

Lessons from the Malezi Bora na Maisha Mazuri programme with and for street-connected mothers in Kenya

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Beruham Organisation

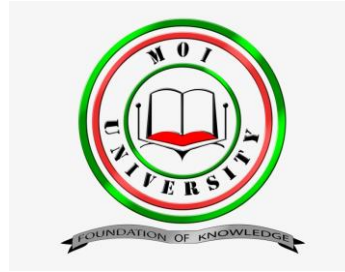
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UNIVERSITY OF TORONTO
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**Orphaned & Separated
Children's Assessments
Related to their Health &
Well-Being Project**



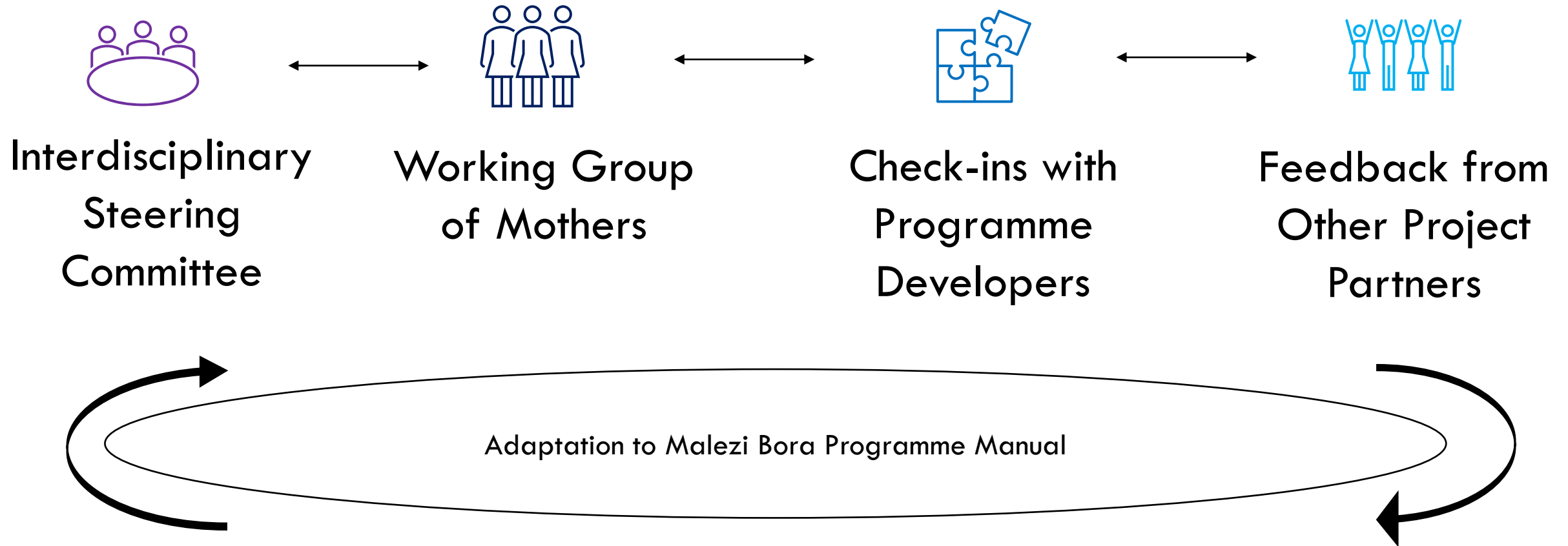
Project Team

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- Professor Paula Braitstein: University of Toronto, Moi University
- Professor Frances Gardner: University of Oxford
- Dr Jamie Lachman: University of Oxford
- Kathleen Murphy: University of Oxford
- Dominic Makori: Beruham Organisation
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- Sheila Kirwa: AMPATH Kenya
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- Shona Macleod: Consortium for Street Children



