



Lessons learned from implementing the parenting Program P in Bolivia to prevent family violence

Erin Stern^{a,*}, Clara Alemann^b, Gustavo Adolfo Flores Delgado^c, Alexia Escobar Vásquez^d

^a London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London WC1E 7HT, UK

^b Equimundo, USA

^c San Francisco Health Center, USA

^d SIESAR (Comprehensive Sexual and Reproductive Health Systems), USA

ARTICLE INFO

Keywords:

Parenting

IPV

VAC

Qualitative evaluation

Gender norms

ABSTRACT

Parenting programs are an increasingly used strategy to prevent family violence and promote gender equality in the household. Yet, there is limited understanding of the processes and pathways to change through such programs, especially from the Global South. This paper presents key findings of a qualitative evaluation of the parenting 'Program P', which was implemented in El Alto, Bolivia. The study complements and aims to provide additional insights to an experimental evaluation of this program, which found limited impact on the intended objectives, including a reduction in violence against children and women and more gender equitable attitudes among parents. Thirty-six qualitative interviews and 6 focus groups were conducted with men and women that attended Program P, and facilitators of the program. Findings were analyzed thematically and organized around key successes and challenges of the program including motivations and ability to engage with the program, opportunities for supportive group-based processes, addressing hegemonic gender and social norms, and learning and applying skills as a platform to change behaviours. We use these findings to offer implications for more effective design and implementation of gender transformative, parenting programs in Bolivia and globally.

1. Background

Intimate partner violence (IPV) and violence against children (VAC) are global epidemics with prolonged impacts on the health and well-being of women, children, and communities. Parenting programs are a common strategy in the Global North, and more recently in the Global South, to prevent family violence, by working with caregivers to support positive family relationships and the use of non-violent discipline (Digolo et al., 2019; Britto et al., 2017; Knerr et al., 2013). Parenting programs increasingly rely on gender transformative approaches to shift inequitable gender norms and power dynamics underlying violence and increase men's positive involvement in children's caregiving (Henry et al., 2020; Van der Gaag et al., 2019). Strong evidence is available globally that parenting programs can improve parent-child interactions, reduce child maltreatment and abusive punishment, and prevent violence in adolescence (Coore Desai et al., 2017; Heise, 2011; Kerr-Wilson et al., 2020; Knerr et al., 2013; Saran et al., 2021). There is also emerging evidence that parenting programs can contribute to

reducing experiences and perpetration of IPV (Digolo et al., 2019). Indeed, parenting programs represent an important avenue to address the significant intersections of IPV and VAC (Fulu et al., 2017; Guedes et al., 2016). Exposure to violence in childhood, either as a victim or as a witness to adult violence, increases the likelihood of a child experiencing or perpetrating violence in their future relationships (Heise, 2011). Yet, positive relationships with parents, including fathers' modeling of respect, non-violence, and care, can interrupt this intergenerational transmission of violence (Van der Gaag et al., 2019). Parenting programs can thus reduce the immediate, harmful effects of violence, while simultaneously reducing the longer-term emotional and cognitive effects of trauma and social learning that fuel the intergenerational transmission of violence (Digolo et al., 2019).

Yet, rigorous evidence of the effectiveness of parenting interventions, particularly from the Global South, and the Latin American and Caribbean (LAC) region, remains limited (Devries et al., 2019). Moreover, a recent review of parenting programs to prevent VAC and IPV found that most evaluations describe results achieved but provide an

* Corresponding author.

E-mail addresses: e.stern@lshtm.ac.uk, Erin.a.stern@gmail.com (E. Stern), calemann@promundoglobal.org (C. Alemann), gustavoadolfloresdelgado@yahoo.es (G.A.F. Delgado), escobaralexia70@gmail.com (A.E. Vásquez).

<https://doi.org/10.1016/j.evalprogplan.2022.102207>

Received 24 May 2022; Received in revised form 20 October 2022; Accepted 18 December 2022

Available online 21 December 2022

0149-7189/Crown Copyright © 2022 Published by Elsevier Ltd. All rights reserved.

insufficient description of the curriculum content, the profile of facilitators, the strategies used to recruit and sustain adherence to the program and which curriculum content, or modes of delivery are most effective to prevent violence (Digolo et al., 2019). There is also limited evidence about effective strategies to effectively engage fathers and male caregivers as parents (Digolo et al., 2019; Panter-Brick, 2014).

This study aimed to offer insights in contribution to this gap by qualitatively evaluating a parenting program (Program P) in El Alto, Bolivia, which promotes men's engagement as caring and equitable fathers and partners to improve couple and parent-child relationships and to prevent violence in the family. A randomized control trial (RCT) of the program found that both mothers and fathers who participated in the program were more likely to make joint family decisions, and that mothers who participated in the program were less likely to report experiences of psychological IPV in the last 6 months, although there was no impact on other types of IPV experienced by women. The program had some minor but statistically significant effects on: (i) the reduction in the use of physical punishment against children among mothers who had paid employment and (ii) an increase in the use of positive discipline approaches among mothers with higher levels of education. The impact evaluation found positive results in other primary outcomes, particularly related to positive parenting practices and gender equitable gender roles, however these were not statistically significant (Alemann et al., 2021). Using a qualitative approach, this study aims to complement these quantitative findings to assess which program design and implementation elements appeared to have contributed to processes of change among participants, and which were less successful and why. The findings are intended to inform adaptations of the model in Bolivia and provide implications for global parenting programs to prevent VAC and IPV.

1.1. Program context

Bolivia has made important recent progress in creating a legal and institutional framework to promote gender equality and protect women's rights (Van der Gaag et al., 2019) and a vibrant civil society and women's movement has contributed to the awareness of and accountability of existing laws. While women's access to services, political representation and decision-making spaces has recently improved, gender inequality and discrimination is rife in political, economic, social, and domestic spheres, especially in its intersection with ethnicity. While levels of social tolerance towards violence against women and children have recently reduced, restrictive patriarchal beliefs and practices that sustain violence in the family remain common (Van der Gaag et al. 2019).

Program P was implemented in District 8, Senkata, in El Alto, Bolivia. El Alto is the second largest city in Bolivia, with a high level of social conflict and poverty, and a predominantly Indigenous population (approximately 76% of its population is Aymara, 9% is Quechua and 15% is Mestizo). A recent national survey in Bolivia found that Indigenous men and women suffer greater economic difficulties (36% more) and work-related stress (15% more) compared to non-Indigenous men and women and are less likely to have completed a university education due in part to historical discriminatory policies that prevented Indigenous populations from attending school and learning in their language (Promundo, 2021¹). At the household level, Indigenous men were 12% less likely than non-Indigenous men to perform traditionally female tasks in the home such as washing clothes, cleaning the house, or cooking and less likely to share caregiving tasks with their female partners. Survey reports from Indigenous women confirm this and assert that mothers and other women in the family are generally the principal caregivers of children, with relatively limited involvement of fathers or

other male relatives in caregiving and domestic responsibilities. Tolerance and justification of IPV was higher among Indigenous women than non-Indigenous women and Indigenous women were more likely to agree that Bolivian laws against IPV are too harsh. Indigenous men and women were more likely to be victims of any type of violence during their childhood, and to have witnessed violence towards their mothers by a male partner during their childhood. The baseline survey conducted for the Program P evaluation in El Alto identified a high prevalence of IPV and harsh discipline against children. For instance, 30% of the women in the sample reported lifetime physical and/or sexual IPV, and 50% experienced emotional lifetime IPV. Thirty-six percent of women in the sample had suffered psychological violence, 10% suffered physical violence and 11% suffered physical and/or sexual violence in the last 6 months. Sixteen percent of women in the sample reported that children were present when IPV occurred in the last 6 months and 44% and 35% of women and men respectively reported having used severe physical discipline with their children in the last 6 months (Alemann et al., 2018).

