



Strengthening parenting for violence prevention in Liberia

An iterative research approach to improve programming and build the evidence base

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International Rescue Committee & Duke University

IRC Research Approach



Evidence-Based & Evidence-Generating

- IRC Research, Evaluation, and Learning Unit
- Match program & research priorities
- Form academic partnerships
- Conduct series of studies
 - Formative studies inform program development
 - Pilot studies allow for intervention refinement
 - Efficacy trials test effects (often randomized controlled designs)
- Engage in iterative program improvement and research
 - Results inform program changes and follow-on research

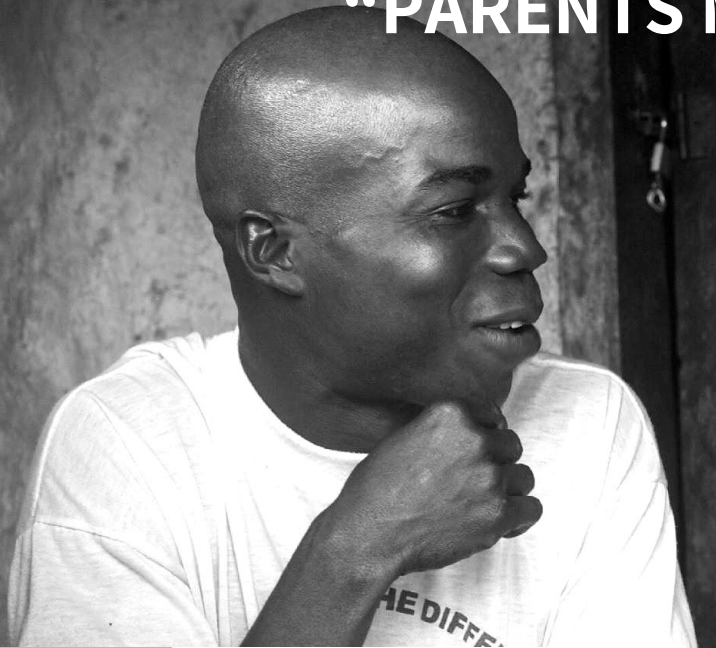
PARENTING: PROGRAM & RESEARCH QUESTIONS



- Will a parenting intervention be feasible and acceptable in a conflict-affected **context where physical punishment is normative** and caregiver stress is elevated?
- Can **child maltreatment be reduced** to improve immediate- and long-term child outcomes in this environment?
- How can we **maximize effects** of the intervention for IRC and beyond?

PMD INTERVENTION TRIALS I & II

“PARENTS MAKE THE DIFFERENCE”

