INTERNATIONAL RESCUE COMMITTEE

RESEARCH & EVALUATION

Family based intervention against child abuse and neglect for young parents involved in a youth and livelihoods program in Liberia:

A pilot project to build evidence around the potential for parenting skills trainings to protect children from abuse, neglect, and exploitation

NOVEMBER 2011

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Contents

Acknowledgements

Abbreviations

AAPI: Adult/Adolescent Parenting Inventory

CYPD: Child and Youth Protection and Development

EPAG: Empowerment of Adolescent Girls and Young Women Program

I/NGOs: International/Non-governmental Organizations

NPP: Nurturing Parenting Programs

The IRC: The International Rescue Committee

UNICEF: United Nations Children's Fund

Executive Summary

"Family Based Intervention against Child Neglect and Abuse for young parents involved in a Youth and Livelihoods program in Liberia" was a pilot project to address the family-based protection risks facing children in Liberia; advance the Child and Youth Protection and Development Unit's (CYPD) technical priorities; and respond to the gap in knowledge around the adaptability, acceptability, effectiveness, and scalability of parenting program models implemented in conflict, post-conflict and disaster affected settings.

Between December 2010 and April 2011, the pilot parenting program provided approximately 200 young mothers between the ages of 17 and 31 with a ten session parenting program. The pilot parenting program utilized the Nurturing Parenting Programs Easy Reader Curriculum and was implemented through the existing training and program structure of the IRC's Empowerment of Adolescent Girls and Young Women Program (EPAG), a three year initiative supported by the World Bank, the Nike Foundation, the Government of Denmark and the Government of Liberia.

As part of the IRC's commitment to implementing programs that are both evidence based and evidence generating, with the pilot project, the CYPD unit's child protection team set out to answer the following questions:

1. What are the most problematic parenting practices in Liberia?
2. Can the group of young mothers acquire parental skills through a short training program? Do young parents change parental behavior or are they willing to change their parenting behaviors after a parenting skills training?
3. Is the program selected and adapted suitable for the Liberia context? Can it be replicated? Why?

This paper provides an overview of the pilot project, "Family Based Intervention against Child Neglect and Abuse for young parents involved in a Youth and Livelihoods program in Liberia", presents the findings from the pilot project; and provides insight into the strengths and weaknesses of the research methodology. Finally, this paper offers recommendations to guide future research and monitoring and evaluation efforts and to inform the implementation of future phases of the IRC's parenting program for young mothers in Liberia, the first of which is being implemented as an integrated part of the EPAG program's second round of trainings.

Section 1: Background

It is widely acknowledged that protecting children from abuse, neglect, exploitation and violence requires interventions that strengthen the protective capacities of each layer of children's ecological system.   Such interventions are essential to children's survival, development, and psychosocial wellbeing. This is particularly true in conflict, disaster and post-conflict development settings where family, community, and national level protective systems are often weak and fragmented.[1] In these settings, I/NGOs, working with local and national level counterparts, have taken steps to strengthen the protective capacities of government systems, schools, community groups and children themselves. However, although families play the most significant role in children's protection and development (Brofenbrenner, 1979) in conflict, disaster, and post-conflict settings, interventions aimed at strengthening the capacity of families to protect, nurture, and provide for their children have been limited and little evidence exists as to which family-strengthening models best address children's protection needs in these contexts. To address this gap in knowledge and service, the child protection team under IRC's Child and Youth Protection and Development Unit has identified family-strengthening interventions as a technical priority[2].

Drawing on an extensive literature review and meetings with leading academics and child protection practitioners, the IRC has piloted different kind of projects for family-strengthening that may be successful in enhancing the capacities of families to protect, nurture and provide for children in conflict, disaster, and post-conflict settings. These include: (a) programs that support income generation and provide an added component of group discussion around positive discipline practices and children's rights; (b) programs for both parents and children that aim to strengthen parent-child interactions; and (c) parenting skills training.   While there are a number of existing, evidence-based and promising program models that fall into these categories, research is needed to identify which program models are most adaptable, acceptable, effective, and scalable in resource poor, disaster, conflict, and post-conflict settings.

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[1] Machel, 1996; UNICEF, 2006; Boothby, Strang & Wessels, 2006; Levy-Shiff, Hoffman, & Rosenthal, 1993
[2] Technical priorities are areas where the IRC actively seeks to develop knowledge and expand programming. This
[2] Technical priorities are areas where the IRC actively seeks to develop knowledge and expand programming. This entails conducting literature reviews; piloting evidence based models; generating evidence; and further integrating technical priorities into our existing programming.

1.1 The case for family-strengthening interventions with a nurturing parenting component in Liberia

Liberia suffered a brutal and devastating civil war from 1989 until 2003. The war resulted in over 200,000 deaths and led to the internal and external displacement of hundreds of thousands (LISGIS, 2007). By the end of the war, Liberia's infrastructure was destroyed, the social fabric was torn and a whole generation of Liberians had grown up without access to basic educational and health services (the IRC, 2010).[3]

Although Liberia is no longer in an acute emergency phase, the transition from conflict to social and economic stability and development is rife with challenges, particularly for children. Today, the government of Liberia is ranked as one of the least child-friendly in Africa (ranked 47th out of 52 countries) due to the lack of legal mechanisms for child protection and a grossly inadequate budget allocated to address children's protection and development needs (Forum, 2008, pp. 7-8). According to UNICEF Statistics on Liberia, 25% of children under five are moderately or severely underweight ; 21 % are engaged in child labor; and less than 5% of children under the age of 5 years have registered births (UNICEF, 2010).

Particularly salient for the IRC's family strengthening efforts is the fact that many children in Liberia are living in households with only one parent or with caregivers who are not their biological parents. In Monrovia, 25.9 % of girls and 32.9% of boys between the ages of 10 and 14 lived with only one parent, most commonly, the mother (UNFPA and Population Council, 2008, p. 15); and 42.3 % of girls and 33.3% of boys in this age group lived with neither parent in the household (UNFPA and Population Council, 2008, p. 15).

In Liberia, the high rates of children living with neither parent or with only one parent, combined with the high rates of poverty (UNDP, 2010) are concerning. Caregivers are responsible for protecting children from physical harm and ensuring that their nutritional, medical, and educational needs are met. They also play a significant role in children's social, emotional and intellectual development and ability to cope with stressful and traumatic situations (Smokowski, 1998; Masten, 2001) including natural disasters and conflict. However, as acknowledged by Secretary-General Ban Ki-moon in his Message for 2011, when families face enduring hardship, children's needs are often neglected and children are left with "lifelong physical and cognitive scars." Children living in foster families where resources are stretched thin may be particularly vulnerable.[4] Children of young single mothers may also face heightened risk due to the low earning, protection and social power of women in Liberia, (UNFPA and Population Council, 2008, p.13). This may be particularly true when the young mother lacks social support systems, including strong family relationships (Flanagan P, 1995).

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[3] The IRC. Liberia Country Profile. (2010).
[4] According to *Reaching Out to Africa's Orphans: A Framework for Public Action (2004)*, orphan care tends to fall on the poorest households and reduces consumption and resources per capita (Subbarao, 2004, p. 14) . 7% of children in Liberia are orphans (Liberia Insititute of Satistics and Geo-Information Services (LISGIS) [Liberia], 2007, p. 10)

According to the 2007 Demographic and Health Survey (DHS), children in Liberia experience alarmingly high rates of physical and psychological punishment. In the month prior to the DHS survey, 83% of children between the ages of 2 and 14 had experienced psychological punishment such as yelling and name calling; 76% had experienced minor physical punishment (being slapped on the face head, arm or leg); and 15% had experience severe physical punishment such as severe beating with an object (LISGIS, 2007, p. 47). Common, traditional methods of discipline in Liberian culture include beating children with objects such as switches or belts or rubbing hot pepper in children's eyes and mouths or on their genitals (Schmidt, 2009, p. 9). In line with the high rates of physical and psychological punishment experienced by children in Liberia, corporal punishment has traditionally been seen in Liberia as not only accepted but as necessary "to prepare a child to be a good citizen" (Schmidt, 2009, p. 9).

1.2 Overview of the IRC's Parenting Program for Young Mothers in Liberia

"Family Based Intervention against child neglect and abuse for young parents involved in a youth and livelihoods program in Liberia"[5] was designed as a pilot project to address the family-based protection risks facing children in Liberia; advance the Children and Youth Protection and Development (CYPD) unit's technical priorities; and respond to the gap in knowledge around the adaptability, acceptability, effectiveness, and scalability of parenting program models implemented in conflict, post-conflict and disaster affected settings.   The proposal was developed with the invaluable support of the IRC-Liberia country team and was part of a collaborative effort between the Child Protection and the Youth and Livelihoods subsectors within the Child and Youth Protection and Development technical unit. Funding was awarded in August 2010.

