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Parents' views of the relevance of a violence prevention program in high, medium, and low human development contexts

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Abstract

Every day, almost one billion children around the world experience violent punishment. Eliminating all violence against children is a key target of the United Nations' 2030 Agenda for Sustainable Development. This is a monumental challenge due to the diversity of cultural, economic and social contexts in which children live. Violence-prevention programs developed in wealthy countries cannot be assumed to be transferable to low- and middle-income countries. We assessed the relevance of Positive Discipline in Everyday Parenting (PDEP) to 525 parents living in countries with high ($n = 201$), medium ($n = 166$), or low ($n = 158$) Inequality-Adjusted Human Development Indices. The outcome measures were parents' satisfaction with the program and their perceptions of its impact on their parenting. Across IHDI categories, almost all parents were "mostly" or "very satisfied" with the overall program (98.4%), the PDEP parent book (97.9%), and the program activities (97.8%). Parent satisfaction scores were higher in the Low IHDI category than in the High IHDI category. Across IHDI categories, large majorities of parents perceived PDEP as having positive impacts on their parenting. While parents in the Medium IHDI category had the strongest perceptions of PDEP's positive impact, more than 90% of parents in the Low IHDI category believed that the program will help them to understand their children's development and feelings, communicate better with their children, control their anger, and build stronger relationships with their children. PDEP is a promising tool for preventing punitive violence against children across human development contexts.

Keywords

children, human development index, parenting, prevention, punishment, violence

In 2015, for the first time in its history, the United Nations (UN) adopted as one of its targets the elimination of violence against children. The UN's *2030 Agenda for Sustainable Development* sets out 17 sustainable development goals (SDGs) to stimulate transformative action over the next 15 years (United Nations, 2015c, p. 1). SDG 16 is to promote "peace, justice and strong institutions." A key target identified to achieve this goal is to end all forms of violence against children (United Nations, 2015b). The SDGs are intended "to ensure that all human beings can fulfill their potential in dignity" in countries at all levels of economic development (United Nations, 2015a, p. 2). To realize this vision, the newly formed Global Partnership to End Violence against Children (2015) will provide a platform disseminating effective violence prevention strategies and "ensuring violence prevention becomes a global policy priority" (p. 7). The Global Partnership has three fundamental principles. It is: 1) rights-focused; everyone has the right to protection from violence regardless of age; 2) child-centered; children's rights and development are the focus; 3) universal; all countries are accountable for ending violence against children.

The elimination of violence from the lives of all children is a monumental challenge due to the diversity of economic and social contexts in which children live. Compounding this challenge is the high prevalence of violence in children's everyday lives. UNICEF (2015) has estimated that, every day, almost one billion children experience violent punishment at the hands of their caregivers, either physically (e.g., spanking, slapping, hair/ear pulling, forced kneeling) or emotionally (e.g., name-calling, ridiculing, humiliating). These forms of violence exist in all corners of the world. In a study of 62 countries, 60% of parents of 2–14-year-olds reported using physically punitive violence and 70% reported using emotionally punitive violence in their homes (UNICEF, 2014). In most countries, most children had experienced both types of punishment in the month prior to data collection. In 23 of the countries studied, more than 20% of children had experienced the most severe forms of physical punishment in the previous month. Lansford and Deater-Deckard (2012) found that across 24 countries, 63% of

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caregivers of 2–4-year-old children reported they or someone else used physical violence with their child in the past month.

The implications of these high rates are considerable. Even ''normative'' physical punishment reliably predicts a range of negative developmental outcomes, including weak moral internalization, aggression and antisocial behavior, externalizing and internalizing behavior problems, mental health problems, poor parent–child relationships, low self-esteem, impaired cognitive ability, and escalation to severe violence (Gershoff & Grogan-Kaylor, 2016). Emotional punishment has been described ''as an attack on the child's sense of self'' (Wekerle, 2011, p. 901) and ''an attack on the essential psychological needs and potentials of persons'' (Hart & Glaser, 2011, p. 764). These impacts become costly for societies on many fronts, including mental health and child welfare services, law enforcement, criminal justice, special education, and medical treatment (Fang, Brown, Florence, & Mercy, 2012).

