play to learn

NYU Global TIES for Children

Effects of a Father Engagement Model

in Rohingya Camps and Host Communities in Cox's Bazar, Bangladesh: A Randomized Controlled Trial[i]

Summary

This study, led by Global TIES for Children at New York University, evaluates a 6-month early childhood development (ECD) program for fathers of 0-3 year olds in the Rohingya camps and surrounding host communities in Cox's Bazar District, Bangladesh. The program, part of the BRAC-led Humanitarian Play Lab initiative, focused on promoting fathers' wellbeing, enhancing fathers' relationships with their spouses and children, and fostering responsive caregiving practices. It was implemented as part of the Play to Learn project, a partnership of Sesame Workshop, BRAC, the International Rescue Committee (IRC), and Global TIES for Children (NYU-TIES), funded by the LEGO Foundation that is providing children affected by crisis with opportunities to learn, grow, and thrive. The program was administered to fathers through weekly home visits and monthly group sessions by father volunteers from the communities. We used a cluster-randomized trial (CRT) (N=2,002) to examine impacts of the program on 1) Rohingya and host community fathers' mental health, parenting, and engagement with the child and family and 2) their 0-3 year old children's development.

Key Takeaways

- **The program had positive effects on several family dynamics known to improve child outcomes. These include:**
  - — Engagement of fathers with their wives
  - — Parenting practices by fathers, including reduction in harsh discipline
  - — Beliefs, held by fathers, about fathering, family engagement, and play
- **In interviews with fathers and mothers, both said that the program helped fathers to manage their anger and be less violent in the home.**
- **This program had the greatest impact on families facing greater adversity[3].**
  - — These families showed higher levels of engagement in the program and greater improvements in parenting.
  - — Unlike the rest of the sample, these families also showed positive effects on child vocabulary and fathers' depression and anxiety symptoms.
- **The program had meaningful impacts in both Rohingya and host communities, but the effects are not identical across these two contexts. This suggests that, while effective, the program is likely to work differently for different communities, based on their particular needs.**
- **Adding the fathers' engagement program to the mothers' program increased the per-household costs from $200 to $550 USD.**
- **This program was well-received by the communities:**
  - — Engagement in this program was higher than usual for father-focused programs, with fathers attending, on average, 89% of sessions.
  - — Both mothers and fathers wanted to see the program expand to more members of their community and run for a longer duration.
- **Extensive efforts to tailor this program to the specific needs of fathers resulted in several unique features that were critical to its success, including:**
  - — The overall program approach explicitly recognized that a replication of existing mothers' programming would not be effective for fathers
  - — The fathering and ECD curriculum was shaped by community-driven research and tailored to be culturally responsive
  - — The program combined individual sessions for personalized support with group sessions to foster community interaction.
  - — It was delivered by male volunteers with flexibility to accommodate fathers' work schedules.

Background

Fathers play a pivotal role in children's lives throughout their development. Research shows that father involvement during infancy correlates with children's sense of security later in life;[3] involvement throughout early childhood (ages 0-8 years) is associated with higher levels of cognitive development,[4] early literacy,[5] early numeracy,[6] pro-social skills,[7] and emotion regulation.[8] The majority of what we know about father involvement in child development, however, comes from Western contexts, with extremely limited research on father-child interactions in non-Western contexts, especially in low- and middle-income countries (LMICs) and contexts of forced displacement.[9]

Despite what is known about the importance of fathers in children's lives, most parenting programs focus on mothers as primary caregivers; those that do involve fathers typically just incorporate them into a curriculum that was originally intended for mothers, rather than tailoring content specifically for their needs. The few existing interventions that focus directly on fathers mostly engage them in nutrition or violence reduction in the homes[10], as opposed to focusing on parenting behaviors or fathers' wellbeing.[11] This makes the present work particularly exciting: it fills a notable gap in the research literature and provides practitioners working in these contexts with much needed tools for better serving families.