1.2. Program description

Program P² (originally developed by Promundo-US, REDMAS and CulturaSalud and adapted in more than twenty countries and evaluated in ten) is an intervention designed to promote men's engagement in caregiving and household work, promote gender equitable relationships and healthy parenting practices to improve parent-child relationships and prevent family violence; the name refers to *paternidad*, or fatherhood, in Spanish.³ The intervention targets fathers and their female partners to participate in some sessions, creating a structured space to: 1) question and critically reflect on gender norms and inequalities and how these shape their lives and relationships; 2) rehearse equitable and non-violent attitudes and behaviors in a safe space with supportive peers; and 3) internalize new gender attitudes and behaviors, and apply them in their own lives and relationships. The sessions rely on participants' sharing experiences, hands-on activities, and exercises (open ended story, role-playing, drawings) to heighten participants' awareness of gender inequalities, reflect on the costs of rigid gender norms, and learn and practice new skills (e.g., couple communication and joint decision-making) in a protected, non-judgmental peer environment. This process is designed to support more caring and equitable couple and parenting relationships (Diagram 1 depicts how change is theorized to happen throughout the program). A key element of the methodology, inspired by Freire's (1993) approach of critical pedagogy, is to encourage participants to question inequitable gender norms and power dynamics, reflected in women's unequal decision-making power, disproportionate burden related to caregiving and domestic responsibilities, and experiences of IPV Fig. 1.

Program P was experimentally evaluated and implemented in Bolivia from 2015 to 2017 by the Inter-American Development Bank (IADB), in partnership with international researchers and practitioners and the Bolivian NGO Consejo de Salud Rural Andino (CSRA), which has a long history of health service and violence prevention work in the region. Program P Bolivia was adapted by two co-authors of the original manual and the IADB, based on formative research conducted with fathers, mothers, young men and women, health providers and community health promotion workers in El Alto, Bolivia. The program was implemented by CSRA with technical assistance from Promundo-US during the inception phase, and from CulturaSalud and IADB during the

¹ While this sample is not representative of Aymara from El Alto it is representative of urban and rural indigenous population in Bolivia.

² Program P was originally authored by the Red de Masculinidad por la Igualdad de Género (REDMAS), Promundo, and Fundación CulturaSalud/EME in English, and the versions in Spanish, Portuguese, and Arabic have been adapted by MenCare partners to their specific cultures and contexts.

³ The evaluations include 2 RCTs including Bolivia and Rwanda, 1 quasi-experimental, 7 pre-post surveys, and several other evaluations were mixed methods that included qualitative evaluations.

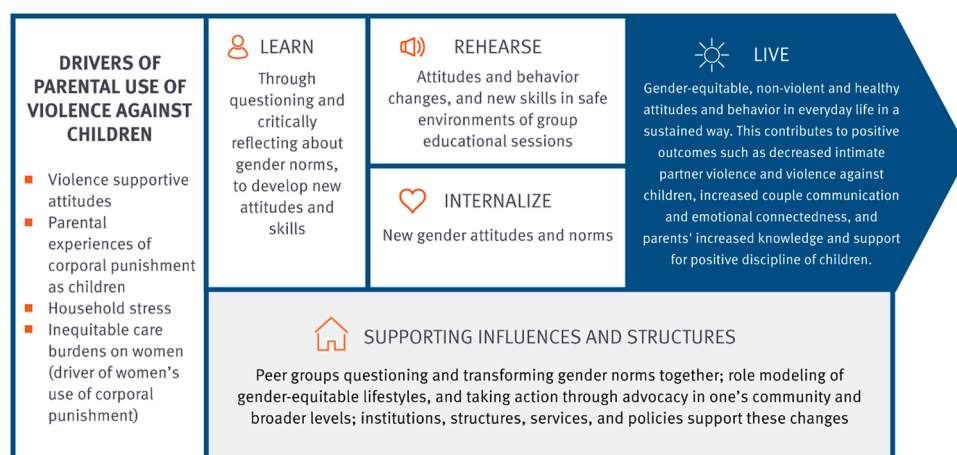


Fig. 1. How change happens through group education.

formative research, training, and implementation phase. The selection of the eligible population for Program P was based on the population framework of 2014 households with children less than 36 months residing in Distrito 8 of El Alto, who had been identified for a nutrition program. Eligibility criteria required households with the father and mother (or one of the parents and their partner) living in the same home. Under this criterion, a sample of eligible households of 1410 households was formed, which was divided randomly by half to form the treatment and control groups. Each pair of facilitators was given the list of assigned families eligible and tasked to inform fathers and mothers together about the program and seek informed consent amongst those who volunteered to enroll. Yet, facilitators encountered multiple challenges to locate eligible families including lack of clear references to locate the houses, large number of stray dogs, dirt roads that often flooded with rain and made access difficult, fear of entering certain areas at certain times, especially at night, and families that had moved or where the father was working abroad. Given these challenges, facilitators first spoke about the program to the member of the couple available, more often the mother. To motivate enrollment, facilitators emphasized the strengths-based approach of the program including the opportunity to discuss common challenges around parenting and learn ways to address them, to know how to interact with children in ways that are fun but support their development, and to work together with their partners as a team in parenting. Parents that enrolled were on average aged between 20 s to mid 40 s, the majority had only completed primary education, and mostly worked in the informal sector.

The program consisted of a structured curriculum (Aguayo & Kimelman, 2016) designed to be implemented with fathers (10 sessions) and their female partners (9 sessions) separately (see Table 1 for an outline of the different curriculum sessions). Each session was designed to last approximately 90–120 min and to be implemented weekly or bi-weekly over five months. The separate sessions allowed each partner to safely reflect and discuss the curriculum topics as the formative research suggested that in Bolivian Indigenous culture, honest, open, and safe reflections would require separate spaces for men and women. The original manual was revised to have more structured guidelines to facilitate dialogue, a protocol for facilitators to manage cases of violence that could require referrals to other services and content was added to promote women's reflection on gender relations, power, violence. Work guides, complementary handouts with parenting tips to promote gender equitable socialization and positive discipline, weekly commitment practices and sharing back after practicing were designed to facilitate couple's dialogues at home in between sessions. The sessions were conducted by facilitators trained over nine days, all of whom experienced the workshop sessions as participants, and role played conducting the sessions with their peers. Fourteen facilitators (7 men and 7 women)

Table 1

Program P Bolivia Outline of Curriculum Sessions.

Main Goal	Session number and title (S)
	Father=F Mother=M
Promote greater parental involvement in the nurturing care and education of their children	S1: My irreplaceable role as a father (F) S2: My father's legacy (F) S3: The role of the father in the upbringing of children, caregiving and domestic work (M)
Improve parenting skills to promote connected and nurturing relationships between parents and children	S6: Positive discipline (F & M) S7: Raise children with affection and through positive discipline (F & M)
Critically reflect and become aware of gender inequalities and their implications for family life	S2/S3: Being a father/mother in everyday life, a shared challenge (F & M) S4/S1: Being a man and being a woman, being a father and being a mother (F & M) S5: Caring and providing: teamwork (F) S3: The role of the father in the upbringing of children caregiving and domestic work (F) S4: The power of decision-making in the couple (F)
Promote dialogue, shared decisions and healthy relationships in couple and family life and prevent the use of violence to resolve conflicts	S5: Violence against women in relationships (F) S8: Resolving conflicts as a couple (F & M) S9: Family violence collage (F)

were recruited based on prior participatory facilitation experience, ability to establish trust and rapport, personal investment in the program, humility, empathy, good communication skills, and alignment with gender equitable attitudes. Preference was given to members or residents of El Alto, who understood the local context. Same-sex facilitators worked with men and women, yet facilitators matched to each couple exchanged information and generated mutual support during implementation, which provided greater knowledge of the realities of each family and enabled monitoring of risky situations or cases that required referrals to survivor-centered, child protection or mental health services. While home visits were not originally part of this model, they were applied as an adaptive strategy to address the challenges of engaging men in this context. When contacting potential participants, facilitators encountered that many of the fathers had long and intense work schedules including 6-day workdays of more than 14 h outside the home. Many men also had commitments on their limited days off, such as traveling to work, visiting relatives, building and/or repairing their homes, or social gatherings.