Program Selection

The IRC selected Nurturing Parenting Programs Trainer, Bettie Murchison, and Family Development Resources, Inc., publisher of the Nurturing Parenting Programs, as partners for the implementation of the pilot project. Nurturing Parenting Programs was chosen because: 1) it was backed by a number of validation studies and was therefore in line with the IRC's commitment to implementing evidence based programs; 2) it included evidence-based methods for pre and post evaluation of participants, namely the Adult and Adolescent Parenting Inventory-2 (AAPI-2); 3) the program was possible to implement at a low-cost in resource poor environments; 4) it had been implemented successfully with diverse populations; and 5) it included curricula for participants with low-levels of literacy for the welfare system in the US.

Nurturing Parenting Programs

Nurturing Parenting Programs (NPP), authored by Family Development Resources, Inc. President, Dr. Stephen Bavolek, include a range of parenting curricula and tools designed to treat and prevent child abuse and neglect. Because positive (and negative) parenting beliefs and practices are learned, the programs are targeted at helping parents develop the skills and knowledge that they need to be

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[5] From here on referred to as the Parenting Program

nurturing parents. The program focuses on building parents' competency in five areas: (a) appropriate expectations of their children; (b) empathy; (c) understanding of positive discipline practices; (d) understanding of appropriate parent-child roles; and (e) healthy beliefs towards children's power and independence. The programs have been implemented with Haitian, Arab, Hispanic, African-American, Caucasian, Somali, and Hmong populations in the United States, as well as with U.S military families abroad. The effectiveness of the NPP curricula and the reliability of the AAPI-2 has been demonstrated through a number of validation studies[6] conducted in the United States.

Program Participants

Implementation of the pilot program

The IRC's Parenting Program was implemented through the IRC's Empowerment of Adolescent Girls and Young Women Program (EPAG), a three year initiative supported by the World Bank, the Nike Foundation, the Government of Denmark and the Government of Liberia. The EPAG program aims to provide business and life skills training to adolescent girls and young women in five communities (New Kru Town, Doe, Red Light, West Point, and Bentol). The first round of EPAG training was conducted between March 2010 and December 2010 and benefited 355 adolescent girls and young women.

Of these participants, 263 volunteered to participate in the IRC's pilot parenting program. The pilot parenting program was facilitated in each of the five communities by EPAG trainers. The decision to implement the pilot parenting program through the EPAG program was made because working through the existing training structure was time and cost effective and because many of the EPAG trainees are young, poor, single mothers who the IRC Liberia program staff believed could benefit from parenting support.

The baseline assessment and adaptation phase of the program began on August 2010, with the pilot parenting program running from December 15, 2010 to April 28, 2011. We set out to answer three research questions:

1. What are the most problematic parenting practices in Liberia?
2. Can the group of young mothers acquire parental skills through a short training program? Do young parents change parental behavior or are they willing to change their parenting behaviors after a parenting skills training?
3. Is the program selected and adapted suitable for the Liberia context? Can it be replicated? Why?

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[6] NPP validation studies can be found at http://nurturevalidation.com/

Section 2: Methodology

2.1 Overview

The Parenting Program was implemented in four phases. See below Table 1:

Table 1. Overview of pilot parenting program activities

Phase	Description	Components
Phase One (August/September 2010)	Baseline Assessment and Adaptation	- Literature Review - Focus group discussions and cultural validation session - AAPI-2 adaptation - AAPI-2 pre-test for trainers - Training of trainers to administer the AAPI-2 - Selection of participants - AAPI-2 pre-test for young mothers who signed up to participate in the parenting program - Curriculum identification and adaptation
Phase Two (November/December 2010)	Training of Trainers	- Literature Review (continuation) - Fourteen trainers were trained during a four-day training in Liberia
Phase Three (December 2010- May 2011)	Parenting Program Implementation	Implementation of a ten session training program on a bi-weekly basis in five communities over the course of five months.
Phase Four (May-August 2011)	Post-program assessment	- AAPI-2 post-test for participants and trainers. - Semi-structured focus groups with participants. Put the number of focus groups completed - Semi-structured interviews with trainers. Put the number of interviews - Analysis of data from matched pre and post AAPI-2 tests. For trainers and participants

Phase One ~ Baseline Assessment and Adaptation

The first phase of the pilot project began in August 2010 with a brief literature review and planning meetings with the IRC Liberia staff. Following the preparatory work, in September 2010 the Nurturing Parenting Programs Trainer and the IRC's Child Protection Technical Advisor visited the IRC Liberia country program to:

- conduct focus group discussions with EPAG trainers and trainees to identify common discipline practices in Liberia and inform the selection and adaptation of the Nurturing Parenting Program curriculum;
- assess EPAG trainers' perceptions of the acceptability of the Adult/Adolescent Parenting Inventory;
- train fourteen EPAG trainers on how to conduct the Adult/Adolescent Parenting Inventory (AAPI-2); and
- determine the baseline parenting beliefs of the trainers and trainees through the AAPI-2 pre-test. Trainers took the AAPI-2 pre-test before their 4-day training; participants took the AAPI-2 pre-test before beginning the Nurturing Parenting Program curriculum.

Focus Groups Discussions and Cultural Validation Session

Five group discussions were held with participants in the EPAG training program in the five communities in which the EPAG program is operational (New Kru Town, Doe, Red Light, West Point, and Bentol). These were intended as focus group discussions for 8-10 trainees; however, the number of participants in the groups exceeded this in 4 of the 5 communities: 7 participated in New Kru Town, 22 in Bentol, 44 in Doe, 14 in Redlight, and 27 in Westpoint. In light of these large numbers, the focus group discussions instead became large group discussions.

As participants in these five group discussions were EPAG trainees, all were females between the ages of 17 and 31 and had similar educational and economic backgrounds. For a more comprehensive picture of common parenting practices in Liberia, the IRC's Child Protection Advisor and the NPP Trainer held three additional focus group discussions: one contained eight female Liberian IRC staff members with different educational and economic backgrounds; one included seven EPAG trainers; and the other contained six EPAG trainers. The questions posed to participants in each of the eight groups were consistent and can be found in *Appendix A*.

At the end of the field visit, a validation session was held with three EPAG mentors and three supervisors[7] to verify information received in the focus groups and gain input to guide the program design. To ensure stakeholder support for the program communities were informed in advance, but as the program was under the implementation of a larger EPAG intervention, special meetings with community leaders were judged not to be necessary by the IRC Liberian personnel.

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[7] Mentors are older women that serve as role models and advisers to the EPAG participants in their own communities. Supervisors play a management role working with trainers and other EPAG personnel.

The AAPI-2 assessment was the primary instrument used to collect quantitative data at baseline and endline regarding the parenting and child-rearing beliefs of adult and adolescent parent participants and trainers. The assessment was filled out by participants themselves using pencil and paper; each question was read aloud giving participants time to write the answer though a multiple choice methodology. The AAPI-2 assessment contains forty questions designed to identify parenting beliefs with a known correlation to abusive childrearing behaviours. These parenting beliefs fall into five constructs: (a) inappropriate parental expectations; (b) lack of an empathetic awareness of children's needs; (c) belief in the use and value of corporal punishment; (d) parent-child role reversal; and (e) oppressing children's power and independence.   The AAPI-2 is a norm-referenced inventory. As such, raw scores are converted into sten scores (based on a standard ten scale), which identify "where an individual stands in relation to a normal distribution of scores" (Bavolek, 2005). Sten scores range from 1-10. Low sten scores (1-3) have been demonstrated to indicate a high risk for abusive parenting behaviours; scores ranging from 4-7 represent the "normal" range of parenting beliefs and moderate risk for abuse. High sten scores (8-10) indicate positive, nurturing parenting beliefs.

Research has revealed that the correlation between raw scores in the five construct areas and abusive parenting behaviours varies depending on age and gender. For this reason, separate norm tables have been established and tested for male and female adults and adolescents. Separate norm tables also exist for Haitians, Arabic populations, Hispanic populations, and Asian populations in the U.S as a result of the AAPI-2 being translated, thus resulting in a different inventory. In the past, separate norm tables were also developed for Caucasians, Hispanics, and African-Americans in the U.S. The AAPI-2 has since been re-normed to account for differences between these groups which likely correspond more to income and education than to race or culture. However, as no normative scale currently exists for Liberians, the normative scale for African-Americans was used to determine the sten scores of the pilot project participants. The decision was made based on perceived similarities between the two groups: poverty, low education, poor health resources, high degree of violence.

Adaptation of the AAPI assessment

 The Nurturing Parenting Programs Trainer and the IRC Child Protection Technical Advisor (CP TA) conducted semi-structured focus group discussions with seven EPAG trainers and supervisors to get feedback on the relevance of the items in the AAPI-2 assessment.

Adaptations were made to the AAPI-2 assessment based on this feedback. Questions regarding race, nationality, and income were removed, and questions including number of children delivered, number of children still alive, and tribe/community were added. The word *spanking* was replaced with *beating*; *potty training* was replaced with *chamber or stool; wellbeing* and *nurture* were replaced with *take care of*; *confide* was changed to *tell secrets*; and *strong willed* was changed to *strong opinions.* Dr. Stephen Bavolek approved all changes to the AAPI-2 assessment to ensure that they did not affect the integrity of the assessment or results.

