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PARENTING PRACTICES IN LOW-RESOURCE CONTEXTS

BY

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Dissertation Abstract

Gamze Turunç, “Parenting Practices in Low-Resource Contexts”

According to the latest numbers, more than half of the world’s population of children are currently living in settings which can be defined as low-resource contexts such as low-and-middle income countries (LMICs), or they are facing forced displacement or experiencing armed conflict (Sanders et al., 2021; UNHCR, 2021). Previous studies on child development and parenting suggested that adverse conditions such as extreme poverty, lack of education, unable to reach social services and resources or being exposed to war trauma are all critical risk factors for children’s development. Negative experiences in low resource contexts may also make adults vulnerable in terms of parental mental health and poor parenting such as low level of involvement with their children, decreased warmth towards children or more frequent use of harsh parenting (Cobham & Newnham, 2018; Lansford & Deater-Deckard, 2012). In this dissertation, I investigated the factors affecting parenting in three different low-resource contexts namely LMIC, armed-conflict setting and post-displacement setting. In Chapter II, using an actor-partner interdependence mediation model, I examined how parents’ justifying attitudes towards violence against women relate to their own (actor effects) and their partners’ (partner effects) level of parental involvement, which then links with their preschool children’s early development. Using data from 16,010 families living in 19 LMICs, the associations between maternal and paternal justification of violence against women, parental involvement and children’s early development were tested. The results showed that mothers’ greater justification of violence against themselves were associated with lower levels of maternal and paternal involvement, while fathers’ greater justification of violence against their wives was related to lower paternal involvement. In these models, paternal and maternal involvement mediated several associations between justification of violence and early childhood development. This study was one of the first studies suggesting that parental attitudes towards violence against women may interfere with parenting and child development during the early childhood period. In Chapter III, I examined whether, and to which extent, the associations between conflict intensity and children’s and early adolescents’ functioning problems are mediated through maternal harsh discipline in a nationally representative sample of Iraqi mothers and their children. Using data from 9623 Iraqi mothers and their children who participated in UNICEF MICS, I also tested whether the associations between conflict intensity, parental discipline and child functioning were similar for children and early adolescents. Results showed that higher conflict intensity was associated with greater levels of maternal harsh discipline and increased levels of social and behavioral problems in children. In turn, greater maternal discipline predicted greater levels of anxiety and depression, learning and cognitive problems and social and behavioral difficulties in children. Maternal harsh discipline also significantly mediated the association between conflict intensity and all child functioning problems. Furthermore, the associations between conflict intensity, parental discipline and child functioning were similar for children and early adolescents suggesting that there might be no difference in terms of vulnerability of different age groups in the face of armed conflict and harsh parenting. Finally, in Chapter IV, I focused on post-displacement risk factors in a sample of Syrian refugee fathers currently residing in Turkey. Using the daily stressor model of refugee mental health (Miller & Rasmussen, 2010), in this study, I tested a multiple linkage model between war trauma, different post-displacement

difficulties, paternal mental health and parenting behaviors. Cross-sectional data collected from 291 Syrian refugee fathers who have fled from Syria and resettled in Turkey with their children between 2 to 5 years showed that war trauma of fathers was associated with greater levels of subjective, material, interpersonal stressors and a greater level of discrimination. In turn, displacement stressors negatively predicted paternal mental health indicators such as depression, anxiety and PTSD and also with increased paternal punitive behavior and decreased paternal warmth. Indirect effects showed that war-trauma has a negative impact on parenting of Syrian refugee fathers mostly through paths including discrimination as a mediator. The results of the current dissertation together with the previous literature clearly establish the negative impact of adversities such as poverty, war and forced displacement on parents and children of different ages. Considering the findings of this dissertation, I suggest that parents and their children living in low-resource contexts such as LMIC, conflict-affected settings, and post-displacement settings might benefit from services and policies reducing justification of violence against women, promoting parental mental health, parental positive discipline and cognitive reappraisal of daily stressors of parents.

Tez Özeti

Gamze Turunç, “Düşük Kaynak Bağlamında Ebeveynlik”

