



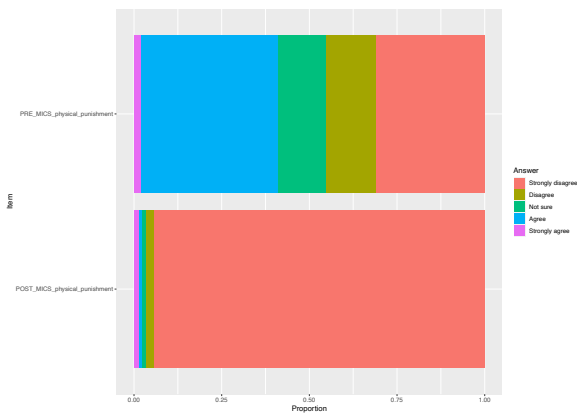
South Sudan

Parenting for Lifelong Health: Promoting Positive Parenting and Preventing Violence

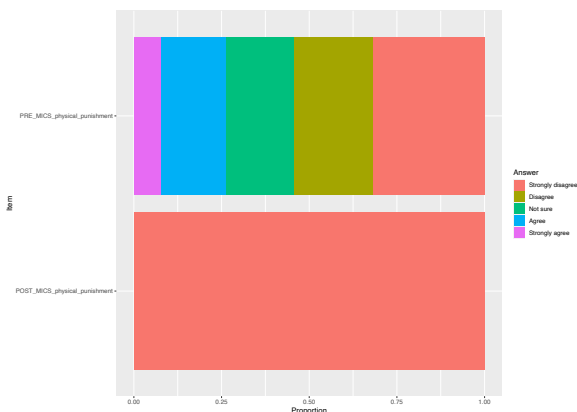
Parenting for Lifelong Health: Programmes to support parents with positive parenting, in order to prevent violence against children and promote child wellbeing

Research goal: To test whether Parenting for Lifelong Health programmes in South Sudan are achieving their goals.

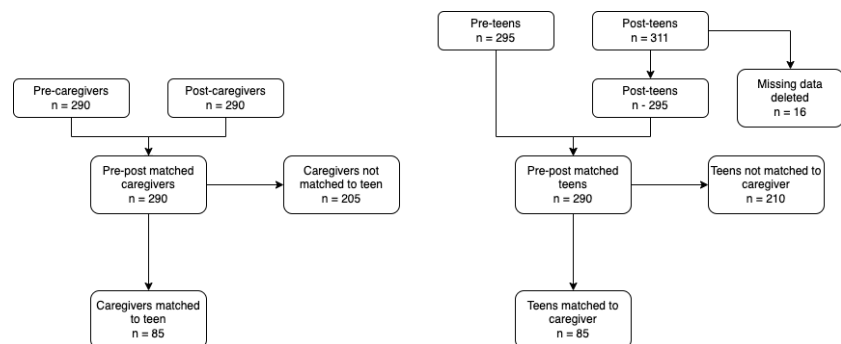
Participants: 290 parents with adolescents aged 10-17. Caregivers were matched to adolescents according to a non-unique household ID and demographic factors present in both questionnaires, resulting in a reduction in sample size to 85 caregiver-teen dyads upon which the analysis was conducted.



Caregiver agreement with corporal punishment at baseline (top) and follow-up (bottom)



Adolescent agreement with corporal punishment at baseline (top) and follow-up (bottom)



These caregivers were 79% female with a mean age of 40 years, comprised of 91% biological parents. The matched adolescents were 60% female with a mean age of 13.7 years. Around a third of the teenagers were illiterate and 11% had children of their own. Almost a third of the caregivers reported that the child's biological father was deceased, while around 15% reported that the mother was deceased. 93% of the caregivers reported having run out of money for food and essentials in the previous month. Around 74% reported living with someone who suffers from, or had succumbed to, either HIV or TB, while 21% reported caring for a severely unwell child.