2. Methods

Adult men and women that participated in the intervention were purposefully recruited for this study, which took place approximately three years after program implementation. As a safety measure, women were initially contacted and asked for their consent to participate in the interview, and if the researchers could subsequently contact their male partners to invite them to participate. A diversity of male and female partners of heterosexual couples that attended all/nearly all of the curriculum sessions (9–10 sessions for men and 8–9 for women), and that attended only 2–5 sessions were recruited, to capture their different experiences, and reasons behind their more or less active engagement with the program. A total of 36 qualitative in-depth interviews (IDIs) were conducted with 7 couples that attended all/nearly all Program P sessions and 7 couples that attended only 2–5 Program P sessions, with men and women interviewed separately. Four male facilitators, 4 female facilitators, 1 female supervisor and 1 male supervisor of Program P were also interviewed. IDIs were designed to learn about participants' and facilitators' impressions of Program P, pathways and processes of change, and the impacts of the program, if any, on the expected outcomes. Male and female participants were asked about beliefs and behaviours regarding parenting and their own and their partners' behaviour towards their children. Facilitators and supervisors were asked about successes and challenges of the program, general comprehension and engagement of participants, and the impacts of adaptive programming (including the home visits). Socio-demographic information of all interviewees was collected, including number of children, level of education and employment among interviewed parents (see [Tables 1 and 2](#)). All identifying information of parents and staff has been removed to ensure anonymity. IDIs were conducted in Spanish by a male and female local researcher (the third and fourth authors respectively), with experience in qualitative research around gender and violence, accompanied by a female Aymara translator for the interviews with women. While most participants are fluent and comfortable in Spanish (especially men), this accommodated female participants who preferred to communicate in Aymara.

Focus group discussions (FGDs) were conducted in Spanish by the

same team of researchers and took place at community venues that were accessible to participants' homes. FGDs incorporated social norms vignettes with a scenario of a couple and their children to assess common reactions and dominant social norms underlying VAC, IPV and gender inequality, to better understand the context in which the intervention was operating. Vignettes helpfully allow participants to offer their views about a third person (rather than about themselves) and can reveal contextual and nuanced insights including about sensitive topics that respondents might not normally talk about openly or respond to honestly ([Learning Collaborative to Advance Normative Change, 2019](#)). A total of 6 FGDs (each with 6–8 people) were conducted: 1 FGD with female partners of couples that attended all/nearly all Program P sessions, 1 FGD with female partners of couples that attended only 2–5 Program P sessions, 1 FGD with male partners of couples that attended all/nearly all Program P sessions, 1 FGD with male partners of couples that attended only 2–5 Program P sessions, 1 FGD with female community members drawn from the RCT control couples, and 1 FGD with male community members drawn from the RCT control couples. It was not necessary that both partners of couples complete the FGDs, or the IDIs, to participate in the study. Same sex qualitative researchers were matched to interviewees and FGD participants, to help establish rapport and openness on behalf of participants [Tables 3 and 4](#).

IDIs and FGDs followed semi-structured topic guides. The relevance

Table 3
Demographic Information of Staff Interviewed.

ID	Gender	Position
FF01TE	Female	Field Officer
FF02TE	Female	Field Officer
FF03TE	Female	Field Officer
FF04TE	Female	Field Officer
FSO01	Female	Supervisor
MF01TE	Male	Field Officer
MF02TE	Male	Field Officer
MF03TE	Male	Field Officer
MF04TE	Male	Field Officer
MS01TE	Male	Supervisor

Table 2
Demographic Information of Couples Interviewed.

ID	Gender	Age	Number of Children in Household	Education Completed (years of schooling)	Employment	Program P Attendance
MP01A	Male	39	3	4	Musician	Strong
FP01A	Female	26	3	3	Homemaker	Strong
MP02A	Male	39	5	4	Builder	Strong
FP02A	Female	36	5	3	Homemaker	Strong
MP03A	Male	46	4	5	Teacher	Strong
FP03A	Female	42	4	6	Homemaker	Strong
MP04A	Male	37	3	6	Police officer	Strong
FP04A	Female	33	3	4	Homemaker	Strong
MP05A	Male	40	5	6	Bus driver	Strong
FP05A	Female	36	5	2	Housewife	Strong
MP06A	Male	44	2	5	Seller	Strong
FP06A	Female	33	2	3	Seller	Strong
MP07A	Male	35	2	4	Truck driver	Strong
FP07A	Female	30	2	6	Seller	Strong
MP01B	Male	35	4	4	Truck driver	Low
FP01B	Female	37	4	4	Vegetable seller	Low
MP02B	Male	35	2	4	Seller	Low
FP02B	Female	35	2	3	Homemaker	Low
MP03B	Male	35	5		Builder assistant	Low
FP03B	Female	34	5	2	Homemaker	Low
MP04B	Male	48	2	6	Teacher	Low
FP04B	Female	36	2	6	Teacher	Low
MP05B	Male	34	4	4	Seller alcohol	Low
FP05B	Female	28	3	3	Seller alcohol	Low
MP06B	Male	34	2	6	Employee	Low
FP06B	Female	30	2	6	Kindergarten teacher	Low
MP07B	Male	37	4	4	Builder	Low
FP07B	Female	41	4	2	Homemaker	Low

Table 4
Demographic Information of Focus Groups.

ID	Gender	Study Arm	Program P Attendance
FG01AI	Female	Intervention	Strong
FGF01BI	Female	Intervention	Low
FG01C	Female	Control	N/A
MGF01AI	Male	Intervention	Strong
MGF01BI	Male	Intervention	N/A
MGF01C	Male	Control	Low

and comprehension of the topic guides was piloted with the qualitative researchers, translators, and the second author after conducting a research training in El Alto in March 2020. All training participants had a chance to carefully review and practice conducting the IDIs and FGDs, and provide feedback on accuracy of the translation, flow, relevance, and appropriateness of the topics covered. One interview with a male partner of a couple, 1 interview with a female partner of a couple, 1 FGD with intervention female couples, and 1 FGD with intervention male couples were conducted in El Alto to pilot the topic guides. Participants were recruited through the same process as study participants, although they were aware that they were recruited to test the comprehension and appropriateness of the topic guides, and that their responses would not be included as data. The piloting led to some refinement of the final topic guides.

The research training and topic guide piloting was conducted shortly before a national state of emergency was declared in Bolivia in response to the COVID-19 pandemic, which included a partial lockdown restricting mobility and gathering. To adapt to this context, the initial interviews with supervisors and facilitators were conducted over the phone and audio recorded. In June 2020, the researchers were able to conduct interviews and FGDs with parents in person, following safety protocols including wearing and offering masks and hand sanitizer to participants, and maintaining recommended physical distances. Where possible, interviews and FGDs were conducted outside, in open air environments. The research team used private transportation to reduce the risk of contracting the COVID-19 virus.

2.1. Ethics

Participants were interviewed at places they preferred and where they could have privacy. For ethical and safety considerations for interviewing couples, women and men were interviewed separately and were assured that their responses would not be shared with their partner. All interviewees were offered the opportunity to be referred for counselling support. IDIs and FGDs were audio recorded, with the consent of participants. Approval to undertake the study was obtained from the Internal Review Board (IRB) of the International Center for Research on Women (ICRW) (REF:19-0024).

2.2. Data analysis

The audio files were transcribed and translated into English by a language specialist and professional translator. The translated data was analyzed using an inductive, thematic analysis approach. After carefully reading the transcripts, the first and second authors established a preliminary coding structure to analyze the data. All transcripts were analyzed by the first author using this thematic coding framework with the assistance of NVIVO 11 software. The first and second author shared the findings with the local researchers (the third and fourth authors) and Program P staff to allow for their insights to the interpretation of the data and to validate programmatic insights.

