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EVIDENCE-TO-POLICY BRIEF

What Works to Reduce Violence against Children and Women in the Home in Low- and Middle-Income Countries?

A review of parenting programmes, informed by Social and Behaviour Change (SBC) strategies

Contents

Key findings

Finding 1

A robust evidence base indicates that parenting programmes informed by social and behaviour change (SBC) can be effective in reducing violence perpetrated against children by parents in low- and middle-income countries (LMICs), provided the programmes are implemented in settings with trained facilitators who are supported throughout.

Finding 2

Co-occurrence of intimate partner violence could also be reduced through SBC informed parenting programmes.

Finding 3

Programmes typically include trained facilitators who provide education and coaching to parents to improve their knowledge and skills using different modalities and locations, such as in homes and in the community.

Finding 4

The findings suggest the programmes may be transferable to different contexts, populations and settings in LMICs. Some studies suggested programmes were successfully implemented in humanitarian settings and for parents of children of various ages. However, implementation in new settings should be accompanied by quality monitoring and evaluation.

Finding 5

Local resources and personnel can help keep programme costs low.

OUTCOME DOMAIN

Reduced violence by parents against children at home*

Consistency of results	**++**
Strength of evidence	**Strong** (high-quality evidence)

* For the purposes of this brief, violence against children includes any physical, sexual and emotional violence or neglect, as well as forms of harsh discipline.

Reduced intimate partner violence**

Consistency of results	**++**
Strength of evidence	**Strong** (high-quality evidence)

** The focus of the rapid evidence assessment was on violence perpetrated by men against women. No evidence on intimate partner violence in LGBTQ+ relationships was found.

Note: For any outcome domain, one of three 'consistency of results' ratings is possible: '++' when at least 75% of measures for that outcome are better for intervention than control, '+' when that proportion lies between 50% and 75% and '–' when it is less than 50% or if there are fewer than five studies reporting the outcome. 'Strength of evidence' ratings are based on critical appraisal of the quality of available evidence *(see Table 2 for more details).*

About this brief

This evidence-to-policy brief is based on a rapid evidence assessment of the effectiveness of SBC informed interventions in reducing both violence against children and intimate partner violence in LMICs. Evidence aiming to reduce both forms of violence was sought, with violence against children as a primary outcome and intimate partner violence as a secondary outcome. However, most studies focused on violence against children only.

The brief is intended as a user-friendly overview, primarily for SBC practitioners with an interest in learning about the broad possibilities for addressing violence offered by SBC informed parenting initiatives. Readers interested in the methodological nuances and study details (such as effect sizes) are urged to visit the specific studies cited and linked in the bibliography. We hope this evidence synthesis can help support improved understanding and decision-making around guidelines and initiatives to prevent and respond to both violence against children and intimate partner violence via parenting programmes.

The aims of this rapid evidence assessment are:

- To conduct a rapid assessment and appraisal of the available evidence on the effectiveness of SBC informed interventions targeted at parents and caregivers in reducing violence against children in the home.
- To assess the impact of parenting interventions on reducing co-occurring intimate partner violence.
- To identify in which settings the interventions work and for whom.
- To identify the theories underpinning SBC informed interventions.
- To identify costs associated with interventions and their cost-effectiveness.
- To identify the relevant contextual factors, including population groups, intervention characteristics and the implementation considerations required for successfully delivering the SBC informed intervention.

What is an SBC informed parenting programme?

An SBC informed parenting programme (henceforth, 'parenting programme') is an intervention targeting behaviour change among parents and caregivers. While parenting programmes can include a multitude of outcomes, the focus of this brief is on programmes that have focused specifically on preventing violence against children at home, including stopping the use of harsh disciplinary methods. In some cases, programmes can target both violence against children and intimate partner violence to address their co-occurrence. Typical SBC informed parenting programmes, as identified by the rapid evidence assessment, include the following features:

- Parents are recruited from one smaller geographical region or community with shared characteristics such as living in poverty, being exposed to high levels of community violence, living in humanitarian settings or being participants in social protection programmes (e.g., cash transfers).
- Facilitators who deliver programme activities usually live in the same community. They receive training on how to coach, educate and engage with parents. In some cases, they receive a stipend for their services and in others occupy a voluntary role. Facilitators from various backgrounds were involved in the featured studies. They include community health workers, teachers, nurses, psychologists and trained volunteers. Personnel delivering the programme often receive supervisory support.
- Programmes are developed based on one or more existing behaviour change theories, such as social learning theory or the theory of reasoned action.
- The core of the programme involves various modules delivered by trained personnel at regular intervals. The modules aim to improve parents' capabilities and enable them to move away from violence against their children as a method of discipline. The topics for the modules could include areas such as responsive parenting, managing difficult child behaviour, emotion regulation, conflict resolution, family unity, coping mechanisms and general child development topics (e.g., nutrition, early stimulation and hygiene).
- Module delivery takes places at regular intervals over three to six months, although some continue for more than a year.
- Facilitators deliver programmes in the home or at a community site where groups of parents participate together. Some programmes extend to multiple sites, with some sessions conducted one-on-one at home and others with groups of parents at various community sites. In some cases, technology-based components such as apps or text messaging are employed.
- In some instances, the parenting programmes combine with other interventions such as economic strengthening and early childhood development interventions.
- Some parenting programmes directly address inequitable gender norms and norms that condone violence against children and violence against women. The goal of such gender-transformative programmes is to reduce both intimate partner violence against women and violence against children at home.