Intervention: The [Parenting for Lifelong Health](#) (PLH) programme for Teens is delivered over 14 sessions in facilitated groups. Facilitators work collaboratively with parents to help them build a relationship with their children, to use positive parenting techniques (such as praise) and non-violent consequences to support their children to develop good behavioural habits. In addition, families learn to budget well, and agree on ways to keep each other safe. Manuals are available free of charge at [Parenting for Lifelong Health](#).

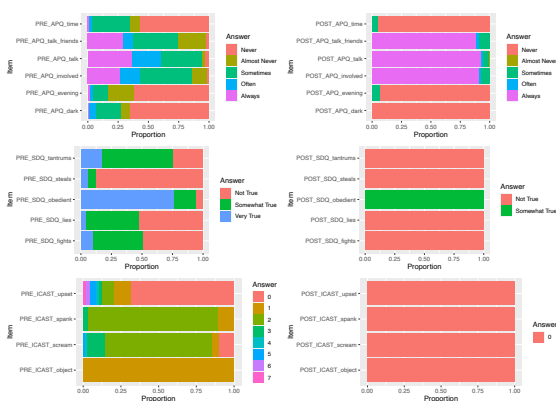
PLH was delivered to 290 caregivers and their children in South Sudan. Facilitators were trained and recruited in partnership with Clowns Without Borders SA.

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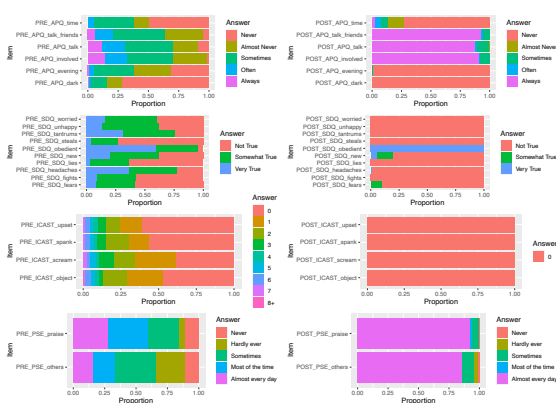


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Changes in selected caregiver responses from baseline (left) to follow up (right). From top to bottom: positive parenting, child behaviour, harsh discipline.



Changes in selected adolescent responses from baseline (left) to follow up (right). From top to bottom: positive parenting, child behaviour, harsh discipline, support of education.

Study design: All parents completed surveys before and after the programme. This data was analysed to determine whether the programme had an impact on harsh discipline, positive parenting, child behaviour, family financial coping and parental support of education.

Data analysis:

- Confirmatory factor analysis and Cronbach's alpha were used to assess the internal consistency of scores.
- Generalized linear models were used to assess for risk factors at baseline.
- Generalized linear and cumulative link mixed-effect models were used to quantify the changes from baseline to follow-up and identify moderators of these changes.

Key Findings:

- After the study, caregivers reported improved positive parenting (~30%), child behaviour (~59%) and reduced harsh discipline (100%).
- Caregivers also reported reduced depression, loneliness, and improved positive parenting. One negative effect was observed with respect to increased feelings of everything requiring effort.
- After their participation, adolescents reported improved positive parenting (~48%), child behaviour (~97%) and reduced harsh discipline (100%). No negative effects were observed among the teens.
- Caregivers and adolescents reported significantly more disagreement with the necessity of corporal punishment.
- The internal consistency of the above scores was mostly very poor.

Limitations of this study:

- There is no control group of parents who did not receive the programme, and so we cannot definitively state that the programme caused the changes we have observed.
- The matching procedure was flawed and greatly reduced the sample size.
- Facilitator and attendance information was not recorded.
- The validity of the data is questionable and not verified.

Implications for Policy and Practice:

- PLH for Teens, a group-based parenting programme, shows promise in reducing child maltreatment and improving child well-being in South Sudan.
- Closer supervision over the data capturing process is required for more effective future analysis.

For more information, please contact Parenting for Lifelong Health and the research team at parentinglh@gmail.com.

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