The Rohingya and Host Communities in Cox's Bazar

The Rohingya are considered one of the most persecuted minorities in the world and have been fleeing violence in Myanmar to neighboring Bangladesh since 1978.[12] The largest exodus of Rohingya occurred in the months after August 2017, when approximately 750,000 people, including more than 400,000 children, fled to Cox's Bazar district following a military crackdown in Myanmar. Camps in Cox's Bazar, Bangladesh are now home to over 900,000 forcibly displaced Rohingya people.[13] Of the Rohingya living in refugee camps, 51% are under the age of 18 and 36% are under the age of 12.[14] Given the number of young children in the camps, services targeting this age range are incredibly important.

In addition to the stresses and changes experienced by displaced populations, host communities also encounter stresses when a large influx of refugees arrive. The host population living alongside the Rohingya in Cox's Bazar district already had one of the highest rates of poverty in Bangladesh[15] and has become increasingly more vulnerable due to competition for scarce opportunities between them and the Rohingya.[16] As service providers develop programs for the Rohingya in Cox's Bazar, there has been an increased effort to additionally provide parallel services for nearby host communities, in part to diminish some of these tensions and to more equitably provide support to the range of populations living in the area.

Program Description

To meet the needs of Rohingya children in the Cox's Bazar camps, BRAC launched 304 Humanitarian Play Labs (HPLs) for children aged 0-6 shortly after the influx of the Rohingya in 2017.[17,18,19] Humanitarian Play Labs include programming for both parents and children and have an overall goal of promoting Rohingya language and culture and encouraging healing and learning through play.[20] Play, and caregiver involvement in play-based activities, can help mitigate the effects of displacement and trauma on young children.[21] The original program of the Humanitarian Play Labs focusing on children aged 0-3 worked with Rohingya mothers and focused on mother-child interactions, child development, and maternal mental health.[22]

The father-focused parenting program was developed as an extension of the program for mothers of 0-3 year-old children, which involved weekly group meetings with other mothers in the surrounding area. These hour-long sessions aimed to increase awareness of parental roles in child development, give mothers a space to share their experiences of child rearing, and recognize the importance of mother mental health to both mother and child wellbeing.

The father-focused extension was specifically developed for fathers and aimed to improve fathers' emotional literacy, mental health, family relationships, awareness and knowledge of child development, and play practices. The fathers' program was delivered through weekly visits from a male volunteer (flexibly scheduled based on father availability) and a monthly group session with other fathers from their neighborhood.

The program was shaped by extensive community-driven research, created in close consultation with Rohingya fathers and tailored specifically to their needs and to the context. While the program was originally designed for the Rohingya camp context, it was then expanded to host communities in Cox's Bazar District, Bangladesh during the design phase of this study.

Research Design and Methods

Research Questions

In evaluating the impact of BRAC's father-focused parenting program, NYU-TIES asked the following primary research questions:

1. What is the impact on fathers' parenting and family engagement as reported by both mothers and fathers?
2. What is the impact on fathers' mental health, as reported by fathers?
3. What is the impact on caregiver-reported and directly assessed child development (cognitive, language, and social-emotional)?

We also examined three additional exploratory questions:

4. Do impacts differ by factors like residence (camp/host community), parental education, or household resources?
5. How are program implementation factors like attendance and staff interaction with participants related to these outcomes?
6. What resources are delivered through the program, and what are the relative costs of the father engagement program?

Study Design

The study utilized a cluster-randomized trial (CRT) design, involving 2,002 families from the Rohingya camps (N = 786) and the host communities (N = 1,216). Families were randomized into two groups: one receiving programs for both fathers and mothers (treatment group; N = 395 in the camps, N = 603 in host) and the other receiving only the mothers' program (control group; N = 391 in the camps, N = 613 in host).

Randomization was conducted separately for the host and camp communities. Although the original design involved an equal split between Rohingya and host families, we ended up with a slightly larger host community sample due to various logistical constraints in a) how the program was deployed and b) our ability to access the families for data collection. The program ran from approximately January to June 2023.