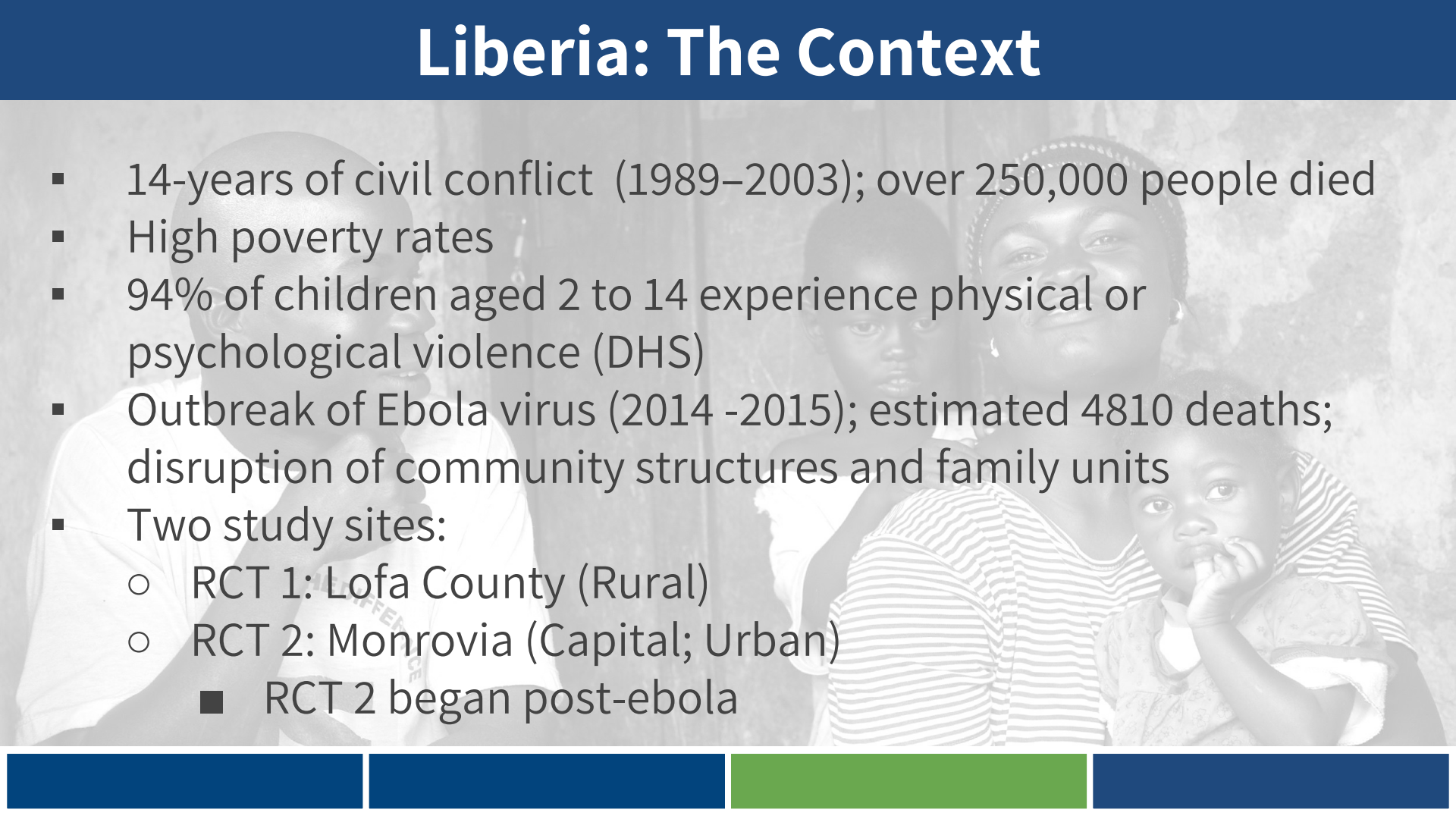


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LOFA COUNTY AND MONROVIA, LIBERIA



Liberia: The Context

- 
- 14-years of civil conflict (1989–2003); over 250,000 people died
 - High poverty rates
 - 94% of children aged 2 to 14 experience physical or psychological violence (DHS)
 - Outbreak of Ebola virus (2014 -2015); estimated 4810 deaths; disruption of community structures and family units
 - Two study sites:
 - RCT 1: Lofa County (Rural)
 - RCT 2: Monrovia (Capital; Urban)
 - RCT 2 began post-ebola

INTERVENTION AND IMPLEMENTATION



PMD: 10 SESSIONS (2 HOURS EACH)

Program:

- Caregivers of children ages 3-7
- Led by pairs of lay facilitators
- Groups of 20 – 35 caregivers
- Discussion, modeling, and skills practice

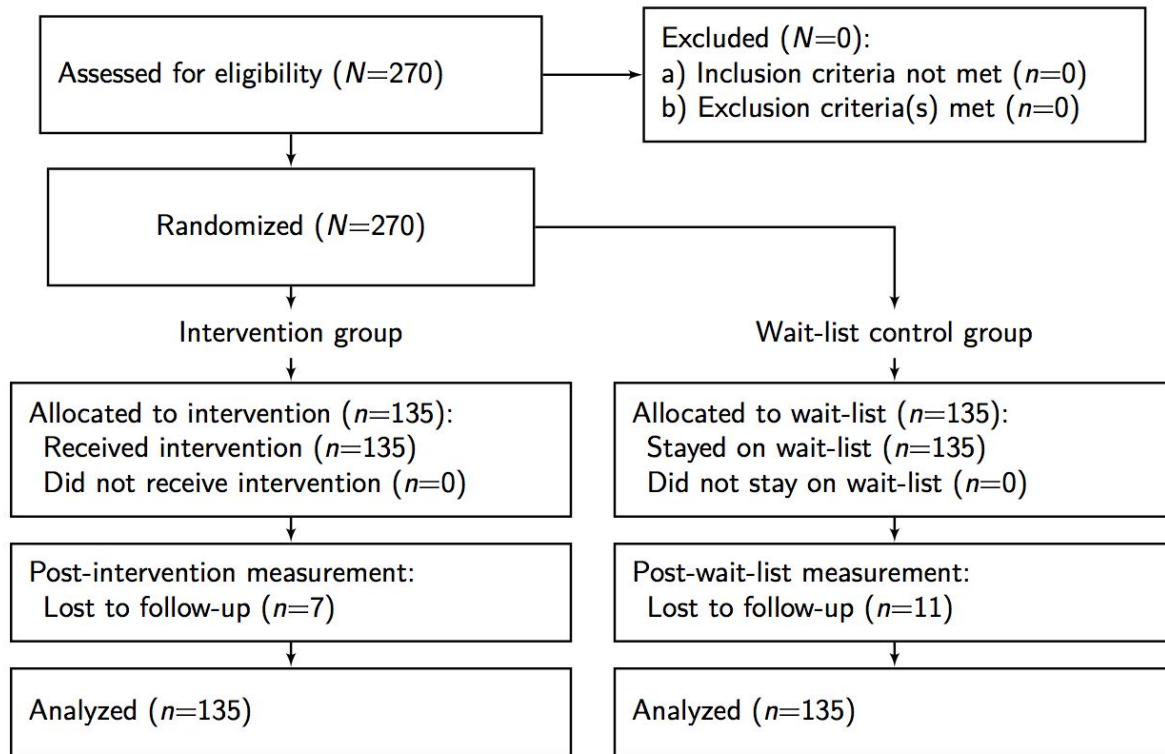
Core Content:

