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, 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?
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)

- Assessed for eligibility ($N=270$)
  - Excluded ($N=0$): a) Inclusion criteria not met ($n=0$) b) Exclusion criteria(s) met ($n=0$)

- Randomized ($N=270$)
  - Intervention group
    - Allocated to intervention ($n=135$): Received intervention ($n=135$) Did not receive intervention ($n=0$)
    - Post-intervention measurement: Lost to follow-up ($n=7$)
    - Analyzed ($n=135$)
  - Wait-list control group
    - Allocated to wait-list ($n=135$): Stayed on wait-list ($n=135$) Did not stay on wait-list ($n=0$)
    - Post-wait-list measurement: Lost to follow-up ($n=11$)
    - Analyzed ($n=135$)
**IMPROVED INTERACTIONS AND PARENTING**

55% REDUCTION IN HARSH DISCIPLINE

No impacts on secondary outcomes of child well-being or cognitive skills.
MECHANISMS OF CHANGE: QUALITATIVE

**Intervention Content**

- Discipline Skills Training
- Childhood Development
  - Brain Development
- Appropriate Expectations
- Empathy for Children
- Mutual Respect
- Emotion Regulation
- Nurturing
  - Rules & Routines

**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
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