

Using Parents as Peer Educators: Insights from a Community-Based Programme for Corporal Punishment Prevention

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Abstract. Despite the popularity of peer education as a method of delivering interventions in school settings, reports of its use with adults in local community settings are scarce. Thus, we present some insights on the implementation of a parenting education programme delivered to parents through peer education. The research presented in this paper is part of a larger, community-based, quasi-experimental, intervention study that was conducted to address a community-identified need to reduce parental corporal punishment practices. In that study, we developed and implemented an 8-week programme of intervention through a three-tiered train-the-trainer model in which we trained local community parents as parent peer educators (PPEs) to deliver the intervention to their peers. The effectiveness of the programme was tested and the results yielded many positive outcomes for the participating parents. In the current study, we focused on the PPEs to determine how well they had delivered the programme, in terms of adherence to programme curriculum and quality of delivery. The need for this assessment is warranted to see whether the intervention was implemented as intended, which would allow increased confidence in attributing the observed effects to the intervention. The data gathered through a fidelity measure indicated that the PPEs covered all 40 of the content areas of the programme and achieved a 93.3% measure of adherence, and demonstrated 80.0% fidelity in programme delivery. Findings showed that the intervention was delivered with high fidelity and that using parents as peer educators can be effective for corporal punishment prevention.

Keywords: Parent peer education, community-based intervention, corporal punishment prevention, implementation fidelity

1. Introduction

In Nigeria, as in most African countries, the use of corporal punishment as a method of child discipline has been a common practice in homes and many children continue to experience high levels of corporal punishment on a regular basis, as evidenced by research findings (e.g., Ayiro, Mbagaya & Othuon, 2019; Boydell, Nalukenge, Siu, Seeley & Wight, 2017; Nuhu & Nuhu, 2014; Twum-Danso, 2013; 2016; Fatimilehin & Hassan, 2016). Surveys show that even children as young as two years of age are not spared from the harsh experiences of corporal punishment. A UNICEF (2014) study conducted in Nigeria found that on average about four in five children aged 2-14 had experienced violent discipline at home in the month prior to the survey. Another study by National Bureau of Statistics & UNICEF (2017) that looked at disciplinary practices of Nigerian parents found that 84.9% of children aged 1-14 had experienced violent discipline by their caregivers during the month preceding the survey. Corporal punishment of children remains a common practice despite increasing evidence of its potential harm and ineffectiveness (Lansford & Deater-Deckard, 2012; Gershoff, Lee & Durrant, 2017). There has been a growing concern over the use of corporal punishment and on the concerns about its effects on children's developmental outcomes (Gershoff & Gragon-Kaylor, 2016; Smith, 2012, thus preventing and reducing corporal punishment practices by supporting parents is now a pressing global priority.

Addressing and responding to parenting support needs of parents often generate significant efforts by researchers to design, develop, and implement potential interventions capable of making desired improvements in parenting behaviour. While many

researchers, including the authors of this study, have initiated efforts to develop and implement parenting education programmes aimed at enhancing parenting effectiveness, it has been noted that the development of a programme and its implementation are not enough to guarantee the usefulness of that programme. Research highlights the importance of assessing implementation fidelity as a necessary requirement in interventional studies.

There has been an increased recognition of the value of measuring fidelity of implementation as a necessary part of evaluating interventions (Rudnick & Freeman, 2010). Several studies cited in Kershner, Flynn, Prince, Potter, Craft and Alton (2013) have noted that the level of implementation fidelity can affect the success of an intervention. Without adequately addressing fidelity in behaviour change research, it is uncertain that changes observed in study outcomes are due to the influence of the intervention and not due to variability in its implementation (Toomey Matthews, Hurley, 2017). Implementation fidelity is defined as the degree to which an intervention is delivered in the way it was intended to be delivered (Lane, Bocian, MacMillan, & Gresham, 2006). Implementation fidelity tells us to what extent the intervention-as-delivered matched the intervention-as-planned (Haynes, Brennan, Redman 2016). **Implementation fidelity data** make it possible to attribute observed effects to a particular intervention, rather than to extraneous variables. Two important indicators of implementation fidelity include adherence and quality of delivery. Adherence is the extent to which the components of the intervention programme is being delivered as designed, while quality of implementation is the extent to which the implementers deliver the programme using the prescribed methods and techniques (Hempenstall, 2016).

