and emotional problems (Burgdorf et al., 2019; Chaplin et al., 2021; Crnic et al., 2005; Crnic & Low, 2005; Davis, 2015; Fu et al., 2023; Gouveia et al., 2018; Hattangadi et al., 2020; Hoang, 2015; Holly et al., 2019; Hsiao, 2008; Hugill et al., 2017; Kazdin & Whitley, 2003; Kochanova, 2018; Louie et al., 2017; McQuillan & Bates, 2017; Parks, 2018; Păsărelu et al., 2023; Pirraglia, 2019; Ríos et al., 2022; Robinson,2013; Rodriguez, 2011; Rubio, 2021; Sepa et al., 2004; Stopczynski, 2019; Trevisani, 2019; Trumello et al., 2023; Walker, 2000; Williford et al., 2007). In addition cognitive development is also effected resulting in a decrease in their ability to learn and experience (Trumello et al., 2023), poor academic achievement (Holly et al., 2019; Liu & Wang, 2015; Stopczynski, 2019), poor executive functioning (Rubio, 2021), difficulties in language acquisition (Harewood et al., 2017; Trevisani, 2019; Trumello et al., 2023), poor cognitive skills (Burgdorf et al., 2019; Guajardo et al., 2009) and delays in learning different skills (Trumello et al., 2023). The children have low self-esteem (Louie et al., 2017), self-

regulation and temperamental problems (Liu & Wang, 2015; McQuillan & Bates, 2017; Trevisani, 2019) and weak social development, poor social and interpersonal skills and competence, insecure attachment style, low socio-emotional competence(Bechtel, 2016; Burgdorf et al., 2019; Crnic et al., 2005; Davis, 2015; Fang et al., 2024; Guajardo et al., 2009; Harewood et al., 2017; McQuillan & Bates, 2017; Östberg & Hagekull, 2000; Robinson, 2013; Rubio, 2021;Stelter & Halberstadt, 2011; Stopczynski, 2019; Trevisani, 2019). They may feel powerless (Louie et al., 2017) and develop addiction problems too (Chaplin et al., 2021).

Parenting stress also effects parent-child relationship quality resulting in conflicts, harsh parenting and negative perceptions about self and the children, in parents (Cousino & Hazen, 2013; Kochanova, 2018). The body of relevant literature points out that parenting stress result in negative parenting behaviors, attitudes, practices and styles (Anderson, 2008; Anthony et al., 2005; Bechtel, 2016; Bradbury, 2012; Burgdorf et al., 2019; Chaplin et al., 2021; Crnic et al.,2005; Deater-Deckard, 1998; Fang et al., 2024; Gouveia et al., 2018; Harewood et al., 2017; Hastings, 2002; Holly et al., 2019; Huang et al., 2014; Hugill et al., 2017; Ingram, 2018; Kazdin & Whitley, 2003; Kochanova, 2018; Mahoney, 2009; McQuillan & Bates, 2017; Östberg & Hagekull, 2000; Păsărelu et al., 2023; Pirraglia, 2019; Putnick et al., 2010; Stelter & Halberstadt, 2011; Theule, 2010; Turner, 2005; Ünsal & Acar, 2023; Yeom et al., 2023) attachment related avoidance in parents (Stopczynski, 2019) that result in emotional and behavioral unavailability in parents for their children (Bradbury, 2012; Stelter & Halberstadt, 2011).

Parenting stress has also been found to result in child abuse and maltreatment (Bradbury, 2012; Davis, 2015; Păsărelu et al., 2023; Walker, 2000; Wang, 2016), parent-

child conflict and dysfunction (Davis, 2015; Hsiao, 2008; Pirraglia, 2019), demandingness in parenting (Yeom et al., 2023), inability to help children cope in difficult situations (Trumello et al., 2023), feeling of incompetence as a parent (McQuillan & Bates, 2017), inability to offer quality care to children, manage their needs and face parenting challenges (Dunning & Giallo, 2012; Gouveia et al., 2018; McBride, 2013; Perez et al., 2018; Wang, 2016; Yeom et al., 2023), inconsistent, negative and harsh discipline (Anthony et al., 2005; Kazdin & Whitley, 2003; Kochanova, 2018; McQuillan & Bates, 2017; Ünsal & Acar, 2023), insecure parent-child attachment bond (Wang, 2016), lack of warmth, support and responsiveness towards children (Harewood et al., 2017; Stelter & Halberstadt, 2011), low parental-efficacy (Deater-Deckard, 1998; Theule, 2010; Ünsal & Acar, 2023), negative perception about children and parenting role (Anthony et al., 2005; Bradbury, 2012; Chaplin et al., 2021; Deater-Deckard, 1998; Harewood et al., 2017; Mahoney, 2009; Trumello et al., 2023; Wang, 2016), poor communication with children and poor response to them (Mahoney, 2009) and psychological control in parenting (Bradbury, 2012; Kochanova, 2018; Wang et al., 2024). In addition family functioning and marital quality also are negatively effected (Anthony et al., 2005; Burgdorf et al., 2019; Chaplin et al., 2021; Crouch et al., 2019; Holly et al., 2019; McQuillan & Bates, 2017; Östberg & Hagekull, 2000; Perez et al., 2018; Pirraglia, 2019; Putnick et al., 2010; Sepa et al., 2004; Trumello et al., 2023; Ünsal & Acar, 2023; Walker, 2000).

INTERVENTIONS TO REDUCE PARENTING STRESS

There is a wide range of preventive and interventive parenting approaches

developed around the globe to address challenges related to parenting and parent-child relationship, for instance internalizing and externalizing problems, neurodevelopmental disorders, communication problems in parents and/or children as well as to enhance parenting quality by helping parents learn effective parenting skills and practices (Charles et al., 2011; Coates et al., 2015; Cowan et al., 1998; Forehand et al., 2013; Jeong et al., 2021; Leijten et al., 2015; Linares et al., 2006; Metzler et al., 2012; Mihelic et al., 2017; Morawska et al., 2019; Morawska & Sanders, 2006; Sanders et al., 2019; Sanders & Mazzucchelli, 2013; Shelleby & Shaw, 2014; Sicouri et al., 2018).

A thorough review of literature identified a large number of interventions that directly aim to reduce parenting stress that include triadic parent-infant relationship therapy (TRT) (Castel et al., 2016), ATHENA, a telehealth program is a 6 months long intervention that is developed to reduce parenting stress in parents having children with autism spectrum disorder (Allegra et al., 2019), life skills training (LST; Khooshab et al., 2016) and rational emotive parent education (REPE; Greaves, 1997; Joyce, 1988, 1995). Such interventions also include some other approaches that employed psychoeducation and play based mother child approaches (Missler et al., 2020; Tachibana et al., 2012).

In addition to these programs, a wide array of interventions make up another category of programs that have proved their effectiveness in significantly reducing parenting stress though they were not originally developed specifically for this purpose but are used in a large number of studies for other parenting related domains where parenting stress was taken as one of the outcomes. Some prominent ones in this regard are behavioral parent training (BPT; Gross et al., 1995; Tucker et al., 1998; Webster-

Stratton, 1993), mother-child education program (MOCEP; Bekman & Koçak, 2013; Ponguta et al., 2020) parent-child interaction therapy (PCIT; Cooley et al., 2014; Eyberg, 1988), parental training program (Li et al., 2013) parenting skill program (PSP; Vázquez et al., 2019), positive discipline parenting program (PDPS; Carroll, 2022; Nelson, 2006), triple p positive parenting program (Bor et al., 2002; Kleefman et al., 2014; Pouretemad et al., 2009; Roberts et al., 2006; Sanders, 2008; Turner et al., 2007) etc.

These programs are based on a variety of theoretical underpinnings including Baumrind's theory of parenting styles (Baumrind, 1991; Hong Kong Character City, 2018), Bowlby's attachment theory (Bowlby, 1979; Castel et al., 2016; Hemphill & Littlefield, 2001), Fonagy's concept of mentalization and reflective functioning in parents (Fonagy et al., 1991; Slade, 2007), Banduara's social cognitive theory (Bandura, 2001; Gross et al., 1995; Hemphill & Littlefield, 2001; Phelan, 2010), Vygotsky's theory of play (Tachibana et al., 2012; Vygotsky & Cole, 1978), Eyberg parent-child interaction approach (Eyberg, 1988), filial therapy (Ceballos et al., 2019; Guerney & Ryan, 2013), Adlerian theory of parent-child interaction (Dinkmeyer & McKay, 1997), Lazarus' theory of stress (Hemdi & Daley, 2017; Lazarus & Launier, 1978) and double ABCX model of family crises (McCubbin & Patterson, 2014).

These interventions have been successfully employed in clinical (Castel et al., 2016; Cates et al., 2016; Ji & Shim, 2020;; Tiwari et al., 2018) as well as community settings with typically developing children and their parents (Buchanan- Pascall et al., 2023; Carroll, 2022; Gentile et al., 2022;; Missler et al., 2020;; Vázquez et al., 2019; Vismara et al., 2020; with a variety of parent and children population, for example expecting parents (Missler et al., 2020), new parents (Vismara et al., 2020) maltreating

and abusive parents (Chaffin et al., 2012), parents with intellectual difficulties (Hodes et al., 2017), parents with low socioeconomic status (Cates et al., 2016), refugees or parents from marginalized communities (Ponguta et al., 2020), parents having children with developmental problems and birth defects (Ferrin et al., 2020; Gentile et al., 2022; Khooshab et al., 2016) and different age groups(Cates et al., 2016; Euser et al., 2016)

Thorough review of literature pointed out that these interventions can be differentiated on the basis of therapeutic orientations i.e. behavioral, cognitive behavioral, rational emotive behavior therapy, multimodal and behavioral-humanistic (Barlow et al., 2002). The programs that are targeted on changing problematic behaviors in parents and/or children through techniques that are embedded in behavioral paradigm to reduce parenting stress come under the category of behavioral parenting programs (Bekman & Koçak, 2013; Sanders, 2008). Similarly, a wide variety of programs that are used to reduce parenting stress employ cognitive-behavioral orientation that involves change of behavior as well as addressing the unhelpful thoughts, emotions and feelings related to parenting and parent-child interaction and changing them (Castel et al., 2016; Ceballos et al., 2019;Huibers et al., 2003). The programs that involve psychoeducation, coping responses and social interpersonal system come under the category of multimodal programs (Missler et al., 2020) whereas the programs that are based on challenging irrational beliefs that lead to parenting stress and reinforce rational beliefs employ rational emotive behavioral orientation that include REPE (Joyce, 1995). The fifth orientation is behavioral- humanistic that include the programs that are based on Webster-Stratton parenting series, for instance the incredible years (Webster-Stratton & Reid, 2018).

For past three decades, there has been a shift in the focus of parenting interventions where in addition to the children's mental health, parents' wellbeing and challenges especially emotional regulation and self-control has also become a priority, taking parents' mental health as the main agent of change for children's mental wellbeing. This is where the *third wave cognitive behavioral therapies* come into play, adding another orientation to parenting interventions. The fraternity of psychologists was introduced to this new wave 20 years ago (Hayes, 2004) that centers on how an individual relates to his experience, emotions and thoughts instead of trying to change them (Baer, 2005; Hayes & Hofmann, 2017). This orientation revolves around concepts such as acceptance, goals, presence, mindfulness, feelings, emotions, spirituality, values and relationship giving birth to a variety of interventions including mindfulness-based cognitive therapy (MBCT; Segal et al., 2012), functional analytic psychotherapy(FAP; Kohlenberg et al., 2009), acceptance and commitment therapy (ACT; Hayes & Pierson, 2005), mindful self- compassion (MSC; Germer & Neff, 2019; Neff & Germer, 2013), dialectical behavior therapy (DBT; Linehan & Wilks, 2015), and many others. Among all these intervention from third wave CBTs, *mindfulness* is the common thread.

THE CONCEPT OF MINDFULNESS

Mindfulness is defined as "the awareness that emerges through paying attention, on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003a, p.145)

The construct of mindfulness has been defined by other researchers too. For instance, Bishop (2004) defines mindfulness as "a process of regulating attention in

order to bring a quality of non-elaborative awareness to current experience and a quality of relating to one's experience within an orientation of curiosity, experiential openness, and acceptance" (p.234). Germer (2013) conceptualize mindfulness as "awareness, of present experience, with acceptance." (p.7) while for Herndon mindfulness means "being attentively present to what is happening in the here and now" (p.32).

Development of Mindfulness-Based Stress Reduction (MBSR)

Jon-Kabat Zinn, a professor of medicine, developed a group based intervention for stress reduction in 1979 which was named *mindfulness-based stress reduction* (MBSR) that comprises stress related themes, formal and informal meditations, class activities, mindful body movement and home works. This intervention was used with his patients suffering from chronic pain at the stress reduction clinic that he established at University of Massachusetts Medical Center (Kabat- Zinn, 2003a, 2003b, 2013; Kabat-Zinn & Kabat-Zinn, 2021).

Later, this approach was incorporated with elements of CBT as a result of collaboration between Jon Kabat-Zinn and some clinicians working on depression. This team work resulted in MBCT (Segal et al., 2012; Teasdale et al., 2000). In this way, MBSR does not directly come under the umbrella of third wave CBTs but was a powerful impetus for a large number of therapeutic interventions that employed mindfulness.

Types of Mindfulness Interventions and Their Effects

Interventions with mindfulness are categorized into two groups, i.e. mindfulness-

based interventions (MBIs) and mindfulness-oriented interventions (MOIs). Mindfulness-based interventions or psychotherapy are the ones in which the core element is mindfulness, they have a standard protocol and lessons to follow with formal and informal meditations and mindful body movement with the goal to reduce stress, anxiety, depression and other psychological concerns. These comprise MBSR, mindfulness-based cognitive behavioral therapy (MBCBT) and MBCT (Townshend et al., 2016) whereas mindfulness-oriented interventions are the ones that have mindfulness as one of the therapeutic approaches that make up the intervention to support the therapy goals. These include FAP (Kohlenberg et al., 2009), ACT (Hayes & Pierson, 2005), MSC (Germer & Neff, 2019; Neff & Germer, 2013), DBT(Linehan & Wilks, 2015).

Both mindfulness-based and mindfulness-oriented interventions have proved their effectiveness across multiple domains of human functioning. For instance, Keng et al., (2011) while reviewing 54 empirical studies for effects of mindfulness interventions that employed RCT (17 studies for MBSR, 13 for MBCT, 13 for DBT and 11 for ACT) found them to be effective in significantly reducing anxiety, rumination, depression, stress, anger, emotional dysregulation, lack of self- control, symptoms of phobia and bipolar disorder, substance use etc. In addition an increase in positive effect, life-satisfaction, emotional regulation, attention, memory, self-control, self-compassion, gratitude and forgiveness was also noted. Similarly, Creswell (2017) reported that in addition to bringing improvements in psychological domains, these interventions have been effective in improving physical health, pain symptoms, immunity etc.

Besides investigating the intrapersonal outcomes of mindfulness, the researchers have also broadened and applied the principles and practices of mindfulness to

interpersonal domains i.e parent-child relationship, family, couple and other social-relational contexts (Ahemaitijiang et al., 2021).

The Concept of Mindful Parenting and Effects of Mindful Parenting Programs

The concept of *mindful parenting* was developed and introduced to the West in 1997 when Myla and John Kabat-Zinn coined this term through their book *Everyday Blessings: The Inner Work of Mindful Parenting* (Kabat-Zinn & Kabat-Zinn, 1998) They defined mindful parenting as

> Mindful parenting is an ongoing creative process, not an endpoint. It involves intentionally bringing nonjudgmental awareness, as best we can, to each moment. This includes being aware of the inner landscape of our own thoughts, emotions, and body sensations, and the outer landscape of our children, our family, our home, and the broader culture we inhabit. It is an on-going practice that can grow to include: (1) greater awareness of a child's unique nature, feelings, and needs; (2) a greater ability to be present and listen with full attention; (3) recognizing and accepting things as they are in each moment, whether pleasant or unpleasant; (4) recognizing one's own reactive impulses and learning to respond more appropriately and imaginatively, with greater clarity and kindness (Kabat-Zinn & Kabat-Zinn, 2021, p.268).

A manualized mindful parenting program was also developed by them. On the basis of the mindful parenting concept, different models of mindful parenting were proposed (Bögels et al., 2010; Coatsworth et al., 2010; Duncan et al., 2009a; Townshend, 2016) and resultantly a large number of parenting programs with both

mindfulness based and mindful oriented approaches were developed and applied across multiple settings (Abed et al., 2022; Berk, 2023; Boekhorst et al., 2021; Chorão et al., 2022; Emerson et al., 2021; Fernandes et al., 2022; Heapy et al., 2022; Potharst et al.,2021; Roos et al., 2023; Stenz et al., 2023)

The body of research suggests that mindful parenting programs have demonstrated their effectiveness for parents, children and various aspects of parent-child relationship. For instance, in a systematic review that analyzed 7 studies conducted with parents of children with age range of 0 to 18, Townshend et al (2016) found mindful parenting programs were effective in reducing parenting stress and emotional dismissal in parents of adolescents as well as school age children. In addition, an increase in emotional awareness in parents for their children was also reported The effect sizes for these changes were small to moderate. Similarly, in another meta-analysis and systematic review, Burgdorf et al (2019) studied the effects of mindful parenting programs in 25 studies. It was noted that mindful parenting programs not only effectively reduced parenting stress but also helped the adolescents with their internalizing and externalizing symptoms whose parents attended the programs,. Moreover, small to moderate improvements in their cognitive and social outcomes were also reported by both their parents and teachers.

In addition to these, a large number of systematic reviews and meta-analyses reported changes in various aspects with small to large improvements i.e. coping and problem solving skills, emotional regulation, parenting stress,experiential avoidance, parent- child communication and interaction, psychological flexibility, mindfulness, general health, satisfaction with life, gratitude, couple and marriage satisfaction, quality of life, psychological awareness, internalizing and externalizing symptoms, help seeking

behaviors, parenting skills and behavior, self-compassion, compassion for others and perspective taking in parents as well as reductions in externalizing and internalizing symptoms, cognitive difficulties, intellectual disabilities symptoms and non-compliance and improvements in general physical health, , child functioning, communication, pro-social behavior etc. in children. These changes were reported in a variety of parent and child populations that included parents with internalizing and externalizing disorders, addictions, COVID, diabetes and other physical conditions, low socioeconomic status, expecting mothers, new parents, mothers in post-partum phase, divorced parents, working mothers, deployed partners, parents of children with developmental disorders, intellectual disabilities, infants, toddlers, preschoolers, primary school children, adolescents, fetal alcohol syndrome, cerebral palsy, Fragile X syndrome, blindness etc. These studies were conducted in clinical and community settings in different countries including Unites States, United Kingdom, Netherlands, Canada, Chile, Portugal, China, Spain, Iran, Hong Kong, Belgium, Ireland, Sweden, Australia, Croatia, Egypt, Taiwan, Israel, Jordan, Turkey and India (Anand et al., 2023; Baghban Baghestan et al., 2022; Barlow et al., 2002; Burgdorf et al., 2019; Cachia et al., 2016; Chua & Shorey, 2022; Donovan et al., 2022; Fernandes et al., 2021, 2022; Huynh et al., 2024; Kil et al., 2021; Lee et al., 2022; Osborn et al., 2021; Oystrick et al., 2023; Rayan & Ahmad, 2018; Ruskin et al., 2021; Shorey & Ng, 2021; Tercelli & Ferreira, 2019; Tönis et al., 2024; Townshend et al., 2016; Xie et al., 2021).

Mindful Parenting Programs and Parenting Stress

In addition to bringing significant changes in various aspects of parenting, mindful parenting programs have also been effective in reducing parenting stress too.

Some of t he major mindful parenting programs in this regard are MBSR adaptations for parents (Bazzano et al., 2015; Chan & Neece, 2018; Corthorn, 2018; Eames et al., 2015; Gannon et al., 2017; Jones et al., 2018; Lewallen & Neece, 2015; Neece, 2014; Xu, 2017), ACT for parents (Blackledge & Hayes, 2006; Ferraioli & Harris, 2013; Kowalkowski, 2012; Shiralinia et al., 2018; Tardast et al., 2021; Whittingham et al., 2013, 2016, 2019), attachment based mindfulness program (ABM ;Smit et al., 2018), brief mindfulness based program (Lo et al., 2017), family based mindful intervention (FBMI; Lo et al., 2020), MBCT adapted for parents (Ferraioli & Harris, 2013; Mann et al., 2016), mindfulness based parenting (MBP; Gannon et al., 2017; Ridderinkhof et al., 2020; Short et al., 2017), mindful parenting and problem solving (MPPS; Brown & Bellamy, 2024), mindfulness based intervention for pregnant women (Vieten & Astin, 2008), mindfulness based psychoeducation (Anderson & Guthery, 2015), mindfulness enhanced strengthening family program (MSFP; Coatsworth et al., 2014; Lo et al., 2017, 2020), mindfulness based child birth and parenting education (MBCP; Duncan & Bardacke, 2010; Price et al., 2019), mindfulness based positive behavior support (MBPBS; Ruiz-Robledillo et al., 2015; Singh et al., 2014, 2015), mindfulness enhanced behavior parent training (MBPT; Mah et al., 2021), MYmind (Chan et al., 2018; De Bruin et al., 2015; Zhang et al., 2017), parenting mindfully (Chaplin et al., 2021), SMART-in-Education (stress management and relaxation techniques) program (Benn et al., 2012), mindful parenting (MP; Boekhorst et al., 2021; Bögels et al., 2010, 2014; De Bruin et al., 2015; Emerson et al., 2021; Heapy et al., 2022;Meppelink et al., 2016; Potharst et al., 2017, 2019, 2021; Ridderinkhof et al., 2018), mindful with your baby (Potharst et al., 2017) and mindful with your toddler (Boekhorst et al., 2021).

These and many other studies demonstrate that mindful parenting programs are considered efficacious in reducing parenting stress. For instance, to study parent outcomes of mindful parenting intervention, Anand et al (2023) conducted a meta-analytical review that comprised 20 studies with RCTs. It was found that mindful parenting intervention produced significant reductions from pre to post program levels as evident through small to moderate changes. These findings are supported by another systematic review and meta-analysis that comprised 25 studies (Burgdorf et al., 2019). In another systematic reviews, statistically significant reductions in parenting stress were reported when 10 studies were analyzed to see effects of mindful parenting interventions in parents having children with ASD (Cachia et al., 2016). These patterns were seen in another systematic review of eight studies when the effects of mindful parenting studies were gauged on parents having children with developmental disabilities (Chua & Shorey, 2022).

A considerable number of systematic reviews and meta analyses favored the same results regarding reduction in parenting stress across a diverse range of parents and child groups including parents of children with neurodevelopmental disorders, internalizing and externalizing symptoms, children at different developmental levels and parents with internalizing and externalizing symptoms, physical pains, general stress, cognitive difficulties, new parents, expecting parents, single parents, working parents etc. (Baghban Baghestan et al., 2022; Chua & Shorey, 2022; Donovan et al., 2022; Fernandes et al., 2021, 2022; Huynh et al., 2024; Kil et al., 2021; Lee et al., 2022; Osborn et al., 2021; Oystrick et al., 2023; Ruskin et al., 2021; Shorey & Ng, 2021;Tönis et al., 2024; Xie et al., 2021).

MINDFUL PARENTING PROGRAM (MP)

The present study will employ *Mindful parenting program* (MP). Developed by Bogles and Restifo, this program is an adaptation of the MBSR and MBCT to be used with parents. It was originally developed in 2010 as a parallel program to mindfulness based interventions for children and youth diagnosed with externalizing disorders and with time new features were added to cater the needs of a wide variety of population including children and parents from clinical and non-clinical settings, expecting mothers, single and divorced parents, infertile couples, parents with infants, toddlers, pre-adolescents and adolescents etc. Its present form was developed in 2014. It is an effective intervention based on the concept of cognitive parenting paradigm which incorporates cognitive aspects of parenting and parent-child relationship for primarily reducing parenting stress which is based on the *evolutionary perspectives on parenting stress*, the theoretical approach behind MP (refer to page 8 for details)

It has been used extensively for past 12 years with thousands of parents all over the world. Unlike parenting skills programs that revolve around the child's behavior challenges and skills for parents, this is a non-behavioral program which means, instead of trying to change the thoughts, emotions and behaviors related to parent-child interactions, it focuses on how parents relate to them even if they are negative while staying in the present moment with awareness of their feelings, emotions and behavior. Moreover, the concept of intergenerational abuse and trauma has also been addressed which generally is ignored in parenting programs that make MP a perfect choice for parents with traumatic childhoods (Bögels & Restifo, 2014)

Content and Structure of MP

MP is a manualized program that comprises 8 sessions. It runs for 2 months with one session per week, 8 weeks in total. Each session is three hours long with a break after 1.5 hours and includes different themes, formal and informal meditations, class practices and home assignments. The details of the program are given in Table 1. It employs a group approach with 8 to 16 participants per group. Though both parents are encouraged to attend the course however, the general trend seen is a higher percentage of mothers attending the course. A preference is given to couples over one partner taking the course however; this isn't achieved most of the time. Similarly, working with mixed groups of mothers and fathers is preferred over working with only mothers or fathers. The program can be used both for prevention and intervention against parenting stress especially with parents and/or children diagnosed with externalizing and internalizing disorders and psychopathologies, In addition, parenting stress resulting from serious conflicts in parent-child relationship and other issues that impact parenting has alsobeen the target of the program. It has been used both onsite and online (Bogels & Restifo, 2014).

In the early years of its development the program was exclusively used for parents and children from clinical settings. With time, as it proved its efficacy and significantly positive effects were seen, the developers started using it with community population of typically developing children and their parents, all without any clinical diagnosis, with the rationale that the parents who are from non-clinical settings too experience parenting stress though it may be less than the clinical population in which parenting stress is multiplied many folds because of the diagnosis. (Bögels & Restifo, 2015).

MP, originally a targeted intervention designed for clinical populations of parents and children has extensively been used as a universal intervention too not only by the principal developer herself but also in different cultures because its foundational elements address the stress related to parenting that is part and parcel of the parenting role and is common to all parents around the globe (Aghaziarati et al., 2023; Bögels & Restifo, 2014; Cotter et al., 2023; Farley et al., 2023; Heapy et al., 2022a; Liu et al., 2023; Potharst et al., 2021; Rifat & Ratnasari, 2023; Sherwood et al., 2023).

Table 1

Themes and Practices of Each Session

	Session Title	Theme	In-Session Formal Practice	In-Session Mindful Parenting Exercise	Home Practice
1	Automatic pilot parenting	Rational (nonreactive parenting) Automatic pilot Doing vs being mode	Bodyscan Raisin Exercise	Morning stress exercise	Bodyscan Child as raisin Mindful routine activity Mindful 1st bite
2	Beginner's mind parenting	Seeing child with beginner's mind Obstacles to practice Expectations and interpretations	Bodyscan Sitting meditation: breath Seeing meditation	Morning stress from perspective of a friend Gorilla video Gratitude practice	Bodyscan Sitting meditation: breath Mindful routine activity with your child Savoring pleasant moments calendar
3	Reconnecting with your body as a parent	Body sensations Awareness of pleasant events Watching the body during parenting stress Recognizing limits Self-compassion when we are stressed	Yoga (lying) Sitting meditation: breath and body 3-min breathing space	Exploring bodily reactions to parenting stress Imagination parenting stress: self- compassion	Yoga(lying) Sitting meditation: breath and body 3-min breathing space Mindful activity with child Stressful moments calendar

4	Responding vs reacting to parenting stress	Awareness and acceptance of parenting stress Grasping and pushing away How thoughts exacerbate stress Responding rather than reacting to stress	Sitting meditation: breath, body, sounds and thoughts Yoga (standing) 3-min breathing space	Fight-flight-freeze-dance Imagination parenting stress + 3-min breathing +doors	Yoga (standing) Sitting meditation: breath, body, sounds and thoughts 3-min breathing space under stress b. Parenting stress calendar with 3 min-breathing, Autobiography
5	Parenting patterns and schemas	Recognizing patterns from own childhood Being with strong emotions Awareness of angry and vulnerable child modes and punitive and demanding parent mode	Sitting meditation: breath, body, sounds, thoughts, emotions Walking meditation inside	Pattern recognition exercise Holding strong emotions with kindness	Sitting meditation: breath, body, sounds, thoughts, emotions Walking meditation 3-min breathing space when your child is behaving…. Parental stress calendar +schema mode recognition
6	Conflict and parenting	Perspective taking Joint attention Rupture and repair Tuning into your child's emotional states	Sitting meditation: Choiceless awareness Walking meditation outside	Imagination: parent-child conflict + perspective, rupture and repair	Own 40 min practice Rupture and repair practice Breathing space when you…. Mindfulness day

7	Love and limits	Compassion and loving-kindness Befriending yourself and your (inner)child Awareness of limits Mindful limit setting	Loving-kindness Self-compassion	Imagination: limits Role play: limits What do I need?	Own 40-min practice Bring in symbolic object Write narrative Mindful limit setting Loving kindness
8	A mindful path through parenting	Review of personal growth via symbolic objects or narrative Looking to the future Intentions for practice How can I care for myself (and my child)?	Bodyscan Loving kindness	Sharing process through symbolic objects or narrative Gratitude practice	Own practice
	Follow-up session; Each time beginning anew	Experiences, obstacles and renewed intentions for practicing mindful Parenting	Bodyscan Stone meditation	Mountain meditation Wishing well	Own practice

MP Use in Other Cultures

MP program has extensively been used in other countries and cultures including Australia (Burgdorf et al., 2019,2022; Farley et al., 2023; Sherwood et al., 2023; Swanson et al., 2024), China (Liu et al., 2021, 2023; Lo et al., 2022; Lyu & Lu, 2023; Ma & Siu, 2016), Indonesia (Dahlan, 2016; Hardika & Retnowati, 2020; Hardika & Widiawati, 2020; Rifat & Ratnasari, 2023; Rinaldi & Retnowati, 2017; Sari, 2021), Iran (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati, et al., 2023; Amiri et al., 2022; Badiee et al., 2020, 2021; Behbahani & Zargar, 2017; Behbahani et al., 2018; Dehkordian et al., 2017; Kakhki et al., 2022; Mardani et al., 2021; Meamar et al., 2016; Mohammadi et al., 2020), United Kingdom (Heapy et al., 2022) and USA (Cotter et al., 2023; Dobson, 2017; Voos, 2017).

While being used in other cultures, the MP program was culturally adapted at different levels to cater needs of the target population including translation of the program in the national language e.g Persian, Chinese, Bahasa Indonesian (Aghaziarati, Ashori, & Hallahan, 2023; Badiee et al., 2020; Dahlan, 2016; Hardika & Retnowati, 2020; Liu et al., 2023; Mardani et al., 2021; Mohammadi et al., 2018; Rifat & Ratnasari, 2023; Rinaldi & Retnowati, 2017; Sari, 2021), addition of religious (Islamic) content (Dahlan, 2016), revision of activities and home works as per the culture (Kakhki et al., 2022; Liu et al., 2021), changes made to number of session and duration of program (Badiee et al., 2020, 2021; Behbahani et al., 2018; Hardika & Retnowati, 2020; Kakhki et al., 2022; Lo et al., 2017, 2020; Ma & Siu, 2016) and addition of new mindfulness based exercises (Lo et al., 2022; Lyu & Lu, 2023). In some studies, the program was followed in its original form too (Amiri et al., 2022; Dehkordian et al., 2017; Heapy et al., 2022;

Memar et al., 2016; Voos, 2017)

Settings and Parent-Child Populations

MP has been effectively applied across different settings that include clinical (Behbahani et al., 2018; Behbahani & Zargar, 2017; Bögels et al., 2014; De Bruin et al., 2015; Dehkordian et al., 2017; Emerson et al., 2021; Farley et al., 2023; Liu et al., 2021, 2023; Meppelink et al., 2016; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Voos, 2017) and community settings with typically developing parents and their children, all without any clinical diagnosis (Badiee et al., 2021; Burgdorf et al., 2022; Cotter et al., 2023; Dobson, 2017; Fereydooni et al., 2020; Heapy et al., 2022; Kakhki et al., 2022; Lo et al., 2022; Lyu & Lu, 2023; Ma & Siu, 2016; Memar et al., 2016; Mohammadi et al., 2020; Potharst et al., 2017; Sherwood et al., 2023; Swanson et al., 2024) and different populations including parents of babies (Potharst et al., 2017), toddlers (Boekhorst et al., 2021), adolescents (Lo et al., 2022), children with skin conditions (Heapy et al., 2022), deletion syndrome (Swanson et al., 2024), ADHD and Autism (Chan et al., 2018; De Bruin et al., 2015; Dehkordian et al., 2017; Ho et al., 2021; Siebelink et al., 2018), parents diagnosed with mental health problems and parenting stress etc. (Boekhorst et al., 2021; Bögels et al., 2014; Heapy et al., 2022; Kakhki et al., 2022; Lo et al., 2022; Meppelink et al., 2016; Mohammadi et al., 2020; Sherwood et al., 2023).

Efficacy Studies of MP

To assess the efficacy of MP, various empirical studies were undertaken. In a study conducted by Bogels et al (2014), 10 groups of parents were trained. 84 parents

participated in the study. 58% of the families had child issues including internalizing and externalizing disorders while the rest had clinically diagnosed parents. With the pre-test post-test design, the study proved the program's efficacy especially with respect to parenting stress and reduction in mental health problems in children as well as parents. Improvements in parenting behaviors, parent- child relationships and co-parenting were also noted. A follow up session conducted after two months also indicated that the changes were maintained.

Similarly, to gauge the efficacy of the program, the training was imparted to parents of children with psychopathology from three medical clinics. For this purpose, the parents we divided into groups of 10. The results showed a statistically significant reduction in parents' and children's psychopathology as well as a significant improvements in general mindfulness and mindful parenting evident from medium effect sizes. (Meppelink et al., 2016).

The latest version of MP was tested with a group of 14 parents with children having age range of 4 to 14 from clinical settings. The target children were diagnosed with different internalizing and externalizing disorders. The results indicated large effect sizes with respect to general mindfulness, mindful parenting and parental experiential avoidance. Significantly reduced parenting stress and reactive parenting was also noted. In addition, an improvement in both children and parents' mental health was reported. Also, child and parent psychopathology further reduced at the 2 months follow up. The parent rating of the program was 9.1 on a scale of 1 to 10, where 10 where 1 stood for *not at all important* whereas 10 meant *extremely important*. They regarded the training as helpful in multiple life domain including family, parenting and general life style and

reported to have improved in their ability to identify and relate their feelings, emotions, thoughts as well as behavior differently (Bögels et al., 2014).

MP and Parenting Stress

MP program has proven its efficacy in reducing parenting stress across a variety of populations and settings. With respect to children diagnosed with externalizing disorders including ADHD, ASD, oppositional defiant disorder (ODD) and other behavioral problems etc., MP successfully helped the parents in reducing parenting stress. It has extensively been used in conjunction with mindfulness based programs developed for children and youth diagnosed with externalizing disorders and their families including MYmind and MindChamp (Bögels, 2020; Siebelink et al., 2018).

In one study conducted to gauge effects of mindful training for 9 to 18 years old children and adolescents where the parents were trained through MP, the effects were analyzed at three points i.e. post –treatment, a follow up after 2 months and then another after a year. The results showed significant reductions in communication problems as well as internalizing and externalizing symptoms after the treatment that were maintained at follow up. Parents also reported significant reductions in parenting stress, over reactivity and improvements in mindfulness and mindful parenting (Ridderinkhof et al., 2018). Similarly, in another study with adolescents diagnosed with ASD and their parents, MP training was given to the parents while the youth attended MYmind, a specialized program for youth with ASD which is based on MYmind for children diagnosed with attention-deficit hyperactivity disorder and a mindfulness based training that was developed for autistic adults (van de Weijer-Bergsma et al., 2012; Van Der Oord

et al., 2012). The study employed a pre-test, post-test design with follow-up. Youth reported improvements in quality of life and a reduction in rumination. Parents also reported positive changes especially with respect to social interaction and communication. With respect to changes in parents, results showed improvement in parental efficacy, mindfulness, mindful parenting and life satisfaction (De Bruin et al., 2015). Similarly, in another study. MP proved to be effective with parents and children with externalizing disorders in other cultures too where apart from other positive changes including emotional regulation and self-control in parents, mental wellbeing, compassion for self and the child, general and parenting mindfulness, significant reductions in parenting stress were reported (Dehkordian et al., 2017; Liu et al., 2021; Meamar et al., 2016). These findings are in line with the existing literature (Bögels et al., 2014; Emerson et al., 2021; Meppelink et al., 2016; Potharst, Baartmans, et al., 2021; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2018; Voos, 2017).

Reductions in parenting stress were reported in studies conducted with children diagnosed with internalizing disorders too. For instance, when MP was imparted to parents of anxious children in group settings, significant reduction in parenting stress after the intervention were reported in the sub-domain of parent-child dysfunctional interaction as evident from medium size reductions, however, the overall reductions in parenting stress were not significant (Farley et al., 2023). In a similar study conducted in Australia using the MP, RCT was used with a sample comprising 25 parents of children in age range of 3-18. Moderate to large reductions in parenting stress were noted (Burgdorf et al., 2022).

MP has been used with parents of children with a wide range of other conditions

too including blindness, cerebral palsy, Deletion syndrome, deafness, skin conditions etc. (Aghaziarati et al., 2023; Hardika & Retnowati, 2020; Hardika & Widiawati, 2020; Heapy et al., 2022; Mohammadi et al., 2020) and proved to be effective in reducing parenting stress. For instance, while studying the effects of MP given in groups to 72 mothers with blind girls in Iran, the experimental group significantly differ on parenting stress from control group (Mohammadi et al., 2020). In another study conducted in the UK, with parents with children having psoriasis showed the same patterns of decrease in parenting stress. Interestingly the parenting stress reduction were moderate at post-test but large at follow-up showing the long-term effects of MP on parenting stress (Heapy et al., 2022). In Australia, MP was administered online to the caregivers of children with Deletion syndrome. Significant reduction in parenting stress wasn't only seen in quantitative analyses but also emerged as a prominent theme in the semi-structured interviews (Swanson et al., 2024).

Mindful parenting program has been effective in reducing parenting stress among parents of children from different age groups too. Some of the studies targeted a specific age group (Boekhorst et al., 2021; Bögels et al., 2008; Meamar et al., 2016; Potharst et al., 2017; Potharst, Zeegers, et al., 2021) while others included children from different age ranges including toddlers (Boekhorst et al., 2021; Bögels et al., 2014; Emerson et al., 2021; Potharst, 2019; Potharst, Zeegers, et al., 2021; Swanson et al., 2024), early childhood (Burgdorf et al., 2022; Cotter et al., 2023; Farley et al., 2023; Heapy et al., 2022; Kakhki et al., 2022), middle-childhood (Bögels et al., 2014; Burgdorf et al., 2022; Cotter et al., 2023; Emerson et al., 2021; Farley et al., 2023; Heapy et al., 2022; Liu et al., 2021; Ridderinkhof et al., 2018; Sherwood et al., 2023; Voos, 2017), adolescence (Bögels

et al., 2014; Burgdorf et al., 2022; Emerson et al., 2021; Heapy et al., 2022; Mardani et al., 2021; Ridderinkhof et al., 2018; Sherwood et al., 2023; Swanson et al., 2024; Voos, 2017) and early adulthood (Voos, 2017). In all these studies, small to large reductions in parenting stress were noted.

MP program was originally developed for clinical populations and since then it has been majorly used in different countries with populations where parents and/or children were diagnosed with internalizing and internalizing disorders, parent-child relationship problems, challenges in marriage e.g divorce or death, adverse childhood experiences in parents and even with parents of children having physical health challenges (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati et al., 2023; Amiri et al., 2022; Badiee et al., 2020, 2021; Behbahani et al., 2018; Behbahani & Zargar, 2017; Bögels et al., 2010, 2014; Burgdorf et al., 2022; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Fereydooni et al., 2020; Hardika & Retnowati, 2020; Hardika & Widiawati, 2020; Heapy et al., 2022; Liu et al., 2021, 2023; Lo et al., 2017, 2020; Lyu & Lu, 2023; Mardani et al., 2021; Meamar et al., 2016; Memar et al., 2016; Meppelink et al., 2016; Mohammadi et al., 2020; Potharst et al., 2017; Ridderinkhof et al., 2018; Rinaldi & Retnowati, 2017; Sari, 2021; Swanson et al., 2024). Comparatively, only a couple of studies could be found in which it was used with community population of parents and children without any diagnosis. For instance, in a qualitative study conducted in China, 11 parents from community with high parenting stress were given the training and later interviewed in detail for the effects. The resultant themes show that the parents reported improvements in emotional regulations, compassion for self and child, reduction in parenting stress, improvements in relationship with children, general mindfulness, self-

control and mindful parenting (Ma & Siu, 2016).

Similarly, in a study conducted in Iran with mothers of preschoolers facing high parenting stress, taken from community, it was found that MP significantly reduced parenting stress as well improved family functioning, quality of parent-child interaction and cognitive emotion regulation approaches (Kakhki et al., 2022). MP proved to be effective in improving interpersonal mindfulness in a community sample of mothers of adolescent girls in another study conducted in Iran. Mothers reported an improvement in positive parenting practices and relationship with their daughters as well (Memar et al., 2016). In an interesting study by Potharst et al (2021) conducted to see efficacy of MP program as both interventive and preventive approach, parents from clinical and non-clinical settings with respective samples sizes of 87 and 98 were compared to determine how MP program effected the groups. The results indicated that the program was equally effective for both groups. The small to medium reductions in parenting stress and reactive parenting as well as improvements of the same size in mindful parenting show the efficacy of the program. Moreover, it proved to increase relationship quality with the spouse and partner in both groups.

Finally, MP program proved to be fruitful for the participating mothers of Holistic a longitudinal study known as approach to pregnancy and the first postpartum year (HAPPY). This project was carried out in the Netherlands. In two studies mothers with high parenting stress from HAPPY project with sample size of 76 (Potharst et al., 2019) and 157 (Boekhorst et al., 2021) raising toddlers were trained in mindful parenting through MP administered online. Both studies showed improvements in self-compassion, mindful parenting, parenting stress, positive parent-child interactions and mental health in

parents.

