



# Parents Make the Difference

## IRC Research Brief

The **Parents Make the Difference** project in Liberia aimed to promote the wellbeing of young children aged 3 to 7 through reducing harsh punishment, improving parenting practices, improving child development, and increasing malaria prevention behavior. The International Rescue Committee (IRC) and research partner Duke University found that **the intervention reduced harsh punishment and improved parenting practices and caregiver–child interactions, but had no impact on malaria prevention or early childhood development outcomes.**

### Evaluation Overview

<b>Country</b>	Liberia
<b>Sectors</b>	Child Protection, Education, Health
<b>Research Partners</b>	Eve Puffer, Rhea Chase & Eric Green, Duke University
<b>Funding</b>	UBS Optimus Foundation & Anonymous Donor
<b>Sample</b>	270 families
<b>Policy Goal</b>	Prevention of child maltreatment and promotion of early childhood development

An estimated 200 million children under the age of five in developing countries are not meeting their developmental potential due to exposure to multiple risks including poverty, lack of nurturing and responsive care, and poor health and nutrition.<sup>1</sup> Among these risk factors, harsh parenting has been consistently associated with poor cognitive, social, and health outcomes during childhood and across the entire life course. Research shows that positive parenting practices and a nurturing relationship between caregiver and child can buffer the adverse effects of poverty and violence, and contribute to positive developmental outcomes.<sup>2</sup> There is a strong evidence base on the effectiveness of parenting interventions in high-income countries, and an emerging body of research from low- and middle-income countries suggesting that such interventions may be effective at improving parenting practices in low-resource settings.<sup>3</sup> Few studies have been conducted on the impact of parenting interventions in post-conflict settings. The IRC and Duke University conducted a randomized impact evaluation of the Parents Make the Difference project in Liberia to investigate the feasibility and effectiveness of a parenting intervention at achieving multiple parenting, health, and early childhood development outcomes in a post-conflict setting.

Young children in Liberia face multiple risks to their physical, emotional and intellectual development. The majority of children growing up in Liberia experience physical and psychological punishment, and the use of physical punishment is highly normalized among parents and caregivers in Liberia.<sup>4</sup> Many children enter the formal educational system late, and malaria continues to be one of the leading causes of child morbidity and mortality.<sup>5</sup> In order to address these risks, the IRC implemented the Parents Make the Difference Program in Lofa County from 2012 to 2013. Lofa is located in the remote, northernmost part of Liberia and was the scene of intense fighting and widespread displacement during the civil war. The IRC has been working in Lofa since 2002 providing a range of services, including health care, education, child protection, and gender-based violence prevention and response.

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### Based on evaluation by

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### Evaluation

The Parents Make the Difference program consisted of 10 weekly group sessions and an individual home visit to each family. Adapted from various evidence-based parenting interventions, the program used behavioral skills training to teach content on positive parenting, child development, and malaria prevention. Session topics included: negative effects of physical and psychological punishment and alternatives to harsh punishment; positive parenting skills; how

## Caregiver Characteristics

<b>Gender</b>	57% female
<b>Average age</b>	36 years
<b>Marital status</b>	90% married or in relationship
<b>Education</b>	30% with no formal education
<b>Livelihood</b>	Farming
<b>Average household income</b>	US\$41 (last 4 weeks)

to promote children's numeracy, vocabulary, and communication skills; and malaria causes, symptoms, prevention, and treatment. Facilitators conducted a home visit to provide individualized support, and participants formed support groups to review program content. Intervention fidelity (i.e., facilitators' adherence to program delivery and curriculum) was monitored by IRC technical and program staff.

The impact evaluation used a **randomized waitlist controlled trial** design to examine the impact of the intervention on: 1) caregivers' parenting practices; 2) children's cognitive, social, and emotional outcomes; and 3) malaria prevention behavior. A total of 270 families participated in the impact evaluation. All participants completed surveys and observational assessments; qualitative interviews were also conducted with a subset of 30 caregivers to explore their experience in the program.