International concern about violence against children has intensified over the past 25 years, with growing awareness of its population health impacts alongside growing recognition of children's human rights (Durrant & Ensom, 2012). The UN *Convention on the Rights of the Child* (CRC), ratified by all UN member countries except the USA, has focused the world's attention on children's rights to dignity, physical and psychological integrity, and equal protection under the law (Hart, Lee, & Wernham, 2011; Svevo-Cianci, Herczog, Krappmann, & Cook, 2011; United Nations, 2011). One of the most dramatic outcomes of this paradigm shift is the rapidly growing number of countries that have prohibited physical and emotional punishment of children. As of January 2017, 51 countries have implemented such prohibitions and 55 more have committed to doing so (Global Initiative to End All Corporal Punishment of Children, 2016). But prohibition of punitive violence is just one step toward its elimination. Realizing the potential of these laws to deter violence depends on complementary efforts to transform the attitudes that normalize these acts (Bussman, Erthal, & Schroth, 2011). One of the primary mechanisms of such change is parent education.

Positive Discipline in Everyday Parenting (PDEP; Durrant, 2013; Durrant et al., 2014) was developed with the aim of preventing violence against children by providing parents with the knowledge and skills to guide their children's healthy development. It was designed to be relevant across cultural, social, and economic contexts. Its universality is assumed to lie in its twin emphases on: 1) children's rights to protection from violence, to respect and dignity, and to participation in their learning; and 2) growing evidence of the importance of positive parental relationships to children's developmental health (e.g., McCain & Mustard, 1999; National Scientific Council on the Developing Child, 2004; Perry, 2002; Shonkoff & Phillips, 2000; Siegel, 2012). PDEP is rooted in the hypothesis that *developmental relationships* are the ''universally applicable active ingredient underlying effective interventions'' (Li & Julian, 2012, p. 157). Developmental relationships are built upon a foundation of emotional attachment, but extend beyond it to include reciprocal engagement, scaffolding toward independence, and a gradually shifting balance of power, all of which are interdependent aspects of ''developmental interaction'' (Li & Julian, 2012, p. 157). Developmental relationships are distinct from short-term interactions based on coercion or incentives. They are dynamic long-term processes in which engaged parents estimate the child's competence, provide an appropriate level of support, and gradually remove that support as the child's mastery increases—within a warm, positive relationship. Developmental relationships are characterized by sensitivity, not intrusiveness; feedback focused on learning, rather than compliance; and encouragement of the child's independence, rather than adult control (Li & Julian, 2012).

PDEP aims to reduce punitive violence by strengthening developmental relationships. In contrast to ''parent training'' programs, PDEP does not prescribe rewards or punishments in response to children's behavior, nor does it focus on child compliance as its objective. Rather, it is child-centered, aiming to foster parents' insight and empathy, increase their knowledge of child development, and enhance their respect for children's perspectives. It is also rights-focused, founded on principles of children's rights to protection, dignity, and participation in their learning. PDEP was created through a collaboration between the first author, a Canadian clinical child psychologist, and Save the Children in Southeast Asia and the Pacific. Save the Children is an international charitable organization whose work is guided by the CRC and carried out in partnership with governments, partner organizations, and intergovernmental agencies all over the world.

The PDEP program

The program is designed around four key themes: 1) shifting parents' goals from immediate child compliance to long-term learning; 2) strengthening parents' understanding of the importance of simultaneously providing warmth (physical and emotional security) and structure (scaffolding of children's learning) in all situations; 3) increasing parents' knowledge of children's neurobiological, emotional, and behavioral development from birth to adolescence; and 4) helping parents integrate these components to develop problem-solving strategies to replace physical and emotional punishment in times of conflict with their children. The parent program is typically delivered over eight 2-hour sessions, plus a follow-up session held 2 to 3 weeks after the program ends. It is delivered on a non-profit basis through community agencies by trained facilitators to groups ranging from 5 to 20 participants. The program is highly interactive, involving a laddered series of activities designed to foster parental insight, empathy, and knowledge, and to scaffold parents' skills. Guided small- and large-group discussion is used to normalize parents' emotions and experiences, and to build social support. An emphasis is placed on helping parents understand the cognitive, social, and neurobiological roots of their own punitive responses, and on strengthening their emotional awareness and regulation.

Facilitators are trained either by PDEP Master Trainers (five experts in child development, parent support, group facilitation) or PDEP Country Trainers (experienced PDEP facilitators working in local communities who have taken a 4-day advanced training delivered by the Master Trainers). The facilitator training focuses on both mastery of the parent program's content and strengthening of group facilitation skills. Trainers model reciprocity, scaffolding, and shifting of power to the facilitators which they, in turn, model for parents in their groups. Therefore, the strengthening of developmental relationships is interwoven throughout all aspects of PDEP's delivery.