Son rakamlara göre, dünya çocuk nüfusunun yarısından fazlası şu anda düşük ve orta gelirli ülkeler (LMIC'ler) gibi dezavantajlı bağlamlar olarak tanımlanabilecek ortamlarda yaşamakta veya zorla yerinden edilme veya savaş deneyimine maruz kalmaktadır (Sanders ve diğerleri, 2021; UNHCR, 2021). Çocuk gelişimi ve ebeveynlik üzerine yapılan önceki araştırmalar, aşırı yoksulluk, eğitim eksikliği, sosyal hizmetlere ve kaynaklara ulaşamama veya savaş travmasına maruz kalma gibi olumsuz koşulların çocukların gelişimi için kritik risk faktörleri olduğunu öne sürmüştür. Düşük kaynak bağlamlarındaki olumsuz deneyimler, yetişkinleri, ebeveyn ruh sağlığı ve çocuklarıyla düşük düzeyde katılım, çocuklara karşı sıcaklığın azalması veya daha sık katı ebeveynlik kullanımı gibi kötü ebeveynlik açısından savunmasız hale getirebilir (Cobham & Newnham, 2018; Lansford & Deater-Deckard, 2012). Bu tezde, düşük kaynaklı üç farklı bağlamda ebeveynliği etkileyen faktörler araştırılmıştır: LMIC, silahlı çatışma bağlamı ve yerinden edilme sonrası bağlam. II. Bölümde, bir aktör-partner karşılıklı bağımlı arabuluculuk modeli kullanarak, ebeveynlerin kadına yönelik şiddete yönelik tutumlarının, kendilerinin (aktör etkileri) ve partnerlerinin (partner etkileri) ebeveyn katılım düzeyleriyle nasıl ilişkili olduğunu ve bunun da erken çocukluk gelişimi ile olan ilişkisini inceledim. 19 farklı düşük ve orta gelirli ülkede yaşayan 16,010 aileden elde edilen veriler kullanılarak, kadına yönelik şiddetin anne ve baba tarafından onaylanması, ebeveyn katılımı ve çocukların erken gelişimi arasındaki ilişkiler test edildi. Sonuçlar, annelerin kendilerine yönelik şiddeti daha fazla onaylamasının, daha düşük anne ve baba katılımı düzeyleri ile ilişkili olduğunu, babaların eşlerine yönelik şiddeti daha fazla onaylamasının ise daha düşük baba katılımı ile ilişkili olduğunu göstermiştir. Bu modellerde, baba ve anne katılımı, kadına yönelik şiddeti onaylayan tutumlar ile erken çocukluk gelişimi arasındaki çeşitli ilişkilere aracılık etti. Bu çalışma, kadına yönelik şiddete yönelik ebeveyn tutumlarının erken çocukluk döneminde ebeveynlik ve çocuk gelişimini engelleyebileceğini öne süren ilk çalışmalardan biridir. III. bölümde, Iraklı anneler ve çocuklarından oluşan ulusal bir örnekleme, çatışma yoğunluğu ile çocukların ve erken ergenlerin işlevsellik sorunları arasındaki ilişkilerin, annenin katı disiplini aracılığıyla sağlanıp sağlanmadığını ve ne ölçüde olduğunu inceledim. UNICEF MICS'e katılan 9623 Iraklı anne ve çocuklarından elde edilen verileri kullanarak, çatışma yoğunluğu, ebeveyn disiplini ve çocuk işlevselliği arasındaki ilişkilerin çocuklar ve erken ergenler için benzer olup olmadığını da test ettim. Sonuçlar, daha yüksek çatışma yoğunluğunun, daha yüksek düzeyde anne katı disiplini ve çocuklarda artan sosyal ve davranışsal problem seviyeleri ile ilişkili olduğunu göstermiştir. Buna karşılık, daha fazla anne disiplini, çocuklarda daha yüksek düzeyde kaygı ve depresyon, öğrenme ve bilişsel sorunlar ve sosyal ve davranışsal zorlukları yordamıştır. Annenin katı disiplini, çatışma yoğunluğu ile tüm çocuk işlevsellik sorunları arasındaki ilişkiye de önemli ölçüde aracılık etti. Ayrıca, çatışma yoğunluğu, ebeveyn disiplini ve çocuk işleyişi arasındaki ilişkiler, çocuk ve erken ergen grupları için fark göstermemiştir, bu da silahlı çatışma ve katı ebeveynlik karşısında farklı yaş gruplarının savunmasızlık açısından bir fark olmayabileceğini önermektedir. Son olarak, IV. bölümde, şu anda Türkiye'de ikamet eden Suriyeli mülteci babalardan oluşan bir örnekleme yerinden edilme sonrası risk faktörlerine odaklandım. Bu çalışmada, mülteci ruh sağlığının günlük stresör modelini (Miller & Rasmussen, 2010) kullanarak, savaş travması, yerinden edilme sonrası yaşanan farklı zorluklar, baba ruh sağlığı ve ebeveynlik davranışları arasında çoklu bir bağlantı modelini test ettim. Suriye'den kaçan ve 2-5 yaş arası çocuklarıyla Türkiye'ye yerleşen 291

Suriyeli mülteci babadan elde edilen kesitsel veriler, babaların savaş travmasının daha yüksek düzeyde öznel, maddi, kişilerarası zorluklar ve daha yüksek düzeyde ayrımcılık ile ilişkili olduğunu göstermiştir. Buna karşılık, yerinden edilme sonrası yaşanan zorluklar, babaların depresyon, anksiyete ve travma sonrası stres bozukluğu gibi ruh sağlığı göstergeleri ve ayrıca daha yüksek seviye cezalandırıcı davranışı ve daha düşük seviye sıcak davranışlarla ilişkili bulunmuştur. Dolaylı etkiler, savaş travmasının Suriyeli mülteci babaların ebeveynliği üzerinde çoğunlukla arabulucu olarak ayrımcılığı içeren yollardan olumsuz bir etkisi olduğunu göstermiştir. Mevcut tezin sonuçları, önceki literatürle birlikte, yoksulluk, savaş ve zorla yerinden edilme gibi olumsuzlukların ebeveynler ve farklı yaşlardaki çocuklar üzerindeki olumsuz etkisini açıkça ortaya koymaktadır. Bu tezin bulguları göz önünde bulundurularak, düşük ve orta gelirli ülkelerde yaşayan, savaş travmasına maruz kalmış ve yerinden edilmiş ailelerin, kadına yönelik şiddete karşı onaylayıcı tutumlarının azaltılması, ebeveynlerin psikolojik sağlığının ve olumlu ebeveynlik davranışlarının geliştirilmesi ve göç sonrası yaşanan zorlukların bilişsel olarak yeniden değerlendirilmesine yönelik program ve hizmetlerden faydalanabileceği tartışılmakta ve önerilmektedir.

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*I dedicate this dissertation to all the children in the world and to their caregivers who are
struggling to give their children the best life possible...*

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ABBREVIATIONS

DV	Domestic Violence
HDI	Human Development Index
LMICs	Low-and-Middle Income Countries
MICS	Multiple Indicator Cluster Survey
PTSD	Post-Traumatic Stress Disorder
UCDP	Uppsala Conflict Data Program
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

CHAPTER I:

GENERAL INTRODUCTION

More than half of the world's population of children are currently living in low-resource contexts such as low-and-middle income Countries (LMICs), facing forced displacement or experiencing armed conflict (Sanders et al., 2021; United Nations High Commissioner for Refugees; UNHCR, 2021). Previous research clearly showed that adverse conditions such as extreme poverty, lack of education, unable to reach social services and resources or being exposed to war trauma are all critical risk factors and parents living in and experiencing these conditions are vulnerable in terms of decreased parental sensitivity, warmth and involvement and increased use of violent and non-violent discipline (Dede Yildirim & Roopnarine, 2017; Lansford & Deater-Deckard, 2012; Tran et al., 2016).

Among other protective and risk factors, home setting is the most immediate and vital context in which children spend a significant amount of their time with their parents while developmental milestones are taking place (Maggi et al. 2010). Moreover, parenting can also buffer the effects of detrimental conditions such as poverty, war or abuse on children. Therefore, caregivers play a critical role in providing a good quality, stimulating environment for the children, and protecting children from environmental adversity through effective parenting. Various mechanisms between the negative relationship between low-resource context and parenting were established, such as increased parental stress, decreased mental health of the parents, or increased hostility in the environment (Eltanamly et al., 2021; Ponnet et al., 2016). Yet, although research on child development and parenting shows the association of environmental adversity and poor parenting, efforts on examining these associations in low resource contexts such as low-and-middle-income countries (LMIC) or refugee parents were

limited. Consequently, little is known about what protective and risk factors may play role in predicting parenting practices in LMIC or post-conflict contexts. The aim of this dissertation is to address this gap in the literature by exploring factors influencing maternal and paternal parenting behaviors and child development.