Data Collection

A team of almost 100 extensively-trained enumerators conducted in-person surveys for fathers and mothers before the program began (at baseline) and after it ended (at endline). The fathers' survey focused primarily on assessing the father's engagement with his child and family and his mental health. The mothers' survey assessed her perceptions of her husband's engagement with their child and family as well as the family's living conditions more broadly. Semi-structured interviews and focus groups were conducted with a small subset of parents at endline as well.

Nearly 20 additional enumerators directly assessed child development at endline using the Bayley-IV, one of the most widely-accepted instruments for directly assessing very young children's development.[23,24]

All measures we used were extensively piloted to ensure their suitability in these contexts; this process was critical in order for us to understand the cultural and linguistic adjustments needed to meaningfully ask the questions we wanted to ask.

Study Findings

Below we summarize our findings, organized by key takeaways:[25]

The program had positive effects on several family dynamics known to improve child outcomes

The father engagement program had small positive impacts on fathers' parenting and family engagement, as reported by both fathers and mothers, and beliefs about fathering (as reported by fathers). Specifically, fathers who participated in the program, as compared to fathers who did not, demonstrated increased responsiveness to their child's needs, collaboration with their wives about the child, and physical support of their wives. In addition, participating fathers told us that they engaged more in activities such as reading, counting, and singing to their child(ren) and that they believed more in the importance of play, fathering, and father engagement. Mothers supported these statements — they also reported that the program increased fathers' responsiveness to child needs, physical support of them (the wife/mother), and warmth and play in interactions with the child.

In interviews with fathers and mothers, both said that the program helped fathers to manage their anger and be less violent in the home

Focus groups and interview findings revealed that the most important effect of the program on fathers' emotions and emotional regulation was on management of anger, which ended up playing a much more prominent role in fathers and mothers' descriptions of the program's influence on their lives than we had expected. Fathers in both the host and camp communities shared that before the program they often expressed anger by being violent towards their wives or children or destructive around the house, but that this happened less after participating in the program.

Originally, we had a single survey measure that focused on harsh discipline, a possible proxy for assessed anger. This measure did show statistically significant reductions in the treatment group in the camp community, but future research should test this outcome in more depth with additional, more targeted measures.

This program had the greatest impact on families facing greater adversity

Father's education, mother's health, levels of mother-child engagement, and household resources all influence the magnitude of impacts seen as a result of this intervention. Findings point to a consistent pattern: the program shows bigger impacts for families that are more disadvantaged — i.e., the more disadvantaged half of the sample, as measured by family and household characteristics. When looking at this half of the sample, there is a positive impact on children's expressive language in households with fewer resources and poorer housing quality. There is also a positive impact on reducing depression and anxiety for those fathers who reported more financial worry, less education, and less literacy. This is a finding common in the evaluation literature: systematic reviews of early childhood evaluations in both parenting and early education find stronger positive effects among more disadvantaged families.[26,27] For practitioners, this is an important finding, as part of the goal of programs such as this is to successfully support families who are navigating the most severe adversity.

Beyond the impacts discussed above, it is important to highlight that the program did not have an observable impact on any directly assessed or mother-reported child development outcomes. Additionally, the effects described above are not seen when looking at the sample overall. This is perhaps attributed the program not being long

enough, since almost all Humanitarian Play Lab programs are designed to run for a full year. The program did, however, have a positive impact on fathers reporting improved social-emotional development in their children. This could be driven by the father's increased warm engagement with the child and the father's perception of the child's behavioral response to this engagement.

The program had meaningful impacts in both Rohingya and host communities, but the effects are not identical across these two contexts

For father-reported outcomes, the impact of the program was stronger in the camp than in the host community. Specifically, effects seen in the overall sample about engagement with child and wife or beliefs about parenting were driven predominantly by effects in the camp community. Similarly, a reduction in harsh discipline occurred only in the camp community. There are three possible explanations for this. First, the intervention was originally intended for, and therefore co-created with, the camp community. It was implemented in the host community rapidly, as the evaluation component was being designed, and though community consultation was done prior to starting, it was not as extensive as in the camps. Second, our data show that the camp community fathers were more likely to report weekly contact with father volunteers than the host fathers. This may be because the whole intervention — both maternal and paternal programs — was relatively new in the host community, whereas the mother program had been the greater geographic dispersion in the host community. Third, because of the absence of formal employment opportunities, fathers in the camps tended to be more generally available compared to those in the host community. The majority of host fathers were engaged in income- generating activities, leading them to report

limited availability for spending time with their families. It is possible that camp fathers simply had more time at their disposal to actively participate in family interactions.

