

# 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

Gary Robinson  
Menzies Centre for Child Development and Education  
Josephine Mill, UNICEF PNG

Pasin bilong lukautim pikinini gut  
Parenting for Child Development (P4CD)



unicef  for every child

**#PNGAusPartnership**

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

- 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



## 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

# Qualitative research



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

# Young voices



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

*“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”.*

- 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

# Resources & content



## Parenting for Child Development Pasin Bilong Lukautim Pikinini Gut

A parenting program to support the wellbeing of children in PNG

### Facilitator's Guide



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



the centre for child development & education



## Pasin Bilong Lukautim Pikinini Gut Parenting for Child Development

A parenting program to support the wellbeing of children in PNG

### FLIPCHART

WORKSHOPS 1-3

English

# 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?



# 3. Pilai na spesel taim



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 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

- 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

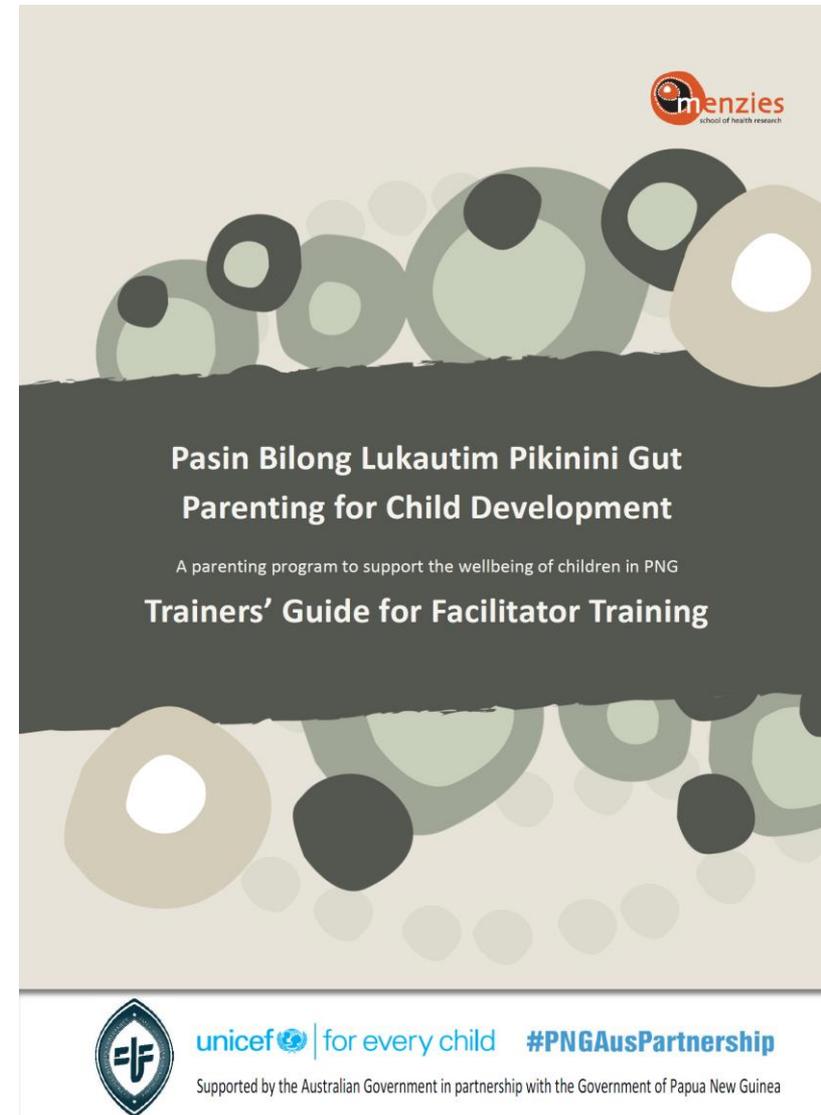
Goroka

Mingende



# Learning by doing

- 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

- 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

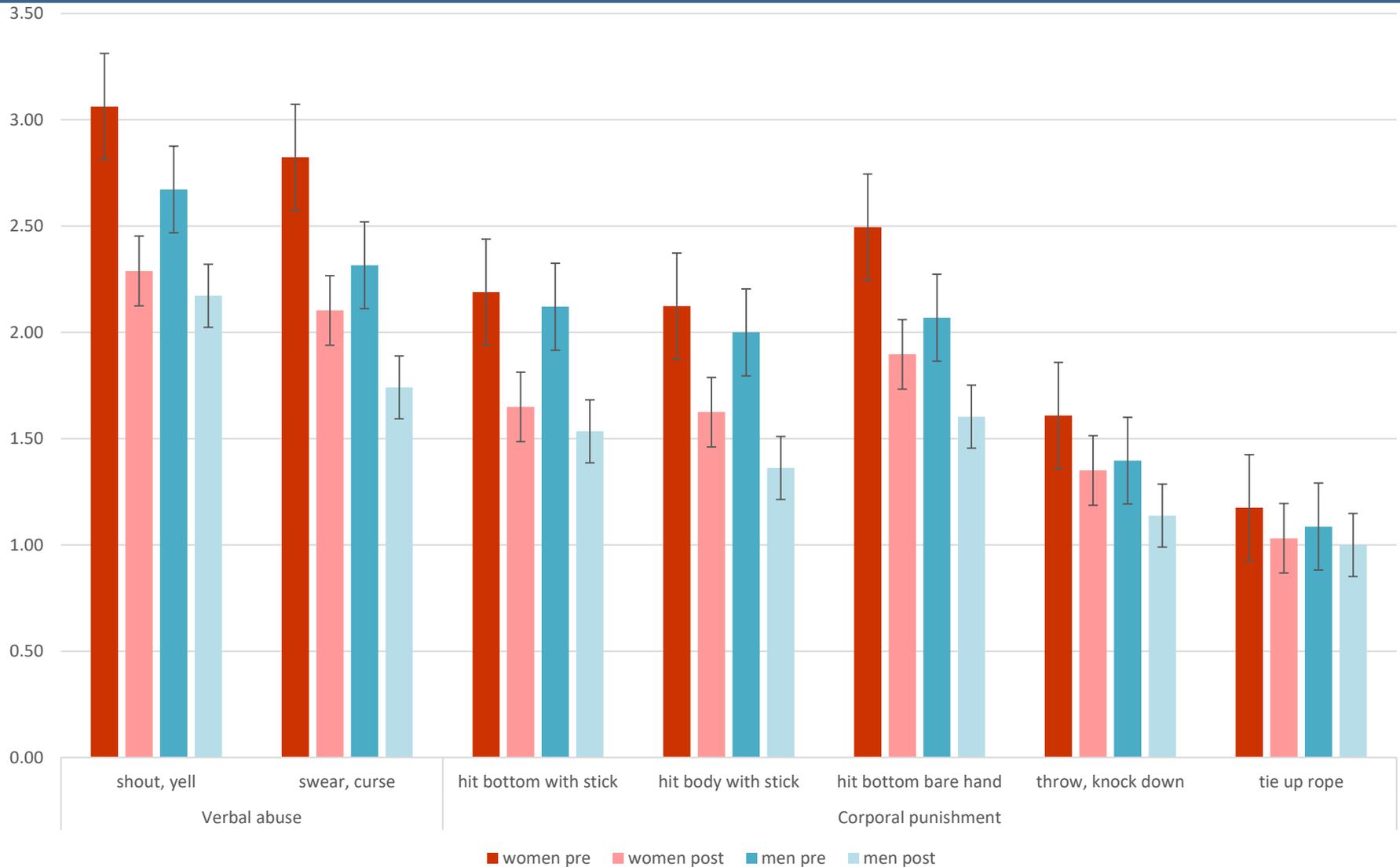
There is some variation in characteristics of parenting and family wellbeing by age, gender and education