Although the main focus is to investigate the risk factors in limited-resource context and child outcomes to support the development and welfare of the children, tracking child outcomes (especially where the administrative data may be poor) can be difficult and costly. For the development of effective interventions and policies, focusing on and establishing the mediators between risk factors and child outcomes has been suggested as a cost-effective and beneficial approach (Ward et al., 2015). One of the factors in this relationship is parenting behaviors such as non-violent and violent discipline, level of warmth or level of parental engagement. In a recent meta-analysis, Eltanamly et al. (2021) stated that the literature on war exposure and child outcomes is lacking the primary mediation studies that can reveal the mechanism and explain the association. In line with this gap, the current dissertation also aims to fill this gap by focusing on parenting as an exploratory mechanism in the relationship between adversity and child outcomes or investigating factors affecting parenting behaviors.

1. LMIC as a low-resource context

LMIC have greater rates of delay in child development, increased levels of child maltreatment and also lower rates of effective parenting which is closely linked with several negative child outcomes such as mental and physical health problems, low school performance, high risk for drug abuse, problems in social relationships and greater engagement in violence and delinquency (Knerr et al., 2013; Ward et al., 2015). These negative outcomes for children bring extra burden to the growing economies of LMIC and make it even more difficult for these

countries to progress forward (Ward et al., 2015). To prevent these social and extra burdens in these countries, parenting is identified as an important factor. However, poor conditions and limited individual and public resources may make it even more difficult to engage in effective parenting behaviors which may lead to better results for the children of parents living in LMIC. Despite these, in general, parenting and child outcomes are more frequently studied in high-income-countries (HIC) where the risk for child development is lower compared to LMIC. Therefore, focusing on risk factors in parenting practices in disadvantaged contexts is critical for establishing evidence for policymaking in these contexts such as LMIC. Without identifying the factors affecting parenting in these contexts, the intervention programs may result in a waste of public economic resources or may create harm or further risk for these already vulnerable populations.

Violence prevention and changing attitudes towards violence are increasingly recognized as key public health issues in LMIC (Mercy et al., 2008; WHO, 2010). In the United Nations 2030 Agenda for Sustainable Development, achieving gender equality and empowerment of all women and girls by eliminating all forms of violence has been targeted as one of the 17 Sustainable Development Goals (SDGs) to support and increase social and economic welfare across the world and the latest reports show that the world is falling behind the goal (United Nations, UN, 2022).

Justifying attitudes towards violence against women has been defined as one of the most important drivers of the perpetration of violence (Abramsky et al., 2011; Flood & Pease, 2009; Hindin et al., 2008). While the adverse effects of exposure violence on women and children well documented in the literature (Ahlf-Dunn & Huth-Bocks, 2016; Huang et al.; 2010), little attention has been paid to attitudes towards violence. In a study with 25 LMIC, it has been found

that women who justified domestic violence reported greater use of harsh discipline strategies for their children (Lansford et al., 2013). In another intervention study aiming to reduce violence against women conducted with Ugandan fathers, it has been found that fathers in the intervention group were more likely to be involved in child care, 12 months after the intervention (Kyegombe et al., 2015).

Chapter II describes a study focusing on parental attitudes towards domestic violence as a risk factor for parental involvement in LMICs. This study employs an actor-partner interdependence mediation model to examine how parents' justifying attitudes towards violence against women relate to their own (actor effects) and their partners' (partner effects) level of parental involvement, which then links with their preschool children's early development. Using data from 16,010 families residing in 19 LMIC that participated in UNICEF's Multiple Indicator Cluster Survey (MICS), the associations between maternal and paternal justification of violence against women, parental involvement and children's early development were examined.

2. Armed conflict setting as a low-resource context

The devastating effects of war or armed conflict on children are well documented in the previous literature (Dimitry, 2012; Slone & Mann, 2016). However, the mechanisms through which war exposure affects children and youth is less frequently studied (Eltanamly et al., 2021). One of such mechanisms is parenting practices.

Armed conflict settings can be especially challenging to take care of the children for parents since exposure to violence in several ways is likely to disrupt daily life and take away the resources otherwise could be available to parents. Armed-conflict-related violence has been linked with numerous stressors for families such as repeated threats to one's life, poverty, loss of employment and housing or other properties, not being able to reach basic services such as health

services, temporary or permanent loss of social support networks (Hou et al., 2020). Along with war trauma, all of these stressors may limit the capacity for effective parenting since they may diminish parental self-efficacy and warmth, and increase parental stress, and mental health problems (Miller et al., 2020). One aspect of parenting that is vulnerable to the detrimental impacts of war is harsh parenting. It has been found that in the context of collective violence such as repeating armed conflict, caregivers are more likely to use punitive behaviors and harsh parenting toward their children (Bryant et al., 2018; Malcolm et al., 2020). Although previous studies focused on war trauma, parenting and child outcomes in different models, primary mediation studies with national samples of war-affected countries are very scarce.

Another question remaining in the literature on the link between war trauma and child well-being is whether the age of the child has an impact on this relationship. Some studies showed that younger children may be more vulnerable to negative impacts of war since they are lacking cognitive and emotional coping resources due to their age (Halevi et al., 2016), while another group of studies found that older children (adolescents) are more vulnerable since they are more likely to be exposed to greater amounts of violence in multiple settings (Punamäki, 2002).

In order to fill these gaps in the literature, Chapter III focuses on a conflict-affected nationally representative sample of Iraqi mothers and their children, and examines whether, and to which extent, the associations between conflict intensity and children's and early adolescents' functioning problems are mediated through maternal harsh discipline. Using data from 9623 Iraqi mothers and their children who participated in UNICEF MICS 6, we also tested whether the associations between conflict intensity, parental discipline and child functioning were similar for children and early adolescents.

3. Post-displacement setting as a low-resource context

By June 2022, there are over 31 million refugees and asylum-seekers worldwide and 3.8 million of them currently living in Turkey (United Nations High Commissioner for Refugees, 2022). Among those, Syrian refugees are the most crowded group of refugees in Turkey and almost half of them are children.

