

POLICY NOTE 3

# Parent-focused interventions in economically developing countries

## WHAT ARE PARENT-FOCUSED PROGRAMS?

Parent-focused interventions assume two stages of cause-and-effect - first on changing parental behaviour, second on improving outcomes for the child. Parent-focused interventions occur in three modalities, namely as home visits, group-sessions or in connection with visits to health care providers with some interventions combining home visits and group sessions.

### Home visits

Most of these interventions are delivered through visits to the home where parents are typically shown techniques to support child learning. These activities include singing, showing affection and talking with the child. Interventions may also incorporate an educative component, for example, communicating to parents what is involved in responsive feeding and how to provide developmental stimulation.

### Group sessions for parents

This modality covers a similarly broad range of topics as the ones outlined under home visits but occurs at a location outside of the home, such as community or neighbourhood centres, together with other parents.

### One-on-one counselling

This modality involves a small number of interventions in which a parenting program is added to an existing service such as a pre-natal program. They typically take place at a hospital or health clinic.

## KEY MESSAGES

- ▶ Of all Early Childhood Education and Care (ECEC) interventions, the largest body of effectiveness evidence is available for parent-focused programs.
- ▶ Almost all focus on mothers.
- ▶ Parent-focused interventions differ in duration, length, frequency, setting, content and delivery.
- ▶ Almost all interventions have an effect on children's learning outcomes.
- ▶ Effects on children's outcomes are often but not always a result of improvement in parental attitudes and behaviours.
- ▶ Cultural sensitivity of a parent-focused intervention plays a large part in its success.
- ▶ Compared with other types of interventions - such as income supplementation or child-focused education and care - parent-focused interventions have lower implementation costs.
- ▶ This type of intervention may be most applicable where logistics, financial and/or staffing resources prevent comprehensive coverage of centre-based ECEC provision.

## MODALITIES OF PARENT-FOCUSED INTERVENTIONS

### Home visits

In **Brazil**, a psychosocial stimulation intervention consisted of an initial home visit, three workshops, and 10 reinforcement home visits which taught mothers the importance of play and interaction for child development. The specific practices promoted in these sessions varied and included play using simple toys (Eickmann et al., 2003).

### Group sessions

In **South Africa**, a “baby book sharing” project provided collective training to a group of 7-8 mothers - and their 15 – 17 months old infants - using a 40-minute PowerPoint presentation about book sharing. Each mother then received a 15 minute session of individual support in book sharing from a trainer with her own infant, using a picture book followed by another 20 minutes of group discussion. In total, 7 such training sessions were organised on a weekly basis (Cooper et al., 2014).

In the **Caribbean (Jamaica, Antigua and St Lucia)**, an intervention used group delivery at 5 routine health care visits from age 3 to 18 months and comprised short films of child development messages which were shown in the waiting area (Chang et al., 2015).

### One-on-one counselling

In the same initiative in the **Caribbean**, children were seen by a child health nurse at each visit who gave the mothers message cards that reinforced the topics on the films and reviewed the cards with them (Chang et al., 2015).

The Kangaroo mother care (KMC) initiative in **Columbia** was aimed at parents of preterm and low birth weight infants. In this program, parents were taught about the kangaroo carrying position, the importance of skin to skin contact and impact of exclusive breast feeding (Charpak et al., 2017).

## What works and why?

Almost all studies (n=35) report an effect on children’s learning outcomes for the intervention group, after controlling for confounding factors such as maternal age and education or quality of housing. However, a considerable challenge with parent-focused interventions is to identify exactly how each program achieves its effect. Factors contributing to the effectiveness of programs include changes in parental behaviour and attitudes, family characteristics, as well as the intensity, duration and timing of interventions.

## Parental behaviour and attitudes

While most studies note that effects on child outcomes can be explained by changes in parents’ attitudes, mental health - especially maternal depression - or support for learning in the home environment, this is not the case in two of the 37 studies.