- 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

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

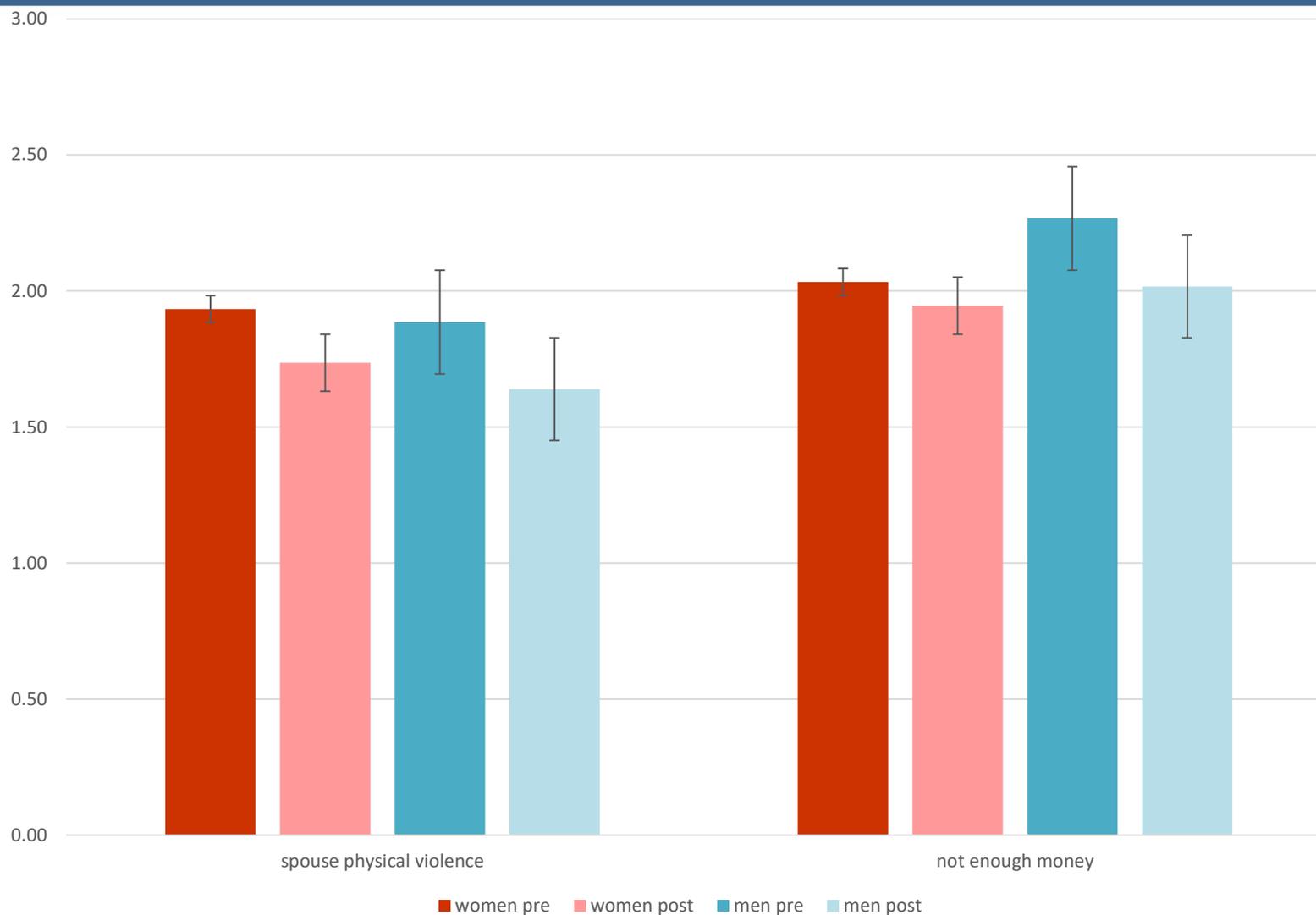
- Largest changes were for verbal abuse
- Significant reductions in all forms of corporal punishment
- Improvements are reported by both women and men and at all ages & education levels.