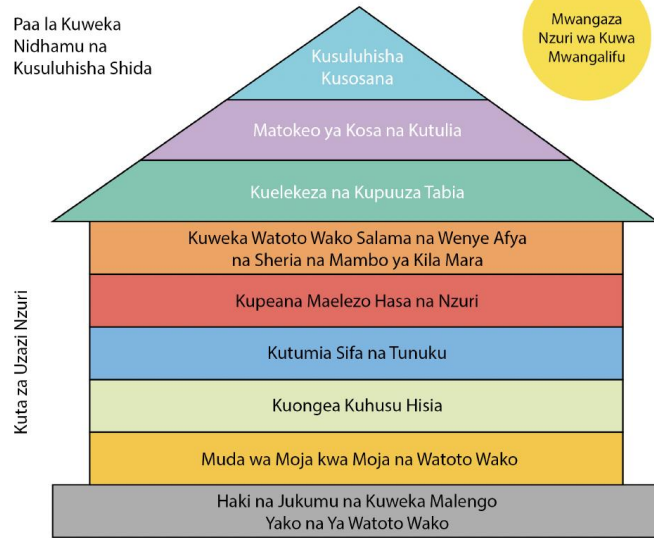
Street-Connected Children and Youth

Programme Adaptation

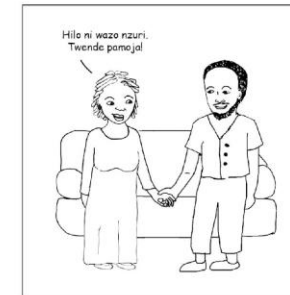
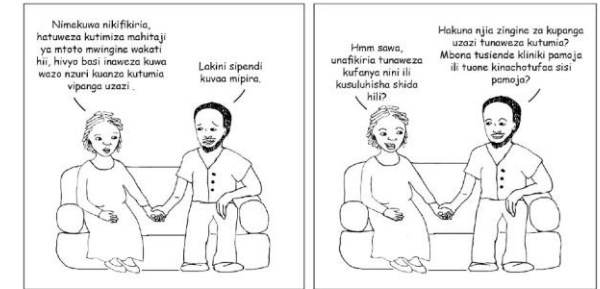


Paa la Kuweka
Nidhamu na
Kusuluhisha Shida

Mwangaza
Nzuri wa Kuwa
Mwangalifu



Kuongea kuhusu mambo magumu na mpenzi wako...



Programme Overview

Pilot Evaluation

Evaluation of feasibility, acceptability, preliminary outcomes



Pre-post surveys

Facilitator

Report Forms

Parent

Profiles

Observational

Notes

Focus Group

- Positive parenting
- Corporal punishment
- Parental Inefficacy
- Parental stress

- Feasibility (including participant engagement)

- Participant engagement
- Acceptability
- Preliminary outcomes

- Feasibility (including participant engagement)

- Acceptability
- Preliminary outcomes

Socio-Demographics of Participants



Average Age

24 years



Literacy levels

6 could not
read



Employment

0 employed



Average Child Age

7.5

* Above data represent the 24 participants who completed both pre- and post- surveys.

Attendance and Engagement



Average # Sessions
Attended

9.4 (63%)



Average # Take-Away
Activities Completed

6.8 (62%)



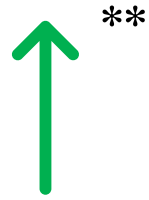
Drop-out rate

3 (10%)

Programme Outcomes



Supporting
good behaviour



Setting limits



Parental
inefficacy



Parental
physical abuse



Parental Stress

Above represents the paired t-test results from the 24 participants who completed both pre- and post- surveys.

* $p < 0.05$

** $p < 0.005$

Qualitative Results

“

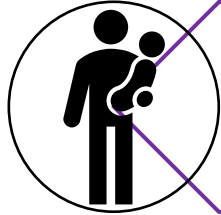
My 5-year-old daughter now says, “Mum, thank you!” but before she didn’t do that because I didn’t praise her when she did something good. Also, I now play with my children. I have one-on-one time with them and they are happy because I am a good mother and I have changed thanks to this program.

”

- P3, Age 19-

- Positive changes within their family, and in their community
- More time spent with their children
- Improved communications and stress management
- Want to programme to continue for other street-connected families
- Suggest including men because they “raise these children with them”

Next Steps



1. Determine content and delivery considerations for male engagement in parenting programmes (Phase 1 & 2)



2. Develop global community of practice on parenting interventions for street-connected parents (Phase 2)



3. Explore gendered parenting experience, practices, and perceptions of street-connected parents in Eldoret (Phase 3)



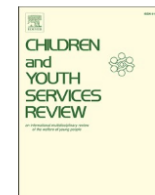
4. Adapt the Malezi Bora programme for the inclusion of street-connected male caregivers (Phase 4)



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“From analog to digital”: The feasibility, acceptability, and preliminary outcomes of a positive parenting program for street-connected mothers in Kenya

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ABSTRACT

Background: Children of street-connected women in Kenya are at risk of child maltreatment. There have been increasing calls for positive parenting programs for parents experiencing homelessness, however never has one been implemented with this population. We therefore adapted the evidence-based Parenting for Lifelong Health for Young Children program using participatory methods, and piloted the adapted program with street-connected mothers in Kenya. **Objectives:** To (a) determine if the adapted program was feasible and acceptable with street-connected mothers, and (b) assess indicative effects on child maltreatment, positive parenting, and parental



Thank You!