## Family characteristics

Evidence regarding the effects of family characteristics on outcomes for parent-focused interventions is mixed. Some interventions show greater benefits for disadvantaged children compared with other children and, at the same time, greater benefit for advantaged mothers compared with other mothers (Baker-Henningham & Lopez Boo, 2010). Some studies show greater benefits for children and families who are more disadvantaged (Bann et al., 2016) while others show greater benefits for less disadvantaged children and families (Murray, Cooper, Arteche, Stein, & Tomlinson, 2016).

## Intensity, duration and timing

Previous analyses have found repeatedly that the intensity or ‘dosage’ of home-visiting programs increases their effectiveness. As an example from the current review, a study in India, Pakistan and Zambia shows that a 36-month intervention has greater effect on children’s mental development where more of the planned visits actually take place and parents report a higher implementation of stimulation activities.

Results for the effect of the duration of the program on outcomes are mixed. A couple of studies find no effects after six months although one of these reports effects after three months. Competing explanations for this lack of effect include that a program is too short or that program fatigue has set in.

Timing is also found to be variable. An intervention in rural Bangladesh which directly compares results for different age cohorts notes that the age of children does not affect outcomes. Still, while not having a quantifiable effect on outcomes, some studies aimed at infants comment on the receptiveness of the new parents.

## Quality of service provision

The quality of program delivery would be expected to play a significant role in the impact of an intervention but this is seldom examined in the studies in the review. Some studies note the value of supervising their program implementers or having the same support worker delivering an intervention to specific parents throughout the program.

## Cultural sensitivity

Cultural sensitivity emerges as a success factor in interventions which address culturally embedded parenting behaviours. Being among the most recent studies in the review, they suggest an increased interest in exploring the additional positive effect greater cultural sensitivity may have for parent-focused interventions.

## Why implement parent-focused interventions?

According to the studies in the review, parent-focused interventions are implemented where:

- ▶ Children face a range of developmental issues
- ▶ Support for learning in the home is limited – be it for social, cultural or economic reasons
- ▶ Access to centre-based ECEC services is limited or non-existent
- ▶ Parents are already accessing other programs, as an effective way of adding parenting support
- ▶ Financial resources are limited as parent-focused interventions are relatively low cost, when compared with other interventions.

## REASONS TO IMPLEMENT PARENT-FOCUSED INTERVENTIONS

### Developmental issues faced by children

About & Akhter (2011), acknowledging the adverse impact of malnutrition on children's mental development in **Bangladesh**, found success in demonstrating responsive feeding and responsive stimulation techniques to parents. Children in the intervention group ate more mouthfuls of food, self-fed sooner, refused food less often, and developed better language skills than children in the control group.

### Lack of support for learning in the home environment

Cultural traditions and beliefs may discourage parents from verbally engaging with their young children. Weber et al., (2017) assessed the effectiveness of a parenting program designed to encourage verbal engagement between caregivers and infants in rural **Senegal**. At one year follow-up, children from villages that received the program showed significantly greater gains in language milestones and expressive vocabulary compared with children from comparison villages.

### Lack of access to formal early learning services

In an impoverished county in rural **China**, Jin et al. (2017) gave caregivers messages based on the World Health Organization Care for Development counselling materials. Messages described ways

that caregivers can better play and communicate with their children. 100 families with a child less than two years of age were enrolled. Half of the families received counselling materials. Children from families that received the materials had significantly higher cognitive, social and linguistic development quotient scores.

### Parents already accessing other services – convenience

Poor nutrition and undernourishment can lead to poor school achievement and contribute to issues in cognitive development in children. Psychosocial stimulation has been found to benefit undernourished children. Powell et al. (2004) used these findings as basis for implementing a psychosocial stimulation intervention in **Jamaican** health clinics.