1.1 Study Context

The present study was part of a larger intervention research project funded by TETFund IBR Research Fund. In that larger study, we developed a programme of intervention called *parenting education programme for corporal punishment prevention (PEP)*. The PEP programme aims to prevent violence against children and promote the health and well-being of children through reducing parental corporal punishment practices and teaching parents more positive disciplinary approaches. We tested the effectiveness of the PEP programme with a sample of 300 at-risk parents of children aged 3-12 years drawn from six communities across three regions of Nigeria using a quasi-experimental design

in 3 intervention and 3 control communities. The intervention was implemented through a three-tiered train-the-trainer model in which we trained local community parents as parent peer educators to deliver the intervention to the target parents. The intervention package was structured into eight session modules of 2-hour weekly session. The programme sessions comprised an orientation/introduction session, six main content sessions and a review session cum closing ceremony. The first session discussed the programme goals and objectives and the expectations from participants. Each of the main sessions focused on the major topics of child development as well as topics that addressed positive parenting strategies, whereby participants were introduced to new skills week by week. The last session reviewed all skills learned over the 8 weeks and a brief closing ceremony.

Findings from the study indicated that the PEP programme led to many significant improvements for the participating parents. Although the report of that project is beyond the scope of the present study, information regarding the impact of treatment effects as well as the programme development and its implementation, and a more detailed description of the sampling procedure and data collection methods can be found in our recent publication (Ofoha, Ogidan & Saidu, 2019).

Given the concern and the context, the aim of this study is two-fold, first to establish the feasibility of using parents as peer educators in delivering interventions in local community settings, so as to add to the literature on the use of parent peer education model. Secondly, having trained parent peer educators (PPEs) to deliver the PEP intervention, the study seeks to evaluate the implementation fidelity by assessing the extent to which each of the PPEs adhered to the intervention curriculum and the quality of their delivery. The need for this assessment is warranted in order to determine whether the intervention was implemented as intended. Understanding this level of fidelity is necessary to allow increased confidence in attributing improvements to the intervention (Dusenbury, Brannigan, Falco & Hansen, 2003; Breitenstein, Gross, Garvey, Hill, Fogg & Resnick, 2010). To this regard, two research questions formed the focus of this study:

- To what level of fidelity was implementation adherence achieved (level of adherence to programme curriculum)?
- How well was the intervention programme delivered? (quality of delivery)

2. The Peer Education Model and its Theoretical Basis

Peer education is defined as a system of delivering knowledge that improves social learning and provides psychosocial support (Abdi and Simbar, 2013). It involves using the members of a given group to effect change among other members of the same group (United Nations Office on Drugs and Crime (2003), in this case, parents. The use of parent peer educators in the PEP project was based on the principles of social learning theory. The basic premise of the theory is that learning occurs within a social context and through identification with a role model (Bandura, 1977). Thus, using peer educators increases the probability of identification and therefore increases the likelihood of internalizing new set of skills. This delivery strategy was adopted because research has shown that peer education could be a powerful method of effecting social change (Kabara-Clark, 2014). Since parents were the target of that project, we decided to use parents to implement the intervention for several reasons among which were: to promote a sense of community and social presence; the participants would be more likely to show more interest and participate fully in a programme conducted by someone from their area; they are more likely to be engaged by and receptive to the information and learning opportunities presented by those who are in similar situations to themselves; to encourage community involvement and ownership, and to afford parents a sense of being active participant in the change process. These rationales and theoretical basis informed the implementation of the PEP programme through peer education.

3. Methods

3.1 Research Design

As previously mentioned, the current study represents one part of a larger implementation study about child discipline and parenting whereby we implemented a programme of intervention using a three-tiered train-the-trainer model in which we trained local community parents as parent peer educators (PPEs) to deliver the intervention to their peers. However, the current study focuses on PPEs' ability to deliver the PEP intervention. Hence, a descriptive research design was adopted to assess how well they have delivered the programme.