3. Findings

The findings are organized into four overarching themes regarding

key successes and challenges of the program, which offer important lessons around effective design and implementation of gender transformative, parenting programs.

3.1. Gendered motivations and ability to engage with program

The positive framing and benefits-based approach of Program P was a strong motivating factor for engagement, with many interviewees noting that their primary motivation to participate in the training was to learn how to better take care of their children. As one male participant said: *“there’s nowhere I can get advice on how to educate our children, I believed that this program could give us some guidelines, an orientation, how we can have a better home, a better dialogue, understanding and guiding our children in the best possible way.”* (MP04B) Some participants were motivated to enroll to improve their relationships with their partners and/or prevent separation: *“the motivation was staying together, for our family to not disintegrate. I didn’t want to see a dismembered family, I didn’t know if it was my fault or her fault, but neither of us wanted to separate, we got on so badly that we argued, but we didn’t want to separate.”* (MP02B) While many men were initially motivated to participate because of their wives, some men were less motivated to attend the sessions if their wives were recruited first, and/or less accepting of their wives attending. One facilitator suggested it was useful to recruit fathers directly rather than them learning about the program through their wives: *“When one speaks with the dads, we explain to them in a personal way how the workshop is going to happen, what it consists of, there has been a great acceptance but when we only told the mother about the workshop and the wife explains to her husband, then he doesn’t accept it in the same way, they even reject it, telling her that she should go or asking why she’s even going?”* (MF03TE).

Despite such motivations, the main challenge identified was the difficulties recruiting and sustaining involvement of parents to all curriculum sessions, especially men. This is a significant challenge since regularly attending the sessions was identified as important to ensure comprehension of the content and encourage openness and active engagement. As one staff member noted *“at the beginning they didn’t really understand ...the first session wasn’t enough for them to grasp the material, but once they got to the second and third, they understood really well, they would open up about their feelings and they were willing to participate.”* (MS01TE). A few staff members noted the importance for parents to participate in all sessions to generate anticipated program impacts. As one facilitator emphasized: *“There have been radical changes in behaviors of mothers and fathers who participated in at least nine sessions or at least participated in seven or six sessions, because those families that managed to participate, it has been possible to observe a greater change in the behavior towards their children and partner.”* (MF02TE) One of the main obstacles to regularly engaging with the program reported by many male participants was that many of them worked extremely long hours.

Some facilitators adapted the timing of the sessions to better meet fathers’ availability, including hosting the sessions on evenings or weekends or meeting them where they worked or lived. Another strategy used by some facilitators was to organize football games after each session to motivate men’s involvement. A few male and female facilitators related how patriarchal norms and resistance to the content hindered some men’s interest in the program: *“There were committed dads who did want to change their parenting. But there were dads who were focused on the role of being a provider, and the dads with a certain degree of violence in their families and they were the ones that were more challenging for us.”* (FS01TE) Low expectations of father’s engagement in caregiving discouraged some men from participating in the program. The motivation for some men to participate increased over time, including after reflecting on the benefits to men of more involved caregiving and building rapport with other men in the sessions. As one participant noted: *“we saw these sessions as a way of de-stressing to come together and share, listen to what others have to say, that’s what moved us. I attended until the end for that reason.”* (MP03A) For some men, the fact that facilitators were not perceived to blame or criticize men facilitated their

participation: *“Not by saying: the aggressor is the man, women have to move away, separate, it’s not the case, it’s more about understanding the man, why is the man sexist? Why is the man violent? What has his childhood been like? The legacy that their parents have left them.”* (FS01TE) Engaging men in group education sessions was identified as a particular challenge in the context. As one facilitator said: *“Fathers or men in El Alto are not used to participating in any type of activity training, seminar or workshop.”* (MF04TE).

Although less of a problem in comparison to engaging men, it was challenging for many of the women to attend all the sessions, due to work and/or family commitments. Moreover, many mothers brought babies or young children to the sessions, which could limit their engagement with or comprehension of the sessions. Some women suggested that the training could be improved by incorporating livelihoods skills or development, and a few men and women suggested that financial incentives would have encouraged more consistent participation. Indeed, some facilitators responded to the challenges of engagement by offering refreshments or prizes (e.g. a knitted hat or toy for children). Participants who attended all sessions were also given a certificate of completion, a basket of food and household supplies to incentivize consistent engagement.

3.1.1. Opportunities for supportive group-based processes

Many facilitators emphasized that a key strength of Program P is the group-based, experiential and participatory design of the curriculum: *“Each session had a strategy with methods and techniques, where we would give them a hypothetical case where the parents had to solve that, or how they would act if this happens, there were sessions in which the parents became reflective and began to share their experiences and we would guide them.”* (MF02TE) Several participants and facilitators identified the trusting dynamics that could be fostered through the group sessions, supported through facilitators emphasizing principles of confidentiality and creating safe spaces. Some women appreciated sharing similar experiences of abuse and violence, for knowing they were not alone, and/or to collectively find solutions: *“That frustration they don’t let out and can’t tell a neighbor, they can’t tell their sister, I think that’s what women look for.”* (FP06A) A few facilitators and participants stressed the importance of having male facilitators paired with men and female facilitators with women to encourage openness and safe spaces. As one male facilitator said: *“I think sharing experiences as a group really helped, there were dads who let loose at some point and shed some tears, other young dads who shared about how they would have wanted to be treated.”* (MF03TE).

Yet, challenges to establish positive group dynamics were also identified. For instance, one facilitator identified tension among couples given different income-levels: *“there were people who said, I have a dining room and a living room, and others who didn’t even have this, they only had one room for all, so these issues have been quite sensitive, right? Because there are fathers who felt discriminated against when someone spoke and said no, my daughter in her bedroom and another dad didn’t know what he was talking about and said wow this man is rich.”* (MF04TE) Another facilitator identified the challenge of facilitating the sessions with illiterate female participants as they could be ashamed of this. A few women suggested limited trust and openness among their groups: *“we only listened and of course, if they asked us questions some would respond some wouldn’t. Among the ladies there wasn’t much conversation or much trust, I mean we didn’t talk... we were a bit closed, we all seemed like silent and shy.”* Several participants would have appreciated having more sessions as couples, to allow them to learn from each other and hold each other accountable to changes. As one participant said: *“Those workshops have been nice, and I always tell my husband ‘you see, you are starting to do the same, what have you learned?’ And he’s silent, he practices what he’s learned but I don’t know what they learned because their sessions were separate.”* (FG01AI).

Some facilitators related the challenges of not having appropriate locations to facilitate the group sessions in a safe space and having to host some sessions in public spaces. One father noted how participating in a van hindered active participation: *“The facilitator came in a van for*

the sessions we had, and we sat down there to talk; there was the possibility that everyone could share their experiences with confidence. But maybe not as openly because of the space we had, maybe it would have been better if we had a space where we can sit across from each other right? Like the hallway of a house if possible? Create a better environment, right?” (MP04BTE) Although each session was meant to be 90–120 min, reports from a few facilitators and participants suggests that some sessions were rushed to 45 min to 1 h, which could limit the intended time for engagement and interaction. This was due to a range of factors including participants being late because of conflicting responsibilities or sessions that were hosted in the evenings: *“Fathers arrived tired after work, no streetlights, dogs at night.”* (MF03TE) One facilitator reported having merged two sessions together given the challenges to recruit participants. While this was done to help participants catch-up on content missed, it did not allow adequate time for all the material to be covered reflectively as intended.

In addition to the challenges of enabling supportive group processes, a few female participants and nearly half of all male participants interviewed received home visits by facilitators, given the difficulties to sustain participation to the group curriculum sessions. Home visits were an adaptation by facilitators to ‘catch up’ the missed sessions with men or women individually. Many participants and facilitators noted how participants greatly appreciated these home visits, including to apply the program learnings to their individual situations: *“we have struggled with time and work so there are times when one cannot attend even though the program is interesting and entertaining, but with the help of the facilitator we have been able to complete the program; he has visited me, he sacrificed more than I did, I’m grateful.”* (MP05A) Home visits provided valued opportunities for facilitators to meet with participants as couples, get to know their families and realities, and could help consolidate attendance by participants. A few facilitators also noted that women and men were more open about personal subjects during the home visits, including experiences of IPV or VAC, compared to in group settings: *“The mothers who would receive the sessions at home would open up more, they expressed themselves, for example, they said, this is what’s happened to me, so I have to correct this, I’m failing in this, but when we’re in a group they express some things, which they want to let out, but other things they don’t, they also keep it inwards.”* (FF01TE).