## Results

**1. The intervention was feasible and acceptable in this low-resource, post-conflict setting.** Participant attendance was extremely high over the course of the program, with 98% of participants in the treatment group attending or represented by their partner at all 10 group sessions. Almost all participants reported being "very satisfied" with the program.

**2. The intervention significantly reduced the use of harsh physical and psychological punishment.** Caregivers who participated in the program reported an average decrease of 56% in the use of harsh punishment. In particular, the percentage of caregivers who reported beating, whipping, and spanking their child in the last four weeks decreased by

64%, 62%, and 56% respectively. The use of psychological punishment (e.g., yelling) also decreased by 29%. When asked what they did the last time their child misbehaved, only 9% of caregivers in the treatment group reported beating their child compared to 45% in the control group. Qualitative findings suggest that some participants replaced harsh punishment with non-violent discipline strategies (such as time out) in response to new knowledge and skills they had learned through the program.

**3. The intervention significantly increased caregivers' use of positive behavior management practices and improved the quality of caregiver-child interactions.** On average, caregivers in the treatment group significantly increased their use of positive behavior management strategies, particularly time out. Also, both children and caregivers reported significant increases in positive interactions (18% by children and 4% by caregivers). Observation results from brief, unstructured play between caregivers and children did not reveal significant differences in the quality of caregiver-child interaction, though this was measured by caregiver verbalizations only. Qualitative findings suggest that participants had more positive relationships with their children, including spending more time talking and playing together. Caregiver responses suggested that this improvement in interactions with their children stemmed from the decrease in harsh parenting behaviors, which in turn resulted in children being less fearful of and more comfortable with their caregivers. Some caregivers also reported increased recognition of their children's physical needs and tangible improvements in the ways they provided and cared for their children, as well as being more actively involved in their children's education.

**4. The intervention did not have a significant impact on children's cognitive, emotional, or behavioral outcomes.** Children of caregivers in the treatment and control groups did not differ in their performance on tests measuring verbal or numeracy skills. There were no significant differences in children's communication skills or their social, emotional, and behavioral outcomes. Qualitative findings suggest that some participants observed improvements in their children's academic motivation and achievement, and in their behavior and social and emotional wellbeing. Some participants described their children as more motivated to attend and achieve at school, more obedient and respectful, and better at social interactions with others.

**5. The intervention did not have an impact on malaria prevention outcomes.** Reported ownership and use of mosquito nets was high at baseline and post intervention for both treatment and control groups. There was no significant increase in mosquito net ownership or use, or malaria prevention knowledge and behaviors among caregivers in the treatment group.

**6. Qualitative findings suggested potential unanticipated positive changes in participants' families and communities.** Participants reported decreased marital conflict and improved communication and problem

solving within the household. Although this was not a focus of the intervention, some respondents described how changes in their own and their spouse's behavior (e.g., substance use) have resulted in improved relationships. Some participants also reported sharing what they had learned in the program with others in the community, helping to counsel other families, and serving as a role model in the community.

“One of the main changes is my woman and I are not making confusion again like the way we used to make palaver [arguments] every time, and the people [facilitators] are even telling us not to be making palaver and abusing our woman because if we have confusion, our children will practice that from us.”

—47-YEAR-OLD FATHER

## Lessons

**1. Parenting interventions are feasible and can be delivered in resource-constrained, culturally diverse and post-conflict settings.** Implementation of the Parents Make the Difference program in rural Liberia suggests that parenting interventions can be delivered at a low cost by lay facilitators, even in post-conflict contexts characterized by very limited financial and human resources. High levels of participant attendance and satisfaction also point to the cultural acceptability of the intervention. Future implementation of parenting interventions in low-resource and conflict-affected settings should ensure sufficient time and resources for training the local workforce, as well as cultural and contextual adaptation in order to maximize intervention fidelity and acceptability.