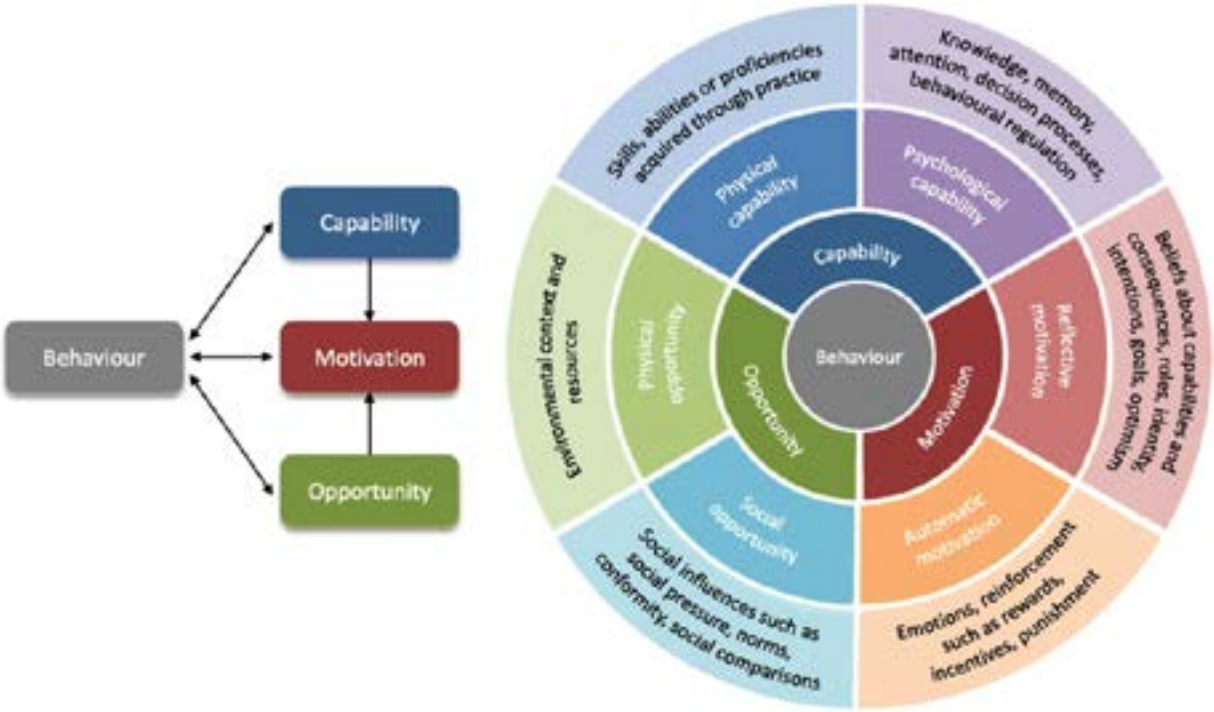
Conceptual approach

The rapid evidence assessment used the COM-B model as a framework to analyse different components of parenting programmes and how well the programmes work *(see Figure 1)*. The model is one of the most frequently used frameworks in SBC and we favoured it over other models due to its simplicity and ease of use. The COM-B model presents one way to explain behaviour change (Mitchie et al., 2011), positing that behaviour (B) is the result of an interaction between three components: capability (C), opportunity (O) and motivation (M).

Capability is the psychological and physical ability to enact the behaviour and requires skills and knowledge relevant to that specific behaviour. Opportunity is the physical and social environment that enables or prompts the behaviour. Motivation is the automatic and reflective mechanism that encourages or deters the behaviour. The COM-B model demonstrates that both capabilities and opportunities can influence motivation, and all three components not only bring about behaviour change but may be influenced by that resulting change.

In our conceptual approach to applying the COM-B model, we identified five types of approaches across parenting programmes *(see Figure 2)*. They were: (i) parent training and education, (ii) home visits, (iii) family coaching, (iv) health promotion initiatives and (v) peer support groups. Few programmes included all approaches, with most incorporating two or three. Facilitators, who are the key personnel delivering programme content to parents, were members of the community or professionals from different disciplines (e.g., psychologists, social workers or occupational therapists). The programmes were usually targeted at mothers and sometimes at multiple caregivers (i.e., mothers, fathers and other caregivers at home).