Although refugees generally fled from regions affected by armed conflict, resettlement in a new country brings different kinds of stressors and difficulties for both children and parents in addition to the negative impacts of war. With resettlement, families face challenges of different nature such as poverty, unemployment, loss of possessions, discrimination, separation from family members and home country, disruptions of social supports systems, the uncertainty of the future and conflicts with officials or authorities in the host country (Hou et al., 2020; Miller & Rasmussen, 2017). In such a vulnerable setting, parenting is one of the most influential mechanisms which can protect children from the adversity of the situation or even exacerbate the adverse effects on them. Previous studies showed that in addition to the pre-displacement risk factors such as war trauma and post-displacement risk factors such as difficulties experienced in the host country, parental mental health is also very important for effective parenting (Cobham & Newnham, 2018; Fazel et al., 2012).

Refugee parents are especially vulnerable in terms of mental health since the prevalence rates of mental illnesses such as Post Traumatic Stress Disorder (PTSD), depression, and anxiety are quite high for refugees (Blackmore et al., 2020). The situation in Turkey seems even worse. The researchers found that prevalence rates of anxiety, depression and PTSD were 36%, 34%, and 19%, respectively for Syrian refugees currently living in Turkey (Acarturk et al., 2020).

Therefore, parental mental health becomes an important point to focus on when investigating factors affecting parenting behaviors in refugee parents.

One common gap in the parenting and refugee mental health literature is that men are studied less frequently compared to women (Affleck et al., 2018; Este & Teachable, 2009). Especially in parenting, since the mother is considered to be the primary caregiver of the child, most studies focus on maternal behaviors although evidence clearly suggests that fathers play a significant and unique role in their children's development (Cabrera et al., 2014) and they may also face with different challenges in a post-displacement context as they are the usual provider of the family (Farhood, 1999).

Aiming to address these gaps in the literature, Chapter IV focuses on post-displacement risk factors in a sample of Syrian refugee fathers currently residing in Turkey. This study tested a multiple linkage model between war trauma, different post-displacement difficulties, paternal mental health and parenting behaviors. Cross-sectional data were collected from 291 Syrian refugee fathers who have fled from Syria and resettled in Turkey with their children between 2 to 5 years. Using path analysis we examined the associations between pre-displacement war trauma, post-displacement difficulties including subjective, interpersonal, material problems and perceived discrimination, and fathers' depression, anxiety, and PTSD levels in addition to the punishment and warmth towards their children.

CHAPTER II: STUDY I

PARENTS' ATTITUDES TOWARD DOMESTIC VIOLENCE AS A RISK FACTOR FOR EARLY CHILDHOOD DEVELOPMENT: TESTING AN ACTOR-PARTNER INTERDEPENDENCE MODEL USING UNICEF MICS



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Abstract

While the importance of domestic violence has been examined in relation to parenting behaviors and child development, less is known about the link between justifying attitudes toward wife beating and parenting, especially in low- and middle-income countries (LMIC). This study employs an actor-partner interdependence mediation model to examine how parents' justifying attitudes toward violence against women relate to their own (actor effects) and their partners' (partner effects) level of parental involvement, which then influence their preschool children's early development. Using data from mothers, fathers, and children in 16,010 families residing in LMIC that participated in UNICEF's Multiple Indicator Cluster Survey Waves 4-5-6 and a dyadic mediation modeling approach, we have examined the associations between maternal and paternal justification of violence against women, parental involvement, and children's early development. Results revealed that mothers' greater justification of violence against themselves were associated with decreased level of maternal (actor effect) and paternal (partner effect) involvement, while fathers' greater justification of violence against their wives was related to decreased paternal involvement (actor effect). Furthermore, mediation tests indicated that paternal justification of violence was negatively and indirectly associated with early childhood development through paternal involvement. Moreover, maternal justification of violence was negatively and indirectly associated with early childhood development through both maternal and paternal involvement. Mothers' and fathers' justifying attitudes toward domestic violence emerge as a possible risk factor for child development that can be addressed by preventive interventions.

Keywords: Justification of violence, parental involvement, early child development, low- and middle-income countries, Multiple Indicator Cluster Survey

Parents' attitudes toward domestic violence as a risk factor for early childhood development: Testing an actor-partner interdependence model using UNICEF MICS

Identifying factors related to parenting and early childhood development in low-and-middle-income countries (LMIC)¹ is imperative as nearly half (49.6%) of 3- and 4-year-old children living in LMIC fail to meet their potential in the domains of cognitive, socio-emotional, and physical development (McCoy et al., 2016). A salient risk factor in this context is domestic violence (DV). In this study, we specifically focused on DV against women by men, as it constitutes a serious problem with global prevalence of 30% (Devries et al., 2013). The spill-over hypothesis postulates that negative interactions may transfer from marital to parent-child relations within a family system, as supported by meta-analytic findings on the significant association between overt marital conflict (physical and verbal aggression) and ineffective parenting (Erel & Burman, 1995; Krishnakumar & Buehler, 2000). Especially, mothers who experience physical domestic violence have been shown to be more likely to have decreased parental care such as lower warmth towards the child, decreased parenting effectiveness, less child-centered parenting, and higher controlling behavior (Levendosky & Graham-Bermann, 2001). Consequently, men's DV towards women influence children's maladjustment through parents' use of harsh discipline and low parental involvement (Buehler and Gerard, 2002). Previous research also showed that men's perpetration of DV is associated with their fathering behaviors. Fathers who engage in DV have been found to be less involved in activities with their children (Adhia & Jeong, 2019; Jeong et al., 2020), have lower parental confidence (Baker et al., 2001), and display increased hostile-coercive parenting behaviors (Fox & Benson 2004)

¹ LMIC (Low-and-middle-income countries) were determined by the cutoffs of the Human Development Index (HDI) defined by the United Nations Development Program (UNDP) (UNDP, 2015).

Although the detrimental effects of the actual occurrence of DV and its role in parenting and child development are well documented in the literature (Hungerford et al., 2012; Renner & Boel-Studt, 2013), research on the effects of parents' attitudes towards DV as an important risk factor to be addressed by preventive interventions is scarce. In this study, we aim to address this gap by investigating how men's and women's justifying attitudes towards DV may be related to parenting behaviors and early child development in LMIC.

