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Improving Outcomes for Young Children and Parents in Key Stages of Development

Applying a Dual Generation Approach to Parenting Programs in Forced Displacement

Sarah Kabay and Rebecca Smith



Summary and Key Policy Lessons



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Worldwide, 43 percent of children under the age of 5 are at risk of not reaching their developmental potential. The situation is especially challenging in contexts of forced displacement. This evidence synthesis provides actionable insights into policy and practice to improve outcomes for forcibly displaced children aged 0-3 and their caregivers. We review the literature on parenting programs, interventions that aim to improve early childhood development outcomes by building parenting skills and knowledge and improving parent-child interactions. We also use dual generation theory to explore how such programs could be enhanced by considering other outcomes for caregivers beyond parenting and the unique situation of adolescent caregivers.

01

Parenting programs in low- and middle-income countries (LMICs) can significantly improve outcomes for children aged 0-3, especially if explicit content on responsive care is included.

02

Rigorous research to understand the impact of parenting programs on adult outcomes outside parenting is limited. Research on fathers or other male caregivers is also extremely limited.

03

The effects of traditional parenting programs on parental well-being are mixed. Promising research from contexts of forced displacement and post-conflict LMICs suggests that parenting programs can directly target the well-being of caregivers and lead to improved outcomes for both caregivers and their children.

04

Programs that target adolescent parents and their children could improve life outcomes across two generations. Effective interventions for adolescents tend to be delivered in groups of similar-age peers.

05

Applying a "dual generation" approach to early childhood practice and research could inspire the innovation needed to achieve breakthrough outcomes for both children and their caregivers.

Introduction

Worldwide, 43 percent of children under the age of 5 are at risk for not reaching their developmental potential, and yet access to high quality early childhood programming is inadequate and inequitable, particularly for children under the age of 3.¹ **Contexts of forced displacement represent an especially challenging setting for young children, as the issues that cause displacement and define refugee settings often contain acute threats to child development.**

One of the most important protective factors for young children in mitigating the effects of severe adversity is a positive, responsive relationship with a caregiver. Supporting caregivers and their relationships with children can be an important strategy for improving early childhood development in contexts of forced displacement.

Parenting programs – interventions that aim to improve early childhood development outcomes through building parenting skills and knowledge and improving parent-child interactions – are one of the few interventions to consider both children and caregivers together.²

Across different low- and middle-income countries (LMICs), various parenting programs have been found to positively affect young children's development, as well as parenting practices and knowledge.³ However, parenting programs rarely focus on independent, non-parental outcomes for caregivers.

These interventions thus present a unique opportunity to apply a *dual*

generation approach, where programs can be adapted to address their overall skills, knowledge, needs, and wellbeing, in addition to their parenting skills and knowledge.

In this evidence synthesis, we aim to generate actionable insight for policy and practice in improving outcomes for forcibly displaced children aged 0-3 and their caregivers. We review relevant literature, theory, and implementation materials across multiple fields of research and intervention. In particular, we explore how dual-generation theory can be applied to early childhood development in contexts of forced displacement. We focus the core of this synthesis on a review of parenting programs for children ages 0-3. Given the limits of existing research on contexts of forced displacement, we review what is available for those contexts but also more broadly consider work in LMICs, highlighting findings that might be most relevant for forcibly displaced populations.

Recognizing that the age of caregivers can also be a key source of vulnerability, as children of adolescent parents are at increased risk for negative developmental outcomes, and that contexts of forced displacement increase the likelihood of early childbearing, we include a review and analysis of research relative to adolescent caregivers. By including this perspective in our review, we draw attention to at least one important source of variation among caregivers, and recognize that children's lives can be defined by multiple, intersecting sources of vulnerability.

Research to understand and determine ways to support adolescent caregivers and their children might most powerfully illustrate the contribution that dual-generation theory can bring to the field of early childhood development and yield new understanding.