Selection of Participants

Participants in the pilot parenting program were selected on the basis of their participation in the EPAG trainings; having at least one child; and participating voluntarily in the pilot parenting program. By nature of their being part of the EPAG program, program participants fulfilled additional criteria of having dropped out of school and having basic numeracy and literacy skills[8].

AAPI-2 Pre-tests

The NPP Trainer and the IRC Child Protection Technical Adviser administered the adapted AAPI-2 to the fourteen EPAG trainers who would be facilitating the IRC's Parenting Program for Young Mothers in Liberia. The EPAG trainers were then trained fastidiously on how to administer the AAPI pre-test to program participants. A total of 263 AAPI-2 pre-tests were administered: 67 in Bentol; 58 in Doe; 54 in New Kru Town; 45 in Redlight; and 39 in West Point.

Curriculum identification and adaptation

Taking into account the low literacy levels of the trainees, AAPI-2 assessment results of trainers and trainees, and findings from the group discussions, the IRC and the NPP Trainer identified the "*Easy Reader Nurturing Parenting Program for Parents and Their Infants, Toddlers and Preschoolers*" as the most suitable for the Parenting Program. Due to time and financial resources constraints, the fifty-session curriculum was consolidated into ten two hour sessions that focused on those construct areas that the focus group discussions and AAPI assessments revealed as most needing improvement:

- Session One: Nurturing as a Lifestyle;
- Session Two: Children's Brain Development;
- Session Three: Ages and Stages;
- Session Four: Developing Empathy/Getting Needs Met;
- Session Five: Recognizing, Understanding and Handling Feelings;
- Session Six: Building Self-Worth and Personal Power;
- Session Seven: Discipline with Dignity—Techniques to Use;
- Session Eight: Family Rules/Rewards & Punishment/Praise;
- Session Nine: Touch History/Stress and the Need for Nurturing Routines; and
- Session Ten: Anger, Criticism/Confrontation, and Violent Relationships.

The Easy Reader parent handbooks that are designed to accompany the sessions were adapted to reflect the changes that were made in the number of sessions.

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[8] Participants in the EPAG program are also supposed to be between the ages of 16 and 27. Dates of birth show that the age range may actually be 16-30 and that participants in the pilot parenting program were between the ages of 17 and 31.

Phase Two ~ Training of Trainers (ToT)

In the second phase of the project, the Nurturing Parenting Programs Trainer and the IRC Child Protection Technical Advisor conducted an intensive four-day training to the fourteen EPAG trainers and supervisors who would facilitate the parenting program. Because the AAPI scores of the EPAG trainers were below the recommended scores for well-prepared trainers[9] (according to NPP, effective trainers should score in the low-risk category), the ToT modules were adapted to include cognitive and affective ways of introducing nurturing parenting concepts.

Training modules included:

- Nurturing Parenting Constructs;
- Brain development;
- Philosophy, Morals and Values;
- Communication Skills;
- Basic Needs and How to Get Them Met;
- Conflict versus Confrontation.
- Facilitation Tips;
- Data Collection and Implementation;
- Program Fidelity;

Phase Three ~ Implementation of the Parenting Program

The parenting program began on December 15, 2010 following the first round of EPAG business and life skills training.   Each community had two trainers (one male and one female), with the exception of New Kru Town, which had four trainers (2 males and 2 females) as the community was divided into two groups for the EPAG business and life skills training sessions that are independent from this research. Ten 2-hour sessions were conducted over the course of five months, concluding on April 28, 2011. *Table 2* outlines the training sessions by community, month, topic, construct and number of participants in attendance. Attendance keeping records were poor, as no names were recorded at the beginning and at the end of each session. This, combined with a lack of punctuality, may have caused inaccuracies in attendance records..

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[9] The average trainer score on a standard ten scale was 2.64 in Construct A: Parental expectations; 2.91 in Construct B: Empathetic awareness of children's needs; 4.82 in Construct C: Belief in the use and value of corporal punishment; 1.91 in Construct D: Parent-child role reversal; and 4.36 in Construct E: Oppressing children's power and independence.

Table 2. Pilot parenting program training sessions and AAPI pre and post-tests, by community

Month:		Dec.	Jan.		Feb.		March		April				
Session:		1	2	3	4	5	6	7	8	9	10		
Construct:		B D	A B D	A B	B D	B C D	B D E	B C D E	A B C D	A B C D E	B C D E		
Community:	# of AAPI Pre-Tests	\# of participants by session										# of AAPI Post-Tests	# of Matched AAPI Post-Tests
Bentol	67	68	61	68	61	68	68	68	68	68	68	47	44
Doe	58	40	24	24	19	27	28	31	36	27	20	20	19
New Kru Town	54	57	49	51	54	55	51	55	45	36	40	32	32
Westpoint	39	33	28	36	30	34	30	31	30	30	30	24	24
Redlight	45	25	25	35	35	35	37	35	36	35	35	19	17
TOTALS:	263	223	187	214	199	219	214	220	215	196	193	142	136

Construct A: Appropriate expectations

Construct B: Empathy

Construct C: Corporal Punishment

Construct D: Parent-Child Roles (Self-Awareness)

Construct E: Children's Power and Independence

Attrition

As can be seen in *Table 2*, in all communities except Bentol, attendance records show high rates of attrition between the first and final sessions. Attrition rates are particularly high in Doe (50%) and New Kru Town (29.82%). Qualitative data from post-program questionnaires given to trainers and post-program focus groups with participants to assess program fidelity and acceptability provide some insight into the main causes of attrition: lack of payment, transportation, and employment or schedule conflict.

Lack of payment

According to trainers in Doe, lack of payment for attendance in the session was an obstacle to attendance and motivation, particularly since attending sessions required participants to leave their businesses.

According to one trainer: "What was difficult about the program was the issue of cards to call trainee for session because we have to call more than two times to come to session meaning before training day and on the day of training.   Also some complain that they would love for funds to be made to them instead of Snaps[10] because they will leave their businesses to come for session and they are engage in *susu*[11], so if they leave their businesses how will they pay their *susu* at the end of the day."

According to another: "Supplies were made available to trainee to keep the session on (snaps) but most of them complain that they prefer money be given to them."

The problem of lack of payment, while particularly acute in Doe, was also seen in other communities. As stated by one participant in Redlight for example: "The biscuit and drinks was a serious problem for the sessions as it serve as a de-motivating factor. As Africans, we need heavy food or the equivalent in money."

Transportation

Transportation challenges also affected attendance. "From the start, there was problem. And the problem was about refreshment," one trainer in New Kru Town reported. "Participants said they needed transportation allowance. Instead of what was given them for refreshment."

This challenge was echoed by participants in New Kru Town and Bentol. According to one participant, "there was something about the program that created problem. I had problem sometimes coming to session. I never had transportation all of the time. So I feel so hurt if I don't come or if I missed session." According another participant, "The juice and biscuit was okay but transportation was a problem making most of us to come late to sessions as we live far from the training."

Employment/schedule conflict

Attendance in the sessions was also problematic as many of the participants were employed or had their own businesses to run. Several participants reported having to miss whole or partial sessions due to work and trainers in each of the communities mentioned difficulty in gathering participants for the sessions. One participant said: "Every time I didn't attend a session was either I didn't have someone to leave at my business or I went to go and buy my goods."

 In the words of one trainer in Redlight: "There were few things that made the program difficult and created problems: getting the girls to come due to their business schedules; getting them to come on

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[10] Snaps is a soft-drink that was provided to participants as refreshment during the sessions
[11] Susu is a traditional form of banking in Liberia similar to a rotating savings and credit association.

time and together; and less *scratch*[12] cards to contact the girls." According to another in New Kru Town, "I could not start session on time because I had to get these girls from their homes or business sit before starting session. It was really difficult getting these girls."

Despite the challenges, trainers and participants alike reported that when participants began to appreciate what they were learning in the parenting program, many of the challenges, particularly those related to payment and refreshments, became less problematic. As stated by a participant in the post-program focus group session in New Kru Town, "At first we complain about leaving our various business areas and homes and even about the refreshment given us but we later realize that we were benefiting or learning something."

Pre and Post Tests

Of the 263 participants who took the pre-tests, fewer took both pre and post tests. The post-test was administered at the end of the last session; however, only 74% of participants in the last session took the post-test. This is particularly marked in Redlight where only 54% of participants in the last session took the post-test and in Bentol where only 69% took the post-test. Interestingly, in both communities, attendance records provided by the trainers show nearly perfect attendance (after the initial drop outs in Redlight). The IRC Liberia country team reported that Bentol participants were particularly motivated and interested in the program, but could not explain why few completed the post-test.

Phase Four ~ Post-Program Assessment

To assess the impact of the parenting program on participants and trainers' parenting beliefs in the five construct areas and to determine their risk for abusive behavior, the sten scores of the AAPI-2 pre-tests were compared with those from the AAPI-2 post-tests. Of the 142 post-tests administered by the trainers at the end of the final session and entered into the database, only 138 were *matched*, meaning that the participant had also taken a pre-test. Of these, 2 were disregarded as a result of duplication. As a result, only 136 matched tests were considered in the data analysis.