Cultural issues. PDEP began as a book for parents (Durrant, 2007). Prior to publication, it was reviewed by parents in Thailand, and by youth in Hong Kong, Japan, and Fiji to assess its appropriateness to those countries. Following revisions, the manual was published and made accessible at no cost through Save the Children's on-line resource centre. Soon after, Save the Children began to receive requests for workshops in the approach throughout Southeast Asia

(Cambodia, Fiji, Indonesia, Japan, Mongolia, Philippines, Solomon Islands, and Thailand). The parent program evolved from the questions and feedback these workshops produced. PDEP is currently being delivered to parents in more than 30 countries in Africa, Europe, the Middle East, the Pacific, South and Southeast Asia, and North, Central, and South America.

The program has three components: 1) foundational content on child development and child rights; 2) activities designed to convey the content; and 3) problem-solving scenarios for practice in applying the content. Facilitator feedback has suggested that the content is universally relevant. However, the activities have required cultural adaptation, as literacy rates, resources, and funds vary widely across settings. To adapt the program for parents with low literacy levels and/or sites with limited financial support, low-cost hands-on activities were developed to replace those requiring reading and writing, such as using a melon as a proxy model of the brain and using sticks to draw pictures in the sand.

The practice scenarios proved to be the most culturally sensitive component. They depict typical situations of parent–child conflict that commonly trigger punitive violence. However, these situations vary widely around the world. For example, a scenario involving a child running into traffic, which is common in urban settings, was not relevant in the Solomon Islands. However, children's dangerous behavior is also a common precipitant of physical punishment there. So, for that locale, the scenario was changed to one of a child sitting under a coconut tree. Ongoing consultations with parents and professionals in the countries where PDEP is delivered help us to adapt the practice scenarios for specific contexts.

Translation of PDEP materials. The PDEP parent program materials consist of a facilitator's manual, the parent book, a parent workbook containing the program activities, wall posters that illustrate the PDEP model, and pre- and posttest questionnaires (described in what follows). A translation process was developed to optimize all translated materials' fidelity with the original English version. A professional translator conducts the translation, which is then carefully reviewed and revised by an individual fluent in English and the local language, who is either a trained PDEP facilitator (and thus familiar with the program's principles and concepts), or has an academic background in child development or another relevant field. In the latter case, the reviewer works with a PDEP Master Trainer to ensure clear understanding of the program concepts. Once the translation has been reviewed and revised, it is piloted in a facilitator training held in a relevant country. Participants' input is sought on translation issues as they discuss the concepts. That input is communicated to the translator and reviewer, who together resolve the issues before the translation is finalized.

Purpose of the present study

PDEP was created with the intention of being a universal program with delivery methods adaptable to diverse contexts. But how relevant is it to parents across a wide range of social and economic contexts? It is possible that, despite our efforts to optimize PDEP's universal relevance, it may not be accepted by parents living in low- and middle-income countries, where economic stress is likely to be greater than in wealthy countries and where daily life may render the program less relevant. The purpose of this study was to address this question by assessing the perceived relevance of PDEP to parents living in countries with high, medium, and low levels of human development by measuring their satisfaction with the program and their perceptions of its potential impact on their parenting. Given our efforts to make the program universal and adaptable, we did not expect to find significant differences across high-, medium-, and low-development contexts.

Method

Participants

The participants were a convenience sample of 525 parents enrolled in PDEP group programs in 13 countries: Australia ($n = 69$), Canada (Alberta; $n = 69$), Japan ($n = 63$), Georgia ($n = 5$), Kosovo ($n = 55$), Palestine (Gaza and West Bank; $n = 73$), Mongolia ($n = 18$), Venezuela ($n = 15$), Guatemala ($n = 10$), Gambia ($n = 30$), Paraguay ($n = 45$), Philippines ($n = 60$), and the Solomon Islands ($n = 13$). Some country sample sizes were small due to budgetary shifts, loss of agency staff trained to deliver the program, or recent introduction of the program.

Each country was classified into one of three categories by its level of social development, measured by the Inequality-Adjusted Human Development Index (IHDI; United Nations Development Program, 2015). This measure was derived from the Human Development Index (HDI; United Nations Development Program, 2015). The HDI is a composite of life expectancy at birth, mean years of schooling and expected years of schooling, and gross national income (GNI) per capita. The IHDI is an improved measure because it also takes into account the distribution of these indicators across the population. In a nation with perfect equality, the HDI would be equal to the IHDI. As inequality increases, the IHDI falls below the HDI. Because the IHDI provides a more complete picture of a country's level of development than the HDI, it was selected as the classification measure for the present study. The IHDI can assume a value between 0 and 1; the higher the value, the higher the level of development across the population.