CONCEPTUAL FRAMEWORK

This study is informed by the conceptual framework that maps out a linear relationship between participation in a mindful parenting program and subsequent reduction in the primary outcome i.e parenting stress. Additionally, the framework also highlights that as a result of this participation, a significant improvement in parental sense of competence and efficacy, parental satisfaction, mindful parenting, present centered awareness in parenting, non-reactive and non- judgmental parenting, self-compassion, mental wellbeing, mindfulness, couple and marital satisfaction and pro-social behavior take place. Moreover, externalizing (conduct problems and hyperactivity) and internalizing (emotional and peer problems) symptoms also significantly reduce when parents participate in mindful parenting program. These outcome variables can be placed in three domains i.e parenting domain comprising parenting stress, parental sense of competence with two sub-areas of parental efficacy and satisfaction and interpersonal mindfulness in parenting with two three sub-areas of present centered awareness in parenting, non-reactive parenting and non-judgmental parenting, parental wellbeing domain comprising self-compassion, mental wellbeing, mindfulness, couple and marriage satisfaction and finally the child's emotional and behavioral problems domain with externalizing and internalizing symptoms.

Scholarly analysis highlights many studies that support these relationships identified in the conceptual model. With respect to parenting stress, the literature shows that MP proved to be effective in reducing parenting stress across multiple settings and a

variety of parent and child population (Boekhorst et al., 2021; Bögels et al., 2014; Burgdorf et al., 2022; Cotter et al., 2023; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Heapy et al., 2022; Kakhki et al., 2022; Liu et al., 2021; Lyu & Lu, 2023; Ma & Siu, 2016; Mardani et al., 2021; Mohammadi et al., 2020; Potharst, Baartmans, et al., 2021; Potharst et al., 2019; Ridderinkhof et al., 2018; Rifat & Ratnasari, 2023; Sherwood et al., 2023; Swanson et al., 2024; Voos, 2017). Similarly, for other outcome variables from parenting domain, the existing literature support that Mindful parenting program result in improving parenting sense of competence, parental efficacy and satisfaction, (De Bruin et al., 2015; Fereydooni et al., 2020; Hardika & Retnowati, 2020; Lo et al., 2022; Lyu & Lu, 2023; Potharst, 2019; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2018; Rifat & Ratnasari, 2023) interpersonal mindfulness in parenting, present centered attention in parenting, non-judgmental and non- reactive parenting (Boekhorst et al., 2021; Burgdorf et al., 2022; Cotter et al., 2023; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Fereydooni et al., 2020; Heapy et al., 2022; Kakhki et al., 2022; Liu et al., 2021; Ma & Siu, 2016; Memar et al., 2016; Meppelink et al., 2016; Mohammadi et al., 2020; Potharst, Baartmans, et al., 2021; Potharst et al., 2017, 2019; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Rifat & Ratnasari, 2023; Sherwood et al., 2023; Voos, 2017).

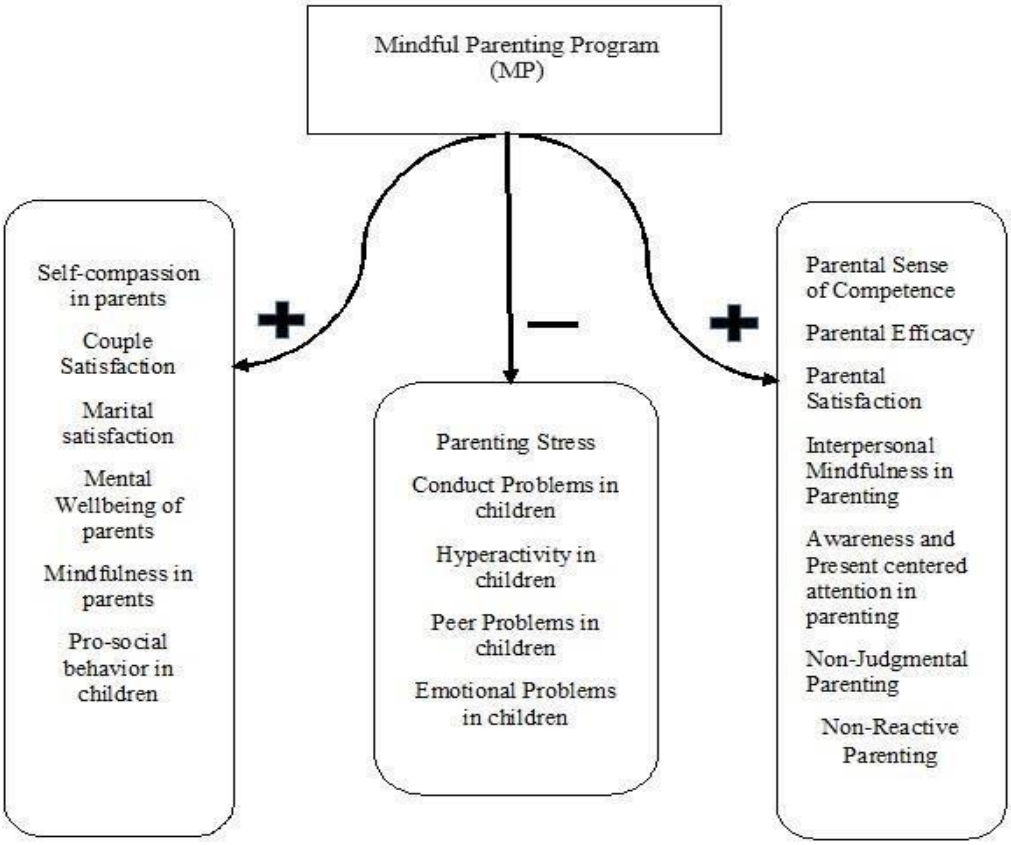
Similarly, for the parental wellbeing domain, MP program proved to be effective in improving self-compassion (Boekhorst et al., 2021; Burgdorf et al., 2022; Hardika & Retnowati, 2020; Liu et al., 2021; Lyu & Lu, 2023; Ma & Siu, 2016; Potharst et al., 2017, 2019; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023; Swanson et al., 2024), couple and marital satisfaction (Bögels et al., 2014; Mardani et al., 2021; Potharst,

Baartmans, et al., 2021; Potharst, Zeegers, et al., 2021), mental wellbeing (Aghaziarati, Ashori, & Hallahan, 2023; Boekhorst et al., 2021; Burgdorf et al., 2022; Fereydooni et al., 2020; Hardika & Retnowati, 2020; Heapy et al., 2022; Kakhki et al., 2022; Liu et al., 2023; Lo et al., 2022; Lyu & Lu, 2023; Potharst et al., 2019; Sari, 2021; Sherwood et al., 2023; Voos, 2017) and mindfulness (Boekhorst et al., 2021; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Liu et al., 2021; Meppelink et al., 2016; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023; Voos, 2017).

When it comes to the last domain i.e child emotional and behavioral problems, efficacy of MP is evident from the literature review where it was successfully used to reduce externalizing (Aghaziarati, Ashori, & Hallahan, 2023; Behbahani et al., 2018; Bögels, 2020; De Bruin et al., 2015; Dehkordian et al., 2017; Liu et al., 2021; Meamar et al., 2015; Potharst et al., 2017; Ridderinkhof et al., 2018; Rifat & Ratnasari, 2023; Siebelink et al., 2018) and internalizing symptoms (Badiee et al., 2020, 2021; Bogels et al., 2014; Burgdorf et al., 2022; Emerson et al., 2021; Farley et al., 2023; Fereydooni et al., 2020; Meppelink et al., 2016; Potharst, Baartmans, et al., 2021; Potharst et al., 2019; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2018).

Figure 2

Conceptual Framework for the Present Study



This conceptual framework is guided by e*volutionary perspective on parenting stress* that encompasses various factors within this theoretical approach and asserts that the modern parent is facing more parenting stress as compared to our ancestors because of the challenges posited by the contemporary world. There are four major sources of parenting stress in modern times. Firstly, the stress experienced by parents is influenced by the demanding task of raising a child to maturity. Throughout history, parents have aimed to strike a balance between self-care and child- rearing resources which has become even more difficult in the contemporary world. In modern times, raising a child to maturity demands significant resources, and parents often feel guilt and inadequacy when they cannot meet societal expectations and idealized standards of parenting.

Secondly, the current parenting environment differs from the past, with reduced social support and increased childcare burden (Buston et al., 2022; Miller et al., 2019; Selin, 2022; Zaman, 2014). Unlike ancestral times when cooperative breeding was prevalent, nuclear family system is preferred now, resulting in less mindful and cooperative parenting. Parents face challenges in providing adequate care due to demanding work schedules and lack of kinship-based support (Hrdy, 2011).

Thirdly, there is an affect dysregulation resulting from an imbalance among drive, contentment and threat, the three sub-systems that make up our affect regulation system (Gilbert, 2009). In our modern industrialized society, where the meaning of threat has changed with taking social challenges more threatening as compared to physical dangers, humans are constantly in doing mode with no attention being given to contentment and compassion in relationships. This affects the ability to parent the children with mindfulness thus mindful, thus contributing to increased parental stress (Bögels, 2014). Finally, the inherited attachment system, with its evolutionary advantages for the survival and reproduction of humans, plays a crucial role in parenting. The attachment system allows parents to form strong connections with their children, and physical touch activates oxytocin, reducing stress hormones (Ainsworth et al., 2014; Badovinac et al., 2021; Li, 2023). In the modern world, while being in doing mode, if the parent is unable to develop a secure attachment with the child, it results in high levels of stress hormone. In addition, parenting stress will be high if the parent herself grew with an insecure attachment with her own parents and significant others.

In summary, the theoretical framework underscores the complex interplay of these factors. Understanding these factors provides valuable insights into the challenges

faced by the parents of the modern times, from both clinical and community settings and potential efficacy of interventions aimed at reducing parenting stress (Bögels & Restifo, 2014)

CULTURAL ADAPTATION FRAMEWORK

Review of literature shows that most of the EBIs are developed in high-income countries and their ecological validity reduces when they are implemented in subcultural minorities and groups within those countries or in low and middle income countries where the interventions may not be aligned with the culture, norms, values and mental health related perceptions of the people there (Spanhel et al., 2021). In order to maximize the reach and effects of EBIs, cultural adaptation has been suggested (August & Sorkin, 2011; Barrera et al., 2013; Barrera & Castro, 2006; Baumann et al., 2019; Bernal et al., 2009; Bernal & Domenech Rodríguez, 2012; Card et al., 2011; Castro et al., 2004; Grinker et al., 2015; Heim & Kohrt, 2019; Kumpfer et al., 2017; Lau, 2006; Maciel et al., 2023; McKleroy et al., 2006; Mejia et al., 2017; Osuna et al., 2011; Sarkar et al., 2006; Schilling et al., 2021; Sit et al., 2020; Spanhel et al., 2021; Steers et al., 1996)

Different definitions of cultural adaptation of interventions have been proposed by experts in which the importance of the cultural values, beliefs and experiences of the target population has been highlighted as the focal point. For instance, Bernal, Jimenez-Chafey, & Domenech Rodrı´guez (2009) defined cultural adaptation as “the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client’s cultural patterns, meanings, and values” (p.362).

Similarly, for Castro, Barrera, & Martinez (2004), cultural adaptation is conceptualized as “the process of applying modifications intended to increase the fit of the intervention to the target population, while protecting scientific integrity” (p.42). Sidani et al (2017 defines cultural adaptation as “the process of modifying EBIs to new ethno-cultural communities. New communities can include those for whom the interventions were not originally designed and for whom the effectiveness of the interventions was not evaluated. Modification is done to align the interventions with the culturally linked aspects of the community members’ beliefs and experiences” (Sidani et al., 2017, p.2).

As a result of growing need for cultural adaptation, various researchers have put in efforts to develop empirically tested models for this purpose. Bernal et al (1995) developed the first cultural adaptation model that was named *ecological validity framework*. This model focused on analyzing and change of 8 different aspects of intervention that included context, content, language, methods, metaphors, concepts, persons and goals to make it culturally align. Using this model as basic framework, (Resnicow et al., 2000) suggested that characteristics of an intervention can be placed into two categories i.e surface characteristics and deep characteristics where the former include peripheral aspects of a culture such as language, people, food, attire etc. whereas the later comprise values, history, norms etc.. As per the needs, these characteristics can be changed for maximum cultural fit. Barrera et al (2013) considers cultural adaptation as“the middle ground between two extreme positions: (a) a universal approach (a “top-down” approach) that views an original intervention's content as applicable to all subcultural groups and not in need of alterations, and (b) a culture-specific approach (a

“bottom-up” approach) that emphasizes culturally grounded content consisting of the unique values, beliefs, traditions, and practices of a particular subcultural group” (p.197). In case of top-down approach, an existing EBI with established efficacy is adapted to suit the needs of people from a different culture whereas in bottom-up approach, community and culture specific interventions are developed as per the needs of the target population where the community members are part of intervention development (Heim & Kohrt, 2019). Falicov (2009) believes that ideally cultural adaptation should utilize both approaches for maximum efficacy.

A good number of meta analyses and systematic reviews favor cultural adaptations of EBIs in the light of fruitful outcomes, large effect sizes, engagement and adherence of the target population and sustainability of the intervention (Heim & Kohrt, 2019; Kumpfer et al., 2017; Kumpfer et al., 2002; Lim et al., 2023; Maciel et al., 2023; Mejia et al., 2017; Schilling et al., 2021; Smith et al., 2020; Spanhel et al., 2021).

Heuristic Model for Cultural Adaptation

As an attempt to create a balance between the fidelity of implementation of EBIs and their fit for the target population, Barrera and Castro (2006) proposed a four stage heuristic model for cultural adaptation that comprised information gathering, preliminary adaptation design, preliminary adaptation test and adaptation refinement stages. Later, a final stage of cultural adaptation trial was added making it a five stage heuristic model. A strength of this approach is the amalgamation of both top-down and bottom-up approach where both the intervention experts and community members are part of the adaptation process (Barrera et al., 2013).

Stage 1: Information Gathering

According to Barrera et al (2013), "This phase has the dual purpose of determining whether an adaptation is justified and, if so, which intervention components might be modified" (p.3). For this purpose, it is recommended to employ a team approach where the team comprises relevant stakeholders for an in-depth review of existing body of research to determine the efficacy of the EBI and previous adaptations if any and their results, Also, the differences in validation group and the cultural group for which the adaptation is being done are identified especially with respect to the risk factors that underpins the EBI (Lau, 2006). Other researchers have also pointed out the importance of cultural perceptions of health behaviors while applying preventive and interventive approaches to people (August & Sorkin, 2011; Sarkar et al., 2006; Steers et al., 1996).

In addition to reviewing the existing work, quantitative surveys and qualitative approaches are used to determine mismatches, needs of target population and to gather their opinion. Relevant intervention experts are also involved to for detailed assessment of mismatches, requirement for adaptation and other variables related to the subcultural group. In this stage three realms are targeted that include (a) participant characteristics, (b) program delivery staff, and (c) administrative/community factors (Barrera et al., 2011, 2013, 2017; Barrera & Castro, 2006)

Stage 2: Preliminary Adaptation Design

This stage is utilized to design the intervention as per the suggestions made by the stakeholders in stage 1. Contents of intervention, relevant activities, handouts, reading material etc. are prepared and finalized in this stage while ensuring that the core element are retained.Core elements include those aspects of the program that are

responsible for its effects. However if the evidence suggest, they can be changed to suit the needs of the target population (Barrera et al., 2013). This stage also involves translation of the intervention into the language spoken by the target population. Also, the experts and community members may be interviewed again to analyze the changes made in intervention (Barrera et al., 2013, 2017; Barrera & Castro, 2006; Card et al., 2011; McKleroy et al., 2006)

Stage 3: Preliminary Adaptation Tests

Intervention staff is trained to administer the intervention in this stage. A number of studies are then conducted in this stage using the adapted intervention. During and after the intervention, the staff and participants are required to give detailed feedback through quantitative as well qualitative assessments about the program contents and the challenges they faced in implementation (Barrera & Castro, 2006; Barrera et al., 2013, 2017; McKleroy et al., 2006) Additionally, it is suggested to administer the outcome too along with the adapted intervention so that one can gauge the effects clearly (Osuna et al., 2011).

Stage 4: Adaptation Refinement

In this stage, the feedback taken from participants and intervention staff in stage 3 is discussed with the experts and analyzed for the effects of the intervention and further refinement of the adapted version is done in the light of expert suggestions (Barrera & Castro, 2006; Barrera et al., 2013, 2017; McKleroy et al., 2006).

Stage 5: Cultural Adaptation Trial

This stage is designed to conduct a full effectiveness trial of the culturally adapted intervention. Once the intervention culminates, the intervention staff and participants are again interviewed in depth for their feedback on the program and its effects which is then discussed with the experts and principal investigator for the finalization of the intervention after making required changes if any (Barrera et al., 2013, 2017; Kumpfer et al., 2017; Osuna et al., 2011).

PARENTING STRESS IN PAKISTAN

Parenting in Pakistan, a developing country in South Asia is strongly linked to its eastern, collectivist and patriarchal family system marked by traditional gender roles and hierarchical structures where men are considered an authority in all familial aspects.

Traditionally, a higher percentage of population lives in joint family system where fathers are the providers who make all the decisions while mothers are responsible for nurturing and taking care of the children (Avan et al., 2007; Baig et al., 2014; Lodhi et al., 2019; Nawaz et al., 2021; Taqui et al., 2007).

Where some factors in the traditional Pakistani family system are supportive for i.e shared care in joint family system there are other inherently embedded familial factors that put a lot of demands on both parents and children. For instance, being dutiful and responsible, fulfillment of role obligations, being mindful of the respect or honor of the family, no or low involvement of women in decision-making, early marriages, strict discipline for children, a strict requirement to comply to social norms and values etc. (Zaman, 2014).

Recent years however, have seen a remarkable shift in Pakistani family system and structures owing to financial stress, increasing poverty, urbanization, social injustice and economic crisis in the country. Also, an increase in nuclear families is seen .Women are also contributing to the family finances by joining different careers. As a result, some more stressors are seen effecting parents and children i.e work-family balance, lack of support in child rearing (Zafar et al., 2022; Zaman, 2014). In past two decades, the family structures have also been changing as a result of high separation and divorce rates (Ramzan et al., 2018; Waseem et al., 2020). Moreover, a major factor that has negatively effected parents and children is the *war against terrorism* in Pakistan that has resulted in trauma, fear, psychopathology, economic pressures, disturbed social and family dynamics, educational disruptions, loss of loved ones etc. in past 3 decades (Grossman et al., 2019; Javeid et al., 2023; Ashraf, 2020; Nizami et al., 2018; Waheed & Ahmad, 2012).

In addition to these familial and cultural contexts, literature indicates that several factors in parenting are also responsible for parenting stress. They include age of the parent (Deater- Deckard, 2004; Fang et al., 2024; Louie et al., 2017; Sepa et al., 2004), low literacy (Lisanti, 2018; Östberg & Hagekull, 2000), psychopathology (Anthony et al., 2005; Deater-Deckard, 2004; Dunning & Giallo, 2012; Morgan et al., 2002), biological vulnerabilities and health problems (Anderson, 2008; Dunning & Giallo, 2012; McQuillan & Bates, 2017), temperamental problems (Deater-Deckard, 2004; Dunning & Giallo, 2012; McQuillan & Bates, 2017), personality traits (Theule, 2010), low locus of control and self –esteem (Crnic & Low, 2005; Pisula, 2011), drug abuse (Dunning & Giallo, 2012; Ingram, 2018; Nair et al., 2003; Sepa et al., 2004) etc..

The existing body of literature relevant to Pakistani parents highlight similar factors e.g early marriages especially for girls (Ashiq et al., 2020; Malik et al., 2021;Malik et al., 2022), psychopathology and other health challenges (Azeem et al., 2013; M. Husain et al., 2021; N. Husain et al., 2021; Imran et al., 2021; Karim et al., 2004; Munawar et al., 2020; Naz et al., 2012; Neoh et al., 2022; Niaz, 2004), negative personality traits (Batool & Ahmad, 2016), low self-esteem (Ajmal et al., 2019) etc.. These factors may contribute to high parenting stress levels in Pakistani parents.

Child related characteristics are also major contributing factors to parenting stress as shown by the literature that points out to the role of age, gender and developmental stage (Chaplin et al., 2021; Huang et al., 2014; Kochanova, 2018), biological vulnerabilities (Barroso et al., 2018; Cousino & Hazen, 2013; Pisula, 2011), psychopathology and developmental disabilities (Anderson, 2008; Crnic & Low, 2005; Deater-Deckard, 2004; Fang et al., 2024; Fu et al., 2023; Parks, 2018), low social competence and self-esteem (Theule, 2010). Relevant literature from Pakistan revealed a wide array of child-related factors that may make parenting difficult. They include biological vulnerabilities and health problems (Ashraf, 2012; Badar & Mahmood, 2017; Sial & Khan, 2019; Mohammad et al., 2014; Rizvi & Najam, 2015; Shafi et al., 2003), psychopathology (Arif et al., 2021; Firdous et al., 2019; Kausar et al., 2019; Nathwani et al., 2021;Syed et al., 2020), low social-emotional competence (Najmussaqib & Mushtaq, 2023; Thomas et al., 2023), academic pressures (Ali, 2021; Nomaan et al., 2016; Saeed et al., 2020).

In addition to these parent and child related factors, quality of parenting and parent-child relationship have been considered influential in contributing to parenting

stress (Crnic & Greenberg, 1990; Crnic & Low, 2005; Deater-Deckard, 2004; Dunning & Giallo, 2012; McQuillan & Bates, 2017; Perez et al., 2018; Trevisani, 2019). The studies conducted in Pakistan also highlighted problems in parent-child relationship including negative and harsh parenting styles (Anjum et al., 2019; Kauser & Pinquart, 2019; Masud et al., 2019; Rizvi & Najam, 2015; Sultan & Javed, 2020), negative parenting practices and child abuse (Batool, 2020; Khowaja et al., 2015; Raza et al., 2020; Zafar et al., 2022), low parental bonding (Khalid et al., 2018), parental rejection (Ali et al., 2024; Kausar & Kazmi, 2011; Malik, 2010; Shah et al., 2024).

A complex interplay of these parent, child, parent-child relationship, cultural and social factors may lead to high levels of parenting stress thus warranting the need for culturally appropriate interventions.

RATIONALE OF THE STUDY

The importance of children and youth's mental health and wellbeing for a healthy society is undeniable. Unfortunately, 21st century is seeing an unexpected rise in childhood mental health challenges with approximately 15-20% of the children around the globe effected by a wide range of mental health disorders including internalizing and externalizing problems as most commonly reported issues (Baranne & Falissard, 2018; Belfer, 2008; Bor et al., 2014; Boyle et al., 2019; CDC, 2024; Glied & Cuellar, 2003; Membride, 2016; Slomski, 2012; Tolan & Dodge, 2005).

Review of the scholarly work reveals that low and middle income countries (LMICs) are no different in this regard where 90% of the global population of children and adolescents live and make up 50% of the population of LMICs (Barry et al., 2013;

Juengsiragulwit, 2015; Klasen & Crombag, 2013; Morris et al., 2011; Patel, 2007; Patel et al., 2013; Ribeiro et al., 2009; Zhou et al., 2020). This deplorable condition of children and youth's mental health in LMICs is deteriorating with time with a high percentage of treatment gaps equaling 90% approximately. (Klasen & Crombag, 2013). Pakistan, a developing country in South Asia shares the same pattern with it comes to mental health of children that comprise 20% of its population. Findings from the previous work done in this context in Pakistan highlights that a high percentage of children are suffering from a wide range of psychiatric disorders (Ali, Butt & Rhoner, 2024; Awan et al., 2024; Hamdani et al., 2021; Ishrat et al., 2024; Malik et al., 2019; Najmussaqib et al., 2024; Najmussaqib & Mushtaq, 2023; Syed et al., 2009). All the LMICs face multiple challenges when it comes to mental health that include lack of knowledge and awareness about mental health, inadequate mental health care facilities and experts, dearth of evidence based culturally appropriate interventions, low involvement of the government in designing and applying appropriate policies for mental wellbeing, lack of finances and instrumental resources etc.. (Ali et al., 2017; Choudhry et al., 2023; Esponda et al., 2020; Saraceno et al., 2007; Sarikhani et al., 2021)

Among the multifaceted etiological explanations for childhood mental health problems that highlight the complex interplay of biological vulnerabilities, challenging pregnancies, psychosocial factors e.g. parents, family school, peers, poverty etc.., geographical and political factors e.g. living in war zones, political and social unrest etc.. (Collishaw, 2015; Essex et al., 2006; Schulte-Körne, 2016), several aspects related to parenting are considered as the most important contributors (Kieling et al., 2011; Wille et al., 2008). Previous work identifies quality of parenting and parent-child relationship as

imperative for a child's psychological and emotional health (Ben Brik et al., 2024; Bolghan-Abadi et al., 2011; Bosqui et al., 2024; Hamovitch et al., 2019; Katsantonis & McLellan, 2024; Ryan et al., 2017; Sampaio et al., 2024; Sandler et al., 2008; Yan et al., 2024).

Pertaining to child mental wellbeing, an important parenting construct is parenting stress that has found to effect child as well as parent's mental health deleteriously (Abidin, 1990; Crnic & Low, 2005; Deater-Deckard, 2004; Dunning & Giallo, 2012; Gouveia et al., 2016; Holly et al., 2019, 2019; Sepa et al., 2004; Stopczynski, 2019). A substantial amount of work is done on parenting stress in the west where the phenomena is studied in depth mostly with children and/or parents having different physical and mental health challenges and less attention is given to the parents and children from community population who do not have such challenges however, they face parenting stress because of the daily stressors of parenting that are part and parcel of the parenting role. (Burgdorf, 2019; Crnic & Low, 2005; Deater-Deckard, 2004; Fu et al., 2023; Gouveia et al., 2018; Guajardo et al., 2009; Hattangadi et al., 2020; Holly et al., 2019; Hugill et al., 2017; Kazdin & Whitley, 2003; McQuillan & Bates, 2017; Sepa et al., 2004; Trumello et al., 2023; Williford et al., 2007).

In case of Pakistan, there is a multitude of factors responsible for making parenting stressful that include mental and physical health challenges in parents and/or children, living with extended families, early marriages, lack of knowledge about parenting, low literacy rate, urbanization, lack of social support especially for parents in nuclear families, increasing rates of marital discords and divorce, economic and political challenges, ongoing war against terrorism etc.. (Arif et al., 2021; Ashiq et al., 2020;

Ashraf et al., 2019; Azeem et al., 2013; Batool & Khurshid, 2015; Firdous et al., 2019; Imran et al., 2021; Irfan et al., 2024; Khalid et al., 2024; Malik, 2010; Manzoor et al., 2022; Nathwani et al., 2021; Nizami et al., 2018; Rehman et al., 2015; Waseem et al., 2020). Just like the studies in west, the review of scholarly work done on parenting stress in Pakistan shows that most of the studies are conducted with parents of children having developmental disabilities (Ahmad & Khanam, 2016;Arif et al., 2021; Azeem et al., 2013; Batool & Khurshid, 2015; Firdous et al., 2019; Nadeem et al., 2024; Nathwani et al., 1;Ramzan et al., 2022; Saeed, 2024; Sheikh et al., 2018), parents with mental health challenges (M. Husain et al., 2021; Malik & Irshad, 2012), parents with children having hearing impairment (Ishtiaq et al., 2020; Syed et al., 2020b) and finally with parents during COVID breakout (Bilal et al., 2021; Zafar et al., 2022).

As evident from the literature, parenting is an inherently demanding role and all parents face parenting stress as a result of different challenges they face that are inherent to the responsibility of raising children. Hence parents from community setting also face parenting stress (Bögels & Restifo, 2014; Crnic & Greenberg, 1990; Crnic & Low, 2005). Only two studies could be found from Pakistan that addressed this gap in empirical evidence and focused on parenting stress in community settings (Nadeem et al., 2024; Shahzad et al., 2020). The meager efforts done in this respect highlights the need of work to address this gap. The present study is designed to handle this issue by involving parents from community settings overwhelmed with parenting stress by employing an evidence based intervention to reduce parenting stress.

When it comes to evidence based interventions to reduce parenting stress, a wide range of empirically supported interventions are seen being developed and applied in the

west. Designed with a variety of theoretical underpinnings, these interventions are applied across both clinical and community populations of parents as well as children, where some of them are specifically designed to reduce parenting stress (Abed et al., 2022; Allegra et al., 2019; Castel et al., 2016; Chorão et al., 2022; Fernandes, 2021, Greaves, 1997; Joyce, 1988, 1995; Martins, et al., 2022; Missler et al., 2020; Rabiee et al., 2020; Shiralinia et al., 2018; Shokri, 2021; Tachibana et al.,2012; Tardast et al., 2021) while others have been helpful in reducing parenting stress though they were not developed specifically for the said purpose (Bekman & Koçak, 2013; Cates et al., 2016; Cooley et al., 2014; Gutierrez, 2006; Keefe et al., 2006; Sanders, 2008; Tucker et al., 1998; Webster-Stratton & Reid, 2018). The review of literature from LMICs and Pakistan show a dearth of evidence based interventions (Hamdani et al., 2022; Klasen & Crombag, 2013; Murray & Jordans, 2016; Patel et al., 2013; Singla et al., 2017). When it comes to such interventions to reduce parenting stress, the review of existing work from Pakistan did not show any evidence based practice designed or used to address the problem. Hence, the present work is structured to gauge the effectiveness of an evidence based intervention i.e mindful parenting program in reducing parenting stress in parents from community settings.

Underpinned by third wave cognitive behavioral approaches, mindfulness-based parenting interventions have been found to be effective in reducing parenting stress (Abed et al., 2022; Chorão et al., 2022; Fernandes, Monteiro, et al., 2022; Rabiee et al., 2020; Shiralinia et al., 2018; Shokri, 2021; Tardast et al., 2021). Similarly, MP (Bögels & Restifo, 2014) has proved its efficacy across both clinical and community settings and a variety of cultures (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati et al., 2023;

Behbahani & Zargar, 2017; Bögels et al., 2010, 2014; Burgdorf et al., 2022; Cotter et al., 2023; Dahlan, 2016; De Bruin et al., 2015; Dobson, 2017; Emerson et al., 2021; Farley et al., 2023; Hardika & Retnowati, 2020; Heapy et al., 2022; Kakhki et al., 2022; Liu et al., 2021, 2023; Lo et al., 2017, 2020; Lyu & Lu, 2023; Ma & Siu, 2016; Meppelink et al., 2016; Mohammadi et al., 2020; Potharst, 2019; Potharst et al., 2021; Ridderinkhof, 2018; Sherwood et al., 2023; Swanson et al., 2024; Voos, 2017). The review of literature also highlighted an academic gap when it comes to application of mindfulness based approaches in Pakistan. Most of the work done in the past involve the study of mindfulness as a phenomena in the areas of psychopathology, educational psychology, sports psychology and industrial-organizational psychology (Ali et al., 2022; Batool et al., 2016; Hassan et al., 2021; Ibrahim & Mahmood, 2022; Iqbal et al., 2023; Mirza, 2023; Nadeem & Koschmann, 2023; Qasim & Rana, 2022; Rahim et al., 2024; Sahar et al., 2018; Salima et al., 2023; Ullah et al., 2023; Zahra & Riaz, 2018) where the population comprised university students and working professionals. The effectiveness of mindfulness based parenting interventions is an unexplored domain. The present work is designed to address this issue by applying mindfulness in the area of parenting.

In addition to the lack of work with parents and children from community, absence of evidence-based relevant interventions and lack of mindfulness based work with parents, the review of literature also pointed out a methodological gap where it was found that most of the work done in other countries involving interventions to reduce parenting stress majorly employed randomized control trials (Behbahani et al., 2018; Burgdorf et al., 2022; Castel et al., 2016; Khooshab et al., 2016; Liu et al., 2023; Missler et al., 2020; Tachibana et al., 2012) whereas the work done in Pakistan on parenting

stress lacks the application of evidence based interventions. Moreover, most of the work is done employing correlational method with parents having children with psychopathology, developmental delays and other physical health concerns (Ahmad & Khanam, 2016; Arif et al., 2021; Azeem et al., 2013; Ishtiaq et al., 2020; Nathwani et al., 2021). The present study aims to address this gap by employing randomized control trials to see the efficacy of mindful parenting program in reducing parenting stress in community samples of parents without any clinical diagnosis.

Finally, in order to maximize the reach of the program and its comprehension to help parents combat parenting stress at an optimal level, the intervention is culturally adapted and translated in Urdu, the national language of Pakistan by using heuristic model of cultural adaptation (Barrera & Castro, 2006; Barrera et al., 2013, 2017). In past, MP though has been used in different cultures but was not culturally adapted except only in on study carried out in Indonesia (Dahlan, 2016).

In the light of above discussion, the study is expected to contribute at multiple levels.Practically, it is expected to be a useful contribution in improving the mental health and wellbeing of the whole family by helping parents with the parenting stress resulting in positive parenting practices and a healthy parent-child relationship. The study can be considered a big leap towards a healthy society, as when the mental health and wellbeing of the family improve, the community as a whole thrive. When it comes to the academic domains, the present work is expected to be a useful addition in the existing repertoire of work on mindful parenting and parenting stress and will provide useful insights grounded in evidence-based knowledge to inform culturally relevant theories and research. The work utilized randomized control trials which enhances its credibility and make it an

important contribution in existing body of knowledge in LMICs. As a result of the cultural adaptation of MP intervention, this research is an important contribution to cross-cultural psychology encouraging other psychologists and researchers to adapt evidence based practices aligned with the culture of the target populations. Moreover, it is expected to be a helpful source for the relevant stakeholders i.e. developmental psychopathologists, parents, psychologists, intervention experts and policy makers to use the work as a working model to design more culturally sensitive mental health interventions.

Chapter II

RESEARCH DESIGN

The present research aims to determine effectiveness of mindful parenting program in reducing parenting stress in Pakistani parents. It comprised the following four studies.

Study I: Pilot Testing and Feedback on Mindful Parenting (MP) Program and Outcome Measures

This study was conducted to pilot test the original MP program (Bögels & Restifo, 2014) without any cultural adaptation or changes as per the advice of the program developer Susan Bogels (U. Shafiq, personal communication, March 23, 2021). Therefore, the pilot testing of the program was done and detailed feedback was taken from the participants about the program's cultural relevance and/or need for adaptation.

Study II: Cultural Adaptation of the Mindful Parenting (MP) Program

On the basis of the feedback received from the participants in study 1 related to the content, structure, sessions and other relevant aspects of the program, the need for cultural adaptation was identified. Therefore, study 2 was designed and cultural adaptation was done by employing heuristic approach (Barrera & Castro, 2006; Barrera et al., 2013).This approach comprises five stages given below.

Stage 1: Information gathering

Stage 2: Preliminary adaptation design

Stage 3: Preliminary adaptation tests

Stage 4: Adaptation refinement

Stage 5: Cultural adaptation trial.

Study III: Effectiveness of Culturally Adapted Mindful Parenting Program: Bashaoor Tarbiyat-e-Aulad

The aim of this study was to gauge the effectiveness of culturally adapted version of mindful parenting program in reducing parenting stress. It was given the name *Bashaoor Tarbiyat-e-Aulad*. For this purpose, randomized control trial (RCT) with waitlist control group design was employed with pre and post testing. A sample of 127 mothers was taken to determine if culturally adapted *Bashaoor Tarbiyat-e-Aulad* was successful in reducing parenting stress in them.

Study IV: Feedback and Follow-up Session after the Effectiveness Trial of Bashaoor Tarbiyat-e-Aulad

The aim of the study was to take detailed feedback about the contents, delivery and effectiveness of *Bashaoor Tarbiyat-e-Aulad*. This was done in two phases. In phase 1, objective evaluation was conducted about the importance of different parts of the program and its execution which was followed by an in-depth feedback about all 9 sessions of the program. This feedback also covered the questions from objective evaluation forms. This phase was executed after three days of program completion. The second phase took place after 2 months of follow up. It comprised meditations which were then followed by objective and in-depth evaluation about the effects of program in different domains of life and importance of its contents after 2 months of follow-up.

Chapter III

STUDY I: PILOT TESTING AND FEEDBACK ON MINDFUL PARENTING PROGRAM AND OUTCOME MEASURES

This study was conducted to evaluate the need for translation and cultural adaptation of the MP and the outcome measures. It was done by first pilot testing the program in the original form followed by detailed feedback from the study participants about the program.

Objectives of the Study

The objectives of the study were as follows:

1. To pilot test the program and outcome measures on the target population in the original form.
2. To evaluate cultural relevance of the program and outcome measures by taking detailed feedback from participants related to the program i.e., session structure, content, formal and informal activities, length of sessions, meditation exercises and execution challenges.

METHOD

Pilot testing of MP and outcome measures with a single intervention group was done using a sample of 5 mothers and 1 father, a total of 6 participants having children with age range of 6 to 11 years. The sample was selected from community settings of through convenience sampling comprising parents having no clinical diagnosis. Here, an important aspect is low or no participation of fathers which has been very common in studies involving parents throughout the world (Costigan & Cox, 2001; Davison et al.,

2017; Doyle et al., 2016; Lechowicz et al., 2019; Macfadyen et al., 2011; Mitchell et al., 2007; Moura & Philippe, 2023; Mushtaq et al., 2017; Parent et al., 2017; Schulz et al., 2023; Yaremych & Persky, 2023). A similar pattern was seen in the present study. Though fathers too were contacted and encouraged to participate, however, the final sample comprised only 1 father.

Sample

For the present study, convenience sampling technique was used to recruit the participants from the community. The age of the participants ranged between 32 to 45 years (M=38.57, SD= 4.68) whereas the age of the children ranged between 6 to 11 year (M= 7.71, SD= 1.49) taken from the twin cities of Islamabad and Rawalpindi in Pakistan. Demographic characteristics of sample and children are reported below (see Table 2). The inclusion/exclusion criteria for sample is as follows.

- Only married individuals living with their spouses having at least one boy or girl within the age range of 6 to 11 years.
- Minimum intermediate (FA) qualification required to ensure the ability to read and understand English.
- Non-clinical/community sample with no participant undergoing any psychological treatment or taking medications.

Table 2

Demographic Characteristics (N=6)

Variable	f (%)	Mean (SD)
Participants' characteristic		
Participant's age		38.57(4.68)
Education		
Graduation (14)	1(16.66)	
Higher education(>14)	5 (83.33)	
Mother's working status		
Home-maker	4(66.67)	
Working	2(33.33)	
Father's working status		
Working	6(100%)	
Marriage type		
Love marriage	2(33.33)	
Arranged marriage	4(66.66)	
Family system		
Nuclear	3(50)	
Joint	3(50)	
Participant's age when got married		26.33(1.96)
Family monthly income		
More than 1, 50000	6(100)	
Socioeconomic status		
Middle class	6(100)	
Number of children		2(1.10)
Child related characteristic		
Age of the target child		7.71(1.49)
Gender		
Girls	4(66.6)	

Boys	2 (33.3)
Child education/Grade	
1	3(49.99)
2	1(16.66)
4	1(16.66)
5	1(16.66)

Note. f = Frequency, % = percentage

Measures

Along with the MP, (Bögels & Restifo, 2014), the following measures were used.

1. Parental stress scale (Berry & Jones, 1995)
2. Parenting sense of competence scale (Johnston & Mash, 1989)
3. Interpersonal mindfulness in parenting scale (Duncan, 2007)
4. Self-compassion scale-short form (Neff, 2003, 2011; Raes et al., 2011)
5. Couple satisfaction index (Funk & Rogge, 2007)
6. Kansas marital satisfaction scale (Schumm et al., 1983)
7. Warwick Edinburg mental wellbeing scale (Tennant et al., 2015)
8. Mindful attention awareness scale (Brown & Ryan, 2003)
9. Strength and difficulties questionnaire (Goodman, 2001)

(see pp. 106-110 for details of measures)

Procedure

As the first step, the participants were given consent forms before starting the intervention which was then followed by administration of outcome measures in English. An in- depth interview was done with each participant which focused parenting stress sources, their parenting methods, communication patterns, their own childhood and

parents, mindfulness and mindlessness in parenting, as given in the manual (Bögels & Restifo, 2014).

MP was then administered for a duration of 8 weeks with one session per week. Each session comprised a main theme and psychoeducation about it, formal and informal practices, mindful parenting exercises and finally home practices for the coming week. The sessions were 3 hours long each with a 15 minutes break after 1.5 hours. A detailed description of mentioned themes, exercises and home practices is given (refer to Table 1 for details). The training was given in English. As per the instructions given in manual, recorded meditations were used that were in English language. A clinical psychology lecturer well trained in yoga taught the yoga exercises. Average parent's attendance rate was 95%.

RESULTS AND DISCUSSION

Once the pilot study concluded, two in-depth feedback sessions were conducted. Each session was 3 hours long and conducted on two consecutive days. The participants' feedback was taken regarding length of session, breaks, structure, content of sessions and implementation difficulties, keeping in mind the norms and values of Pakistani culture.

Bogels and Restifo (2014) mention that "the Mindful Parenting course is a *secular approach* [emphasis added] which is not tied to any particular religious tradition" (p.76), therefore, the intervention can easily be employed with people from different cultural, ethnic and religious background. The same was noticed during the pilot study. There were no major cultural mismatches identified in the feedback. The participants expressed their satisfaction with the length of the program and each session, breaks and structure. However, some useful changes and additions were suggested to make it more culturally effective.

As mentioned in inclusion/exclusion criteria, all participants could read and understand English, however it was suggested that the handouts, manual, outcome measures and meditations should be translated into the national language (i.e. Urdu) to make it more comprehendible for parents especially those who cannot understand English and to maximize the reach of the program to the community. Language is an important dimension when it comes to cultural adaptation (Bernal & Domenech Rodríguez, 2012; Bernal et al., 2009). Translation of intervention to the indigenous language benefits the native speaker as well as it is a way to communicate to them that their ethnic background is respected. These advantages are supported by literature (Barrera et al., 2009,2017; Bernal & Domenech Rodríguez, 2012;Castro et al., 2004; Cooper et al., 2016; Dumas et

al., 2010; Grinker et al., 2015; Hall et al., 2016; Hechanova et al., 2021; Heim & Kohrt, 2019; Inam et al., 2015; Kumpfer et al., 2002; Mejia et al., 2017; Mushtaq et al., 2017; Schilling et al., 2021; Sidani et al., 2017; Sit et al., 2020; Spanhel et al., 2021). Bogels and Restifo (2014) also suggested the following in the manual:

> We are sensitive to the fact that for many people, the word "Buddhism" brings up the idea of a religion and may also bring up other associations ("different, weird, spiritual") which may make them hesitant to come to a course. Since the program is secular, and since we want to make it available to as many parents as possible, we want to emphasize the importance of *tailoring the language that you use for your population and the culture in your area* [emphasis added] (p.76).