Parental Involvement and Early Childhood Development in LMIC

Parental involvement and stimulation include several activities that support and stimulate children's developmental processes, such as playing together with the child, reading with the child or storytelling, singing, drawing, and naming. By providing various opportunities for children to explore in a trustful environment, involved parenting supports children's early development including literacy, cognitive, and social-emotional skills (Maggi et al., 2010). For example, a previous meta-analysis on print exposure in early childhood suggested that parents' shared book reading is associated with better language development in preschool children (Mol & Bus, 2011). Similarly, another meta-analysis on father involvement in early ages found that the quantity of fathers' positive engagement activities is associated with children's increased general cognitive skills, lower levels of externalizing behavior, and better self-regulation and learning behaviors (McWayne et al., 2013). Furthermore, mothers' and fathers' greater involvement in home literacy activities has been found to longitudinally predict better reading and math skills and greater socioemotional development including decreased negative behaviors and increased attention in preschool children (Baker, 2013).

The benefits of parental involvement are also shown among families living in LMIC. Several studies with LMIC samples examining the association between parental involvement and

early childhood development found that mothers' and fathers' involvement in several activities with their preschool children were uniquely and positively associated with children's literacy-numeracy, social-emotional, and learning development (Dede Yildirim, & Roopnarine, 2017; Frongillo et al., 2017; Jeong et al., 2017; Jeong et al., 2016; Tran et al., 2017). For example, Dede-Yildirim & Roopnarine (2017) found that mothers' and fathers' engagement in activities supporting cognitive development such as reading books and naming and counting with the child was positively associated with their 3 and 4-year-old children's literacy skills in various Caribbean countries such as Dominican Republic, Belize, Barbados and Guyana. They also reported that fathers' but not mothers' engagement in social activities such as playing with the child, singing songs, and taking the child outside is associated with children's social development. Another study with a similar sample showed that children whose fathers were highly engaged in activities (i.e., 5-6 activities per day) received higher scores on the early childhood development index, compared to children whose fathers were moderately engaged (i.e., 1-4 activities per day) and children with unengaged fathers (Jeong et al., 2016). Similarly, in a cluster-randomized trial to test the causal and long-term effect of a responsive stimulation and nutrition intervention in Pakistan, it was found that 12-months-old infants whose mothers received a responsive stimulation intervention had significantly higher scores on cognitive, language and motor development scales at 24 months of age compared to infants whose mothers received an enhanced nutrition intervention or control group infants (Yousafzai et al., 2014). Previous studies conducted in LMIC clearly indicated that, in such a context where children are subject to several adversities affecting their development, parental involvement critically contributes to children's early development. Therefore, it is imperative to investigate the risk factors that may adversely impact parental involvement in this vulnerable context.

Attitudes Towards Domestic Violence as a Risk Factor for Impaired Parenting

One possible risk factor that may hinder parenting is attitudes towards DV. There are a couple of ways that attitudes towards DV could impact parents' behavior. First, individuals' actual behaviors are heavily influenced by their attitudes toward performing an act (Theory of Planned Behavior, Ajzen & Fishbein, 1970, 1977; Kernsmith, 2005). Findings from multiple countries showed that men's justification of DV is one of the most significant predictors of men's actual perpetration of DV (Abramsky et al., 2011; Flood & Pease, 2009; Hindin et al., 2008; Stith et al., 2004). In addition, women's justifying attitudes towards DV may contribute to its continuity as previous studies showed that women's condoning of DV is linked with women's exposure to DV (Mugoya et al., 2015) and women who justify DV might be less likely to report it (Ali et al., 2019; Anderson et al., 2010). These destructive effects of DV on parenting and young children's development have been consistently established by a large number of studies (Chiesa et al., 2018; Jeong et al., 2020).

Second and maybe more importantly, justifying attitudes towards DV is not only associated with the actual perpetration and victimization but also constitute resistance to changing violent practices and traditional gender roles. It is also a good indicator of gender inequity (Rani et al., 2004; Islam et al., 2015). Tolerating attitudes towards DV represents the subordination of women and men's power over women. Such a power discrepancy in households is likely to create tension and interfere with parental functioning and child development. Supporting this view, one recent study conducted with a large sample of Ghanaian families found that parents' high levels of justifying attitudes towards DV was associated with lower parental involvement in children's learning activities such as reading to the child, assisting with the child's schoolwork or talking to child's teacher about his/her progress (Kofinti et al., 2020). In

line with this finding, another study conducted with married adults in Jordan found that high acceptance of DV was associated with lower family functioning (defined by acceptance, communication within family, expression of feelings etc., Azoubi & Ali, 2018). Taken together, previous studies suggested that justification of DV was associated with decreased parental involvement and increased dysfunction in the family. In the following section, we reviewed the related literature on why and how justifying attitudes towards DV might be related to paternal and maternal involvement.

Family as A System: Actor and Partner Effects

Father's Justifying Attitudes Towards DV and Parental Involvement

Actor Effect. With regard to men's commitment of DV and their parental involvement, in line with the spill-over hypothesis, men who engage in DV have been found to show lower feelings of fathering competence (Baker et al., 2001), higher levels of hostile-coercive parenting behavior (Fox & Benson, 2004), and were less engaged in parental stimulation (Adhia & Jeong, 2019). Harne (2002) showed that some fathers carried their violent relationships with their partners into their fathering practices through self-serving and manipulative intentions. Multi-cultural evidence also revealed that in a sample from 6 developing Asia-Pacific countries, fathers' engagement in inter-partner violence was linked to a lower likelihood of helping with their children's homework (Chan et al., 2017).

Beyond perpetration of the behavior, men's justification of DV might be linked with decreased parental involvement because of these men's stronger beliefs in gender roles. It was shown that men who justified DV endorsed more traditional gender roles in which women were the main caregivers in the family and men did not need to deal with children (Bhanot & Senn, 2007). Similarly, it was shown that men endorsing egalitarian gender roles were more likely to

engage in caregiving practices for their children (Kato-Wallece et al., 2014). Therefore, by avoiding participating in the childcare, men who justify DV might be less likely to engage with their children.