3.2 Sample and sampling procedure

The focus of the current study was on the three PPEs who were trained to deliver the PEP programme to community parents. They themselves were parents from the local communities and were recruited one from each of the three intervention communities based on certain inclusion criteria which included being a parent to a child between the ages of 3 to 12 years, being resident in the target communities for at least five years, having an involvement in community development, being able to communicate effectively with good interpersonal skills, and having higher education qualification. We liaised with the heads of selected communities who facilitated the selection by identifying those parents that met inclusion criteria through the use of purposive sampling method.

3.3 Instruments

The main instrument used in collecting data was an observation tool called PEP delivery observation guide (PEPDOG) which was developed for purposes of the study. The PEPDOG was designed to measure how well the PPEs were able to implement the various phases of the programme curriculum and adhered to the intervention procedure. Trained observers conducted on-site visits to observe the level of implementation of the PEP lessons for each week. Using the observation instrument, the observers determined whether the parent peer educators delivered the prescribed content of the intervention programme, (level of adherence) and delivered the intervention using appropriate delivery methods (quality of delivery). Observers were trained in the PEP programme and coached on how to complete the observation tool accurately. The instrument was divided into two parts. The first part contained the adherence measure and the second part the quality measure, as described as follows:

Measure of Adherence to PEP curriculum. The extent to which each of the PPEs adhered to the intervention curriculum was measured. The observers are required to indicate whether or not the PPEs covered the prescribed content of the intervention programme using an observation checklist. The checklist consists of 40 items based on the content components of the PEP programme. The number of items included on the checklist corresponded to the number of lesson topics for each of the eight sessions of the programme (see Table 1). Each session was made up of five content components, making a total of 40 lessons across the eight intervention sessions. The observers rated each component of the programme as well as the delivery procedure for each of the eight sessions which they reported on a 3-point scale ranging from 1 (not implemented) to 3 (full

implementation) for the 40 content areas of the programme depending on whether the PPEs performed the expected action during the lesson. A mean adherence rate per lesson was calculated. A total score is derived by summing scores across the individual items. A percentage adherence rating was calculated by dividing the mean score by the maximum possible scale score of 3 and multiplying the result by 100. Adherence is reported as the percentage of programme content components implemented

Measure of delivery quality. The competence with which parent peer educators delivered the intervention was assessed through an 8-item tool. The criteria used in measuring quality included (1) accuracy of information provided, (2) attention to detail, (3) clarity of explaining an activity, (4) coverage, (5) sequence of ideas, (6) duration/timing of activities, (7) communication style; and (8) ability to address questions or concerns posed by parents. All items were placed on a 4-point scale (1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent). The mean rating per lesson were computed for each item on the quality measure. Ratings across all 8 items were summed to produce a mean rating score ranging from 8-32, with higher scores indicating greater competence/high quality in programme delivery.

The psychometric properties of the fidelity instrument were ascertained. The items of the instrument were content validated by two professors with expertise in educational evaluation and psychology who examined the items for congruence with the implementation protocol. The reliability of the instrument was ascertained through inter-rater agreement and a high percentage of rater agreement was achieved (Adherence measure = 91%, Quality measure = 94%).

3.4 Procedure and Training of Parent Peer Educators

The process of data collection started with the identification, selection and training of peer educators. We recruited six parents to train as peer educators and to deliver the intervention. Before initiating implementation, all six of the parent peer educators were trained extensively on the content of the programme and were provided with the knowledge and skills necessary to deliver the intervention. The training discussed the overall goal of the study, the work plan, logistics, the modalities and step-by-step guide on the intervention delivery processes. In addition, they were taught some tips on the role of the peer educator and how to be an effective peer educator. Training sessions included a combination of modelling, direct instruction, role-

plays, group activities, skill practice, and review of homework tasks. This delivery method provided PPEs with an opportunity to learn, model, practice, apply and implement the new knowledge aimed at promoting behaviour change. They were each given a copy of the PEP training manual detailing all information regarding the intervention and were served with a letter of engagement. Once trained, the parent peer educators became the trainers and proceeded to deliver the intervention to the participants. As previously mentioned, this strategy of using parents to educate parents was adopted because peer education was found to be a powerful method of effecting social change (Kabara-Clark, 2014).