The intersecting issues that serve as the focus of this review are unfortunately becoming increasingly prevalent as the world's population of displaced people increases and as the COVID-19 pandemic elevates risk factors for child development, early and forced marriage, and adolescent pregnancy. With this synthesis we hope to draw attention to these critical concerns and to provide evidence-based recommendations to inspire future work.

Age as a Key Source of Vulnerability

CHILDREN 0-3 YEARS OF AGE AND ADOLESCENT PARENTS

Across contexts, there are parents and children who face unique challenges and whose needs or situation may be overlooked by existing programming. In settings of forced displacement, children ages 0-3 are one of the most overlooked,⁴ underserved,⁵ and under-researched⁶ populations. At the same time, evidence from neuroscience indicates that intervention is urgently needed for children who experience extreme adversity and toxic stress in their earliest years.

The longer it takes to address threats to children's development in their earliest years, the more difficult it is for those children to achieve positive developmental outcomes and lifelong success.

The age of caregivers is also an important factor influencing children's development. Research has highlighted how the children of young caregivers, and young mothers in particular, often experience adverse developmental outcomes.⁷

Recognized as the transition between childhood and adulthood, the World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age.⁸ The significance of adolescence has traditionally been associated with rapid growth in physical, cognitive, and psychosocial domains as children enter puberty and often experience changes in relation to their education, work, sexual activity, identity, and relationships.⁹ More recently, the period of adolescence has also been recognized for its significance to the development of the brain.¹⁰ During this time, the brain's structure and function changes through the increased ability of neural networks to grow and reorganize. Moreover, during this period, adolescents are particularly prone to experience heightened levels of extreme stress and emotional reactivity.¹¹ Theory and research in the fields of cognitive science, psychology, and neuroscience have each drawn attention to the importance of adolescence as a critical period of development.

Adolescence, accordingly, like early childhood, is a time of heightened sensitivity to environmental influence.

This sensitivity makes adolescence both an opportunity for intervention, in that programs might be able to effect lasting change, and a point of vulnerability, as adolescents are more likely to be sensitive to stress compared to adult women and the effects of negative experiences such as stress might be similarly long-lasting.¹² Adverse experiences or traumatic events such as conflict and displacement can have a significant impact on adolescents' ongoing development, and as a result, their children in utero or postnatally.¹³

Given the importance of adolescence as a period of development and time for intervention, adolescent pregnancy and caregiving should be recognized as a vital concern. Approximately 12 million girls aged 15-19 and at least 777,000 girls under 15 years give birth each year in low-income countries.¹⁴ Contexts such as conflict and forced displacement increase the likelihood of girls marrying early and becoming pregnant and disrupts important sources of social support. Adolescent pregnancy has become even more common during the Covid-19 pandemic; it is estimated that 1.041 million additional girls are at risk for adolescent pregnancy.¹⁵

Research has found that by the time a child is 4 ½ years old, having an adolescent mother is associated with compromised development across several domains.¹⁶ Children of adolescent mothers are also observed to have worse long-term outcomes, such as worse health, less schooling and lower earnings, and have an elevated risk of

becoming adolescent parents themselves.¹⁷

Analysis of the underlying mechanisms of these associations suggests that much of the negative relationship between adolescent motherhood and child outcomes can be explained by the mothers' socioeconomic status, as the lives of adolescent parents are often defined by poverty. Recent research has highlighted that fathers' characteristics, such as education and socioeconomic status, can also play an important role in explaining both short- and long-term outcomes for children.¹⁸ Addressing some of the challenges of poverty could accordingly be a strategy for improving outcomes for the children of adolescents.

Unfortunately, many of the factors which have been found to promote positive outcomes for adolescent parents and their children are exactly the factors most threatened by experiences of displacement: access to stable housing and income generating opportunities,¹⁹ as well as support from grandparents.²⁰ **Other factors, though, might be possible to encourage even in humanitarian settings,** such as promoting natural mentors, educational aspirations, and ambitions.²¹

Interestingly, these factors seem to address parents' internal concerns, rather than their setting, suggesting that there might be ways to support adolescent caregivers beyond addressing the external context of poverty.