The 13 countries were classified into three levels of development based on IHDI categories and classification criteria (United Nations Development Program, 2015). Very High Development countries have IHDIs between 0.800 and 1.000. Australia and Canada fall into this category. High Development countries have IHDIs between 0.700 and 0.799. Japan is in this category. To increase power in this study, the three Very High or High Development countries were collapsed into a single High Development category. Medium Development countries have IHDIs of 0.550 to 0.699. Georgia, Kosovo[1], Mongolia, Venezuela, and Palestine are in this category. Low Development countries have IHDIs below 0.550. Gambia, Guatemala, Paraguay, Philippines, and the Solomon Islands are in this category. Table 1 provides each country's IHDI, as well as data on other key development indicators.

As Table 2 shows, in each IHDI category, the majority of parents were female and over 30 years of age (High IHDI: 81.0%; Medium IHDI: 71.1%; Low IHDI: 78.6%), and had children under 12 years of age (High IHDI: 86.6%; Medium IHDI: 67.4%; Low IHDI: 63.8%). In terms of family size, a majority of parents in the High (73.1%) and Medium IHDI (67.8%) IHDI categories, and half of those in the Low IHDI category (49.2%), had fewer than three children. The modal level of parent education in each IHDI category was "completed college or university."

Analyses were conducted to determine whether the participants' demographic characteristics differed by IHDI category. Parents in the Low IHDI category were more likely to be male than those in the High or Medium IHDI categories, $\chi^2 = 58.21, p$ (2-tailed) $< .0001$.

Table 1. Human development indicators by country.[a]

	Inequality-adjusted Human Development Index[b]	Life expectancy at birth[c] (years)	Mean years of schooling[d]	Expected years of schooling[e]	Gross national income per capita[f] (2011 US$)
Very high/high development					
Australia	0.858	82.4	13.0	20.2	42,301
Canada	0.832	82.0	13.0	15.0	42,220
Japan	0.780	83.5	11.5	15.4	37,258
Medium development					
Georgia	0.652	74.8	12.2	13.8	7,303
Kosovo[g]	0.693	74.9	10.5	14.4	12,248
Mongolia	0.633	69.6	9.3	14.6	10,746
Venezuela	0.612	74.4	12.2	14.2	16,149
Palestine	0.577	73.0	8.9	13.0	4,653
Low development					
Philippines	0.547	68.4	8.2	11.3	7,911
Paraguay	0.529	73.0	7.7	12.0	7,627
Guatemala	0.443	71.8	10.6	5.6	6,978
Gambia[h]	0.441	60.3	2.3	8.8	1,510
Solomon Islands	0.385	68.0	N/A	9.3	1,533

Note. [a]Source: United Nations Human Development Program, 2015.
[b]Assumes values between 0 and 1; the higher the value, the higher the level of development across the population.
[c]Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant's life, averaged across males and females.
[d]Average number of years of education received by people ages 25 and older, converted from educational attainment levels using official durations of each level, averaged across males and females.
[e]Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child's life, averaged across males and females.
[f]In 2011, purchasing power parity terms, averaged across males and females.
[g]In the absence of indicator data for Kosovo, Serbia's data were used as proxies.
[h]An Inequality-adjusted Human Development Index value was not available for Gambia, so the Human Development Index was used.

Parents in the High IHDI category were more likely to be 31 to 40 years old than those in the Low or Medium IHDI categories, $F(2, 510) = 3.93$, $p = 0.02$. Parents in the Low IHDI category had more children than parents in the High and Medium IHDI categories, $F(2, 438) = 12.14$, $p < .0001$.

Parents' education levels also differed across IHDI categories, $F(2, 495) = 6.65$, $p = 0.001$. Parents in the High IHDI category were more likely to have ended their education after high school than parents in the Medium and Low IHDI categories. Parents in the Low IHDI category were more likely to have taken post-graduate university courses than parents in the High and Medium IHDI categories. The relatively high education level of parents in the Low IHDI category was largely accounted for by the Philippines sample: 17 parents there had some post-graduate university courses and 12 had completed postgraduate degrees. Therefore, we conducted a second ANOVA excluding the Philippine parents. The difference in educational levels across IHDI categories remained, $F(2, 438) = 6.66$, $p = 0.001$. Parents in the Medium IHDI category were more likely to have continued their education beyond high school than parents in the High and Low IHDI categories.