3.5 Data Analysis

The data collected were analyzed using basic descriptive statistics such as the mean, ratios, frequencies, and percentages. The mean scores were computed by multiplying the frequencies of response with respective scale values. The obtained value was then divided by the total number of respondents. The obtained value was judged for significance or non-significance against a cut-off point which was obtained by summing the scale values and dividing by number of scale points. Percentage scores were calculated by dividing the obtained mean score by the maximum possible scale value and then multiplying the result by 100. In line with recommendations, levels of fidelity were interpreted thus, 80%–100% as high fidelity, 51%–79% as moderate and 0%–50% as low fidelity (Garbacz, Brown, Spee, Polo & Budd, 2014).

4. Results

4.1 Level of curriculum adherence

The data from the adherence measure were analyzed with the use of mean scores. The mean scores were computed by multiplying the frequencies of ratings with respective scale values (3, 2, 1). The obtained value was then divided by total number of participants. The cut-off point for judging the significance /non-significance of scores was set at 2.0. This was obtained by adding the scale values and dividing by (i.e. $3 + 2 + 1 = 6/3 = 2.0$). Hence, any item with a mean rating of 2.0 and above was considered high while any item with a mean rating below 2.0 was regarded low. Since there were eight intervention sessions, scores obtained on each session were summed and averaged. Total score was calculated by summing ratings across the eight sessions. The result of the analysis is presented in Table 1.

Table 1: Analysis of Curriculum Adherence

| Content area | Intervention Curriculum | | | | | | | | Total | Mean score | Cut-off point |
|--|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------|------------|---------------|
| | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 | Session 8 | | | |
| Orientation/introduction (first session only) Recap of last session (after first session) | 3.0 | 3.0 | 2.7 | 3.0 | 3.0 | 3.0 | 2.7 | 2.7 | 23.1 | 2.9 | 2.00 |
| Child development (8 skills one per session) | 2.7 | 2.7 | 2.3 | 2.7 | 2.7 | 2.7 | 2.7 | 2.7 | 21.2 | 2.7 | 2.00 |
| Positive parenting strategies (8 strategies one per session) | 2.7 | 3.0 | 2.3 | 3.00 | 3.0 | 2.7 | 2.7 | 2.7 | 22.1 | 2.8 | 2.00 |
| Group activities (role-plays and skill practice) | 2.7 | 2.7 | 2.7 | 2.7 | 2.3 | 2.7 | 2.3 | 2.7 | 20.8 | 2.6 | 2.00 |
| Summary and homework assignment | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 24.0 | 3.0 | 2.00 |
| Average | 14.1 | 14.4 | 13.0 | 14.4 | 14.0 | 14.1 | 13.4 | 13.8 | 111.2 | 2.8* | 2.00 |

Overall adherence mean score = 2.8* (significant)

Percentage programme curriculum implemented = 93.3%

As observed in Table 1, the adherence mean rating across all intervention lessons was 2.8 (range = 2.3-3.0), which was above the cut-off point indicating high level of adherence to PEP curriculum. Although the mean score on each content area was fairly high, on a closer look ‘summary and homework assignment’ had the highest mean adherence score (3.0), while the lowest score was earned by ‘group activities’ (2.6). It is evident from Table 1 that peer educators demonstrated a fairly high level of adherence on all the content areas of the intervention curriculum as indicated by the overall mean rating of 2.8 on a 3-point scale. The percentage of adherence achieved was 93.3%, indicating that 93.3% of the interventions were implemented with high fidelity

4.2 Quality of delivery

The data from the quality measure were analyzed with the use of frequencies and weighted mean scores. As a unidimensional scale, quality mean score was computed by multiplying the frequencies of response with respective scale values (4, 3, 2, 1). The obtained value was then divided by total number of respondents. The maximum possible score was 32 and the minimum 8, higher scores indicating higher quality of programme delivery. The cut-off point was obtained by summing the values 8, 16, 24, 32 and dividing by 4 (32+24+16+8 =80/4=2). Hence, a mean score above 20 is indicative of high quality, while mean score below 20 suggests low quality. The result of the analysis is presented in Table 2.