In targeting outcomes and designing programs for adolescent parents, it is also important to consider the legal context for young mothers. Several countries

expel pregnant girls from school, and adolescent mothers are not given the right to access public education.²² It is encouraging that some countries are changing these policies. Tanzania, for example, reversed its stance in 2021, joining other countries that have “continuation” or “re-entry” policies that are designed to enable pregnant girls to resume their education after they have given birth.

Even in a positive policy context, social stigma, poverty, and other challenges will still present obstacles. In a study with adolescent mothers in Mahama refugee camp in Rwanda, for example, researchers found that even though girls are encouraged to remain in school as long as their health and the health of the child is not jeopardized, the majority of adolescent mothers are not in school due to the social stigma associated with young pregnancy.²³

Targeting adolescent parents for intervention will include some of the youngest children at the greatest risk for poor development outcomes. In addition, it can build on recent advances in research on adolescence and growing recognition that this can be an important point for intervention, as the period of adolescence might present possibilities for recovery from early-life adversity.²⁴

As described in new work by Weurmler, Yoshikawa, and Hastings (2021)²⁵ viewing adolescent pregnancy through a dual-generational lens, in which outcomes for both parents and their children are considered, could be one of the most powerful applications of dual generation

theory as it presents the opportunity to capitalize on two of the most sensitive periods of human development: early childhood and adolescence. **Improving outcomes for both parents and children could dramatically alter their life course and directly target the intergenerational transfer of poverty.**

Forced Displacement Crisis and Children’s Overrepresentation

There have never been more forcibly displaced people as there are today. The United Nations High Commissioner for Refugees (UNHCR) reports that at the end of 2020, a new record of 82.4 million people were forcibly displaced as a result of conflict, persecution, human rights violations, or generalized violence.²⁶ This is the greatest number across the seven decades for which UNHCR has reported refugee data and nearly 3 million over the previous record of 79.5 million people, documented just the year before.²⁷

Adolescents and children are overrepresented among the forcibly displaced, a population that includes refugees, asylum-seekers, internally displaced, and stateless people.²⁸ Children below the age of 18 represent roughly 30 percent of the world’s population, but are estimated to be half of the world’s refugee population and 42 percent of all those forcibly displaced.²⁹ As the population of forcibly displaced people increases, so does the need for effective intervention and support.

EARLY CHILDHOOD DEVELOPMENT IN DISPLACEMENT

Young children aged 0-8 who experience displacement are in a critical and sensitive period of development. In these early years, the architecture of the brain is formed, which provides a child with the life-long foundation for future learning, health, and behavior.³⁰ In this period children are particularly sensitive to social interaction, environmental influence, and external threats to development.³¹

Without timely intervention, adverse threats to children's development can lead to life-long challenges related to physical and mental health, learning, behavior, and employment. Additionally, the impact of adverse childhood experiences can be cumulative; the more adverse the experiences to which a child is exposed, the greater the likelihood of long-term effects on outcomes such as substance abuse, depression, heart disease, poor academic achievement, and early death.³²

In children's earliest years, responsive caregiving from parents or primary caregivers is a critical part of the nurturing care that enables children healthy developmental progression. These positive interactions can also buffer a child from the potential negative impacts of adversity and stress.³³

Maternal-child attachment in particular is critical for optimal early childhood development, and in the face of adversity, maternal-child attachment and maternal psychological wellbeing are critical protective factors for children's wellbeing and development.³⁴ However, experiences related to conflict and displacement, such as violence and

trauma, can be a serious burden for caregivers, limiting their ability to provide the responsive and nurturing care necessary for both the foundation of children's developmental progression and as a buffer from toxic stress.³⁵

Dual Generation Theory for Early Childhood Development

IMPROVING OUTCOMES IN CONTEXTS OF FORCED DISPLACEMENT

Efforts to improve early childhood development often target children directly, and early childhood interventions that address the settings or actors that influence children's lives also tend to focus exclusively on child outcomes. Over the past decade, researchers and practitioners have begun to target outcomes of both children and their caregivers.

