Parenting and the prevention of child maltreatment in low- and middle-income countries

A systematic review of interventions

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Behavioural parenting interventions and violence prevention

- Within high income countries, there are decades of high-quality RCTs
- Flexible, adaptable evidence-based interventions show strong effects across cultures, countries, many levels of disadvantage
  - Reduce risk and incidence of child maltreatment
  - Improve child outcomes, especially related to violence and antisocial behaviour
  - Impart skills that buffer effects of family and community factors on child development (including aggression)

Aim and Methods

AIM was to investigate:

- Effectiveness of behavioural parenting interventions in LMICs for:
  - reducing harsh parenting/increasing positive parenting
  - improving parent–child relationships
  - reducing child aggression
- Transportability of interventions to LMICs

METHOD: Systematic review using Cochrane guidelines

- Included: RCTs, published and unpublished
Results

- 12 studies fit the criteria
  - 8 middle-income countries (Brazil, Chile, China, Iran, Jamaica, Pakistan and Turkey, and three in South Africa)
  - 1 low-income country (two studies from Ethiopia)
### Participants of included studies

<table>
<thead>
<tr>
<th>Country</th>
<th>Carer</th>
<th>Child age</th>
<th>Socioeconomic status</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>Mothers</td>
<td>0-2 yrs</td>
<td>Most live below poverty line</td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td>Mean = 4.5 yrs</td>
<td>Disadvantaged</td>
</tr>
<tr>
<td>Turkey</td>
<td></td>
<td>3-5 yrs</td>
<td>Squatter housing in urban shantytown; low income</td>
</tr>
<tr>
<td>Jamaica</td>
<td></td>
<td>16-30 mos</td>
<td>Below-average housing conditions e.g., poor sanitation/overcrowding</td>
</tr>
<tr>
<td>Iran</td>
<td></td>
<td>2-6 yrs</td>
<td>Most fathers employed</td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td>8-12 yrs</td>
<td>Advantaged</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Pregnant women</td>
<td>0-3 mos</td>
<td>Many live on income from subsistence farming</td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td>0-6 mos</td>
<td>Shacks; settlements w/very high unemployment &amp; poverty</td>
</tr>
<tr>
<td>Chile</td>
<td></td>
<td>0-12 mos</td>
<td>Extremely poor neighbourhoods</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Families</td>
<td>6 mos – 3 yrs</td>
<td>Congested urban slums, overcrowded households and poor sanitation; some live at subsistence levels</td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td>1-3 yrs</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>New mothers</td>
<td>2-3 days</td>
<td>‘Low’ or ‘median’ housing conditions</td>
</tr>
</tbody>
</table>
Characteristics of included interventions

- Delivery mode: mostly home visiting (6); 2 group-based; 2 combined group/home; 2 clinic-based

- Components:
  - Individual/group counselling or discussion
  - role play or videotape modelling of positive parenting behaviours
  - educational materials (e.g. pictorial calendar/drawings = low literacy requirement)
  - structured or guided play
  - creation of toys from common objects
Outcomes & Effects

- High heterogeneity – no meta-analysis
- All studies reported results favouring intervention
- Three broad categories of outcomes:
  - Parent–child interaction/communication
  - Harsh or abusive parenting/discipline
  - Parent attitude or knowledge
How reliable is this evidence?

- Wide variation in quality
- 2 highest-quality studies

**South Africa:** Cooper, P., et al. (2009). *(N=449)*


**Pakistan:** Rahman, A., et. al. (2009). *(N=334)*

What do the results tell us?

- Promising results, especially in relation to:
  - improving parent–child relationships and parental knowledge
  - feasibility of using non-professional local staff (paraprofessionals/lay people)
  - adding interventions to routine health services (postnatal home visits)
- Need more & better-evaluated interventions in LICs, validated instruments, larger sample sizes, delivered by local/lay persons
- Useful data about transportability of interventions to low-income settings
What did we learn about transportability?

- Several studies tested ‘transported’ interventions, e.g.:
  - **Pakistan** - ‘Learning Through Play’ (Canada)
  - **Iran** - SOS! Help for Parents (USA)

- None of the transported interventions had rigorous evidence of effectiveness (i.e. multiple RCTs with varied populations) in their origin country/other settings

- Untapped opportunity:
  - Increasingly strong evidence that transportability *can* work across cultures, income groups, countries
  - Highly flexible and adaptable evidence-based interventions exist (e.g., RCT of Incredible Years for teachers in Jamaican slums)
How do we transport effectively?

Which factors influence applicability and effectiveness? E.g.:

- Cultural/ethnic differences in parenting, child behaviour
- Diverse family structures
- Poverty
- HIV
- Violence/safety
- Community acceptance
- Practical considerations (electricity, meeting space)
- Service or infrastructure differences
New research

To what extent can evidence-based parenting interventions be transported from one country to another?

*systematic review and coding of effectiveness characteristics*

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Limitations

- Challenges of the literature search
- Non-English-language databases could not be searched (risk of language bias)
- High degree of heterogeneity (limited comparability)
- Only included RCTs
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