Table 2: PPEs’ Competence in Delivering the Intervention

| Fidelity Criteria | Rating categories | | | | Total | Mean score |
|---|-------------------|------|------|------|-------|------------|
| | Excellent | Good | Fair | Poor | | |
| Accuracy | 4.0 | 6.0 | 0.0 | 0.0 | 10.0 | 3.3 |
| Attention to detail | 4.0 | 6.0 | 0.0 | 0.0 | 10.0 | 3.3 |
| 3. Clarity | 0.0 | 9.0 | 0.0 | 0.0 | 9.0 | 3.0 |
| 4. Coverage | 4.0 | 6.0 | 0.0 | 0.0 | 8.0 | 3.3 |
| 5. Sequence of ideas | 4.0 | 6.0 | 0.0 | 0.0 | 10.0 | 3.3 |
| Duration of activities | 0.0 | 9.0 | 0.0 | 0.0 | 9.0 | 3.0 |
| 7. Communication style | 0.0 | 9.0 | 0.0 | 0.0 | 9.0 | 3.0 |
| 8. Ability to respond to questions posed by parents | 4.0 | 6.0 | 0.0 | 0.0 | 10.0 | 3.3 |
| Total | | | | | 75.0 | 25.5* |

Overall competence mean score = 25.5* (significant)

Percentage of competence in programme delivery = 80.0%

Table 2 reveals that the quality measure yielded a mean rating of 25.5 which was more than the cut-off point of 20 indicating that the quality of programme delivery was high. When converted to percentages,

this yielded a value of 80.0%. It is evident from Table 2 that PEP peer educators demonstrated a fairly high degree of competence in programme delivery. However, they demonstrated highest competencies in

accuracy, attention to detail, coverage, sequence of ideas and ability to respond to questions posed by parents.

5. Discussion

The aim of this study was to evaluate to what extent a parenting intervention was delivered as designed, specifically assessing the level of fidelity with which the implementation adherence was achieved and the fidelity of the quality of delivery.

Evidence yielded by the study revealed that parent peer educators covered all 40 of the content areas of the intervention and achieved a 93.3% measure of adherence. This means that that 93.3% of the interventions were implemented with high fidelity. This shows that they were able to implement each component of the PEP curriculum and achieved a high level of adherence for each of the eight intervention sessions. Therefore, the core content components of the intervention were delivered.

Also, findings showed that the implementation fidelity was high as the parent peer educators had demonstrated 80.0% fidelity in programme delivery. The percentage scores achieved in the current study for adherence (93.3%) and quality of delivery (80%) were found to be within the acceptable range as specified in the literature (Garbacz, Brown, Spee, Polo & Budd, 2014). Also, Compaoré, Yameogo, Millogo, Tougri & Kouanda (2017) while citing Berman and McLaughlin noted that programme implementation is considered accurate if the level of implementation fidelity achieved is greater than or equal to 75%. Therefore, the level of fidelity of implementation achieved in this study appears to have been adequate. Results from Tables 1 and 2 suggest that the PEP programme can be implemented with fidelity by parent peer educators.

The high level of adherence and quality of delivery found in this study is not surprising considering the extensive nature of the intervention and the method of its delivery. During the implementation stage, a number of steps were taken to track project implementation and ensure fidelity of implementation of the PEP lessons. First, programme assistants visited study sites on weekly basis to observe and monitor the intervention delivery by parent peer educators to ensure that the programme was being implemented as planned and provide corrective feedback if needed. Secondly, implementing parents (parent peer educators) were asked to provide weekly self-reports on the implementation for the core content components of the intervention. Thirdly,

communication was made an integral part of this project and used a great deal to monitor project implementation through constant telephone calls, emails and text messages. In addition, the research investigators conducted onsite monitoring visits at each project site to obtain a first-hand account of the progress of the programme, to observe the PEP sessions, and ensure the programme was being implemented in accordance with the protocol, to identify problems (if any), and obtain the views of session participants on how the programme was affecting them. As a result of these monitoring efforts the quality of project implementation was assured. The fact that the intervention content and delivery method were standardized in the three project sites made fidelity of implementation relatively easy to achieve.

6. Conclusions

This paper has demonstrated the implementation of a community-based corporal punishment prevention programme using parents to educate their fellow parents. Given the positive outcomes of this study, one cannot but conclude that parent peer educators were able to deliver the PEP intervention effectively, thus suggesting that using parents as peer educators can be effective in delivering interventions on corporal punishment prevention. *It is recommended that parents who serve as the primary socialization agent for children be empowered to be used as agents of change within their local communities to reduce the incidence of harsh parenting practices.*

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