In addition to language, the feedback about yoga practices was also significant. The intervention involves mindful yoga comprising lying yoga and standing yoga postures (Bögels & Restifo, 2014, pp. 166-170, 198-200). The participants had reservations regarding yoga as it is considered forbidden in Islam and has been banned in some Islamic countries too (Ali & Zayd, 2023; Al-Munajjid, 2011; Brant, 2008; Desai & Patel, 2019; Hooker, 2008; MacKinnon, 2008; Ramstedt, 2011) owing to its origin in Hinduism (Basavaraddi, 2015; Shearer, 2020; Singh & Reddy, 2018; White, 2012). Also, many of its postures and asanas are based on the concept of worshipping entities other than *Allah.* As Pakistan is a Muslim country, it was proposed that yoga practices should be replaced by culturally suitable content. All these concerns have been supported by literature too which highlights the benefits of cultural adaptation (Barrera & Castro, 2006; Barrera et al., 2013, 2017; Bernal & Domenech Rodríguez, 2012; Bernal et al., 2009; Castro et al., 2004; Cooper et al., 2016; Dumas et al., 2010; Grinker et al., 2015; Hall et al., 2016; Hechanova

et al., 2021; Heim & Kohrt, 2019; Kumpfer et al., 2002; Inam et al., 2015; Mejia et al., 2017; Mushtaq et al., 2017; Schilling et al., 2021; Sidani et al., 2017; Sit et al., 2020; Spanhel et al., 2021)

The mothers from the sample suggested that male and female participants should be segregated especially during the mindful yoga exercises. Pakistan's eastern and Islamic culture does not entertain the idea of free interaction of men and women (Ahmed & Amer, 2013; Haque, 2016; Qasqas & Jerry, 2014). Therefore, in many Muslim countries separate therapy groups for men and women are made (Dwairy, 2006; Saged et al., 2020; Saleem & Martin, 2018).

These suggestions are in line with the literature where changes were made to the program to suit the needs of the target population. MP program has extensively been used in other countries and cultures including Australia (Burgdorf et al., 2019,2022; Farley et al., 2023; Sherwood et al., 2023; Swanson et al., 2024), China (Liu et al., 2021, 2023; Lo et al., 2022; Lyu & Lu, 2023; Ma & Siu, 2016), Indonesia (Dahlan, 2016; Hardika &Retnowati, 2020; Hardika & Widiawati, 2020; Rifat & Ratnasari, 2023; Rinaldi & Retnowati, 2017; Sari, 2021), Iran (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati et al., 2023; Amiri et al., 2022; Badiee et al., 2020, 2021; Behbahani et al., 2018; Behbahani & Zargar, 2017; Dehkordian et al., 2017; Kakhki et al., 2022; Mardani et al., 2021; Meamar et al., 2016; Mohammadi et al., 2020), United Kingdom (Heapy et al., 2022) and USA (Cotter et al., 2023; Dobson, 2017; Voos, 2017).

In these studies, the structure and content was modified as per the needs of the target population without major changes. For example, in Australia, while studying the effects of mindful parenting program for parents with concerns about children's

internalizing problem, the length of the sessions were shortened to 2 hours instead of 3 (Burgdorf et al., 2022). In another study, the length of sessions and formal meditations were reduced to 2.5 hours and 15-20 minutes subsequently. Also, a half day mindfulness retreat was added between 4th and 5th session (Farley et al., 2023). In two other studies, the researchers designed briefer versions of the program by reducing the number of sessions, choosing the most relevant themes and activities and offered it online (Sherwood et al., 2023; Swanson et al., 2024).

Similarly in China, the program was used with multiple populations with modifications including briefer version, translation into Chinese language and some changes in activities suitable to the Chinese culture (Liu et al., 2021, 2023). In two more studies, the relevant contents and activities from MP program were selected and the resultant programs were given new names (Lo et al., 2022; Lyu & Lu, 2023). The review of the literature did highlight changes made in the MP program to align it with the needs of the target population, however no major cultural changes were made owing to the fact that the program is secular in nature (Bögels & Restifo, 2014).

Chapter IV

STUDY II: CULTURAL ADAPTATION OF THE MINDFUL PARENTING PROGRAM AND OUTCOME MEASURES

This study was designed for evaluating the translation and cultural adaptation of MP and outcome measures.

Objectives of the Study

The objectives of the study II were as follows:

1. Translation and cultural adaptation of the MP program (Bögels & Restifo, 2014) and outcome measures.
2. Pilot testing of the adapted program and outcome measures.
3. Detailed feedback regarding structure and content of sessions and other relevant domains after the pilot testing of adapted manual to identify the need for changes for cultural adaptation trial.

METHOD

In the light of suggestions made by the pilot study participants, it was decided to culturally adapt the MP program. For this purpose, five-stage heuristic model of cultural adaptation developed by Barrera and Castro (2006) was employed (refer to page 47 for detailed description). Adaptation of an intervention comprises three important dimensions that include cognitive information processing, affective motivational and environmental characteristics.

Cognitive information processing dimension addresses age, language and

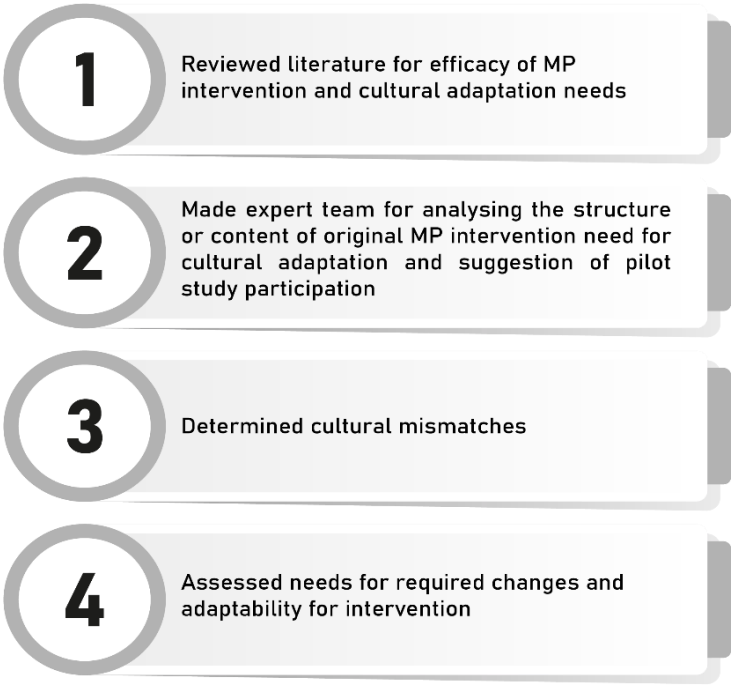
developmental level, affective motivational dimension includes important characteristics of the participants i.e. gender, socioeconomic status, religion, ethnicity while environmental characteristics dimension targets ecological aspects, for example culture and community (Barrera & Castro, 2006) In addition, adaptation also involve changes in program delivery as well as its content if required (Castro et al., 2004). For this study, attention was given to required dimensions and form of adaptation in the light of feedback from pilot study participants as well as expert opinion. (Barrera & Castro, 2006)

Stage 1: Information Gathering

This phase involved conducting a thorough review of the pertinent literature and consulting with an expert team. The relevant literature from different countries, ethnic groups and populations were reviewed to understand cultural adaptability of the MP program. After this, a team of experts was made that comprised the researcher herself who lead as a moderator, her study supervisor and a male and a female psychologist. All these members were parents too. The team was named *MP group*. Due to COVD restrictions, a Whatsapp group was also formed with the same name. The expert consultation phase involved in-depth analysis of the program's original structure, content, delivery mode, homework assignments, formal and informal session activities, stressful parent-child situations, role-plays etc. and their cultural relevance. In addition, the group assessed the need for cultural adaptation and feedback of the pilot study participants (see Figure 3). Also, previous adaptation of the program in other cultures were also discussed with the team.

Figure 3

Information Gathering Stage



The *MP group* substantiated the need of MP program for reducing parenting stress and considered the intervention appropriate and adaptable because of its aims, thoroughness, depth, structure, content and the efficacy reports from the previous studies. The team members supported the suggestion made by the pilot study participants for the translation of manual and outcome measures in Urdu and addressed their concerns about mindful yoga practice and separate intervention groups for men and women. In addition, the *MP group* advised some more changes in the light of their experience to further enrich the program and align it with the culture to maximize its reach and enhance its impact.

Stage 2: Preliminary Adaptation Design

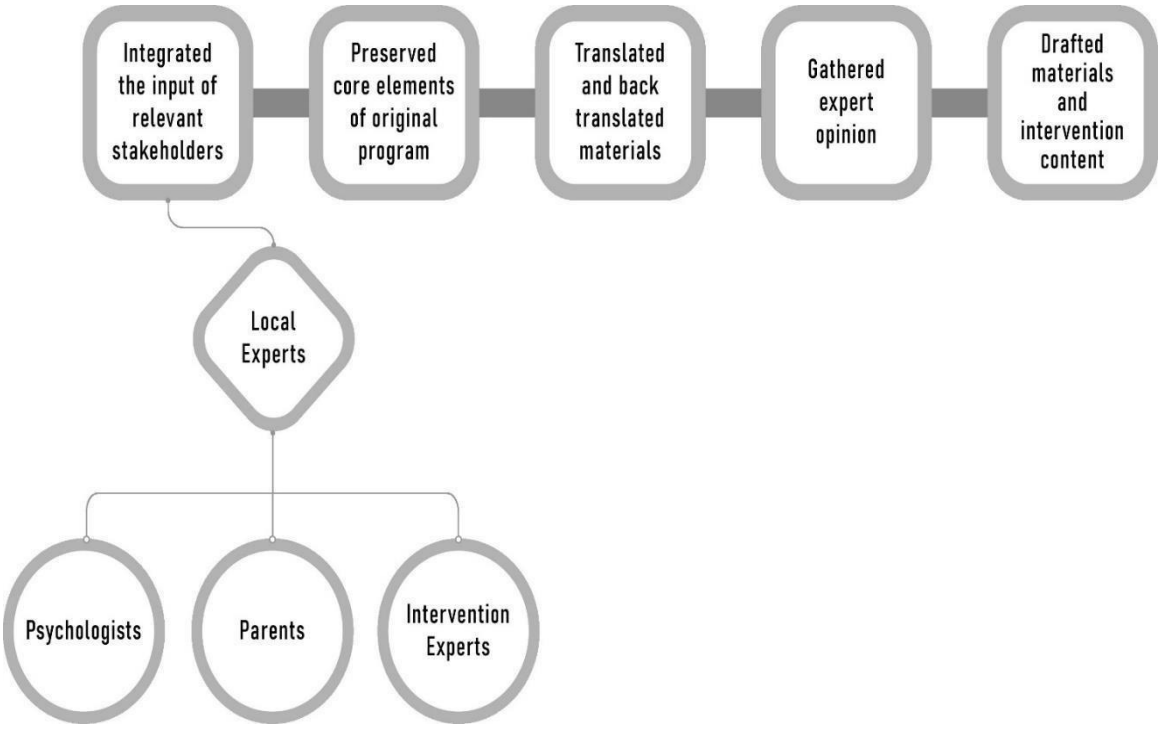
The goal of this stage was to integrate modifications suggested in stage 1 for cultural adaptation as well as language translation of MP program manual and outcome measures (see Figure 4). This stage comprised three steps.

Step I: Translation and Adaptation of MP Manual

Information gathered in stage I and input taken from relevant stakeholders were integrated for preliminary changes in MP manual. For the Urdu translation of MP manual, an action task force comprising bilingual psychologists and language experts who were educationists (the researcher herself and supervisor along with a PhD scholar and lecturer in English language, an Urdu language lecturer, and an assistant professor of Psychology) did Urdu translation of MP manual. For this purpose, the committee meetings were held online due to COVID restrictions twice a week for 2 months where each meeting lasted for one to one and a half hour on average. The process of translation went smooth with the main focus of maintaining content similarity in both languages.

Figure 4

Preliminary Adaptation Design Stage



Step II: Translation of the Outcome Measures

The outcome measures were translated by employing translation committees and expert committee approach where the translation committees did the translations by following guidelines postulated by Brislin (1976). The process was carried out in the following steps.

a. In the first step, the forward translation of the scales into Urdu language was done. For this purpose, a committee comprising four bilingual experts of psychology and languages was made (1 PhD scholar in psychology , 1 MPhil in psychology , 1 Urdu lecturer, 1 English lecturer)

b. Once the translations were done, they were presented to expert committee

comprising 4 judges (the researcher herself, the supervisor of the research, 2 MPhil psychology, and 1 assistant professor in Psychology) that carried out in-depth critical analysis of the translated content and selected the most appropriate versions.

c. For the blind back translation into English, the Urdu translated outcome measures were then given to another committee of four bilingual experts (1 assistant professor psychology, 1 PhD scholar psychology, 1 MPhil and 1 PhD scholar from English language).

d. The expert committee again carried out the in-depth analysis of the translated content and ensured that the selected translated version was aligned with the original scales.

Stage 3: Preliminary Adaptation Tests

Preliminary adaptation test was designed for an initial trial of the culturally adapted version of MP manual and outcome measures. The aim of this stage was to identify the implementation difficulties and requirements for further refinement by adding or deleting content, activities and home works (see Figure 5).This stage was completed in almost 3 months.

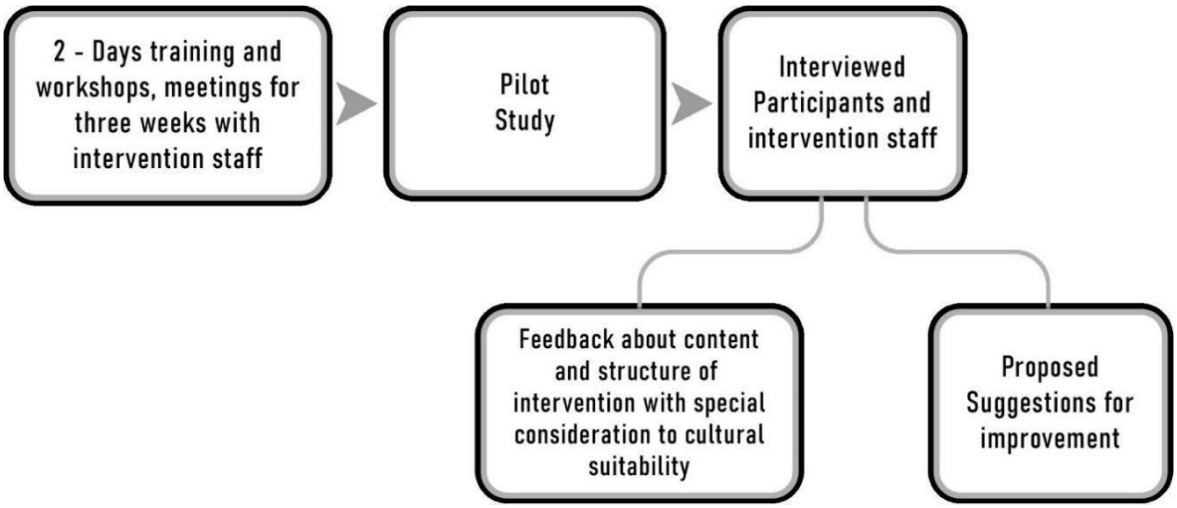
Step 1: Selection and Training of Intervention Staff

As suggested by the experts, a group of 5 psychology graduates was trained to work as intervention staff. Two day extensive workshop was conducted to train them on intake interview, implementation guidelines, session activities and homework which was followed by weekly meetings for three weeks. Two of them were to execute the program

along with the researcher while the three were observers during the sessions. During the pilot study, the weekly meetings of the researcher and intervention staff were held where implementation challenges, participants' responses and feedback about intervention and the intervention staff's own analysis of the program was discussed.

Figure 5

Preliminary Adaptation Test Stage



Step II: Pilot Testing of the Culturally Adapted Version of MP Program and Outcome Measures

For this trial, a sample consisting of 10 mothers was recruited through purposive sampling from the twin cities of Islamabad and Rawalpindi in Pakistan. Though fathers were contacted and encouraged for participation, yet the pattern of no or low participation of fathers was seen again, thus resulting in a mothers-only sample. The age of the participants ranged between 32 to 44 years (M=38.2, SD= 3.79) whereas the age of the children ranged between 6.5 to 11 year (M= 8.32, SD= 1.26). Demographic characteristics of sample and children are reported below (see Table 3).

Inclusion/exclusion criteria is as follows: Married individuals living with their spouses having children (both boys and girls) within the age range of 6 to 11 years.

- Matriculation as minimum required qualification with a clear proficiency to understand, read and write Urdu.
- Middle class as required socioeconomic status.
- Non-clinical community sample with no participant undergoing any psychological treatment or taking medications.

Table 3

Demographic Characteristics (N=10 Mothers)

Variable	f (%)	Mean (SD)
Mother related characteristic		
Mother's age		38.2(3.79)
Education		
Graduation (14)	4(40)	
Higher education(>14)	6(60)	
Mother's working status		
Home-maker	9(90)	
Working	1(10)	
Father's working status		
Working	10(100)	
Marriage type		
Love marriage	2(20)	
Arranged marriage	8(80)	
Family system		
Nuclear	5(50)	
Joint	5(50)	

Mother's age when got married		24.3(1.70)
Family monthly income		
More than 1, 50000	10(100)	
Socioeconomic status		
Middle class	10(100)	
Number of children		2.8(1.03)
Child related characteristics		
Age of the target child		8.32(1.26)
Gender		
Girls	6(60)	
Boys	4 (40)	
Child education/Grade		
Grade 1	2(20)	
Grade 2	5(50)	
Grade 3	2(20)	
Grade 5	1(10)	

Note. f = Frequency, %= percentage

The *MP group* suggested that the program should be administered both online and onsite to facilitate the participants who were observing COVID safety measures. 6 participants attended the course online while 4 attended it on site. The online participants filled the consent forms and completed the outcome measures online whereas the onsite participants did that on site. However, the in-depth interviews from all participants were conducted online. Psychometric properties of the measures were determined (refer to Table 5 for details). The culturally adapted version was then administered both online and on-site for 8 weeks. The sessions were 3 hours long each with a 15 minutes break after 1.5 hours. The average attendance rate was 93%. Online sessions were conducted every Monday through Zoom while onsite, every Tuesday of the week. The online participants

accessed the course material through Google classroom.

Stage 4: Adaptation Refinement

Once the pilot study was concluded both the participants and intervention staff were interviewed to identify implementation challenges, concerns about the structure and content of sessions and their satisfaction with the intervention with special reference to its cultural suitability. This feedback was then discussed with the *MP group* in detail after which the final changes based on expert opinion were incorporated in the adapted version of MP program for the cultural adaptation trial.

Stage 5: Cultural Adaptation Trial

The main aim of this final stage was to conduct a full effectiveness trial of the revised culturally adapted mindful parenting intervention which was named *Bashaoor Tarbiyat-e-Aulad* by the *MP group* (see Figure 6). The program was implemented on a sample comprising 127 mothers randomly drawn from the cities of Islamabad and Rawalpindi (see Study III for details).

Figure 6

Cultural Adaptation Trial Stage

RESULTS AND DISCUSSION

The results of study II are reported as follows.

Phase I: Cultural Adaptation of MP Program after Pilot Study

The modifications comprised changes in the structure as well as content of the MP intervention.

1. Adaptation of Intervention Structure after Pilot Study

Participants of the pilot study showed satisfaction with the general structure of the intervention, length of each session and that of the break. However, it was suggested by the *MP group* that an extra session should be included in the beginning to explain the concept and sources of parenting stress with special reference to Pakistani culture as well as to explain the difference between behavioral and cognitive parenting paradigms. Moreover, explanation of group rules and some rapport building activities were also suggested for this session. During the pilot study it was observed that the concept of parenting stress as distinct from general stress was hard to comprehend for parents. Deater-Deckard (2004) states that "We also are coming to realize that stress in the parenting role is distinct from the stress arising from other roles and experiences—from the workplace, unfortunate events or experiences, and interpersonal relationships with other family members and friends" (p.4).

Moreover, the need to understand the concept and sources of parenting stress in Urdu especially with respect to evolutionary perspectives and Pakistani culture was evident. In Urdu, the words for stress are *tanao* and *dabao* however, the more appropriate one is *tanao.* Similarly for *parenting stress*, two suitable words are *perwarish-e aulad ka*

tanao and *tarbiyat-e-aulad ka tanao.* As per the expert opinion the term *perwarish-e-aulad ka tanao* was selected.

Similarly, psychoeducation about cognitive parenting paradigm and interventions was added in the additional session to help parents understand that once under stress, the knowledge and skills that are learnt in behavioral parenting programs that aim to correct the behavioral challenges of the children tend to collapse. In the heat of the moment, when parents are overwhelmed with parenting stress, they usually forget the skills learnt in behavioral parenting programs or through other sources. Therefore, cognitive parenting approaches focus the parent more as agent of change than the problematic behavior of the child. These findings are aligned with the literature (Bögels & Restifo, 2014; Kazdin & Whitley, 2003; Mouton et al., 2018).

2. Adaptation of Intervention Content

For the adaptation of intervention content, the cultural mismatches were identified using the comparison table developed by Castro et al. (2004). The most important modification was the translation of manual and intervention into Urdu language as suggested by the participants and *MP group* (see Table 4 for details). Furthermore, the group suggested that with the cultural adaptation of the program, it was useful to have a suitable name for the program in national language. After brainstorming and consultation with language experts, the program was named as *Bashaoor Tarbiyat-e-Aulad.*

Some of the pilot study participants had reservations about yoga as a forbidden practice in Islam (Ali & Zayd, 2023; Al-Munajjid, 2011; MacKinnon, 2008; Ramstedt, 2011). After a thorough review of literature, consultation with the expert team and

analysis of the yoga practices given in the manual, it was decided to continue with them as they were part of modern mindful hatha yoga practices that involve physical postures, non-judgmental mind-body awareness (thoughts, feelings, emotions and physical sensations), breath and meditation practices (Ivtzan & Jegatheeswaran, 2015; Kabat-Zinn, 2013; Luu & Hall, 2016; Schuver & Lewis, 2016; Uebelacker et al., 2017; Vollbehr et al., 2020, 2021) unlike the traditional yoga that is based on Hinduism and Buddhism and comprises poses (asanas), breathing exercises (pranayama), chants and mudras (Basavaraddi, 2015; Samuel, 2008; Singh & Reddy, 2018; White, 2012) hence, rendering religious connotations to yoga. Mindful yoga is a secular practice free from any religious orientation hence it is now frequently used in both western and eastern societies for mind-body awareness, mental and physical health. Also, all the practices included in the program involve body stretching while standing and lying down (Gasibat et al., 2017; Robert-McComb et al., 2015). It was made sure that this aspect is covered in the handouts to maximize the participants' comprehension about the aim of these exercises as a secular practice. Hence, the *MP group* decided to keep the exercises as part of the program and name them *mindful body stretches* for better cultural alignment. In addition, respecting the pilot study participants' suggestion for separate groups for men and women, it was decided to make separate intervention groups for both genders to ensure it fits the cultural and religious paradigm (Ahmed & Amer, 2013; Qasqas & Jerry, 2014).

Keeping in mind the status of Islam as the official religion of Pakistan, the *MP group* also suggested addition of Islamic concepts of mindfulness in the program. The same was suggested by the study participants as well. In Islam, the word *Muraqabah* and *Khushu* are used for mindfulness. Islamic philosophy highlights the importance of

mindfulness as an essential part of all its practices (Abdulkerim & Li, 2022; Ijaz et al., 2017; Isgandarova, 2019; Komariah et al., 2020, 2023; Latuapo, 2022; Munsoor & Munsoor, 2017; Nisar et al., 2023; Parrott, 2017; Thomas et al., 2017). Therefore, Islamic perspectives on mindfulness were added in such a way that the session would start with feedback about the last session followed by psychoeducation about the selected Islamic concept of mindfulness. After this, the main theme and psychoeducation about it was added. Daily Islamic practices including the five obligatory prayers, recitation of the *Holy Quran*, call for prayer that is called *adhaan*, using *miswak* to brush teeth etc. were added in informal mindfulness practices in session 2. Moreover, the concept of 3Rs (i.e Retreat, Reflect and Remember) especially by reciting the names of *Allah (Asma-ul-Husna)* was also added. All these practices are expected to be part of a Muslim's daily life so it was suggested by the expert panel that these practices being easy to adopt and spiritually uplifting need to be part of the program. In addition, *me time* was included in the informal exercises.

Table 4

Sources of Mindful Parenting Program Mismatches

Source of mismatch	MP validation group	Pakistani group	Mismatch effect	Mismatch addressed
Group Characteristics				
Language	English Dutch	Urdu	Challenges in comprehending the program in English	Program translated into Urdu language
Ethnicity	Multiracial sample (Europe,America, Asia, Africa)	Muslims Pakistani	Cultural differences in beliefs, norms, values, life style	Cultural and religiously aligned content was added wherever required
Gender	Fathers and/or Mothers	Female (Mothers only)	-	-
Religion	Christianity	Islam	Different belief system	Content aligned with Islam was added wherever Required
Socioeconomic status	Middle and low class	Middle class	-	-
Urban-rural context	Urban and rural	Urban	-	-
Risk factors(Number and severity)	Multiple risk factors (e.g. psychopathology and/or neurodevelopmental disorders in parents and/or children,) moderate to high in severity	Few (non- clinical sample) and moderate in severity		-
Family stability	Stable and unstable family systems (separated, divorced, widowed)	Stable family system	-	-

Program Delivery Staff				
Type of staff	Well-trained and paid staff	Well-trained and paid staff		
Staff cultural competence	Culturally competent staff	Culturally competent staff	-	-
Admin/community factors				
Settings	Clinical and community settings	Community settings.	-	-
Community Readiness	Moderate to high readiness	Moderate to high readiness	-	-

Note. This table was made in the guidelines provided by Castro et al (2004) for identification of cultural mismatches

Phase II: Changes Made in Bashaoor Tarbiyat-e-Aulad after Preliminary Adaptation Test

After incorporating all the above mentioned changes and suggestion, the preliminary adaptation test was conducted both onsite and online. The online mode was designed to facilitate participants who preferred to stay at home following COVID restrictions. As online versions of the program have been found to be effective (Boekhorst et al., 2021; Potharst et al., 2019; Sherwood et al., 2023; Swanson et al., 2024), the *MP group* encouraged to offer it online too.

Once the program concluded, feedback was taken from the participants. They expressed satisfaction with the content and structure of the program and regarded it effective. However, they made a useful suggestions, i.e inclusion of *Quranic verses* in meditations. This suggestion was both favored by the literature review as well as the expert opinion which highlights the healing power of the *Holy Quran* especially in reducing stress and improving other physical and mental health concerns (Aren & Tarlacı, 2022; Arkasi et al., 2022; Haque et al, 2016; Islamiyah, 2021; Kannan et al., 2022; Moulaei et al., 2023; Saleem & Saleem, 2023). As a result, selected verses were added in some meditations including meditation on intention, gratitude practice, bringing kindness to yourself, sitting meditation with breath and body sensation, rupture and repair and loving-kindness meditation. In addition the participants also suggested that length of the bodyscan meditation should be shortened as a 40 minutes meditation was hard to manage for some participants. The participants also suggested to start each session with meditation on intentions which were initially incorporated in first three sessions only just as it was done in original MP program. It was also suggested to add table of content, learning objectives and check box were in the handouts. These suggestions were

incorporated in the program after discussion and approval from the *MP group*.

Phase III: Pilot Testing of the Outcome Measures

The suitability and adequacy of the translated outcome measure was analyzed in this phase. As evident from Table 5, the descriptives, skewness, alpha coefficients and internal consistency values suggest appropriateness of the scales for Pakistani parents.

Table 5

Descriptive Statistics and Alpha Reliabilities (N=10)

Variable	k	M	SD	*a*	Range		Skewness
					Potential	Actual	
Parenting							
Parental stress scale	18	43.90	9.36	.84	18-90	23-58	-1.06
Parenting sense of competence scale	17	62.60	13.09	.92	17-102	38-89	.23
Parental satisfaction	9	29.40	7.52	.88	9-54	18-46	.96
Parental self-efficacy	8	33.20	6.09	.77	8-48	20-43	-.74
Interpersonal mindfulness in parenting scale	10						
Awareness and present centered attention	4	9.90	1.70	.65	4-20	7-14	.94
Non-judgment	3	9.10	2.13	.82	3-15	7-13	.96
Non-reactivity	3	10.30	2.67	.91	3-15	6-15	.08
Parental wellbeing							
Self-compassion Scale	12	35.70	6.04	.73	12-60	26-45	-.08
Couple satisfaction index	4	11.60	5.23	.95	0-21	0-18	-1.20
Kansas marital satisfaction Scale	3	14.50	4.25	.97	1-21	3-18	-2.59
Warwick Edinburg mental wellbeing scale	14	49.70	6.46	.87	14-70	38-60	-.53
Mindful attention awareness Scale	15	38.80	10.96	.85	15-90	26-60	.52
Child behavioral and emotional problems							
Strengths and difficulties Questionnaire	25						
Total difficulty	20	13.80	7.77	.87	0-40	2-26	.29
Externalizing	10	7.70	4.16	.82	0-20	2-15	.45
Internalizing	10	6.10	3.73	.71	0-20	0-12	.10

Chapter V

STUDY III: EFFECTIVENESS OF BASHAOOR TARBIYAT-E-AULAD

Objectives of the Study

This study was conducted to achieve the following objectives:

1. To test the effitiveness of *Bashaoor Tarbiyat-e- Aulad* in reducing parenting stress.
2. To assess the effects of *Bashaoor Tarbiyat-e- Aulad* on the well-being of parents as well as their children.

Hypotheses

1. *Bashaoor Tarbiyat-e-Aulad* will significantly reduce parenting stress in intervention group than in control group at post-intervention level.
2. Parenting sense of competence will increase in intervention group as compared to control group after the intervention.

   2a. Parental satisfaction will increase in intervention group as compared to control group after the intervention.

   2b. Parental self-efficacy will increase in intervention group as compared to control group after the intervention.
3. Interpersonal mindfulness in parenting will be higher in intervention group as compared to control group at post-intervention level.

   3a. Awareness and present centered attention in parenting in intervention group will significantly increase as compared to the control group after the intervention.

   3b. Non-judgmental parenting will significantly increase in intervention group as

compared to control group after the intervention.

3c. Non-reactive parenting will significantly increase in intervention group as compared to control group after the intervention

4. Mothers in intervention group will be more self-compassionate as compared to those in control group at post-intervention level.
5. Participants in intervention group will exhibit more improvements in couple satisfaction as compared to those in control group at post-intervention level.
6. Marital satisfaction among participants of intervention group will improve significantly as compared to control group participants after the intervention.
7. Intervention group will report significantly higher mental wellbeing as compared to control group at post-intervention level.
8. Dispositional mindfulness will be better in intervention group than control group after the intervention.
9. Mothers in intervention group will report less behavioral and emotional problems in their children as compared to those in control group at post-intervention level.

   9a. Mothers in intervention group will report significant reductions in externalizing problems as compared to those in control group at post-intervention level.

   9b. Mothers in intervention group will report significant reductions in internalizing problems as compared to those in control group at post-intervention level.

   9c. There will be a significant decrease in emotional problems in children reported by mothers in intervention group than those in control group after the

intervention.

9d. Mothers in intervention group will report a significant reduction in peer problems in their children as compared to those in control group after receiving intervention.

9e. Mothers in intervention group will report a significant decrease in conduct problems in their children as compared to those in control group after receiving intervention.

9f. Significantly lower hyperactivity in children will be reported by mothers in intervention group than those in control group after receiving intervention.

9g. Significant increase in prosocial behavior in children will be reported by mothers in intervention group than those in control group after receiving intervention.

Operational Definitions of the Study Variables

Parenting Stress

Deater-Deckard (2004) define parenting stress as "set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood" (p.6). For the present study, parenting stress was measured by using Parental Stress Scale (Berry & Jones, 1995; Urdu translated version-Shafiq, 2023) where high scores meant high parenting stress and vice versa.

Parenting Sense of Competence

Parenting sense of competence is defined as "a cognitive and emotional construct

that refers to the judgments that parents hold about their abilities as caregivers. It also includes parents' beliefs about their capacity to positively influence their children's development and their satisfaction with the parenting role" (Nunes et al., 2022, p.1). For the present study, parenting sense of competence was assessed through Parenting Sense of Competence Scale (Johnston & Mash, 1989; Urdu translated version-Shafiq, 2023) that has two subscales i.e parental satisfaction and parental self-efficacy. High scores showed high parenting sense of competence and vice versa.

Mindful Parenting

Kabat Zinn and Kabat Zinn (2012) defined mindful parenting as:

> Mindful parenting is an ongoing creative process, not an endpoint. It involves intentionally bringing nonjudgmental awareness, as best we can, to each moment. This includes being aware of the inner landscape of our own thoughts, emotions, and body sensations, and the outer landscape of our children, our family, our home, and the broader culture we inhabit. It is an on-going practice that can grow to include: (1) greater awareness of a child's unique nature, feelings, and needs; (2) a greater ability to be present and listen with full attention; (3) recognizing and accepting things as they are in each moment, whether pleasant or unpleasant; (4) recognizing one's own reactive impulses and learning to respond more appropriately and imaginatively, with greater clarity and kindness (p.268).

For the present study, Interpersonal Mindfulness in Parenting Scale (Duncan, 2007; Urdu translated version-Shafiq, 2023) was used to measure mindful parenting. The

scale had three subdomains i.e awareness and present centered attention, non-judgmental acceptance and non- reactivity. After reversing the scores, they were added to yield a total score where a high score depicted high mindfulness in parenting and vice versa.

Self-Compassion

According to Neff (2011):

> Compassion can be extended towards the self when suffering occurs through no fault of one's own – when the external circumstances of life are simply hard to bear. Self- compassion entails three main components which overlap and mutually interact: Self- kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification (p.4).

For the present study, self- compassion is assessed through Self-Compassion Scale (Raes et al., 2011; Urdu translated version-Shafiq, 2023). The items covered six subdomains i.e self- kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. For the total score on the scale, scores were reversed where required and then added. A high score indicate high self-compassion and vice versa.

Couple Satisfaction

Couple satisfaction is defined as "the emotional state of being satisfied with the interactions, experiences, and expectations in couple life" (Ratiu, 2023, p.1).For the present study, couple satisfaction was assessed through Couple Satisfaction Index-4 (Funk & Rogge, 2007; Urdu translated version-Shafiq, 2023) where high scores indicated

high couple satisfaction and vice versa.

Marital Satisfaction

Marital satisfaction refers to "a global evaluation of one's attitude towards his/her marriage, used to assess marital happiness and stability regarding all aspects of marriage**"** (Abreu-Afonso et al., 2022, p. 2). For the present study, Kansa Marital Satisfaction Scale (Schumm et al., 1983; Urdu translated version-Shafiq, 2023) was used to assess marital satisfaction where high scores indicated high marital satisfaction and vice versa.

Mental Wellbeing

Mental wellbeing refers to a blend of optimum functioning in the domains of hedonic and eudemonic wellbeing (Ryan & Deci, 2001). For the present work, mental wellbeing was assessed through Warwick Edinburgh Mental Wellbeing Scale (Tennant et al., 2015; Urdu translated version-Shafiq, 2023) where high scores indicated high mental wellbeing and vice versa.

Dispositional Mindfulness

Dispositional mindfulness, also called trait mindfulness is defined as "the innate capacity of paying and maintaining attention to present-moment experiences with an open and non- judgmental attitude" (Tang & Tang, 2020, p.26). For the present study, Mindful Attention Awareness Scale (Brown & Ryan, 2003; Urdu translated version-Shafiq, 2023) was used to gauge dispositional mindfulness where higher scores indicated high mindfulness and vice versa.

Child Behavioral and Emotional Problems

Caused by a combination of different factors related to heredity and environment, behavioral and emotional problems in children are divided into two major categories i.e internalizing and externalizing disorders. The difference in the two categories is that of the direction of distress where it in directed inward in internalizing disorders and outwards to the environment in the externalizing disorders. Psychopathology in children either internalizing or externalizing disorders is detrimental for the mental health and wellbeing of the child (Whitcomb, 2017).

For the present work, children behavioral and emotional problems were assessed through Strength and Difficulties Questionnaire (Goodman, 2001; Urdu translated version-Shafiq, 2023) that had four subscales including conduct problems and hyperactivity for externalizing disorders and emotional problems and peer problems for internalizing disorders. In addition prosocial behavior scale is also included.

METHOD

Research Design

The study employed randomized control trial, pre and post testing with wait list control group. 127 mothers were randomly assigned to one of two conditions i.e intervention group and control group through computer-generated sequences. Baseline data was taken in May 2022 after which the program ran for 9 weeks starting in June 2022 and ended in August 2022. After three days of program completion, feedback about its contents and delivery was taken while follow-up and booster session was conducted in October 2022 after 2 months of intervention

completion.

Sample

Information about the program was floated to the target population through flyers shared in different parenting groups on social media that included Instagram, Facebook, WhatsApp etc. and personal contacts too. Initially 240 parents contacted to get the details and requirements for training. After the preliminary talk, 35 of them were unable to attend the training during the decided time while 37 did not reply back when they were contacted to ask them about their decision to take the training. 38 did not fulfill exclusion/ inclusion criteria. Only 3 fathers showed interest in the training, however due to this small number of fathers, it was decided not to include them in the present study because managing a separate group for them would take extra time and resources. Therefore, on the suggestions from *MP group* with the moto that *no one should be left*, they were later given one to one sessions as per their needs.

The remaining 127 mothers were randomly assigned to experimental and control conditions for the pre-test using computer generated sequence where 63 were placed in experimental while 64 in control group.. Pure randomization may result in demographic inequalities, however, it is recommended in parenting studies employing small samples (Schulz & Grimes, 2002). As per the manual (Bögels & Restifo, 2014, p.73), onsite group can have 8 to 16 participants, therefore, the onsite participants were adjusted in two groups, one with 16 members while the other with 14.

The rest of the 33 participants wanted to take the online training for which a

single group was made.To keep the names confidential, codes were assigned to all participants. The MP program has been used in online format too in different studies that employed samples of varying sizes (Boekhorst et al., 2021; Potharst et al., 2019; Sherwood et al., 2023). The detailed interview and baseline assessments were taken with the help of research assistants. 3 mothers from the experimental group dropped out after 1st session while 3 dropped out after 2nd session whereas 1 couldn't continue because of COVID. 3 mothers from the control group did not fill the questionnaire at post-test. Thus, for the post-test, we had 56 mothers in experimental group while 61 in control group whose scores were analyzed to gauge the intervention effects. The mean age of mothers was 36.56 years (SD= 6.00) and that of the children was 8.14 years (SD= 1.88). Demographic characteristics of sample and children are reported below (see Table 6). Inclusion/exclusion criteria was the same as for study II.

Table 6

Demographic Characteristics (N=127 Mothers)

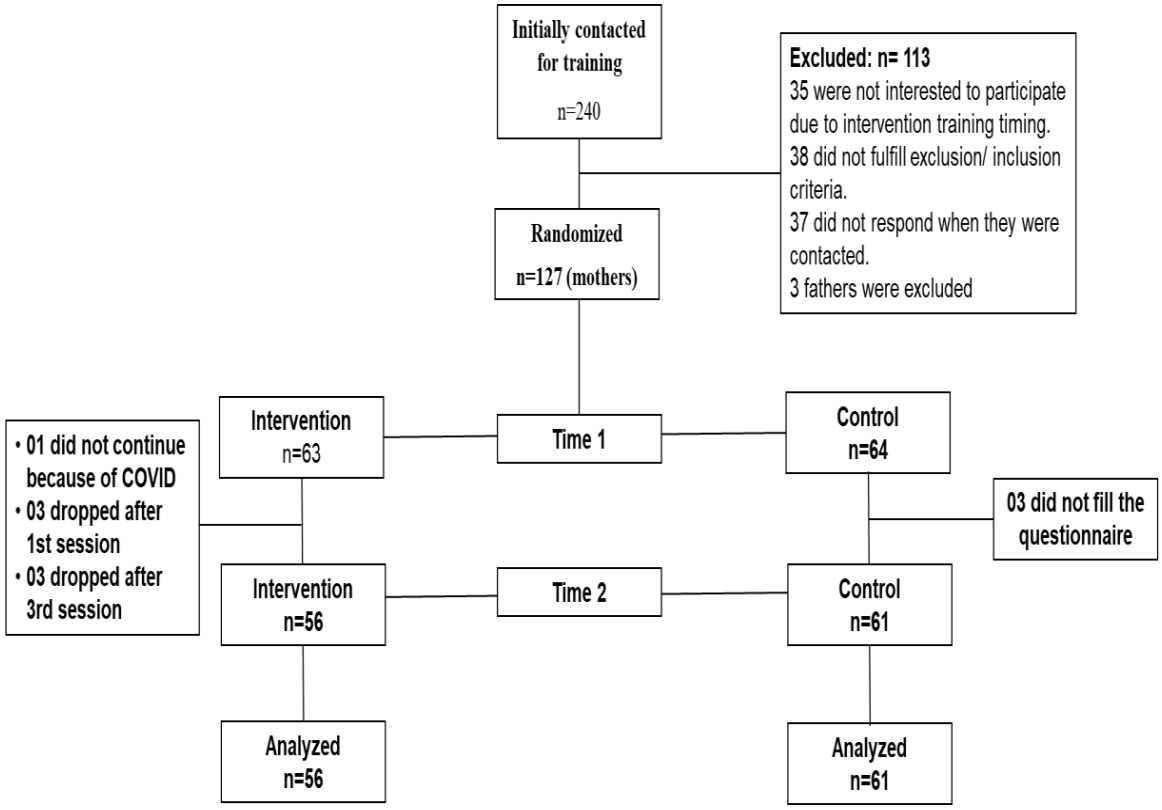
Variables	f (%)	Mean (SD)
Mother related Characteristics		
Mother's age		36.56(6.00)
Education		
Matriculation(10)	8(6.3%)	
Intermediate(12)	12(9.4%)	
Graduation (14)	43(33.9%)	
Higher Education(>14)	64(50.4%)	
Mother's Working Status		
Home-Maker	106(83.5%)	
Working	21(16.5%)	
Father's Working Status		
Working	127(100%)	
Marriage Type		
Love Marriage	15(11.8%)	
Arranged Marriage	112(88.2%)	
Family System		
Nuclear	56(44.1%)	
Joint	71(55.9%)	
Mother's age when got married		24.35(3.85)
Family Monthly Income		
Less than 40,000	21(16.5%)	
More than 40,000	21(16.5%)	
More than 80,000	32(25.2%)	
More than 1, 50000	53(41.7%)	
Socioeconomic status		
Lower middle class	2(1.6%)	

Middle class	42(33.1%)	
Upper middle class	83(65.4%)	
Number of children		2.66(1.19)
Child related characteristics		
Age of the target child		8.14(1.88)
Gender		
Girls	65(51.2%)	
Boys	62(48.8%)	
Child education/grade		
Grade 1	53(41.7%)	
Grade 2	19(15.0%)	
Grade 3	16(12.6%)	
Grade 4	10(7.9%)	
Grade 5	15(11.8%)	
Grade 6	14(11.0%)	

Note: f=Frequency, %= percentage

Figure 7

Consort Flow Diagram for the Study



Measures

Intervention Program

Developed by Bogles and Restifo (2013), this program is an adaptation of the mindfulness based stress reduction and mindfulness-based cognitive therapy. It has been used extensively for past 12 years with thousands of parents all over the world. Unlike parenting skills programs that revolve around the child's behavior challenges and skills for parents, this is a non- behavioral program, which focuses on cognitive aspects of parenting. A preference is given to couples over one partner taking the course however; this isn't achieved most of the time.

