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

A systematic review of interventions

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Research conducted for
The Sexual Violence Research Initiative (SVRI)
Gender and Health Research Unit
Medical Research Council
South Africa
Why focus on parenting?

- Parenting is primary pathway to child development
- Parent–child relationship is critical factor in incidence of maltreatment
- Poor parenting is key risk factor associated with children’s future violent behaviour
- Parenting factors shown to buffer other influences
Good parenting? Bad parenting?

- Continuum of culturally defined and accepted childrearing practices:
  
  - Positive/Nurturing \(\rightarrow\) Inconsistent \(\rightarrow\) Negative \(\rightarrow\) Harsh \(\rightarrow\) Abusive

- Complicates efforts to define and monitor

- Sparse prevalence and incidence data

- Unreliable data on explicit maltreatment outcomes
  - Thus, focus on quality of parent-child relationships, parenting practices
What is the evidence for intervening with parents?

- Existing evidence of effect: HICs vs LMICs
- Incredible Years and Triple P
  - reduce risk factors for maltreatment, particularly harsh parenting
  - improve general parenting practices
- Explicit maltreatment outcome measures vs proxy measures
  - responsiveness to child needs
  - strength of parent–child bond
  - use of more appropriate or positive disciplinary strategies
  - reduction in child misconduct
Focus of this review

- Systematically investigate effectiveness of parenting interventions in LMICs for:
  - reducing negative, harsh or abusive parenting
  - increasing positive parenting practices, attitudes and knowledge
  - improving parent–child relationships
- Interventions to prevent physical and, to a lesser degree, psychological abuse and neglect
**Methodology**

- Cochrane Handbook as guide
- **Focus on:**
  - high-quality studies
  - specific parent-training components
  - effects can be isolated
- Published and unpublished studies

<table>
<thead>
<tr>
<th><strong>Population</strong></th>
<th>Parents or other primary carers of children aged 0–18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></td>
<td>Parenting for reducing negative or harsh parenting, increasing positive parenting strategies and improving parent–child relationships</td>
</tr>
<tr>
<td><strong>Comparator</strong></td>
<td>No intervention, services as usual or alternative services</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Parent–child interaction; parenting skill, behaviour, attitudes or knowledge; harsh, abusive or dysfunctional parenting; child abuse or neglect</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>Low- and middle-income countries</td>
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<tr>
<td><strong>Design</strong></td>
<td>Randomised and quasi-randomised controlled trials</td>
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</table>
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

- Sample sizes:
  - n=26 to n=449 [84]
  - most 30–100 participants
## Participants of included studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Participants</th>
<th>Sample size (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aracena, Krause et al. 2009 [90]</td>
<td>Chile</td>
<td>Pregnant women (3rd trimester)</td>
<td>104</td>
</tr>
<tr>
<td>Cooper, Tomlinson et al. 2009 [84]</td>
<td>South Africa</td>
<td>Pregnant women (3rd trimester)</td>
<td>449</td>
</tr>
<tr>
<td>Jin, Sun et al. 2007 [80]</td>
<td>China</td>
<td>Mothers</td>
<td>100</td>
</tr>
<tr>
<td>Kagitcihasi, Sunar et al. 2001 [86]</td>
<td>Turkey</td>
<td>Mothers</td>
<td>280</td>
</tr>
<tr>
<td>Klein and Rye 2004 [92]</td>
<td>Ethiopia</td>
<td>Families</td>
<td>96</td>
</tr>
<tr>
<td>Magwaza and Edwards 1991 [87]</td>
<td>South Africa</td>
<td>Mothers</td>
<td>90</td>
</tr>
<tr>
<td>Oveis, Ardabili et al. 2010 [88]</td>
<td>Iran</td>
<td>Mothers</td>
<td>272</td>
</tr>
<tr>
<td>Powell and Grantham-McGregor 1989 [89]</td>
<td>Jamaica</td>
<td>Mothers</td>
<td>58</td>
</tr>
<tr>
<td>Rahman, Iqbal et al. 2009 [83]</td>
<td>Pakistan</td>
<td>Pregnant women (3rd trimester)</td>
<td>334</td>
</tr>
<tr>
<td>Teferra and Tekle 1996 [93]</td>
<td>Ethiopia</td>
<td>Families</td>
<td>30</td>
</tr>
<tr>
<td>Van Wyk, Eloff et al. 1983 [85]</td>
<td>South Africa</td>
<td>Mothers</td>
<td>26</td>
</tr>
<tr>
<td>Wendland-Carro, Piccinini et al. 1999 [91]</td>
<td>Brazil</td>
<td>New mothers</td>
<td>38</td>
</tr>
</tbody>
</table>
Intervention characteristics

- Delivery location/mode
- Primary goals
- Duration: average 3–6 months
- Number of sessions: average 5–15 sessions
- Common components:
  - individual counselling or group discussion
  - role play
  - videotape modelling of positive parenting behaviours
  - educational materials modelling positive behaviours
  - structured or guided play
  - provision/creation and use of toys or play objects
Outcomes measured