Yet, facilitators expressed the limitations of the home visits compared to the group sessions, as they did not offer the opportunity for interaction or for parents to learn from others: *“It was crucial for the fathers to attend the group, it wasn’t the same not to. It wasn’t interactive and the significance of learning and understanding of the topics was lost.”* (MF02TE) Some facilitators noted limitations and feeling ill equipped to effectively conduct home visit sessions: *“You feel a little shyer, you go somewhere and you feel you cannot move with ease because it’s not your house, so we felt very limited, we just grabbed the textbook, showed them and asked what they thought, more like an interview, but it limited us a lot, working in their houses is an extreme measure that can be done, but it’s the last thing I would advise, the most important thing is to work in a group.”* (MF03TE).

3.1.2. Addressing hegemonic gender attitudes and norms

Several participants noted how the program helped challenge inequitable attitudes around motherhood and fatherhood, including the importance of fathers’ involvement in caregiving, and challenge the notion that mothers are primarily responsible for this: *“In this aspect this course helped me a lot, before, I was only focused on work, so the course helped me to see more broadly, when you need to collaborate in the household with your partner and children.”* (MP04A) The program reportedly generated awareness among participants of the domestic burden on women, and the benefits of men’s involvement in domestic and care work: *“before the burden of housework was only for my wife, right? I saw this in what they explained in the sessions, not only I am involved, also my partner and my children; when you do it as a team and unite you finish housework faster.”* (MP04A) Several participants translated this awareness to a

behaviour change commitment to ensure their sons and daughters are equally responsible for the same household chores. There was consensus from the FGDs and IDIs that women tend to make more decisions about children and childcare, whereas men have more decision-making power around financial decisions. Several participants and facilitators noted how the program challenged these norms, through encouraging equitable decision-making among couples and identifying how this could lead to better decisions, including to economically benefit households and for the well-being of children. Some participants noted how women became more aware of their rights through the program, including to more equitable decision-making in the household.

Yet many participants noted how rigid gender roles around caregiving are widely held in their community and difficult to challenge. As one facilitator said: *"we talked about how the father must help raise a child, he must always be present, we both have roles, not only the mother is the one to change the child, you have to bathe the child, the father also has to help. The moms used to tell us, for example, no way is my husband going to carry the child"*. (FF01TE) Some participants noted barriers to changing the gendered division of labour, as men might be criticized by their male peers for taking on domestic work, and women criticized by their partners and peers for working long hours outside of the home for being perceived to neglect their children. Some men noted that they wanted to be more involved in domestic and care work, but this was hindered by their long working hours outside the home, lack of confidence with such roles, and/or lack of support from their wives to take on these tasks. Indeed, some women reported that most of the domestic and childcare burden continued to fall on them even after the program. Furthermore, inequitable decision making among couples was identified as a difficult behaviour to change, and a common trigger of conflict among couples.

Several participants reported learning the consequences of harsh physical discipline and VAC through the program including children leaving home to escape maltreatment, physical injuries, disabilities, poor educational outcomes, psychosocial distress and trauma, low self-esteem, and a risk factor for children's future exposure to violence. Reflecting on such consequences could challenge participants' perceptions and justifications of VAC and harsh discipline. As one male participant said: *"We believed that we solved everything with a chicote (whip). I at least believed that it was the best way for a long time. I grabbed my son and beat him for what he'd done, he didn't understand talking. And I have seen how his little brothers cried, the gesture hurts the heart, it must hurt the mind, the other kids. And I realized it wasn't meant to be this way. I hugged them and I told them that I'm not going to whip them anymore for them to pay attention to me."* (MP05A) Moreover, many participants appreciated the curriculum experiential exercise that prompted them to reflect on how they were raised and the legacy of their own father and to consider how they want to raise their own children similarly or differently. Considering aspirations for their children was identified as a strong motivation for parents to break the inter-generational cycle of violence.

Yet, a few facilitators identified the difficulty to challenge the norm of condoning physical discipline of children, which could be justified for various reasons including by religious beliefs or to avoid spoiling children. As one supervisor said: *"there were moms and dads who said that using the chicote (whip) was good. They handled this whip and punished their children in the name of the father, the son, and the Holy Spirit, this was deeply rooted as a matter of education or discipline, so talking to them about the negative impact of the use of violence of this method of discipline, it was hard! Because it's very ingrained, so the parents questioned a lot."* (FS01TE) Many participants identified forms of physical discipline that were more justifiable, including when used occasionally or if it did not cause extreme physical pain. One male participant explained: *"I treat my son with words, when it's too much, I don't hit him I only know how to talk to him, hitting him once in a while is alright. But to severely punish him, I've never done that."* (MP06B) There was also less indication of participants identifying the consequences of IPV and challenging norms underlying IPV through the program.

3.1.3. Learning and applying skills as a platform to change behaviours

Several facilitators and participants emphasized the importance of the commitments and take-home activities accompanying each curriculum session to solidify learnings and apply them to their family relationships. As one female participant noted: *"It's something you can put into practice during the year, so today I continue practicing. I still remember how I can be with my children, with my partner, that's why I say that the biggest commitment has been with myself, to be patient and maintain dialogue with my son and husband."* (FP07A) Several participants reported the value of learning non-violent discipline techniques such as temporarily taking away items that children enjoy and rewarding positive behaviours such as by taking children to the park. Several participants emphasized how positive forms of discipline learned through the programme (i.e. constructive communication), can be more constructive compared to harsh discipline. For instance, one woman related the changes on behalf of her husband: *"he doesn't yell... first he talks, you mustn't directly yell at them, if you tell them off, they cry, their little hearts then store resentment... he's changed in that way, he doesn't do that anymore, he talks to them... he treats the kids calmly."* (FP04A) A few parents related the value of learning self-regulation skills to prevent anger from escalating to harsh punishment or violence including to pause, count to ten, drink a glass of cold water, or take deep breathes: *"It had to do with not escalating [a problem] say it starts small, and it gets bigger and explodes, we learned to not increase problems but instead descale."* (MP02A) A few participants related how improved conflict resolution skills, greater self-awareness, and trying to understand reasons for children misbehaving before immediately responding, helped reduce their use of physical discipline: *"Sometimes when you are desperate. you beat them once without thinking and sometimes because of small things so yes, for me, I've learned to first breathe and say, 'what have you done?' and see, analyze and see what's happened, and not to just lash out."* (F6BTE) A few participants noted that they applied these learned conflict resolution skills with their spouse, and some couples reported a related reduction in children witnessing them fighting.