Similarly, working with mixed groups of mothers and fathers is preferred over working with only mothers or fathers. The program can be used both for prevention and intervention against parenting stress especially with parents and/or children diagnosed with externalizing and internalizing disorders and psychopathologies, In addition, parenting stress resulting from serious conflicts in parent-child relationship and other issues that impact parenting has alsobeen the target of the program. (Bogels & Restifo, 2013). The MP program is a manualized program that comprises 8 sessions. Each session has a theme that involves psychoeducation, interactive in- session activities, formal and informal mindful meditations and homework assignments. Each session is 3 hours long with a break after 1.5 hours.

In this study, the MP program was administered to the Pakistani mothers after cultural adaptation resulting in a number of changes. This culturally adapted version of the program was named as *Bashaoor Tarbiyat-e-Aulad* comprising an additional session in the beginning for rapport building, group rules and psychoeducation about parenting

stress and difference between behavioral and cognitive parenting paradigms, Islamic concepts of mindfulness, Islamic practices in homework assignments, Urdu translation of handouts and recordings of meditations in Urdu in which verses from The Holy Quran and Hadith were also added. The yoga practices were renamed as mindful body stretches. In addition to the above mentioned modifications, table of content, learning objectives and check box were added in handouts. The program was delivered both on site and online to groups of mothers where the maximum number of participants per group was 16

Outcome Measures

1. **Parenting Domain Measures** .The following measures were included in parenting domain all of which were translated in Urdu language.

a) Parental Stress Scale (PSS).Parenting stress was assessed through Parental Stress Scale (PSS) which is considered as one of the most appropriate instrument to measure stress experienced by parents as a result of their parenting roles. Suitable for clinical and community settings equally, the scale comprising 18 items has positive and negative themes in which the former assesses positive feelings related to parenting (*I am happy in my role as a parent*) and later the negative feelings (*The major source of stress in my life is my child/ren*). The instrument employs 5 point Likert scale where 1 is for *strongly disagree* and 5 for *strongly agree*. 8 items are to be reversed scored after which all scores are added for the total score which can range between 18 to 90. High score shows high levels of parenting stress and vice versa. The scale yielded a test-retest

reliability of .81 and Cronbach's alpha level equaled .83 (Berry & Jones, 1995).

b) Parenting Sense of Competence Scale (PSCS). To assess parenting sense of competence, the Parenting Sense of Competence Scale developed by Johnston and Mash (1989) was used. The scale comprises 17 items which are related to two sub-components i.e parental satisfaction and parental self-efficacy. With 6 point Likert scale format, the instrument requires the parents to circle between 1 and 6 where 1 is for *strongly agree* and 6 for *strongly disagree*. 8 items related to parental self-efficacy are reversed scored followed by adding all the scores to get the total score. High scores showed high parenting sense of competence and vice versa. Johnston and Mash (1989) reported internal consistency alpha coefficients of .75 for the satisfaction factor and .76 for the efficacy factor.

c) Interpersonal Mindfulness in Parenting Scale (IM-P). To assess interpersonal mindfulness in parenting, the short version of Interpersonal Mindfulness in Parenting Scale (IM- P) was used. The scale comprises 10 items measuring three sub-domains that included awareness and present centered attention in parenting (4 items), non-judgmental acceptance in parenting (3 items) and non-reactive reactivity in parenting (3 items). The scale employs 5 point Likert scale where 1 stands for *never true* and 5 for *always true*. The Cronbach's alpha was found to be .72 (Duncan, 2007). The total score ranges from 10 to 50 where high score means high interpersonal mindfulness in parenting and vice versa.

2. Parental Wellbeing Measures. The following measures were included in

parental wellbeing domain

a) Self-Compassion Scale Short-form (SCS-SF). To measure self-compassion in parents, self-compassion scale (short-form) is used. The scale employs a 5 point Likert scale where 1 stands for *almost never* and 5 for *almost always*. It comprises 12 items that measures six sub-domain including self-kindness, over-identification, isolation, self-judgment, common humanity and mindfulness with two items per scale. Over-identification, isolation and self- judgment are negative subscales the scores of which are first reversed and then all scores are added to get a total score of self-compassion. A high score indicates high self-compassion and vice versa. The scale demonstrated good internal consistency with Cronbach's alpha ≥ .86 (Raes et al., 2011).

b) Couple Satisfaction Index-4 (CSI-4). Couple satisfaction was assessed by using 4 items Couple Satisfaction Index developed by Funk and Rogge (2007). The scale comprises 4 items that gauge satisfaction of an individual with the romantic relationship. The first item employs 6 point Likert scale where 0 stands for *extremely unhappy* while 6 is for *perfect*. For the rest of 3 items, 5 point Likert scale is used where 0 stands for *not at all true* and 5 for completely *true*. The scale has a high Cronbach's alpha value of .94. The score can range between 0 to 21 where high score indicates high couple satisfaction (Funk & Rogge, 2007).

c) Kansas Marital Satisfaction Scale (KMS).To assess satisfaction with marriage, the 3 – item Kansas Marital Satisfaction Scale (KMS) was used. The scale employs 7 point Likert scale where 1 stands for *extremely dissatisfied* and 7 for *extremely*

satisfied. The score can range between 3 to 21 where high score indicates high marital satisfaction and vice versa (Schumm et al., 1986).

d) Warwick Edinburg Mental Wellbeing Scale (WEMWBS). To measure mental wellbeing, Warwick Edinburg Mental wellbeing scale (WEMWBS) was used. WEMWBS scale comprises 14 items using 5-points Likert scale that includes both hedonic and eudemonic features. 1 shows *none of the time* and 5 shows *a.ll of the time.* The total score ranges between 14 to 70 which is calculated by adding scores on each item. Cronbach's alpha of .89 is the reported value for the scale. A high score indicates high mental wellbeing and vice versa (Tennant et al., 2007).

e) *Mindful Attention Awareness Scale (MAAS).* To measure dispositional mindfulness, Mindfulness attention awareness scale (MAAS) was used. This 15-item instrument uses 6 point Likert scale where 1 stands for *almost never* and 6 for *almost always*. The score can range between 15 and 90 where high score means high mindful attention and awareness and vice versa. The scale was found to have a high test-retest reliability of .81 and internal consistency reliability that equals .82 (Brown & Ryan, 2011).

3. Child Behavioral and Emotional Problems. The following measures were included in child behavioral and emotional problems domain.

a) Strengths and Difficulties Questionnaire (SDQ). For the present study, the

child's behavioral and emotional problems were assessed through Strength and Difficulties Questionnaire. This scale is one of the commonly employed screening instruments developed by Goodman (1997). It targets five sub-domains with 5 items per domain resulting in a total of 25 items. The items are rated on a 3-point Likert scale, ranging from 0 (*not true*) to 2 (*certainly true*). These domains include emotional symptoms, conduct problems, peer relationship problems, hyperactivity and inattention, and prosocial behavior. These questions are completedby teachers or parents of children. The scores on first four categories can be added to get a total difficulties score that ranges from 0 to 40 whereas on individual scales the score lies between 0 to 10. Scores between 14 and 17 are subclinical whereas scores higher than 17 are considered clinical

Table 7

Descriptive Statistics and Alpha Reliabilities (N=127)

Variables	K	M	SD	α	95%CI		Skewness
					Potential	Actual	
Parenting							
Parental Stress Scale	18	44.35	9.31	.77	18-90	23-77	.41
Parenting Sense of Competence Scale	17	64.31	10.61	.83	17-102	38-91	.27
Parental Satisfaction	9	29.80	7.07	.74	9-54	12-51	.41
Parental Self-Efficacy	8	34.51	5.76	.89	8-48	18-48	-.22
Interpersonal Mindfulness in Parenting Scale	10						
Awareness and Present Centered Attention	4	12.54	3.19	.70	4-20	6-20	-.09
Non-judgment	3	9.17	2.94	.87	3-15	3-15	-.01
Non-reactivity	3	7.28	2.07	.74	3-15	3-14	.85
Parental wellbeing							
Self-Compassion Scale	12	37.31	8.51	.81	12-60	16-60	.16
Couple Satisfaction Index	4	12.20	5.46	.94	0-21	0-21	-.29
Kansas Marital Satisfaction Scale	3	15.39	4.34	.94	1-21	3-21	-.89
Warwick Edinburg Wellbeing Scale	14	46.03	9.29	.90	14-70	21-66	-.21
Mindful Attention Awareness Scale	15	56.61	16.28	.94	15-90	27-88	.12

Child Behavioral and Emotional Problems							
Strengths and Difficulties Questionnaire	25						
Total Difficulty	20	15.24	7.94	.90	0-40	2-33	.37
Externalizing	10	7.50	4.46	.89	0-20	1-19	.83
Internalizing	10	7.74	4.86	.86	0-20	0-18	.48
Emotional problems	5	4.05	2.98	.83	0-10	0-10	.31
Conduct problems	5	3.14	2.40	.84	0-10	0-10	.85
Hyperactivity	5	4.36	2.35	.79	0-10	0-10	.73
Peer problems	5	3.69	2.34	.72	0-10	0-9	.66
Prosocial	5	6.21	2.40	.71	0-10	0-10	-.35

Procedure

Information about the program was floated to the target population through flyers shared in different parenting groups through different social media platforms. Out of the 240 parents that contacted for the training, 113 were not included owing to multiple reasons (for details see Figure 7). The psychology graduates that were trained in study 2 collected the informed consent from 127 participants in May 2022. The online participants completed informed consents and outcome measures online through google forms whereas the on-site participants did that at the training venue. However, both the online and on site participants were interviewed online through zoom. The intake form given in manual was used for this (Bögels & Restifo, 2014, p.79). The culturally adapted version was then administered both online and on-site. On-site training was given on Mondays and Tuesdays of every week while for online training, Thursdays were selected. The online participants accessed the course material

through Google classroom. The program ran for 9 weeks starting in June and ended in August 2022. The sessions were 3 hours long each with a 15 minutes break after 1.5 hours.The average attendance rate was 92.85%. Once the program ended, the Time 2 data was collected in August 2022. Post program evaluation took place after 3 days of the program completion whereas a follow-up session and detailed program evaluations for its effects took place in October, two months after program completion. The researcher herself delivered the intervention as she is trained for that but to control the researcher biases, pre and post-test assessment were done by the research assistants who were blind to the allocation of participants in experimental and control groups. Google classroom, zoom links and whatsapp groups were created to give access to parents for recorded material and assignment submission.

Analysis Plan

First, the demographic characteristics of the sample and psychometric properties of the outcome variables were determined. Correlational analysis was then conducted to see the extent of relationship among the study variables. After this, equivalence of intervention and control groups on demographic and outcome variables at baseline was analyzed which showed significant differences between the two groups prior to intervention. Hence, ANCOVA and repeated measure ANOVA were conducted to gauge effectiveness of Mindful Parenting intervention. Also, variation in online and onsite implementation was tested through comparing both groups using independent sample t test and no difference was found on baseline and post-test.

RESULTS

The data collected in study 3 was analyzed in three stages. In stage 1 the association between study variables was explored by calculating correlations. In the second stage, a preliminary analysis was done to determine equivalence of intervention and control groups on demographic as well as outcome variables at baseline. The third stage of analysis was conducted to determine the effects of intervention for which analysis of covariance (ANCOVA) was done. In addition repeated measure analysis of variance (ANOVAs) for all the domains was also done to determine interaction effects. For the second and third analyses, effect sizes were also calculated.

Stage 1: Association between Study Variables

The associations among the variables across parenting, parental wellbeing and child behavioral and emotional problems domains were calculated in stage I.

First the relationship between variables in parenting domain was analyzed. As evident from Table 8, parenting stress was found to have a significant negative correlations with parental competence and its two subdomains i.e parental satisfaction and parental efficacy and also with interpersonal mindfulness in parenting and its two sub-domains i.e awareness and present centered attention in parenting and non-reactive parenting except non-judgmental acceptance in parenting. The results employ that parents who reported high level of parenting stress felt less competent as parents with low levels of parental satisfaction and parental efficacy as well as were more mindless and reactive in their parenting. Similarly significant

positive relationship of parental competence with its two domains of parental satisfaction and efficacy showed that mothers who felt more competent as parents were the ones who felt satisfied with their parenting and had high parental efficacy. They also were mindful in parenting with high levels of present centered awareness and attention and were less reactive to their children as evident from significant positive relationship. Parental competence however, was not significantly related with non-judgmental acceptance in parenting. The results also revealed significant positive relationships between interpersonal mindfulness in parenting with awareness and present centered attention in parenting, non-reactive parenting and non-judgmental acceptance in parenting. Hence, mothers who were more mindful while interacting with their children were more aware of the present moment, accepted their children's thoughts and behaviors non-judgmentally and were more responsive towards them instead of being reactive.

Table 8

Correlation Matrix of Variables in Parenting Domain (N=127)

Variables	1	2	3	4	5	6	7	8
1. Parenting Stress	1	-.71**	-.68**	-.55**	-.25**	-.24**	-.05	-.37**
2. Parental competence		1	.86**	.78**	.20*	.21*	-.00	.35**
3. Parental satisfaction			1	.36**	.29**	.27**	.09	.42**
4. Parental efficacy				1	.01	.03	-.11	.13
5. Mindfulness based Parenting					1	.91**	.85**	.63**
6. Awareness and attention Parenting						1	.69**	.44**
7. Non-judgmental Parenting							1	.26**
8. Non-reactive parenting								1

***p < .01, *p < .05*

Interesting associations were found between variables in parenting and parental wellbeing domain too. Significant negative relationships of parenting stress with all variables from parental wellbeing domain showed that parents facing high levels of stress in parenting had low self-compassion and dispositional mindfulness. They reported to have less satisfaction with their marriage and spouse and faced more challenges with mental wellbeing. Significantly positive associations were seen between parental competence and parental wellbeing indicators. This shows that mothers with high parental competence were more mindful, with good mental wellbeing. Moreover, they were compassionate towards themselves and showed satisfaction with their marriage and spouse. Parental satisfaction and efficacy followed the same patterns and showed significant positive association with parental wellbeing. The results indicated that mothers with high parental satisfaction were

compassionate towards themselves and were mindful in settings other than parent-child interaction too. They also had high satisfaction with their spouses and marriage and showed high levels of mental wellbeing. Parental efficacy showed the same patterns however it was not significantly related to dispositional mindfulness. Similarly, mothers who were mindful with their children were also mindful in other settings with better mental wellbeing and self- compassion however interestingly the association of mindful parenting was non-significant with couple and marriage satisfaction. As expected, a significant positive correlation was seen between attention and awareness in parenting and dispositional mindfulness which indicated that mothers who were mindful with their children were mindful in other settings too. The same relationship existed between non-judgmental parenting and dispositional mindfulness. However, both present centered attention and awareness in parenting and non- judgmental parenting were not significantly related to self-compassion, couple and marital satisfaction and mental wellbeing. Thus, mothers who were generally mindful also accepted their children's thoughts and behaviors non-judgmentally and tended to be more aware of the present moment in parenting. Interestingly, non-reactive parenting was found to have significantly positive association with self-compassion, marital satisfaction, mental wellbeing and dispositional mindfulness however its association with couple satisfaction was non-significant.

Table 9

Correlation Matrix of Variables in Parenting and Parental Wellbeing Domain (N=127)

Variables	Self-Compassion	Couple Satisfaction	Marital Satisfaction	Mental Wellbeing	Dispositiona Mindfulness
1. Parenting Stress	-.38**	-.55**	-.54**	-.56**	-.26**
2. Parental competence	.52**	.54**	.54**	.62**	.18*
3. Parental satisfaction	.51**	.51**	.45**	.52**	.29**
4. Parental efficacy	.35**	.38**	.43**	.51**	-.03
5. Mindfulness based parenting	.25**	.15	.16	.23**	.58**
6. Awareness and attention parenting	.15	.12	.15	.15	.64**
7. Non-judgmental parenting	.12	.06	.05	.08	.36**
8. Non-reactive parenting	.39**	.21*	.23**	.39**	.37**

***p < .01, *p < .05*

Parenting stress was also found to be associated with child behavioral and emotional problems. As expected, results showed that parenting stress had a significant positive correlation with internalizing and externalizing problems in

children and a significant negative relationship with prosocial behavior in them. Thus, children faced more behavioral and emotional challenges, exhibited more externalizing and internalizing problems and less pro-social behavior if mothers had high levels of parenting stress and vice versa. Parental competence followed the same patterns of association showing a significant negative link with externalizing and internalizing problems in them and significant positive correlation with prosocial behavior in children however its relationship with peer problems was not significant. This shows that children faced more internalizing and externalizing disorders if their mother felt less competent as a parent. Conversely, children of mothers with high parental competence showed better prosocial behaviors. In the same way, significant negative associations between parental satisfaction and internalizing and externalizing disorders depicted that the more satisfied mothers were with their parenting, the less behavioral and emotional problems in children were reported. Also, the children tended to exhibit better prosocial behaviors. Parental efficacy was found to be negatively associated with eternalizing problems in children which showed that children were more hyperactive and showed more conduct problems when mothers had low parental efficacy however, it wasn't significantly associated with internalizing disorders as well as prosocial behaviors in children. The analysis also revealed a significant negative association between mindful parenting and internalizing disorders in children thus showing that children exhibited better relationships with peers, good emotional control and more prosocial behavior if their mothers were mindful while interacting with them. Interestingly, mindful parenting wasn't found to be associated with hyperactivity in children but had a significantly

negative relationship with conduct problems in them. The results also revealed that when mothers were more aware of the present moment in parenting, the children tend to exhibit more prosocial behavior and less externalizing and internalizing problems. The results also showed that present centered awareness and attention wasn't significantly related to hyperactivity in children. In the same way, non-judgmental acceptance in parenting was found to be significantly negatively correlated with internalizing problems in children. This showed that children had better emotional control, good peer relationship and prosocial behavior when mothers accepted their thoughts, emotions and behaviors non-judgmentally. However there was no significant relationship between non-judgmental acceptance in parenting and externalizing disorders. In addition, non-reactive parenting was found to be significantly negatively related to both externalizing and internalizing problems and significantly positively related to prosocial behavior in children that shows that children with mothers who were more responsive and not reactive in parenting tended to have good emotional control and peer relationship and less conduct and hyperactivity problems.

Table 10

Correlation Matrix of Variables in Parenting and Child Behavioral and Emotional Problems Domain (N=127)

Variables	TDS	EP	IP	EMP	CP	HYP	PP	PSB
Parenting Stress	.39**	.42**	.25**	.26**	.37**	.43**	.18*	-.27**
Parental competence	-.34**	-.39**	-.20*	-.24**	-.34**	-.39**	-.1	.18*
Parental satisfaction	-.37**	-.36**	-.28**	-.32**	-.32**	-.35**	-.18*	.17
Parental efficacy	-.16	-.27**	-.02	-.06	-.23**	-.28**	.031	.13
Mindfulness based parenting	-.40**	-.17	-.49**	-.43**	-.20*	-.12	-.47**	.38**
Awareness and attention parenting	-.41**	-.18*	-.49**	-.45**	-.21*	-.13	-.44**	.35**
Non-judgmental parenting	-.25**	-.04	-.36**	-.31**	-.09	.00	-.36**	.25**
Non-reactive parenting	-.31**	-.21*	-.32**	-.27**	-.20*	-.19*	-.32**	.34**

***p* < .01, **p* < .05*

Note: TDS= Total Difficulty Score; EP= Externalizing Problems; IP= Internalizing Problems; EM P= Emotional Problems; CP= Conduct Problems; HYP= Hyperactivity; PP= Peer Problems; PS= Prosocial Behavior.

Finally, the associations between parental wellbeing and child behavioral and emotional problems were also assessed. As evident from Table 11, significant

negative association between self-compassion in parents and externalizing problems showed that when mothers had high compassion for themselves, the children had less behavioral and emotional problems. A significant negative association between self-compassion and externalizing problems is evident that children had more externalizing problems when mothers were less compassionate with themselves. The relationship between self- compassion and internalizing problems was however non-significant. Both couple and marital satisfaction were found to be significantly negatively correlated with child externalizing problems. This shows that when mothers were less satisfied with their spouse and marriage, the children were hyperactive and faced conduct problems. However both of these variables were not significantly related to internalizing problems and prosocial behavior. Interestingly mental wellbeing and dispositional mindfulness both were found to be significantly negatively related with internalizing and externalizing problems in children and significantly positively related with prosocial behavior which depicts that children had better emotional control, peer relationship and prosocial behavior and less conduct and hyperactivity problems when mothers had high mental wellbeing and dispositional mindfulness.

Table 11

Correlation Matrix of Variables in Parental Wellbeing and Child Behavioral and Emotional Problems Domain (N=127)

Variables	TDS	EP	IP	EMP	CP	HYP	PP	PSB
1. Self - Compassion	-.17*	-.18*	-.11	-.11	-.14	-.21*	-.08	.13
2. Couple Satisfaction	-.21*	-.29**	-.07	-.11	-.27**	-.27**	-.01	.12
3. Marital Satisfaction	-.24**	-.34**	-.08	-.14	-.29**	-.35**	.01	.12
4. Mental Wellbeing	-.36**	-.33**	-.28**	-.27**	-.31**	-.31**	-.24**	.27**
5. Dispositional Mindfulness	-.50**	-.27**	-.56**	-.51**	-.27**	-.24**	-.51**	.42**

***p < .01, *p < .05*

Note: TDS= Total Difficulty Score; EP= Externalizing Problems; IP= Internalizing Problems; EM P= Emotional Problems; CP= Conduct Problems; HYP= Hyperactivity; PP= Peer Problems; PS= Prosocial Behavior.

Stage II: Equivalence of Intervention and Control Groups on Demographic and Outcome Variables at Baseline

For equivalence analysis on demographic variables, chi-squares and t-tests were conducted for categorical and continuous variables respectively. As evident from table 12, significant differences for mother's age between intervention and control group were found. The mean age in control group (M= 38.13, SD= 5.55) was higher than that for intervention group (M= 34.97, SD= 6.07) at baseline. Similarly, the same pattern is seen with respect to nuclear family system with a high percentage of control group participants living in nuclear families (f= 37, %= 29.1) than intervention group (f= 19, %= 15). These differences were statistically controlled through ANCOVA analyses to gauge the intervention effects. For the rest of the variables, no significant differences were found between intervention and control groups.

For equivalence analysis on outcome measures, both intervention and control groups were found to be significantly different on a series of variables across the three domains of parenting, parental wellbeing and child behavioral and emotional problems (see Table 13 for details)

Parenting domain comprises three sub-areas i.e. parenting stress, parenting sense of competence which further measures two other aspects including parental satisfaction and parental self-efficacy and finally interpersonal mindfulness in parenting with three sub-areas

i.e awareness and present centered attention in parenting, non-judgmental receptivity in parenting and non-reactive parenting. Parenting stress, $t(127) = 3.615$, $p < .001$,

was found to be significantly lower in control group (M= 41.51, SD= 8.33) than intervention group (M= 47.22, SD= 9.43) at baseline. Similarly, the control group (M= 67.83, SD= 10.76) scored higher than the intervention group (M= 60.73, SD= 9.23) on parenting sense of competence, $t(127) = 3.988$, $p < .001$. The same pattern was noticed for the two sub-domains of parenting sense of competence i.e parental satisfaction and parental self-efficacy where control group scored significantly higher than intervention group. In case of interpersonal mindfulness in parenting, $t(127) = 1.897$, $p= .060$, the difference between control (M=30.11, SD= 7.26) and intervention group (M=27.87, SD=5.95) were found to be non-significant. Same patterns were observed for sub-areas of awareness and present centered attention in parenting and non-judgmental receptivity in parenting. Comparatively, on the sub-area of non-reactive parenting, $t(127) = 3.581$, $p<.001$, control group (M=7.91, SD= 1.98) scored significantly higher than intervention group (M= 6.65, SD= 1.97).

The present study also focused on parental wellbeing which further comprised five sub-areas i.e self-compassion, couple satisfaction, marital satisfaction, mental wellbeing and dispositional mindfulness. Interestingly, significant differences were found between control and intervention group across all the outcome variables. As evident from table 13 on self- compassion, $t(127)= 5.566$, $p<.001$, control group (M= 41.06, SD= 8.22) scored higher than intervention group (M= 33.51, SD= 7.02). Similarly couple satisfaction, marital satisfaction, mental wellbeing and dispositional mindfulness too were found to have followed the same pattern with a higher score for control group than intervention group.

The domain of child behavioral and emotional problem comprised multiple

issues children exhibit in their lives that include internalizing problems comprising emotional and peer related difficulties and also externalizing problems that comprise conduct problems and hyperactivity. Mothers of control group reported significantly less behavioral and emotional problems in their children than those in the intervention group. It was noticed that for externalizing problems the control group (M= 6.28, SD= 3.70) scored lower than the intervention group (M= 8.75, SD= 4.83). For the sub-domain of internalizing problems, i.e emotional problems and peer problems, the difference between control and intervention groups was non-significant on emotional problems but significant on peer problems with less problems reported y mothers in control group. . Also, in case of sub-domain of externalizing problems, i.e conduct problems and hyperactivity, the control group scored significantly lower than the intervention group (see Table 13). For pro-social behavior, there was no significant difference between control and intervention group.

Table 12

Baseline Comparison between Control and Intervention Groups on Demographic Variables (N=127)

Demographic Variables	Control Group f (%) /Mean(SD)	Intervention Group f(%)/Mean(SD)	t / χ^2	p
Mother related Characteristics				
Mother's age	38.13(5.55)	34.97(6.07)	3.059	.003
Education				
Matriculation(10)	5 (3.9%)	3 (2.4%)	3.028	.387
Intermediate(12)	8(6.3%)	4(3.1%)		
Graduation (14)	18(14.2%)	25(19.7%)		
Higher Education(>14)	33(26.0%)	31(24.4%)		
Mother's Working Status				
Home-Maker	53 (41.7%)	53(41.7%)	.040	.842
Working	11(8.7%)	10(7.9%)		
Marriage Type				
Love Marriage	9 (7.1%)	6 (4.7%)	.628	.428
Arranged Marriage	55(43.35)	57 (44.9%)		
Family System	37(29.1%)	19(15.0%)	9.849	.002
Nuclear				
Joint	27(21.3%)	44(34.6%)		
Mother's age when got married	24.19(3.96)	24.51(3.76)	-.468	.641
Family Monthly Income				
Less than 40,000	6 (4.7%)	15 (11.8%)	6.067	.108
More than 40,000	10 (7.9%)	11(8.7%)		
More than 80,000	20(15.7%)	12 (9.4%)		
More than 1, 50000	28(22.0%)	25 (19.7%)		
Socioeconomic status				
Lower middle class	2 (1.6%)	0 (0.0%	2.004	.367
Middle class	21 (16.5%)	21(16.5%)		
Upper middle class	41 (32.3%)	42 (33.1%)		
Number of children	2.83(1.21)	2.49(1.16)	1.601	.112
Child related Characteristics				
Age of the target child	8.41(1.947)	7.87(1.77)	1.617	.108
Gender				
Girls	31 (24.4%)	34(26.8%)	.389	.533
Boys	33 (26.0%)	29 (22.8%)		
Child Education/Grade				
Grade 1	22(17.3%)	31 (24.4%)	5.166	.396
Grade 2	10(.9%)	9(7.1%)		
Grade 3	7 (5.5%)	9 (7.1%)		

Grade 4	7(5.5%)	3(2.4%)
Grade 5	9 (7.1%)	6 (4.7%)
Grade 6	9 (7.1%)	5(3.9%)

Table 13

Baseline Comparison between Control and Intervention Groups on Outcome Variables (N=127)

Variables	Control Group (n = 64)		Intervention Group (n = 63)		t(125)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Parenting									
Parental Stress	41.51	8.33	47.22	9.43	3.615	<.001	-8.83	-2.58	-.99
Parenting Sense of Competence	67.83	10.76	60.73	9.23	3.988	<.001	3.57	10.6	.34
Parental Satisfaction	32.00	6.98	27.55	6.46	3.720	<.001	2.08	6.81	.30
Parental Efficacy	35.83	5.56	33.17	5.68	2.659	.009	.67	4.62	.11
Interpersonal Mindfulness in parenting	30.11	7.26	27.87	5.95	1.897	.060	-.09	4.56	-.01
Awareness & Present Centered Attention	12.81	3.36	12.27	3.01	.958	.340	-.57	1.66	-.17
Non-judgement	9.39	3.15	8.95	2.72	.838	.403	-.59	1.4	-.20
Non-reactivity	7.91	1.98	6.65	1.97	3.581	<.001	.56	1.94	.27
Parental Wellbeing									
Self-Compassion	41.06	8.22	33.51	7.02	5.566	<.001	4.86	10.24	.61
Couple Satisfaction	14.16	5.04	10.21	5.17	4.359	<.001	2.15	5.74	.41
Marital Satisfaction	16.82	3.58	13.94	4.57	3.948	<.001	1.43	4.31	.34
Mental Wellbeing	49.79	8.38	42.21	8.62	5.030	<.001	4.60	10.58	.52
Dispositional Mindfulness	44.58	16.80	52.25	14.88	2.720	.007	-13.3	-2.09	-.83
Child Behavioral and Emotional Problems									
Total Difficulty	13.22	7.59	17.30	7.80	2.98	.003	-6.77	-1.37	-.88
Externalizing Problems	6.28	3.70	8.75	4.83	3.22	.002	-3.98	-.95	-.92
Internalizing Problems	6.94	4.86	8.55	4.75	1.89	.060	-3.31	.07	-.68
Emotional Problems	3.66	2.90	4.44	3.03	1.49	.137	-1.83	.25	-.61
Conduct Problems	2.52	2.01	3.78	2.60	3.056	.003	-2.08	-.44	-.89
Hyperactivity	3.76	1.97	4.96	2.55	2.97	.003	-2.00	-.40	-.88

Peer Problems	3.28	2.30	4.11	2.32	2.021	.045	-1.64	-.01	-.70
Prosocial	6.58	2.62	5.84	2.11	1.74	.084	-.100	1.57	-.04

Stage III: Intervention Effects

The effects of MP program were gauged on all three domains i.e parenting, parental wellbeing and child behavioral and emotional problems. As evident from the baseline comparison between control and intervention groups on outcome variables (see Table 13), the two groups were significantly different before application of the intervention. Hence, the treatment effects were analyzed by using general linear model (GLM) with analysis of covariance (ANCOVA) so that the baseline scores could be controlled. To run the ANCOVA analyses, baseline scores were entered as covariates, post-treatment scores as dependent variables and groups as fixed factor. Tables 14, 16 and 18 show the results of ANCOVA for all the three domains with Cohen's d effect size.

For better understanding of intervention effects, repeated measure ANOVA from General Linear Model was conducted to explore interaction effects of time and group and also within group patterns. To gauge the effect size, Cohen's d was calculated for pre and post intervention effects and partial eta squared was calculated for interaction of time x group using SPSS. Tables 15, 17 and 19 show the results of ANOVA for all the three domains with Cohen's d effect size

Parenting Domain

This domain comprised parenting stress, parenting sense of competence with twosub-areas of parental satisfaction and parental self- efficacy and interpersonal mindfulness in parenting with three sub-areas of awareness and present centered attention in parenting, non- judgmental receptivity in parenting and non-reactive parenting.

Table 14

Analysis of Covariance (ANCOVA) for Parenting Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

Variables	Intervention Group (n = 56)				Control Group (n = 61)				F	p	Cohen's d
	Pre Treatment		Post Treatment		Pre Treatment		Post Treatment				
	M	SD	M	SD	M	SD	M	SD			
Parenting											
Parenting Stress	47.93	9.58	43.57	9.72	41.03	7.88	41.85	9.12	5.27	.02	0.18
Parenting Sense of Competence	60.66	9.52	65.86	9.74	68.41	10.26	66.13	9.45	6.909	.01	0.02
Parental Satisfaction	27.63	6.54	30.98	6.54	32.19	6.98	31.25	6.49	5.47	.02	0.04
Parental self-Efficacy	33.04	5.77	34.88	5.49	36.21	5.14	34.89	4.58	1.59	.20	0.00
Interpersonal Mindfulness in parenting	27.54	5.69	34.68	5.27	29.89	7.28	33.07	6.39	4.87	.03	0.27
Awareness and present centered attention in parenting	12.14	2.94	14.52	2.29	12.64	3.29	13.44	2.97	7.303	.01	0.40
Non-judgmental Parenting	8.95	2.69	11.11	2.32	9.30	3.14	10.75	2.43	0.94	.33	0.15
Non-reactive Parenting	6.45	1.72	9.05	1.90	7.95	2.01	8.87	1.76	3.46	.06	0.09

Table 15

Repeated Measures Analysis of Variance (ANOVA) for Parenting Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

Variables	Groups	N	Pre Treatment		Post Treatment		Time			Time x Group		
			M	SD	M	SD	F	p	Cohen's d	F	P	ηp^2
Parenting												
Parenting Stress	Intervention group	56	47.93	9.58	43.57	9.72	16.63	<.001	0.45	14.12	<.001	.109
	Control group	61	41.03	7.88	41.85	9.12	.86	.357	0.09			
Parenting Sense of Competence	Intervention group	56	60.66	9.52	65.86	9.74	17.23	<.001	0.53	20.52	<.001	.151
	Control group	61	68.41	10.26	66.13	9.45	4.401	.040	0.23			
Parental Satisfaction	Intervention group	56	27.63	6.54	30.98	6.54	13.77	<.001	0.51	15.44	<.001	.118
	Control group	61	32.19	6.98	31.25	6.49	2.18	.144	0.13			
Parental self-Efficacy	Intervention group	56	33.04	5.77	34.88	5.49	6.36	.015	0.32	8.71	.004	.070
	Control group	61	36.21	5.14	34.89	4.58	2.89	.094	0.27			
Interpersonal Mindfulness in parenting	Intervention group	56	27.54	5.69	34.68	5.27	81.301	<.001	1.30	8.81	.004	.071
	Control group	61	29.89	7.28	33.07	6.39	9.14	.004	0.46			
Awareness and	Intervention group	56	12.14	2.94	14.52	2.29	42.67	<.001	0.90	6.908	.010	.057

present centered attention in parenting	Control group	61	12.64	3.29	13.44	2.97	2.97	.090	0.25			
Non-judgmental Parenting	Intervention group	56	8.95	2.69	11.11	2.32	25.607	<.001	0.85	1.29	.257	.011
	Control group	61	9.30	3.14	10.75	2.43	10.95	.002	0.51			
Non-reactive	Intervention group	56	6.45	1.72	9.05	1.90	98.12	<.001	1.43	17.74	<.001	.134
parenting	Control group	61	7.95	2.01	8.87	1.76	9.44	.003	0.48			

For parenting stress, ANCOVA was carried out which showed that both groups differ significantly at post-test scores. This difference was significant at baseline comparison too before administering the intervention. For further understanding, repeated measure ANOVA was done which showed a significant *time x group* interaction effect for parenting stress.

The intervention group reported significant reductions in parenting stress over time too (pre- treatment: M= 47.93, SD= 9.58, & post-treatment: M= 43.57, SD= 9.72) showing the effectiveness of the intervention. Comparatively, the level of parenting stress was maintained over time in control group as evident from non-significant differences between pre and post test scores.

The ANCOVA for parenting sense of competence yielded significant differences between control and intervention group at post-test. Further analysis using repeated measure ANOVA showed significant *time x group* interaction effect. The intervention group had gains in parenting sense of competence over time. The comparison between pre and post treatment scores showed that mothers in intervention group felt more competent about their parenting skills after the intervention (pre-treatment: M= 60.66, SD= 9.52 , & post- treatment: M= 65.86, SD= 9.74). For the control group, the scores revealed that parenting sense of competence significantly reduced at post-treatment (pre-treatment: M= 68.41, SD= 10.26, & post-treatment: M= 66.13, SD= 9.45). Similarly, ANCOVA for the sub-area of parental satisfaction showed significant differences between intervention and control group. Further analysis with repeated measure ANOVA for interaction of *time x group* showed a significant effect. The same pattern of increase in parental satisfaction in

intervention group was seen over time too as the mothers in intervention group felt more satisfied with their parenting post intervention (pre-treatment: M= 27.63, SD= 6.54, & post-treatment: M=30.98, SD= 6.54).. For control group, the pre and post treatment differences in mean scores were found to be non-significant. For the sub-area of parental efficacy, ANCOVA revealed no significant differences between intervention and control group. However, further analysis with repeated measure ANOVA for interaction of *time x group* showed significant effects.

Gains in parental self-efficacy for intervention group (pre-treatment: M= 33.04, SD= 5.77, & post-treatment: M= 34.88, SD= 5.49) was seen over time too. For control group, the pre and post treatment differences in mean scores were found to be non-significant.

For the sub-domain of interpersonal mindfulness in parenting, ANCOVA showed a significant increase in interpersonal mindfulness in parenting among the mothers in intervention group as compared to the control group. Repeated measure ANOVA also showed a significant effect for time x group interaction. Also, the mothers in intervention group were found to be more mindful with their child highlighting the interventions effects (pre-treatment: M= 27.54, SD= 5.69, & post-treatment: M= 34.68, SD= 5.27). Interestingly, control group too differ significantly on pre and post treatment showing a gain in interpersonal mindfulness (pre-treatment: M= 29.89, SD= 7.28, & post-treatment: M= 33.07, SD= 6.39) over time. The ANCOVAs for the three sub-areas of interpersonal mindfulness in parenting i.e awareness and present centered attention in parenting, non- judgmental parenting and non-reactive parenting, showed significant differences between intervention and

control groups on awareness and present centered attention in parenting but non-significant differences on non-judgmental and non-reactive parenting. Further analysis with repeated measure ANOVAs showed significant time x group interaction effect for awareness and present centered parenting and non-reactive parenting however it yielded non-significant differences when it comes to time x group interaction on non-judgmental parenting. The intervention group was found to be more non-reactive and non-judgmental with better attentional focus in present moment with the child as compared to pre-treatment over time. For control group, though the scores showed that mothers were more non-reactive and non-judgmental on post-test, however the pre and post differences in awareness and present centered attention in parenting were not significant.

Parental Wellbeing Domain

This domain comprised five sub-domain i.e self-compassion, couple satisfaction, marital satisfaction, mental wellbeing and dispositional mindfulness. Intervention and control groups differed significantly on this domain across all the sub-domains at baseline.

Table 16

Analysis of Covariance (ANCOVA) for Parental Wellbeing Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

Variables	Intervention Group (n = 56)				Control Group (n = 61)				F	p	Cohen's d
	Pre Treatment		Post Treatment		Pre Treatment		Post Treatment				
	M	SD	M	SD	M	SD	M	SD			
Parental wellbeing											
Self-Compassion	33.36	7.21	39.59	7.46	41.54	8.12	39.90	6.31	8.32	.005	0.05
Couple satisfaction	10.11	5.27	11.00	5.33	14.48	4.73	13.62	4.60	1.33	.25	0.52
Marital satisfaction	13.71	4.66	14.43	4.42	17.05	3.32	16.33	3.53	.86	.35	0.47
Mental Wellbeing	42.32	8.57	46.43	8.94	50.31	8.00	48.89	7.93	2.53	.11	0.29
Dispositional Mindfulness	52.39	15.79	61.61	13.80	60.23	16.66	65.15	14.06	1.92	.16	0.25

Table 17

Repeated Measures Analysis of Variance (ANOVA) for Parental Wellbeing Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

Variables	Groups	N	Pre Treatment		Post Treatment		Time			Time x Group		
			M	SD	M	SD	F	p	Cohen's d	F	P	ηp^2
Parental Wellbeing												
Self-Compassion	Intervention group	56	33.36	7.21	39.59	7.46	42.724	<.001	0.84	35.74	<.001	.23
	Control group	61	41.54	8.12	39.90	6.31	3.257	.076	0.22			
Couple satisfaction	Intervention group	56	10.11	5.27	11.00	5.33	4.390	.041	0.16	7.93	.006	.06
	Control group	61	14.48	4.73	13.62	4.60	3.645	.061	0.18			
Marital Satisfaction	Intervention group	56	13.71	4.66	14.43	4.42	2.657	.109	0.15	6.96	.009	.057
	Control group	61	17.05	3.32	16.33	3.53	4.734	.034	0.21			
Mental Wellbeing	Intervention group	56	42.32	8.57	46.43	8.94	16.169	<.001	0.46	15.23	<.001	.117
	Control group	61	50.31	8.00	48.89	7.93	2.107	.15	0.17			
Dispositional Mindfulness	Intervention group	56	52.39	15.79	61.61	13.80	10.846	.002	0.62	1.14	.28	.01
	Control group	61	60.23	16.66	65.15	14.06	2.966	.090	0.31			

ANCOVA for self-compassion showed significant difference between control and intervention group. Repeated measure ANOVA for time x group interaction further revealed significant effect. After the intervention the mothers in intervention group were more compassionate towards themselves as compared to the compassion they felt before intervention (pre-treatment: M= 33.36, SD= 7.21, & post-treatment: M= 39.59, SD= 7.46). For control group, the difference between pre and post treatment scores was non-significant. ANCOVAs for couple satisfaction, marital satisfaction, mental wellbeing and dispositional mindfulness yielded non-significant differences between control and intervention groups, however repeated measure ANOVAs showed that time x group interaction for these variables yielded significant effect. Intervention group showed an increase in couple satisfaction over time (pre-treatment: M= 10.11, SD= 5.27, & post-treatment: M= 11.00, SD= 5.33) whereas for control group the difference between pre and post treatment scores on couple satisfaction was non-significant. Interestingly, the intervention group showed non-significant differences in marital satisfaction over time however, in case of control group a significant decrease was seen over time (pre-treatment: M= 17.05, SD= 3.32, & post-treatment: M= 16.33, SD= 3.53). An increase in mental wellbeing was reported by mothers in intervention group overtime however the control groups showed non-significant differences. In case of dispositional mindfulness, though the ANCOVA did not show significant difference between intervention and control group, however intervention group reported an increase in dispositional mindfulness over time as evident from significant pre and post intervention scores differences compared to control group where the difference is non-significant over time.