Measures

When facilitators deliver a program involving at least five participants, they are asked to administer pre- and posttest questionnaires using standardized procedures and submit them to the PDEP team at the University of Manitoba for entry into the database. For this study, we examined the responses of parents to 10 items of the posttest questionnaire.

All PDEP facilitators have been trained in the administration of the questionnaires. The pretest is administered in the first session of the program, after all participants have introduced themselves and rapport has been established, but before any content is introduced. The posttest is administered in the eighth session after all content has been delivered but before the closing of the program. All parents who complete the measures first provide written informed consent. Facilitators are trained to collect the questionnaires in a way that ensures parents' anonymity. The measures and procedures were approved by the Joint Faculty Research Ethics Board at the University of Manitoba.

Parent satisfaction. Four items assessed parents' satisfaction with the program. First, parents rated their satisfaction on four-point scales (1 = very dissatisfied, 2 = mostly dissatisfied, 3 = mostly satisfied, 4 = very satisfied) with three aspects of PDEP: 1) the overall program; 2) the parent book; and 3) the program activities. The fourth satisfaction item asked parents whether they would recommend PDEP to other parents (yes, no, unsure).

A Principal Components factor analysis of these items yielded a one-factor solution. Each of the first three items loaded onto a Parent Satisfaction factor (factor loadings: overall program = 0.85; parent book = 0.80; program activities; 0.84). The fourth item (Would you recommend the PDEP program to others?) did not load strongly onto the Parent Satisfaction factor (0.45). Therefore, we formed a Parent Satisfaction score composed of the first three items. The scale score was the sum of the three item scores. The internal consistency reliability of this scale was acceptable (alpha = 0.773). The fourth item was analyzed as a separate outcome variable in the tests of the study hypothesis.

Table 2. Demographic characteristics of participants by Inequality-adjusted Human Development Index Category ($n = 525$).

	Inequality-adjusted Human Development Index Category				
	High[a] ($n = 201$)	Medium[b] ($n = 166$)	Low[c] ($n = 158$)	$\chi 2$	Effect size (p value)
Gender				58.2	.30 (.0001)
Female	188 (94.0%)	145 (91.8%)	98 (66.7%)		
Male	12 (6.0%)	13 (8.2%)	49 (33.3%)		
Missing	1 (0.5%)	8 (4.8%)	11 (7.0%)		
Age				21.3	.07 (.0003)
< 20–30	38 (19.0%)	47 (28.8%)	32 (21.3%)		
31–40	102 (51.0%)	68 (41.7%)	47 (31.3%)		
>40	60 (30.0%)	48 (29.4%)	71 (47.3%)		
Missing	1 (0.5%)	3 (1.8%)	8 (5.1%)		
Number of children				28.0	.20 (.0018)
1	62 (30.8%)	35 (29.7%)	29 (23.8%)		
2	85 (42.3%)	45 (38.1%)	31 (25.4%)		
3	29 (14.4%)	23 (19.5%)	24 (19.7%)		
4	12 (6.0%)	6 (5.1%)	16 (13.1%)		
5	6 (3.0%)	3 (2.5%)	6 (4.9%)		
6	7 (3.5%)	6 (5.1%)	16 (13.1%)		
Missing	0 (0.0%)	48 (28.9%)	36 (22.8%)		
Ages of children[d]					
Birth–2 years	89 (25.1%)	36 (14.1%)	32 (13.6%)		
3–5 years	101 (28.5%)	69 (27.1%)	41 (17.4%)		
6–8 years	62 (17.5%)	26 (10.1%)	39 (16.6%)		
9–11 years	55 (15.5%)	41 (16.1%)	38 (16.2%)		
12–14 years	27 (7.6%)	43 (16.8%)	45 (19.1%)		
15–17 years	20 (5.7%)	40 (15.8%)	40 (17.0%)		
Missing	1 (0.5%)	26 (15.7%)	32 (20.3%)		
Highest level of education				38.8	.14 (.0001)
Less than high school	28 (14.4%)	13 (8.3%)	13 (8.9%)		
Completed high school	35 (17.9%)	24 (15.3%)	14 (9.6%)		
Some college or university	26 (13.3%)	10 (6.4%)	22 (15.1%)		
Completed college or university	78 (40.0%)	72 (45.9%)	57 (39.0%)		
Some post-graduate university courses	11 (5.6%)	9 (5.7%)	26 (17.8%)		
Completed post-graduate degree	17 (8.7%)	29 (18.5%)	14 (9.6%)		
Missing	6 (3.0%)	9 (5.4%)	12 (7.6%)		

Note. [a]Australia, Canada, Japan.
[b]Georgia, Mongolia, Venezuela, Palestine, Kosovo.
[c]Philippines, Paraguay, Guatemala, Gambia, Solomon Islands.
[d]Number of parents who indicated that they had at least one child in a given age category. We were not able to conduct significance tests using this variable because its categories were not independent.