Yet, many participants were open about the challenges of adhering to and sustaining take-home commitments, and how it could be easy to revert to previous behaviours. As one female participant said: *"I know we shouldn't yell at the children, it's all in my mind, we even wrote it down but at the time of the problem or situation that we were living it's difficult to do! {Tone of regret}"* (FP02B) Some parents reported the challenges of not resorting to harsh discipline, especially to maintain authority as parents. A few male and female parents reported threatening to use a whip, rather than using a whip against their children, indicative of less transformative change: *"The truth is it has changed, but not in a great way, sometimes we take the chicote out, the child always obeys with the chicote, that hasn't changed much, because we delay in taking the chicote out. we just show it to them. nothing else."* (MP06A) Other reasons for not fulfilling commitments made through the program included work responsibilities and lack of time, which was especially common for fathers. One participant would have appreciated access to a mentor or ongoing support to fulfill commitments: *"I think you always need a push, an impulse, someone to guide you. We aren't capable of applying what we have learned if we can't remember. I've always considered that an external counsellor can motivate the integration of the family, I think that would help a lot."* (MP05A) One staff member suggested that not having a follow-up program for couples limited its ability to support participants to change and sustain alternative behaviours: *"That's been the weakness of the program. We didn't carry out a follow-up and just left them there. Because it wasn't a long time and we all know that changing a behavior requires it, right? A program with a follow-up, so that families are still motivated, so maybe if we would have connected with a school, to strengthen this session, we would have done something to enable continuation."* (FS01TE) Some participants and facilitators suggested the program could have done more to foster take home activities with couples together, to better influence household level change, and hold couples accountable to commitments made. For instance, one male participant suggested that the

program would have been strengthened with a stronger emphasis on communication skills and strategies to foster relationship quality among parents: *“There was more about how to have a dialogue between the father and the children, my son was 4 or 5 years old and in that sense they guided us but we didn’t address the theme of how to have a better dialogue, better coordination with your wife.”* (MP04B).

4. Discussion and lessons learned

This paper considered key dimensions of design and implementation of a parenting program, and how this may have influenced processes of change among participants. Qualitative insights from both participants and facilitators suggests that men and women who attended and actively engaged with most sessions were more likely to report expected changes in response to the program, which confirms other findings suggesting that participants who attend and actively engage with parenting interventions tend to benefit the most (Nix et al., 2009; Stern et al., 2019). This also reflects the broader evidence that changing attitudes, behaviours and gender norms takes time and is not typically feasible in a few sessions (Jewkes et al., 2021; Kaminski et al., 2008). Indeed, a review of parenting programs to prevent VAC and IPV found that these programs are typically 8–15 sessions (Digolo et al. 2019). Some women were hindered from actively participating with the curriculum due to their children being present, which speaks to the need to have spaces to enable participants to actively engage with program content, such as by providing childcare. Other factors that limited the depth of engagement and opportunities for group interaction included limited appropriate venues and sessions being rushed or two sessions being combined into one.

A significant adaptation to respond to the challenges of ensuring ongoing participation of parents (especially men) was the use of home visits. Many benefits of home visits were identified including participants being more open about sensitive, personal subjects such as IPV, the opportunity for facilitators to work directly with couples, and to better understand their home environments. This supports the literature that individual sessions can respond more flexibly to participants’ needs, in terms of content and pace of delivery and that participants may prefer the personalisation and choice of setting (Digolo et al., 2019; Wymbs et al., 2016). Yet, home visits had identified limitations including participants missing out on group interaction, opportunities to relate to and learn from other parents, share common challenges and identify solutions. The participatory nature of the groups offered rare spaces for participants to develop rapport, critically reflect on harmful behaviours and develop alternative norms, supporting the literature that such approaches can support changes in ideas and practices (Campbell & MacPhail, 2002; Stith et al., 2004). To ensure supportive group environments, it was important to match male facilitators with men and female facilitators with women and have facilitators of the same couples meet to monitor the progress and engagement of parents as couples. Yet, some challenges were identified to build group rapport and trust among participants, as has been demonstrated in other evaluations of group-based gender transformative approaches (Stern et al., 2020). This speaks to the importance of facilitators being trained and supported to ensure safe spaces. Home visits can also unintentionally inhibit regular attendance to group sessions. For instance, a parenting program in South Africa used home visits when parents could not attend yet this may have reduced the incentive for parents to attend group meetings (Shenderovich et al., 2019), although we have no strong evidence that this was the case in Bolivia. A recent review of parenting interventions to prevent IPV and VAC identified the value of group formats to allow for observational learning, instill hope and generate social support, reduce anxiety around parenting as participants realise that others face similar challenges, and provide the opportunity to work together through common problems and find shared solutions to parenting issues (Digolo et al., 2019). Replacing some group sessions with home visits, albeit necessary in this context to address challenges with participation,

represents a departure from Program P’s theory of change, and further research is needed to better understand the impact of this adaptation.

Many participants and facilitators suggested that the program would have benefitted from bringing parents together, at least for some of the sessions. This approach has been increasingly adopted by parenting programs in several settings. For example, the Bandebereho program in Rwanda (an adaptation of Program P), invited men to 15 sessions and their female partners to 8 sessions (jointly with their partner). This adaptation had more emphasis on preventing IPV and stronger retention of male beneficiaries (Doyle et al. 2018). An RCT of this program demonstrated substantial improvements in women’s experience of physical and sexual IPV, reductions in men’s dominance in household decision-making, improvements in household division of labor, and reduction in parents’ use of physical punishment against children (Doyle et al., 2018). By emphasizing joint decision-making through skills-based activities and by creating spaces for couple communication, the intervention demonstrated strong evidence of targeting unequal gendered power dynamics (Doyle et al., 2018). Parenting programs are particularly well placed to address IPV and VAC concurrently and working more explicitly with partners as couples can help harness their ability to do so. There is also increasing evidence that working with couples in group sessions together can be done safely and effectively, and that risks of such programming can be mitigated through careful group facilitation by male and female facilitators, monitoring for harm, and establishing support strategies for IPV survivors (Stern et al. 2019).

This study illustrates the importance of formative research to consider the barriers and motivators to parents engaging with such programs, as this may have helped anticipate the challenges retaining participants. Some facilitators and participants suggested that a monetary incentive or combining this program with livelihood support or economic opportunities, would have helped motivate ongoing participation, especially given the severe deprivations and stresses regarding daily subsistence for many participants. Facilitators were often frustrated not to be able to respond to families’ needs and ease the adversities that limited their participation more effectively. This suggests a need to better support the well-being and resources available for facilitators and organizations leading such initiatives to deal with the many challenges affecting the families they work with but lie outside of their capacities to resolve. Some parenting programs combined with economic strengthening have shown effectiveness recruiting and sustaining fathers’ participation (Lachman et al. 2020), and in reducing parental violence towards children (Cluver et al., 2018), especially in countries with minimal or no safety nets or social protection programs (Cluver et al., 2020). Recent lessons learned from implementations of Program P in different settings highlight how in many urban and low-income communities, providing transport reimbursement fees reduced a recurrent barrier faced by participants and helped sustain their adherence to the program (Promundo & UNFPA, 2021). Yet, it is imperative that such incentive structures do not perpetuate or exacerbate inequalities – for instance, only providing incentives to male participants may further undermine women’s economic decision-making power in the household (Promundo & Plan International, 2020).

Emphasizing the benefits of equitable, non-violent family relationships motivated active engagement of participants, especially men. This resonates with experiences of Program P in other settings suggesting that men are more likely to enroll and continue to attend sessions when programs appeal to their aspirations as fathers and emphasize the range of benefits that come from active caregiving, including improved physical, mental, and sexual health outcomes (Promundo & UNFPA, 2021). A powerful pathway of change fostered through the program were curriculum exercises that encouraged parents to consider the legacy of their own parents, and what they want to repeat or re-imagine for a better future for their children. The emphasis of Program P on skills building, including stress management, conflict resolution and constructive couple communication, was an important pathway to support improved parent-child relationships, and more equitable

relationships among parents; similar pathways of change found in other evaluated parenting programs (Doubt et al., 2017). Parents appreciated learning and being encouraged to practice self-regulation skills including to manage stress and de-escalate conflict and to manage children's behaviour through positive reinforcement and non-violent discipline. Similarly, in a review of components associated with parenting intervention effectiveness, Kaminski et al. (2008) found that program components associated with the greatest changes in parental behaviour included promoting increased positive parent-child interaction and encouraging parents to practice new skills. A stronger focus on healthy relationship skills among parents, including how to identify and manage triggers of IPV, could have helped the program have a more significant impact on IPV.