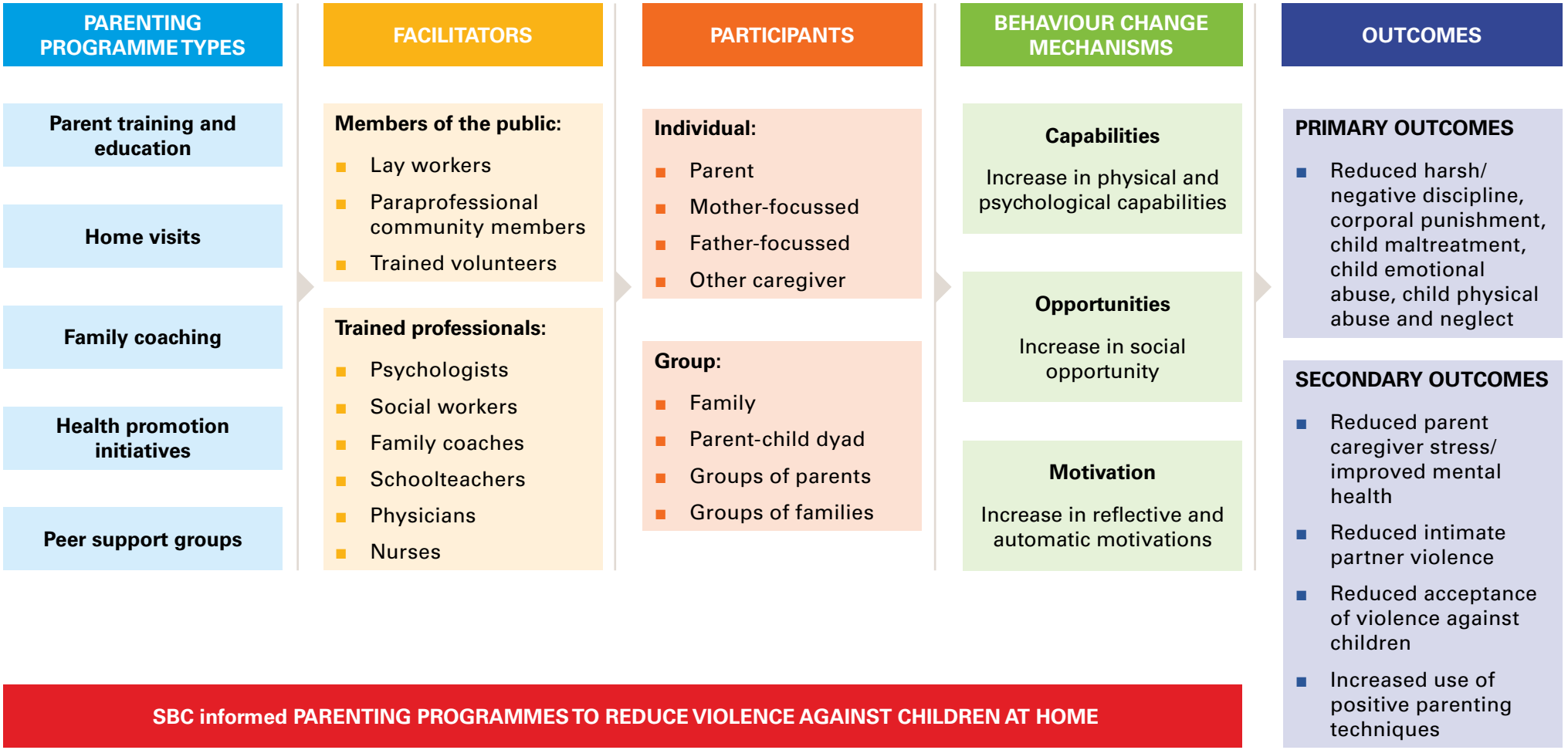
Figure 1: Application of the COM-B model (McDonagh et al., 2018)



A very small number of programmes focused specifically on fathers or male caregivers. In some cases, children were also part of programme activities. Through multiple behaviour change mechanisms, programmes aimed to reduce violence against children, including the use of harsh discipline.

An important target of parenting programmes is to teach parents how to handle stress, with an emphasis on prioritizing their mental health. Furthermore, a newer approach to parenting programmes is to include gender-transformative approaches, which seek to address the causes of gender-based inequalities and transform harmful gender roles, norms and power. These approaches potentiate a combined goal of reducing intimate partner violence against women and violence against children at home.

Figure 2: Conceptual approach: SBC informed parenting programmes



Methods overview

We conducted a rapid evidence assessment (Bakrania, 2020) for which we devised the inclusion criteria below *(see Table 1)*.