- Wide range: 19 total, 10 relevant to this review
- Classified under three broad headings
  - Parent–child interaction (e.g., sensitivity, communication)
  - Negative, harsh or abusive parenting (e.g., dysfunctional parenting, use of harsh discipline)
  - Parent attitude or knowledge (e.g., about child development)
Effects

- Studies with 1580 parents in 9 countries
- 12 randomised (or equivalent) trials
- All studies reported results favouring intervention group on a range of parenting measures
- Suggests parenting interventions hold some promise for improving parenting practices and reducing risk factors for child maltreatment in lower-resource settings
Quality of evidence

- 3 studies = low risk of bias based on available information
- Most studies, limited reporting about:
  - power calculation
  - sequence generation
  - allocation concealment
  - incomplete outcome data
  - baseline demographic data
  - reliability and validity of instruments
- Wide variation in methodological quality
- Notable exceptions: Cooper and Rahman (n=780) (more on this later…)
### Good practice examples

<table>
<thead>
<tr>
<th>Methods</th>
<th>Controlled trial using minimisation [76], balancing for factors known to be associated with adverse outcomes (e.g., antenatal depression, planned pregnancy) and residence (i.e. SST or Town II, the two locations of the study)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>Women in late pregnancy, living in one of two adjoining areas of Khayelitsha, a peri-urban settlement on the outskirts of Cape Town, South Africa</td>
</tr>
<tr>
<td>Interventions</td>
<td>Home-visiting intervention promoting sensitive parenting and secure infant attachment (n=220); control group (n=229) received services ‘as usual’, which were also provided to intervention group, including home visits and encouragement to take their infants to local health clinics</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Maternal sensitivity and intrusiveness; infant attachment; maternal depression</td>
</tr>
<tr>
<td>Notes</td>
<td>Duration: 16, 60-minute sessions over 5 months. Staffing: lay persons.</td>
</tr>
</tbody>
</table>

Cooper, Thomlinson et al 2009 (n=449)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Cluster-randomized controlled trial (village as unit of randomization)</th>
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</thead>
<tbody>
<tr>
<td>Participants</td>
<td>Pregnant women in third trimester (n=334) from 24 villages in a rural sub-district of Rawalpindi, Pakistan</td>
</tr>
<tr>
<td>Interventions</td>
<td>Parent-based intervention (‘Learning Through Play’ Programme) using a pictorial calendar depicting stages of child development from birth to 3 years, with illustrations of parent–child play and other activities (n=177); control group received routine post-natal follow-up visits (n=157)</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Mothers’ knowledge and attitudes about the second birth month stage of development; maternal mental distress</td>
</tr>
<tr>
<td>Notes</td>
<td>Duration: half-day group workshop, fortnightly 15–20 minute discussions. Staffing: paraprofessionals</td>
</tr>
</tbody>
</table>

Rahman, Iqbal et al 2009 (n=334)
Implications for practice

- Evidence suggests parent training in some LMICs can improve parent–child relationships and reduce negative parenting practices.
- Two highest quality studies suggest:
  - feasibility of using non-professional local staff
  - service delivery through home visits
  - adding interventions to routine health services
Implications for research

Need:
- more and better evaluated interventions in LICs
- better and more complete reporting
- standardised outcome measures
- instruments validated for use with study population
- studies of parents with children 6+ years old (?)
- studies employing lay persons to deliver interventions

Limited conclusions can be drawn from whole review

Cooper and Rahman studies: good practice models
Cultural adaptation of parenting interventions

- Pakistan: Rahman, Iqbal et al. adapted ‘Learning Through Play’ programme, originally developed in Canada
- China: Jin, Sun et al. tested ‘Care for Development’ (CFD) package developed by WHO and UNICEF
- Iran: Oveisi, Eloff et al. adapted SOS! Help for Parents, originated in USA
- Ethiopia: trialled ‘More Intelligent and Sensitive Child’ (MISC) intervention
Some areas for consideration in intervention design:

- Fidelity/adaptation balance: to adapt or not to adapt?
- Cultural/ethnic differences in parenting, child behaviour/expectations
- Literacy and languages
- Diverse family structures
- Poverty and other family pressures
- HIV/AIDS
- Violence/safety
- Community buy-in
- Practical considerations in low-resource settings
Parenting, conduct disorder and preventing future violence

Still to come…

- Conduct disorder among boys and future violent behaviour
- Links between conduct disorder and IPV later in life
- Parenting interventions for addressing conduct problems: early years, older children
Limitations

- Literature searching
- Some studies may have been missed
- Most study authors contacted for more information, but limited time meant most did/could not respond
- One potentially relevant study not yet available
- Non-English-language databases, such as LILACS, could not be searched (risk of language bias)
- High degree of heterogeneity:
  - narrative synthesis a major challenge
  - compromised comparability
Acknowledgements

- SVRI/MRC
- Oak Foundation
- Authors of the included studies
- University of Oxford Centre for Evidence-based Interventions