Parents' views of PDEP's impact on their parenting. Six items asked how strongly parents agreed that PDEP will help them to: 1) use less physical punishment; 2) understand their children's development; 3) communicate better with their children; 4) understand their children's feelings; 5) control their anger; and 6) build stronger relationships with their children. Parents rated their agreement with each item on a six-point scale (1 = strongly disagree, 2 = mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree). A Principal Components factor analysis yielded a one-factor solution so these six items were treated as a single Parent Perceptions scale in the hypothesis tests. The scale score was the sum of the item scores. One of the items (PDEP will help me to use less physical punishment) had a lower factor loading than the other five items (see Table 3), however, the item-total correlation was moderate (.31) and the internal consistency of the scale was acceptable (alpha = .788). Thus, this this item was included in the Parent Perceptions scale.

Analysis

First, descriptive statistics were obtained on all variables. Second, tests of significance were conducted to determine whether parents in the three IHDI categories differed on any of the demographic variables so that these variables could be controlled in the hypothesis-testing (Chi-square on parent gender; ANOVAs on parent age, number of children, and parent education). We were unable to examine differences in child age across IHDI categories due to difficulties in how the item was constructed. Parents were asked to indicate whether they had children in each of six age ranges. As parents' responses in each of the categories were not independent, we could only provide descriptive data on this variable.

To determine whether parents' satisfaction with the PDEP program differed across IHDI categories, a one-way ANOVA was conducted with IHDI category as the independent variable and the Parent Satisfaction scale score as the dependent variable. Any significant main effects were further explored through simple contrasts. A test of

Table 3. Means[a] and standard deviations of parents' agreement ratings by Inequality-adjusted Human Development Index Category, and factor loadings by item ($n = 525$).

	Inequality-adjusted Human Development Index Category									
	High[b] ($n = 201$)			Medium[b] ($n = 166$)			Low[b] ($n = 158$)			
	M	*SD*	Missing (*n*)	*M*	*SD*	Missing (*n*)	*M*	*SD*	Missing (*n*)	Factor loading
Positive Discipline in Everyday Parenting (PDEP) will help me to:										
use less physical punishment	5.19	1.401	4	5.25	1.463	8	5.15	1.628	22	0.444
understand my child(ren)'s development	5.55	0.803	3	5.67	0.678	5	5.75	0.789	23	0.735
communicate better with my child(ren)	5.61	0.720	7	5.80	0.659	3	5.65	1.092	22	0.732
understand my child(ren)'s feelings	5.63	0.715	5	5.72	0.570	3	5.70	0.914	26	0.805
control my anger	5.24	1.027	9	5.41	1.098	5	5.60	1.094	27	0.686
build stronger relationships with my child(ren)	5.67	0.788	4	5.82	0.553	2	5.77	0.911	22	0.700

Note. [a]Means on 6-point rating scales (1 = strongly disagree, 2 = mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree).
[b]Australia, Canada, Japan.
[c]Georgia, Mongolia, Venezuela, Palestine, Kosovo.
[d]Philippines, Paraguay, Guatemala, Gambia, Solomon Islands.

proportions was conducted to determine whether parents' tendency to recommend PDEP to others was associated with IHDI category. To determine whether the Parent Perceptions score differed across IHDI categories, a one-way ANOVA was conducted with IHDI category as the independent variable and the Parent Perceptions scale score as the dependent variable. Any significant main effects were further explored through simple contrasts. Each ANOVA was followed by a simple linear regression analysis to control for demographic covariates. Two regression analyses were conducted with Parent Satisfaction score and Parent Perception score as the outcome variables, respectively. The proportion of missing data on each variable ranged from 5% to 8%, with the exception of number of children (16%) and child age (12%). We excluded all missing data based on the assumption that data was missing at random and set alpha at .05 for all significance tests.

Results

Parent satisfaction

Across IHDI categories, almost all parents were "mostly" or "very satisfied" with the overall program (98.4%), the PDEP parent book (97.9%), and the program activities (97.8%). Table 4 presents the means and standard deviations of parents' satisfaction scores. Across IHDI categories, most (96.8%) parents indicated that they would recommend PDEP to other parents; 2.3% were unsure and only two parents (.4%) would not recommend it (both were in the Medium IHDI category).