Table 1: Inclusion criteria for rapid evidence assessment

Participants	Interventions	Comparison	Outcomes	Study designs
■ Parents and other caregivers ■ Children aged 0–19 years	■ Interventions with a social and behaviour change (SBC) component ■ Parenting intervention as the core element ■ Prevention of violence against children with physical violence as the primary focus, including harsh discipline and all other forms of cruel or degrading treatment or punishment, sexual violence, emotional violence including psychological maltreatment and verbal abuse, and neglect or negligent treatment ■ Conducted in a low- or middle-income (LMIC) setting	■ No intervention ■ A non-SBC intervention ■ A different SBC intervention	Primary outcomes: ■ Behaviour outcomes related to violence against children ■ Intervention costs, cost-effectiveness and cost-benefit ratios Additional outcomes (to be collected if primary outcomes are also reported): ■ Behaviour outcomes related to violence against women/intimate partner violence ■ Gender-equitable norms and behaviours ■ Parental stress and mental health outcomes ■ Knowledge, beliefs, attitudes, practices (includes non-violent discipline or 'positive parenting') and other psychosocial outcomes such as self-efficacy and agency ■ Norms regarding violence against children and women	■ Randomized controlled trials (RCTs) ■ Non-randomized trials ■ Quasi-experimental ■ Interrupted time series ■ Controlled before and after studies

Our targeted search included studies from 2010 to 2022. We searched multiple academic databases in combination with searches of grey literature. After screening search records against our inclusion criteria, we extracted relevant data from each study to collect information on population, intervention, SBC approach, setting characteristics and reported outcome measures. We critically appraised each study using the Joanna Briggs Institute's Critical Appraisal tools (JBI, n.d.). Our evidence rating includes two aspects: consistency of results and strength of evidence.

To determine a consistency of results rating, we used a vote-counting approach to evidence synthesis. We looked at the impact of each intervention on our primary outcomes and tallied those outcome measures based on whether they were better or worse than for the comparison. The overall tally across all study comparisons for the primary outcomes was considered for the intervention impact rating. For the strength of evidence rating, we classified each study as 'good,' 'fair' or 'limited' based on our critical appraisal.

One of three ratings is possible for a consistency of results outcome: '++' when at least 75 per cent of measures for that outcome are better for intervention than control, '+' when the proportion is at least 50 per cent but less than 75 per cent and '–' when it is less than 50 per cent or if there are fewer than five studies reporting the outcome. Similarly, for strength of evidence we use 'strong', 'sufficient' and 'limited', based on the quality of the entire body of evidence *(see Table 2).*

Table 2: Evidence rating criteria

Consistency of results	
++	≥ 75% of outcome measures are better for intervention than control (minimum 5 studies)
+	≥ 50% to ≤ 75% of outcome measures are better for intervention than control (minimum 5 studies)
-	≤ 50% of outcome measures are better for intervention than control or if fewer than 5 studies

Strength of evidence	
STRONG	≥ 3 RCTs or 5 non-RCTs, at least 50% of which are high quality; not more than 25% of the evidence can be low quality
SUFFICIENT	≥ 2 RCTs or 3 non-RCTs, at least 50% of which are high quality; not more than 25% of the evidence can be low quality
LIMITED	Neither of the above conditions met

What we found

Our targeted search (January 2010–August 2022) found 7,597 records. After removing duplicates, we used the Evidence for Policy and Practice Information and Co-ordinating (EPPI) Centre's Reviewer machine learning 'Priority Screening' tool to increase screening efficiency (EPPI Centre, 2021). After an initial trial run using the tool, we needed to screen only 40 per cent of the records before the probability of finding new relevant records dropped to almost zero. Next, we screened 714 full-text articles against our inclusion criteria.

Findings on evidence and evidence rating

Number of studies

We included 28 intervention studies (in 31 publications, see Bibliography) of parenting programmes. The body of evidence is comprised of 38 comparisons to assess effectiveness across different intervention arms and time points and one cost-effectiveness evaluation.

Violence against children outcome measures

Eighty-five outcome measures on violence against children by parents and caregivers were reported in 27 studies.[1] A large majority (78.8 per cent) favoured the intervention over the comparison. In other words, parents who participated in the intervention committed less violence and used fewer harsh disciplinary practices against their children compared with parents who did not participate in the programmes. Over half the results (52.8 per cent) were statistically significant as reported in individual studies. Most studies reported outcomes immediately after completion of the intervention. However, results from the 10 studies that reported outcomes up to six months after the intervention ended and from five studies up to one year later were mostly positive, suggesting sustained benefit from the programmes.

Quality of evidence

The overall quality of the evidence base is robust. Almost all studies (85.7 per cent) were randomized controlled trials (RCTs) with the rest having a non-randomized trial design (four studies). Considering the quality of how the studies were conducted, 54 per cent were assessed as 'good', 43 per cent as 'fair' and one as 'limited'.