After the AAPI-2 post-tests had been administered, discussion groups were carried out with trainees in each community to collect qualitative information regarding participant satisfaction with the program. 20 EPAG trainees participated in Doe; 40 in New Kru Town; 30 in Westpoint; 35 in Redlight, and 68 in Bentol. To assess trainer fidelity to the program, trainers were provided with a short questionnaire. The discussion questions and the trainer questionnaires can be found in *Appendix B*.

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[12] Scratch cards contain credit for phone use that made possible contacting participants in the parenting pilot project.

2.2 Limitations and Challenges

Assessment and monitoring plan

Although the research questions were clearly stated at the outset of the project, the data collection process and methods were limited. Data collection methods heavily relied on the quantitative AAPI-2 methodology which was not sufficient to answer all research questions adequately, particularly question 2.

No processes were in place to assess trainer fidelity to the program or to adequately track unique participant attendance per session.   Attendance was tracked by number of participants in each session, rather than by individual participant participation in sessions at the beginning and at the end. This posed challenges for adequately monitoring attendance and exposure to the program, limiting the extent of analysis that could be done to determine factors contributing to attrition or to identify the effect of attendance on AAPI-2 results.

Focus Group Discussions

Focus group discussions provided invaluable qualitative data.   A number of challenges were posed, however, by the way in which focus group discussions were conducted. During the focus group discussions that were held during the baseline assessment, the number of participants was not restricted and thus a core requirement for a focus group discussion was not met (small group size of between 5-8 participants, and a controlled process and environment).   The process for data collection relied solely on facilitators' note taking.   In the focus group discussions that were held at the end of the program, the extent of detail provided in facilitator notes varied greatly by community and facilitator. Brief summaries were often provided rather than direct quotes and notes taken by trainers who facilitated the focus group discussions provided no indication of how many participants contributed to the discussion. Weaknesses in the qualitative data collection, particularly during the evaluation phase, can be attributed to insufficient training in qualitative data collection and insufficient planning and preparation.

Selection bias

There were high rates of attrition. Those who stayed in the program may have been more open than those who left the program to learning new ways to improve their parenting.

AAPI-2 Norm Table

The AAPI-2 was not re-normed for Liberians. Rather, the normative table for African-Americans was used. Although there are similarities between populations (i.e poverty, low education, and poor health resources), whether or not the normative scale for African-Americans provides an adequate assessment of the child protection risk associated with parenting beliefs in Liberians is unknown.

AAPI-2 trainer's scores

Despite the training on nurturing concepts, the fact that the EPAG trainees scored low on the APPI-2 constructs, could have affected the positive results of the program. The correlation between trainer and participant scores is further explored on page 36.

Curriculum adaptation

The drastic consolidation of the curriculum from 50 to 10 sessions could have affected the positive results of the program.

2.3 Informed Consent and Confidentiality

Participation in the focus group discussions was voluntary. The Nurturing Parenting Programs Trainer and the IRC Child Protection Technical Advisor who facilitated the focus group discussions as part of the baseline assessment explained to the participants how the information collected during the focus groups would be used. In order to ensure anonymity, names of participants were not documented during the focus group discussions. Oral consent was gained.

Before administering the AAPI-2 pre-tests, participants were introduced to the purpose and background of the AAPI-2 as well as to how the IRC planned to use the data. The IRC staff informed participants in the parenting program as well as trainers that participation in the AAPI-2 tests was voluntary and that their participation in the program would not be affected by their participation in the AAPI-2 or by their scores on the test.

Section 3: Research Findings

3.1 Demographics

According to reported *birthdates*, the 136 participants who took both the AAPI-2 pre and post tests were between the ages of 17 and 31. The *reported ages* of participants at the time of the pre and post tests, however, varied significantly. Reported ages ranged from 15-32 according to the AAPI-2 pre-tests. Post-tests for the same participants seven months later showed ages ranging from 17-31, and the frequency of ages within this age range differed noticeably. It is worth noting that the dates of birth reported during the AAPI-2 tests were often inconsistent with those documented in the EPAG Trainee Directory, though the age range according to dates of birth is similar.

Having at least one child was required for entry into the program. Although the data collected pre and post test was inconsistent, the majority of participants reported having 1-2 living children. Two participants during the pre-test, and one during the post test, reported having no children.

Table 3: Number of Children				
#of children delivered who are still alive	# of Participants Pre-Test	% of participants	# of Participants Post-Test	% of participants
0	2	1%	1	1%
1	51	38%	48	35%
2	63	46%	49	36%
3	17	13%	27	20%
4	3	2%	10	7%
5	0	0%	1	1%

Results of the pre and post-tests indicate that the majority of participants had education beyond grade school. However, as shown in Table 4, there were inconsistencies in the data collected in the pre and post tests.

Table 4:
Highest level of education completed according to participants (%)

	Pre-Test	Post-Test
Grade School	40%	25%
High school	4%	24%
Some college	13%	4%
7th grade	7%	9%
8th grade	9%	9%
9th grade	6%	11%
10th grade	8%	5%
11th grade	6%	7%
Unknown	7%	6%

According to AAPI-2 post-tests, the majority of participants were unemployed (49.3 %); however, a comparision of the pre and post tests shows that durin the post tests, a larger percentage of participants self-identified as employed full-time (11.8% post-test compared to 1.5% pre-test) or part-time (21.3% post-test compared to 2.2% post-test). The variation between pre-test and post-test could reflect true changes in employment status or it could reflect participants understanding the answer categories in different ways. The high number of respondents reporting "don't know" in the pre-test may be due to high rates of employment in the informal sector.

Table 5:
Reported Employment Status (# and %) of participants

	Pre-Test	Post-Test
Unemployed	62 (45.6%)	67 (49.3%)
Employed Full-Time	2 (1.5%)	16 (11.8%)
Not employed due to disability	9 (6.6%)	10 (7.4%)
Employed part-time	3 (2.2%)	29 (21.3%)
Don't know	60 (44.1%)	14 (10.3%)

As seen with data on age, level of education, and employment status, there were significant, unexplained discrepancies between participants' pre and post test marital status reports. Table 6 shows the proportion of single participants almost tripled from pre-test to post-test while the number of married individuals decreased by almost half. The other categories did not see changes that were as dramatic.

Table 6:
Reported Marital Status

	Single	Unmarried Partners	Married	Divorced	Widowed	Separated
Pre-Test	18%	14%	54%	6%	1%	7%
Post Test	50%	17%	27%	2%	1%	1%

3.2 Research Question 1: What are the most problematic parenting practices in Liberia?

Based on focus group discussions from Phase I of the pilot parenting project with the IRC staff, EPAG trainers, and program participants and data from the 2007 DHS (LISGIS, 2007) and the Bridging Refugee Youth and Children's Services (2009) report, common parenting practices in Liberia include[13]:

> *"Badly beating children is a common way of disciplining children in Bentol, Liberia."*
>
> *--Program participant in Doe*

1) forcing a child to go without food;
2) mocking a child in public;
3) locking a child in a room;
4) putting pepper on a child's eyes, noses, mouth and genitals;
5) beating a child forcefully with the hand, fist or objects or kicking a child; and
6) burning a child with hot spoons, boiling water, or wax.

During the focus group discussions that were held in September, participants and trainers were asked: "*What kind of discipline do Liberian parents use to train children, to make children do what they expect? Do you hit them, punish them, give them gifts…?*"

Beating children was the most frequently mentioned method of discipline and often involved using fists or objects like sticks or slippers or kicking the child. Although many participants spoke of having loving families or supportive adults in their lives, many also mentioned having themselves been beaten. Two participants in Redlight summed up the inter-generational nature of the practice. Holding up her fist, one participant said, "Our parents hit us, and we hit our children." Another agreed: "We treat them like we saw from our mothers, hit them, [keep them] all day without food."

Another discipline practice mentioned in Phase I focus group discussions by participants, trainers, and the IRC staff members was putting pepper on children's eyes, nose, mouth, and genitals. According to one trainer:

> "One day, I was reading my papers, and I saw a child misbehaving… I saw how his mother shook the kid, and put paper with spicy pepper in his mouth, nose, anus, and penis. That is why children are so strong! The kid was punished because he left to bike for a day without saying goodbye."

There is some indication, however, that the practice of peppering is less common among the younger generation, or at least less common among program participants. As stated by a program participant in Doe:

> " My mother will pepper me everywhere, nose, eyes, ears, sex. I do not do that to my children. It was our parents."

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[13] Currently, national child protection systems in Liberia lack the capacity to monitor and collect data on child abuse so the only national data available comes from the 2007 DHS.

Some alternative discipline methods mentioned included mocking children, forcing children to go without food, and locking them in a room. "We beat the children. We got beat," one participant in Doe said. "If you whip the child they get used to it, so you hold the child's food hungry." According to another participant, "You can also lock them in a room or you force the child with blocks on the hands or holding your ears and go up and down. We call [this] *pump tired*."