# Change in harsh parenting



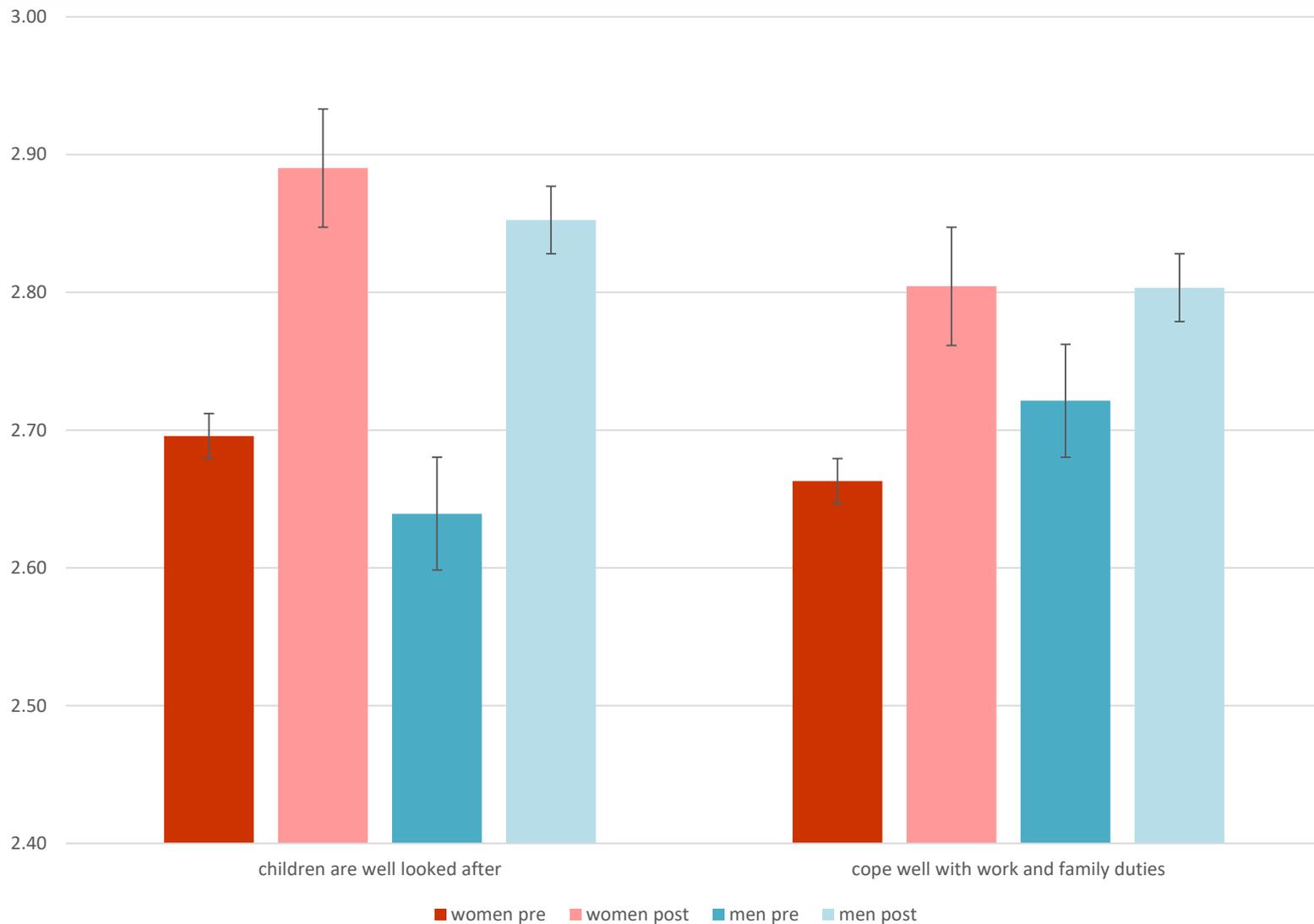
- There were significant improvements in family wellbeing
- There were significant reductions in family relationship difficulties after the workshops. There were decreases in:
  - Reports of violence by spouse
  - Reports of a lack of money in the family
  - Reports that children are not well looked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