Child Behavioral and Emotional Problems Domain

This domain comprised seven sub-areas that included behavioral and emotional difficulties, externalizing problems, internalizing problems, emotional problems, conduct problems, hyperactivity and peer-problems. In addition pro-social behavior was also analyzed

Table 18

Analysis of Covariance (ANCOVA) for Child Behavioral and Emotional Problems Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

Variables	Intervention Group (n = 56)				Control Group (n = 61)				F	P	Cohen's d
	Pre Treatment		Post Treatment		Pre Treatment		Post Treatment				
	M	SD	M	SD	M	SD	M	SD			
Child Behavioral and Emotional Problems											
Behavioral and emotional Difficulties	17.09	8.07	12.98	7.19	13.10	7.72	12.80	6.45	5.37	.022	0.02
Externalizing Problems	8.73	4.92	6.70	3.74	6.28	3.77	6.36	2.68	2.48	.118	0.10
Internalizing Problems	8.36	4.76	6.29	4.15	6.82	4.94	6.44	4.42	2.75	.100	0.03
Emotional Problems	4.30	3.09	3.25	2.57	3.57	2.94	2.98	2.33	.13	.716	0.11
Conduct Problems	3.73	2.68	2.70	1.85	2.52	2.06	2.15	1.46	.103	.749	0.33
Hyperactivity	5.00	2.52	4.00	2.40	3.75	1.99	4.21	1.73	7.18	.008	0.10
Peer problems	4.05	2.28	3.04	2.13	3.23	2.33	3.46	2.46	5.31	.023	0.18
Prosocial Behavior	5.86	2.05	6.59	2.12	6.72	2.50	6.64	2.42	2.69	.104	0.02

Table 19

Repeated Measures Analysis of Variance (ANOVA) for Child Behavioral and Emotional Measures for Control and Experimental Groups at Pre-treatment and Post-treatment (N=117)

			Pre Treatment		Post Treatment		Time			Time x Group		
Variables	Groups	N	M	SD	M	SD	F	p	Cohen's d	F	P	ηp^2
Child Behavioral and Emotiona Problems												
Behavioral and emotional difficulties	Intervention Group	56	17.09	8.07	12.98	7.19	32.005	<.001	0.53	12.26	<.001	.096
	Control Group	61	13.10	7.72	12.80	6.45	.13	.71	0.04			
Externalizing Problems	Intervention Group	56	8.73	4.92	6.69	3.74	17.29	<.001	0.46	10.73	.001	.085
	Control Group	61	6.28	3.77	6.36	2.68	.03	.84	0.02			
Internalizing Problems	Intervention Group	56	8.36	4.76	6.29	4.15	19.61	<.001	0.46	5.48	.021	.046
	Control Group	61	6.82	4.94	6.44	4.42	.48	.49	0.08			
Emotional Problems	Intervention Group	56	4.30	3.09	3.25	2.57	14.55	<.001	0.36	1.17	.281	.010
	Control Group	61	3.57	2.94	2.98	2.33	3.36	.072	0.22			

Conduct Problems	Intervention Group	56	3.73	2.68	2.70	1.85	13.11	<.001	0.44	3.12	.080	.026
	Control Group	61	2.52	2.06	2.15	1.46	2.42	.124	0.20			
Hyperactivity	Intervention Group	56	5.00	2.52	4.00	2.40	12.94	<.001	0.40	15.56	<.001	.11
	Control Group	61	3.75	2.00	4.21	1.73	3.48	.067	0.24			
Peer Problems	Intervention Group	56	4.05	2.28	3.04	2.13	11.86	.001	0.45	8.84	.004	.07
	Control Group	61	3.23	2.33	3.46	2.46	.54	.464	0.09			
Prosocial Behavior	Intervention Group	56	5.86	2.05	6.59	2.12	13.21	<.001	0.05	5.59	.020	.04
	Control Group	61	6.72	2.50	6.64	2.42	.090	.765	0.34			

The ANCOVA for behavioral and emotional difficulties of the children showed that the children of mothers in control group reported less behavioral and emotional problems in their children as compared to intervention group however further analysis with repeated measure ANOVA not only showed a significant time x group interaction but also a significant decrease in child behavioral and emotional problems over time as reported by mothers in intervention group (pre-treatment: M= 17.09, SD= 8.07, & post-treatment: M= 12.98, SD= 7.19). For control group the pre and post-treatment difference was non- significant. For both internalizing and externalizing problems, ANCOVAs showed non- significant differences between control and intervention groups however, further analysis with repeated measure ANOVA showed significant time x group interaction effect for both the variables. A significant reduction in externalizing and internalizing problems in children over time was reported by mothers in intervention group however, there were no significant differences in pre and post intervention scores for the control group for these two variables. The ANCOVAs for emotional problems yielded non-significant differences between control and intervention group, however, mothers in intervention group reported significant decrease in emotional problems over time in their children. The pre and post intervention differences in scores for control group were found to be non-significant. So was the time x group interaction. ANCOVA for peer problems showed that peer problems in children of mothers in intervention group decreased significantly as compared to those in control group. Repeated measure ANOVA not only showed a strong time x group interaction effect but also a significant reduction in peer problem in case of intervention group after the

intervention. For control group however, the pre and post intervention scores difference was non-significant.

The ANCOVAs for conduct problems showed non-significant differences between control and intervention group however the groups differed significantly on hyperactivity. Repeated measure ANOVAs revealed a non-significant time x group interaction for conduct problems but a significant decrease in conduct problems was seen in intervention group over time. The control group did not differ significantly on conduct problems over time. In case of hyperactivity, ANCOVA showed significant differences between control and intervention group and also strong time x group interaction effect. Also a significant decrease in hyperactivity in children over time as reported by mothers in intervention group was seen.

Here again, the control group did not differ significantly on hyperactivity over time. In case of peer problems, the ANCOVAs showed significant differences between intervention and control group. Also significant reductions in peer problems over time were reported by mothers in intervention group. For prosocial behavior, both control and intervention groups did not differ significantly. Further analysis with repeated measure ANOVA revealed a significant time x group interaction effect. Surprisingly, pro-social behavior significantly reduced in children over time as reported by mothers in intervention group. For control group, the pre and post intervention difference in scores was non-significant.

DISCUSSION

Mindful parenting program is an effective intervention based on the concept of cognitive parenting paradigm that is used for reducing parenting stress. The aim of the present study was to gauge the efficacy of *Bashaoor Tarbiyat-e-Aulad*, a culturally adapted version of mindful parenting program in reducing parenting stress among Pakistani parents. MP has extensively been used in other countries and cultures including Australia (Sherwood et al., 2023; Swanson et al., 2024), China (Liu et al., 2021, 2023; Lyu & Lu, 2023; Ma & Siu, 2016), Indonesia (Rifat & Ratnasari, 2023; Sari, 2021), Iran (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati et al., 2023; Amiri et al., 2022; Kakhki et al., 2022; Mardani et al., 2021), United Kingdom (Heapy et al., 2022) and USA (Cotter et al., 2023).

MP has been effectively applied across different settings that include clinical (Farley et al., 2023; Liu et al., 2021, 2023; Potharst, Zeegers, et al., 2021) and community settings (Burgdorf et al., 2022; Cotter et al., 2023; Lyu & Lu, 2023; Sherwood et al., 2023; Swanson et al., 2024) and different populations including parents of babies (Potharst et al., 2017), toddlers (Boekhorst et al., 2021), adolescents (Lo et al., 2022) and children with different mental health challenges and developmental problems (Boekhorst et al., 2021; Heapy et al., 2022; Sherwood et al., 2023; Swanson et al., 2024;).

The present study was conducted with the objectives to gauge the effectiveness of *Bashaoor Tarbiyat –e- Aulad* in reducing parenting stress. In addition, it was also intended to see how the program effects wellbeing of parents and their children. To achieve these aims, it was hypothesized that parenting stress in mothers, after attending

Bashaoor Tarbiyat-e-Aulad would significantly reduce. Also, their parenting will improve through an increase in parenting sense of competence, parental satisfaction, parental efficacy, interpersonal mindfulness in parenting, awareness and present centered attention in parenting, non-judgmental acceptance of their children's thoughts, behavior and emotions and non-reactive-parenting. In addition, their wellbeing will also improve through an increase in self-compassion, couple and marital satisfaction, mental wellbeing and dispositional mindfulness. With respect to their children, it was hypothesized that the children would show a significant reduction in internalizing (peer problems and emotional problems) and externalizing (conduct problem and hyperactivity) problems. Moreover, an increase in pro-social behavior would be seen in them. Significant differences in all these domains were expected in intervention group as compared to control group.

The consort diagram (see Figure 7) shows a total of 127 mothers who were randomly assigned to intervention and control conditions using computer generated sequence. Once the intervention started 7 mothers dropped out because of multiple reasons at different times but before 5 sessions resulting in an attrition rate of 11.11%. From the remaining 56 mothers, 52 attended at least 7 session thus the completion rate was 92.85%. Thus the intervention is considered to be feasible with high participant adherence. The mindful parenting program was considered acceptable in other studies too. For instance, Burgdorf et al (2022) found that the intervention was feasible with a withdrawal rate of 8%, attrition rate of 16. 7% and a completion rate of 75%. While gauging the feasibility of a brief version of MP program, the attendance rate was 83.3% while attrition rate was 7.7% (Lo et al., 2017). These results for the current work are in

line with other studies conducted for assessing feasibility, acceptability and for initial evaluations of adapted versions of mindful parenting program (De Bruin et al., 2015; Farley et al., 2023; Heapy et al., 2022; Lo et al., 2020, 2022; Lyu & Lu, 2023; Ridderinkhof et al., 2020; Swanson et al., 2024; Voos, 2017).

Analysis of association among variables in all three domains comprising parenting, parental wellbeing and child behavioral and emotional problems revealed interesting results in which most of the associations were as expected (see Table 8, 9, 10, 11). In case of parenting domain, parenting stress was found to have a significant negative correlations with parental competence and its two subdomains i.e parental satisfaction and parental efficacy thus employing that parents with high parenting stress were not satisfied with their parenting, had low parental self-efficacy and felt incompetent as parents. The same patterns of association were noticed in previous studies too (Ayala-Nunes et al., 2014; Crnic & Ross, 2017; Gross et al., 1999; Jackson & Moreland, 2018; Nunes et al., 2022). A significantly negative association between parenting stress and interpersonal mindfulness in parenting and its two sub- domains i.e awareness and present centered attention in parenting and non-reactive parenting was also evident which shows that as parenting stress increased, the parents were less mindful and more reactive in parent-child interaction. These findings are supported by the literature too (Cotter et al., 2023; Cowling & Van Gordon, 2022; Fuller & Fitter, 2020; Kakhki et al., 2022; Mardani et al., 2021; Potharst, Baartmans, et al., 2021). In addition, the review of literature points to a significant negative correlation between parenting stress and the third domain of mindful parenting i.e. non-judgmental parenting (Duncan, 2007, 2023; Farley et al., 2023; Heapy et al., 2022; Khanipour et al.,

2023; Liu et al., 2021; Lyu & Lu, 2023; Orue et al., 2023; Sherwood et al., 2023) however, in the present study these two constructs were found to have no significant association.

Similar patterns of association between parenting stress and parental wellbeing domain were seen. The results show that parenting stress was significantly negatively associated with all variables in parental wellbeing domain i.e self-compassion, couple satisfaction, marital satisfaction, mental wellbeing and dispositional or trait mindfulness which employs that mothers who had high parenting stress were less compassionate with themselves, had low satisfaction with their spouse and marriage, were less mindful in situations other than parenting and had low mental wellbeing as compared to those with low parenting stress. These findings too are favored by the work done in past (Aghaziarati, Ashori, & Hallahan, 2023; Badiee et al., 2021; Boekhorst et al., 2021; Kakhki et al., 2022; Lo et al., 2022; Mardani et al., 2021; Memar et al., 2016; Potharst et al., 2019; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Sari, 2021)

As expected, significant negative association of parentings stress was noticed when its relationship with child behavioral and emotional problems, the third domain, was analyzed. The results revealed parenting stress wasn't only significantly negatively associated with internalizing and externalizing problems in children but also had a significantly positive relationship with pro-social behavior in them. This shows that mothers with high parentings stress reported more behavioral and emotional problems in their children as compared to the mothers with low parenting stress. These associations were in the expected direction (Costa et al., 2006; Kochanova et al., 2022; Lim & Shim, 2021; Stone et al., 2015, 2016; Ward & Lee, 2020).

To gauge the effects of the *Bashaoor Tarbiyat-e Aulad,* ANCOVA and repeated measure ANOVA were carried out across all three domains of parenting, parental wellbeing and child behavioral and emotional problems.

In case of parenting domain, the results revealed that parenting stress significantly reduced in mothers from intervention group. This finding replicated the results obtained in other studies that were conducted to gauge effects of Mindful Parenting program in reducing parenting stress (Behbahani et al., 2018; Boekhorst et al., 2021; Bögels et al., 2014; Cotter et al., 2023; Hardika & Retnowati, 2020; Heapy et al., 2022; Kakhki et al., 2022; Mardani et al., 2021; Mohammadi et al., 2020; Potharst, Baartmans, et al., 2021; Potharst et al., 2017, 2019; Potharst, Zeegers, et al., 2021; Rifat & Ratnasari, 2023; Sherwood et al., 2023; Voos, 2017). The mothers reported that they felt competent and satisfied as parents with high parental self-efficacy (De Bruin et al., 2015; Fereydooni et al., 2020; Hardika & Retnowati, 2020, 2020; Lo et al., 2022; Lyu & Lu, 2023; Potharst et al., 2017; Potharst, Zeegers, et al., 2021c; Ridderinkhof et al., 2020). In addition, *Bashaoor Tarbiyat-e-Aulad* proved to be effective in enhancing interpersonal mindfulness in parenting in mothers from intervention group who also reported that they were more aware and focused in the present while interacting with their children, accepted their feelings, thoughts and behaviors non-judgmentally and had started responding to them instead of overreacting. These results are in line with the previous work done (Boekhorst et al., 2021; Burgdorf et al., 2019; Emerson, Aktar, et al., 2021; Fereydooni et al., 2020; Lyu & Lu, 2023; Ma & Siu, 2016; Mohammadi et al., 2020; Potharst et al., 2019; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023)

Similarly, assessment for parental wellbeing domain yielded interesting results. *Bashaoor Tarbiyat-e- Aulad* proved to be effective in enhancing wellbeing in participants.

Mothers in intervention group reported to feel more compassionate, kind and accepting towards themselves after attending *Bashaoor Tarbiyat-e-Aulad*. They felt significant improvements in couple relationship and satisfaction, mental wellbeing, satisfaction with life and general mindfulness and awareness. The review of literature also supported these gains (Bögels et al., 2014; Burgdorf et al., 2019; De Bruin et al., 2015; Emerson, Aktar, et al., 2021; Farley et al., 2023b; Heapy et al., 2022; Liu et al., 2021; Lyu & Lu, 2023; Ma & Siu, 2016; Meppelink et al., 2016; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Sherwood et al., 2023; Voos, 2017).

With respect to marital satisfaction in mothers, it was hypothesized that marital satisfaction among participants of intervention group will improve significantly as compared to control group participants after the intervention.Though, the mothers in intervention group felt significant improvements in couple satisfaction, such an increase wasn't seen in case of marital satisfaction for them. Bogels et al (2010), while explaining the mechanism of change as a result of mindful parenting, proposed that mindful parenting may bring positive changes through six different mechanisms and marital functioning and co-parenting was one of them. It was hypothesized that through a wide range of activities and meditations that involve emotional acceptance and regulation for self and others, mindful communication, self-compassion and compassion for others, recording pleasant

moments etc., mindful parenting might improve couple and marriage satisfaction. Review of literature however, revealed mixed results where some studies supported this assumption of increased marital satisfaction (Burpee & Langer, 2005; Carson et al., 2004; Chaplin et al., 2021; Kappen et al., 2019; Lo et al., 2017; Moghadam & Kazerooni, 2017; Shorey & Ng, 2021) while others did not show any significant changes in marital satisfaction (Bögels et al., 2014; Potharst, Zeegers, et al., 2021).

For the present study, the non-significant difference in marital satisfaction before and after the intervention can be attributed to multiple reasons. Firstly, the main focus of mindful parenting interventions is improving parenting skills, parent-child relationship and reducing parenting stress. The program may improve couple satisfaction through acceptance and emotion focused meditations and activities but they might not be effective in addressing broader issues related to marital relationships. Secondly, Pakistan belongs to collectivist eastern cultures where marriage isn't just a unity of two individuals but families and family and social obligations are considered very important especially when a couple is living in joint family system (Qadir et al., 2005; Wazir et al., 2020). In such settings, mindful parenting interventions might not be effective in helping individuals with marital pressures. Lastly, the sample comprised mothers only. A mindful parenting program comprising couples may produce significant changes in marital satisfaction (Bögels et al., 2014).

In addition to be effective for mothers, the *Bashaoor Tarbiyat-e- Aulad* proved to be beneficial in reducing behavioral and emotional problems in children too. The mothers in intervention group reported that their children showed

significant reduction in conduct problems. Their hyperactivity reduced. They exhibited improvement in peer relationships, emotional regulation and prosocial behavior as well. These findings replicated the previous work done in this regard. (Bögels et al., 2014; Burgdorf et al., 2019; Emerson et al., 2021; Meamar et al., 2015; Meppelink et al., 2016; Potharst, Baartmans, et al., 2021; Potharst et al., 2019; Ridderinkhof et al., 2020).

As compared to the intervention group that showed significant improvement on all the outcome measures as hypothesized except marital satisfaction in mothers, the control group exhibited some unexpected results. It was noted that parenting sense of competence and marital satisfaction significantly reduced while mindful parenting significantly increase over time in mothers from control group. To measure the effect size, Cohen's d was calculated which ranged between 0.00 to 0.52. Tables 14, 16 and 18 show that the effect sizes were small for all the outcome variables except couple satisfaction for which it was medium.

Chapter VI

STUDY IV: FEEDBACK AND FOLLOW-UP SESSIONS AFTER THE EFFECTIVENESS TRIAL OF BASHAOOR TARBIYAT-E-AULAD PROGRAM

This study was designed to get detailed feedback about the contents and delivery of the program, the effects of culturally adapted mindful parenting intervention *Bashaoor Tarbiyat-e-Aulad* after its effectiveness trial and to give a follow up or booster session to the participants. To achieve these aims, the study was conducted in two phase. The first phase was conducted after 3 days of *Bashaoor Tarbiyat-e-Aulad* completion which intended objective evaluation of importance of major contents of the program and aspects of its delivery as well as in-depth feedback about complete sessions, while the second was conducted 2 months post intervention for follow up and both objective and in-depth feedback about the effects of the program.

Phase I: Feedback about the Contents of Bashaoor Tarbiyat-e-Aulad

Objectives of the Study

The objectives of the study was as follows:

1. To conduct objective evaluation of different parts of the training with respect to their importance including meditations, mindful body stretches, home works, handouts and class activities, and quality of program delivery with respect to pace of the program, quality of program presentation, venue for on-site participants, quality of zoom sessions for online participants, support provided through SMS and Whatsapp

group etc..

2. To take detailed feedback from the study participants regarding all sessions, themes covered in the program, adherence to the meditations, class activities etc.

METHOD

Sample

For the feedback session, 50 mothers from the intervention group (n=56) informed about their willingness to participate. However, 2 days before the feedback session when mothers were contacted to confirm their attendance for the session, 5 mothers withdrew because of the non- availability during the decided time. Therefore, the final sample comprised 45 mothers.

Measures

For this feedback, two evaluation forms were used. The first form was taken from the manual (Bogels & Restifo, 2014, p. 300) which was made up of questions related to parts of the program to indicate their importance on a scale of 1 to 10 where 1 meant *not at all important* and 10 stood for *extremely important*. The questions were adapted to incorporate all parts of *Bashaoor Tarbiyat-e Aulad* themes, psychoeducation, session activities, formal and informal meditations, handouts, homework assignments etc. The second form was adapted from a study that employed MP program (Heapy et al., 2022). It was used to rate different aspects of *Bashaoor Tarbiyat-e Aulad* delivery and communication among the participants and the researcher on a scale of 1 to 5 where 1 meant *very poor* and 5 stood for *excellent.*

For in-depth qualitative feedback about all the sessions of *Bashaoor Tarbiyat-e*

Aulad, an interview guide was prepared by the researcher.

Procedure

This session was conducted in August 2022, after the intervention which lasted for 9 weeks i.e. June-August 2022. The feedback was taken online on two consecutive days through a 3 hours long zoom session with a break after 1.5 hours. The researcher conducted the session herself. For every question, participants were encouraged to give detailed feedback and suggestions for further refinement of the intervention. The session was conducted in three parts. In part 1, the participants were given two forms to be filled within first thirty minutes, one for objective evaluation of importance of *Bashaoor Tarbiyat-e Aulad* contents and other for the aspects of program delivery. In part 2, in-depth feedback about the sessions was taken while in part 3, detailed feedback about program delivery was taken. The session was recorded on zoom. The results were then shared with *MP group* for their expert opinion.

Part 1: Objective Evaluation of Importance of Bashaoor Tarbiyat-e Aulad Contents and Aspects of Program Delivery

For this part, the responses were gathered in first thirty minutes of the session. The results are presented in Table 20 and 21.

Table 20

Objective Evaluation of Importance of Bashaoor Tarbiyat-e-Aulad Contents from 1= Not at all Important to 10 = Extremely Important (N=45)

Items	f (%)	Mean
1. How important has been Bashaoor Tarbiyat-e Aulad?		
8. (Important)	4(8.89)	9.4
9. (Very Important)	18(40)	
10. (Extremely Important)	23(51.11)	
2. Concept of cognitive and behavioral parenting programs		
10. (Extremely Important)	45(100)	10
3. Parentings stress and its sources		
10. (Extremely Important)	45(100)	10
4. Themes of the program		
9. (Very Important)	20(44.44)	9.5
10. (Extremely Important)	25(55.56)	
5. Psychoeducation about the themes		
10. (Extremely Important)	45(100)	10
6. Islamic perspectives on mindfulness and psychoeducation about them		
9. (Very Important)	18(40)	9.1
10. (Extremely Important)	27(60)	
7. Meditation on intention		
8. (Important)	6(13.33)	9.4
9. (Very Important)	20(44.44)	
10. (Extremely Important)	19(42.22)	
8. Closing meditation		
8. (Important)	9(20)	9.3
9. (Very Important)	13(28.89)	
10. (Extremely Important)	23(51.11)	
9.Bodyscan in the group		
8. (Important)	2(4.44)	9.7

9. (Very Important)	9(20)	
10. (Extremely Important)	34(75.56)	
10. Body scan at home		
7. (Moderately Important)	10(22.22)	8.6
8. (Important)	4(0.89)	
9. (Very Important)	21(46.67)	
10 (Extremely Important)	10(22.22)	
11. Sitting meditations in the group		
8. (Important)	5(11.11)	9.2
9. (Very Important)	22(48.89)	
10. (Extremely Important)	18(40)	
12. Sitting meditations at home		
8. (Important)	11(24.44)	9
9. (Very Important)	19(42.22)	
10. (Extremely Important)	15(33.33)	
13. Walking meditations in the group		
8. (Important)	3(6.67)	9.2
9. (Very Important)	29(64.44)	
10. (Extremely Important)	13(28.89)	
14. Walking meditations at home		
7. (Moderately Important)	2(4.44)	9
8. (Important)	10(22.22)	
9. (Very Important)	17(37.78)	
10. (Extremely Important)	16(35.56)	
15. Mindful body stretches in the group		
9. (Very Important)	8(17.78)	9.8
10. (Extremely Important)	37(82.22)	
16. Mindful body stretches at home		
8. (Important)	9(20)	9.3
9. (Very Important)	13(28.89)	
10. (Extremely Important)	23(51.11)	

17. Mindful eating		
9. (Very Important)	24(53.33)	9.4
10. (Extremely Important)	21(46.67)	
18. Gratitude meditation		
10. (Extremely Important)	45(100)	10
19. 3-minutes breathing space		
10. (Extremely Important)	45(100)	10
20. Bringing kindness to yourself meditation		
10. (Extremely Important)	45(100)	10
21. Awareness and acceptance of stress using 3-minutes breathings space Meditation		
9. (Very Important)	17(37.78)	9.6
10. (Extremely Important)	28(62.22)	
22. Loving kindness meditation		
9. (Very Important)	22(48.89)	9.5
10. (Extremely Important)	23(51.11)	
23. Holding your emotions holding your inner child meditation		
8. (Important)	11(24.44)	8.9
9. (Very Important)	25(55.56)	
10. (Extremely Important)	9(20)	
24. What do I need meditation		
10. (Extremely Important)	45(100)	10
25. Meditation on what we have learnt		
9. (Very Important)	30(66.67)	9.3
10. (Extremely Important)	15(33.33)	
26. Morning stress exercise		
10. (Extremely Important)	45(100)	10
27. Morning stress exercise from perspective of a friend		
10. (Extremely Important)	45(100)	10
28. Awareness tests		
9. (Very Important)	13(28.89)	9.7

10. (Extremely Important)	32(71.11)	
29. Grasping and pushing away activity		
8. (Important)	19(42.22)	9
9. (Very Important)	7(15.56)	
10. (Extremely Important)	19(42.22)	
30. Fight-flight-freeze-dance activity		
8. (Important)	3(6.67)	9.4
9. (Very Important)	19(42.22)	
10. (Extremely Important)	23(51.11)	
31. Imagination exercise: rupture and repair		
8. (Important)	13(28.89)	8.82
9. (Very Important)	27(60)	
10. (Extremely Important)	5((11.11)	
32. Process description with objects		
10. (Extremely Important)	45(100)	10
33. Book list		
9. (Very Important)	14(31.11)	9.6
10. (Extremely Important)	31(68.89)	
34. Reading material and handouts		
10. (Extremely Important)	45(100)	10
35. Homework assignments		
10. (Extremely Important)	45(100)	10
36. Group discussions		
9. (Very Important)	11(24.44)	9.7
10. (Extremely Important)	34(75.56)	

Table 21

Objective Evaluation of Different Aspects Related to Delivery of Bashaoor Tarbiyat-e-Aulad from 1= Very Poor to 5= Excellent (N=45)

Items	f (%)	Mean
1. Program presentation		
4 (Good)	8(17.78)	4.82
5 (Excellent)	37(82.22)	
2. Pace of the program		
4 (Good)	24(53.3)	4.5
5 (Excellent)	21(46.7)	
3. Quality of audios		
5 (Excellent)	45(100)	5
4. Quality of videos		5
5 (Excellent)	45(100)	
5. Quality of Zoom sessions for online participants		
4 (Good)	18(40)	4.6
5 (Excellent)	27(60)	
6. Technical support related to access to course material on Google Classroom for online participants		
5 (Excellent)	45(100)	5
7. Venue for on-site participants		
5 (Excellent)	45(100)	5
8. Support at WhatsApp Group and SMS		
5 (Excellent)	45(100)	5
9. Expectations about home works		
3 (Average)	7(15.55)	
4 (Good)	20(44.44)	4.24
5 (Excellent)	18(40)	

Part 2: Detailed Feedback about the Bashaoor Tarbiyat-e Aulad Sessions

1. Feedback for Session 1

The culturally adapted *Bashaoor Tarbiyat-e-Aulad* comprised 9 sessions in total. Unlike the original 8 session program, an additional session was added in the beginning to explain the concept of parenting stress, its sources and difference between behavioral and cognitive parenting programs. The participants' and the trainer's introduction, rules of the group and sessions' structure were also made part of the session.

On being asked how effective the first session was, mothers expressed that it was very helpful for building rapport and comprehending the concept of parenting stress and the difference between cognitive and behavioral parenting programs.

"The participants' introduction phase was very helpful as it made me feel that I am not alone in facing parenting stress. It also gave me hope that something can be done for this challenge as there are so many others like me" (P3).

Participants reported to have understood well the concept of parenting stress as distinct from other kinds of stress in session 1.

"I could so relate to the role of daily hassles in creating parenting stress. The approaches to parenting stress were explained in detail" (P40).

"It's good that the cultural aspects of parenting stress and its sources were included. It made the content relatable and helpful" (P16).

"I did not know that parenting stress is different from other kinds. I have 5 kids. In addition to the stress coming from living in joint family system, the one I faced in parenting was definitely different and a lot to handle. Please continue educating parents about parenting stress

like this" (P20).

Initially mothers did not know the difference between cognitive and behavioral parenting programs. Participants reported that the concept of cognitive parenting program was new for them. It wasn't only beneficial but also shed light on why many behavioral parenting program fail to support parents in developing a positive relationship with their children. It was noticed that mothers were happy about such kind of a parenting program which was specifically designed for their own mental health in the first place which was expected to affect their children in a positive way.

"Cognitive parenting was a new concept for me. You explained it well. The concept is important. I would strongly suggest to continue educating parents about it" (P15).

"I think cognitive parenting is so important that it's better to develop parenting programs by blending these two approaches of cognitive and behavioral parenting" (P41).

"I thought just like other parenting program, this program will be about how to handle tantrums, mood and anger issues, compliance issues and other challenges related to children. I was excited when we were told that it's about us…the parents" (P12).

"I have finally understood that it's the parent who is the agent of change. The way we respond to our kids in stressful situation makes the pattern for next action and reaction. Parents' cognitions are really important in parent-child interactions" (P29).

For the mothers, the session was very helpful to be clear about what to expect from the program.

"I really liked the way the structure of the upcoming sessions were explained" (P38).

The rest of the sessions i.e. 2nd to 9th comprised a main theme and

psychoeducation about it, Islamic concept of mindfulness and related aspects, formal and informal meditations, session avities and discussion about them after completion, homework assignments and their explanation and reading material. As compared to the psychoeducation given in the original program which was for the trainer and was given to the participants in handouts only, it was decided by the *MP group* to explain the concepts to the attendees in detail especially in connection with the Pakistani culture and Islam. Also, in every session, the previous week's assignments were discussed and feedback was taken.

2. Feedback for Session 2

For session 2, the main theme was *automatic pilot parenting.* In addition, Islamic concept of mindfulness i.*e Muraqabah* was explained. Mothers expressed that the theme was *relatable and interesting* and effectively explained.

"The concept of fight, flight and freeze was explained very well with the help of the brain diagram" (P23).

"In session 2, you explained the concept of mindful listening and speaking in the light of Sunnah of the *Holy Prophet (SAWW).* That was beautiful. For me, it was easy to follow with respect to the Sunnah" (P39).

"The importance of *Asma-ul-Husna* in mindfulness was a beautiful concept. Now I try to recite these names mindfully. It relaxes me a lot (P5)".

All the sessions started with meditations on intentions and ended with the closing meditations. The mothers rated the meditation on intention as a very important part of the program which facilitated them to get into the *state.* They reported that this intentionality

prepared them for the session and they felt motivated.

"I would rate this meditation as extremely important in prepping us to get into the mindful mode. It should be there in all the sessions" (P25).

In the pilot study these meditations were included just in first 3 sessions following the original program, however the participants from preliminary adaptation test suggested that they should be made part of all the sessions.

"Meditation on intention was very helpful for me to get into the mindful state. This formal beginning should be continued" (P43).

"In my opinion, the closing meditation is something that relaxes me. You can even put it at the end of those session activities which require us to imagine stressful situations as I feel exhausted after that" (P29).

"I would rate it a 10 on importance. For me, closing meditation is as important as meditation on intention" (P36).

The formal meditations of session 2 included mindful eating and body scan meditation. Mindful eating proved to be helpful to understand the concept of mindfully observing the child.

"You must continue with this exercise. It was helpful to observe my child mindfully" (P18).

"I try to eat at least one meal mindfully daily. I has been really helpful" (P37). Body scan meditation was initially very long similar to the one given in original program. For the ease of the participants and as per recommendation of the principal developer, briefer versions of body scan meditation were also recorded in Urdu. The participants appreciated these efforts and were satisfied with the content of meditations.

"For me, body scan meditation is the winner. Though initially it was very long and my mind will drift away multiple times but the briefer versions were very helpful. I specifically like the calming tone of your voice. If I am very tired, I end up falling asleep too" (P2).

For the session activity, a scenario based morning stress exercise was done where the mothers were asked to imagine themselves in a stressful situation with their child in morning when she leaves for school. Mothers participated in the activity with great interest and were actively involved in the post activity inquiry.

"Perhaps, this is the most common scenario that happens daily in every home. I so much needed help with this" (P11).

"The session activities were relevant to the themes and practical. They helped me understand the concepts easily" (P31).

The mothers expressed their satisfaction with the reading material and handouts as well as the homework assignments that were provided in Urdu and explained in detail before closing the session.

"Handouts were clearly typed in Urdu and were thorough" (P40).

"The home works were self-explanatory, easy to manage and practical" (P8).

In addition to the home works from the original program, some culturally relevant tasks were also added that included mindfully offering prayers, answering *Adhaan* (the call for prayer), reciting *Quran* and using miswak. The concept of 3 Rs was also given where the first R stands for *retreat* that meant *aitekaaf* or *khalwah*, the second for *reflect* that would include writing a reflective journal or immersing into deep thinking done intentionally, thinking about the greatness of *Allah* especially during recital of

Tasbeh-e Fatima, and *Asma Ul Husna* and the third R stands for *remember* which meant remembering *Allah* through *tazakkur (dhikar)* that can be recital of *Qalimah* or *Darud Shareef*. The reading material included explanation of the themes, relevant concepts and meditations too.

"For me, choosing *Adhaan* for informal meditation worked wonderfully as in that way I could practice mindfulness five times a day without having a reminder on my mobile phone. I also like the concept of 3 Rs that you included in the homework" (P19).

"The idea of a *mindful me time* is what I followed. I did it at night after putting my kids to sleep" (P24).

"Thankfully, I had to choose the usual things from my routine for informal exercises.That was a breeze. I couldn't have done that if I was required to write long answers to questions like the usual home works" (P14).

"I chose reciting *Darud-e Ibrahimi* mindfully. It was spiritually uplifting and became my anchor in challenging situations" (P38).

In addition, positive feedback was received for group discussion too.

"The group discussions must be continued after every meditation and activity. They make the group members feel validated and supported" (P12).

3. Feedback for Session 3

For session 3, the main theme was *beginner's mind parenting.* For the Islamic perspectives, the concept of silence or *Al-Samt* was discussed. Mothers shared how difficult it has become to remain silent especially in this digital age when everybody is busy on their gadgets away from the real world. They were happy for including the

concepts of diagnosis and labelling and attitudes of mindfulness. They gave some important suggestions too for further improvement. Mothers expressed that the psychoeducation that targeted the concept of labeling the child and perceiving her every feeling, thought and behavior in the light of that label was very helpful.

"Relatable. For a long time I kept on clinging to the label *battamiz* for my child given by the people in my street. It was indeed the most damaging thing for my relationship with him.You have covered the topic well" (P22).

"This concept of labelling was very important. I am happy that it was addressed during the course. My children have been a victim of this by me and my in-laws. I surely needed help with this (P7)".

The psychoeducation also included explanation of the attitudes of mindfulness. Some of the mothers took longer to understand the concepts and needed better understanding through more examples.

"It will be helpful if you explain these concepts in more detail with the help of some more culturally relevant examples" (P13).

Formal meditations included body scan, sitting with breath and gratitude practice. The mothers enjoyed gratitude practice the most. It was provided with a background relaxing sound of *Allah Hoo* recitation which was reported to be very effective.

"The background recitation kept me relaxed during the meditation. You can add it in meditation on intention and closing meditation too (P27)".

"Sitting with breath was fine. My mind keep wandering and I took some time to focus on breath. It definitely needs practice" (P44).

The class activities included morning stress exercise from perspective of a friend,

and attention tests through gorilla and joker videos to explain the concept of mindful seeing. In the original program only gorilla video was included. The joker spotting video was an addition.

"The morning stress exercise was so helpful to understand how we feel compassionate for others for the same things we judge ourselves harshly on. I must say I've been so hard on myself and my kid" (P6).

"Just the way I couldn't spot the gorilla and the joker, I feel I couldn't see so many good things in my child. You may add more activities like that in the program. It was very involving and interesting" (P16).

The home work included reading material about the theme, the meditations, mindful body stretches with figures and savoring pleasant moments calendar just like the original program.

"The calendar was self-explanatory and easy to fill" (P10).

"Thankfully, you gave the body stretches illustrations too. I keep them with me while practicing" (P15).

4. Feedback for Session 4

The main theme for session 4 was *reconnecting with our body as a parent* .For the Islamic perspectives, the concept of silence or *Al-Samt* was continued. Mothers expressed their satisfaction with the explanation of the concept of reconnecting with our bodies. For them, the examples were appropriate and relevant that made them realize how they had been neglecting their bodies. For them, it was easy to understand the concept of disconnect with the physical body especially after practicing mindful body stretches in the previous week.

"The session was very effectively delivered. The concepts were explained well" (P14).

"Important issue that you have addressed. I feel I have been in doing mode since long" (P29).

"I think this concept should be part of other behavior oriented parenting programs too" (P21).

"This concept is generally ignored in other parenting programs. I am happy you included that (P15)".

The formal meditations included sitting with breath and body sensations, 3-minutes breathing space and bringing kindness to yourself meditation. For the mothers, 3-minutes breathing space proved to be a practical and effective exercise while kindness meditation was a new concept.

"3-minutes breathing space is a life saver. That's the quickest way for me to get back to mindfulness and connected with the present" (P23).

"I have always tried to be kind to others. Being kind to oneself is hard in our culture where we are encouraged to serve others. I really had to work on it. I kept a reminder for myself on my daily calendar to be kind to myself"

"Sitting with breath and body sensation was good. I felt it easy to switch from breath to body as the breath part was already practiced in last week" (P41).

Class activity included watching body during parenting stress exercise and mindful body stretches while sitting and lying down. For the first activity, the mothers were first asked to imagine a stressful situation and then had to report the changes in body during stress. A figure of human body was shown to them and the reported body changes

were marked on the figure to learn how different people experience parentings stress in the body. Mothers actively participated in this exercise and were amazed to see how different parts of the body respond to parenting stress for the mothers.

"For me it was tight shoulders. For some it was butterflies in the stomach while for others, it was the headache they felt. We all were so involved in the labelling process. Engaging and helpful it was. I must say" (P5).

For this session's mindful body stretches while sitting and lying down were taught.

"Body stretches are good. Sometimes I find time for them. Sometimes it's hard to manage with the kids especially during their vacations" (P14).

The homework included handouts, formal and informal meditations, body stretches illustrations and stressful moments calendar.

5. Feedback for Session 5

For session 5, the main theme was *responding vs reacting to parenting stress.* The Islamic concept of *reflection, pondering, remembering and examining* were explained as different facets of mindfulness. The concept of responding and reacting was considered important by mothers.

"It's so important to understand the difference between reacting and responding. I have been in doing and reactive mode for so long. I badly needed to learn to respond (P18)".

For the Islamic perspectives, though most of the mothers expressed their satisfaction with the examples and supported the incorporation of *Quranic verses* and

Ahadeeth (sayings of the Holy Prophet SAWW), 1 suggested further explanation.

"I would suggest inclusion of some more details as it's hard for me to comprehend" (P19).

The formal meditations included sitting meditation with sounds and thoughts and awareness and acceptance of parenting stress with a blend of 3-minutes breathing space exercise and doors. Mothers expressed their satisfaction with the meditations and their length.

"I enjoyed the blend of 3-minutes breathing space and doors. It was interesting especially the doors part" (P41).

Class activities included a practical demonstration of the concept of pushing and grasping as well fight, flights, freeze and dance. Also, mindful body stretches while standing were also taught. The mothers actively participated in both the activities and reported to have understood the concept well.

"Very well demonstrated especially the fight, flight, freeze and dance concept" (P28).

"I would suggest that you should combine all body stretches (lying, sitting and standing) and make a separate session. In this way the program will comprise 10 sessions" (P15).

The homework included relevant handouts, formal and informal meditations, body stretches illustrations and 3-minutes breathing space calendar.

6. Feedback for Session 6

The main theme for session 6 was parenting patterns and schemas whereas for the

Islamic perceptive, the importance of mindful recitation of *Quran*, contemplation, supplication and remembrance was explained. For the mothers, the idea of parenting patterns and schemas as cognitive, emotional and physical representations was new and interesting. At the same time it was disturbing for some too.

"You know, the concept made me realize I have been enslaved by the vulnerable as well as angry child schema. The session was emotionally overwhelming for me" (P21).

Some mothers spent some extra time to understand the difference between demanding and punitive parent schema.

"I had to revisit the punitive and demanding parent schema modes concept to understand the difference" (P16).

"I feel emotionally overwhelmed during the session. Thankfully you added a 3-minutes breathing space meditation after that. It was relaxing" (P22).