- child development
- positive parenting skills
- alternatives to harsh discipline

inspired by Nurturing Parenting Program

PMD I TRIAL DESIGN: RCT (5 COMMUNITIES)

INTENT TO TREAT ANALYSIS (270 HOUSEHOLDS, 270 CAREGIVERS, 270 CHILDREN)



IMPROVED INTERACTIONS AND PARENTING

55% REDUCTION IN HARSH DISCIPLINE



INTERVENTIONS

ORIGINAL RESEARCH PAPER

Parents make the difference: a randomized-controlled trial of a parenting intervention in Liberia

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Background: The objective of this study was to evaluate the impact of a brief parenting intervention, "Parents Make the Difference" (PMD), on parenting behaviors, quality of parent-child interactions, children's cognitive, emotional, and behavioral well-being, and malaria prevention behaviors in rural, post-conflict Liberia.

Methods: A sample of 270 caregivers of children ages 3–7 were randomized into an immediate treatment group that received a 10-session parent training intervention or a wait-list control condition (3.1 education). Interviewers administered baseline and 1-month post-intervention surveys and conducted child-caregiver observations. Interventional estimates of the average treatment effects were calculated using ordinary least squares regression. This study was pre-registered at ClinicalTrials.gov (NCT01580815).

Results: The program led to a 55.9% reduction in caregiver reported use of harsh punishment practices ($p < 0.001$). The program also increased the use of positive behavior management strategies and improved caregiver-child interactions. The average caregiver in the treatment group reported a 4.4% increase in positive interactions ($p < 0.05$), while the average child of a caregiver assigned to the treatment group reported a 17.5% increase ($p < 0.05$). The program did not have a measurable impact on child well-being, cognitive skills, or household adoption of malaria prevention behaviors.

Conclusions: PMD is a promising approach for preventing child abuse and promoting positive parent-child relationships in low-resource settings.

Registered 30 September 2014; Retried 16 February 2015; Accepted 7 May 2015

Keywords: Abuse prevention, Africa, family-based intervention, global mental health, Liberia, parenting.

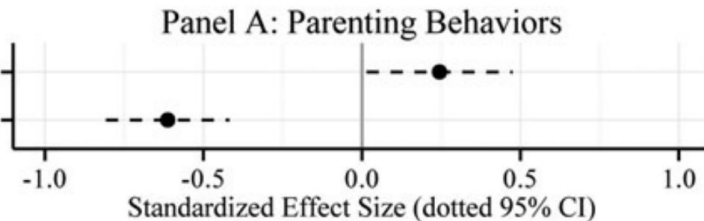
Introduction

Children and adolescents worldwide experience high rates of verbal, physical, and sexual abuse, often

perpetrated by their caregivers. Young people in certain parts of the world seem to be at increased risk, with multi-country studies documenting the highest rates in Africa (Akinleye, 2011; Shellenbarger et al., 2013). Rates of family conflict, abuse, and a range of poor developmental outcomes seem to be even higher in post-conflict settings where children and families are faced with exposure to community-based violence and other risk factors for family stress and mental health.

