



PARENTING IN TIMES OF COVID

COVID-19 Response
Protection Program Adaptation



HOW HAS COVID-19 AFFECTED PARENTING AND PARENTING SUPPORT PROGRAMS?

Governments across the world have closed schools to stop the spread of COVID-19. As of the end of April 2020, a staggering 90% of children globally were out of school across about 190 countries.[1] While these measures aim to protect children, they have also isolated them in homes which may be unsafe.

Parents and caregivers worldwide are dealing with increasing pressures brought upon by the COVID-19 pandemic. Loss in income have left families unable to provide for basic needs. With children out of school, caregivers are balancing child care and homeschooling with their own responsibilities, as well as the loss of their own social and support networks. These conditions worsen the wellbeing of caregivers and in some cases result in increased violence in the home.[2]

Globally, 4 out of 5 children between the ages of 2 and 14 experience violent discipline, and 70% face threats, intimidation ridicule and verbal or emotional abuse in the home.[3] During crises, the breakdown in social, economic and legal structures can result in even higher rates of violence against children.[4] In a national assessment in Bangladesh, 42% of households indicated that beating of children by parents or guardians had increased in April.[5] As COVID-19 quarantine orders have exacerbated conditions in communities, **global estimates predict that up to 85 million more children worldwide may be exposed to physical, sexual and/or emotional violence over the next three months**, an increase of up to 32%.[6]

COVID-19 child protection monitoring data shows similar trends. Community focal points in IRC country programs[7] report that the most common risks for children resulting from lockdowns are physical abuse, child labor and neglect. These are heightened for children with disabilities and girls with or without disabilities.[8] Protection monitoring also indicates that intimate partner violence is increasing [9], exposing children to additional violence.

With the closure of schools and safe spaces, parents fear that their children are at higher risk of exploitation and abuse, particularly in camp settings. In some cases, this may result in increases in early or forced marriage. One of the top protection risks affecting adolescent girls ages 12-17 is early or forced marriage, as reported by child protection teams in South Sudan, Niger, Tanzania, DRC and CAR.[10] UNFPA estimates there will be 13 million additional child marriages over the next 10 years due to COVID-19.[11]

While evidence on violence in the home focuses on risks and consequences for children, IRC's parenting work recognizes the impact of adversity on parents and how that can affect their parenting practices. Parenting programs bring together parents to discuss their own mental health, as well as to better understand how children develop and strategies for communication. In Tanzania, facilitators of IRC's parenting programs have raised concerns that parents are showing signs of stress and other mental health issues, including difficulty concentrating in parenting sessions compared to before COVID-19. That is why it is important that now, more than ever, we continue supporting parents and families through adapted programming.

ADAPTATIONS AT A GLANCE

IRC country teams are continuing to provide critical standalone and integrated parenting programs despite restrictions on movement due to COVID-19. By reducing the size of parenting groups, utilizing community focal points, using context-specific approaches to deliver sessions remotely, and integrating COVID-19 information and hygiene practices into regular programming, country programs have been able to ensure continuity in support to parents and caregivers.

Small Group Sessions and Community Focal Points

Group parenting sessions create peer support groups within the community to help caregivers know that they are not alone. In some locations where small groups are still able to meet, parenting sessions are being held with reduced numbers and additional hygiene measures such as handwashing stations. In South Sudan, parenting groups have been reduced to groups of 10 parents and COVID prevention messages are integrated into the parenting sessions. Mats are laid out before participants arrive to allow for social distancing and handwashing facilities are used before and after each session.

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In Tanzania, parenting sessions have always been delivered through community focal points. Because staff cannot currently access the camps, these community focal points have enabled parenting sessions to continue in smaller groups. The sessions in Tanzania are focusing on disability inclusion, which is critical at a time when people with disabilities are being further isolated and marginalized due to limitations on movement. These sessions have also been adapted to include COVID-19 messaging.

Remote Parenting Sessions

IRC is using different approaches to deliver parenting sessions remotely, enabling teams to meet the varying needs of parents across contexts. In Lebanon, we have adapted sessions to short, 40-minute sessions that can be delivered to smaller groups of parents over the phone. In Jordan, child protection teams have set up WhatsApp groups for parents who were participating in the program while they continue to meet in smaller groups to discuss how things are going and to provide support. In DRC, the parenting curriculum has been revised to be delivered in smaller doses and incorporate COVID-related stress as a theme throughout parenting, with examples of how parents can promote parent-child interaction during these challenging times.

Where possible, psychosocial support kits (PSS) have been supplied for parents to use both for themselves and with their children. The kits include games and activities to complete with their children, as well as relaxation exercises to help reduce and manage their own stress. In Libya, teams are distributing PSS kits in addition to follow-up calls and house visits. In Tanzania, parents have expressed that they appreciate the home visits by community facilitators who are distributing games and reading materials for parents to use with their children.

As child protection teams continue to adapt parenting programs, some countries such as DRC and Tanzania are exploring and submitting proposals for the use of radio to promote parenting messages. These radio programs would reach broad audiences, emphasizing positive parenting techniques and supporting children during COVID-19.

Comprehensive Programming for Families

At IRC, we recognize that what is most important about working with children is that children live within a family. When families struggle during crises such as COVID-19, this has a direct impact on children who sense their parents' stress and frustration, which leads to changes in their behavior. Supporting parental mental health and psychosocial wellbeing is a crucial component of our parenting programming, as well as working on improving the relationship between parents and children.

When families are not the safe environment that children need,



parenting programs work to address violence by providing new non-violent strategies for parents, addressing parental mental health, and ensuring that the most vulnerable children are supported through case management. This comprehensive approach is essential for supporting families during crises, which is why it is crucial to adapt and continue delivering these protection programs throughout the period of COVID-19 and beyond.

ADDITIONAL RESOURCES

View guidance on [Child Protection Program Adaptation for COVID-19](#) in the COVID-19 Technical Toolkit.

For more information and resources on the parenting curricula and messaging, contact us at VPRUMailbox@rescue.org.

NOTES

- [1] UNESCO, [COVID-19 Educational Disruption and Response](#), 2 April 2020.
- [2] See: [Campbell, 2020](#); [Peterman et al., 2020](#)
- [3] UNICEF, [Hidden in Plain Sight, A statistical analysis of violence against children](#), September 2014.
- [4] See: [Rubenstein & Stark, 2017](#).
- [5] Bangladesh Needs Assessment Working Group, [COVID-19: Bangladesh Multi-Sectoral Anticipatory Impact and Needs Analysis](#), 15 April 2020.
- [6] World Vision, [COVID-19: Aftershocks: A Perfect Storm](#), 14 May 2020.
- [7] As of 19 May, 2020, data are from IRC child protection programs in Nigeria, Burundi, South Sudan, Niger, Tanzania, Democratic Republic of the Congo (DRC), and Central African Republic (CAR).
- [8] VPRU COVID-19 Child Protection Monitoring Dashboard
- [9] COVID-19 VPRU Risk Analysis Tracker, April 30, 2020
- [10] VPRU COVID-19 Child Protection Monitoring Dashboard
- [11] UNFPA, [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#), 27 April 2020.