Partner Effect. Men's justification of DV is linked with women's exposure to DV (Stith et al., 2004), that is closely linked to several physical and mental adverse outcomes for women (Ford-Gilboe et al., 2009; Beccaria et al., 2013). Among these, post-traumatic stress disorder, depression, decreased self-esteem are found to be detrimental for women's parental functioning as well (Ahlfs-Dunn & Huth-Bocks, 2016; Hungerford et al., 2012; Gustafsson et al., 2012). For example, Huang et al. (2010) found that the level of domestic violence that the mother experienced longitudinally predicted the decrease in positive discipline and the increase in negative parenting behaviors of mothers and these, in turn, were associated with greater internalizing and externalizing problems in preschool-aged children. Exposure to DV has been also found to be linked to children's behavior problems through increased levels of parenting stress in mothers (Jeong et al., 2020; Renner, & Boel-Studt, 2013).

On the other hand, another group of studies found that mothers may compensate for exposure to violence in their parenting interactions by having increased maternal sensitivity and involvement with their children (Letourneau, Fedick, & Willms, 2007). For example, Levendosky et al. (2003) found that although domestic violence was associated with decreased maternal psychological functioning, parenting effectiveness of mothers was positively associated with their experience of domestic violence, suggesting a compensatory effect. Another qualitative study showed that mothers who were experiencing domestic violence made greater efforts to provide security and nurturance to their children (Buchanan, Power, & Verity, 2004).

Although there is empirical support on the associations between men's perpetration of violence and mother's parenting, our knowledge of the reflection of men's attitudes towards DV on mothers' parenting practices is very limited. Greater justification of DV by men implies patriarchal privilege (Rani et al., 2004) and this privilege is likely to create an atmosphere where women are to be punished by their transgression, but men do not have to take responsibility for poor behavior. Such an unequal and unjust environment is likely to diminish mothers' mental health and parental involvement. Justification of DV by men entails men's greater dominance and control over household resources (Yount et al., 2018). This gender power imbalance might also prevent women from realizing and reaching their full potential by taking their autonomy away and put mothers in a disadvantaged status in terms of mental health and functioning.

Mother's Justifying Attitudes Towards Domestic Violence and Parental Involvement

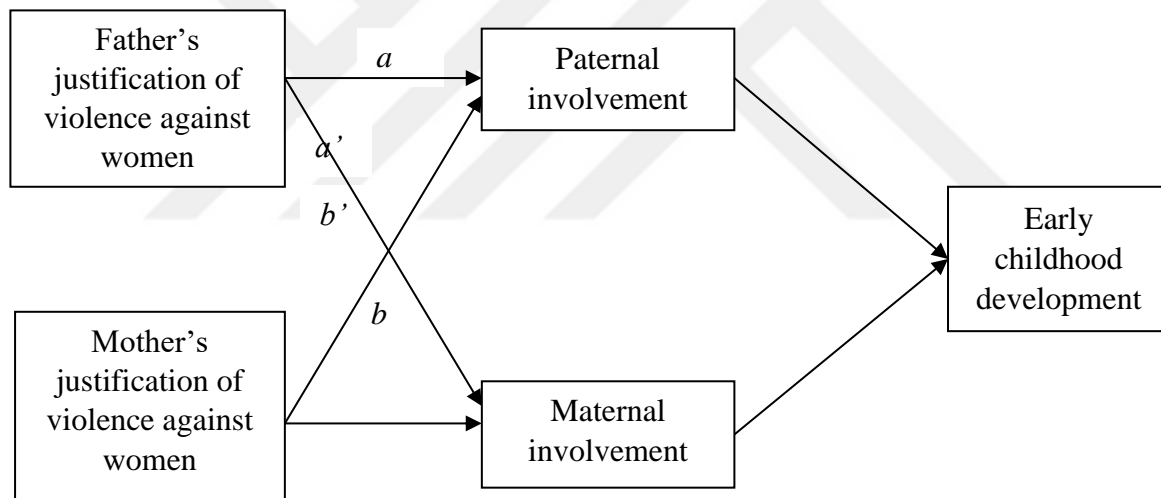
Actor Effect. Mothers who approved DV have been found to be more likely to engage in negative parenting behavior. For example, in a sample of mothers living in low-and-middle-income-countries, mothers who taught that husband's hitting his wife was acceptable in some situations were more likely to believe that physical punishment was necessary for child discipline and also reported greater use of harsh discipline strategies for their children (Lansford et al., 2013). This relationship between mothers' justifying attitudes toward DV and their negative parenting behaviors have been explained by their empowerment. Women's justifying attitudes towards DV has been evaluated as a negative indicator of women's empowerment and specifically used to construct measures of women's empowerment in several studies. And it has been shown to be related to mothers' lacking power over their parental decision making (Bui et al., 2018; Sado et al., 2014; Lépine & Storbl, 2013). Women's justifying attitudes towards DV has been also shown to be linked to their greater endorsement of traditional gender roles. For

instance, in a study conducted in 17 sub-Saharan countries, the percentage of mothers who reported that their husband is justified to hit them if they fail to take care of their children was relatively high (Uthman et al., 2009). Although this might increase maternal involvement, it also suggests that women's acceptance of DV is related to acceptance of men's dominant role as providers and women's submission role as caretakers (Mugoya et al., 2015). Therefore, women's justification of DV may lead them to endorse more traditional gender roles, which makes it difficult to leave an abusive relationship where there is constant stress and hostility and detrimental for their maternal functioning (Jones, 1993). Although, many women may want to continue their relationship and try to reduce or eliminate the violence, women's justifying attitudes toward DV in an ongoing relationship may negatively contribute to the process.

Partner Effect. Acceptance of wife-beating by women is known to further promote men's endorsement of traditional gender roles by accepting and not challenging society's beliefs about men's superiority (Arënliu et al., 2019; Uthman et al., 2009). Fathering studies showed that encouragement and endorsement of higher traditional masculine beliefs were associated with lower levels of involved parenting behaviors for fathers due to the view that child care was women's duty (Dette-Hagenmeyer et al., 2014; Russel, 1978; Petts et al., 2018; Pleck, 2010). For example, in line with this view, mothers' and fathers' beliefs of traditional gender roles were found to be associated with fathers' decreased involvement in child health care and decision making (Zvara et al., 2013). By justifying DV, women may foster their husbands' beliefs about traditional gender roles and therefore, discourage fathers from participating in childcare and this is likely to decrease fathers' involvement with their young children.

