Pasin bilong lukautim pikinini gut
Parenting for Child Development

From development to scale: a parenting program to support the development & wellbeing of children in PNG

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Parenting for Child Development (P4CD)

Supported by the Australian Government in partnership with the Government of Papua New Guinea
Partnership framework

- Lukautim Pikinini Act 2015
- National Child Protection (Lukautim Pikinini Policy 2016)
- Partnership between UNICEF and the Archdioceses of Madang, Western Highlands and the Diocese of Kundiawa
- Building capacity of Child Protection Officers, Volunteers and Family Life Educators in Church, government and community
- Funding: DFAT through Pacific Women Strategy and UNICEF
Violence and child maltreatment: impacts are multigenerational

The program aims to:

- Improve parents’ knowledge of child development
- Improve parenting in early and middle childhood (3-9 years)
- Improve communication and problem-solving
- Men and women are included
Engagement in remote communities

[Images of a construction site, a group of people standing together, and a group of people standing in front of a building.]
OVERVIEW:
2016-2019
1. **Qualitative research** in 4 provinces
2. **P4CD: a parenting program** to support children’s social-emotional and behavioural development and wellbeing
3. **Pilot program** March–May 2017
4. **Training program** 2017-2018
5. **Scale-up** 2018-2019
6. **M&E report** & lessons from scale-up
Four provinces: 15 communities, 26 group interviews, ~400 people
There was not a clear sense that what parents do does not matter for the child’s development or for future social outcomes.

“When a child succeeds in life ..... It is not because the child has been nurtured by the parent .......... it is random.”

From another perspective, reflecting a normative lack of involvement of men in early care of children:

“Fathers are not there to make a child a better person. Because it is our culture. Fathers don’t get involved until the children are teenagers especially the sons. It is the mother’s role to bring them up before then.”
Corporal punishment

- ‘I belt them – with sticks and brooms, anywhere on the body. I swear at the kids ....
- ‘If you hit a kid with a broom – then you are saying they are rubbish
- ‘We talk to them; we withhold food. We give them a beating.
- ‘Punishment is there. You get an escalating situation where parents order, they command their children. The tone of voice is not good.
- ‘We live in a communal society. What she has is yours. Everyone has a right to address concerns and hit. There is no limit for punishment.

  Q. Do you agree with this? A. Yes. This is the norm.
- ‘You hit me now, I hit you later.’

- There is a pattern of escalating harshness of physical punishment and youth reactions to it
“Our parents cannot read and understand our feelings. They don’t understand us and we don’t understand them”.

“Every parent should have understanding. Instead of beating, they should ask us what is happening instead of just telling us. We sometimes fight them.”

“They always beat us and yell, scream and yell. If they yell, we yell back. They don’t listen. I am still under their roof, but I am waiting until I am self-independent”.

“I always assumed what my parents wanted me to do. I was never told. We didn’t ever sit down to talk”.
Parenting

- Hierarchy & respect, social distance
- Demonstrative violence & emotional reactivity
- Neglect: delegation in extended families, child caregivers
- Differences between traditional and small ‘nuclear’ families
- Impacts of loss, family break-up, questioning of mothers’ and fathers’ roles
- Intergenerational gap: differences in styles
Who is the program for?

- **For primary caregivers** of children aged 3 to 9 years.
- **Six one day workshops in six weeks:**
  - Full days with morning & afternoon sessions
  - Parents attend all six workshops
  - Recruitment: Promotion through community and church networks; facilitators engage families about decisions to attend
  - 15-20 participants, men, women, incl. couples/support persons
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Facilitator’s Guide

- Flipcharts
- Resource Book/Resource Cards
- Facilitator Guide
- Child Development Booklet
- Handouts/sheets
- Trainers’ Guide

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FLIPCHART
WORKSHOPS 1-3
1. Strongpela sapot long stat.

Ol gutpela, stretpela wei na pasin bilong lukautim pikinini gut- na trupela laikim pasin bilong husat i was, lukautim mi - mekim het kuru bilong mi kamap strong, na helpim mi long lainim gut samting na mi kamap gut.
2. Helpful & harmful influences

Woksop 2 Ektiviti 2. Wanem ol kranki wei bilong lukautim pikinini bai bagarapim kamap, save, na sindaun bilong pikinini long bihain taim?

Injury, neglect, abuse, violence, stress ...
Bilong wanem pikinini i mas gat taim bilong pilai?