The formal meditations included sitting meditation including emotions, walking meditation inside and finally holding emotions and inner child. The participants expressed their satisfaction with the content and length of the meditations.

"It's hard to sit with emotions when you are constantly taught by your culture to ignore them and run away from them. The meditation will take some time and practice" (P10).

"I felt strange while walking so slow and observing every move. I was surprised to see how we maneuver ourselves while we walk. It's hardly noticed during mindless walk" (P3).

"My mind wandered many times during the walk. I felt an urge to walk quickly

and pick some clutter too during that which shows how much this doing mode has affected me. As compared to sitting meditations, I felt easier in walking one" (P24).

For the class activity, an interactive exercise was done following the original program to explain the schema modes. A mother suggested to include more relevant activities.

"I think you should include 1 or 2 more activities or case studies related to schema modes" (P40).

The homework included reading material, meditations and schema mode recognition calendar following the original program.

7. Feedback for Session 7

The main theme for session 7 was conflict and parenting whereas the Islamic perspectives included origin of bad thoughts and how thoughts become actions with and without mindfulness. The mothers considered the theme as *most relatable and needs attention.*

"Well, for me repair after rupture concept was very important. I never knew I could work on repair. I used to think it's over…the damage can't be repaired or if I try, it won't make any difference" (P1).

"I understand that the bad thoughts are from Satan. Thanks for including the stage process that explained how thoughts become actions with respect to Islamic perspectives. For me that was the most interesting part of the session" (P37).

The formal meditations included sitting meditation with choiceless awareness and walking meditation outside. For the mothers, the meditations were interesting especially

the walking meditation outside where they got to notice many things and sounds that are usually ignored in doing mode.

"I noticed how green the grass looked. How soft it was when I walked on it. I had been so blind to many things in my rush to do the daily chores" (P22).

The class activity included rupture and repair imagination exercise followed by the discussion. It was suggested to include a relaxing meditation after that.

"You should play that *Allah Hoo* sound for 3 to 5 minutes after we are done with this rupture and repair exercise. In my opinion it would relax us after the activity" (P19).

The homework included handouts of the reading material, meditations and an activity to design a mindful day at home. For the mothers the last activity was most challenging as well as exciting.

"That's a nice activity. I planned it really well and tried to execute it as planned. Though it was challenging yet I enjoyed the process" (P42).

"I failed a couple of times over this but finally I could execute that to my satisfaction. Sometimes the people around you don't understand that you are observing a planned mindful day. That may make things difficult" (P6).

8. Feedback for Session 8

The main theme for this session was love and limits whereas with respect to Islamic perspectives, the fruits of mindfulness including stress reduction, presence in prayers, control over thoughts, emotions and behavior and awareness of sinful desires were discussed. Mothers expressed that it was easy for them to understand the concept of mindfulness especially with respect to daily Islamic rituals of prayer and recitation. They felt spiritually strong and connected with Allah. The concept of Metta or loving kindness

explained in the theme was easy to understand when it was presented with reference to *Allah* as being kind to the man more than 70 mothers and with the *Holy Prophet (Peace be upon Him)* as mercy for all the worlds and creatures.

"Beautifully presented and effective. It has helped me to get back that softness in tone and heart that I felt I had lost" (P16).

"Thanks for making me understand the difference between empathic distress and compassion. Now when I follow compassion more, I feel I am better able to stay mindful and help myself and others around me especially my children" (P22).

The formal meditations included loving kindness and what do I need meditation. Both the meditations were relaxing and insightful for the participants.

"Whenever I do what do I need meditation, I hug myself. It shifts my attention to my body and feelings in the present moment, naturally moving my focus away from the heat of the stressful situation" (P15).

"I would suggest to make a briefer version of loving-kindness meditation with the same background of *Allah Hoo* sound that you have used. Sometime I don't have much time to listen to the longer version. So in time of need, I can switch to shorter one" (P14).

The class activities included role play and imagination exercises related to limits. For mothers, both activities were helpful and engaging.

"Role playing as a child was interesting. Now I try to feel what my children must be feeling when they do something that's fun for them and annoying for me" (P29).

"While doing imagination and role playing, I could identify the demanding parent schema in me. I instantly knew that I need to work on this" (P20).

The homework included reading material, meditations and a form to explain

personal learning process in last 8 weeks. The participants were also told to bring an object to depict their personal journey of mindful parenting.

"It was a small stone for me that I call mindfulness stone. I painted it purple. That's my anchor to mindful parenting" (P16).

"I chose my rosary for this. It keeps me spiritually connected and mindful" (P24).

9. Feedback for Session 9

For the final session the main theme was *mindful path through parenting* highlighting that mindful parenting isn't a destination to reach but a constant process. In addition, the Islamic concepts covered during past 8 weeks were summarized. The participants brought different objects that reminded them of their 8 weeks learning journey and would act as anchors for mindful parenting for them.

"I thoroughly enjoyed the content of the course. It was insightful, interactive and engaging. The reading material both in English and Urdu was very helpful. The meditations were clear without any background noise. The illustrations for body stretches were comprehensive" (P28).

The formal meditations included body scan meditations, gratitude practice, and meditation on what we have learned so far and finally metta meditation.

"Metta meditation is my favorite. It has helped me a lot in cultivating loving kindness for myself and others" (P7).

The homework included reading material, suggestions for everyday mindfulness in parenting and a comprehensive reading list that was made in light of suggestions made by the *MP group*. In addition it was also announced in the last session that a booster or follow up session will be given after 8 weeks. Also, a book list was shared at the end of

the program so that the participants could fully focus on the practical training and not on the knowledge in the books to interfere with their learning process. The book list was carefully prepared to cover parenting and self-growth domains with special relevance to Islam.

On the whole, the mothers appreciated the program, its delivery in Urdu language, the psychological and Islamic concepts it covered, its cultural relevance, the meditations, class room activities and homework assignments.

Part 3: Feedback about the Delivery of Bashaoor Tarbiyat-e-Aulad and Relevant Aspects

In this final phase, the mothers were asked about the program delivery during past 2 months. Though, relevant objective evaluations were already done, it was suggested by *MP group* before this study that qualitative feedback should be taken for future improvements.

For the program, the sessions were outlined on power point slides with all the stages mentioned clearly. For both online and onsite participants, the slides were opened on screen and followed throughout the session. The handouts and home works were also shown on the screen during discussions.

On being asked about program presentation, the mothers expressed their satisfaction with the power point slides, relevant figures, pictures, videos and content. It was rated excellent by 82.22% participants.

"You organized the sessions really nicely with well-organized slides and to the point content. The light pink and gold theme that you used in the flyer and then in all your slides was subtle and beautiful" (P22).

"I am grateful that you provided all the slides with the handouts. It was helpful when I wanted to revisit the important points" (P40).

"You presented the content nicely. The sessions were carefully planned with special attention given to appropriate time allocation for all segments" (P43).

For the pace of the program, MP program's standard session format and pace of one session per week was followed. Table 21 shows that 26.6% of the mothers rated pace of *Bashaoor Tarbiyat-e Aulad* as excellent however 40% marked it fair while 33.33% marked it good. When they were asked about the pace, mixed feedback was received.

"The content and home works were good but at times I felt that instead of 9 session you can expand it to 12" (P34).

"For me, the pace was fine. One session per week is ok. I think we had a good time to practice and complete the home works" (P16).

"I felt overwhelmed with the work. With 4 kids and living in joint family system, I couldn't complete all the assignments and ended up feeling very low many times" (P37).

"Sometimes I was able to complete the practice however many times I prolonged it beyond a week depending upon the free time I got. I think it will be easier to manage once my kids' summer vacations are over" (P5).

When it comes to quality of videos and audios, the satisfaction level was high as evident from a rating of 5 by all 100% of the participants.

"I must appreciate the quality of the videos you played during the sessions. They were carefully edited" (P18).

"The meditations were recorded without any background noise" (P31).

"In many course, videos are played directly from *Dailymotion* or *YouTube* and

usually there are more technical problems this way. Your videos were to the point and short" (P7).

"You may provide more videos for attention tests" (P1).

Similarly, the technical support received to access the material on google class room was rated excellent by all the online participants. For this purpose 2 of the psychology graduates that were trained for intake interviews and pre and post intervention assessments were given the task to manage google classrooms. The researcher as well as the supervisor were also added on Google classroom to ensure smooth delivery of the program content.

"The files you used to upload after the session were complete in all aspects i.e. slides, meditations, handouts, class activities, meditations and homework etc.. making it very easy for me to download them and keep with me in separate folders" (P5).

"Sometimes I faced issues with downloading files when there were problems with internet connection" (P15).

The venue for onsite participants was carefully selected. Because of its central location, it was easily accessible for the participants from the twin cities of Islamabad and Rawalpindi. It was well-equipped with multi-media arrangements. The sessions were recorded with participants' permission in a way that their identity was kept confidential and only the trainer could be seen. The training venue was well ventilated with proper sitting arrangements. The floor was carpeted for mindful body stretches and sitting meditations. The venue had two big windows for mindful seeing practices. All onsite participant expressed high satisfaction with these arrangements by rating it as excellent. "The chairs were comfortable so was the floor. The washroom was clean" (P4). "I used to

walk to the venue. It was very close to my place "(P6).

To ensure smooth communication, a work contact number was shared with the participants. For times other than session, communication was done through WhatsApp group calls and SMS. The WhatsApp group was also used to send the digit three when the modules included 3-minute breathing space. Just like the original program, this practice was adopted as a way of reminding about 3-minute breathing space by group members and researcher.

"Whatsapp group was a helpful idea. I felt connected and validated" (P17). "The activity of posting the digit 3 was interesting "(P10).

For every session, the mothers were supposed to do the weekly homework. Mixed feedback was received regarding expectations about the homework.

"The home work wasn't manageable for me. I was so overwhelmed with guests during vacations" (P21).

"I managed the homework well as many practices that we had to do mindfully were to be chosen from our daily routines" (P10).

Phase II: Booster Session and Feedback about the Effects of Bashaoor Tarbiyat-e-Aulad

This phase was conducted after 2 months of the completion of program and ran for two days. The sessions were 3 hours long conducted online after 8 weeks of completion of *Bashaoor Tarbiyat-e-Aulad*. It comprised formal meditations as well as objective and in-depth feedback about the effects of the program.

Objectives of the Study

The objective of the study was as follows:

1.To take detailed feedback on the effects of the *Bashaoor Tarbiyat-e-Aulad* and its contents after 2 months of follow-up.

METHOD

Sample

For the follow-up session, 31 mothers from the intervention group (n=56) informed about their willingness to attend. 6 withdrew because of multiple reasons. Therefore, the final sample comprised 25 mothers.

Measures

The meditations from the original follow-up session were used however, they were translated in Urdu as recommended by *MP group*. In the original program, objective evaluation forms are used to gauge effects of the program by emailing it to the participants after the program completion and asking them to mark the suitable option (Bögels & Restifo, 2014, pp. 298-300) . For the *Bashaoor Tarbiyat-e-Aulad*, the *MP group* suggested to use it in follow-up session in two ways i.e by giving the objective form's all three parts to mothers to mark the suitable option and also asking for detailed feedback regarding the questions in the form to have a better idea about the effects of the program and participants' suggestions for improvement.

Adapted version of third form that was used in the initial feedback taken after program completion (Bogels & Restifo, 2014) was used in this session to take feedback about *Bashaoor Tarbiyat-e-Aulad* after a 2 months follow-up.

Procedure

This session was conducted on two consecutive days in October 2022, online, after 2 months of follow-up. Like phase 1 of this study, it also comprised 3 parts. Part 1 included formal meditations i.e. sitting meditation, mountain meditation and stone meditation that were conducted in the first 1.5 hours with breaks. The second part included objective evaluations of effects of program for which an adapted version of the objective evaluation forms given in manual (Bögels & Restifo, 2014, pp. 298-300) was used which had three parts. 30 minutes were allocated for this. In the third part, in-depth feedback on effects of the program and importance of contents during follow-up period was taken using evaluation forms from second part. The sessions that were conducted by researcher were recorded through zoom.

Part 1: Meditations

This part of the session was designed to motivate the participants to continue with mindful parenting and meditation practices. It included sitting meditation, mountain meditation and finally stone meditations. All these meditations were translated and recorded in Urdu with addition of *Quranic verses*. For stone meditation, the participants were informed through Whatsapp group to look for a stone before the session that can be held during stone meditation so that later it could be used as anchor for mindfulness practice. After each meditation a 10 minutes break was given

Part 2: Objective Evaluation of Post Program Changes and Importance of Bashaoor Tarbiyat-e-Aulad Contents

During this part of the session, three adapted evaluation forms from the manual

(Bogels & Restifo, 2014, pp.298-300) were used. The first evaluation form comprised questions about post program changes in life, intentions to continue with meditations, frequency of meditations during the program and in past 8 weeks of follow up. For first 5 questions, the options were *yes* and *no* while for the next 2 questions, four options were given that included *never, 1-2 times, 3 to 4 times and 5 to 7 times*. For the last question, the options included *less than before, as much as before, more than before and much more than before*.

The second form comprised questions about the effects of the program on personal life, parenting, relationship, life stressors, emotional regulation and suggestions about future programs where again the suitable option was to be encircled. The options for first 11 questions included *negative change, no change, some positive change and positive change* whereas for question 12, the option were *no, maybe and yes*. The participants were also asked to mention the parts of the program that helped them in bringing the changes they experienced after the program. Finally, the third form comprised questions about the importance of *Bashaoor Tarbiyat-e Aulad* contents with respect to follow-up.

Table 22

Feedback About Post Program Changes in Life, with Children, Intentions to Continue with Meditations and Frequency of Meditations During the Program and After 2 Months of Follow Up (N= 25)

Items	f (%)
1. .Do you feel you got something of lasting value of importance as a result of taking the training	
Yes	25(100)
2. Have you made any changes in your lifestyle, in dealing with your child or family, or in your child-rearing practices as a result of the training?	
Yes	25(100)
3. Did you become more *conscious* in parenting as a result of the training? Did this change something in relation to your thoughts, your feelings, and your reaction on your thoughts and feelings as a parent?	
Yes	25(100)
4. Is it your intention to keep on practicing the formal exercises, i.e. the bodyscan, sitting meditation, 3-min breathing space, walking meditation, laying and standing yoga?	
Yes	25(100)
5. Is it your intention to keep on practicing to be conscious in daily parenting life?	
Yes	25(100)
6. Has the training been sufficient to move on with your life as a parent?	
Yes	20(80)
No	5(20)
7. How many times a week, on average, did you practice the meditation exercises during the 8-week training?	
1-2 Times	2(8)
3-4 Times	20(80)
5-7 Times	3(12)

8. How many times a week, on average, did you practice meditation exercises during the 8-week follow-up?	
1-2 Times	10(40)
3-4 Times	14(56)
5-7 Times	1(4)
9. How many times do you pay attention to your child in moments you are together compared to before the training?	
More than before	13(52)
Much more than before	12(48)

Table 23

Feedback about Changes in Different Areas of Life (N=25)

Items	f (%)
1.Knowing to take better care of myself	
Some Positive change	13(52)
Positive change	12(48)
2.Actually taking better care of myself	
Some Positive change	18(72)
Positive change	7(28)
3. Periods of parental stress or frustration	
Some Positive change	19(76)
Positive change	6(24)
4.Intensity of parental stress or frustration	
Some Positive change	21(84)
Positive change	4(16)
5.Believing that I can improve the relationship with my child and family	
Some Positive change	15(60)
Positive change	10(40)
6. Feeling self-confident as a parent	
Some Positive change	14(56)
Positive change	11(44)
7. Feeling hopeful as a parent	
Some Positive change	10(40)
Positive change	15(60)
8.Dealing with emotions (anger, sadness, fear) in parenting	
Some Positive change	19(76)
Positive change	6(24)
9. Awareness of what is stressful in my life	
Some Positive change	9(36)
Positive change	16(64)

10.Awareness of stressful parenting situations at the time they are happening	
Some Positive change	5(20)
Positive change	20(80)
11.Ability to handle stressful parenting situations appropriately	
Some Positive change	17(68)
Positive change	8(32)
12. Do you want further training or treatment with respect to your parenting, own problems, your child's problems, partner relation problems, family problems?	
a. Parenting	
No	4(16)
Maybe	3(12)
Yes	18(72)
b. Own Problems	
No	10(40)
Maybe	10(40)
Yes	5(20)
c. Children's problems	
Maybe	11(44)
Yes	14(56)
d. Partner relation problems	
No	3(12)
Maybe	3(12)
Yes	19(76)
e. Family problems	
Maybe	5(20)
Yes	20(80)

Table 24

Evaluation of Parts of Bashaoor Tarbiyat-e-Aulad after Follow up Period from 1= Not at all Important to 10 = Extremely Important (N=25)

Items	f	Mean
1. How important has been *Bashaoor Tarbiyat-e Aulad* during follow-up		
6 (Slightly Important)	3	
7 (Moderately Important)	2	8.96
8 (Important)	2	
9 (Very Important)	4	
10 (Extremely Important)	14	
2.Bodyscan		
6 (Slightly Important)	1	8.52
7 (Moderately Important)	6	
8 (Important)	5	
9 (Very Important)	5	
10 (Extremely Important)	8	
3. Sitting meditations		
7 (Moderately Important)	6	8.64
8 (Important)	3	
9 (Very Important)	10	
10 (Extremely Important)	6	
4. Walking meditations		
8 (Important)	3	9.32
9 (Very Important)	11	
10 (Extremely Important)	11	
5. Mindful body stretches		
7 (Moderately Important)	10	8.48
8 (Important)	6	
9 (Very Important)	2	
10 (Extremely Important)	7	

6. Mindful eating		
7 (Moderately Important)	6	8.36
8 (Important)	10	
9 (Very Important)	3	
10 (Extremely Important)	6	
7.Gratitude meditation		
9 (Very Important)	6	9.76
10 (Extremely Important)	19	
8. 3-minutes breathing space		
10 (Extremely Important)	25	10
9. Bringing kindness to yourself meditation		
8 (Important)	3	9.08
9 (Very Important)	17	
10 (Extremely Important)	5	
10. Awareness and acceptance of stress using 3-minutes breathings space Meditation		9.28
9 (Very Important)	18	
10 (Extremely Important)	7	
11. Loving kindness meditation		
9 (Very Important)	13	9.48
10 (Extremely Important)	12	
12. Holding your emotions holding your inner child meditation		
7 (Moderately Important)	6	8.52
8 (Important)	8	
9 (Very Important)	3	
10 (Extremely Important)	8	
13. What do I need meditation		
8 (Important)	2	9.16
9 (Very Important)	17	
10 (Extremely Important)	6	
14. Book reading		

7 (Moderately Important)	3	8.76
8 (Important)	8	
9 (Very Important)	6	
10 (Extremely Important)	8	
15. Reading material and handouts		
10 (Extremely Important)	25	10
16. Homework assignments		
6 (Slightly Important)	5	
7 (Moderately Important)	2	8.72
8 (Important)	5	
9 (Very Important)	5	
10 (Extremely Important)	8	

Part 3: Detailed Feedback about the Bashaoor Tarbiyat-e-Aulad Program Based on Objective Evaluation

1. Getting Something of Lasting Value of Importance as a Result of Bashaoor Tarbiyat-e- Aulad

On being asked if the mothers learnt something valuable and important from *Bashaoor Tarbiyat- e- Aulad*, they expressed positive views.

"I learnt a lot from this program. I can see improvements in my relationship with my husband too" (P3).

"It certainly is important as this was the first training I got with respect to cognitive parenting paradigm. I felt validated and supported" (P13).

"Hmmmm, I would say yes. The thing is I have learnt that I can't be mindful all the time. It's an ongoing process. Sometimes I am mindful and sometimes I am not but it has definitely resulted in increasing conscious awareness of my attitudes and reactions in parent- child interaction" (P2).

A mother expressed that she could apply her learning to situations and settings other than parenting too.

"I try to be mindful in situations other than parenting too. For example at my work place, in my marriage, with my in-laws. I am developing my mindful muscle" (P10).

Some mothers were still struggling with their anger issues and reactivity.

"I am still struggling with my reactive mode challenge. For me the progress is there but slow" (P13).

"I sometimes get upset when I lose control and am mindless. I am trying to find

more time for practice" (P22).

Some participants also reported that the people around them could feel the change.

"My husband is happy at the changes he sees. My 7 and 9 years old are also feeling better with me not reacting all the time as I used to however, my teen daughter is still a challenge" (P25).

"I got to learn a lot from the program. The best of all is the *pause*. The moment is feel I am getting stressed I tell myself to pause" (P11).

"I noticed that I needed work on mindful speaking and listening. I have always been hasty in these areas. I am prioritizing that because it is going to benefit me in all my relationships" (P21).

2. Changes in Parenting, Interaction with Child/Children, Family and in Lifestyle

The participants felt noticeable changes in interaction with their family, children, colleagues, parenting and lifestyle.

"I do feel a change. Slowing down is something that I have started enjoying. I was always on the go before this course, always in the doing mode. I am human and I do go back to old patterns but at the same time I try to be compassionate with myself reminding myself of the *common humanity* aspect of self-compassion"(P2).

"Most of the time, I practice 3-minutes breathing space in parenting. It's quick and practical" (P14).

Some mothers reported that, upon seeing the changes in them, their husbands and

children were also interested to know some quick mindful methods.

"I do body scan meditation at night regularly using the briefer version you gave. My husband saw me doing that and the decrease in stress so I shared the meditation with him too. He does it thrice a week not daily but he says he feels relaxed after that" (P7).

"Once I discussed 3-minutes breathing space and its effects with my teenage son. He asked me to teach him the technique that I did. Now he does it when he feels stressed especially regarding his school work" (P5).

2 mothers reported that the program helped them in understanding the parenting they received.

"I still feel the need to work on my childhood issues with my parents. I need to forgive them because I feel the angry child mode getting back to me in certain times especially with my mother-in-law. I am sticking to diary writing, metta and gratitude meditation. After all, my parents too had a backdrop, their own childhood traumas".

"My parents are too old to understand why they were so controlling and harsh with us all. I pray a lot for them and after every prayer, I forgive them for being so strict. I am doing the self- compassion meditation once daily. I try to remind myself that I am worthy of love" (P9).

Mothers also reported that, the program helped mothers in improving their sense of self- worth, parental self-efficacy and self-confidence.

"I grew up with a very low self-esteem. I always felt that I am not enough. I had to do more to matter in the eyes of my parents. I felt myself incompetent as a parent too. I am working on that now using the meditations I learnt. Sometimes in the heat of the moment, the negative thoughts do struck me, however now I can see them coming. I am

conscious of them now: (P22).

Almost all the participants reported that the program especially the meditations and reflective diary writing helped them improving their spiritual connection with *Allah.*

"I chose mindfully answering *adhan* as my informal meditation. This way I can be mindful 5 times a day without having to keep a reminder myself. I feel spiritually strong and peaceful, finally" (P23).

"After I am done with the obligatory prayer, I stay on the rug for 5 minutes with my eyes closed. My prayer rug and rosary have become the mindfulness reminders and anchors for me" (P15).

In addition to the family life and kids, the mothers also reported changes in their professional lives.

"I have primed my workplace for being mindful by posting reminders on my office tag board and my daily planner. In the rush of the day it's not always possible to be mindful. At that time, my anchors are helpful" (P11).

"I am a school teacher. I take my students as my children and try to apply the techniques I learnt in class too. Many times I get overwhelmed. It's not always possible to successfully apply the techniques to the whole class however, I am dealing with work place stress better than before" (P14).

3. Conscious Parenting

With respect to conscious parenting, mothers were asked if they felt the program helped them become a conscious parent with a better focus on their thoughts and feelings. They were also asked if the felt any difference in the way they reacted to their thoughts

and feelings. It was noticed that the participants were better able to accept their thoughts and feelings and validate them as they were before responding to the child.

"I was a very reactive parenting. I would quickly act on a thought and feeling and would regret it later. The formal meditation of thoughts and emotions is something that I did more than other meditations. Now, whenever a negative though comes, I validate it by accepting its presence and focus on the bodily changes" (P2).

"I now notice what makes me feel bad when I am with my son. I acknowledge my feelings myself instead of wanting others to see that I am feeling bad. Instead of getting into compulsive thinking, I try to slow down the process without trying to run away from my thoughts. I inwardly address myself too regarding the thoughts" (P16).

"I keep reading the handouts that you gave about importance of silence in Islam. When I feel overwhelmed with judgmental thoughts, I try to practice silence" (P19).

"I copied the 4 stages of thoughts that was part of session 7 on a paper and pasted it behind my bedroom door as a reminder that bad thoughts are from *Satan* and we need to ask for *Allah* s protection against them. I try to now see a thought as a thought at the stage of *Al-Hajis* so that it does not reach the stage of *Hadis Al-nafs* and ultimately *Al-ham* and *Al-azm* making me act upon that" (P8).

Some mothers reported that were still struggling with conscious parenting.

"I am not very particular with the meditations. When I attended the course, my children had summer vacations. Now they go to school and I have so many things to look after. I barely get time for anything" (P23).

"One of my children is 13, another is 11. The youngest is 8. I feel in order to be a conscious parenting I need to know some behavioral modification techniques too" (P25).

"I do feel a difference on my reactions to thoughts and feelings while I am with my children. However, with my in-laws, I am still facing problems" (P18).

"I lose my cool many times a day. My childhood memories and experiences still haunt me. I feel so helpless and blame myself for not being a conscious parent" (P14).

4. Intentions on Continuing Formal Meditations and Activities

The program comprised a number of formal meditations that included bodyscan, sitting meditation with breath, sitting meditation with breath and body, 3-minutes breathing space, sitting meditations with breath, body, sounds, thoughts and emotions, sitting meditation with choiceless awareness, loving kindness and finally self-compassion. Lying and standing mindful body stretches, eating raisin mindfully, walking meditations inside and outside were the formal activities.

Mothers were asked if they intended to continue the formal meditations and activities. They expressed their intentions to continue with almost all the practices especially bodyscan.

"For past 2 months, I've been doing meditations as and when possible especially bodyscan. I can see the effects." (P17).

Though bodyscan was initially considered a long meditation and difficult to complete as most participants would fall asleep while doing it, the mothers reported that the briefer Urdu versions of bodyscan had been very helpful and promising.

"Once I am done with my *Isha* prayer, I do the bodyscan meditation. As guided by you, I have a fixed time and spot for that and I do it religiously, after getting done with all home chores and putting my kids to sleep. In the beginning my mind would drift away multiple times but I continued after accepting the distraction and taking my attention back

to my body. It is now part of my daily routine" (P11).

"I am in habit of getting up very early so I chose to do the briefest version early morning when everybody is asleep. It was more manageable during my children's vacations though. Now, that I have to wake them up early, I sometimes end up skipping that" (P14).

"I have esophageal spasm and endometriosis. Bodyscan meditation has proved to be very helpful in identifying the actual intensity of the pain and my negative and overwhelming thoughts about it. I tried to separate the physical pain and upsetting thoughts about it. I use longer and briefer versions as per the time and energy I have. I will definitely continue with it" (P16).

For the sitting meditations with breath, body, thoughts, emotions, sounds and choiceless awareness, mothers expressed that mixed intentions.

"Among all the sitting meditations, the one with breath only is the briefest and basic and when I don't have time for the longest sitting meditations, I do this one" (P17).

"I do intend to continue but sometimes I don't have the time for this in my busy schedule" (P12).

"For me, walking meditations are better than sitting meditations. I would prefer doing that more" (P20).

"I intend continuing with the sitting meditation with breath, body, sounds, thoughts, emotions and choiceless awareness because it covers all the others sitting meditations. In this way I think I don't have to do the other sitting meditations separately" (P13).

As per the feedback, 3-minutes breathing space was considered to be the quickest

and most practical exercise.

"I do it multiple times a day. The funny thing is that I took white pages and wrote 3 on them with colors of my choices. One is on my fridge door, the other on bathroom door while another on my children's bedroom door. It's a reminder for me to do it as and when required" (P3).

"I do it with my husband. Whenever we have an argument, I do it as you guided. I sure feel an improvement in our reactivity" (P8).

Loving-kindness and self-compassion were new concepts for the mothers. As both the meditations were recorded in Urdu with *Quranic verses* and *Allah Hoo* background sound, the mothers reported that the meditations were beneficial in achieving mental peace and calm. They expressed strong intentions to continue with the meditations to further their spiritual strength.

"I feel so relaxed once I start doing the meditation. Above everything, it has changed the way I relate to my husband and children. I feel kinder towards them even in stressful moments. After all, we all are human and we all experience stress differently" (P1).

"The addition of *Quranic Verses* related to self-compassion and kindness has multiplied the effects of meditations many folds. I do it thrice a week after sending my kids to school in morning" (P10).

"Bringing awareness to my suffering during these meditations has been liberating. This self-validation especially through feeling myself as part of common humanity and realizing that I am not alone in this suffering, I feel better. I will definitely continue with this" (P13).

On being asked about mindful body stretches, mothers reported their intentions to continue with them however, for almost all of them doing the complete set of stretches wasn't possible.

"I prefer blending the most doable activities from sitting, standing and lying down mindful body stretches. With repeated practice I figured out that there are some stretches that I can't do because of some body aches and pains" (P11).

"I enjoy all of the stretches. As I have just one daughter and I live in a nuclear family, I manage to do them daily, one day I do lying down stretches the other day, sitting and standing ones" (P22).

Mothers also expressed their intentions to continue with mindful eating. Some tried it with mindfully drinking water too.

"I enjoyed the raisin exercise and followed mindful eating however, I need to put some reminders around me for that because there are times when I completely forget about it" (P15).

"I have coupled two informal activities together as a reminder. That is, after mindfully saying my obligatory prayer, I drink water mindfully while sitting on the same rug. In past 2 months, I tried my best to do this. Now, I look forward to those 30 minutes of bliss and peace five times a day" (P19).

For most of the participants, mindful walking outside was a better experience than inside. Though some of the mothers were initially concerned about people's reaction to the mindful walking outside the home, with time they developed the confidence to do that.

"Initially I preferred mindful walk inside than outside thinking that people might

take me as somebody crazy walking so slow but then I gave it a try. I must say it's enjoyable. I have been doing that at night after having dinner. I intend to continue with that" (P1).

On average, most of the mothers managed to do suggested weekly exercises 5 to 6 times per week during the 2 months training program and 3 to 5 times during the follow up.

5. Paying Attention to the Child in Parent-Child Interactions

The participants were asked if after attending the course they were able to pay more attention to their child/ren during the moments of parent-child interaction. As expected from the results of study 3 (see Tables 14 and 15), mothers reported an increase in mindfulness in such moments.

"The program has definitely enhanced my present moment awareness not only when I am with my children but also with other people" (P3).

"I am now more aware of the situation, whatever my children say and what I tell them as compared to the time before the *Bashaoor Tarbiyat-e Aulad*" (P14).

In addition to the above mentioned themes, the mothers were requested to give their feedback about changes related to some important issues and aspects related to knowing to do self-care, actually taking care of self, identification of moments of parental stress and gauging its intensity, parental self-efficacy and confidence, being hopeful to improve things with the child, emotional intelligence in parenting, awareness of life stressors, awareness of stressful parenting moments when they take place and finally ability to handle such situation. Unlike the actual evaluation guide, the mothers were

asked to identify the meditations and activities that aided them in bringing positive changes in the mentioned areas.

1. Knowledge of Taking Better Self-Care

Mothers felt that after taking the course they gained insight into the importance of self- care for parents. They reported that this aspect is usually neglected in behavioral parenting programs where the main aim is behavioral modification and parent's mental health is mostly not targeted.

"Your program was useful for me not only as a parent but also as a person, a human being. I got to know myself better. I discovered the back drop, the role my childhood has been playing in my life. I understood that I lack self-compassion. I discovered that I needed to accept myself as I am, not as how people see me and judge me" (P23).

"I discovered that I spent so many years of my life being a people's pleaser, always busy serving them. I learnt the importance of *me time* while doing the home assignments" (P17).

"I did not know sitting with myself, my feelings, thoughts and emotions and validating them was so necessary" (P20).

The parts of *Bashaoor Tarbiyat-e Aulad* were helpful in creating the insight about better self-care as reported by parents included psychoeducation about Islamic concepts of *Ehsan, al- sakina, qalb-e-saleem* and *tajreed*, the attitudes of mindfulness including non-striving, non- judging, acceptance, letting go, gratitude and generosity and self-compassion, kindness and metta meditations.

2. Taking Practical Steps for Better Self-Care

After being asked about knowledge of better self-care, the participants were questioned about the practical steps they took for better self-care. Interestingly, mothers reported that they did not only follow what was suggested in the home works but also chose some other activities of their choice. In addition, they also blended different meditations and informal activities for self-care and compassion.

"I started with 5 minutes for myself as *me time* and slowly kept on increasing it. Now, I take 20 minutes out for myself. I look forward to that time" (P13).

"I don't do 3-minutes breathing space only during stressful situations but also when I am busy in household chores like washing dishes, cleaning and doing laundry" (P9).

"I worked on self-compassion and kindness, on forgiving people who wronged me in my past so that I liberate myself of the past baggage and grow as a person" (P10).

"Bodyscan and mindful body stretches are the activities I included in my self-care regime. I do that thrice a week" (P17).

"Mindful *dhikr* and recitation of *Darood Shareef* are part of my spiritual self-care routine now" (P20).

The practical steps included all formal and informal meditations and mindful body stretches that were employed by the participants to take better care of themselves.

3. Identifying the Moments and Situations of Parental Stress and its Intensity

It was noticed that as a result of attending the program, mothers were able to identify the moments of parenting stress better than before. Most of them reported a

positive change in their ability to be aware of such situations. The same was noticed in study 3 as well (see Tables 14 and 15). Also, the span of these moments was reported to be reduced.

"The class activity that involved identifying stress reaction in the body has been very helpful for me in this regard. I now can see the stress building up. I am now better able to name my feelings and emotions and accept them before I respond to the stressor" (P8).

"I won't say that the parenting stressors' frequency has considerably reduced but the span of stressful situations has surely shrunk" (P2).

As expected from study 3, the mothers reported a significant reduction in parenting stress as a result of attending the program (see Tables 14 and 15)

"My parentings stress had definitely reduced. I noticed that when I changed my reactive behaviors, my children also changed the way they were dealing in stressful situations" (P16).

"When I face parenting stress, I do 3-minutes breathing space and follow the rupture and repair handout. Taking a pause surely works" (P21).

As per the feedback, the parts of *Bashaoor Tarbiyat-e Aulad* helpful in moments of parenting stress and controlling its intensity included 3-minutes breathing space, stressful moments calendar, sitting meditation with breath, body, feelings and emotions , holding you emotion holding your inner child meditation and bodyscan meditation. Psychoeducation about *al-samt* or silence, reflection (*tafakkur*), schema mode identification and rupture and repair were also fruitful in this regard. In addition the session activity of identifying changes in body under parenting stress, fight, flight, freeze

and dance and finally grasping and pushing away activities were also reported to be very helpful.

5. Change in Parental Self-Efficacy and Confidence

The program was reported to have helped the mothers in bringing a positive change in parental self-efficacy and confidence.

"As a result of attending the program, I started believing that issues could be resolved and we could work on them as a family. Every parent tries to do the best for his/her children and we should be confident about that" (P14).

"Your program helped me identify my feelings of low self-esteem that had effected my marriage and parenting too. I am still struggling with that but thankfully, I am on the journey of self-healing" (P11).

"My bond with my kids is improving. We do have stressful times but I feel now I am better at handling such situations" (P5).

The parts of *Bashaoor Tarbiyat-e Aulad* that were reported to have helped the participants in improving parental self-efficacy and confidence included psychoeducation about attitudes of acceptance, trust, non-striving and gratitude, importance of supplication (*dua*), remembrance (*dhikr*), gratitude meditation, bringing kindness too yourself meditation and self- compassion break

6. Feeling Hopeful about Improvements in Parent-Child Relationship

The participants reported positive changes in their expectations about improvements in parent-child relationship. They were hopeful that their bond with the kids would strengthen overtime and the damage done in past would be mended.

"I am hopeful about the future of our family. I will continue to work on myself and my stress reactions" (P1).

"The way my kids have responded to the changes in me has given me hopes that In shaaAllah I will be able to repair the rupture done in past" (P4).

As per the participants, the parts of *Bashaoor Tarbiyat-e Aulad* useful in this aspect included psychoeducation about mindful speaking and listening, beginner's mind parenting, attitudes of patience, trust, letting go, non-judging, acceptance and generosity, recitation of *Quran* (*Qira'at*), contemplation (*fik'r*), perspective taking, 3-minutes breathing space, rupture and repair exercise and loving kindness meditation.

7. Emotional Intelligence in Parenting

The program was reported to have helped the participants in identifying and accepting their emotions especially anger, sadness, fear and worry. The meditations especially sitting meditation with emotions and feelings helped them validate the emotions instead of trying to change how they felt, running away from the feelings or denying them.

"I religiously filled the emotion identification calendar that you gave. I also kept on doing the sitting meditations that involved emotions and feelings. You know it's very hard not to run away and sit with emotions but I did try to do as much as I can" (P1).

"I am now doing better with identifying my feelings and emotions. Before attending the program, I used to get so overwhelmed that I would react harshly or feel helpless. I try to name my emotion and I tell myself that I am not feeling fine right now and I need a break" (P3).

As reported by participants, psychoeducation about responding versus reacting, Imam Suyuti's stage concept of converting thoughts into actions, schema modes, automatic behavioral reactions, fight-flight-freeze-dance activity, sitting with emotions meditation, loving-kindness meditation, what do I need meditation, emotion identification calendars and holding your inner child meditation were instrumental in creating emotional intelligence in parenting.

8. Awareness of Life Stressors

The program was reported to have helped the participants in identifying life stressors. "I feel I am now better able to identify the stressors in my life. I can also differentiate between the stress of parenting and the one caused by other stressors. I have come to the conclusion that when we are overwhelmed, the things that are usually not stressful also become stressors for us" (P3).

"We all have stressors in life of different kinds but many times, while being in doing mode we are blind to them hence we don't do anything to combat them. The stress keeps building up and exhaust us. As a result of attending *Bashaoor Tarbiyat-e Aulad*, I know my stressors better and I am working on them by using some general meditations you taught like metta, bodyscan and 3-minutes breathing space" (P5).

The *Bashaoor Tarbiyat-e Aulad* parts helpful in creating awareness of life stressors included psychoeducation about stress and stressors, parenting stress, concept of automatic pilot, doing mode, activation of multiple schemas, stressful moments calendars, body under stress exercise and 3-minutes breathing space under stress.

9. Present Centered Awareness and Attention in Stressful Parenting Situations and Ability to Handle Parenting Stress Appropriately

The final aspect in this session of *Bashaoor Tarbiyat-e Aulad* feedback included present centered awareness and attention in stressful parenting situations and ability to handle parenting stress appropriately. As expected from study 3 (see Tables 14 and 15), the participants reported that the program brought positive changes in their ability to handle parentings stress as well in staying aware and conscious during a parenting stress situation.

"When I am with my children and something stressful happen, I reconnect with my body to look for stress reaction. I acknowledge my emotions and prefer a break instead of reacting.

Also, I ask myself, what I need" (P7).

"I identify the stressful situation and try not to judge myself and my children. I observe silence when required as it keeps me grounded" (P1).

According to the participants, mindful speaking and listening, rupture and repair exercises, all sitting meditations, mindful body stretches, stressful moments calendar, gratitude , what do I need meditation and loving-kindness meditations were helpful in this regard.

10. Further Training or Treatment for Personal Problems, Child's Problems, Partner Related Problems or Family Problems

The mothers were asked if they need further training or help regarding intrapersonal or interpersonal domains. It was noted that for parenting domain 72%

participants indicated that they need further help with it. In addition, the percentages for participants who needed help with personal problems, children problems, partner relationship and family problems were 20%, 56%, 76% and 80% respectively.

"I do need help with partner relationship. I have been married for past 10 years and I still feel I am not very satisfied with my husband and marriage" (P6).

"I need help with family problems. I need to see my family well bonded and happy.

Though I have learned a lot from your program, I need more help" (P15).

"I live in a nuclear family however, there is a lot of intrusion from my husband's extended family. I don't know how to manage that" (P25).

"I am bad with time management and keeping work-family balance. I need help with that" (P22).

Finally, the third evaluation form was used for detailed feedback regarding importance of different parts of *Bashaoor Tarbiyat-e Aulad* after the follow-up. The mothers rated all parts of the program as important with mean scores greater than 8.

1. Importance of the Bashaoor Tarbiyat-e-Aulad Program

On being asked about the importance of the program during the follow up, participants expressed that the program has been important in bringing changes in them and their relationship with others. The participants shared positive feedback that highlighted the training's importance for them. The program proved to be beneficial not only for the parent-child relationship but also for them as individuals.

"The program was important when it was running and it is still important however I felt more motivated when I was doing it with the group. I miss the group discussions. "

(P25).

"I won't say that everything has dramatically changed. The challenges are still there however, I have certainly become more conscious and generally mindful" (P9).

"Whatever I got to learn from this training was worth the effort" (P17).

2. Bodyscan Meditation

Bodyscan meditation was considered one of the most effective and important meditation of the course especially its briefer version. The feedback and evaluations taken after the intervention also pointed to the same. After the follow up too, it was rated important with a mean of 8.52. Most of the mothers continued with briefer version usually during the day when the children were off to school while some chose to do it at night when they got free from house chores and other responsibilities.

"I live in a joint family system. Doing the longer version is simply impossible. So, I do the briefer version at night. I can't manage to do all the meditations however, this bodyscan is something I try to do at least 3 times a week" (P1).

"I miss doing it with the group. I sometimes get lazy with it" (P13).

"I like the longer version. It certainly is an important meditation in bringing mindfulness with respect to the body. I do briefer version thrice a week and longer once in two weeks" (P10).

3. Sitting Meditation

Sitting meditation was given a score of 8.64 on importance scale.

"All sitting meditations are important and effective I do sitting meditation for a brief time after my obligatory prayers. It's not possible every time to do the guided

meditation so many times I do it on my own" (P3).

"They are important but in my busy schedule, I don't find time daily for doing all. I just go for the sitting meditation that covers breath, thoughts and emotions that too 3 or 4 times a week" (P8).