### Parenting intervention chosen due to low cost

In **Pakistan**, responsive stimulation was included as part of the Lady Health Worker program. Gowani, Yousafzai, Armstrong, & Bhutta (2014) found that children who received responsive stimulation had significantly higher cognitive, language and motor development scores than those who did not. The cost of adding the responsive stimulation intervention to the existing health service was approximately US\$4 per month per child

It should be noted, though, that while parent-focused interventions might be relatively low cost, a recent meta-analysis (Rao et al., 2017) reports a lower effect of parent-focused interventions on children's outcomes when compared with the effect of child-focused ECEC interventions (see separate policy note).

## Background

The global commitment to early learning has been expressed in the United Nations (UN) Sustainable Development Goals Agenda (SDG, United Nations, 2016) and access to support for early learning is considered a human right for all children, whether provided by the family, community, or institutional programs (UNESCO, 2013). Inadequate cognitive stimulation has been identified as one of the key psychosocial risk factors associated with poor child development — a factor that is modifiable, with the right interventions (Walker et al., 2007). Thus, insights into how early learning supports may be delivered effectively in various contexts are essential.

To this end, a scoping review of ECEC interventions in economically developing countries between 1998 and 2017, aimed at improving children's learning in the years before school, was conducted (Jackson et al., 2019). To gauge their effectiveness and to be included in the review, interventions had to have measured children's learning outcomes which, in line with the SDGs, could comprise cognitive, socio-emotional, language and motor development.

The 109 studies included in the review were grouped into six categories which aligned with a recent meta-analysis of ECEC interventions in low and middle income countries (Rao et al., 2017). The number of studies in each intervention category was as follows:

- ▶ Parent-focused interventions **37 studies**
- ▶ Child-focused education and nurturing care **35 studies**
- ▶ Quality **20 studies**
- ▶ Income supplementation **8 studies**
- ▶ Comparative **5 studies**
- ▶ Integrated interventions **4 studies**

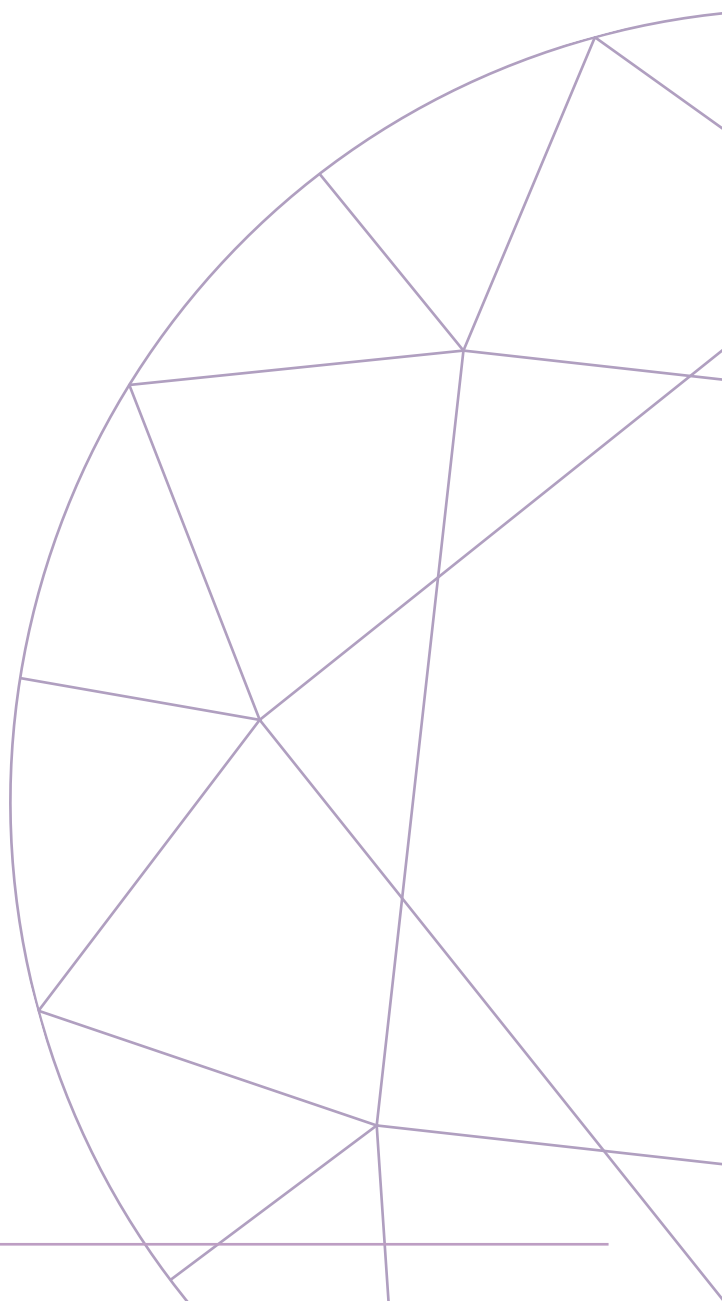
For a summary map of the evidence - using the Firefox browser - visit <https://datavis.acer.org/gem/early-childhood-interventions-gap-map>