Referred to as "dual generation" or "two generation" approaches, this strategy reflects the fact that the development of children and their parents is inextricably linked.

To create meaningful and long-lasting change in children's lives, it might be necessary to improve the lives of caregivers as well, and not just target children alone.

Ascend of the Aspen Institute is a pioneer in advancing dual or two generation approaches to early childhood development. It has promoted a whole family strategy that aims to address the needs of and create opportunities for vulnerable children and their parents together. Ascend has identified three core

components for two generation approaches:

1. **High-quality education** for children and postsecondary education and skills training for parents
2. **Economic supports** and asset building that provide a scaffold for families as they work to develop skills that lead to better jobs and long-term financial stability
3. **Social capital and networks** that build on the strength and resilience of families,” believing that targeting outcomes for children and parents concurrently can lead to benefits greater than the sum of individual interventions.³⁶

Similarly, renowned early childhood development researchers Shonkoff and Fisher have encouraged the early childhood development policy, practice, and research community to rethink and reorient traditional programming to consider a dual generation theory for child development.

Dual generation theory argues that efforts to improve early childhood development should target caregivers' outcomes as well as child outcomes.

Shonkoff and Fisher identify strengthening caregiver mental health, improving the executive function and self-regulation skills of parents, and improving the socio-economic situation and economic wellbeing of families as three promising intervention strategies.

While a dual generation approach could be relevant for any family, the theory was designed for contexts of adversity, as these contexts are least served by traditional intervention. Vulnerable

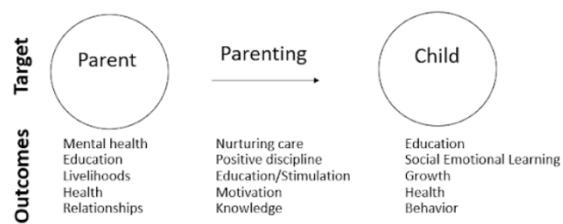
children might not benefit from direct intervention as much or at all if their broader context is not addressed, and the limited effects of existing interventions were partly what inspired dual generation approaches. As articulated by Shonkoff, “achieving breakthrough outcomes for young children facing adversity requires supporting the adults who care for them to transform their own lives.”³⁷

Dual generation theory originated in the United States and certain details of its conceptualization might not transfer to other settings. For example, an emphasis on postsecondary educational opportunities or employment or livelihoods programs for parents, might not transfer to all contexts of forced displacement, but applying the core tenet of dual generation theory to such contexts holds great promise. Given the challenges facing children in contexts of forced displacement, and particularly the challenges facing children of adolescents, the applications of dual generation theory for child development may be one of the most potentially powerful.

Of existing humanitarian interventions, parenting programs are one of the most appropriate targets for a dual generation lens: they are already focused on early childhood development outcomes and include both the parent and the child. A dual generation framework raises the question of what parent outcomes could be targeted to directly improve parent outcomes and indirectly affect children. Possible outcome areas include parents' mental health and wellbeing, livelihoods or income, education, health, and relationships. Along with the typical child

outcomes and parenting behavior outcomes of parenting interventions, this creates three targets for outcomes: parent, parenting behavior, and child (Figure 1).

Figure 1: A Dual Generation Approach to Parenting Programs in International Contexts



One key challenge for designing interventions with a dual generation framework is that they can span multiple sectors and thus might be difficult to implement. This is especially true in humanitarian settings, where sectors are known to be strictly siloed.³⁸ Integrating a nutrition intervention into a parenting program might be prevented by restrictions around which actors can distribute food and certain resources in refugee camps. This is a broader challenge for the field of early childhood development, though, and is not unique to a two-generation approach.