\*  $p < .003$

# What did parents say?

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

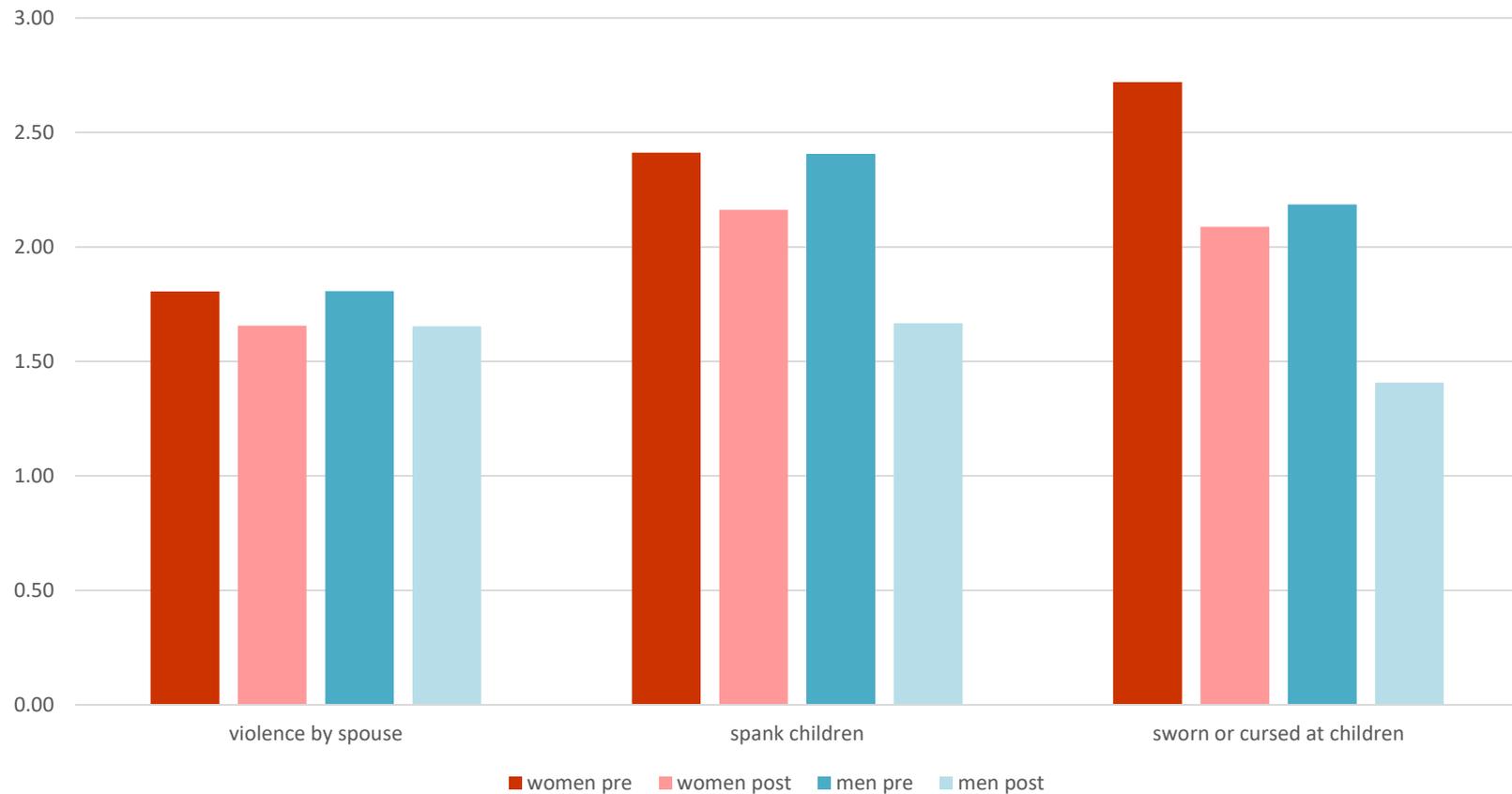
“Cooling myself down and controlling my anger. ... I used to swear a lot but now I can control myself better....”

