

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

*A systematic review of interventions*

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# 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 → Inconsistent → Negative → Harsh → 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- Published and unpublished studies

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

# 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

Study	Country	Participants			Sample size (n)
		Parent/Carer	Child age	Socioeconomic status	
Aracena, Krause et al. 2009 [90]	Chile	Pregnant women (3 <sup>rd</sup> trimester)	0–12 months	Extremely poor neighbourhoods	104
Cooper, Tomlinson et al. 2009 [84]	South Africa	Pregnant women (3 <sup>rd</sup> trimester)	0–6 months	Live in shacks, in settlements characterised by very high unemployment and poverty	449
Jin, Sun et al. 2007 [80]	China	Mothers	0–2 years	Most live below poverty line	100
Kagitcibasi, Sunar et al. 2001 [86]	Turkey	Mothers	3–5 years	Squatter housing in urban shantytown; low income	280
Klein and Rye 2004 [92]	Ethiopia	Families	1–3 years	Congested urban slums, overcrowded households and poor sanitation; some live at subsistence levels	96
Magwaza and Edwards 1991 [87]	South Africa	Mothers	mean = 4.5 years	Disadvantaged	90
Oveisi, Ardabili et al. 2010 [88]	Iran	Mothers	2–6 years	Most fathers were employed	272
Powell and Grantham-McGregor 1989 [89]	Jamaica	Mothers	16–30 months	Below-average housing conditions (e.g., poor sanitation and overcrowding)	58
Rahman, Iqbal et al. 2009 [83]	Pakistan	Pregnant women (3 <sup>rd</sup> trimester)	0–3 months	Many live on income from subsistence farming	334
Teferra and Tekle 1996 [93]	Ethiopia	Families	6 months – 3 years	Congested urban slums, overcrowded households and poor sanitation; some live at subsistence levels	30
Van Wyk, Eloff et al. 1983 [85]	South Africa	Mothers	8–12 years	Advantaged	26
Wendland-Carro, Piccinini et al. 1999 [91]	Brazil	New mothers	2–3 days	‘Low’ or ‘median’ housing conditions	38

# 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...)

Study	Country	Adequate sequence generation?	Allocation concealment?	Blinding?	Free of other bias?
Arcena et al. 2009	Chile	?	?	?	-
Cooper, Thomlinson 2009	South Africa	+	+	+	+
Jin et al. 2007	China	?	?	-	-
Kagiticbasi et al. 2001	Turkey	+	?	+	-
Klein and Rye 2004	Ethiopia	?	?	+	-
Magwaza 1991	South Africa	?	?	+	-
Oveisi et al. 2010	Iran	?	?	?	-
Powell et al. 1989	Jamaica	?	?	+	+
Rahman, Iqbal. et al. 2009	Pakistan	+	+	+	+
Teferra et al. 1996	Ethiopia	?	?	?	-
Van Wyck 1983	South Africa	?	?	?	-
Wendland-Carro 1999	Brazil	+	+	+	-

Key:      Yes      Unclear      No  
             +      ?      -

# Good practice examples

Cooper, Thomlinson  
et al 2009 (n=449)

<b>Methods</b>	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)
<b>Participants</b>	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
<b>Interventions</b>	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
<b>Outcomes</b>	Maternal sensitivity and intrusiveness; infant attachment; maternal depression
<b>Notes</b>	Duration: 16, 60-minute sessions over 5 months. Staffing: lay persons.

Rahman, Iqbal et al  
2009 (n=334)

<b>Methods</b>	Cluster-randomized controlled trial (village as unit of randomization)
<b>Participants</b>	Pregnant women in third trimester (n=334) from 24 villages in a rural sub-district of Rawalpindi, Pakistan
<b>Interventions</b>	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)
<b>Outcomes</b>	Mothers' knowledge and attitudes about the second birth month stage of development; maternal mental distress
<b>Notes</b>	Duration: half-day group workshop, fortnightly 15-20 minute discussions. Staffing: paraprofessionals

# 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

# Intervention adaptation for low-resource settings

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

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