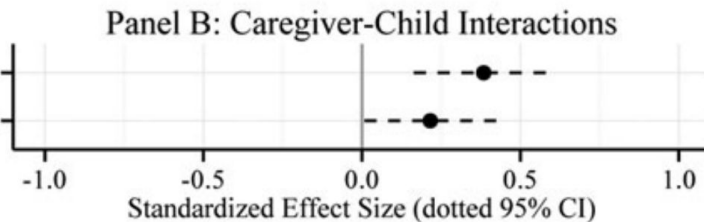
Positive behavior management composite, caregiver report

Harsh discipline composite, caregiver report



Positive interaction composite, child report

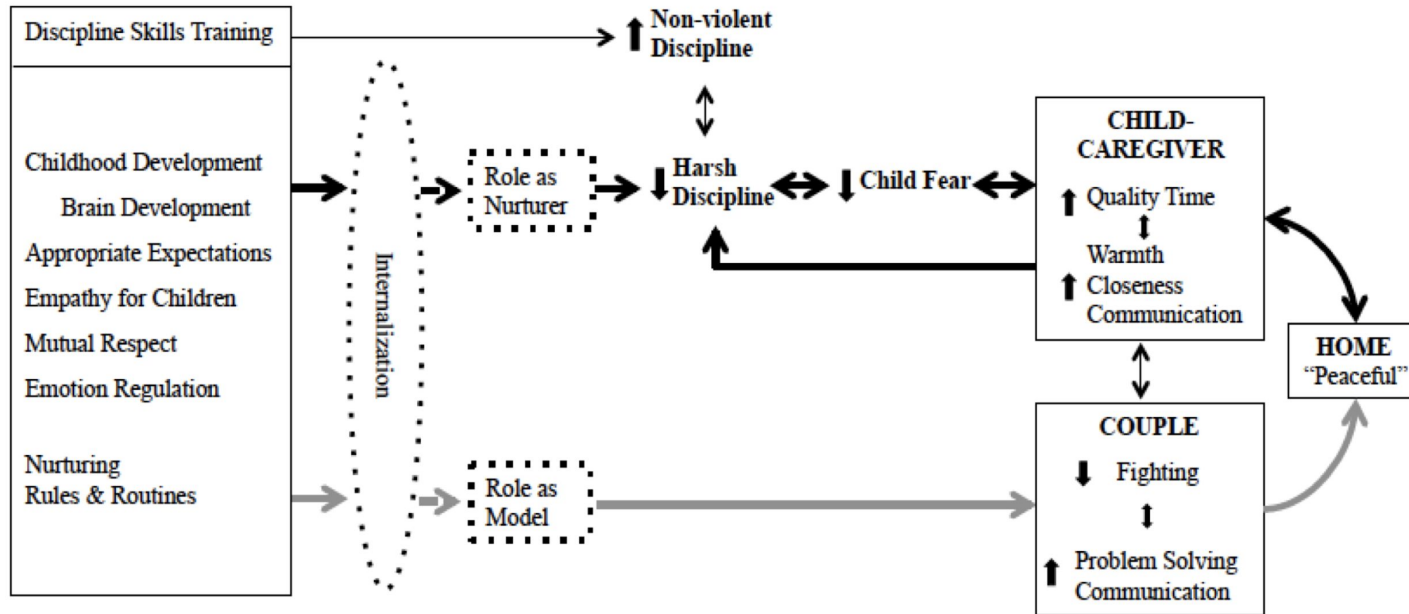
Positive interaction composite, caregiver report



No impacts on secondary outcomes of child well-being or cognitive skills.

MECHANISMS OF CHANGE: QUALITATIVE

Intervention Content



Arrow Key

- - Harsh Discipline Reduction Pathway
- - Marital and Family Conflict Reduction Pathway

Note. Dotted oval content=hypothesized psychological mechanisms; dotted boxes=internalized motivations for change.