4. Walking Meditation

Walking meditation was rated important with a mean of 9.32. It was evident from post intervention feedback too that sitting meditation was more challenging than walking meditation. The mothers who were in habit of taking a walk enjoyed it more. Some also blended mindful seeing and hearing with walk.

"I go for a walk daily and get to practice mindful walk during that for 10 minutes" (P17). "Yes, it is an important meditation. When I go out for a walk I sometimes blend mindful listening too. So, like if I am taking a brisk walk I am mindful about all the sounds" (P20).

5. Mindful Body Stretches

Thought rated important with a mean of 8.48, mothers' reported frequency was low.

"I don't get the time for this for many days. During follow-up I did that just 4 times" (P11).

"I think one can't do the whole set of stretches more than once or twice maximum when one is living with in-laws. Many times I decide to do it and go to my room but am called for something by my mother-in-law" (P22).

"I do it with your audio but just once a week. It takes a lot of time" (P5).

"Mindful body stretches are very important part of the program. I am more comfortable in doing all meditations at home. I do them as per my own schedule" (P6).

6. Mindful Eating

With an importance rating of 8.36, mothers expressed that mindful eating hasn't only been important but also was managed more easily as compared to other meditations.

"It was something I could do anywhere while eating" (P11).

"Despite knowing that I should eat mindfully, I still feel many times I don't follow this. However, it's effective whenever I do it" (P4).

"Seeing me eating mindfully, my children have also started doing so" (P6).

7. Gratitude Meditation

While giving feedback about gratitude meditation post intervention, the mothers reported that it had been very effective in giving them hope and peace of mind. The same was noticed post follow-up. The meditation was rated important with a mean of 9.8.

"Even if I don't do other meditations, I continue with gratitude meditation and 3-minutes breathing space. They are my favorite and most effective" (P6).

"If I don't get the time to listen to your recording, I do it without that before I go to sleep" (P16).

8. 3-Minutes Breathing Space

This meditation was considered *very important* both post intervention and follow-

up. Being the shortest meditation of *Bashaoor Tarbiyat-e Aulad,* it was regarded a quick way to calm down and focus with a rating of 10.

"It's my most favorite meditation that works most of the time for my family. I gave it a 10" (P8).

"I do it daily many times. During the course, it was easier to follow the home works and meditations but now I can't manage to do all. So I stick to this meditation" (P14).

9. Bringing Kindness to Yourself and Loving Kindness Meditations

During the course mothers reported that compassion and kindness to self was something difficult to do as culturally it is expected from women especially mothers to serve the family and to sacrifice their own needs in most of the cases. After the follow up, it was noted that many mothers did try to be kind and compassionate towards themselves by doing this meditation and others including self-compassion break, three minutes breathing space and loving kindness meditation. Both the meditations were rated important with a mean of 9.08 and 9.48 respectively.

"It feels very strange to take time to sit with yourself and be kind especially when you are living in a *doing culture*. Initially it was difficult but with time I befriended myself" (P1).

"Growing up in a toxic household, self-kindness is challenging. I am still struggling with low self-worth" (P16).

"I try to do it in morning after seeing my husband and kids off. That's the best time to do this and body scan" (P5).

"I still feel emotionally overwhelmed. I need to forgive the people who wronged

me. I still feel haunted by my past" (P20).

10. Awareness and Acceptance of Stress Using 3-Minutes Breathings Space Meditation

Mothers reported that this meditation has been very important in calming them down and bringing their focus to the present as it is to be done during a stressful moment and incorporates 3-minutes breathing space too. It was given an importance rating of 9.28.

"I did it thrice in past 2 months while having an argument with my husband. It has been helpful "(P5).

"Sometimes I need more than this. It does calm me down but I think I need to expand it to more than 3 minutes" (P18).

11. Holding Your Emotions, Holding Your Inner Child Meditation

For mothers, it was a challenging but important meditation rated 8.52. It was hard to sit with emotions and be patient.

"When you are angry and feel like screaming, it is so challenging to do nothing and sit with your emotions. It was harder during the course though practice has benefited me, I am still struggling". (P1).

"I still need to do it frequently to reap maximum benefits. It's challenging" (P22).

12. What Do I Need meditation

For mothers, this phrase *what do I need* and the relevant meditation was an anchor to connect with body and mind in the present moment. They rated it important with a mean score of 9.16.

"I like this one as it's a brief meditation. I blend this with 3-minutes breathing space. For 3 minutes I breathe and keep repeating *what do I need*" (P19).

"I usually do body scan and gratitude practice. I can't manage to do all of them" (P17).

13. Book List, Handouts and Homework Assignments

Book list, handouts and homework assignments were considered important with a mean of 8.76, 10 and 8.72 respectively. The reading list was carefully prepared keeping in mind the cultural and religious aspects of parenting. The participants appreciated the usefulness of handouts and homework assignments for their ease and clarity however for some mothers, the home work was sometimes overwhelming.

"The book list was interesting. I read *Positive parenting in the Muslim homes* and found it a great support in addition to what I learnt in the training" (P24).

"As handouts were clearly typed in Urdu, they were easy to read" (P5).

"I did try to do meditations but home work was already done during course so I did not continue with that" (P19).

RESULTS AND DISCUSSION

Phase I: Feedback about the Contents, Sessions and Delivery of Bashaoor Tarbiyat-e- Aulad

A thorough review of literature highlighted 7 studies (Boekhorst et al., 2021; Bögels et al., 2014; Heapy et al., 2022; Lo et al., 2017; Potharst et al., 2017, 2021; Sherwood et al., 2023) where feedback about the contents of the MP program was taken through the evaluation form given in the manual (Bogels & Restifo, 2014, p. 300). In addition the evaluation form used for evaluation of program delivery and relevant aspects was taken from the study conducted by Heapy et al (2022) and adapted for use with *Bashaoor Tarbiyat-e-Aulad*. Also, there were additional studies which did not use the evaluation form but qualitative feedback was taken to evaluate acceptability of the program and engagement with it (De Bruin et al., 2015; Farley et al., 2023; Heapy et al., 2022; Lo et al., 2020, 2022; Lyu & Lu, 2023; Ridderinkhof et al., 2020; Swanson et al., 2024; Voos, 2017). The findings of the present study are consistent with all these studies.

Though MP program is adapted only in Indonesia with Islamic content (Dahlan, 2016), however there are studies that employed other mindful parenting interventions with addition of Islamic perspectives that resulted in positive outcomes (Dwidiyanti et al., 2021; Haghighat et al., 2015)

Once the detailed feedback about the contents of *Bashaoor Tarbiyat-e Aulad* was taken after completion of the program, it was shared and discussed with the *MP group* along with the relevant studies from literature review. It was noted that the participants' level of satisfaction with the contents of the program was high and they rated the program positively. Though a few suggestions were made including addition of an extra session

with all body stretches in that, putting closing meditations at the end of stressful activities, making a briefer version of loving- kindness meditation and adding more examples to explain attitudes of mindfulness, the *MP group* decided to keep the sessions and the contents the same as they were suggested by only a few participants and most of them expressed their satisfaction with the program as it was.

Phase II: Follow-up Session and Feedback about the Effects of Bashaoor Tarbiyat-e-Aulad

The detailed feedback taken during the follow-up session which took place after 2 months of the program completion was shared with the *MP group*. It was noted that the program was reported to be beneficial for the participants in bringing improvements in their relationship with their children, spouse and other family members. It helped them in developing self-control, confidence and proved to be supportive in their growth as an individual too. The participants took practical steps to take care of themselves and were better able to identify the life stressors as well as improved at handling situations of parentings stress. They felt hopeful, effective and confident as parents and for many mothers, these changes were noticed by the significant others too. The *MP group* further noted, that mothers regarded contents of the program as extremely important to bring positive changes and encouraged the researcher to continue training parents in cognitive parenting skills to bring positive changes in the lives of parents and children.

In both phases, the participants gave positive feedback and rated the program important, effective and engaging thus showing high acceptability. This high acceptability and engagement reported changes and gains are supported by other studies that employed MP and conducted qualitative and objective evaluations and follow up

assessments which not only include the work done by the principal developer and colleagues but also the ones conducted in other cultures (Boekhorst et al., 2021; Bogels et al., 2014; Burgdorf et al., 2022; Cotter et al., 2023; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Heapy et al., 2022; Liu et al., 2023; Lo et al., 2017, 2020, 2022; Lyu & Lu, 2023; Meppelink et al., 2016; Potharst, Baartmans, et al., 2021; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Sherwood et al., 2023; Swanson et al., 2024;Voos, 2017).

GENERAL DISCUSSION

The study was planned to address the need for empirically supported prevention and intervention approaches to reduce parenting stress in Pakistani parents thus, resulting in an increase in parents' as well as children's wellbeing to ensure healthy family environments. The work targeted reduction of parenting stress as it has been closely linked with a wide range of negative outcomes for both parents (Crnic et al., 2005; Deater-Deckard, 2005; Dong et al., 2022; Dunning & Giallo, 2012; Hayes & Watson, 2013; Kwok & Wong, 2000; Östberg & Hagekull, 2000) and children (Harewood et al., 2017; Lisanti, 2018; Păsărelu et al., 2023; Polanczyk et al., 2015; Theule et al., 2013; Wang et al., 2023; Yeom et al., 2023) that may continue for long time if not timely intervened .

Though, work on parenting stress in Pakistan is scanty as compared to that done in other countries especially with community samples of parents and children where both have no clinical diagnosis, however, the existing literature does point to the negative outcomes for Pakistani parents as well as children. For instance Kiani et al (2023) found that maternal stress leads to internalizing and externalizing problems in children. Similarly, parenting stress leads to anxiety, depression and other mental health concerns in Pakistani parents (Ahmad & Khanam, 2016; Arif et al., 2021; Zafar et al., 2022).

Mindful parenting programs have proved their effectiveness in reducing parenting stress in diverse populations across the world (Altmaier & Maloney, 2007; Bögels & Restifo, 2014; Duncan et al., 2009; Singh et al., 2014). In this backdrop, the present study aimed to assess the effects of culturally adapted version of MP program (Bogels & Restifo, 2014) called *Bashaoor Tarbiyat-e-Aulad* in reducing parenting stress among

Pakistani Parents. The improvements in parents as well children and the positive feedback by participants suggested that *Bashaoor Tarbiyat-e-Aulad* is a useful addition to the existing empirically supported interventions for reducing parenting stress.

Study I: Pilot Testing of Mindful Parenting (MP) Program and Feedback from the Study Participants

Following the suggestion of the principal developer Dr Susan Bogels (U.Shafiq, personal communication, March 23, 2021), Study 1 was designed to fulfill two objectives i.e. pilot testing of MP program on the target population in its present form and in-depth feedback about the feasibility, acceptability, structure and content of the program as well as implementation difficulties regarding selection, retention and execution to gauge if cultural adaptation was warranted.

In MP program, both parents' participation is encouraged to achieve the positive outcomes for children, caregivers and family (Bogels & Restifo, 2014). While discussing the mechanism of change through mindful parenting programs, six key areas related to parenting and family functioning were identified as responsible for holistic wellbeing of children and their caregivers and positive influence on parenting skills as well as parent – child relationship. It was proposed that mindful parenting program help in reducing parenting stress, correct the protracted dysfunctional schemas in parents that developed as a result of their negative experiences with their own parents as well as decrease the parental worry and distress in case of personal or child's psychopathology. In addition, the programs improve executive functioning in parents, marital functioning, conflict resolution, marital satisfaction and co-parenting as well as help the parents in cultivating

self-nurturing attention leading to their personal growth (Bögels et al., 2010).

It is suggested that parenting intervention should ideally include both parents so that the intervention can holistically target children and caregivers' mental, physical, social and emotional health for healthy families and thriving societies. In addition to mothers, fathers involvement in family interventions prove to be effectual in bringing positive changes in children's lives, positive mental health outcomes and reducing behavioral and emotional problems (Lundahl et al., 2008; McKee et al., 2021; Sarkadi et al., 2008; Tully et al., 2017, 2018).

For this present study, it was planned to include both mothers and fathers and encourage the participants to participate along with their spouses. However, the final sample comprised 5 mothers and only 1 father. Low or no father participation in parenting intervention is a common pattern throughout the world (Costigan & Cox, 2001; Davison et al., 2017; Doyle et al., 2016; Lechowicz et al., 2019; Macfadyen et al., 2011; Mitchell et al., 2007; Moura & Philippe, 2023) and Pakistan is no different in this regard. Also, in Pakistani culture, fathers have the traditional role of bread earner while mothers are regarded responsible for raising the children and managing the home (Butt et al., 2022; Khawaja et al., 2024), thus resulting in more mothers than fathers attending the parenting interventions (Khowaja et al., 2015; Mushtaq et al., 2017).

A sample of 6 participants was selected for the present study through convenience sampling. The MP program was administered for a duration of 8 weeks with one session per week after which detailed-feedback about the program was taken. The participants expressed their satisfaction with the program, its structure and content however, 4 out of 6 participants expressed their concern about mindful yoga practice included in sessions 3

and 4. According toBogels and Restifo, (2014), the program is *secular* in its approach and is equally applicable to parents from different cultures, ethnicities and religions but the yoga practices were regarded not aligned with Islamic culture and religion by the participants.

According to Singh and Reddy (2018):

The term Yoga has its verbal root as *Yuj* in Sanskrit. Yuj means joining. Yoga is that which joins. What are the entities that are joined? In the traditional terminology it is joining of the individual SELF with the universal SELF. It is an expansion of the narrow constricted egoistic personality to an all pervasive, eternal and blissful state of REALITY (p.2).

Yoga's philosophical roots with its origins in Hinduism have been explained in the old texts including Vedas, Patanjali sutras, Bhagvat Gita and Upanishads (Samuel, 2008; White, 2012). It is considered a complete system for spiritual growth and union with the universe which is Brahma in the Hindu sacred text. For instance, in Raja Yoga, this system is an eight fold path as outlined by Patanjali which comprises physical as well as ethical and spiritual dimensions including postures, focus, ethics, withdrawal of senses, breath, meditation and absorption or transcendence. (Singh & Reddy, 2018). In addition to this there are other types of yoga called Hatha yoga, Purna yoga, Bhakti yoga, Janan yoga etc. Physical poses (asanas), breathing exercises (pranayama), chants and mudras are part of almost all kinds of yogic traditions (Arnold, 2023). Many of the yogic postures (asanas) are based on the concept of worshipping multiple deities or polytheism as opposed to the concept of monotheism.

Pakistan is a Muslim country with Islam as the official religion, therefore, the

participants had reservations regarding Yoga and they suggested that it should be replaced with culturally appropriate content. Owing to its origin in Hinduism, Yoga is considered forbidden in many Muslim countries as Islam is a monotheistic religion (Amini & Ouassini, 2020). Muslims believe in the oneness of Allah called *Tawheed* (Salim & Abdullah, 2015) which is the basic requirement to be a Muslim. In Singapore, Malaysia, Egypt, Indonesia and some parts of India, Muslims are strictly forbidden to engage in those yogic practices that have religious elements from Hinduism (Ali & Zayd, 2023; Al-Munajjid, 2011; Brant, 2008; Desai & Patel, 2019; Hooker, 2008; MacKinnon, 2008; Ramstedt, 2011).

The participants also made a useful suggestion regarding translation of the program and outcome measures. Though, they could read and understand English, it was suggested to translate the program and outcome measures into Urdu, the national language of Pakistan to maximize its effects, comprehension and reach to the community, thus contributing in healthy society. Non-availability of interventions in indigenous languages is a hurdle in positive outcomes for parents and children as intended by the programs (Dumas et al., 2010). It is suggested that three important dimensions should be considered while culturally adapting an intervention. They include cognitive information processing, affective motivational and environmental characteristics. Language translation belongs to the first dimension (Castro et al., 2004). Language translation has been found to be effective in increasing participation, engagement, comprehension, retention and application of the intervention (Bernal et al., 2009; Bernal & Domenech Rodríguez, 2012). Moreover, it is a way to communicate the respect for different ethnicities and cultures and concern for their improvement (Dumas et al., 2010).

Finally, it was also suggested by the mothers in sample that to make the intervention more culturally and religiously aligned, separate groups for men and women participants should be made to facilitate open expression of personal experiences and feelings and also to perform mindful yoga exercises comfortably. According to Qasqas (2014), the cultural and religious worldview of the participants must be considered while designing interventions. Haque et al (2016) supports the same while asserting the need to inculcate Islamic traditions in modern Psychology. This notion is supported by others too (Ahmed & Amer, 2013; Dwairy, 2006; Saged et al., 2020; Saleem & Martin, 2018; Syed, 2010).

In addition to language, the program activities that are not culturally aligned and result in a resistance from participants also come under cognitive information processing dimension of cultural adaptation (Castro et al., 2004). Thus, the suggestions regarding Yoga, segregated groups for men and women and translation of the program and outcome measures warranted cultural adaptation of the Mindful Parenting program.

Study II: Cultural Adaptation of the Mindful Parenting Program (MP) and Outcome Measures

Study 2 was designed to achieve three important objectives i.e. translation and cultural adaptation of MP program, pilot testing of the adapted and translated program and finally detailed feedback from the participant about the content and structure of the program and analysis of implementation difficulties and other challenges to see if more changes were required for cultural adaptation trial of *Bashaoor Tarbiyat-e Aulad*.

For the cultural adaptation of the program, five stage cultural adaptation model

was employed (Barrera & Castro, 2006). For this purpose, the researcher conducted a thorough review of literature for the MP program adaptations done in different cultures. It was found that changes were made in the structure and content of the program to increase the intervention- consumer fit. For instance, in studies conducted in Australia, changes were made in sample, length of session and meditations, activities, program delivery as on site and online, adaptation of meditations and activities to suit the online participants through different Zoom features, additional half day of mindfulness retreat, booster session and change of the program name (Burgdorf & Szabó, 2021; Farley et al., 2023; Sherwood et al., 2023; Swanson et al., 2024).

In studies conducted in China, the program was translated into Chinese language (Liu & Wang, 2015; Liu et al., 2023). In addition, different adaptations included briefer versions, shorter sessions, suitable names, additional meditations and content relevant to the target population and Chinese culture (Liu & Wang, 2015; Liu et al., 2023; Lo et al., 2022; Lyu & Lu, 2023; Ma & Siu, 2016). Similar patterns of adaptation were seen in studies conducted in Indonesia (Dahlan, 2016; Hardika & Retnowati, 2020; Hardika & Widiawati, 2020; Rifat & Ratnasari, 2023; Sari, 2021), Iran (Aghaziarati et al., 2023; Amiri et al., 2022; Badiee et al., 2021; Behbahani & Zargar, 2017; Dehkordian et al., 2017; Fereydooni et al., 2020; Memar et al., 2016), United Kingdom (Heapy et al., 2022) and United States (Cotter et al., 2023; Dobson, 2017; Voos, 2017).

For effective cultural adaptation of the MP program, a group of stakeholders and experts called *MP group* was made (Barrera & Castro, 2006; Barrera et al., 2017; Bernal & Domenech Rodríguez, 2012; Castro et al., 2004; Mejia et al., 2017). MP program content, review of literature regarding adaptations of the program in different cultures as

well as feedback of the pilot study participants were shared with the group. After in-depth analysis and detailed consultations, the group favored the cultural adaptation of the program.

Regarding Yoga, the *MP group* carefully reviewed relevant literature and the mindful yoga exercises given in the manual (Bögels & Restifo, 2014, pp. 166-170, 198-200). Previous studies found a paradigm shift in practice of yoga from traditional religious approach to modern forms where yoga is offered in gyms and sports center as a wellness and fitness regimen (Amini & Ouassini, 2020). Moreover, the mindful yoga included in the program is a modern form of Hatha yoga which comprises physical postures, non-judgmental mind-body awareness (thoughts, feelings, emotions and physical sensations), breath and meditation practices (Ivtzan & Jegatheeswaran, 2015; Kabat-Zinn, 2013; Luu & Hall, 2016; Schuver & Lewis, 2016; Uebelacker et al., 2017; Vollbehr et al., 2020, 2021) which is free from any religious underpinnings (Amini & Ouassini, 2020). Also, all the practices included in the program involve body stretching while standing and lying down (Gasibat et al., 2017; Robert-McComb et al., 2015). Hence, the *MP group* decided to keep the exercises as part of the program and name them *mindful body stretches* to maximize the cultural fit. In addition, it was also decided to keep separate groups for male and female participants.

The *MP group* also made some useful suggestions including a suitable name for the program in Urdu, an additional session to explain the concept of parenting stress and cognitive parenting paradigm and finally inclusion of Islamic concepts of mindfulness in the program.

After consultation and discussion, the program was named *Bashaoor Tarbiyat-e-*

Aulad. This change of name as part of cultural adaptation was noticed in other studies too. For instance, two adapted version of the program were named *Care4Parents* (Swanson et al., 2024) and *Two hearts* (Sherwood et al., 2023) in Australia, *Restoration and reconnection: Mindful parenting workshop* (Lo et al., 2022) and *Mindfulness based therapeutic parenting group* or *MTPG* (Lyu & Lu, 2023) in China, *Calma, conversa, y cría* (CCC: Relax, Chat, and Parent) where the program was developed for Latino women (Cotter et al., 2023) and *Mindful fathering* (Dobson, 2017) in United States.

While conducting the in-depth interviews using the guide given in manual (Bögels & Restifo, 2014, p.79), it was noted that in addition to the parenting stress sources shared by all parents globally, some are cultural specific too (Ahmad & Khanam, 2016; Arif et al., 2021; Bilal et al., 2021; Firdous et al., 2019; Husain et al., 2021; Imran et al., 2021; Kiani et al., 2023; Malik & Irshad, 2012; Nadeem et al., 2016; Nathwani et al., 2021; Zafar et al., 2022). Also, parenting stress is different from stress resulting from other sources (Deater-Deckard, 2004). Most of the parenting programs available in Pakistan belong to behavioral parenting paradigm (Bjørknes & Manger, 2013; Kauser & Pinquart, 2019; Khalid et al., 2024; Khowaja et al., 2015; Kiran et al., 2023; Malik et al., 2017; Rahman et al., 2016) and the pilot study participants also had queries related to difference between behavioral and cognitive parenting paradigms during the initial sessions. As a result, an additional session was added in the beginning of the program to be utilized for psychoeducation about parenting stress and its sources as well as cognitive parenting paradigm following the suggestion of *MP group*. It was also suggested by the participants that male and female participants should be placed in separate groups.

The final suggestion of the *MP group* was inculcation of Islamic concept about

mindfulness and relevant home works. In Islam, mindfulness and mindful practices occupy a distinct place. The words *muraqabah* and *khushu* are used for mindfulness in Islam. In Urdu, it is *Yakhsu.* Mindfulness is an essential part of Islamic practices (Ijaz et al., 2017; Isgandarova, 2019; Komariah et al., 2020, 2023; Latuapo, 2022; Munsoor & Munsoor, 2017; Nisar et al., 2023; Parrott, 2017; Thomas et al., 2017). Also, relevant home works including mindfully answering the *Adhan,* reciting the *Quran,* doing *Dhikr*, using *Miswak,* saying the obligatory prayers etc. were made part of the home works. Once all these suggestions were incorporated, preliminary adaptation test was conducted and feedback was taken that favored the acceptability and feasibility of *Bashaoor Tarbiyat-e-Aulad.* The participants gave positive feedback about the content and structure of the program. They also suggested that *Quranic verses* should be added in the meditations to maximize their effects and body scan meditation should be shorter to make it manageable as the original version was 40 minutes long. Strong evidence of healing power of the *Holy Quran* in reducing stress and improving wellbeing is found from literature (Aren & Tarlacı, 2022; Arkasi et al., 2022; Islamiyah, 2021; Kannan et al., 2022; Moulaei et al., 2023; Saleem & Saleem, 2023), hence, the meditations were recorded again in Urdu for the final study with addition of suitable *Qur'anic verses* in meditation on intention, gratitude practice, bringing kindness to yourself, sitting meditation with breath and body sensation, rupture and repair, loving-kindness meditation and closing meditation. In addition briefer version of bodyscan meditation was also prepared as literature shows its efficacy (Mirams et al., 2013; Ussher et al., 2014). The participants also suggested to incorporate meditation on intentions in all the sessions unlike the original program where this meditation is included in first three

sessions only.Therefore, this meditation was made part of all the sessions.

Review of literature though did not show relevant studies from other South Asian countries employing MP, however, owing to the rigourous cultural adaptation and surface and deep levels, BTA is expected to be a useful addition in existing repertoire of parenting interventions especially for the Muslim parents in these regions.

Pilot study of the outcome measures yielded alpha coefficients that ranged from 0.65 to 0.97 indicating suitability, fitness and comprehension of the translated measures (Gudmundsson, 2009; Van Widenfelt et al., 2005).

Study III: Effectiveness of Bashaoor Tarbiyat-E-Aulad

Study 3 was designed to gauge the effects of *Bashaoor Tarbiyat-e- Aulad* in reducing parenting stress as well as on the well-being of parents and their children. The outcome measures were placed in three domains i.e parenting domain, parental wellbeing domain and finally child behavioral and emotional problems domain.

For the present study randomized control trial (RCT) was employed with waitlist control group. The sample initially comprised 127 mothers who were interviewed in depth using the interview guide from manual (Bögels & Restifo, 2014, p.79) and assessed on outcome measures.

After this they were randomly assigned to experimental and control conditions. 10 mothers dropped out at different stages of the study because of multiple reasons and after the intervention, data from the remaining 117 mothers was analyzed to see the effects of *Bashaoor Tarbiyat-e-Aulad.* Once the study concluded, the program was administered to the participants from wait list control group. ANCOVA and repeated measure ANOVA

was conducted to test efficacy of the program. High completion (95.85%) and low attrition(11.11%) rate show high feasibility of the intervention (De Bruin et al., 2015; Farley et al., 2023; Heapy et al., 2022; Lo et al., 2020, 2022; Lyu & Lu, 2023; Ridderinkhof et al., 2020; Swanson et al., 2024; Voos, 2017).

Parenting Domain

This domain comprised parenting stress, parenting sense of competence with two sub-areas of parental satisfaction and parental self- efficacy and interpersonal mindfulness in parenting with three sub-areas of awareness and present centered attention in parenting, non- judgmental receptivity in parenting and non-reactive parenting.

It was hypothesized that *Bashaoor Tarbiyat-e-Aulad* will significantly reduce parenting stress in intervention group. Also, the program will result in significant increase in parenting sense of competence as well as interpersonal mindfulness in parenting. The mothers in intervention group reported significant reduction in parenting stress.

These findings are in line with previous work done. For instance, in a meta-analysis and systematic review conducted to see the effects of mindful parenting programs on parenting stress, twenty five independent studies were analyzed. The results revealed significant reductions in parentings stress at posttest. Interestingly, this reduction in parenting stress increased over time as depicted by follow up scores (Burgdorf et al., 2019). Similarly in another meta-analysis conducted to analyze the interpersonal and intrapersonal outcomes for parents, 20 studies that employed RCTs

were analyzed. The results showed small to moderate reductions in parenting stress which was maintained at follow up too (Anand et al., 2023). This reduction in parenting stress and its maintenance is reported in a large number of independent studies (Aghaziarati et al., 2023; Amiri et al., 2022; Behbahani & Zargar, 2017b; Bögels et al., 2014; Cotter et al., 2023; Dahlan, 2016; Dehkordian et al., 2017; Farley et al., 2023; Heapy et al., 2022; L. Liu & Wang, 2015; P. Liu et al., 2023; Lo et al., 2022; Ma & Siu, 2016; Potharst et al., 2017; Rifat & Ratnasari, 2023; Swanson et al., 2024; Voos, 2017), meta- analyses (Cachia et al., 2016; Chua & Shorey, 2022; Fernandes et al., 2021; Fernandes, Martins, et al., 2022; Kil & Antonacci, 2020; Shorey & Ng, 2021) and scoping reviews (Donovan et al., 2022; Oystrick et al., 2023; Rayan & Ahmad, 2018; Tercelli & Ferreira, 2019) conducted to see the effects of mindful parenting intervention on parenting stress in different populations including parents and children from community and clinical settings.

In addition to reductions in parenting stress, the mothers from intervention group felt competent and satisfied as parents with high parental self-efficacy post intervention.

Fereydooni (2020), while studying parental self-efficacy in mothers of anxious children after attending happiness and mindful parenting training found a significant increase in parental self-efficacy at post-test and follow up. Similar patterns with respect to parental self-efficacy was noted in a study that was conducted to see the effects of mindful parenting intervention on parental self-efficacy in parents of children with ASD (De Bruin et al., 2015).

The *Bashaoor Tarbiyat-e Aulad* proved to be effective in improving present

centered awareness, non-judgmental acceptance for children's thoughts, emotions and behavior and non-reactivity in parent-child interaction too, resulting in a significant increase in interpersonal mindfulness in parenting among mothers from intervention group. A substantial number of studies done previously also highlight this improvement. For instance, while studying the effects of an online mindful parenting program with mothers of toddlers, Boekhorst et al (2020) reported significant increase in mindful parenting post intervention. Similarly, moderate to large improvements were reported in mindful parenting in a study by Burgdorf (2021) when effects of mindful parenting program were analyzed in parents having children with internalizing disorders. Interestingly, this gain in mindful parenting is seen in previous studies done with different populations including parents of children with obesity (Cotter et al., 2023), ASD (De Bruin et al., 2015), anxiety disorder (Farley et al., 2023; Fereydooni et al., 2020), skin conditions (Heapy et al., 2022), ADHD (Liu et al., 2021) and also with parents and children from community (Ma & Siu, 2016; Potharst, Baartmans, et al., 2021).

Parental Wellbeing Domain

A similar set of intriguing findings came from the parental wellbeing domain assessments too. This domain included self-compassion, couple satisfaction, marital satisfaction, mental wellbeing and dispositional mindfulness as sub-domains. It was hypothesized that as a result of attending *Bashaoor Tarbiyat-e-e Aulad*, a significant increase across all sub-domains would be seen.

Mother in intervention group reported that they felt compassionate towards

themselves with high level of self-acceptance for their efforts as parents as well as individuals. While studying effects of mindful parenting intervention on mothers and toddlers, Potharst (2018) reported medium effect size in self-compassion in mothers when they attended a mindful parenting intervention which progressed to very large effect size with time as shown by follow up analyses. In another study conducted with mothers with high levels of parenting stress, the participants reported significant positive gains in self- compassion as well compassion for their children and others after attending an online mindful parenting intervention (Potharst et al., 2019). Similarly, in a qualitative investigation for the effects of mindful parenting intervention, a substantial gain in self-compassion and compassion for children was one of the major themes emerged in analysis (Ma & Siu, 2016).

Similar improvements were reported by the study participants with regard to mental wellbeing and general mindfulness. These findings are in line with previous studies conducted with a variety of samples. For instance, while studying the effects of mindful parenting intervention on parents' and children's psychopathology, parents reported significant increase in general mindfulness and mental wellbeing (Meppelink et al., 2016). Similar findings were reported while studying effects of mindful parenting interventions with mothers of babies (Potharst et al., 2017) as well as toddlers (Potharst, Zeegers, et al., 2021). Other studies conducted with parent having children with and without neurodevelopmental disorders including ADHD, ASD, parent-child relationship disorders, internalizing and externalizing disorders also supported the findings of current study (Bögels et al., 2014; Burgdorf et al., 2019; De Bruin et al., 2015; Emerson et al., 2021; Farley et al., 2023; Heapy et al., 2022; Liu

et al., 2021; Lyu & Lu, 2023; Ma & Siu, 2016; Meppelink et al., 2016; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Ridderinkhof et al., 2020; Sherwood et al., 2023; Voos, 2017).

For couple and marriage satisfaction, a significant increase post intervention was hypothesized. It was predicted that the *Bashaoor Tarbiyat-e-Aulad* would considerably increase marital satisfaction in the intervention group. Despite experiencing notable gains in couple happiness as found in previous studies (Potharst et al., 2017; Potharst, Zeegers, et al., 2021) the mothers in the intervention group did not report a corresponding rise in marital satisfaction.

Review of literature shows mixed results in this regard. In some cases, a marked increase in marital satisfaction, quality and functioning was seen (Burpee & Langer, 2005; Carson et al., 2004; Kappen et al., 2019; Mardani et al., 2021; Moghadam & Kazerooni, 2017) while in others there was no change in marital satisfaction after the intervention (Bögels et al., 2014; Potharst, Zeegers, et al., 2021) .

There are several possible explanations for the non-significant difference in marital satisfaction between the pre- and post-intervention scores in the current study. First and foremost, the primary goals of mindful parenting interventions are parenting stress reduction improvements in parent-child relationships, parenting skill and parent and child wellbeing. Through acceptance and emotion-focused exercises and meditations, the program may increase couple satisfaction (Bögels et al., 2014); however, it may not be useful in addressing more general marital relationship problems. Second, Pakistan is a part of the collectivist eastern cultures, where marriage is a unification of families not just two people, hence there are multiple

factors attached to marital satisfaction making it different than couple satisfaction especially in couples living in joint family systems (Wazir et al., 2020). Finally, the sample comprised mother only. Future studies should focus on involving both husband and wife in mindful parenting intervention with a special focus on improving marital and couple relationship.

Child Behavioral and Emotional Problems Domain

This domain comprised seven sub-areas that included behavioral and emotional difficulties, externalizing problems, internalizing problems, emotional problems, conduct problems, hyperactivity and peer-problems. In addition pro-social behavior was also analyzed. It was hypothesized that children of mothers from intervention group will significantly improve in peer relationship, emotional regulation and prosocial behavior with a significant reduction in hyperactivity and conduct problems.

Bashaoor Tarbiyat-e-Aulad proved to be effective in reducing behavioral and emotional problems in children as reported by their mothers. The children exhibited better emotional control with positive gains in peer relationship and pro-social behavior. Burgdorf (2022) reported significant reductions in children's internalizing problems after their parents' participation in a mindful parenting program. Other studies also highlighted this improvement (Emerson, Biesters, et al., 2021; Meppelink et al., 2016; Potharst, Baartmans, et al., 2021). Similarly, the mothers from intervention group reported that their children were less hyperactive with a reduction in conduct problem. These findings are in line with other studies conducted on children's externalizing problems with respect to mindful parenting intervention

including ADHD (Aghaziarati et al., 2023; Behbahani et al., 2018; Dehkordian et al., 2017; Liu et al., 2021), ASD (De Bruin et al., 2015; Ridderinkhof et al., 2020), externalizing behavioral problems(Meamar et al., 2015).

Study IV: Feedback and Booster Sessions after the Effectiveness Trial of Bashaoor Tarbiyat-e-Aulad

The purpose of this study was to gather comprehensive feedback regarding the contents and outcomes of the culturally-adapted mindful parenting intervention *Bashaoor Tarbiyat-e- Aulad* following the efficacy trial. Additionally, participants were to receive a follow-up session. The study was carried out in two stages to accomplish these goals. After the program was completed, participants were asked to provide input on its contents in the first phase, and their responses regarding its effects were solicited in the second.

Phase I: Feedback about the Contents, Delivery and Sessions of Bashaoor Tarbiyat-e-Aulad

The program comprised 9 sessions where the first session covered the concepts of parenting stress and its sources with special relevance to Pakistan and behavioral and cognitive parenting paradigm. Moreover, it was utilized for rapport building and explaining session's rules and format. This session was added in effectiveness trial on the suggestion of participants who attended preliminary adaptation test. The rest of the eight session followed similar pattern comprising a main theme and psychoeducation about it, Islamic concept of mindfulness and related aspects, formal and informal meditations, session activities and discussion about them after completion, homework assignments

and their explanation and reading material. As compared to the original program, the themes were explained and discussed in greater detail with respect to Pakistani culture and Islam. The program was conducted both onsite and online.

The participants gave positive and in-depth feedback about the contents of the program regarding selected themes, formal and informal meditations, class activities, homework and group discussions. Both on site and online participants expressed satisfaction about the program delivery which was adapted to suit the group needs.

When asked how important the *Bashaoor Tarbiyat-e Aulad* had been for them, all the participants scored 8 or more on a scale of 1 to 10. The pattern is in line with the previous work. Boekhorst (2021), while studying the effects of an online mindful parenting program designed for mothers of toddlers found that the mothers rated the program as important where it scored a 7 out of 10. Similarly, in another study conducted with both parents and children from mental health care, the objective evaluation revealed that parents rated the training as important with an average score of 8.2 out of 10 (Bögels et al., 2014). In the same way, while studying effects of mindful parenting intervention with children having skin problems, it was found that the parents scored more than 7 for this item (Heapy et al., 2022). Similar findings can be seen in other studies (Emerson, Biesters, et al., 2021; Lo et al., 2017; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023).

It is interesting to note that the meditations and practices in group during session scored more on average as compared to when they were done at home. (Bögels et al., 2014, p.16). The same patterns are seen in the present study that point to the effects of group dynamics where participants feel validated especially when sessions involve group

discussions too (Hardika & Retnowati, 2020; Potharst, Zeegers, et al., 2021; Swanson et al., 2024; Voos, 2017). Similarly the class activities, group discussions, handouts and home works scored between 9 to 10 which again is supported by literature (Bögels et al., 2014)

The Islamic perspectives and psychoeducation about them were considered important with a mean score of 9.1. Though the mindful parenting program has only been adapted as per Islam in Indonesia (Dahlan, 2016) and been used in other studies conducted in Muslim countries without any changes, for instance Iran (Aghaziarati, Ashori, & Hallahan, 2023; Aghaziarati et al., 2023; Amiri et al., 2022; Badiee et al., 2020, 2021; Behbahani et al., 2018; Dehkordian et al., 2017; Fereydooni et al., 2020; Kakhki et al., 2022; Mardani et al., 2021; Meamar et al., 2015, 2016; Mohammadi et al., 2020) and Indonesia (Hardika & Retnowati, 2020; Hardika & Widiawati, 2020; Rifat & Ratnasari, 2023; Rinaldi, 2017; Sari, 2021), however, other Islamic mindful parenting programs support the findings of current study (Dwidiyanti et al., 2021; Haghighat et al., 2015; Isgandarova, 2019; Komariah et al., 2023; Mohri et al., 2020; Munif et al., 2019; Rayan & Ahmad, 2018; Shirvani et al., 2019).

In addition the detailed psychoeducation about the themes especially cognitive parenting paradigm was rated very important with a mean score of 10. The parent training program offered in Pakistan are usually focused on behavioral change and positive family functioning (Bjørknes & Manger, 2013; Kauser & Pinquart, 2019; Khalid et al., 2024; Khowaja et al., 2015; Kiran et al., 2023; Malik et al., 2017; Rahman et al., 2009). The concept of cognitive parenting was new for the parents and was received well. Objective evaluation of different aspects related to delivery of *Bashaoor Tarbiyat-e- Aulad* was also

done (see Table 21). For this purpose evaluation form used by Heapy et al (2022) was adapted for the present work. The participants considered Bashaoor *Tarbiyat-e-Aulad* as a well-planned and executed program (M=4.82) with 82.22% of participant rating it on 5 which stood for *excellent.* Similarly, the quality of audios, videos, venue, zoom meetings support through Whatsapp group and SMS were also rated *excellent* with a mean of 5. The homework assignments were rated *important* with a mean of 4.6. A few mothers did have concerns about the pace of the program however the *MP group* decided to keep it to maximum 9 sessions.

In addition to the objective evaluation, in-depth feedback was also taken from the participants about program contents. It was noted that the participants' level of satisfaction with the contents of the program was high and they rated the program positively Some suggestions were made regarding combining all mindful body stretches in one session, adding closing meditation at the end of stressful scenario activities and a briefer version of loving kindness meditation. The feedback, suggestions and evaluations were shared with *MP group*. As most of the parents expressed high satisfaction with the program, the *MP group* decided to keep it the same way without any changes.

Phase II: Follow Up Session and Feedback about the Effects of Bashaoor Tarbiyat-e-Aulad and its Importance

After 2 months of program completion, follow up session was given. The objective of the session was to encourage the participants to maintain their mindful parenting techniques outside of the group and address any concerns they may have. Moreover, it was designed to gather comprehensive input regarding the outcomes of

Bashaoor Tarbiyat-e-Aulad as well as a qualitative evaluation of the program after 2 months follow-up.

The follow-up session comprised 3 meditations i.e mountain meditation, stone meditation and sitting meditation that was translated in Urdu. After that, objective feedback regarding effects of program was taken. For this purpose evaluation form1 and 2 from the manual (Bogels & Restifo, 2014, pp. 298-299) were used.

The first form was used to take feedback about post program changes in life, with children, intentions to continue with meditations and frequency of meditations during the program and after 2 months of follow up. All the participants reported that they gained something of importance as a result of attending the *Bashaoor Tarbiyat-e-Aulad*. This was consistent with the previous work where more than 90% of the clients marked yes for this question. For instance, while gauging effects of mindful parenting program in mental health care, it was found that 95% of the participants reported to have gained something of lasting importance from the training. Similarly in three more studies where the program was administered with mothers of babies, toddlers and preschoolers, 100% of the parents marked yes (Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023).

Participants of the present study expressed that the training helped them change their thoughts, feelings, emotions and behavior as parents and be conscious while interaction with their children. In addition, they intended to continue with conscious mindful parenting and meditations in future. These findings are consistent with the previous work done with MP program (Bögels et al., 2014; Heapy et al., 2022; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023).

When asked if the program was sufficient for them as a parent, 80% of the mothers marked *yes*. Sherwood (2023) while gauging acceptability and feasibility of an online adapted version of MP, also noted that where most of the participants rated the training as *sufficient* (M=0.67, SD= 0.52), for some it wasn't enough to address their concerns. In another study, while answering this question, 6 out of 7 mothers of children with skin conditions reported that the training was sufficient for them (Heapy et al., 2022).

On being asked about the frequency of meditation exercises during the program, 8% mothers reported to have done that 1-2 times, 80% did the practice 3-4 times while 12% did it for 5 to 7 times a week. As evident, maximum participants i.e. 80% managed to meditate 3to 4 times a week. Bogels et al (2014) also reported the same pattern with 37% of the participants meditating 3-4 times, 36% 1-2 times, 24% 5-7 times while 2% never meditated during the training. In other studies too most of participants meditated for 3-4 times a week and only a small could meditate more than 5 times (Boekhorst et al., 2021; Bögels et al., 2014; Heapy et al., 2022; Lo et al., 2017; Potharst et al., 2017; Potharst, Zeegers, et al., 2021; Sherwood et al., 2023).