Additionally, a growing body of evidence suggested that, in the context of domestic violence, maternal gatekeeping behaviors such as discouraging or preventing paternal

engagement may be strategies for mothers to provide security for their children (Sano et al., 2008; Saini et al., 2017). Maternal gatekeeping or gate closing is generally defined as mothers' attempts to inhibit fathers' engagement in family work (Allen & Hawkins, 1999). In line with this view, it was found that mothers who were exposed to DV from their husbands showed greater gate closing behaviors to protect their children from fathers' potential harsh/intrusive parenting behaviors (Zvara et al., 2016). Therefore, women's justification of violence is likely to affect their beliefs regarding gender roles and their concerns of children's exposure to violence; and as a result, mothers' might inhibit fathers' parental involvement.



Note. a = actor effect on fathering, a' = partner effect on mothering, b = actor effect on mothering, b' = partner effect on fathering.

Figure 1. Proposed model.

Present Study

Justifying attitudes towards DV against women may significantly hinder mothers' and fathers' involvement in parenting activities through reinforcing traditional gender roles and negatively affecting parents' functioning and involvement. This can eventually have a negative impact on children's development. Investigating the justification of DV in LMIC in the context

of parenting is especially important as LMIC are reported to have highly salient traditional gender norms and very high levels of acceptance of DV (Jewkes et al., 2002; Rani et al., 2004; Tran et al., 2016). Additionally, this investigation carries crucial importance as children living in LMIC may be subject to higher risk of inadequate family care that is found to be more likely to occur in low SES families in general, such as provision of books and play materials by parents, parents' number of activities with child, and violent parental discipline practices (Frongillo et al., 2017). Yet, the literature on DV and parenting is mostly focused on the actual behavior. Additionally, policy and intervention efforts regarding men's perpetration of DV in families in LMIC often attempt to change the behavior. However, justifying attitudes towards DV may be considered as a crucial risk factor for decreased maternal well-being and involvement and child development, to be addressed in early prevention efforts.

Another limitation of the DV and parenting literature was that few studies have used a dyadic approach, which accounts for the partners' influence on each other's parental involvement. In this study, we considered family as a dynamic system and use a dyadic interaction model. Specifically, we tested to which extent mothers' and fathers' justifying attitudes towards DV influenced their own and partners' parental involvement, which then influenced their preschool children's early development, by employing dyadic mediation modeling to data from 19 nationally representative LMIC samples. This study aimed to contribute to the emerging empirical support for promoting child development in LMIC by examining the effects of this largely ignored risk factor for lower parental involvement. We predicted that (a) fathers' justifying attitudes would be negatively associated with their own involvement (i.e., actor effect, path a in Figure 1); and also (b) father's justification of DV would be negatively associated with maternal involvement (i.e., partner effect, path a' in Figure 1).

Similarly for mothers, we predicted that (c) mothers' justification of DV would be negatively associated with their own involvement (i.e., actor effect, path *b* in Figure 1); and also (d) mothers' justifying attitudes towards DV would be negatively associated with paternal involvement (i.e., partner effect, path *b'* in Figure 1). And in turn, maternal and paternal involvement would be positively linked with children's scores on the early child development index.

Method

Participants and Data

We used the data from the Multiple Indicator Cluster Surveys (MICS) carried out by the United Nations Children's Fund (UNICEF; UNICEF, 2011) to generate evidence on the well-being of children and women. Five waves of MICS data collection have been completed since 1995. Surveys and measurements were administered in face-to-face interviews by trained interviewers. In each round of MICS, a nationally representative sample of households was selected by using the cluster-sampling technique. In this study, data from 19 low-and-middle-income countries from three MICS rounds were conducted between 2010-2017, including families with 3-5 years old children (36 to 59 months). Country selection was restricted to include only LMIC determined by the cutoffs of the Human Development Index (HDI) defined by the United Nations Development Program (UNDP) (UNDP, 2015). Specifically, the countries included in the current study were Benin (n=879), Mauritania (n=657), Malawi (n=1337), Senegal (n=292), Cote D'Ivoire (n=794), Guinea-Bissau (n=475), Mali (n=1347), Guyana (n=261), Congo (n=830), Swaziland (Eswatini) (n=80), Sao Tome (n=329), Cameroon (n=702), Nigeria (n=3075), Sierra Leone (n=1054), Moldova (n=122), Lao People's Democratic Republic (n=1782), Ghana (n=589), Central African Republic (n=1077) and Togo (n=328). Although

MICS was administered in many countries over the years, we have only included the countries in which the data on study variables were available. Therefore, the data from 4 countries (Togo, Ghana, African Republic and Moldova) collected during MICS round 4 (between 2010-2012), 13 countries (Benin, Mauritania, Malawi, Senegal, Cote D'Ivoire, Guinea-Bissau, Mali, Guyana, Congo, Swaziland, Sao Tome, Cameroon and Nigeria) collected during MICS round 5 (between 2013-2017) and two countries (Lao People's Democratic Republic and Sierra Leone) collected during MICS round 6 (in 2017) were excluded. If the data was collected from the same country in more than one round, we have included only the most recent data from that country.

For families with more than one child aged between 35 and 59 months, we have only included the older child into our sample. Due to a large number of missing values on men's justification of DV, families with missing values on this variable were excluded ($n=13,285$). The final data set included data from 16,010 families living in 19 low- and middle-income countries. Of the whole sample, 48.6% of the children were girls, and 50% were 4-year-olds. 44.8% of the mothers and 35.8% of the fathers had no formal education, 28.4% of the mothers and 29.3% of the fathers had primary school education as the highest education level, 20.3% of the mothers and 24.1% of the fathers had secondary school education as the highest education level, and 6.4% of the mothers and 10.8% the fathers had high school education or higher level. 26.6% of the families were living in the poorest quintile, 23.2% were living in the second poorest quintile, 19% were living in the middle quintile, 15.9% were in the fourth quintile and 15.3 % of the households were in the richest quintile in their countries. The mean age for mothers was 29.68 ($SD = 6.16$) with a range of 15-49, and the mean age for fathers was 36.42 ($SD = 6.98$) with a range of 16-59. Finally, in 96.8% of the households, the head of the household was identified as male.

