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RWANDA: Can parenting programs improve child development and prevent violence against women and children?

Children need a safe, nurturing, healthy, and stimulating environment to thrive and reach their full potential. But millions of children living in poverty don't receive enough stimulation or good nutrition in their first years of life, and poverty also makes them more likely to experience neglect and violence in the home. Domestic violence, however, is rarely addressed in programs promoting young children's development, which also typically focus on mothers, with little attention on fathers. Previous research suggests home-based parenting programs can lead to positive improvements in children's brain development. Can these programs be adapted to address family violence as well? Can these services be effectively delivered through government social safety net programs which often target poor, vulnerable families?

The World Bank's Strategic Impact Evaluation Fund (SIEF) supported a randomized evaluation in Rwanda that examined the effectiveness of a parenting program delivered in the home to families with children between the ages of 6 and 36 months, as part of a wider social protection program targeted to poor families. Community-based coaches visited families once a week for 12 weeks to provide male and female caregivers with play-based "active coaching" to enhance their interactions with their children, as well as counselling on responsive caregiving, nutrition, hygiene, emotion regulation, and nonviolent interactions among household members. The evaluation found that the program had positive impacts: it led to improvements in children's gross motor skills, communication and problem-solving skills, and social emotional development. Males became much more involved in childcare, females experienced less intimate partner violence, and children experienced a reduction in violent disciplining. These findings indicate a potential for improving children's development and the overall home environment by adding components on parenting, conflict resolution, and non-violent discipline to existing social protection programs.

Photo: Melody Lee / World Bank

EARLY CHILDHOOD DEVELOPMENT

Context

Rwanda has made huge strides in its economic and social development over the last decade, including improvements in child development and nutrition. Despite this progress, significant challenges remain. Thirty-three percent of children under age 5 are stunted, or too short for their age indicating malnutrition, and 9 percent are severely stunted, according to a 2019-2020 nationally representative survey. Malnutrition rates are much higher in rural areas than in urban areas. To combat these and other challenges, the Rwandan government established a social protection program called the 'Vision 2020 *Umurenge* Programme' in 2007 to address poverty and human-capital related disparities. The program offers direct support, such as cash transfers to the poorest and most vulnerable households, as well as cash for work support. In 2017, the government established the National Early Childhood Development Program (NECDP) to coordinate and expand an array of early childhood development initiatives, including early

childhood development centers and home-based services for the most poor and vulnerable families.

The program evaluated in this study, *Sugira Muryango* ('Strengthen the Family'), builds on an evidence-based approach to improving child development, following UNICEF and WHO's Care for Child Development package and Nurturing Care Framework. The core curriculum used for the *Sugira Muryango* program was originally developed and tested in HIV/AIDS-affected Rwandan families with school-aged children and included non-violent parenting and caregiver conflict-resolution strategies. The decision to include violence reduction in the program was driven by previous research indicating violent discipline was a key challenge to child development in Rwanda.

Why a focus on violence reduction?

A previous survey of parents of children aged 24-35 months in Rwanda found…

- 81 percent used at least one form of violent discipline in the past month
- 73 percent used physical punishment
- 49 percent used psychological aggression
- 10 percent *only* used non-violent discipline methods

Evaluation

Researchers conducted a cluster randomized evaluation to measure the effect of the *Sugira Muryango* program on child development and growth, violence in the home, and father's engagement with children. Study participants were families with children aged 6–36 months in 284 geographical clusters in three districts, Nyanza, Ngoma and Rubavu, in different areas of the country. To be eligible, families had to be beneficiaries of a social protection program that targets families living in extreme poverty (Ubudehe 1) based on the government's poverty-ranking system, have one or more child(ren) aged 6–36 months, and be willing to participate in a home-based parenting program. Among eligible families, 541 were randomly assigned to the treatment group and received the Sugira Muryango program, while 508 families comprised the comparison group who continued to receive social protection program support, but not *Sugira Muryango.*

Sugira Muryango is a relatively brief yet comprehensive program. For twelve weeks, community-based coaches visited families weekly in families' homes unless caregivers preferred to hold the sessions elsewhere for privacy reasons. Each visit included a 15-minute active play session in which caregivers received real-time feedback on their interactions with their children, as well as a home-visiting module lasting 60 minutes that involved the participation of caregivers and children. Coaches encouraged both female and male caregivers (present in the home) to actively participate and engage in childcare and household-related decisions. The coaches also helped families navigate formal social protection programs to promote child health and nutrition including supplemental nutrition for malnourished children and informal support, such as from neighbors and extended family, to address issues such as family conflict and housing insecurity.

Three-month and six-month "booster" visits, each approximately 1-hour long, took place in November 2018 to December 2018 and March 2019, respectively. The aim of these visits was to reconnect with families, identify and address ongoing challenges, and engage caregivers in an active play session as modelled in each of the home-visiting sessions implemented earlier.

Coaches were selected from the local community using a three-step process: (1) nomination from community members, (2) a phone screening and (3) an intensive in-person interview. Coaches then received intensive training and support. They participated in a 3-week training (120 hours total), followed by close supervision that included in-person supervision during the first three weeks of program delivery, weekly telephone supervision (approximately 12 hours total), and monthly in-person group supervision. Additionally, weekly in-person peer support groups, facilitated by lead coaches, complemented supervision strategies and served as an opportunity for lead coaches to obtain audio recordings of home visits that could be used for quality improvement of implementation and further on-the-job training and support to coaches. Coaches also received training on confidentiality and risk of harm protocols. They were responsible for five households each and received a monthly stipend.