The ANOVA results indicated that Parent Satisfaction scores differed by IHDI category, $F(2, 499) = 2.99$, $p = .05$. Posthoc contrasts showed that Parent Satisfaction scores were higher in the Low IHDI category than in the High IHDI category ($p = .02$; $d = 0.09$). The linear regression analysis revealed that this difference remained when all demographic variables were controlled ($\beta = 0.56$, $p = .01$, $d = 0.29$).

Parents' tendency to recommend PDEP to others differed by IHDI category. Parents in the Low IHDI category were more likely to recommend PDEP to others than parents in the High IHDI category (99.30% vs. 93.37%; $z = -2.700$, $p = .007$). Parents in the Medium IHDI category were also more likely to recommend PDEP to others than parents in the High IHDI category (98.76% vs. 93.37%; $z = -2.53$, $p = .011$, effect size = 0.27).

Parents' perceptions of PDEP's impact on their parenting

Across IHDI categories, most parents perceived PDEP has having a positive impact on their parenting. Substantial majorities "mostly" or "strongly agreed" that the program will help them to: use less physical punishment (81.7%); understand their children's development (91.9%); communicate better with their children (92.9%); understand their children's feelings (93.9%); control their anger (86.8%); and build stronger relationships with their children (95.6%). Table 3 presents the means and standard deviations of parents' agreement scores by IHDI category.

A significant difference was found among IHDI categories on the Parental Perceptions scale, $F(2, 507) = 3.17$, $p = .04$. Posthoc contrasts showed that the mean Parent Perceptions score was higher in the Medium IHDI category than in the Low IHDI category ($p = .02$, $d = 0.22$). The regression analysis showed that this difference remained when all demographic variables were controlled ($\beta = 1.85$, $p = .01$, $d = 0.21$).

Discussion

Parenting programs are often developed in wealthy Western countries and transplanted into low- and middle-income nations on the assumption that they will be equally relevant in all contexts. In many cases, these programs have not been systematically adapted for diverse contexts, nor has the relevance of the program been assessed across human development contexts. The present study aimed to address this weakness by assessing parents' views of the relevance of the PDEP program across socially and economically diverse contexts. PDEP was created as a universal violence prevention program through cross-cultural collaboration, and it was piloted and developed in a range of countries. Its adaptation is

Table 4. Means[a] and standard deviations of parents' satisfaction ratings by inequality-adjusted human development index category ($n = 525$).

	Inequality-adjusted Human Development Index Category								
	High[b] ($n = 201$)			Medium[c] ($n = 166$)			Low[d] ($n = 158$)		
	M	*SD*	Missing (*n*)	*M*	*SD*	Missing (*n*)	*M*	*SD*	Missing (*n*)
Satisfaction with:									
Overall program	3.56	0.581	1	3.76	0.426	5	3.70	0.475	21
Parent book	3.54	0.601	4	3.74	0.481	17	3.74	0.438	21
Program activities	3.49	0.627	2	3.69	0.478	9	3.66	0.476	23

Note. [a]Mean ratings on 4-point scales (1 = very dissatisfied, 2 = mostly dissatisfied, 3 = mostly satisfied, 4 = very satisfied).
[b]Australia, Canada, Japan.
[c]Georgia, Mongolia, Venezuela, Palestine, Kosovo.
[d]Philippines, Paraguay, Guatemala, Gambia, Solomon Islands.

carried out through ongoing consultation with those delivering it in all regions of the world.

In this study, 13 of the countries where PDEP parent programs have been delivered by trained facilitators were classified into High, Medium, and Low Human Development (IHDI) categories (United Nations Development Program, 2015). Parents' satisfaction with the program and their perceptions of its impact on their parenting were examined across these three categories. On the basis of the history of PDEP's creation and evolution, it was expected that parents in Medium and Low IHDI categories would find PDEP as relevant as parents in the High IHDI category. This was found to be the case.

At least 95% of parents in each IHDI category were highly satisfied with the PDEP program, parent book and activities. More than 90% of participants in each IHDI category indicated that they would recommend the program to other parents. Only two parents out of the entire sample would not recommend PDEP to others; both were in the Medium IHDI category. Interestingly, parents in the Low IHDI category were more satisfied with the program than parents in the High category; and parents in the Medium and Low IHDI categories were more likely to recommend the program than parents in the High IHDI category. We have often heard anecdotally from parents in Medium and Low IHDI countries that the parenting resources available to them are few to none. As a result, they may see PDEP as even more valuable than those in High IHDI countries, who generally have access to additional supports.