Only two participants mentioned talking to the child as an effective alternative to corporal punishment. One in Doe stated, "I used to beat my children. But they did not understand me. Now talking it works better. The beating was making worse as the child was used to it." Another participant mentioned that she had begun talking to her children rather than beating them when then got older because beating them became more difficult: "I used to beat my children," she said, "but when they started being old teenagers I talked to them now, because they are big. When I finish my body is not ok I go and take tablet (medicine)."

Burning children with hot spoons, boiling water, or wax was also mentioned as a method of discipline in more than one focus group discussion. As mentioned by a program participant in New Kru Town:

> "Some parents beat their kids with rod, slap, slippers and sometimes any odd object. Some uses stick, some uses hot pepper; some burn their kids with fire candle and hot oils, etc."

Across all groups, discipline was largely equated with physical punishment. Children living in foster-care or with step parents were reported as particularly at risk for physical abuse and servitude, being forced to earn their keep. One participant in Redlight noted this, saying:

> "Especially if it is a step- child, it is not strange that the child is a slave for the family. My older sister had a little girl living with her. She was not going to school. She was fetching fresh water and clean when while my sisters' children would go to school."

During the focus group discussions participants were asked to discuss common methods of disciplining children in Liberia but they weren't asked to identify which ones were most problematic. There were no focus group discussions organized with children to validate what adults said during this assessment.

3.3 Research Question 2: Can the group of young mothers acquire parental skills through a short training program? Do young parents change parental behaviour or are they willing to change their parenting behaviours after a parenting skills training?

Data show that the pilot parenting program appears to have been modestly successful. AAPI-2 results indicate that participants in the pilot parent program developed more positive parenting beliefs across the 5 NPP constructs, moving away from high-risk parenting beliefs. Qualitative data from focus group discussions suggests that at least in some cases, participants changed their parenting behavior.

Acquisition of parental skills

The methodology used in this pilot project significantly limits our ability to identify whether, as a result of a short parenting program, young mothers acquire parental skills. The AAPI-2 measures beliefs, not skills or competencies, and indicators or methods for measuring parenting skills or competencies were not part of the research. Despite the limitations of the research, qualitative data from the focus group discussions conducted in each of the five communities at the end of the program provide anecdotal information (through self-evaluation methodology) suggesting that many participants and trainers can identify specific knowledge they have gained. They were also taught parenting techniques like time-out, dialogue, ignoring, praising, setting family rules, feelings management, etc. Examples of improved knowledge across communities included information about children's brain and emotional development:

> "What touched [participant x] most in the session is that mothers need to hold their baby after birth at which time the baby and parent begin to know each other. She was also touched when she learned that crying is a form of communication- when babies crying are communicating a need " (Trainer, Bentol).

> "I remember learning about how we as a parent should help our children handle their feelings. I learned that praising children can make children know that we parents are proud of what they do. And that they children and feel good because they pleased their parents" (Participant, New Kru Town).

> "The girls interviewed all said the parenting program was good, and new to them. And that they were taught the different stages children grow, how their brain develop and that they need to spend time with their child/children" (Trainer, Westpoint).

Participants also identified the importance of empathy and alternatives to corporal punishment. For example:

> "For me personal the program have made me change, I as a parent should not expect too much from children, I have develop empathy and also how to discipline children with dignity not through corporal punishment" (Trainer, Doe).

> "I enjoyed every lesson in this package as they help to shape my behaviour toward my kids. I show them love, empathize with them and praise them when did something good" (Participant, Bentol).

> "[I] learned that punishment is different from discipline and that the best form of discipline for younger kids is timeout" (Participant, Bentol).

There is also qualitative evidence suggesting some participants have successfully applied the knowledge they gained during the pilot parenting program. One participant, for example, told the following story about using *time out* with her child:

> "The program influenced me because it was once upon a time when I told my son to purchase something for me. He came back home without those things I told him to buy. He also came back without the money I give him. I did not wait for him to go into detail. I caught him and beat on him badly and he had cuts or wounds on him. I decided to put away the training aside. I sent him another time and he did exactly the same thing. This time, I decided not to beat him but for him to sit alone behind my market table for almost the whole day. I also sent him another time but this time around, he came with what I wanted him to buy. I beat him for the first time because I didn't applied what was taught me. For the second time, I decided to applied the training. I took time-out from him (being alone for brief period of time). That makes him to buy what was needed because he did not want to be alone for a brief period of time" (Participant, New Kru Town).

Another participant saw similarly positive results from applying nurturing parenting practices she learned during the training:

> "I learned something from the session that I applied with my children. One time two of my children failed miserably in their lesion and the other one came home very dirty. These two that failed tonight I was going to beat on them but I did not beat on them instead, I waited for sometime then I got closer to them and encouraged them to do better next time. And for the other one, I praise him that he is a nice boy but should take his clothes or uniform off him and wait it clean. I help him with water to wash the uniform, he wash it clean then I praise him for washing his uniform clean and told him to be a decent boy. For that time, he told his friends that his mother did not beat him but instead his mother helped him with water to wash and to him to be decent so he no longer dirty his uniform" (Trainee, New Kru Town).

To build upon these qualitative reports and more definitively determine the program's effect on parenting skills, in the future, indicators will need to be in place to determine which skills the IRC wants to measure and methods will need to assess these skills at the baseline and end line as well as how those skills are practiced (behaviours) and how they affect children's lives.

Willingness to change

According to the trans-theoretical model of change, there are five stages of change: Pre contemplation (having no thought of changing behaviour), contemplation (having the thought of changing behaviour), preparation (making plans to change behaviour), action (changing behaviour), and maintenance (sustaining change in behaviour)) (Osvaldo F. Morera, 1998, p. 182). Change in beliefs is a pre-requisite for moving beyond the pre-contemplation stage. Nurturing Parenting Program research suggests that when people change their beliefs about their parenting patterns and child rearing habits, behaviour change is likely to follow (Also see Andrew Newberg 2006). Beliefs and behavior are difficult to change, particularly when this change conflicts with deeply engrained social norms. While one might adopt different behavior and experience positive effects from this change, if the change in behavior is not supported by one's broader environment, it may be difficult to sustain.

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The Parenting Program worked with a group of young mothers who chose to be participants of the program. Participation in the program can therefore be seen as an indication of the participants being in the contemplation stage. These women were motivated to improve the lives of their children and were willing to have their traditional child rearing beliefs and practices challenged.

Change in beliefs

A comparison of pre and post AAPI-2 tests allows us to assess changes in beliefs that NPP believes are required for changes in parenting behaviour to occur. Table 7 shows that while participant scores were low overall, the majority of communities saw improvements in participant scores at post-test.

Table 7:
Participants' Average Sten Scores Pre and Post-Test, by Community and Construct

	Avg. Score Construct A: *Expectations*			Avg. Score Construct B: *Empathy*			Avg. Score Construct C: Corporal *Punishment*			Avg. Score Construct D: *Role Reversal*			Avg. Score Construct E: *Children's Power and Independence*		
	Pre-Test	Post-Test	Difference (Avg. points)	Pre-Test	Post-Test	Difference (Avg points)	Pre-Test	Post-Test	Difference (Avg points)	Pre-Test	Post-Test	Difference (Avg points)	Pre-Test	Post-Test	Difference (Avg points)
Doe Community	1.68	4.32	2.63	1.58	4.84	3.26	4.47	5.37	0.89	1.26	2.79	1.53	2.11	3.63	1.53
Bentol	3.27	2.34	-0.93	1.89	2.25	0.36	4.57	5.36	0.8	2.25	2.16	-0.09	2.75	4.84	2.09
New Kru Town	2.5	3.84	1.34	1.84	2.69	0.84	4.41	5.75	1.34	1.56	2.91	1.34	2.47	1.78	-0.69
West Point	1.79	3.33	1.54	1.5	1.71	0.21	3.83	4.63	0.79	1.67	1.25	-0.42	2.25	2.63	0.38
Red Light	3.12	4.29	1.18	2.24	2.82	0.59	3.71	4.65	0.94	2.41	2.76	0.35	3.12	3.12	0
Total average	**2.59**	**3.39**	**0.8**	**1.81**	**2.69**	0.88	**4.28**	**5.24**	0.96	**1.87**	**2.34**	**0.47**	**2.55**	**3.35**	**0.79**

Table 8 shows the percentage of participants that moved between risk categories from pre-test to post-test. During the AAPI-2 pre-test, the majority of participants fell into the high-risk category across all 5 constructs. While the majority of participants remained in the high risk category at the time of the AAPI-2 post-test for each of the construct areas, an average of 15% of participants moved out of the high-risk category into the medium risk category for each of the constructs.