Still, there are many possibilities for expanding the scope of parenting interventions while operating within the delivery structure and format of existing programs and without having to confront more of the entrenched dynamics of systems and sectors. One promising direction for future work builds off of a nascent trend in parenting programs in LMICs that is to consider the mental health of caregivers. An emerging evidence base focuses on maternal mental health in particular, given its

prevalence and critical importance to young children's development. Although few parenting programs have been shown to affect maternal depression, and many still don't report any outcomes for parents beyond parenting behavior, recognition of the importance of caregivers' mental health is growing.

Lessons from Rigorous Evidence

PARENTING PROGRAMS IN FORCED DISPLACEMENT

As suggested below, parenting programs have been found to positively affect young children's development and parenting practices and knowledge. Other outcomes related to parents beyond parental outcomes are generally not a focus of these programs, and are relatively under researched.³⁹

To explore the promise of parenting programs for contexts of forced displacement and a dual generation lens, we reviewed randomized control trials, systematic reviews, and other research on such programs in settings of forced displacement and LMICs. In this section we describe some key points that emerged from this review, both to synthesize policy- and practice-relevant findings from the literature and to highlight relevant insights for the intersecting themes of children ages 0-3, adolescent parents, forced displacement, and dual generation theory. This review is intended to inform the design and adaptation of programs and policies to support caregivers, children, and the relationship between them.

Lesson 1: Parenting programs in low-and middle-income countries (LMICs) can significantly improve outcomes for children ages 0-3, especially if explicit content on responsive care is included.

In a recent systematic review, Jeong et al (2021) found that parenting programs across LMICs can significantly improve a range of parental and early childhood outcomes for children ages 0-3. The 41 studies from 19 LMICs suggested that these programs had positive impacts on child language, cognitive, motor, socio-emotional and development, attachment to caregivers, a reduction in behavioral problems; and improved parenting practices, parent-child interactions, and parental knowledge.⁴⁰ Implementation models for parenting programs that achieved positive impact varied from

group parenting sessions, home visits, or a combination of the two, demonstrating it is possible to improve outcomes through different modalities.

Parenting programs with explicit content on responsive caregiving had greater impacts on the cognitive development of children, parenting knowledge and practices, and parent-child interactions than programs that did not have explicit content on responsive caregiving. For example, effects on parenting practices were nearly four times greater for interventions that included content on responsive caregiving than interventions that did not.

Evidence from the few parenting programs that have been implemented and rigorously evaluated in settings of forced displacement show that it is

Examples of Parenting Programs in Different Contexts with Different Models

In a district of Rwanda with low literacy rates, researchers evaluated the First Steps program, a 17 week long community-based parenting education intervention.¹ The First Steps program was offered to parents of children aged 6-36 months. It was facilitated by a local volunteer using radio programming which focused on responsive caregiving, stimulation through playful learning, child health, and increasing access and use of books. Researchers found that the intervention had significant positive impacts on parent-child interactions for both male and female caregivers as well as child development.

In a poor rural district of Pakistan, researchers evaluated the impact of a responsive stimulation intervention used in a parenting program that supported caregivers to develop responsive caregiving skills.² In this intervention, health workers taught caregivers to observe and respond to their young children's cues and stimulate children through communication and play activities. The intervention also supported caregivers to use homemade toys or available everyday household items. Researchers found that the intervention significantly improved children's cognitive, language, and motor development at 2 and 4 years old. The intervention also improved parenting skills.

¹ Abimaye, Monique, Caroline Dusabe, Jean Providence Nzabonimpa, Richard Ashford, and Lauren Pisani. "Improving Parenting Practices and Development for Young Children in Rwanda: Results from a Randomized Control Trial." *International Journal of Behavioral Development* 44, no. 3 (May 2020): 205-15. <https://doi.org/10.1177/0165025419861173>.