- Physical development – gro bilong strongim bodi
- Cognitive Development – gro bilong save, tingting
- Social-emotional development – gro bilong totok toktok wantaim narapela na luksave long ol nids bilong narapela.
- Moral development – luksave long wanem samting I rong na wanem samting I rait, wanem samting I gutpela na samting I nogut. Lotu na pre pasin
4. Pasin bilong ol pikinini

Wanem em nogut bekim, luksave?
5. Dealing with emotions

Why am I feeling angry? Bilong wanem mi belhat?
6. Communication & family wellbeing

Harim toktok

Resource Card
Engagement in remote communities
Internationally, there is little published evidence on how to implement parenting programs in contexts like PNG.

However, there is promising evidence that effective health, educational and psychosocial programs can be implemented by lay practitioners (Chowdhary, et al 2014).

and that

Trained lay practitioners can provide effective supervision and mentorship to peers within a well-supported program (Singla et al, 2014).
Who delivers P4CD?

- A program delivered by volunteers:
  - Most facilitators have at least year 10 education; few have post primary; some have experience in program delivery.
  - One team leader and two facilitators for each community program
  - Supported by Assistant coordinators and trainers
Training Program

Training for trainers, team leaders, facilitators, and evaluation team.

Banz
Alexishafen
Goroka
Mingende
• Training of Facilitators and parents, is by experiential learning, “learning by doing”

• Training workshops break up into small groups of 12 to play the different roles: facilitators; “parents”; team leaders, led by trainers

• Focus on reflective practice, record keeping and assessment overseen by trainers
Findings: Pilot program 2017

- Attendance: 223 people attended the program
- Average age was approx. 38 years (range 19-56 years)
- Variation in age across communities:
  - About 60% women; 40% men
  - About 57% no school or primary school only
  - Variation in education across communities
Attendance

• Average number of sessions attended per person varied from 7 to almost 11.5 (65% - 95%) across communities

• 67% of persons attended ALL sessions.

• Average size of workshops varied from 11 to 24 persons
Parents reported uncertainty about the adequacy of parenting and concern about lack of family cohesion:

- A high proportion of parents reported that their children were not looked after well, some or all of the time
- Children were not always treated fairly, equally or with respect in many families
- A majority of respondents reported having insufficient food or money sometimes or all of the time
- A high proportion reported feeling that they were unable to cope with work and family duties
Parents reported influences affecting family wellbeing:

- 83% (male and female) reported violence towards them by a spouse at least some of the time
- Similar proportions reported violence between other family members
- A majority reported behavioural problems, fighting, disobedience among older children

There is some variation in characteristics of parenting and family wellbeing by age, gender and education
Harsh parenting

- Questionnaire: P-C CT Scale (short) Straus et al, 2007
- **Corporal punishment** was:
  - significantly less likely for older caregivers
  - more strongly associated with educated than with less educated caregivers and with females than with males
- **Verbal abuse** more strongly associated with female caregivers
- **Psychological control** was less likely with more educated people and more likely for female caregivers.
- Higher scores of harsh parenting overall were associated with:
  - Low family cohesion & family difficulties
  - Younger caregivers
Changes in harsh parenting

There were statistically significant reductions in all elements of harsh parenting after the workshops

   – Largest changes were for verbal abuse
   – Significant reductions in all forms of corporal punishment
   – Improvements are reported by both women and men and at all ages & education levels.
Change in harsh parenting

Verbal abuse
- shout, yell
- swear, curse

Corporeal punishment
- hit bottom with stick
- hit body with stick
- hit bottom bare hand
- throw, knock down
- tie up rope

women pre  women post  men pre  men post
Changes in family wellbeing

• There were significant improvements in family wellbeing

• There were significant reductions in family relationship difficulties after the workshops. There were decreases in:
  – Reports of violence by spouse
  – Reports of a lack of money in the family
  – Reports that children are not well looked after

There was an increase in:
  – Reports of confidence in being able to cope well with work and family duties

• These changes suggest that improvements in parenting may contribute to improved family relationships, parental confidence and sense of efficacy.
Changes in family wellbeing

* p < .003
Improved confidence & coping

- Children are well looked after
- Cope well with work and family duties

Women pre: * p < .003
Focus group responses regarding things learned:

Seeing children’s needs:
“Feelings are very important. When the children cry I wouldn’t sit next to them or give them my time or ask what’s wrong. I thought, I am the parent and they are the children.