Impact and strength of evidence

The proportion of results favouring intervention compared with controls (≥ 75 per cent), coupled with a high-quality evidence base comprised of mostly RCTs, fulfils our evidence rating criteria *(see Table 3)* for:

- Top-tier consistency of results (++)
- A 'strong' evidence rating

The evidence demonstrates that SBC informed parenting interventions can be effective in reducing violence against children, including harsh discipline, by parents and caregivers.

Intimate partner violence[2]

Five studies (all RCTs) from Colombia, the Philippines, Rwanda (two studies) and the United Republic of Tanzania reported on intimate partner violence in terms of both victimization and self-reported perpetration (Betancourt et al., 2020; Jensen et al., 2021; Lachman et al., 2020, 2021; Skar et al., 2021). The critical appraisal process rated four out of five studies as 'good'. Twelve out of 14 (85.7 per cent) outcome measures from the five studies reported reductions in intimate partner violence, although some of the individual estimates were not statistically significant. The findings indicate that parenting programmes may well be effective in reducing co-occurring intimate partner violence *(see Table 3).*

1. During critical appraisal, one study was assessed to be of limited quality and was excluded from our analysis.
2. Secondary outcome in review.

Table 3: Evidence rating by outcome

Outcome	Evidence rating criterion	Finding	Rating	
 **Violence against children**[3]	≥ 75% of effectiveness estimates better for intervention than comparison	78.8% measures better for intervention versus control for violence against children outcome measures	Consistency of results	++
	At least 3 RCTs, at least 50% of which show high quality of execution; not more than 25% can be of limited quality	24 RCTs with only one limited quality	Strength of evidence	STRONG
 **Intimate partner violence**[4]	≥ 75% of effectiveness estimates are better for intervention than comparison	85.7% measures better for intervention versus control for intimate partner violence outcome measures	Consistency of results	++
	At least 3 RCTs, at least 50% of which show high quality of execution; not more than 25% can be of limited quality	5 RCTs with 3 'good' and 2 'fair' quality	Strength of evidence	STRONG

3. Primary outcome in review.
4. Secondary outcome in review.

Settings and participants

Geographical locations

Studies took place in Armenia, Brazil, Burkina Faso, China, Colombia, Grenada, the Islamic Republic of Iran (four studies), Jamaica (two), Jordan, Lebanon, Liberia, Nigeria (two), Pakistan, the Philippines, Rwanda (three), South Africa (three), the United Republic of Tanzania (two) and Thailand *(see Figure 3 and Table 4).*

Settings

The most common settings for programme activities were the homes of parent participants and community sites. Parenting programmes in 20 studies (71.4 per cent) were implemented in the home or community or in a combination of both. Other settings included health care clinics, schools and, in one study, an orphanage.

When studies used community settings alone or in combination with home settings, most measures indicated a reduction in violence against children by parents (86.7 per cent). However, in studies that included home settings, the proportion of outcome measures showing reductions in parental violence was lower (60 per cent). There were too few studies from other settings to draw reliable conclusions *(see Table 5).*

Additionally, some parenting programmes were implemented: in humanitarian settings (Ismayilova & Karimli, 2020; Ponguta et al., 2020; Puffer et al., 2015, 2017); for refugee and migrant parents (Ponguta et al., 2020; Puffer et al., 2015, 2017); for communities living in extreme poverty (Barnhart et al., 2020; Betancourt et al., 2020; Ismayilova & Karimli, 2020; Jensen et al., 2021); and for those exposed to very high levels of community violence (Skar et al., 2021). Four studies evaluated programmes implemented for parents and families living in formal and informal settlements (Lachman et al., 2017; Ponguta et al., 2020; Puffer et al., 2017; Ward et al., 2020).