The 37 parent-focused studies from 19 countries provide an evidence base for parent-focused interventions that has both depth and geographical breadth (see Table 1). This policy note outlines characteristics of these interventions which contribute to changes in developmental outcomes for children.

**Table 1** Studies of parent-focused interventions by region

Region	No. of studies
Africa and the Middle East	9
East Asia	3
Latin America and the Caribbean	13
South and West Asia	8
The Pacific	0
Multiple countries*	4
<b>Total</b>	<b>37</b>

\*India, Pakistan and Zambia (3 studies), Jamaica, Antigua and St Lucia (1 study)



## Implications

The effectiveness of parent-focused programs – both in terms of impact on child outcomes as well as cost – to support young children’s learning in economically developing countries is quite clear. However, exactly how these programs achieve their effects is not.

It may be that parenting interventions are too diverse for generalised findings to emerge. The variety in these interventions, as well as in the populations where they are implemented, suggests that a complex set of factors may confound consensus about how impact is achieved.

Still, the following questions around factors shown to be related to the effectiveness of these programs may assist when choosing between different types of parent-focused interventions.

- ▶ Is the planned intervention culturally sensitive? Have local child-rearing beliefs and practices as well as attitudes towards very young children been taken into account?
- ▶ What is the reason for the intervention?
- ▶ Has a parent-focused intervention been implemented in a similar in culture/context and, if so, what are the success factors?
- ▶ Is the type of planned parent-focused intervention suited to a longer or shorter duration?
- ▶ What kind of training and continuing support is planned for those people who deliver the interventions to parents?

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## FURTHER READING

Jackson, J., Ahmed, S. K., Carslake, T., & Lietz, P. (2019). *Improving young children’s learning in economically developing countries: A scoping review*. Camberwell, Vic.: Australian Council for Educational Research (ACER), Centre for Global Education Monitoring. [https://research.acer.edu.au/monitoring\\_learning/38/](https://research.acer.edu.au/monitoring_learning/38/)

Rao, N., Sun, J., Chen, E. E., & Ip, P. (2017). Effectiveness of early childhood interventions in promoting cognitive development in developing countries: a systematic review and meta-analysis. *Hong Kong Journal of Paediatrics*, 22(1), 14-25.



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The review team is grateful for the support from ACER colleagues, the ACER Cunningham Library and the many individuals who provided valuable advice on this review through external stakeholder consultations.

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This document is an output from research jointly funded by the Australian Council for Educational Research (ACER) and the Australian Department of Foreign Affairs and Trade (DFAT) as part of ACER’s Global Education Monitoring Centre (GEM). The views and opinions expressed in this document are those of the authors and do not necessarily reflect the views of DFAT or the Australian Government.

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