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Core component of PLH	Evidence-based content	Adapted Content	Added Content
Building positive parent-child relationships	<ul style="list-style-type: none"> - Child-led play - Descriptive commenting - Socio-emotional communication - Praise and rewards - Positive instruction-giving - Establishing household rules 	<ul style="list-style-type: none"> - Child-directed speech integrated into child-led play - Establishing consistent rules and routines for keeping parents and children safe and healthy - Sleeping routines instead of bedtime routines 	<ul style="list-style-type: none"> - Child and parental rights and responsibilities - Establishing rules to keep parents safe - Keeping track of time for health routines (e.g. clinic visits, medication adherence) - Access to health services
Effective limit-setting and discipline	<ul style="list-style-type: none"> - Redirecting negative behaviors - Ignoring negative attention-seeking behavior - Cool Down (Time-Out) - Consequences - Resolving Conflicts 		<ul style="list-style-type: none"> - Talking about challenging issues with your partner (e.g. family planning, STIs, education, finances) - Access to social, and legal services
Parental stress management	<ul style="list-style-type: none"> - Parental emotional self-regulation 	<ul style="list-style-type: none"> - Re-ordering of stress-management activities 	Promoting existing coping strategies (e.g. prayer)
Delivery and structure	<ul style="list-style-type: none"> - Group or individual sessions - Collaborative facilitation - Group discussions and problem-solving - Modeling with Illustrated Stories - Practicing skills - Parent support groups - Transportation and refreshments 	Group sessions with individual consultations	<ul style="list-style-type: none"> - New group practice on parent and child rights and responsibilities - New Illustrated scenarios depicting complex family scenarios - Childcare during program sessions - Service linkage within and after program sessions, with the presence of health, social work, and legal professionals

Socio-demographics of participants

	Combined	Ages 19-	Ages 20+
Parent Characteristics			
Parent Age: M (SD)	24.04 (5.54)	18.6 (0.70)	27.93 (3.85)
Number of children in household: M (SD)	2.74 (2.39)	1.53 (0.72)	4.21 (2.89)
Employed: n (%)	0 (0)	0 (0)	0 (0)
Literacy levels			
Can read easily: n (%)	3 (12.5)	1 (10)	2 (14.3)
Can read with a little difficulty: n (%)	10 (41.7)	5 (50)	5 (35.7)
Can read but with lots of difficulty: n (%)	5 (20.8)	1 (10)	4 (28.6)
Cannot read at all: n (%)	6 (25)	3 (30)	3 (21.4)
Child Characteristics			
Sex, female: n (%)	38 (50)	10 (58.8)	28 (47.5)
Child age, years: M (SD)	7.46 (4.83)	2.62 (1.86)	8.85 (4.52)

* Above data represent the 24 participants who completed both pre- and post- surveys.

Programme outcomes using paired t-test of baseline and post-assessment scores

Outcome Measure	Alpha	Baseline	Post-test	t	p-value*	
		n	M (SD)	n	M (SD)	
PARYC						
Supporting good behavior	0.56	22	13.95 (3.37)	24	22.27 (2.86)	t(21)=8.15 p < .000
Setting limits	0.30	24	12.25 (3.15)	19	21.89 (2.94)	t(18) = 10.03 p < .000
Parental inefficacy	0.68	24	2.58 (2.08)	23	2.78(4.52)	t(22) = 0.15 p = .882
ICAST-TRIAL						
Physical abuse	0.81	24	4.88 (2.08)	24	2.00 (4.30)	t(23) = -2.15 p = .042
Parental Stress (PSS)	0.80	24	8.83 (0.70)	23	5.52 (2.09)	t(22) = -7.08 p < .000

* Above data represent the 24 participants who completed both pre- and post- surveys.

Strengths and Limitations



- Small sample size (N=24 participants)
- Modified outcome measures to fit context
- Data not normally distributed
- Data not continuous
- Social desirability bias



- Exploratory project
- Quantitative results are confirmed by the qualitative analysis
- Real-world implementation (increases generalizability the likelihood of scalability)