According to qualitative reports given by participants and facilitators, the program generated changes in gendered attitudes and roles, including men spending more time on caregiving and domestic duties, women having greater decision-making ability in the home, and less tolerance by men and women of violent discipline of children. Yet, there were also limitations of change in this domain, including that many men continued to hold final decision-making power in their households. Other studies have similarly demonstrated the difficulty of shifting men's headship roles and patriarchal power through gender transformative curricula and interventions (Stern et al., 2020; Willan et al., 2019). Another norm that was challenging for the program to tackle was the notion that harsh physical punishment could have a positive educational role in disciplining children, as has been found elsewhere (Namy et al., 2017). The challenge to shift rigid gender norms affirms the importance of individual-level interventions (including parenting curricula) to be complemented by activities to foster a more enabling environment to challenge patriarchal norms (Willan et al., 2019), such as engaging service providers and opinion leaders, or community mobilization approaches. Program P in Bolivia did not implement community mobilization or diffusion activities to promote the engagement of the broader community, to avoid contamination of the control group required for the experimental evaluation. Yet, difficult social contexts including limited socio-economic means, high rates of community violence and inequalities (all of which were evident in this setting) can hinder the ability of small group education participants to maintain changed attitudes and behaviours if their broader environment is not addressed (Campbell & Cornish, 2010; Gibbs et al. 2018). Many parents that participated with Program P in Bolivia had limited opportunities to come together, especially for those who had home visits, let alone to connect with their wider communities or to other development activities. Implementation experience suggests that social and behavior change messaging campaigns can also help address the challenges of recruiting fathers to engage with parenting programs. For instance, reaching the broader community by enlarging the definition of fatherhood to include being an active, nurturing caregiver (and not simply a "provider" or "protector") contributed to improved enrollment and retention of fathers in other adaptations of Program P (Promundo & UNFPA, 2021).

4.1. Strengths and limitations

A limitation of this study is the length of time (more than 3 years) that had passed between the intervention and data collection. Indeed, a few participants noted that they had forgotten the topics and could give fewer concrete details on their impressions of the program. Yet, a potential strength of this time lapse is that it provided the opportunity to assess sustained changes in attitudes and behaviours of program participants. The study would have benefited from longitudinal approaches, ideally interviewing participants before and after the program to track processes of change. There may be social desirability bias around participants wanting to report favorably on a program. We attempted to mitigate this by using field researchers who identified themselves as clearly external to the program and emphasizing the confidentiality of

their answers. Participants were purposively sampled to ensure breadth of perspective, and data saturation was obtained with respect to the emerging themes. It was also important to triangulate the perspectives of participants with facilitators, who were generally more open about program challenges. Including facilitators as participants contributes to the "dearth of qualitative research – according to the facilitator experience – of delivering a parenting program" (Doubt et al., 2017), which can offer significant insights on a program's effectiveness (Shenderovich et al., 2019). This study is also limited from not reporting dyadic analysis findings, which can beneficially identify overlaps and contrasts among couples as partners (Eisikovits & Koren, 2011). The focus of this article was to unpack broader themes reported among couples and staff in response to Program P, and dyadic analysis was outside the scope of this article. The authors also aimed to be reflexive of their positionality to the data and understanding of the contexts. The third and fourth authors are Bolivian and collected the qualitative data, and the second author was closely involved with implementation of the program. valuation findingsintervention: Program P discipline or not supportive of urturing timonio de violencia queue pone en peligro a la.

5. Conclusion

This qualitative study offers important insights around how to strengthen the design and implementation of a parenting program to prevent VAC and IPV, with relevance to efforts in Bolivia, and for the broader field of parenting programming. The lessons learned emphasize the importance of not only evaluating a program design but giving equal attention to how a program was implemented, and how this interacts with a particular context (in this case, an urban context amongst Indigenous families that face multiple forms of adversity). Ideally, this curriculum would have initially been piloted to finesse implementation challenges, and ensure the program is contextually appropriate and feasible, before having conducted an RCT. This study emphasizes the importance of qualitative research to help interpret findings from RCTs, and both methods should be used more collaboratively to evaluate parenting programs, especially to capture the complexity and processes of change.

Funding

The study was financed by Inter-American Development Bank.

CRediT authorship contribution statement

Erin Stern: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing, Project administration. **Clara Ale-mann:** Conceptualization, Methodology, Validation, Investigation, Writing – original draft, Writing – review & editing, Supervision, Project administration, Funding acquisition. **Gustavo Flores Delgado:** Investigation, Writing – review & editing. **Alexia Escobar:** Investigation, Writing – review & editing, Project administration.

Author statement

This is a statement to confirm that all the authors have no potential competing interests to declare including employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding.

Acknowledgments

We are grateful to the families in El Alto who participated in this study. We thank the Consejo de Salud Rural Andino (CSRA), especially the project coordinator, Irma Condori, the Inter-American Development Bank (IADB) and Universidad Privada Boliviana (UPB) for leading

program implementation and data collection efforts, respectively. IADB also provided inputs to the design and implementation of the study. The opinions expressed in this study are exclusively those of the authors and do not necessarily represent the opinion of the Inter-American Development Bank, its Board of Directors, or the countries they represent. We also wish to acknowledge the helpful reviews and inputs from Monserrat Bustelo, Gary Barker, Kate Doyle, and Giovanna Lauro (Promundo).