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

- 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 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

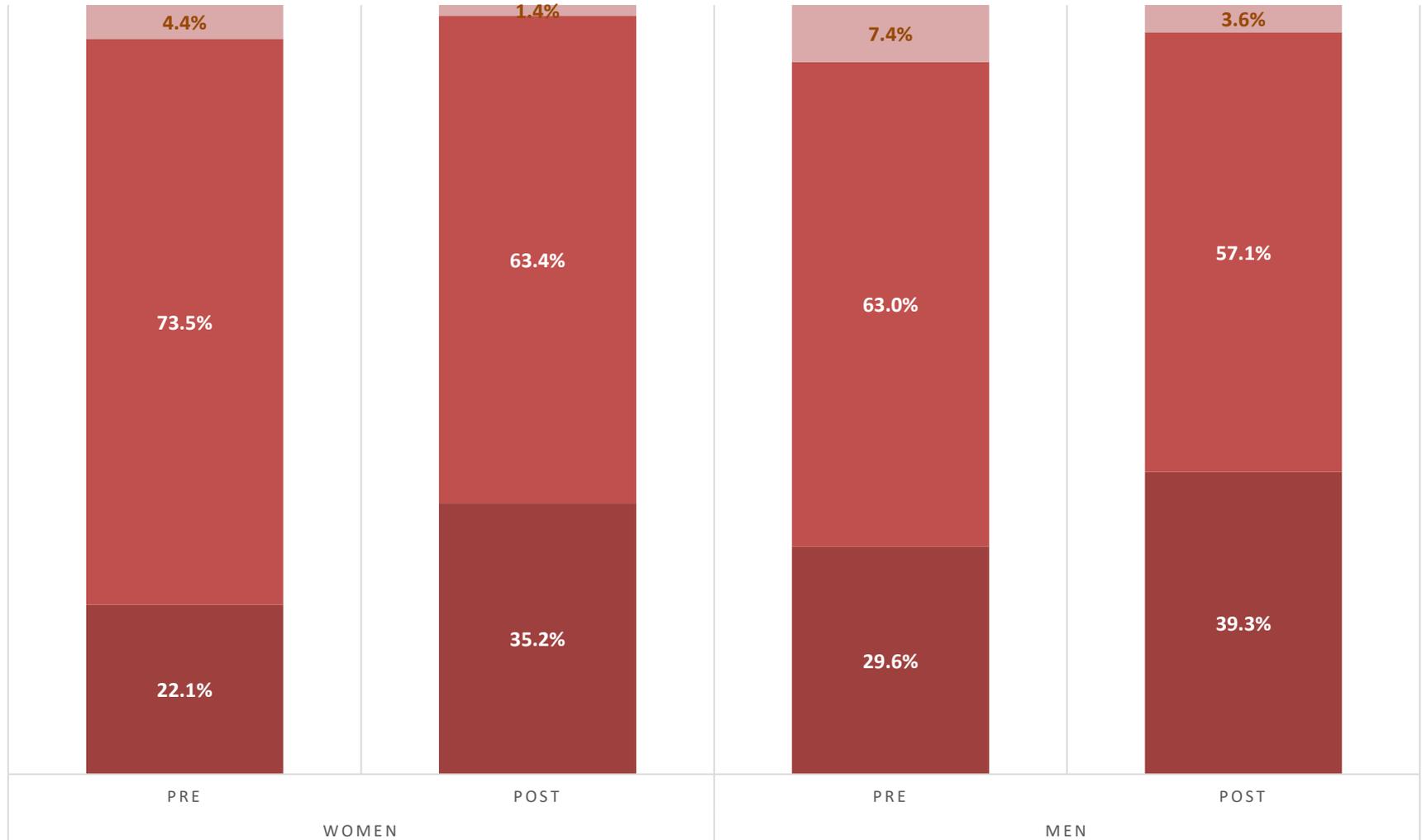
# Violence & harsh parenting



# Family violence

## VIOLENCE BY SPOUSE

■ nogat ■ sampela taim ■ olgeta taim



# Negative to child

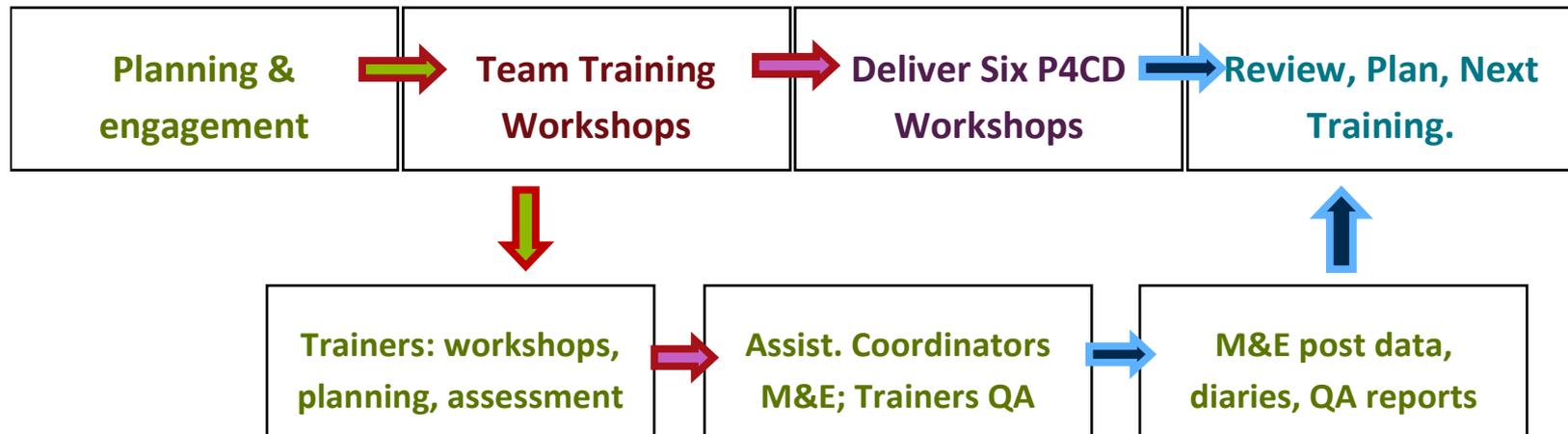
- For reductions in harsh parenting, violence, effects were similar to but stronger than in the pilot

Item	Mean change	Std Deviation	Sig. (2-tailed)	Cohen's d
1. Children do things to annoy	0.158	0.561	0.005	0.564822963
2. Necessary to physically punish	0.327	0.763	0.000	0.856435352
3. Spank	0.389	1.240	0.003	0.628063714
4. Swear at or curse child	0.674	1.284	0.000	1.049655336
5. Violence by spouse	0.151	0.607	0.019	0.496040762
Items 1-4 "negative to child"	0.38366	0.65818	0.000	1.16582503