² Yousafzai, Aisha K., Jelena Obradović, Muneera A. Rasheed, Arjumand Rizvi, Ximena A. Portilla, Nicole Tirado-Strayer, Saima Siyal, and Uzma Memon. "Effects of responsive stimulation and nutrition interventions on children's development and growth at age 4 years in a disadvantaged population in Pakistan: a longitudinal follow-up of a cluster-randomised factorial effectiveness trial." *The Lancet Global Health* 4, no. 8 (2016): e548-e558.

possible for programs to improve early childhood development and parenting outcomes even in such challenging settings. While not targeted to the 0-3 age group, parenting programs for parents of children under 8 years old implemented and evaluated in Lebanon,⁴¹ Thailand,⁴² and Liberia⁴³ improved outcomes such as improved caregiver-child interactions, reduced parenting stress and harsh discipline practices. However, this does not mean interventions are universally effective in improving child outcomes. An evaluation of the Mother-Child Education Program with marginalized communities in Lebanon (including refugees) found that though there were reductions in mothers' harsh discipline and parenting stress, these did not translate into impacts on child behavioral or emotional outcomes.⁴⁴

Lesson 2: Rigorous research to understand the impact of parenting programs on adult outcomes outside parenting is limited. Research on fathers or other male caregivers is also extremely limited.

Parenting programs typically focus on improving child development and outcomes associated with parenting behavior and adult-child interactions. Relatedly, in a review of 478 randomized control trials on ECD interventions in LMICs, Evans et al find that impact evaluations of early childhood development interventions overlook adult outcomes outside of parenting behaviors. Interventions such as parenting programs may have direct or indirect impacts on outcomes such as health, labor market participation, wellbeing, decision-making power, time use, and male participation in

caregiving, yet these go under investigated. For example, only 22 percent of early childhood development studies in LMICs evaluated mother-specific impacts on non-parenting outcomes. Even fewer reported impacts of programs on maternal mental health; only 12 percent of these randomized evaluations (RCTs) reported an impact on maternal mental health. Moreover, there is even less research regarding the impact of these programs on fathers or other male caregivers. Only 3 percent of studies included father-specific outcomes. Applying a 'dual generation' approach to innovation, practice, and research may determine whether building the skills and wellbeing of caregivers through parenting programs can cause breakthrough impacts for children and their caregivers.

The role of fathers is critically understudied in parenting programs. Even the intent to study fathers is sometimes not sufficient, as was the case for a study in Kenya that aimed to analyze the effects of inviting fathers to participate in a parenting program, but low attendance among fathers precluded this line of analysis.⁴⁵ More work is needed to understand how to meaningfully engage fathers in parenting programs and then to assess impact. Exploring the dynamics of couples and other co-parents can also be an important area for exploration. Descriptive work suggests that there could be significant potential for impact; a study including data from 38 LMICs found that fathers' play and learning activities with children were positively associated with child development, but 47.8 percent of fathers did not engage in any stimulation activities with children.⁴⁶

Lesson 3: The effects of traditional parenting programs on maternal mental health and well-being are mixed. Promising research from contexts of forced displacement and post-conflict LMICs suggests that parenting programs can directly target the well-being of caregivers and lead to improved outcomes for both caregivers and their children.

Parental mental health and wellbeing can buffer a child from experiencing the worst effects of exposure to conflict and displacement.⁴⁷ Beginning in utero, maternal stress and depression can significantly affect key domains of child development such as growth, nutrition, socio-emotional and cognitive development.⁴⁸ Maintaining or improving maternal wellbeing is a key pathway to promoting nurturing care and holistic early childhood development and is a prime example of a two-generation approach to early childhood development.

Research has shown that it is possible to improve maternal wellbeing outcomes through early childhood development programming; many programs have had significant positive impacts on maternal wellbeing and mental health. A review of various interventions, encompassing more than parenting programs and for a broader set of children's ages, in LMICs identified 55 studies that reported outcomes related to maternal mental health, 27 of which reported positive statistically significant impacts.⁴⁹ It is promising that so many studies identified positive impacts, but it is also important to note that they represent just less than half of the studies reporting these

outcomes, and three studies reported statistically significant negative impacts.