CONCLUSIONS AND IMPLICATIONS FROM PMD I

- Behavioral parenting skills approach is feasible and effective in a post-conflict environment where physical punishment is very common.
- PMD had positive impacts:
 - Largest improvement: Decrease in harsh discipline
 - Positive interactions increased
- Qualitative research indicates there may be broader marital and family-level benefits

BUILDING ON PMD I: STILL MORE TO LEARN

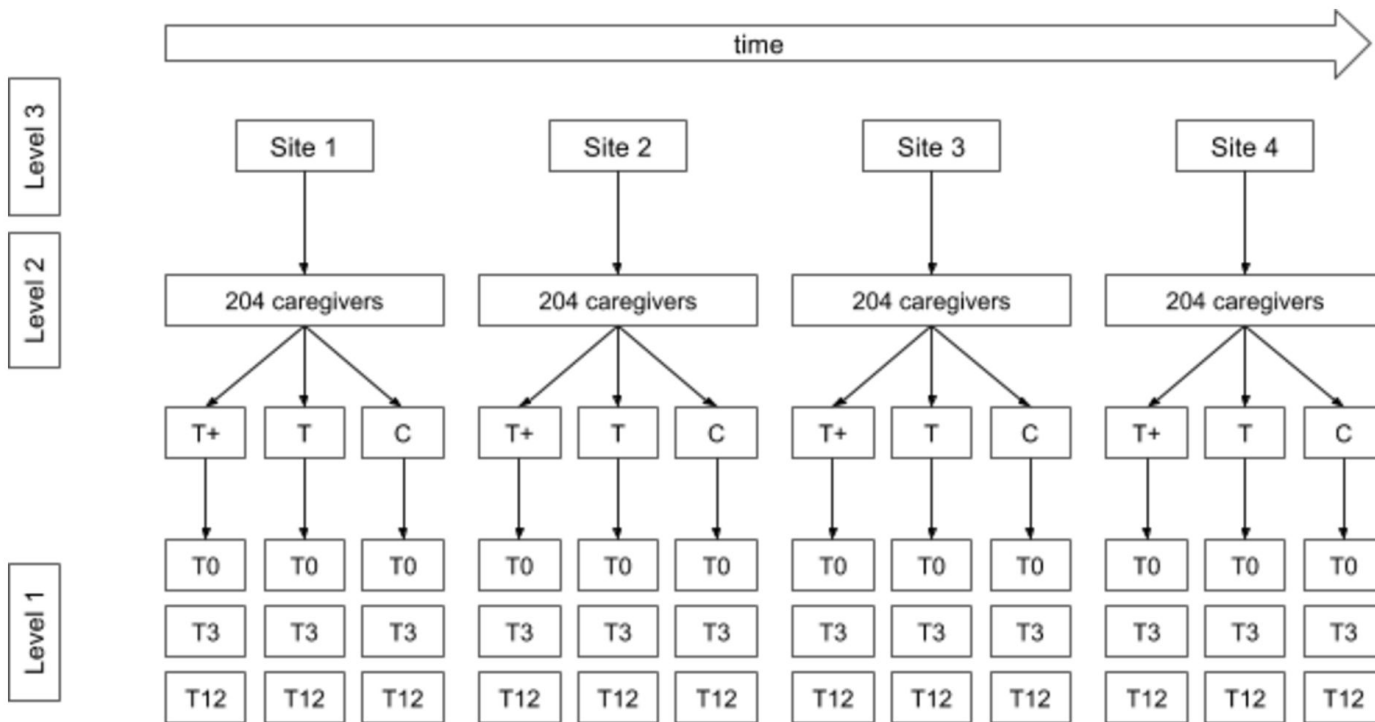
- Can we boost intervention effect sizes?
 - Revisions to strengthen evidence-based strategies?
 - Additions to increase intensity / individualized coaching?
- How will the intervention work in non-rural environments?
- What are the longer-term benefits?
- How and why does the intervention achieve outcomes?
(And why may it not reach some outcomes?)
- What is the cost effectiveness?

PMD II: Research Aims

- Test revised intervention, aiming to bolster effect sizes:
 - Increased behavioral skills practice and coaching
 - Developed “PMD+”; 3 home visits for individualized coaching
- Test in an urban setting
- Conduct a 12-month follow-up
- Include a larger sample; examine mechanisms of change
- Revise measures; Add survey measures based on qualitative results (e.g., marital relationships)
- Conduct a rigorous cost-effectiveness analysis for both intervention arms.

PMD II (MONROVIA) TRIAL: RCT

3 ARM TRIAL: CONTROL, GROUP (T), GROUP+HOME VISITS (T+)



Results expected 2018

A dirt road in a rural setting, flanked by green hedges and trees. A herd of cows is walking away from the camera down the road, with a person in a white shirt and yellow hat walking behind them.

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OUR TEAM