Interestingly, mother-reported outcomes tell a different story: mothers in the host community were more likely than those in the camp community to report improvements in fathers' parenting and family engagement. One potential explanation is that in the camps, mothers may have become accustomed to their husbands spending time with the family due to ongoing employment restrictions. Consequently, any additional time or involvement with the children might be less noticeable to these mothers. Moreover, home visits by mothers had already been occurring for several months, potentially altering expectations regarding parental responsibilities. In host families, any abrupt increase in the father's time spent with the family might have genuinely surprised or been noticeable to the mothers.

Adding the fathers' engagement program to the mothers' program increased the per-household costs from $200 to $550 USD

The total cost of delivering the 6-month Humanitarian Play Lab mothers' program alongside the added father engagement program was about $553,740 USD (60,911,400 BDT), or $550 USD (60,500 BDT) per household. About 27% of this cost was borne by Sesame Workshop in co-creating the curriculum; 71% of the cost was borne by BRAC; and 2% was borne by caregivers. The difference in average cost between treatment and control families (i.e., cost of the added component of the 6-month father engagement program) was $347,460 USD (38,220,600 BDT), meaning that the additional cost of adding-on the father program is another $350 USD (38,500 BDT) per household.

These totals reflect the costs associated with program delivery personnel, facilities, materials, training subsidies, and caregiver time. Key personnel for program delivery include mother and father volunteers, program organizers, para counselors, managers, psychologists, and curriculum developers.

This program was well-received by the communities

Engagement in this program was higher than usual for father-focused programs,[28] with fathers attending, on average, 89% of sessions. There were significant positive associations between fathers' attendance in the program and reports from both fathers and mothers about several aspects of father parenting and engagement. This is an indication of takeup (how much fathers participated in the program once they were assigned to it) playing a role in the functioning of the program. This finding supports demands from both mothers and fathers to extend the program for a longer period of time.

Extensive efforts to tailor this program to the specific needs of fathers resulted in several unique program features that were critical to its success

Unlike many of the existing interventions that include fathers, this one was designed specifically for, and in consultation with, fathers who would participate in the program. Extensive community-driven research resulted in a curriculum and delivery modality that was responsive to fathers' needs, as reflected in high levels of attendance and engagement. Based on this research, the program was designed to have a flexible schedule and to combine individual sessions with group sessions to encourage community interaction and peer support. In interviews, fathers report sharing their experiences with other fathers as a method of self-care and to discuss what they were learning. In addition, the program was delivered by male volunteers who were recruited from communities the families belonged to. The volunteers scheduled sessions based on the fathers' availability; fathers report having no trouble attending sessions. Additionally, the fact that the volunteers came from their community meant he was familiar with the needs and constraints of fathers in the area.

Limitations

Conducting research, and especially a cluster-randomized trial, in complex humanitarian settings comes with several challenges.

- The sample at the baseline recruitment only included fathers who could be found and agreed to participate in the study. In the host community, it only included fathers residing with the family for at least the next eight months. As a result, we cannot claim that these findings are generalizable to other fathers in the immediate area, who may be quite different from the fathers in our study.

- Because the host community population was added to the study relatively late, the survey measures were piloted in-depth in the camp community but not in the host community. The fact that the enumerators largely came from the host community themselves and felt greater ease of communication with host participants largely mitigates this concern, but this point still suggests that camp and host participants may have interpreted or responded to questions differently. Baseline psycho-metrics suggest that the measures were operating similarly in the two communities, but the possibility of measurement error due to differences in two communities remains.