Table 8:
% Participants in each risk category, pre and post AAPI-2

	% High Risk			% Medium Risk			% Low Risk		
	Pre	Post	Difference	Pre	Post	Difference	Pre	Post	Difference
Construct A: Expectations	76.47%	52.94%	-23.53	23.53%	45.59%	22.06	0.00%	1.47%	1.47
Construct B: Empathy	90.44%	76.47%	-13.97	9.56%	23.53%	13.97	0.00%	0.00%	0.00
Construct C: Corporal Punishment	22.06%	7.35%	-14.71	77.94%	90.44%	12.50	0.00%	2.21%	2.21
Construct D: Role Reversal	87.50%	82.35%	-5.15	12.50%	17.65%	5.15	0.00%	0.00%	0.00
Construct E: Children's Power and Independence	80.15%	62.50%	-17.65	19.12%	36.03%	16.91	0.74%	1.47%	0.73

A paired t-test of participant results pre- and post-test was done to examine the likelihood that the improvement in participant results was due to chance, rather than to the pilot parenting program. The results in all construct areas were either very or extremely statistically significant. Thus, we can report with a 95% confidence level, that the pilot parenting program is effective at promoting more positive parental beliefs.

Table 9: Two-tailed p values

Paired Results

Construct:	Two tailed p-value:
Construct A: Inappropriate Expectations	P< 0.0002**
Construct B: Empathy	P< 0.0001**
Construct C: Corporal Punishment	P< 0.0001**
Construct D: Role Reversal	P< 0.0053*
Construct E: Oppression of Children's Power and Independence	P< 0.0002**

*very statistically significant **extremely statistically significant*

N=136, confidence level of 95%

Reports from the focus group discussions conducted at the end of the program support the AAPI-2 data related to change in beliefs.   As demonstrated through the following excerpts from a focus group in Redlight, several participants mentioned that as a result of the program they learned new information that has changed their way of thinking:

> "The program was very helpful in many ways. We never use to have time with our kids, beat them up in the name of discipline. The program have helped change this mentality."

> "I used to beat my son so badly thinking that I was a well-disciplined mother not knowing that I was harming him."

> "The program had influenced me positively as an African we believe that children have no right, but the program has help change my mentality."

These qualitative reports, combined with the results of the AAPI-2 post-tests and the fact that all participants in the program attended voluntarily without receiving a stipend, suggest that pilot program participants may be inclined towards changing their parenting behaviour. This said, there are different stages of willingness, or readiness to change. Change in belief, while a pre-requisite for change in behaviour, does not mean that change in behaviour, particularly sustained change is a given.

Change in parenting behaviour

As mentioned, the AAPI-2 did not ask about or observe parenting behaviours. Drawing on the qualitative results of the post-program focus group discussions, however, we do have a wealth of anecdotal evidence that program participants changed their parenting behaviour as a result of the pilot parenting program. The following story provides just one example of how participants have taken deliberate measures to change their behaviour based on lessons learned in the pilot parenting program:

> "The program influenced me because once upon a time my three year old son took my lampton and just knock it on the ground/ floor and broke it has it not been for the training I could have kick him and do beat him also. But because I learned how I should handle our feelings I decided to pen my window and look through it without saying a word to him. That really help me to control my anger" (Participant, New Kru Town).

Although use of alternative forms of discipline was the most commonly mentioned change discussed by participants in the focus group discussions, some also mentioned changes in behaviour related to other lessons learned in the sessions. One participant in Bentol stated, for example: "I never used to talk with my kids, I always yell at them but now I sit and talk with them and get their opinion on issues."

According to a trainer, one mother in the program, "when her daughter was crying one night, she begin to look at to find out what was happening to her. She find out that she was feeling warm/ heatly in her body." According to the trainer's report, the mother's response to her child's cry can be attributed to her having learned that "crying is a form of communication- when babies crying [they] are communicating a need."

Another participant, according to a trainer in Bentol, drew on information she learned about setting family rules and boundaries and the importance of the parent-child bond on children's development: "Besides trying to build to attach herself to her children [more] than before, she was able to set family rules along with her children after the session."

The participants were not alone in mentioning that they had changed their behaviour as a result of the program. Several trainers also stated that they had learned new information that they were applying with their children. "I enjoy the training," one trainer said, "because I applied those things that I taught those girls." Another agreed: "The program was very helpful in that we as trainers also have a new approach to our own kids and kids of our community. For me in particular, the training has help to improve my human relationship with my kids and others."

These testaments from participants and trainers provide some evidence that as a result of the pilot parenting program, at least some participants (and trainers) changed their parenting behaviour. What we are not able to tell from the qualitative data is what behaviours have changed beyond those mentioned in the focus group discussions; how widespread is the change in behaviour among program participants; and how sustainable the change is.

3.4 Research Question 3: Is the program selected suitable for the Liberia context? Can it be replicated? Why?

Suitability of the Nurturing Parenting Program

There are a number of factors to consider when determining the *suitability* of the Nurturing Parenting Program for the Liberian context. These include: relevance of the program to the needs of parents and children; cultural suitability of program content and training materials; and availability of resources and materials for program implementation. Although the questionnaires and focus group discussions that trainers completed at the end of the program were not designed to specifically asses program suitability, they do provide some insight suggesting that all in all, the adapted NPP program is relevant and culturally suitable. This said, it is important to note that the IRC is unable to draw conclusions about the suitability of the program for populations other than the EPAG trainees who may or may not be receptive to the program in Liberia.

Program relevance to the needs of parents and children

There are several indicators that parenting support and training is needed in Liberia. These include large numbers of children living in foster care or with young mothers (UNFPA and Population Council, 2008, p. 15); high rates of child abuse (Liberia Insititute of Satistics and Geo-Information Services (LISGIS) [Liberia], 2007, p. 47); and focus group discussion reports of discipline commonly involving severe forms of corporal punishment. The need for parenting support and training related to the five construct areas is also affirmed by the low AAPI-2 scores of participants (see table 7) and by participant comments during the post-program focus group discussions. For example:

> "I feel that we have just started learning and that we need more from you people."

> "We were blind and I feel that we still need to learn more."

Trainers also attested to the relevance of the program. In the words of one trainer in New Kru town:

> "Things went very well in that the training was appropriate timing and relevant."

Cultural suitability

 The question of whether the Nurturing Parenting curriculum is culturally suitable for the Liberian context was raised during the preparation phase with Liberian communities in the US who agreed on the suitability of the program for the Liberian context. The same question was asked at the beginning of the Training of Trainers (ToT).   When trainers were invited, using a participatory exercise, to express their fears and concerns about the program, they mentioned a concern (which was also raised in a validation focus group) that the IRC was attempting to bring Western values to Liberia and make people conform to Western ideas. At the end of the ToT, trainers were asked to re-visit the fears they raised at the beginning of the training. Participants agreed that their fears in regards to the cultural suitability of the program had been assuaged and they saw how the program could benefit them as Liberians. The NPP trainers indicated that the trainees also raised their fears of suitability in the beginning of the training, however, the trainers were able to make them feel comfortable with the philosophy of the training.

Another indicator of the cultural suitability of the program is participant identification with the program content and materials. While the quantitative and qualitative methods were not aimed at determining the extent to which participants identified with the program content and materials, according to the CYPD coordinator in Liberia, the fact that the parenting Handbook included illustrations of black families that participants could relate to was important for making participants feel that the program was relevant to them as Africans.

Accessibility of program content

Beyond the reports from participants which suggest that they learned from the program, the primary indicator of the accessibility of program content is that the literacy requirement of the Easy Reader curriculum and parent handbook corresponded with the literacy skills of the participants in the pilot program. The Easy Reader curriculum and parent handbook were designed for low functioning or functionally illiterate parents and all participants in the pilot parenting program were EPAG trainees who demonstrated basic literacy and numeracy skills as a pre-requisite for entry into the EPAG program.

 Trainer responses to the post-program questionnaire address the accessibility of the program content. According to a trainer in Redlight, one of the things that went well with the program is that "the lessons were easily understood." According to another in West Point: "The manual was written for everyone to understand was good and it help me with the teaching."

Acceptability of the program content

Focus group discussion questions and questionnaires for trainers included questions to assess the acceptability of the program.   Participants and trainers alike expressed appreciation for the content of the Nurturing Parenting Program curriculum:

> "I enjoy the training. Those...things that we learn that we never knew" (Trainee New Kru Town).

> "The program was educative" (Participant, Bentol).

> " The training was helpful because it makes me learned things that I did not know about" (New Kru Town).

> "There are a lot of things about the program that were helpful like bringing the parents to their sense of responsibility as it relates to their role as parents" (Trainer, Redlight).

Availability of resources and materials for program implementation

In post-program questionnaires, trainers raised the availability of materials as a challenge. In particular they mentioned the challenge of not having copy books, scratch cards, enough participant manuals, or visual aids: "Some visual aid were not available, copy books, and participants manual were also not available" one trainer said. According to another, "What didn't go well was that some materials were not present." Still, the resources and materials required to implement the program successfully are minimal and creative solutions can be found to address the lack of materials such as visual aids.

Replicability

Replicability refers to the ability of a program to be implemented again with similar results in similar or different contexts.   In the case of the pilot parenting program, no measures were in place to test program replicability.   However, a second round of the program is currently being implemented including some changed based on lessons learned from the first pilot project this report analyzes. The results of the second round will provide information regarding the replicability of the parenting program within the EPAG program.   To determine replicability of the program for the larger Liberian population, the IRC will need to consider the feasibility of implementing the program within the broader Liberian context, taking into account the acceptability of the program for the broader population; the cost-effectiveness of the program (particularly outside the existing EPAG training structure); and the availability of trainers with the capacity to deliver the program while maintaining program fidelity.