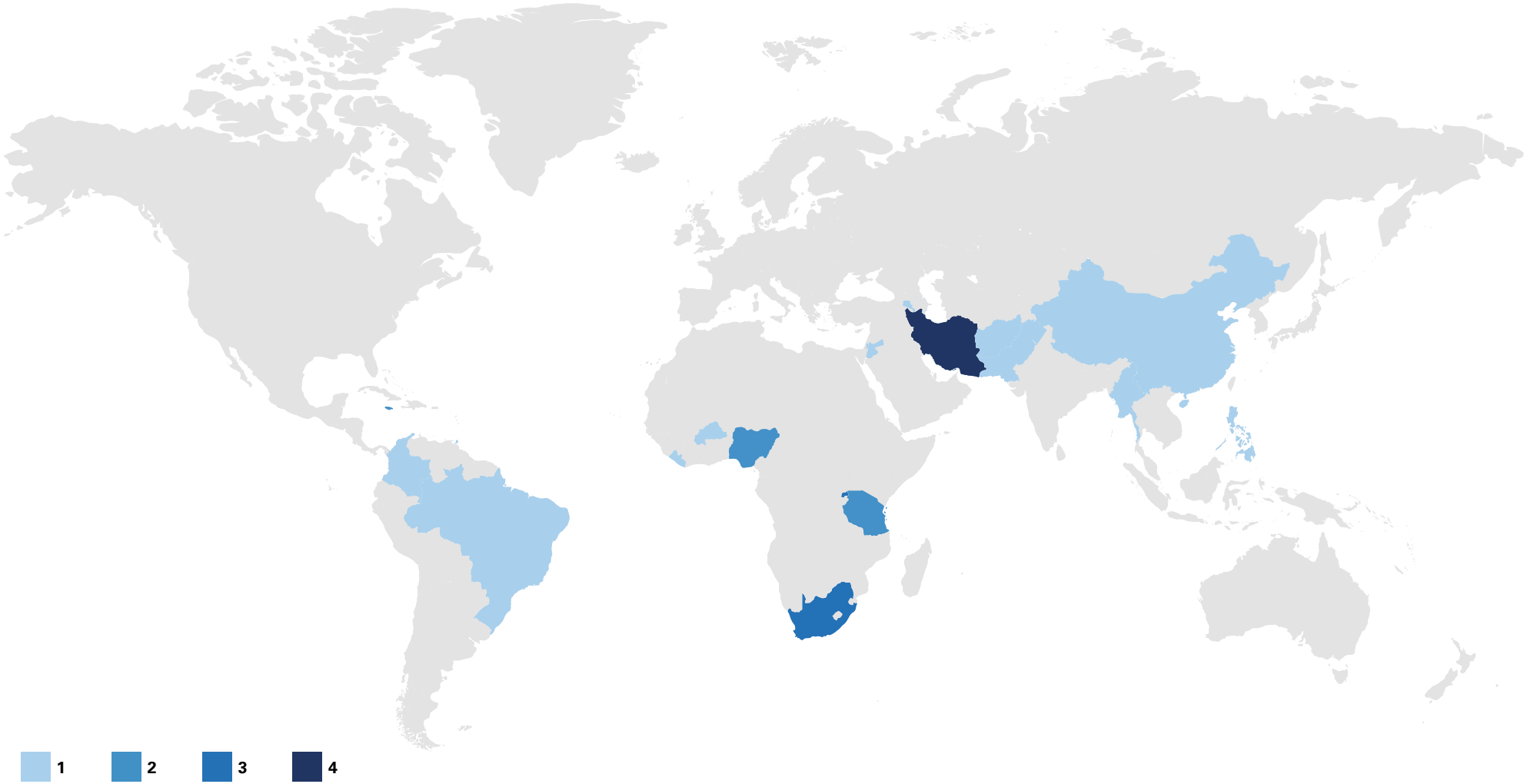
Ages of children

Eighteen studies targeted parents of younger children (0–10 years). Of these, nine studies focuse on parenting programmes in early childhood (0–4 years) and reported reduced violence against children in 65 per cent of outcome measures. Nine studies that focused on parenting in early and middle childhood (5–9 years) also reported reductions in violence for most outcome measures (74.1 per cent). There were only four studies of interventions for parents of adolescents (10–19 years) and these also reported mostly positive results (91.7 per cent) *(see Table 5).*

Focus on parents

Seventeen studies involved both male and female caregivers as participants. Only one study (Lachman et al., 2020) from a rural area in the United Republic of Tanzania included predominantly male caregivers. However, some programmes had specific modules involving fathers. For instance, the Sugira Muryango programme in Rwanda (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021) included a module on father engagement through active coaching from community-based coaches. Ten studies prioritized female caregivers in the intervention programme.

Figure 3: Geographic distribution and number of parenting programmes



The designations employed in the maps contained in this report do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