For the frequency of meditation exercises during follow up period, 40% managed to do that for 1-2 times, 56% for 3-4 times and only 4% for 5 to 7 times. Review of literature shows no study that asked for frequency of meditation during the follow-up using the evaluation form.

For the present study objective and qualitative feedback was also taken about the effects of *Bashaoor Tarbiyat-e Aulad* in different areas of life after the follow up. It was done using a scale with four options i.e no change, negative change, some positive

changes and positive changes. The mothers reported that as a result of attending the program they learned to take better care of themselves, took practical steps for that and felt an increase in their self-esteem as an individual as well as a parent. They were better able to identify parenting and other stressors, stay mindful in the present moment and regulate their emotions. The opinions were expressed through marking the options of some positive changes and positive changes. Potharst et al (2021) while working with mothers of toddlers observed that most of the participants reported some positive changes in their different life domains (p.8). Likewise in other studies the percentages of participants with responses of some positive changes and positive changes were higher as compared to those with other options i.e no change or negative changes (Boekhorst et al., 2021; Bögels et al., 2014; Heapy et al., 2022; Potharst et al., 2017; Sherwood et al., 2023)

With respect to the importance of the *Bashaoor Tarbiyat-e Aulad* gauged after the follow- up, it was noticed that the mothers rated the program, meditations, handouts and reading list as *effective*. Some mothers did face challenges in continuing with meditations especially in the absence of the group, however, most of them managed to carry out some meditations 3-4 times a week. On the whole, the program was considered *important, engaging and acceptable* as evident from the high levels of participants' satisfaction and engagement with its content as well as positive feedback regarding changes in relevant interpersonal and intrapersonal domains.

Strengths, Limitations and Future Directions

The present study carries some noteworthy strengths. *First,* the study was culturally tailored using five stage heuristic model where every stage was planned and executed in light of literature review and opinions of relevant stake holders. While doing so both surface and deeper level adaptations i.e. language translation and consideration of culture, religion, customs and values, parenting practices and culture specific parenting stressors, were done. Thus resulting in high feasibility and acceptability of *Bashaoor Tarbiyat-e- Aulad. Second,* the study employed randomized control trial with wait list control group which provided a comparison point to gauge its effectiveness for intervention group. *Third,* all the participants were interviewed using a standard protocol that yielded insightful and rich data especially about the cultural specific parenting stressors and practices. *Fourth,* reliable and valid outcome measures were used. *Fifth,* the training was given both online and onsite thus making it suitable for a large number of people who cannot manage to come physically to attend the training. *Sixth,* group format was adopted to impart the training which made it a low-cost and effective approach to cater needs of a large number of people in a given time. *Seventh,* the intervention staff was well-trained to execute the interviews and collect data. *Eighth,* the sample size of 127 was good in relation to sample sizes used in other studies. *Finally,* in addition to the outcome measures, detailed feedback taken after the program completion and follow-up yielded rich information about the changes the participants felt in interpersonal and intrapersonal domain as well as the effects of *Bashaoor Tarbiyat-e-Aulad*.

In addition to the mentioned strength, the present work has some limitations too that need to be considered while interpreting the findings and planning future research.

The study was conducted with a mothers-only sample. Though 1 father attended the first pilot study, however, only 3 fathers registered for the efficacy study which made the *MP group* decide to work with mothers only. Hence, the results cannot be generalized to fathers. Future studies should incorporate both mothers and fathers to gauge how this training effects the fathers and their parenting. The sample was taken from the urban community settings and comprised educated mothers with an ability to read and write Urdu thus reducing the ecological validity of the study. It is suggested that the future work should focus on diverse populations to maximize the reach of the program. For this purpose telehealth delivery and use of audio-visual material can be employed. In addition, another limitation of the study was small sample size that may have contributed in small to medium effect sizes. It is suggested that future work should consider large sample sizes. In addition, instead of pure randomization, stratified random sampling should be preferred in future RCTs with large sample sizes to achieve baseline equality between the groups.

The outcome measures about mothers as well as children both were filled by only mothers that might have not generated a clear picture about the challenges faced in parenting, parent and child well-being and emotional and behavioral issues in children. Future studies should incorporate children, teachers and non-participating spouse too for a better understanding of the *Bashaoor Tarbiyat-e-Aulad* effects. The follow up to evaluate effects of the program was done using the evaluation form and in-depth feedback however other studies used the outcome measures for objective evaluation of changes. In future, both outcome measures and in-depth feedback should be used to make better comparison, understand the mechanism of change and study sleepers or delayed effects

too. For the present work, the follow-up was done after 2 months. Longitudinal designs with multiple follow-ups should be adopted in future studies i.e. at 6 months or 1 year to understand changes over time. Moreover, the study was conducted when COVID restrictions were still followed though partially. It is unclear how COVID added to the parenting and other stresses and how the program might have addressed that. In addition, there are many studies conducted before the COVID outbreak. Hence, care should be taken while comprehending the results and comparing that to other studies.

Also, keeping in mind the extended family settings in South Asian cultures, in future some sessions may be designed for grandparents too.

Study Implications

The study offers a number of important implications at multiple levels. With respect to *academic* and *theoretical* implications, the study is expected to be a ul addition in existing repertoire of available evidence based parenting interventions with special focus on LMICs that employ third wave cognitive behavioral approaches especially mindfulness. It also can serve as basis for future work on such interventions targeted for other similar populations e.g. parent- children dyads, parents of children with different developmental levels, caregivers, grandparents, healthcare providers both in clinical and community settings etc. Moreover, this work will be beneficial to extend cultural specific parenting stress frameworks and theoretical models. As the intervention was culturally adapted, the study is a beneficial contribution to the domain of cross- cultural psychology and culturally sensitive evidence based interventions.

With regard to *practical* implications, *Bashaoor Tarbiyat-e-Aulad* will be a useful contribution in improving the mental health and wellbeing of the whole family by helping parents with the parenting stress resulting in positive parenting practices and a healthy parent- child relationship. It can be used by professionals working in multiple settings e.g social workers, family therapists, clinicians and counselors to help parents overwhelmed with parenting stress and to design similar helpful resources i.e manuals and training resources. *Bashaoor Tarbiyat-e- Aulad* is expected to be useful for the relevant stakeholder's i.e developmental psychopathologists, psychologists, intervention experts and policy makers to use the work as model to design more culturally sensitive mental health interventions. In addition, *Bashaoor*

Tarbiyat-e-Aulad can be blended with existing parenting programs to maximize the benefits.

Pertaining to *social* implications, *Bashaoor Tarbiyat-e-Aulad* can create healthy and supportive environments and society for children and parents by reducing the percentage of mental health problems and enhancing the wellbeing of parents as well as children. In this way, the healthcare burden can be reduced. In addition, the present work is also expected to be a source of social acceptance for the concept and practices of contemporary mindfulness approach. As a result, not only parents and children but other social layers and domains can also benefit.

Conclusion

Despite the digital and technological advancements and evolution in the field of healthcare, the contemporary world is seeing an unprecedented and paradoxical escalation in mental health problems that spans individuals across all age groups especially children and youth Among multifaceted etiological factors behind childhood mental health challenges, parenting stress is an important construct that effect the quality of parenting and bond between parent and child thus effecting the mental health and wellbeing of both parents and children.

Although, a number of studies have been conducted in Pakistan on parenting stress, however, that work is mainly focused on parents with children diagnosed with developmental disabilities and/or psychopathology neglecting the parents from community population who face parenting stress as a result of the inherently challenging nature of parenting role. This project aimed to investigate effectiveness of

a mindfulness- based parenting program in reducing parenting stress in community population of parents. The results emphasized that the parents especially mothers in Pakistan face high parenting stress owing to multiple factors that effect their wellbeing, the relationship with spouse and satisfaction with marriage. They have low parenting self-esteem, lack self- compassion and are usually unable to be mindful while interacting with their children thus compromising the quality of parent-child relationship and children's wellbeing resulting in emotional and behavioral issues in children.

The results of the project emphasize the need for culturally relevant evidence-based preventive and interventive parenting trainings to help parents develop optimum parenting practices and skills and prepare them for parenting related challenges especially parenting stress so that the wellbeing of the whole family can be ensured. For this purpose the concerned government departments and private setups working for family wellbeing should be instrumental in designing early preventive trainings for public awareness and to impart the required skills. In this way not only the health care burden will be reduced but also the society as a whole will thrive.

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Appendices

Appendix A

Consent Form

I Mr. / Ms._____state that I voluntarily agree to participate in this study about Parenting Stress, being conducted under the supervision of Dr Asia Mushtaq from National University of Modern Languages (NUML). The researcher explained the purpose and procedure of the research and also informed me that I can withdraw from participation at any time. Furthermore, it is assured that the given information will be used for research purpose only and will be kept confidential and anonymous.

Signature of the Researcher

_____

Date_____

Signature of the Participant

_____

Date _____

Appendix B

Outlook

Re: Request for use and further translation of PSS

From Berry, Judy <judy-berry@utulsa.edu>
Date Wed 10/20/2021 2:56 AM
To uzma shafiq <uzma_shafiq@hotmail.com>

You have my permission to use and translate the Parental Stress Scale for your research. Judy Berry, EdD
Professor Emerita of
Psychology The PSs
Tulsa

Get Outlook for iOS

Outlook

From: Larissa G. Duncan <larissa.duncan@wisc.edu>
Sent: Tuesday, November 16, 2021 4:37 PM

To: uzma_shafiq@hotmail.com <uzma_shafiq@hotmail.com>
Subject: Re: Request for the translation and use of scale

Dear Uzma,
Yes, you have my permission to translate the Interpersonal Mindfulness in Parenting (IM-P) scale (please see attached for the full-length version of the scale) into Urdu for use in your research, with the following agreements:

- Please use appropriate translation/back-translation methods and please let me know if I can help with final wording selection.
- When you complete your research using the IM-P, please share your results with me.
- If you publish your research, please cite the measure with these 2 references:

Duncan, L.G. (2007). Assessment of mindful parenting among parents of early adolescents: Development and validation of the Interpersonal Mindfulness in Parenting scale. Unpublished dissertation. The Pennsylvania State University.

Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Clinical Child and Family Psychology Review, 12*, 255-270.

Thank you,
Larissa
Duncan
Larissa G. Duncan, Ph.D.
Elizabeth C. Davies Chair in Child & Family Well-Being Associate Professor |Human Development & Family Studies Healthy Minds, Children, & Families Specialist |UW-Extension School of Human Ecology |University of Wisconsin-Madison
larissa.duncan@wisc.edu

Outlook

Re: Request for the provision, translation and use of Self-compassion scale

---

From Info@self-compassion.org <info@self-compassion.org>
Date Sat 11/20/2021 12:10 AM
To uzma shafiq <uzma_shafiq@hotmail.com>

Thank you for reaching out! All scales and supporting research articles which contain reliability, validity, psychometric information and scoring,as well as permission letters can be found on her website here.
To support your research, you might consider exploring this comprehensive list of published research articles on self-compassionhere: http://self-compassion.org/the-research/. Articles are listed by category and author name.
Let me know if you have any other questions. Good luck with your research!With kind regards -
Amy Noelle Certified
MSC TeacherAssistant
to Dr. Neff

Outlook

Re: Request for permission to use KMS

From Walter Schumm <schumm@ksu.edu>
Date Sat 11/16/2024 5:45 AM
To uzma shafiq <uzma_shafiq@hotmail.com>; Walter Schumm <schumm@ksu.edu>

Dear Sir,

You are welcome to use the KMSS at no cost for any of your academic research, past, present, or future. Please let me know how such research turns out with respect to the KMSS.

Thanks,

Walter R. Schumm, Ph.D.
Emeritus Professor of Applied
Family Science Kansas State
University

Outlook

Submission (ID: 546274395) receipt for the submission of /fac/sci/med/research/platform/wemwbs/using/non-commercial-licence-registration

---

From no-reply@warwick.ac.uk <no-reply@warwick.ac.uk>

Date Wed 10/20/2021 9:39 PM

To uzma_shafiq@hotmail.com <uzma_shafiq@hotmail.com>

Thank you for completing the registration for a Licence to use WEMWBS for non-commercial purposes.
You now have access to the scales and the associated resources here on our website:
https://warwick.ac.uk/wemwbs/using/register/resources We suggest you bookmark this page for future reference.
The information declared on your Registration Form is documented below. Please retain a copy of this email as a record of your Licence together with the Terms and Conditions you have accepted. https://warwick.ac.uk/wemwbs/using/non-commercial-licence-registration/shrink- wrap_licence_-wemwbs_non-_commercial_v3_8.9.20.pdf.
If you have any questions please contact us via email: wemwbs@warwick.ac.uk

Question: Type of use
Answer:
Randomised controlled trial
Question: If other, please specify Answer:
Question: Type of intervention (if applicable) Tick all that apply
Answer: Parenting programs
Question: If other, please specify Answer:
Question: Field of Use (Tick all that apply)

Community
Question: Preferred version of
(Note – both versions of can be used under a single licence)
Answer: WEMWBS - 14 item scale
Question: Age of Participants (Tick all that apply)
Answer: 18-64
Question: How many participants are you planning to use with? (Scale of use)
Answer: 101-250
Question: Start Date
Answer: 01/11/2021
Question: End Date
Answer: 01/11/2023
Question: Territories of Use: In which geographical areas will you be using ? (tick all that apply)
Answer: Asia
Question: In which language(s) are you planning to use ? Tick all that apply
Answer: Urdu
Question: If other, please specify Answer:
Question: Organization name
National University of Modern Languages, Islamabad, Pakistan.
Question: Type of organisation
Answer: University
Question: If other, please specify
Answer:
Question: Size of Organisation (no. of employees)
Answer: 501-5000
Question: Organisation Address
Answer: National University of Modern Languages H-9 Islamabad ,Pakistan +92-51-9265100 info@numl.edu.pk
Question: Country of Organisation
Answer:

Pakistan
Question: Website
Answer: https://www.numl.edu.pk/
Question: Contact Name
Answer: uzma shafiq
Question: Job Title Answer:
PhD Scholar
Question: If other, please specify Answer:
Question: Email
Answer: uzma_shafiq@hotmail.com
Question: I have read and agreed to the terms of the Non-Commercial Licence Please print and retain a copy for your reference
Answer:
Yes
Question: I agree to my contact details being shared with third parties for the purposes of product development of Answer:
Yes

Outlook

Re: Request for the translation and use of the scale

From Kirk Warren Brown <kwbrown@vcu.edu>
Date Tue 10/19/2021 11:30 PM
To uzma shafiq <uzma_shafiq@hotmail.com>
Cc richard.ryan@acu.edu.au <richard.ryan@acu.edu.au>

Uzma,

Yes you are welcome to use the MAAS for your study. You can find the scale, along with background normative and other information, on the 'Lab
> Tools for Researchers' page of my Lab website, the link for which is below. The 'Publications' page has papers related to the validation of the MAAS. See especially Brownand Ryan (2003).

All the best with your research,
Kirk

Kirk Warren Brown PhD
Associate Professor • Social Psychology and Health
Psychology Director • COBE Contemplative Science
and Education Core Department of Psychology •
Virginia Commonwealth
University806 West Franklin Street •

Richmond, VA 23284- 2018
T 804.828.6754 F 804.828.2237
WellbeingLab
Senior Editor, Oxford Handbook of Hypo-egoic Phenomena (2016).
Oxford U Press. Senior Editor, Handbook of Mindfulness (2015).
Guilford
Press. Academic Editor,
PLOS ONE Pronouns:
he/him/his
Kirk

Pronouns: he/him/his

Outlook

Re: Request for the use and further translation of scale WEMWBS

From Stewart-Brown, Sarah <Sarah.Stewart-Brown@warwick.ac.uk>
Date Wed 10/20/2021 7:04 PM
To uzma shafiq <uzma_shafiq@hotmail.com>; WEMWBS, Resource <WEMWBS@warwick.ac.uk>

Many thanks for your enquiry regarding the use of WEMWBS. Further information on the research behind the scale and how to use it is available on our website https://warwick.ac.uk/wemwbs

WEMWBS is protected by copyright. Those wishing to use WEMWBS can obtain a licence to do so. Please go to https://warwick.ac.uk/wemwbs/using for information on the type of licence you will require and details on how to apply.
A free of charge 'non-commercial' licence is available to public sector organisations, charities, registered social enterprises and to researchers employed in HEIs. If you want a record of your non-commercial license be sure to tick the box that requests an automated email response.

Any further enquiries can be directed to wemwbs@warwick.ac.uk

With Best Wishes Sarah Stewart-Brown
Emeritus Professor of Public Health

Appendix C

Parental Stress Scale (PSS)

ہدایات:

درجہ ذیل نکات / بیانات ان محسوسات اور خیاالت پر مبنی ہیں جو والدین کو درپیش آتے ہیں۔اپنے بچے سے اپنے تعلقات کو مد نظر رکھتے ہوئے ہر نقطے پر جانچ کریں۔آپ سے گزارش ہے کہ خالی جگہ پر مناسب نمبر/عدد کی مدد سے اس بات کی نشاندہی کریں کہ آپ کسی نقطے سے کس حد تک اتفاق یا اختلاف رکھتے/رکھتی ہیں۔

نمبر شمار	بیانات	یقینا ً	بلکل	پتا نہیں	نہیں	ہرگز نہیں
1	میں بطور ماں /باپ کے اپنے آپ سے مطمئن ہوں۔	5	4	3	2	1
2	کوئی بھی ایسا فعل جو میرے بچے کے لیے اہم ہوگا میں اس کو کرنے کی ہر ممکن کوشش کرونگا/کرونگی۔	5	4	3	2	1
3	اپنے بچے کی دیکھ بھال کرنے میں بعض اوقات زیادہ وقت اور توانائی لگتی ہے جو مجھے دینا پڑتی ہے۔	5	4	3	2	1
4	کبھی کبھی مجھے فکر ہوتی ہے کہ کیا میں اپنے بچے /بچوں کے لیے جو کر رہا /رہی ہووہ کافی ہے۔	5	4	3	2	1
5	میں خود کو اپنے بچے/بچوں سے قریب محسوس کرتا /کرتی ہوں۔	5	4	3	2	1
6	مجھے اپنے بچے /بچوں کے ساتھ وقت گزارنا اچھا لگتا ہے۔	5	4	3	2	1
7	میرا بچہ/میرے بچے میرے لیے لگاؤ / پیار کا ایک اہم ذریعہ ہے/ہیں۔	5	4	3	2	1
8	بچے /بچوں کا ہونا مجھے مستقبل کے بارے میں زیادہ پر یقین اور مثبت رکھتا ہے۔	5	4	3	2	1
9	میری زندگی میں تناؤ کا بڑا ذریعہ میرا بچہ ہے/ میرے بچے ہیں	5	4	3	2	1
10	بچے/بچوں کے ہونے سے میری زندگی فراغت اور لچک[flexibility] سے خالی ہے۔	5	4	3	2	1
11	بچے /بچوں کا ہونا میرے لیے ایک معاشی بوجھ ہے۔	5	4	3	2	1

12	بچے /بچوں کی وجہ سے بہت سی ذمہ داریاں نبھانا اور ان سے انصاف کرنا مشکل ہے۔	5	4	3	2	1

13	میرے بچے/بچوں کا رویہ اکثر میرے لیے باعث شرمندگی اور تناؤ کا ذریعہ ہوتا ہے۔	5	4	3	2	1
14	اگر پیچھے جانا ممکن ہوتا تو شاید میں بچےپیدا نہ کرنے کوترجیح دیتا /دیتی۔	5	4	3	2	1
15	ماں باپ ہونے کی ذمہ داری مجھے مغلوب رکھتی ہے۔ [overwhelmed]	5	4	3	2	1
16	بچے /بچوں کے ہونے سے میرے پاس مواقع اور اپنی زندگی پر اختیار بہت کم ہو گیا ہے۔	5	4	3	2	1
17	میں بطور باپ /ماں اپنے آپ سے مطمئن ہوں۔	5	4	3	2	1
18	میرے بچے میرے لیے خوشی کا باعث ہیں۔	5	4	3	2	1

Parenting Sense of Competence Scale (PSCS)

ہدایات:
مندرجہ ذیل بیانات کو پڑھ کر دیے گئے پیمانے کو استعمال کرتے ہوئے اس بات کی نشاندہی کریں۔ کہ آپ کس حد تک کسی بیان سے اتفاق یا اختلاف کرتے ہیں۔

نمبر شمار	بیانات	مکمل متفق	کچھ حد تک متفق	متفق	اختلاف	کچھ حد تک اختلاف	مکمل اختلاف
1	میں یہ بات سمجھ چکا ہوں کہ بچے کی پرورش میں درپیش مسائل حل کرنے میں آسانی ہوجاتی ہےاگر آپ یہ سمجھ جائیں کہ آپ کا عمل بچے پر کیسے اثر انداز ہوتا ہے۔	6	5	4	3	2	1
2	اگرچہ والدین بننا ایک نعمت ہے لیکن اب میں اپنی اولاد کی موجودہ عمر کی وجہ سے اکثر جھنجھلا جاتا /جاتی ہوں	6	5	4	3	2	1
3	مجھے جاگنے سے سونے تک یہی احساس گھیرے رکھتا ہے کہ میں نے پورا دن کچھ بہت قابل ذکر کام نہیں کیا	6	5	4	3	2	1
4	پتا نہیں کیوں کبھی کبھار جب مجھے خود کو کنٹرول کرنا ہوتا ہے تو مجھے کنٹرول کرنے سے زیادہ کنٹرول ہونے کا احساس ہوتا ہے	6	5	4	3	2	1
5	مری نسبت میری والدہ / والد میں ایک اچھی ماں /ایک اچھے باپ بننے کی قابلیت زیادہ تھی	6	5	4	3	2	1
6	نئے باپ / نئی ماں کو بہتر والدین بننے کے لیے جو کچھ جاننے کی ضرورت ہےمیں اس کے لیے ایک بہترین نمونہ بن سکتا /سکتی ہوں	6	5	4	3	2	1
7	والدین بننا آسان ہے اور (اس سے متعلق) تمام مسائل باآسانی حل کیے جا سکتے ہیں	6	5	4	3	2	1
8	والدین بننے کا ایک سب سے بڑا مسئلہ یہ ہے کہ آپ نہیں جانتے آپ صحیح کر رہے ہیں یا غلط	6	5	4	3	2	1
9	کبھی کبھار مجھے محسوس ہوتا ہے کہ میں کوئی کام مکمل نہیں کر پا رہا /رہی ہوں۔	6	5	4	3	2	1

10	اپنے بچے کی دیکھ بھال کرتے ہوئے خود کی توقعات پر پورا اترتا /اترتی ہوں	6	5	4	3	2	1
11	میرے بچے کو کیا پریشانی ہے یہ بات مجھ سے بہتر کوئی نہیں جان سکتا	6	5	4	3	2	1
12	میری قابلیت اور رجحانات والدین بننے کے بجائے دوسرے شعباجات میں ہیں	6	5	4	3	2	1
13	یہ یکھتے ہوئے کہ میں کتنے عرصے سے باپ /ماں کا کردار نبھا رہا/رہی ہوں۔مجھے محسوس ہوتا ہے کہ اس رول کے ساتھ میں مکمل طور پر واقف ہوں ۔	6	5	4	3	2	1
14	اگر باپ / ماں بننا زیادہ دلچسپ ہوتا تو بطوروالد /والدہ میرا حوصلہ بڑھ جاتا	6	5	4	3	2	1
15	مجھے پورا یقین ہے کہ مجھ میں اپنے بچے کے لیے اچھا باپ /ماں بننے کی بہترین صلاحیت موجود ہے۔	6	5	4	3	2	1
16	والدین بننا میرے لیے پریشانی اور جھنجھلاہٹ کا باعث ہے	6	5	4	3	2	1

Interpersonal Mindfulness in Parenting Scale (IMP)

ہدایات:

مندرجہ ذیل جملوں میں وہ مختلف طریقہ کار بیان کئیے گئے ہیں جو والدین اپنے بچوں سے بات چیت کے لیے استعمال کرتے ہیں.ہر جملے / بیان کو دوسرے بیانات سے الگ تصور کرتے ہوئے اس جواب کی نشاندہی کریں جو آپ کے حقیقی تجربے کی عکاسی کرے نا کہ اس بات کی کہ آپ کا تجربہ کیسا ہونا چاہیے۔

نمبر شمار	بیانات	ہمیشہ	اکثر	کبھی کبھار	ازونادر ہی	کبھی نہیں
1	میں اکثر اپنے بچے کی بات بے دہانی سے سنتی ہوں کیونکہ اس وقت میں کسی نہ کسی کام یا سوچ میں مصروف ہوتا /ہوتی ہوں۔	5	4	3	2	1
2	جب میں اپنے بچے سے ناراض ہوتا /ہوتی ہوں تو ردعمل ظاہر کرنےسے پہلے اپنےجذبات کا جائزہ لیتا /لیتی ہوں۔	5	4	3	2	1
3	میں نوٹ کرتا/کرتی ہوں کہ کیسے میرے بچے کے مزاج کی تبدیلی میرے مزاج کو متاثر کرتی ہے۔	5	4	3	2	1
4	میں اپنے بچے کے خیالات دھیان سے سنتا /سنتی ہوں چاہے مجھے ان خیالات سے اختلاف ہو ۔	5	4	3	2	1
5	میرا بچہ جب کچھ کہتا یا کرتا ہے تو میں اکثر فوری ردعمل ظاہر کرتا /کرتی ہوں۔	5	4	3	2	1
6	میں جانتا /جانتی ہوں کہ کیسے میرا مزاج میرے بچے کے ساتھ میرے رویے کو متاثر کرتا ہے۔	5	4	3	2	1

7	میں اپنے بچے کو اسکے جذبات کے اظہار کی اجازت دیتا /دیتی ہوں چاہے انکا اظہار میرے لیے تکلیف دہ ہو۔	5	4	3	2	1
8	جب میں اپنے بچے سے ناراض ہوتا /ہوتی ہوں تو پرسکون انداز سے بتاتا/بتاتی ہوں کہ میں کیسا محسوس کر رہا/رہی ہوں۔	5	4	3	2	1
9	میں اپنے بچے کی سرگرمیوں پر توجہ دیے بغیر انھیں جلدی سے مکمل کرتا /کرتی ہوں۔	5	4	3	2	1
10	مجھے اپنے بچے کی عمر کے ساتھ بڑھتی ہوئی خود انحصاری کو قبول کرنے میں مشکل پیش آتی ہے ۔	5	4	3	2	1

Self-Compassion Scale – Short Form (SCS-SF)

ہدایات:

براہ کرم جواب دینے سے قبل ہر پوائنٹ کو بغور پڑھئیے۔درج ذیل پیمانے کی مدد سے نشاندہی کریں کہ مذکورہ حالات میں آپ کا برتاؤ کیسا ہوتا ہے۔

نمبرشمار	بیانات	کبھی نہیں 1	نادر/بہت کم 2	کبھی کبھی 3	اکثر / زیادہ تر 4	ہمیشہ 5
1	اگر میں کسی ایسے کام کو کرنے میں ناکام ہوجاؤں جو کہ میرے لیے اہم ہو تو نا اہل ہونے کا احساس مجھ پر حاوی ہو جاتا ہے۔	1	2	3	4	5
2	اپنی ذا ت کے وہ پہلو جو مجھے ناپسند ہیں میں ان کو سمجھنے اور حوصلے سے برداشت کرنے کی کوشش کرتا /کرتی ہوں۔	1	2	3	4	5
3	اگر کوئی تکلیف دہ صورتحال پیدا ہو تو میں اسکا متوازن پہلو دیکھنے کی کوشش کرتا/کرتی ہوں۔	1	2	3	4	5
4	جب میں اچھا محسوس نہیں کر رہا ہوتا/رہی ہوتی ، تو مجھے ایسا لگتا ہے کہ دوسرے لوگ شاید مجھ سے زیادہ خوش ہیں۔	1	2	3	4	5
5	میں اپنی ناکامیوں کو انسانی زندگی کی حقیقتوں کے طور پر دیکھتا /دیکھتی ہوں	1	2	3	4	5
6	میں جب کسی بہت ہی مشکل وقت سے گزر	1	2	3	4	5

	رہا ہوتا/رہی ہوتی ہوں تو میں خود سے اس توجہ اور نرمی کا برتاؤ کرتا /کرتی ہوں جسکی مجھے ضرورت ہوتی ہے۔					
7	جب مجھے کوئی چیز پریشان کرتی ہے تو میں اپنے جذبات کو متوازن رکھنے کی کوشش کرتا/کرتی ہوں۔	1	2	3	4	5
8	جب میں کسی ایسے کام میں ناکامی کا شکار ہو جاؤں جو کہ میرے لیے اہم ہو تو میں خود کو تنہا محسوس کرتا/کرتی ہوں۔	1	2	3	4	5
9	جب میں اچھا محسوس نہیں کررہا ہوتا/ رہی ہوتی تو میرے اوپر ہر غلط چیز کو فوری طور پر ٹھیک کرنے کا جنون سا سوار ہوجاتا ہے۔	1	2	3	4	5
10	جب میں کسی وجہ سے ناکامی سے دوچار ہوتا/ہوتی ہوں تو میں خود کو باور کراتا /کراتی ہوں کہ ناکامی کے احساس سے اکثر ہی لوگ دوچار ہو جاتے ہیں۔	1	2	3	4	5
11	اپنی ذات کی کمیوں اور خامیوں کو میں نہ صرف ناقابل قبول سمجھتا /سمجھتی ہوں بلکہ ان پر کڑی تنقید بھی کرتا /کرتی ہوں۔	1	2	3	4	5
12	اپنی ذات کے وہ پہلو جو مجھے نا پسند ہیں ان کے لیے میرا رویہ عدم برداشت اور بے صبری کا	1	2	3	4	5

	ہوتا ہے۔					

Couple Satisfaction Index (CSI-4)

برائے مہربانی اپنے رشتے کی سب چیزوں کو سوچتے سمجھتے ہوئے خوشی کی مقدار کا اشارہ کریں:

نمبرشمار	بیانات	کامل خوش	انتہائی خوش	بہت خوش	خوش	تھوڑا سا ناخوش	خاص ناخوش
1	عام طور پر، آپ اپنے رشتے سے کتنا مطمئن ہیں؟						
2	آپ ا پنے شوہر یا بیوی سے شریکِ حیات کے طور پہ کتنا مطمئن ہیں؟						
3	میرے ساتھی کے ساتھ میرا ہمدردی کا پرجوش اور آسودہ رشتہ ہے۔						
4	آپ کے ساتھی کے ساتھ آپ کا رشتہ کتنا انعام دہ ہے؟						

Kansas Marital Satisfaction Scale (KMS)

برائے مہربانی اپنے رشتہ کی سب چیزوں کو سوچتے سمجھتےہوئے اطمینان کی مقدار کا اشارہ کریں

نمبرشمار	بیانات	انتہائی مطمئن	بہت مطمئن	مطمئن	نا مطمئن نا غیرمطمئن	غیر مطمئن	بہت غیر مطمئن	انتہائی غیر مطمئن
1	آپ اپنے شوہر یا بیوی سے شریکِ حیات کے طور پہ کتنا مطمئن ہیں؟							
2	آپ اپنی شادی سےکتنا مطمئن ہیں؟							
3	آپ اپنے شوہر یا							

	بیوی کے ساتھ رشتہ ازدواج پہ کتنا مطمئن ہیں؟							
4	آپ اپنے شوہر یا بیوی سے شریکِ حیات کے طور پہ کتنا مطمئن ہیں؟							

Warwick Edinberg Mental Wellbeing Scale (WEMWBS)

نمبر شمار	گزشتہ دو ہفتوں میں	ہر وقت	اکثر و بیشتر	بعض اوقات	بہت کم	کبھی نہیں
1	مجھے اپنا مستقبل روشن ہونے کا احساس رہا ہے	5	4	3	2	1
2	مجھے دوسروں کے لیے کارآمد ہونے کا احساس رہا ہے	5	4	3	2	1
3	میں پر سکون محسوس کرتا رہا/رہی ہوں	5	4	3	2	1
4	مجھے دوسرے لوگوں میں دلچسپی رہی ہے	5	4	3	2	1
5	مجھے اپنے اندر توانائی کا احساس رہا ہے	5	4	3	2	1
6	میں مسائل کو اچھی طرح سے حل کرتا رہا/رہی ہوں	5	4	3	2	1
7	میری سوچ واضح رہی ہے	5	4	3	2	1
8	مجھے اپنے متعلق اچھا محسوس ہوتا رہا ہے	5	4	3	2	1
9	مجھے دوسرے لوگوں کے ساتھ قربت	5	4	3	2	1

	کا احساس رہا ہے					
10	میں بااعتماد محسوس کرتا رہا/رہی ہوں	5	4	3	2	1
11	میں اپنے فیصلے خود کرنے کے قابل رہا /رہی ہوں	5	4	3	2	1
12	مجھے یہ احساس رہا ہے کہ لوگ مجھے پیار کرتے ہیں	5	4	3	2	1
13	مجھے نئی سرگرمیوں میں دلچسپی رہی ہے	5	4	3	2	1
14	میرے اندر مسرت کا جذبہ موجود رہا ہے	5	4	3	2	1

ہدایات:ذیل میں خیالات اور احساسات کے بارے میں کچھ بیانات درج ہیں ۔ برائے مہربانی ہر اس جواب کو منتخب کریں جو آپ کے گذشتہ دو ہفتوں کو بہتر طریقے سے بیان کرتا ہے

Mindful Attention Awareness Scale (MAAS)

ہدایات: ذیل میں کچھ بیانات کا مجموعہ ہمارے روز مرہ کے تجربات سے متعلق ہے

1 سے 6 تک کے سکیل پر براہ مہربانی اس کی نشاندہی کیجئے کہ آپ حال میں تواتر سے یا غیر متواتر یہ تجربات کر چکے ہیں۔براہ مہربانی اپنے حقیقی تجربہ کی بناپر جواب دیجئے ناکے جو آپ سو چتے ہیں کہ آپ کا تجربہ ہونا چاہئے تھا۔ براہ مہربانی ہر حصہ کو دوسرے سے جدا تصور کرتے ہوئے حل کیجئے۔

6	5	4	3	2	1
تقریباً ہمیشہ	*بہت تواتر سے*	*متواتر*	*کسی حد تک غیر متواتر*	*غیر متواتر*	*تقریبا کبھی نہیں*

1	ایسا ممکن ہے کہ میں کچھ جذبات سے گزر رہا /رہی ہوں لیکن میں انہیں شعوری طور پر محسوس نہیں کر پاتا /پاتی یہاں تک کے کچھ وقت گزر جائے۔	6	5	4	3	2	1
2	میں بے پرواہی، توجہ نادے پانے اور سوچوں میں مگن ہونے کے باعث چیزوں کو گزار دیتا /دیتی ہوں یا توڑ دیتا /دیتی ہوں۔	6	5	4	3	2	1
3	مجھے اس پر توجہ مرکوز کرنا مشکل لگتا ہے جو زمانہ میں واقع ہو رہا ہو۔	6	5	4	3	2	1
4	میں منزل کی طرف تیز تیز چلتا/چلتی ہوں اور ارد گرد کے حاالت پر توجہ نہیں دیتا/دیتی۔	6	5	4	3	2	1
5	میں جسمانی کشید گی یا بے ا ٓرامی کے احساسات کو محسوس نہیں کرتا /کرتی جب تک وہ واقع مری توجہ اپنی جانب نا کھینچ لیں۔	6	5	4	3	2	1

6	جب مجھے کسی شخص کا نام پہلی بار بتایا جاتا ہے تو میں تقریباً بھول جاتا /جاتی ہوں۔	6	5	4	3	2	1
7	ایسا محسوس ہوتا ہے کہ میں خود کار طریقے(pilot automatic)سے چل رہا /رہی ہوں اس آگاہی کے بغیرکے اصل میں کیا کر رہا/رہی ہوں۔	6	5	4	3	2	1
8	میں کا موں کو جلد بازی میں نمٹا تا /نمٹاتی ہوں ان پر توجہ مر کوز کئے بغیر۔	6	5	4	3	2	1
9	میں کسی بھی مقصد کے حصول پر اتنی توجہ مرکوز کر لیتا /لیتی ہوں کہ اس بات سے بے خبر ہو جاتا /جاتی ہوں کہ وہاں تک پہنچنے کے لیے میں ابھی کیا کر رہا/رہی ہوں۔	6	5	4	3	2	1
10	میں کام اور سر گرمیاں خود کار(automatically) طریقےسے سر انجام دیتا /دیتی ہوں اس بات سے انجان رہتے ہوئے کہ میں کیا کر رہا /رہی ہوں۔	6	5	4	3	2	1
11	*میں خود کو اکثر اِس صورتِ حال میں پاتا/پاتی ہوں کہ ایک کان سے کسی کی بات سُن رہا/رہی ہوتا/ہوتی ہوں، اور بالکل اُسی وقت کوئی اور کام کر رہا/رہی ہوتا/ہوتی ہوں*	6	5	4	3	2	1
12	میں مختلف جگہوں پر خود کار (automatic pilot) طریقے سے چلتا/چلتی جاتا/جاتی ہوں اور اس پر حیران ہوتا ہوں کہ وہاں کیوں گیا تھا/تھی۔	6	5	4	3	2	1
13	میں اپنے آپ کو ماضی یا مستقبل کے خیالت میں محو(مستغرق) پاتا/پاتی ہوں۔	6	5	4	3	2	1

14	میں خود کو بغیر کوئی توجہ دیئے مختلف کام کرتا/کرتی پاتا/پاتی ہوں۔	6	5	4	3	2	1
15	میں کھانا کھاتے ہوئے اس بات سے آگاہ نہیں ہوتا/ہوتی کے کچھ کھا رہا/رہی ہوں۔	6	5	4	3	2	1

Strengths and Difficulties Questionnaire (SDQ)

ہر شق کے لیے براہ کرم درست نہیں ہے ،کچھ درست ہے یا یقیناً درست ہے کے خانے میں نشان لگائیں۔ اس سے ہمیں مدد ملے گی اگر آپ تمام شقوں کا جتنا بھی بہترین طریقے سے جواب دے سکیں دیں چاہے آپ کو بالکل پکا یقین بھی نہ ہو یا شق آپ کو احمقانہ نظر آئے۔ براہ کرم جوابات پچھلے چھ مہینوں کے دوران اپنےبچے کے رویہ کی بنیاد پر مندرجہ ذیل صورتوں میں دیں:

نمبر شمار	بیانات	درست نہیں ہے	کچھ حد تک درست ہے	یقیناً درست ہے
1	دوسرے لوگوں کے احساسات کا خیال رکھنے والا			
2	بے آرام ، ضرورت سے زیادہ پھرتیاں، ایک جگہ پر زیادہ دیر کےلیے نہیں ٹھہر سکتا			
3	اکثر سر درد ، پیٹ میں درد یا قے آنے کی شکایت کرتا ہے			
4	دوسرے بچوں کے ساتھ خوشی سے چیزیں بانٹ کر کھیلتا ہے ۔(چیزیں پیش کرنا، کھلونے، پنسلیں وغیرہ)۔			
5	اکثر غیظ و غضب والے مزاج یا گرم مزاجی کا مظاہرہ کرنا ہے			
6	قدرے تنہا پسند ہے، اکیلے کھیلنا پسند کرتا ہے			
7	عام طور پر کہنا مانتا ہے، عموماً بالغ افراد جو کرنے کےلیے کہتے ہیں۔			

8	بہت سی پریشانیاں ہیں، اکثر پریشان نظر آتا ہے			
9	اگر کسی کو چوٹ لگ جائے ، پریشان یا بیمار محسوس کر ہا ہو تو مدد کرتا ہے			
10	مستقل بے قرار یا بل کھاتا ہے			
11	اس کا کم از کم ایک اچھا دوست /سہیلی ہے			
12	اکثر دوسرے بچوں کے ساتھ لڑتا ہے یا دھمکیاں دیتا ہے			
13	اکثر ناخوش ، بے دل یا اشکبار ہوتا ہے			
14	عام طور پر اسے دوسرے بچے پسند کرتے ہیں			
15	با آسانی توجہ پھیر لیتا ،مجموعی توجہ ہٹا لیتا/ بھٹک جاتا ہے			
16	نئے ماحول میں گھبرا جاتا یا چمٹ جاتا ہے، اعتماد باآسانی کھودیتا ہے			
17	چھوٹے بچوں کے ساتھ رحمدل ہے			
18	اکثر جھوٹ بولتا ہے یا دھوکے بازی کر جاتا ہے			
19	دوسرے بچے اس کو نشانہ بناتے یا دھمکیاں دیتے ہیں			
20	دوسروں کی مدد کرنے کے لیے اکثر اپنی خدمات پیش کرتا ہے			

Appendix D

List of Abbreviations

ABM	Attachment Based Mindfulness Program
ACT	Acceptance and Commitment Therapy
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BPT	Behavioral Parent Training
CDC	Center for Disease Control and Prevention
DBT	Dialectical Behavior Therapy
DH	Daily-Hassles
ET	Exploring Together
FAP	Functional Analytic Psychotherapy
FBMI	Family Based Mindful Intervention
LMICs	Low and Middle Income Countries
LST	Life Skills Training
MBCBT	Mindfulness-Based Cognitive Behavioral Therapy
MBCP	Mindfulness Based Child Birth and Parenting Education
MBCT	Mindfulness-Based Cognitive Therapy
MBIs	Mindfulness-Based Interventions
MBP	Mindfulness Based Parenting
MBPBS	Mindfulness Based Positive Behavior Support
MBPT	Mindfulness Enhanced Behavior Parent Training
MOCEP	Mother-Child Education Program
MOIs	Mindfulness Oriented Interventions

MP	Mindful Parenting
PPS	Mindful Parenting and Problem Solving
MSC	Mindful Self-Compassion
MSFP	Mindfulness Enhanced Strengthening Family Program
PCIT	Parent-Child Interaction Therapy
P-C-R	Parent-Child-Relationship Theory
PDPS	Positive Discipline Parenting Program
PSE	Problem Solving Education
PSP	Parenting Skill Program
REPE	Rational Emotive Parent Education
REST	Reassurance, Empathy, Support and Time-Out Routine Program
TRT	Triadic Parent-Infant Relationship Therapy
VIP	Video Interaction Project