3.5 Additional findings of interest

Trainer scores

Risk pre and post test

A total of 11 of the 14 trainers took both pre and post tests.   Like participant scores, the average trainer scores, as shown in *Table 10*, were low in all communities, both pre- and post-test. However, overall, post-test scores in each of the communities improved. The average cumulative scores of trainers in Doe show the greatest change (2.20 points), while the average cumulative scores of trainers in New Kru Town show the least change (0.67 points).

Table 11 shows the percentage of trainers in each risk category, per construct. According to the results of the AAPI-2 pre-tests, for all constructs except Construct C: Belief in Corporal Punishment, the majority of trainers scored in the high risk category. Between the pre- and post-tests, the percentage of trainers in the high risk category decreased in all categories except Construct E: Oppressing Children's Power and Independence. The percentage of trainers in the high risk category reduced by 63.64 percentage points in Construct A: Inappropriate Expectations and by 36.36 percentage points in Construct D: Role Reversal. Still, the post tests show only a small percentage of trainers in the low risk category: 9.09% in Constructs B, C, and E (1 out of 11 trainers).

Table 10:
Trainers' Average Sten Scores Pre and Post-Test, by Community and Construct

	Avg. Score Construct A: *Expectations*			Avg. Score Construct B: *Empathy*			Avg. Score Construct C: Corporal *Punishment*			Avg. Score Construct D: *Role Reversal*			Avg. Score Construct E: *Children's Power and Independence*		
	Pre-Test	Post-Test	Difference (points)	Pre-Test	Post-Test	Difference (points)	Pre-Test	Post-Test	Difference (points)	Pre-Test	Post-Test	Difference (points)	Pre-Test	Post-Test	Difference (points)
Doe Community	1.50	6.00	4.50	3.50	6.50	3.00	6.00	7.00	1.00	1.50	4.50	3.00	5.50	5.00	-0.50
Bentol	2.00	3.50	1.50	3.00	4.50	1.50	5.00	5.50	0.50	1.00	4.50	3.50	5.00	3.00	-2.00
New Kru Town	1.67	5.00	3.33	4.33	3.00	-1.33	5.00	6.00	1.00	2.33	2.67	0.33	3.67	3.67	0.00
West Point	4.00	6.00	2.00	1.00	1.50	0.50	2.50	6.00	3.50	2.00	2.00	0.00	2.50	4.00	1.50
Red Light	4.50	6.50	2.00	2.00	3.00	1.00	5.50	6.50	1.00	2.50	5.50	3.00	5.50	6.00	0.50
Total average	**2.64**	**5.36**	2.73	**2.91**	**3.64**	0.73	**4.82**	**6.18**	1.36	**1.91**	**3.73**	1.82	**4.36**	**4.27**	**-0.09**

Table 11:
% Trainers in each risk category, pre and post AAPI-2

	% High Risk			% Medium Risk			% Low Risk		
	Pre	**Post**	**Difference (% points)**	**Pre**	**Post**	**Difference (% points)**	**Pre**	**Post**	**Difference (% points)**
Construct A: *Expectations*	72.73%	9.09%	-63.64	18.18%	90.91%	72.73	9.09%	0.00%	-9.09
Construct B: *Empathy*	63.64%	54.55%	-9.09	36.36%	36.36%	0.00	0%	9.09%	9.09
Construct C: Corporal *Punishment*	9.09%	0.00%	-9.09	90.91%	90.91%	0.00	9.09%	9.09%	0.00
Construct D: *Role Reversal*	90.91%	54.55%	-36.36	9.09%	45.45%	36.36	0.00%	0.00%	0.00
Construct E: *Children's Power and Independence*	36.36%	36.36%	0.00	63.64%	54.55%	-9.09	9.09%	9.09%	0.00

Correlation between Trainer and Participant Scores

Given the assumption that trainers cannot effectively teach material that they do not themselves believe, and given the fact that participants in some communities saw greater change than in others, it is reasonable to expect that there may be a correlation between trainer scores and participant post-test scores.   Given the small sample size, we are unable to determine causality; however, as shown in Table 12, there does appear to be a degree of correlation between the average trainer and participant post-test scores in Doe, New Kru Town and West Point. There is little correlation in Bentol. Interestingly, in Bentol there is negative correlation (-0.80125) between the average amounts of change for trainers and participants across constructs.

Table 12:
Correlation between trainer and participant scores

	Correlation between average participant and trainer post-test Scores
Doe Community	0.991141
Bentol	0.138103
New Kru Town	0.834396
West Point	0.917382
Red Light	0.671837

Other observations that may indicate a correlation between trainer and participant scores include the following:

- » The average cumulative scores of trainers in Doe showed the greatest pre to post-test change (2.20 points). Participants in Doe also showed the greatest average cumulative improvement (1.97 points).
- » In the two construct areas where the scores of participants in West Point were lower than those of participants in other communities (Construct B: empathy and Construct D: role reversal), the average trainer score in that community was also lower than the scores of trainers in other communities.
- » In Bentol, for Construct A: inappropriate expectations, the trainers had the lowest post-test scores and showed the least change. Bentol was the only community where the average post-test participant score for Construct A remained in the High Risk category. In fact, the average score in this construct area actually decreased.
- » In Bentol, the average cumulative pre to post-test change in trainer scores was lowest (1.00 points). In Bentol, participants also showed the least average cumulative pre to post-test change (0.45 points).

Section 4: Recommendations and Conclusion:

4.1 Recommendations:

As the AAPI-2 pre- and post-tests scores indicate, the pilot parenting program appears to have a positive effect on parenting beliefs, moving some parents out of high risk categories into medium or low risk categories. The program has the potential to continue to have a positive impact.   However, some steps can be taken to improve program implementation:

1. Program participants had low scores in *all* construct areas. However, future implementation of the parenting program in Liberia should pay extra attention to strengthening those construct areas that were shown to be most problematic for participants in the pilot parenting program. To do this, the IRC country program may:
   » Lengthen the program to include additional sessions on these Construct Areas, because the program implemented included 10 sessions while the original program before adaptation included 50 sessions;
   » provide trainers with additional training and/or support to improve their own beliefs in these construct areas (particularly Constructs B and D), e.g make the initial training of trainers longer than 4 days or provide debriefing sessions throughout the parenting program, specifically for trainers;
   » provide trainers with additional training and/or support to improve their ability to successfully deliver program content and provide support to participants.
2. Address factors contributing to program attrition, namely lack of incentives, transportation, child care, and conflict with the participants' business hours.   Some methods suggested and currently being undertaken by the IRC country program in Liberia include:
   » Integrating the parenting program fully into the EPAG program;
   » providing child care; and
   » setting minimum attendance requirements for receiving incentives (i.e books or care kits for children) at the end of the session.
3. Address trainer concerns regarding availability of materials including parent handbooks, copy books, pens and pencils, visual aids, and scratch cards (phone calling cards). With adequate planning and budget, handbooks can be purchased or photocopied for each participant and other materials can also be purchased.   Concerning visual aids, provide trainers with creative ways for developing their own visual aids or otherwise conveying important messages to the program participants.
4. Respond to parents' interest in alternatives to corporal punishment by providing trainers with ample examples of alternative forms of discipline.

5. Improve attendance tracking: ensure that each participant's attendance is carefully monitored at the beginning and end of each session.   This will improve the IRC's ability to analyze the impact of parenting sessions on participant scores or outcomes and may help to identify and address issues related to session attendance and attrition.

6. Ensure trainer fidelity to the program by developing a fidelity checklist and, if possible, having observers attend selected sessions. Provide trainers with adequate opportunity to practice delivering program content, receive feedback, and learn from/share experiences with other trainers.

7. Secure more resources – including time, human and material resources – to implement and conduct research on parenting programs. This will enable programs to improve the quality of research, to generate further evidence on what works and doesn't work in parenting programs and to scale up the programs accordingly. This could furthermore address questions that emerged from the process of implementing this pilot parenting program, including those related to the impact of parenting programs on children, the feasibility of implementing this parenting program with other vulnerable populations, and the effectiveness of other parenting program models.

Research Methods recommendations

The IRC's CYPD Technical Unit is committed to implementing programs that are both evidence based and evidence generating. The following recommendations emerge from and can contribute to improving this process:

1. There were significant inconsistencies in the demographic data collected for participants during the pre and post-tests. If using the AAPI-2 in the future, efforts should be made to assess whether the demographic questions are understood by participants with low levels of literacy and questions should be adapted if necessary. Given the inconsistencies, it may also be worth considering whether the demographic data provides added benefit for evaluation purposes.

2. The methodological errors in this pilot project shed light on the importance of monitoring and evaluation design. Future pilot projects must include a clear monitoring and evaluation plan that outlines indicators and data collection methods suitable for obtaining the required information.   Research methods should be reviewed to ensure research questions are satisfactorily answered.