Table 4: Parenting programmes and countries

Name of parenting programme[5]	Country
Go Baby Go Plus and 7–11 (Rosales et al., 2019)	Armenia
Trickle Up (Ismayilova & Karimli, 2020)	Burkina Faso
Tuning in to Kids (TIK) (Qiu & Shum, 2021)	China
International Child Development Programme (ICDP) with violence prevention module (Skar et al., 2021)	Colombia
Roving Caregivers Program (RCP) (Orlando, 2020)	Grenada
1-2Group Positive Parenting Program (Nazemi et al., 2010)	Islamic Republic of Iran
Citizen Security and Justice Programme (De Simone et al., 2022)	Jamaica
Irie Homes Toolbox (Francis & Baker-Henningham, 2021)	Jamaica
Better Parenting Program (Al-Hassan & Lansford, 2011)	Jordan
Mother-Child Education Program (MOCEP) (Ponguta et al., 2020)	Lebanon
Parents Make the Difference (Puffer et al., 2015)	Liberia
Parent Education Program (PEP) (Ofoha & Saidu, 2014; Ofoha et al., 2019; Ogidan & Ofoha, 2019)	Nigeria
Parenting for Lifelong Health: The Masayang Pamilya Para sa Batang Pilipino Parenting Programme ('Happy Family for Filipino Children' in Filipino, or MaPa) (Lachman et al., 2021)	Philippines
Sugira Muryango (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021)	Rwanda
Parenting for Lifelong Health for Young Children (PLH for Young Children): Sinovuyo Caring Families Program for Young Children (Lachman et al., 2017; Ward et al., 2020)	South Africa
Parenting for Lifelong Health: Sinovuyo Teen (Cluver et al., 2018)	South Africa
Interaction Competencies with Children - for Caregivers (Hecker et al., 2021)	United Republic of Tanzania
Malezi ne Kilimo Bora ('Good Parenting and Farming' in Kiswahili) Skilful Parenting and Agribusiness Child Abuse Prevention Study (Lachman et al., 2020)	United Republic of Tanzania
Happy Families (Puffer et al., 2017)	Thailand

5. Some interventions were not named programmes and are excluded from this table.

Table 5: Violence against children by selected sub-group and setting

		Number of measures reported on violence against children	Proportion (%) of measures indicating reduced violence
Overall		85 (27 studies)	79%
By age categories	Early childhood (0–4 years)	20 (9 studies)	65%
	Early (0–4 years) and middle (5–9 years) childhood	27 (9 studies)	74%
	Adolescents (10–19 years)	24 (4 studies)	92%
By setting of programme activities	Home	20 (7 studies)	60%
	Community	22 (7 studies)	86%
	Home + community	23 (27 studies)	87%

COM-B behaviour wheel, SBC type and theories

Behaviour change communication through didactics, training, coaching and role-playing was the most common approach, and programmes were predominantly capabilities- and skills-based. All studies incorporated strategies to improve parents' physical and psychological capabilities. As shown in the COM-B behaviour wheel, the aim was to improve self-efficacy, skills and competencies through practice and knowledge, attention, decision-making processes and behaviour regulation. Motivational approaches that promoted reflection on self-efficacy, roles, responsibilities, consequences, intentions, goals and optimism and through aspects such as emotions and positive and negative reinforcement were all integrated into some interventions to different degrees. Creating social and physical opportunities as a strategy was rare.

Studies mentioned many theories on which their parenting programmes were based. Some were based explicitly on existing theories while others derived important elements from one or more theories and developed their own conceptual approach. We provide a list of the theories mentioned *(see Table 6).*

Table 6: List of theories used in parenting programmes

Social learning theory
Bioecological theory of development
Baumrind's parenting styles
Cognitive dissonance theory
Integrating theory
Interpersonal theory of depression
Attachment theory
Theory of reasoned action
Heider's balance theory
Adult learning theory
Osgood and Tannenbaum's congruity theory
Ecological systems theory

Economic analyses and other effectiveness outcomes

Economic outcomes

We identified only one cost-effectiveness evaluation (Redfern et al., 2019) in the evidence, i.e., the costs incurred in preventing each incidence of abuse. The Parenting for Lifelong Health: Sinovuyo Teen programme in South Africa cost US$504 per family and US$1,862 for every incident of abuse averted in the previous month (Cluver et al., 2018). Assuming continued results at scale, the cost per incident of abuse avoided decreased to US$972. The monetized benefit of averting abuse in South Africa was estimated at a lifetime saving of US$2,724, suggesting that the programme was cost-effective. Two other studies reported how much the programmes cost to implement per family. Cost estimates ranged from US$17 per family in South Africa (Ward et al., 2020) to US$228 per family in Burkina Faso (Ismayilova & Karimli, 2020).

Gender-equitable behaviours

The three studies implementing the Sugira Muryango programme in Rwanda reported shared decision-making (two studies) and father engagement in childcare (one study). Five out of six measures across different time points demonstrated improved shared decision-making between male and female caregivers and increased involvement of fathers in childcare.

Parental stress and mental health

Parental depression, stress and other mental health outcome measures were considered together in our review. Eight studies reported on parental stress and mental health, and of 26 measures across different time points in these studies, 19 showed improvement in outcomes.

Twenty-two studies reported multiple measures on whether parents' knowledge, beliefs and attitudes against using violence to discipline children had improved, whether parents felt confident about their capabilities for practising positive parenting and both self-reported and observed positive parenting practices. Sixty-six of the 88 outcome measures reported (75 per cent) suggested improvements in this domain.