The importance of play:
“Before the course the children wanted me to play with them but I did not. When I started doing what they wanted to do their behaviour changed.”
What did parents say?

Harsh parenting:

“I used to talk strong with my children. I used to sing out with a stick and I didn’t understand why the children wouldn’t come to me. The children were scared of me.

Controlling emotions

“Cooling myself down and controlling my anger. ... I used to swear a lot but now I can control myself better...."
Scale-up & M&E

• M&E sources:
• Participant details
• Attendance records
• Diaries, observations
• Pre- and post questionnaire (short version)
The need for M&E

- Monitoring and evaluation is needed to make sure that program implementation is on track
- Recruitment: who is attending?
- Retention: are they staying in the program?
- Is the program still leading to change in key indicators?
- Is there quality of program delivery?
Attendance & participants

• Attendance was high to very high:
  – Mt Hagen averaged over 17 participants per workshop overall
  – Madang, average of 16 overall
  – Kundiawa averaged 15 overall

• Participants:
  – Younger than pilot
  – Clearer recruitment of caregivers
  – Only 10% employed; 80% farmers, market
Violence & harsh parenting

- Violence by spouse
- Spank children
- Sworn or cursed at children

Bar chart showing the comparison between women pre and post, and men pre and post for each category.
Negative to child

- For reductions in harsh parenting, violence, effects were similar to but stronger than in the pilot

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean change</th>
<th>Std Deviation</th>
<th>Sig. (2-tailed)</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children do things to annoy</td>
<td>0.158</td>
<td>0.561</td>
<td>0.005</td>
<td>0.564822963</td>
</tr>
<tr>
<td>2. Necessary to physically punish</td>
<td>0.327</td>
<td>0.763</td>
<td>0.000</td>
<td>0.856435352</td>
</tr>
<tr>
<td>3. Spank</td>
<td>0.389</td>
<td>1.240</td>
<td>0.003</td>
<td>0.628063714</td>
</tr>
<tr>
<td>4. Swear at or curse child</td>
<td>0.674</td>
<td>1.284</td>
<td>0.000</td>
<td>1.049655336</td>
</tr>
<tr>
<td>5. Violence by spouse</td>
<td>0.151</td>
<td>0.607</td>
<td>0.019</td>
<td>0.496040762</td>
</tr>
<tr>
<td>Items 1-4 “negative to child”</td>
<td>0.38366</td>
<td>0.65818</td>
<td>0.000</td>
<td>1.16582503</td>
</tr>
</tbody>
</table>
M&E and quality assurance

- Identify gaps in delivery skills: preparation, engagement, facilitation
- Quality assurance
- Response to parents’ challenges
- Good & not so good team leader practices
- Clarify roles and focus of trainers, team leaders
- Target needs for further training & support
Risks

• Over-rapid expansion: training and management can't keep up with demand
• Staff turnover: loss of volunteers requiring replacement of new trainees through training and program delivery
• Inability to recruit volunteers with adequate literacy and education levels
• Insufficient training to sustain program quality
• Inadequate implementation support
Implementation

Planning & engagement

Team Training Workshops

Deliver Six P4CD Workshops

Review, Plan, Next Training.

Trainers: workshops, planning, assessment

Assist. Coordinators M&E; Trainers QA

M&E post data, diaries, QA reports
National framework

- Establish a national coordinating office
- Build links with government to strengthen management, resources and funding
- Align training program to an accreditation framework and to appropriate tertiary training courses (e.g. Bachelor’s degrees in Social Work, Early Childhood, etc.)

- Ensure that there is capacity to manage risks associated with expansion of the program and that standards of implementation are maintained across different regional programs
The current challenge is to institutionalise P4CD in the PNG context:

- National coordination – government & churches
- Training program
- M&E, reporting & planning
- Sustainable funding
- Roles for government, churches, NGOs
Project leader: Prof. Gary Robinson, Director, CCDE

Program Coordinator/child protection officer: Ms Josphine Mill, UNICEF PNG

Data Analysis:
Dr Simon Moss, Charles Darwin University
Ethics approval by:
The Human Research Ethics Committee of the Northern Territory Government Department of Health and the Menzies School of Health Research, No. 2016-2605

and

The University Research Ethics Committee of Divine Word University, UREC/2-2017