References

- Aguayo, F., Kimelman, E., 2016. *Program P Bolivia: Un manual para la paternidad activa*. IADB. Accessed at: (<https://publications.iadb.org/es/publicacion/15677/programa-p-bolivia-un-manual-para-la-paternidad-activa>).
- Alemann, C., Bustelo, M., Franco, S., Martínez, S., Suaya, A., 2018. Evaluación de impacto del Programa P Bolivia: padres y madres por una crianza positiva, compartida y sin violencia: Informe de línea de base. Banco Interamericano de Desarrollo. IADB. Accessed at: (<https://publications.iadb.org/es/evaluacion-de-impacto-del-programa-p-bolivia-padres-y-madres-por-una-crianza-positiva-compartida-y>).
- Alemann, C., Bustelo, M., Martínez, S., Suaya, A., 2021. Program P: A Gender Transformative Parenting Intervention to promote equitable, caring and non-violent family relationships in Bolivia. IADB.
- Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., et al. (2017). Nurturing care: Promoting early childhood development. *Lancet*, 389 (10064), 91–102.
- Campbell, C., & Cornish, F. (2010). Towards a fourth generation of approaches for HIV/AIDS management: Creating contexts for effective community mobilisation. *AIDS Care*, 22(2), 1569–1579.
- Campbell, C., & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth. *Social Science & Medicine*, 55(2), 331–345.
- Coore Desai, C., Reece, J.-A., & Shakespeare-Pellington, S. (2017). The prevention of violence in childhood through parenting programs: A global review. *Psychology, Health & Medicine*, 22(sup1), 166–186.
- Cluver, L., Meinck, F., Steinert, J., Shenderovich, Y., Doubt, J., Herrero-Romero, R., et al. (2018). Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ Glob Health*, 3(1), 1–16.
- Cluver, L., Shenderovich, Y., Meinck, F., Berezin, M., Doubt, J., Ward, C., Parra-Cardona, J., Lombard, C., Lachman, J., Wittesaele, C., Wessels, I., Gardner, F., & Steinert, J. I. (2020). Parenting, mental health and economic pathways to prevention of violence against children in South Africa. *Social Science and Medicine*, 262, Article 113194.
- Devries, K., Merrill, K. G., Knight, L., Bott, S., Guedes, A., Butron-Riveros, B., et al. (2019). Violence against children in Latin America and the Caribbean: What do available data reveal about prevalence and perpetrators? *Pan American Journal of Public Health*, 43, Article e66.
- Digolo, L., Asghar, K., Berry, V., Mitchell, S., Rumble, L., Alemann, C., Heise, L., 2019. Evidence Review: Parenting and Caregiver Support Programs to Prevent and Respond to Violence in the Home. The Prevention Collaborative.
- Doubt, J., Bray, R., Loening-Voysey, L., Cluver, L., Byrne, J., Nzima, D., King, B., Shenderovich, Y., Steinert, J., & Medley, S. (2017). "It has Changed:" Understanding change in a parenting program in South Africa. *Annals of Global Health*, 83(5–6), 767–776.
- Doyle, K., Levto, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., et al. (2018). Gender Transformative Bandebereho Couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomised controlled trial. *PLoS One*, 13(4), Article e0192756.
- Eisikovits, Z., & Koren, C. (2011). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research*, 20, 1642–1655.
- Freire, P., 1993. *Pedagogy of the Oppressed*. London: The Continuum International Publishing Group.
- Fulu, E., McCook, S., Falb, K., 2017. What Works evidence review: Intersections of violence against women and violence against Children. Pretoria, South Africa: What Works to Prevent Violence against Women and Girls Global Programme.
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, 9, 31516–31516.
- Gibbs, A., Jewkes, R., & Sikweyiya, Y. (2018). "I Tried to Resist and Avoid Bad Friends": The Role of Social Contexts in Shaping the Transformation of Masculinities in a Gender Transformative and Livelihood Strengthening Intervention in South Africa. *Men and Masculinities*, 21(4), 501–520.
- Henry, J., Julion, W., Bounds, D., & Sumo, J. (2020). Fatherhood matters: An integrative review of fatherhood intervention research. *The Journal of School Nursing*, 36(1), 19–32.
- Heise, L., 2011. What Works to Prevent Partner Violence? An Evidence Overview. London: STRIVE Research Consortium, London School of Hygiene and Tropical Medicine.
- Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A., Gibbs, A., Stern, E., & Christofides, N. (2021). Design and implementation of interventions to prevent violence against women and girls associated with success: Reflections from what works to prevent violence against women and girls? Global programme. *International Journal of Environmental Research and Public Health*, 18, 12129.
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program. Effectiveness. *Journal of Abnormal Child Psychology*, 36(4), 567–589.
- Kerr-Wilson, A., Gibbs, A., McAslan Fraser, E., Ramsoomar, L., Parke, A., Khuwaja, H. M. A., Jewkes, R., 2020. A rigorous global evidence review of interventions to prevent violence against women and girls. Pretoria, South Africa: What Works to Prevent Violence against Women and Girls Global Programme.
- Knerr, W., Gardner, F., & Cluver, L. (2013). Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low-and-Middle-Income Countries: A systematic review. *Society for Prevention Research*, 14(4), 352–363.
- Lachman, J., Wamoyi, J., Spreckelsen, T., Wright, D., Maganga, J., & Gardner, F. (2020). Combining parenting and economic strengthening programmes to reduce violence against children: a cluster randomised controlled trial with predominantly male caregivers in rural Tanzania. *BMJ Global Health*, 5, Article e002349.
- Learning Collaborative to Advance Normative Change, 2019. Resources for Measuring Social Norms: A Practical Guide for Program Implementers. Washington, DC: Institute for Reproductive Health, Georgetown University.
- Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaga, J., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184, 40–48.
- Nix, R. L., Bierman, K. L., & McMahon, R. J. (2009). How attendance and quality of participation affect treatment response to parent management training. *Journal of Consulting and Clinical Psychology*, 77(3), 429–438.
- Panther-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers—recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(11), 1187–1212.
- Promundo-US and Plan International Canada, 2020. Recruitment and Retention of Male Participants in Gender-Transformative Programs. Washington, DC: Promundo.
- Promundo and UNFPA (Eastern Europe and Central Asia). (2021). Compendium on Fatherhood Programmes EU 4 Gender Equality: Together against gender stereotypes and gender-based violence programme. European Union, UN Women and UNFPA.
- Promundo, 2021. International Men and Gender Equality Survey (IMAGES) Bolivia. Washington, DC.
- Shenderovich, Y., Eisner, M., Cluver, L., Doubt, J., Berezin, M., Majokweni, S., & Murray, A. (2019). Delivering a parenting program in South Africa: The impact of implementation on outcomes. *Journal of Child and Family Studies*, 28, 1005–1017.
- Saran, A., Siddiqi, M., Subrahmanian, R., White, H., 2021. Interventions to reduce violence against children in low-and middle-income countries. Florence: UNICEF Office of Research-Innocenti.
- Stern, E., Willan, S., Gibbs, A., Myrtinnen, H., & Jewkes, R. (2020). Pathways of change: Qualitative evaluations of IPV prevention programmes in Ghana, Rwanda, Tajikistan and South Africa. *Culture, Health & Sexuality*, 23(12), 1700–1716.
- Stern, E., McGhee, S., Ferguson, G., & Clark, C. (2019). A comparative case study of couples programming to support relationship quality in Nepal and Rwanda. *Journal of Social and Personal Relationships*, 37(2), 393–413.
- Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy*, 30(3), 305–318.
- Van der Gaag, N., Heilman, B., Gupta, T., Nembhard, C., Barker, G., 2019. State of the World's Fathers: Unlocking the Power of Men's Care. Washington, DC: Promundo-US.
- Willan, S., Ntini, N., Gibbs, A., & Jewkes, R. (2019). Exploring Young Women's constructions of love and strategies to navigate violent relationships in South African informal settlements. *Culture, Health & Sexuality*, 21(11), 1225–1239.
- Wymbs, F. A., Cunningham, C. E., Chen, Y., Rimas, H. M., Deal, K., Waschbusch, D. A., et al. (2016). Examining parents' preferences for group and individual parent training for children with ADHD symptoms. *Journal of Clinical Child & Adolescent Psychology*, 45(5), 614–631.

Erin Stern is an Honorary Assistant Professor with the London School of Hygiene and Tropical Medicine, and an Honorary Associate Professor with the University of Cape Town. She was the study coordinator and lead qualitative researcher of the evaluation of Indashyikirwa in Rwanda as part of the What Works to Prevent Violence against Women and Girls Programme. For the past 13 years she has supported numerous organizations to develop and evaluate gender transformative programmes. She has a Ph.D. in Public Health from the University of Cape Town and an M.Sc. in Health, Community and Development from the London School of Economics & Political Science. Dr. Stern is currently a Technical Advisor with UNDP's participatory pilot projects to prevent gender-based violence and a Senior Associate with the Prevention Collaborative.

Clara Alemann is a gender specialist with over 17 years of experience in social science research, program design, implementation and evaluation of social development programs to advance gender equality. Her work has focused on the integration of gender and violence prevention within social development programs in the areas of early childhood development, parenting and caregiver support. She has worked with government partners, research organizations and NGOs in the adaptation, design, implementation and evaluation of gender transformative interventions and provides technical accompaniment to organizations seeking to strengthen their capacity to prevent family violence prevention, transform gender norms that sustain inequitable relationships and violence against women, and its intersection with violence against children, as well as promoting healthy masculinities and engaging men and boys to prevent violence. Clara is currently the Director of Programs at Promundo and is responsible for overseeing action-based research,

program design, implementation and evaluation in partnership with a wide range of organizations in Latin America, Middle East and Africa.

Gustavo Adolfo Flores Delgado is the Director of the San Francisco Health Center and the Senkata El Al Alto Bolivia Health Network. Gustavo is a physician and studied at the Universidad Mayor de San Andres with a specialisation in adolescent health. He has a diploma in International Health Management from the University of Santiago in Chile and a diploma in Governance and Political Management from the University of La Paz in Bolivia.

Alexia Escobar Vásquez has more than 25 years of experience working on sexual and reproductive health issues at the community level and carrying out advocacy with

authorities. For 10 years she led implementation of projects related to adolescents and women's self-care, sexual and reproductive health, including gender issues, rights, citizenship building and preventing gender-based violence. For 5 years she was President of the Safe Motherhood and Childbirth Board, an interagency and intersectoral coordination body where she worked with state authorities, including Ministries of Health, Education, and authorities at the departmental level, as well as heads of UN agencies and international cooperation agencies working in Bolivia. She has extensive experience in working with Indigenous peoples in capacity building processes from a rights, gender, and intercultural approach. She is currently the coordinator of SIESAR (Comprehensive Sexual and Reproductive Health Systems).