Transferability, equity and implementation considerations

Transferability of findings

- We found SBC informed parenting programmes from multiple LMICs around the world, some of which were derived from successful programmes in high-income countries.
- These programmes were successfully implemented in varied contexts such as humanitarian settings and communities exposed to high levels of violence, and in informal and formal settlements.
- Participants included parents of both younger children and adolescents. In some instances, children and adolescents were also active participants.
- As for facilitators, both trained lay workers and professionals delivered the interventions, depending on local availability of resources and personnel.
- Most programmes were principally delivered in the child's home or at community sites, or a combination of both.
- Parenting programmes mostly included a focus on improving parents' capabilities by increasing their knowledge, practices and skills.

- Programmes were also combined with other interventions such as economic strengthening or were integrated into routine delivery of existing services.
- Reductions in the use of violence against children were consistent across a wide variety of contexts and participants and by facilitator type. Incidence of co-occurring intimate partner violence also reduced.

This indicates that findings from this body of evidence on the effectiveness of SBC informed parenting programmes are likely transferrable and adaptable to various low- and middle-income settings for parents of children of all ages, although it would be important to carefully monitor and evaluate adaptations.

Equity for excluded and marginalized populations

Eight studies reported consistent results for programmes carried out with migrant and refugee populations, communities living in extreme poverty and families living in formal and informal settlements. This suggests that parenting programmes can be made accessible to parents who face the greatest vulnerabilities when navigating social, nutritional and health services. Furthermore, three studies[6] assessed programmes for parents of children with significant conduct issues (two studies) and and enuresis/ bedwettin (one study) and reported reductions in violence and parental punishment.

Implementation considerations

We collected implementation considerations from the included studies, the broader literature (Baumann et al., 2019) and advisors to the project representing research, practice and policy expertise on parenting programmes. Aspects to consider include:

- Engage local policymakers and community leaders from the beginning to promote buy-in and inform them throughout to gain support for sustaining parenting programmes.
- Undertake reference group mapping to understand and engage the needs of the community and stakeholders involved.
- Partner with local organizations and community agencies and involve them in programme development/adaptation.
- Identify and engage key stakeholders (including parents and caregivers) when adapting evidence-based programme content developed for other contexts (e.g., from high-income countries) to the local context and culture.
- Review existing research on gender norms and violence against children and women available in each particular context to help identify the key risk factors, norms and skills to address in specific programmes. Well-designed gender-transformative parenting programmes offer the opportunity to address both violent discipline of children and intimate partner violence against women in coordinated ways.
- If developing new programmes, use established behaviour change theories.
- Identify, train and support appropriate facilitators who have a trusted place in the community and can effectively engage with parents.
- Engage both male and female caregivers.
- To keep costs low, harness local resources and personnel to deliver the intervention and integrate parenting programme activities into other routine services.
- Consider innovative means of delivery to expand access.
- Consider the applicability of programme content and delivery based on local political, social and economic contexts.
- Monitor and evaluate programme implementation thoughtfully, particularly when adapting programmes from other settings and bringing them to scale.
- Understand potential risks from the very start.

6. One study included parents of children with ADHD, but was assessed to be of limited quality and was excluded from all analyses.

Recent international recommendations on parenting programmes

The World Health Organization (WHO) recently released evidence-based recommendations on parenting programmes to prevent child maltreatment and enhance parent–child relationships (WHO, 2023). We include here the set of five WHO recommendations spanning different age groups and settings *(see Table 7)*. The findings are consistent with this rapid evidence assessment.

Table 7: 2022 WHO recommendations on parenting interventions (WHO, 2023)

Recommendation 1	In LMICs, parents and caregivers of children aged 2–17 years should have access to evidence-based parenting programmes
Recommendation 2	Globally, parents and caregivers of children aged 2–10 years should have access to parenting programmes informed by social learning theory
Recommendation 3	In LMICs, parents and caregivers of adolescents aged 10–17 years should have access to evidence-based parenting programmes that consider the specific needs of adolescents and their parents
Recommendation 4	In humanitarian settings in LMICs, parents and caregivers of children aged 0–17 years should have access to evidence-based parenting programmes or programmes with a parenting component
Recommendation 5	Globally, children aged 0–3 years should receive early childhood development support such as responsive care, and parents and caregivers should also receive adequate psychosocial support

Limitations

- We used a vote-counting method that, while legitimate in the context of a heterogenous evidence base, comes with certain inherent limitations. This method indicates the consistency of findings for a body of evidence and does not offer an interpretation of the magnitude of effect. In addition, vote counting does not consider the number of estimates reported per study. Some studies reported a few outcome measures while others reported multiple measures that potentially drove the overall results.
- By combining different outcome measures within the same domain, i.e., violence against children, we were unable to focus on distinct types of measures for elements such as harsh discipline, neglect or sexual violence.
- Finally, the findings from our evidence rating system should be used as a starting point for implementers and policymakers looking to make evidence-based decisions. Careful deliberation of specific needs and contexts is necessary to interpret the findings, and we encourage readers to access the full studies included in this review to gain deeper insight into individual interventions.

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