A meta-analysis of rigorous research on parenting programs for parents of children aged 0-3 in LMICs estimated a statistically insignificant pooled effect, indicating that overall, the interventions did not have not had an impact on parental depressive symptoms.⁵⁰ Only 7 of the 24 studies reported statistically significant decreases in depression symptoms.⁵¹ New research is beginning to look into these issues in contexts of forced displacement, such as among Rohingya refugees in Bangladesh.⁵² More research is needed to understand the program components or conditions associated with effectiveness, and also whether directly targeting maternal or caregiver wellbeing with explicit psychosocial wellbeing programming is necessary to improve outcomes for both mothers and their children.

Addressing maternal mental health might be particularly important in contexts of forced displacement.

Results from small scale randomized control trials of interventions in humanitarian settings that combine a) group-based psycho-social support and home visits and b) either medical care or emergency feeding appear promising for improving mother's psychosocial wellbeing.⁵³

Improving Maternal Mental Health in Conflict and Post-Conflict Settings

Reviews of relevant research in LMICs indicate that though less than half of rigorously evaluated early childhood development and parenting programs have been found to effectively address parental mental health¹, there are still many varied interventions that have successfully improved maternal mental health. We highlight three effective interventions in conflict and post-conflict settings here:

1. **In post-conflict northern Uganda**, a parenting program that had a clear focus on maternal psychological well-being improved maternal wellbeing, child cognitive development, and various parenting practices.² The curriculum included two sessions that explicitly focused on maternal wellbeing, and themes of love and respect in relationships. While all other sessions in the program were conducted with mothers and fathers together, these two sessions were delivered separately to mothers and fathers. As part of the program, participants also received one or two home visits by the community volunteer facilitator.
2. **In the midst of conflict in Bosnia**, researchers evaluated the impact of weekly facilitated group sessions³, accompanied by a one-hour home visit, and basic medical care to internally displaced mothers⁴. Group sessions focused on topics such as child development, affection, coping, trauma, and mother-child interactions. The intervention positively affected maternal mental health, and child outcomes such as cognitive development, psychosocial functioning, and weight gain.
3. **In northern Uganda**, researchers found that a group based psychosocial intervention with home visits for conflict-affected mothers that also had an emergency feeding component increased the availability of play materials, improved mother's involvement with their infants, and decreased sadness and worry among mothers.⁵

1. Jeong et al 2021

2. Singla, Daisy R., Elias Kumbakumba, and Frances E. Aboud. "Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: a community-based, cluster-randomised trial." *The Lancet Global Health* 3, no. 8 (2015): e458-e469.

3. While this intervention did not directly target mothers of children 0-3, the approach is consistent with evidence-based approaches to improve younger children's and parental wellbeing.

4. Dybdahl, Ragnhild. 2001. "Children and mothers in war: an outcome study of a psychosocial intervention program." *Child development* 72, no. 4: 1214-1230.

5. Morris, Jodi, Lynne Jones, Annamaria Berrino, Mark JD Jordans, Leonard Okema, and Carmen Crow. 2012. "Does combining infant stimulation with emergency feeding improve psychosocial outcomes for displaced mothers and babies? A controlled evaluation from northern Uganda." *American Journal of Orthopsychiatry* 82, no. 3: 349-357.

Lesson 4: Research on adolescent parenting programs is limited. The needs of adolescent parents might not be met by existing general parenting interventions and might require a more targeted and focused approach

While there is limited research on interventions to support outcomes of adolescent mothers, a growing evidence base indicates that interventions can improve a range of outcomes for adolescents in LMICs and adolescent girls in particular. Recent systematic reviews have highlighted effects on sexual and reproductive health,⁵⁴ health and life skills,⁵⁵ and violence against girls.⁵⁶ Key findings from these reviews suggest possible opportunities for intervention with adolescent parents in humanitarian settings, as well as potential challenges.