- Enumerators were likely often aware of the treatment status of the households they were visiting, as father volunteers often helped enumerators find the participants' households. This could potentially have led them to behave differently with families they knew were in the treatment group, which could in turn influence how participants responded to the survey questions. If so, then differences between the treatment and control group responses might have to do with enumerator behavior and not actual program impacts.

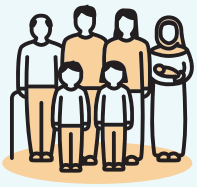
- The absence of baseline measures of child development reduced our ability to detect treatment effects on these outcomes at endline, as we could not control for baseline differences by child. We could not conduct a direct child assessment at baseline simply because it was prohibitively resource intensive.

Implications & Recommendations

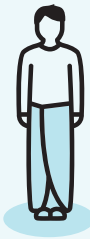
This study presents promising evidence for how father-focused parenting programs, an underutilized opportunity for ECD practitioners, can support child development in humanitarian settings. While the curriculum of the program is geared towards influencing the father's personal wellbeing, family life, and interactions with children, the inclusion of a group component and the context of these families (nestled in tightly-knit communities with family members and neighbors nearby during one-on-one sessions) mean that the father-level program effectively functions as a family- and even community-level intervention.

Future programming and research can draw on lessons from this study. Key recommendations include:

- **Focus curricula for father-focused interventions on fathers' relationships with the family as a whole, not just the child. Fathers often hold disproportionate power in communities and households, and this strategy enables implementers to leverage the father's pivotal role in family and community networks.**



- **Tailor curriculum to local community needs. Differences in the host and camp populations suggest the importance of this. The program's successes are likely rooted in fathers' strong engagement with the program as a result of thoughtful consultation and design.**



- **Ensure anger management is included in curriculum for fathers. Father-focused programs are a promising method of addressing household violence and harsh discipline.**

- **Prioritize families experiencing greater adversity if resources for scaling interventions are limited. Not all families in humanitarian settings face the same levels of hardship and some may be in greater need than others. This program demonstrated that such programs can be more impactful for families facing greater disadvantage.**

- **Consider longer program duration to understand impacts that may take more time to take effect. For instance, the literature suggests that longer interventions, usually a year or more, are more likely to demonstrate effects on outcomes such as child development and caregiver mental health.**
- **Design future research on family-level interventions that build in family-level outcomes (e.g. measures of domestic violence or peer network/community level measures) to accurately reflect mechanisms of change.**

This evaluation highlights the untapped potential of father-focused programs in early childhood development (ECD) programs. In humanitarian contexts, focusing on fathers as a target for intervention has promising possibilities for the families and communities at large, suggesting that more emphasis should be placed on engaging fathers as a key component of these interventions. Such a focus could also complement other social protection and safety net work in humanitarian contexts, where recent work suggests that programs need to include direct engagement with fathers in addition to other supports if seeking to reduce violence within the home.

Endnotes

i The content of this brief is drawn from a longer report authored by Yeshim Iqbal[1], Hirokazu Yoshikawa[1], Duja Michael[1], Sneha Bolisetty[1], Kate Schwartz[1], Sakila Yesmin[3], Ashraf Mian[4], Maung Nyeu[1], Shikhty Sunny[2], Anaga Ramachandran[1], Dennis Hilgendorf[1], Priyamvada Tiwari[1], Silvana Freire Barrios[1], Kuri Chisim[3], Md. Sydur Mur Salin[3], Nadya Hossain[3], Syeda Sazia Zaman[3], A R M Mehrab Ali[4], Sadia Chowdhury[4], Merina Islam Mou[4], Adeeb Haroon[4], A. Brooks Bowden[5], Sangyoo Lee[5], Anika Alam[5], Jere Behrman[5], Jennifer Hill[1], Erum Mariam[3], Alice Wuermli[1] [where [1]Global TIES for Children at New York University; [2]Independent Consultant; [3]BRAC Institute of Educational Development; [4]ARCED Foundation; [5]University of Pennsylvania]

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