The research team used multiple widely used measurement tools to measure the impact of the program on child development, including the Ages and Stages Questionnaires (ASQ-3), which are a series of age-specific questionnaires designed to screen for developmental delay of children in the areas of gross motor skills, fine motor skills, communication, problem solving, and social-

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emotional skills. Researchers also used the Malawi Development Assessment Tool (MDAT) a brief, observational, task-based tool, designed to be culturally appropriate for use in rural Africa, to assess child development across domains of gross motor, fine motor, language, and socioemotional development. To measure anthropometric (physical) growth, the research team used measures of standardized height-for-age (HAZ), standardized weight-for-age (WAZ), standardized weight-for- height (WHZ) and middle-upper-arm circumference (MUAC). Researchers also asked caregivers to report on children's food consumption, health service utilization, and hygiene behaviors such as handwashing.

The researchers assessed fathers' engagement based on whether the father spends time every day caring for the child, with response options 'yes/no' reported by the primary caregiver. Violent and nonviolent discipline practices were assessed using the UNICEF Multiple Indicator Cluster Survey Child Development and Child Disciplinary modules, as reported by the primary caregivers. Exposure to violent disciplinary practices included being shouted or screamed at, called demeaning names, shaken, spanked, slapped, or beaten. Intimate partner violence was assessed by the Rwanda Demographic and Health Survey's Domestic Violence Module among caregivers who reported being currently married, cohabitating, or in a relationship. The research team also asked female caregivers to report experiences of physical or sexual abuse and male caregivers to report on their own perpetration of abuse within the last 3 months.

Trained enumerators conducted the assessments in the Kinyarwanda language in the family's home, except anthropometric measurements which were taken at local health clinics. Baseline assessments were conducted between April 2018 and June 2018, with a first follow-up assessment taking place immediately after the program ended from August to September 2018. The 12-month follow-up took place between August and September 2019.

Photo: A'Melody Lee / World Bank

Findings

Children in the program demonstrated better cognitive and social development compared to their peers in the comparison group.

Children experienced improvements in their cognitive development based on the ASQ-3 questionnaires. When using the ASQ-3 measurement tool, researchers estimated statistically significant improvements of 0.29, 0.14, 0.16, and 0.15 standard deviations in children's gross motor, communication, problem solving, and social-emotional scores, respectively. The fact that these effects persisted one year after the program ended suggests the program can generate benefits that persist in the short run. There were no significant differences between the treatment and comparison groups in fine motor development, nor were there any significant differences observed in any child development domain when using the other measurement tool, the MDAT.

One of the largest impacts of the program was an increase in fathers' engagement with their children.

The program was well-attended by fathers and led to a significant relative increase in fathers' involvement in childcare. Program fathers were 1.5 times more likely to have spent time caring for their children in the previous 24 hours than fathers in the comparison group.

Researchers believe flexible scheduling and messaging about the importance of fathers in ensuring a nurturing and safe environment for young children to grow and thrive may have been key to the program's success in this area.

The program also prompted families to rely less on harsh discipline tactics like spanking, yelling, or using demeaning names, and it appeared to reduce violence against women as well.

The rate of harsh discipline in families within the program was 25 percent smaller than the rate of harsh discipline in families in the control group. Likewise, the rate of mothers who reported experiencing physical or emotional abuse by a partner was 38 percent smaller in the *Sugira Muryango* group compared with the control group. Interestingly, however, fathers themselves did not report less perpetration of violence towards their partners.

Though it improved reported dietary diversity, healthcare seeking for diarrhea, and hygiene in the home, the program didn't have an immediate impact on children's physical growth.

The curriculum addressed child feeding, nutrition, and hygiene with the aim of improving children's health and growth, and indeed parents reported an increase in the number of food groups that children consumed, suggesting an improvement in dietary diversity. They also reported much higher rates of seeking care for diarrhea and fevers when children were sick and handwashing practices. Nevertheless, immediately after the program and one year later, children in households that received the program were indistinguishable from children without the program in terms of their height-for-age, weight-for-age, and measures of wasting. A behavioral approach such as the *Sugira Muryango* program, with active coaching on nurturing care, may not be enough or may need to be combined with nutrition programs to cause measurable improvements in anthropometric growth, particularly among extremely vulnerable households and already malnourished children. The study's authors speculate that including nutrition-specific or nutrition-sensitive complements to the program may be needed to address child stunting.

Conclusion

Overall, the parenting program appears to have increased children's cognitive and socioemotional development and father's engagement in caregiving. It also reduced violence against women and harsh discipline against children. These findings show that home-based parenting programs can not only improve children's cognitive development but also foster a more nurturing and less violent home environment. These results also support the importance of involving all family members, including fathers and other male caregivers in the household, in programs that focus on providing nurturing care to children.

Moreover, the findings show that integrated parenting and social protection programs hold promise. This program was designed to be relatively brief and delivered by non-specialized workers with strong monitoring and quality supervision to ensure fidelity. It will be important in future research to test whether the program can be scaled up to reach large numbers of families in extreme poverty with the existing government workforce. In Rwanda, such human resources exist, including the *inshuti z'umuryango* ("friends of the family") child protection workers and other community health workers. Similarly, future research would also tackle the challenge of using existing social protection platforms to deliver these interventions and address malnutrition among children.

The Strategic Impact Evaluation Fund, part of the World Bank Group, supports and disseminates research evaluating the impact of development projects to help alleviate poverty. **The goal is to collect and build empirical evidence that can help governments and development organizations design and implement the most appropriate and effective policies for better educational, health, and job opportunities for people in low and middle income countries.** For more information about who we are and what we do, go to: http://www.worldbank.org/sief.

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