The majority of parents in each IHDI context perceived the PDEP program as having positive impacts on their parenting. While parents in the Medium IHDI category had the strongest perceptions of PDEP's positive impact, more than 90% of parents in the Low IHDI category believed that the program will help them to understand their children's development and feelings, communicate better with their children, control their anger, and build stronger relationships with their children. Therefore, most participants living in challenging social and economic contexts found the program applicable to their lives and circumstances. We are encouraged that our approach to cultural adaptation has created a program that could be universally well-received.

More than 80% of parents in each category believed that PDEP will help them to use less physical punishment. We are aware from anecdotal evidence that some parents disagreed with this statement because they have never used physical punishment, so it would be illogical to state that PDEP would help them to use it less. This is a methodological issue that we will address in future studies. In any case, because the reduction of physical punishment is a key objective of PDEP, it is very encouraging that a large majority of parents believe that the program will help them reduce their physically punitive actions.

Limitations of the present study

A limitation of this study was our lack of capacity to assess parents' actual behavior. While our findings indicate that the program was well-received by parents in all IHDI contexts, we do not know if there is a difference across contexts in how easily they can actually implement the approach. We also recognize the possibility of socially desirable responding. We attempted to prevent this problem by ensuring that parents' names were not entered onto their questionnaires, and that all facilitators were trained in ethical administration of measures, including how to ensure confidentiality and anonymity. Given the consistency of parental responses in geographically, linguistically, and culturally diverse regions of the world, it is unlikely that our findings can be accounted for by social desirability.

In some countries, our data came from relatively small and non-representative samples. The challenges of collecting data under sometimes difficult conditions (e.g., conflict, war, lack of funding) were constraining. By classifying each country into its IHDI category, the unit of analysis is level of development, rather than country. However, more representative samples from the countries involved would increase the reliability of the findings.

We classified participants by the country in which they resided, but we do not know their individual living standards. We did not collect information on parents' incomes because of the sensitivity of this issue for many families and the ethical imperative to maintain safe, trusting ongoing relationships between facilitators and parents. Many facilitators have expressed a need to limit the personal information collected to ensure that participants' privacy is maintained. This is one example of the challenges involved in conducting research in partnership with community agencies.

It is important to note that the study data came from countries where facilitators were trained by Master Trainers, or by Country Trainers who were trained and mentored to a high level of fidelity by the Master Trainers. It cannot be assumed that the same results would be obtained if the program is delivered by individuals who have not gone through the rigorous training program developed by our team. Caution should be exercised in generalizing the present findings to such situations.

Directions for future research and conclusion

There is an urgent need for systematic studies of parenting interventions to reduce parental violence in low- and middle-income countries (Knerr, Garner, & Cluver, 2013). This study was intended as a first step toward this objective. The present findings suggest that parents tend to be highly satisfied with the PDEP program and expect it to have positive impacts on their parenting, regardless of human development context. This evidence provides a strong foundation for moving forward with an expanded and more in-depth evaluation of the program using multiple methods within and between countries. In particular, there is a need to control for potential biases, such as social desirability, by conducting randomized control studies of PDEP to rigorously evaluate its relevance in diverse settings, as well as its impact on parents' knowledge, beliefs, and behavior. There also is a need to explore the variables that might influence parents' reports of their satisfaction with the program, such as their gender and their overall levels of happiness. We think it is important to also include children's voices and experiences in evaluating the impact of PDEP and anticipate that this will be part of our future evaluation strategy, notwithstanding logistical and ethical challenges of including children in the research process.

The primary strength of this study was its focus on addressing parents' views of the relevance of a violence-prevention program that has been disseminated to highly diverse regions of the world. The findings suggest that PDEP is experienced very positively and viewed as helpful across countries that vary widely across levels of social and economic development. Given the levels of violence against children that continue to plague the world, we support the World Health Organization's (2010) recommendation to act now, regardless of the status of the evidence base, to prevent violence against children everywhere.

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Note

1. Kosovo declared itself independent of Serbia in 2008. In 2013, Serbia's institutions were abolished in Kosovo. However, Serbia does not recognize Kosovo's independence. Although 108 of the UN's 193 member states have recognized Kosovo as an independent state, it has not achieved UN member status because it has not attained complete international recognition. Therefore, an IHDI is not available for Kosovo. In order to include Kosovo's data in this study, we decided to use Serbia's human development indicators as proxies.

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