**2. Brief parenting skills-building interventions can decrease caregivers' use of violence as a form of punishment.** Our findings suggest that targeted parenting interventions of short duration can be effective at changing discipline practices and, in particular, reducing the use of violence as a form of punishment, even in contexts where such forms of punishment are highly normative. Policies and programs should shift from focusing only on raising awareness or “sensitization” activities to also include skills building interventions that equip parents and caregivers with concrete techniques they can use to manage their children's behavior without the use of violence.

**3. Further development and longer-term testing of the program is necessary to achieve and measure multiple caregiver and child outcomes beyond parenting behaviors.** The study did not find an impact

on early childhood development outcomes such as cognitive and school readiness skills, and social and emotional wellbeing. It is possible that the post-test survey—administered only one month post intervention—did not allow for sufficient time for these outcomes to emerge. While parenting behavior and practices may be amenable to change within the short timeframe of the intervention, it may be that their impact on child outcomes takes a longer time to emerge. This is consistent with the theory of change for the Parents Make the Difference program, which hypothesizes



PHOTO BY MARK DARROUGH: A family in Voinjama, Liberia.

improvement in children's cognitive, emotional, and behavioral development and wellbeing as a longer term outcome. Measurement of children's cognitive, emotional, and behavioral outcomes is also a general challenge for the field of early childhood development, and more research is required to develop, adapt, and test the reliability and validity of early childhood development measures for culturally diverse populations. Further refinement of the intervention design, curriculum, and materials related may also be necessary to strengthen caregivers' competencies and skills to enhance child development. Additional content devoted to structured role play and practice, including activities with their children at home or in session, may help caregivers increase their comfort and skill with activities aimed at boosting their children's development. Similarly, the intervention only included one session on malaria prevention, which may not have been sufficient to change their knowledge and behavior in the short-term especially when baseline rates of mosquito net usage were high. Whether parenting interventions can be used to achieve multiple outcomes across various sectors (e.g., health, education, early childhood development, and violence prevention) or not remains an empirical question that requires further research.

- 4. More rigorous and longitudinal research along with cost analysis is necessary to strengthen evidence base in low-resource, post-conflict settings.** Recommendations from recent reviews of parenting interventions in low and middle-income countries as well as findings from this study point to the need for more rigorous study designs, including validation of cross-cultural measures, use of observational methods, assessment of child outcomes, and follow-up of at least 12 months post intervention to assess emergence or maintenance of longer-term outcomes such as the prevention of future problems related to child behavior and emotional wellbeing. Further research is also necessary to understand the relative cost effectiveness of various intervention models, such as the prevention of future problems related to child behavioral and emotional well-being and the scalability and sustainability of interventions when delivered using a public health and social service workforce model.

## Endnotes

- 1 Grantham-McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L., Strupp, B. & the International Child Development Steering Group. (2007). Child development in developing countries: Developmental potential in the first 5 years for children in developing countries. *Lancet* 369(9555): 60–70.
- 2 Betancourt, T.S. & Khan, K.T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry*, 20(3): 317–328.
- 3 Knerr, W., Gardner, F. & Cluver, L. (2013) Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review. *Prevention Science*, 14(4): 352–363.
- 4 Liberia Institute of Statistics and Geo-Information Services (LISGIS) et al. (2008). *Liberia Demographic and Health Survey 2007*.
- 5 National Malaria Control Program (NMCP) et al. (2012). *Liberia Malaria Indicator Survey 2011*.

## The IRC is Evidence-Based and Evidence-Generating

Using findings from the Parents Make the Difference impact evaluation, the IRC is revising the intervention and improving evaluation design to address outstanding questions around the impact of parenting on child outcomes. We aim to further test the intervention through a scale-up in Liberia that will reach 1,000 families, including evaluating the relative effectiveness and cost-effectiveness of parenting skills training through a group-based format only, compared with the group-based intervention plus home visits. Through the IRC's program of research on the prevention of violence against children and youth, this study as well as research in Burundi and the Thailand–Burma border will contribute to evidence-based policy and practice around parenting and violence prevention in low-resource, conflict-affected settings.