

Child maltreatment is a global public health problem, particularly in developing countries where extreme poverty is prevalent. Poverty magnifies the risk factors for child maltreatment by impairing a family's ability to adequately care for their children.

Background

- Data from 28 developing countries show the highest emotional (83%) and physical (43%) abuse prevalence rates in Sub-Saharan Africa.
- Child maltreatment has a life-long consequences on individual wellbeing (serious mental illness and chronic health problems) and economic burden with serious social implications. However,
- There has been no comprehensive examination of the effectiveness of universal and selective child maltreatment prevention interventions in African countries.
- RQ: what interventions are most effective for what outcomes given the methodological rigor of the studies?

Study context

Studies were included in the review if they are:

- Peer reviewed publication, online first paper, written in English.
- Reported empirical research on a child maltreatment prevention intervention in any African country.
- Evaluated specific intervention effects on behaviors, knowledge or attitudes of parents, children or community members.

Methods

- Nine EBSCO hosted databases systematically searched to identify articles published through February 2020.
- Twelve unique studies included in this review.
- Level of methodological rigor was combined with statistical significance for each outcome of interest to create an outcome attainment score to compare effectiveness between studies.

Analysis and Results

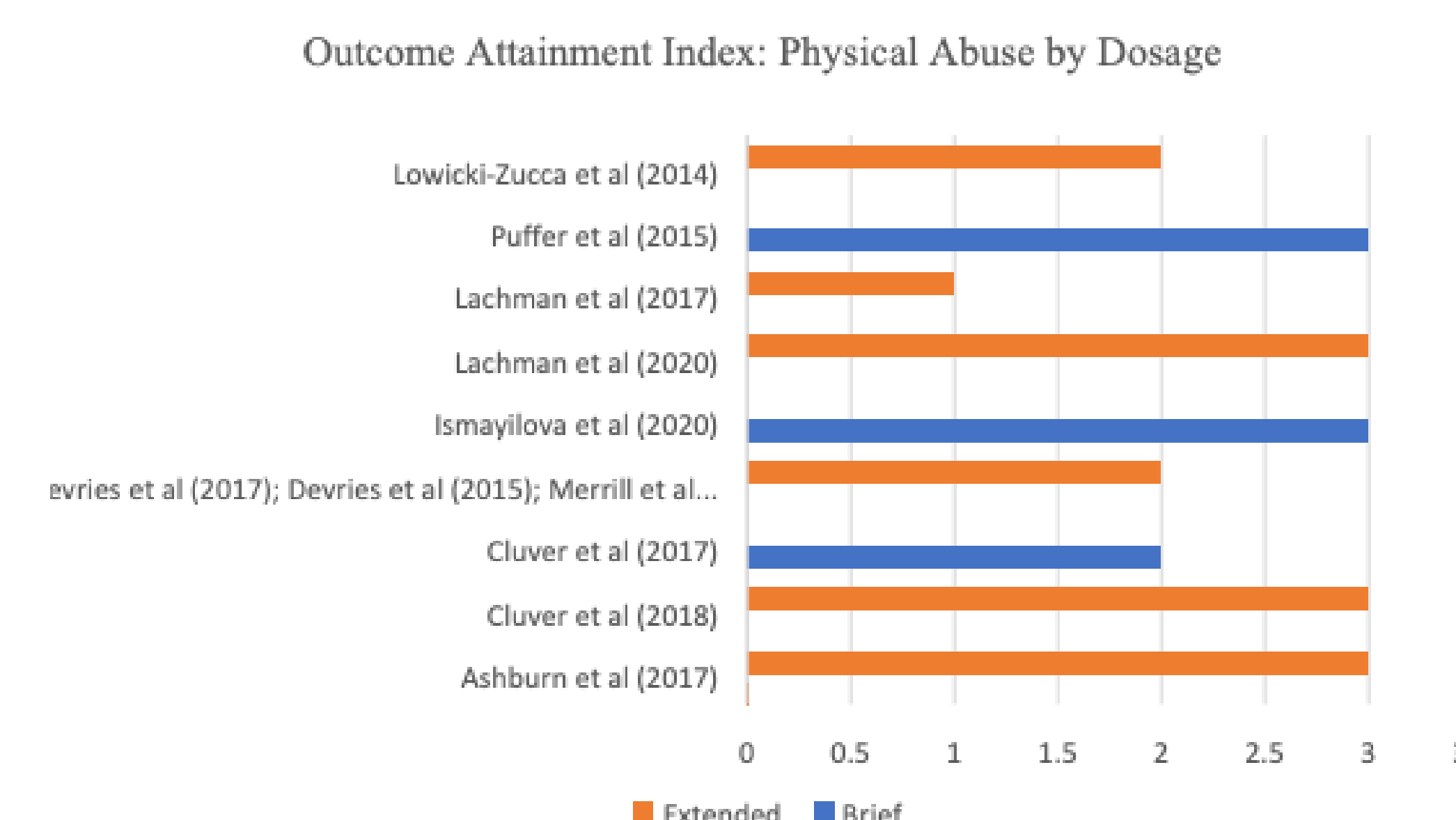
- Country distribution of studies:
 - South Africa (5); Uganda (4); Liberia (1); Tanzania (1) & Burkina Faso (1).
- Five interventions targeted child maltreatment prevention for adolescents, and 4 interventions were with children under 9 years old.
- Skills training (ex. Parenting program) account for 75% of the studies in this review (Fig 2).
- Commonly measured outcomes were physical abuse and positive parenting (n=9)
- Four interventions were brief (<10 sessions) and 6 were extended (10 sessions or more)
- Fifty percent of extended interventions and 67% of brief interventions found significant positive effects on reducing physical abuse (Fig 3).

Results, continued

Fig 1-2. Strength of the evidence across studies



Fig 3. Physical abuse outcomes by intervention length (3= high rigor study + significant effect)



Discussion & Implications

- Studies reported significant positive results for intervention groups compared to control group on a range of parenting behavior and knowledge outcomes.
 - Out of 9 studies that measured physical abuse, 8 found significant reduction, 6 of which were also high rigor.
 - Two combined interventions were the most promising with the strongest evidence for reducing harsh parenting.
- Given the methodological rigor of the studies, evidence for reducing physical abuse and increasing positive parenting practices suggest both brief and extended interventions were equally effective.
- Brief interventions are likely to be less expensive and seem equally effective which may suggest a more cost-effective child maltreatment prevention approach in Sub-Saharan Africa.
- Few outcome measures were consistent across studies which made comparing interventions difficult.
- Further research is needed to identify:
 - standardized and comparable outcome measures.
 - Socio-cultural conditions that promote or challenge the successful adoption of evidence-based practice implementation quality, and to develop
 - More rigorous evidence for intervention scalability in developing countries

Acknowledgement

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- Note: The work presented here was done with the support of Dr. Auslander, Andrew Foell & Lori Siegel.