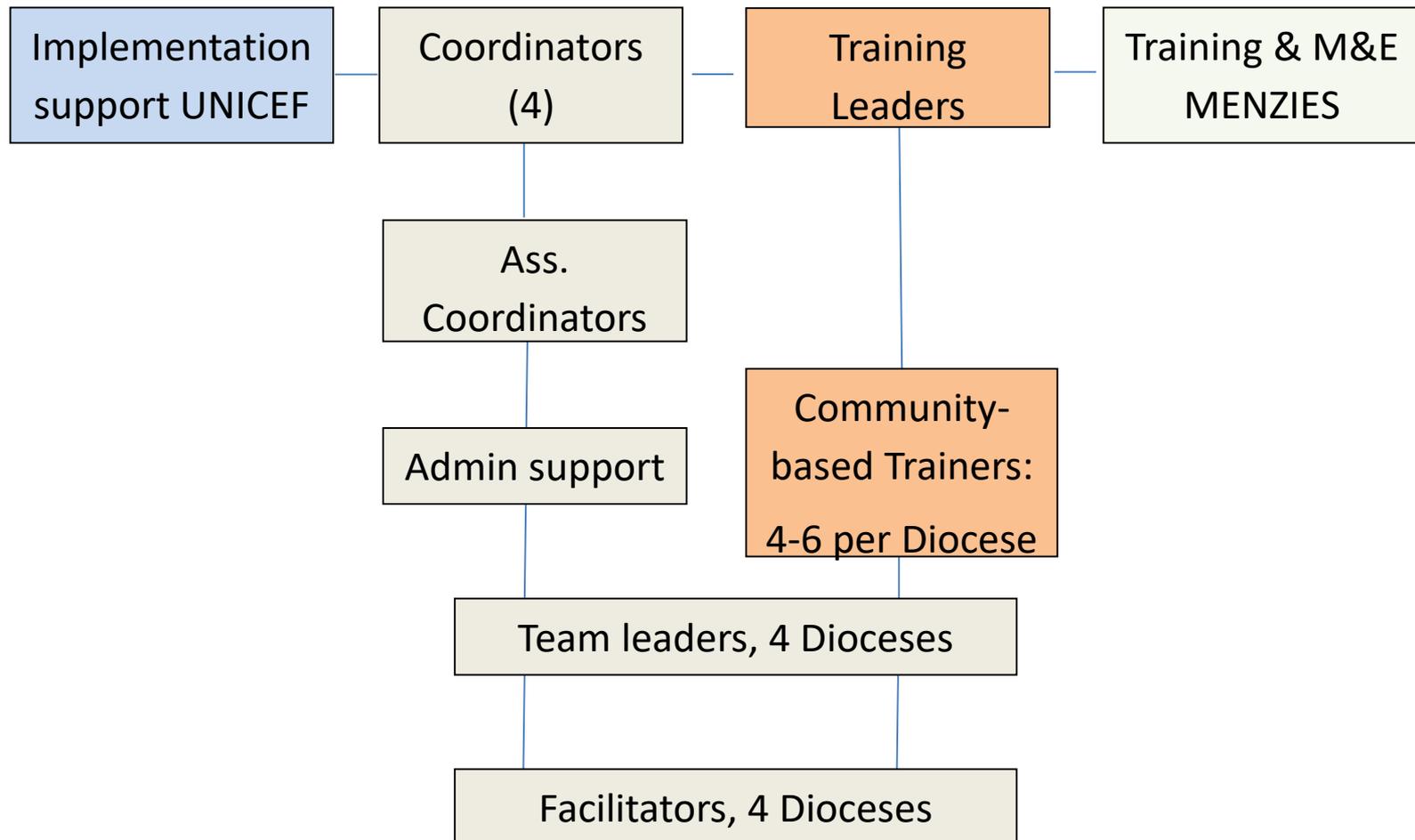
- Identify gaps in delivery skills: preparation, engagement, facilitation
- Quality assurance
- Response to parents' challenges
- Good & not so good team leader practices
- Clarify roles and focus of trainers, team leaders
- Target needs for further training & support

- Over-rapid expansion: training and management cant 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



# Implementation 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

# Team



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

# Pilot program evaluation



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