The review of sexual and reproductive health interventions found that effective interventions tended to be delivered through groups of similar-age peers.⁵⁷ This might suggest that in parenting programs it would be helpful for adolescent parents to interact with other adolescent parents, rather than be part of general parenting groups for all ages. The review of interventions targeting health and life skills interventions also highlighted the importance of relationships with peers.⁵⁸ Peer relationships were one of the three key relationships reflected in effective programming, along with relationships with parents and an adolescent's relationship with him/herself. In particular, the review highlighted the importance of parental involvement in programs for adolescents. This might present a challenge in contexts of forced

displacement, if adolescents are separated from parents and other family members, but highlights the importance of relationships and social networks, a key tenet of the Aspen Institute's two-generation framework.

One of the most effective interventions for adolescents in low-income contexts has been the implementation of girls' clubs. When implemented in Uganda, BRAC's Empowerment and Livelihood for Adolescents (ELA) program, for example, increased the likelihood of girls engagement in income generating activities by 72 percent and increased private consumption by 26 percent; this intervention also reduced early entry into marriage/cohabitation by 58 percent and adolescent pregnancy by 26 percent.⁵⁹ A similar intervention implemented in Sierra Leone significantly mitigated some of the effects of the Ebola epidemic on young women, lowering rates of out-of-wedlock pregnancy and enabling girls to reenroll in school.⁶⁰

When this same intervention was implemented in Tanzania by the same organization, though, it did not find the same effects on girls social or economic outcomes. Qualitative research into differences across implementation in Ugandan and Tanzanian contexts suggests that resource and funding constraints in the Tanzanian context significantly hindered implementation there.⁶¹ The literature on ELA clubs draws attention to a number of key concerns, from the importance of implementation fidelity to the challenges of transferring across contexts. Given the constraints

and limited resources that often define contexts of forced displacement, these concerns are highly relevant.

This literature demonstrates that it is possible to improve outcomes for adolescents. However, these interventions aim to prevent adolescent pregnancy (among other outcomes), rather than work to support those who are already pregnant or parents. While there are interventions and programmatic approaches for working with adolescent parents, they are most prevalent in the United States, with far fewer international examples. Even in the United States, where these programs are more common, rigorous evaluation of programs is notably lacking and there is a clear need for high quality research into the effectiveness of these interventions.⁶²

It is also important to recognize that existing services for mothers and parents might not be able to meet the unique needs of young caregivers. Research in Mexico found that a group-based parenting education program, while effective overall, did not improve outcomes for the children of women who began childbearing when they were adolescents.⁶³ The researchers recognized that little is known about how to improve parenting behaviors and development outcomes for adolescent parents,⁶⁴ and hypothesized that general parenting programs might not adequately or effectively address the unique needs of young mothers. They highlight the need for research to focus on this specific population and to investigate drivers of effectiveness and why there might be differential effects. A good example, and

one of the only studies to evaluate a program focused on adolescents is from Chile, where researchers evaluated the effects of home visits from a paraprofessional to adolescent mothers.⁶⁵ While they found positive initial effects, these faded out in the medium term, suggesting the importance of regular visits to prevent fadeout.

Conclusion

Forcibly displaced children ages 0-3 and adolescent caregivers are among the world's most vulnerable, underserved, and under researched populations of children and caregivers. They face numerous intersecting challenges at two critical developmental stages. Research on early childhood development has found that impacts are often greatest for the most disadvantaged children. Working to understand and improve the situation of young children and caregivers in contexts of forced displacement accordingly presents a unique opportunity to realize some of the largest potential impact by targeting the most vulnerable and also to potentially advance knowledge of child development more broadly by focusing on contexts defined by the greatest adversity. We can potentially generate new insight and understanding into child and youth development more broadly through research in these challenging contexts.

Based on their ability to improve a range of child and parenting outcomes in LMIC countries and in some settings of forced displacement, parenting programs are a promising avenue for intervention for forcibly displaced caregivers and their children. While some parenting programs have improved a range of different outcomes, most notably for children, there is a clear opportunity for future innovation and research to incorporate a

dual generation approach to early childhood development, recognizing the importance of caregivers to child development. Targeting young parents and their children in intervention and research has the potential to dramatically improve life course outcomes across two generations.



Picture Credit: © Dominic Chavez / World Bank

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Editors: Ana Tamayo

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