3. Care needs to also be taken when using qualitative data collection methods such as focus group discussions to ensure that as much information is recorded as possible and that the integrity of that information is preserved. Suggestions include:
   » using an audio recorder as well as note taking;
   » maintaining a controlled environment and otherwise adhering to good practice;
   » providing the IRC country program staff and trainers with adequate qualitative research support and training.

4. Including child participation and direct observation in the research methodology could be useful for measuring and monitoring actual changes in parental practices as well as direct impact in children's well being. Children's positive outcomes are the goal of the IRC family based intervention interventions including parental skills models.

4.2 Conclusion:

Based on extensive experience working with children and their families in conflict and disaster-affected countries around the world, the IRC has recognized the essential role played by parents in the protection of children. This experience is supported by the research of leading academics and is gaining acceptance among child protection organizations globally. However, while family interventions have been used extensively in economically developed countries to reduce child protection risks, such interventions have not yet been widely adopted in humanitarian settings.

Lessons from the field have shown that when implementing child protection programs, there is rarely a 'one size fits all' format. Because of this, family intervention models, like the Nurturing Parenting Programs, that have proven effective in economically developed countries must be adapted based on the social, economic, and cultural needs and orientation of the communities with which we work. To ensure their adaptability and effectiveness, in humanitarian contexts, these programs must also be tested. Building research and evaluation into program design is critical to developing the evidence base for family interventions in humanitarian settings. The IRC has begun this process with family strengthening projects in Burundi, Thailand and Liberia.

"Family Based Intervention against Child Neglect and Abuse for young parents involved in a Youth and Livelihoods program in Liberia" was a pilot project to address the family-based protection risks facing children in Liberia. The project adopted an existing evidence-based parenting training model and set out to answer pre-defined research questions around parenting beliefs and practices and the suitability of the model. Findings show that the program had positive effects on parenting beliefs and indicate the program's relevance to and acceptability among participants and trainers. These are promising results to build on, however, there were shortcomings in methodology and resources which meant that not all research questions could be answered.. Both the positive outcomes and challenges from this project confirm the need to continue building evidence around what programs are effective in promoting positive parenting and having a positive impact on the wellbeing of children within their families.

The results of the pilot Parenting Program in Liberia and the forthcoming results of the parenting programs being implemented in Burundi and Thailand provide a starting point for addressing the knowledge gap around family-interventions in humanitarian contexts, determining which models have the most potential for replication, and improving the protection and wellbeing of children. The IRC will continue to work with academic and NGO partners and with parents and children themselves to better protect children so they are free from abuse, neglect, exploitation and violence within and outside their family environments. This is our commitment to at-risk children in Liberia and around the world.

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Appendix A: Baseline Assessment Focus Group Discussion Guide

1. **Introductions**
   a. Names of facilitators and introduction of the activity and why. Introduction of confidentiality and ground rules.
   b. Names of participants

2. **Questions:**
   i. What is your most vivid memory of the relation with your parents?

   ii. What are the roles or women and men, girls and boys within a typical Liberian family? Of all the members, grandparents, relatives, mother, father, daughters and sons?
   iii. How do daughters and sons participate in family life? When do intervene, when are they heard?
   iv. What are the traditional practices in Liberian culture that mark the coming of age? Do you celebrate ceremonies when girls or boys reaches puberty, or certain age?
   v. What can of discipline do Liberian parents use to train children, to make children do what they expect? Do you hit them, punish them give them gifts…?
   vi. Is it acceptable for children and parents to express emotions and feelings? How do you do that?
   vii. Could you tell us about what are the norms and traditions that you think are very particular of Liberian families and culture?
   viii. What songs, proverbs, games for children, music, traditional ceremonies explain about the family relations and parental practices? Could you share some examples with us?

3. **Closing and open questions for facilitators and explanation of information collected will be used.**

Appendix B: Evaluation--Fidelity and Acceptability Questionnaire and Focus Group Discussion Guide

Facilitator Questionnaire:

1. What material did they use, what material didn't they get to and why
2. What went well, what didn't and why?
3. Do they recall anecdotes including stories from the participants? Tools that the mothers used (for example alternatives to corporal punishment…) or did not?
4. What about the program was helpful?
5. What did you enjoy about the program?
6. What about the program was not helpful?
7. Was there anything about the program that was difficult or that created problems for you?

Focus Group Questions for participants at close of the program to assess satisfaction with the program:

1. Ask them to reflect on a particular session that was useful to them-go through the program manual and ask them what they remember discussing and learning in the session,
2. Was there anything that they didn't cover that they would have liked to have discussed in the sessions?
3. Was the session helpful or not?
4. Can they tell you something about any session that they applied with their children? Something that happened like an experiential anecdote? Or something that they learned or felt that they took away from the session?
5. What about the program was helpful?
6. What did you enjoy about the program?
7. What about the program was not helpful?
8. Was there anything about the programs that was difficult or that created problems for you?

Appendix C: The adapted Adult-Adolescent Parenting Inventory (AAPI-2)

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Test Form A

Before you take the inventory, we need some important information from you.

1. Administered on: _____ _____ _____
                         Month   Year   Date

2. First Name: _____   **3.** Middle Initial (optional):____   **4.** Last Name: _____

5. Birthday: _____ _____ _____
                   Month   Year   Date

6. Gender: ☐ Male ☐ Female   **7.** Tribe\Community_____

8. Marital Status: Single ☐ Married ☐ Divorced ☐ Unmarried Partners ☐ Separated ☐ Widowed

9. # of children you delivered : _____ # of children still alive: _____ # _____ male # _____ female**10.** What is the highest grade you completed in school: ☐ No formal schooling .Grade __ ☐ High School Grad ☐ Some College ☐ College Graduate

11. What is your employment status:☐ Employed Full Time☐ Unemployed ☐ Not Employed because of Disability ☐ Employed Part Time

12. What is your annual household income: ☐ _____

13. Were you and/or your partner in the military: ☐ No ☐ Yes ☐ Yes, only partner ☐ Yes, only me

14. As a child, did you experience any type of abuse by a person:

a. Outside your family? ☐ Don't Know ☐ Yes ☐ No

b. Within your family? ☐ Don't Know ☐ Yes ☐ No

INSTRUCTIONS:
There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.
STRONGLY AGREE – Circle **Strongly Agree** if you strongly support the statement, or feel the statement is true most of all the time.
AGREE – Circle **Agree** if you support the statement, or feel this statement is true some of the time.
STRONGLY DISAGREE – Circle **Strongly Disagree** if you feel strongly against the statement, or feel the statement is not true.
DISAGREE – Circle **Disagree** if you feel you cannot support the statement or that the statement is not true some of the time.
UNCERTAIN – Circle **Uncertain** only when it is impossible to decide on one of the other choices. When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is right to say. There is no right or wrong answer – only your opinion.
2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.
3. Circle only one response for each statement.
4. Although some statements may seem much like others, no two statements are exactly

alike. Make sure you respond to every statement. If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN…

1. Children need to be allowed freedom to do things on their own as long as they are safe.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

2. Sending children to their room is an effective way to discipline children.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

3. Children who are one-year-old should be able to stay away from things that could harm.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

4. Children with strong opinions must be taught to mind their parents.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

6. Beating teaches children right from wrong.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

7. Babies need to learn how to consider the needs of their mother.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

8. Strict discipline is the best way to raise children.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

9. Parents who take care of themselves make better parents.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

10. Children can learn good discipline without being beaten.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

11. Children have a responsibility to please their parents.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

12. Good children always obey their parents.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

13. In father's absence, the son needs to become the man of the house.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

14. A good beating never hurt anyone.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

15. Parents need to push their children to do better.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

16. Children should keep their feelings to themselves.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

17. Children should be aware of ways to comfort their parents after a hard day's work.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

18. Children learn respect through strict discipline.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

19. Hitting a child out of love is different than hitting a child out of anger.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

20. A good child sleeps through the night.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

21. Children should be taught to use the chamber or stool when they are ready and not before.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

22. A certain amount of fear is necessary for children to respect their parents.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

23. Beating teaches children it's alright to hit others.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

24. Children who feel secure often grow up expecting too much.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

25. There is nothing worse than a two year-old with strong opinions.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

26. Sometimes beating is the only thing that will work.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

27. Children who receive praise will think too much of themselves.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

28. Children should do what they're told to do, when they're told to do it. It's that simple.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

29. Children should be taught to obey their parents at all times.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

30. Children should know what their parents need without being told.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

31. Children should be responsible to take care of their parents.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

32. It's OK to beat as a last resort.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

33. Parents should be able to tell secrets to their children.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

34. Parents who encourage their children to talk to them only end up listening to complaints.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

35. Children need discipline, not beating.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

36. Letting a child sleep in the parents' bed every now and then is a bad idea.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

37. A good beating lets children know parents mean business.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

38. A good child will comfort both parents after they have argued.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

39. "Because I said so" is the only reason parents need to give.
Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**

40. Children should be their parents' best friend.

Strongly Agree   **Agree**   **Disagree**   **Strongly Disagree**   **Uncertain**