Measures

Early Childhood Development Index (ECDI)

The mother or the primary caregiver of the child was asked to answer the questions on the child's development and abilities. Ten binary items covering four developmental domains were used to assess early child development. The items were developed and selected by UNICEF based on a previous pilot testing conducted in Jordan, the Philippines and Kenya (2011). 3 items were used to measure language-cognitive development (i.e., whether the child knows the name and recognize the symbols of all numbers from 1 to 10, whether the child can identify or name at least ten letters of the alphabet, and whether the child can read at least four simple, popular words) and 3 items were used to assess the socio-emotional development (i.e., whether the child gets along well with others, whether the child kicks, bites or hits others and whether the child gets distracted easily). Finally, two items were used to measure physical development (i.e., whether the child can pick up a small object with two fingers, like a stick or a rock from the ground and whether the child is sometimes too sick to play) and two items were measuring approaches to learning (i.e., whether the child follows simple directions on how to do something and whether the child is able to do something independently when given something to do). ECDI was found to be valid across many LMIC (McCoy et al., 2016). Several previous studies using MICS data also used ECDI total score as a child outcome (Jeong et al., 2016; Jeong et al., 2017). All items were scored 1 (yes) or 0 (no), and the total score for one child ranged between 0 to 10. The mean score of ECDI was 5.55 ($SD = 1.83$).

Parental Involvement

Mothers were asked to report if the mother and the father of the child engaged in the six parental activities such as reading books, telling stories, sing songs, taking the child outside,

playing with the child and naming, counting, drawing with the child in the last three days. These items were developed and found to be valid during MICS round 3 (Hamadani et al., 2010; Kariger et al., 2012). The answer for each activity was coded either 1 (yes) or 0 (no). The possible range of parental involvement was 0-6, with an average of 1.94 ($SD = 1.9$) and 1.14 ($SD = 1.56$) for mothers and fathers, respectively.

Attitudes Justifying Physical Domestic Violence Against Women

Men and women were separately asked about their attitudes regarding if violence against women is justified in given situations. In five fixed response yes/no questions, mothers, and fathers were asked for a husband whether it is justifiable to hit or beat his wife in certain situations such as: (1) if she goes out without telling him, (2) if she neglects children, (3) if she argues with husband, (4) if she refuses sex with husband, and (5) if she burns the food. Answers were coded as 1 (yes) and 0 (no), higher scores indicating greater justification of violence against women. The possible range for attitudes justifying violence against women was 0 to 5, with a mean of 1.25 ($SD = 1.7$) and .67 ($SD = 1.30$) for women and men, respectively.

Demographic and control variables. In addition to ECDI, parental involvement and attitudes justifying violence against women, age (in months) and sex of the child, age of mother and father, maternal and paternal education levels, child's attendance to early childhood education program, and wealth index of each family were also recorded. The wealth index score was available in each country's own dataset based on several country-specific household assets, including access to electricity, ownership of assets and wall and roof materials using the methodology described in Filmer and Pritchett (2001). The wealth index score ranged between 1 (poorest) and 5 (richest). (See Table 1 for country-specific descriptives).

Table 1

Means and Standard Deviations of Paternal and Maternal Justification of Domestic Violence (DV), Involvement, Education, Children's Early Childhood Development Index (ECDI), Child Age, Wealth Index Score by Country.

Country	Mothers' justification of DV	Fathers' justification of DV	Maternal involvement	Paternal involvement	Early childhood development	Maternal education	Paternal education	Child age in months	% of children attending to early child education program	Wealth index
1. Benin	.98 (1.56)	.34 (.94)	1.66 (1.79)	.90 (1.41)	5.22 (1.7)	1.54 (.87)	1.97 (1.08)	47.63 (6.73)	15	3.09 (1.5)
2. Mauritania	.97 (1.72)	.46 (1.1)	2.03 (1.97)	1.04(1.5)	5.42 (1.83)	2.45 (1.03)	2.48 (1.1)	47.44 (6.84)	14.9	2.89 (1.48)
3. Malawi	.25 (.79)	.09 (.45)	1.57 (1.54)	.84 (1.32)	5.38 (1.74)	2.04 (.53)	2.23 (.6)	47.45 (6.78)	36.6	2.96 (1.33)
4. Senegal	.35 (.91)	.14 (.61)	2.03 (1.68)	.98 (1.35)	5.65 (1.6)	1.97 (.87)	2.19 (.98)	47.35 (6.86)	46.2	2.73 (1.33)
5. Cote D'Ivoire	1.46 (1.85)	.58 (1.25)	1.56 (1.47)	1.06 (1.33)	5.23 (1.5)	1.35 (.63)	1.62 (.87)	47.11 (6.49)	11	2.35 (1.29)
6. Guinea-Bissau	1.18 (1.58)	.65 (1.27)	.91 (1.1)	.36 (.79)	5.03 (1.46)	1.46 (.66)	1.86 (.77)	47.07 (6.7)	9.7	2.47 (1.28)

Country	Mothers' justification of DV	Fathers' justification of DV	Maternal involvement	Paternal involvement	Early childhood development	Maternal education	Paternal education	Child age in months	% of children attending to early child education program	Wealth index
7. Mali	2.13 (1.72)	1.05 (1.38)	1.78 (1.9)	.82 (1.33)	5.25 (1.6)	1.4 (.82)	1.54 (.96)	46.93 (6.81)	7	2.95 (1.43)
8. Guyana	.22 (.73)	.20 (.71)	4.07 (1.96)	2.31 (2.1)	7.43 (1.77)	3.47 (1.03)	3.49 (.92)	47.79 (6.65)	60.2	2.57 (1.49)
9. Congo	1.91 (1.85)	.93 (1.33)	2.22 (1.91)	1.29 (1.65)	5.43 (1.6)	2.57 (.82)	2.95 (.81)	48.48 (6.79)	24.9	2.17 (1.32)
10. Swaziland	.18 (.61)	.18 (.52)	1.53 (1.67)	.8 (1.3)	5.61 (1.45)	2.35 (.96)	2.46 (1.1)	47.48 (6.93)	22.5	2.6 (1.4)
11. Sao Tome	.51 (1.07)	.15 (.49)	1.8 (1.7)	.89 (1.37)	5.37 (1.86)	2.2 (.58)	2.41 (.57)	47.56 (7.08)	39.2	2.65 (1.34)
12. Cameroon	1.05 (1.48)	.71 (1.21)	1.49 (1.64)	.75 (1.2)	5.76 (1.62)	2.05 (.82)	2.33 (.83)	47.52 (7)	32.5	2.87 (1.38)
13. Nigeria	.99 (1.58)	.39 (1)	2.57 (2.12)	1.46 (1.79)	5.74 (2.12)	2.01 (1.04)	2.29 (1.1)	47.54 (6.83)	39.7	2.88 (1.44)
14. Sierra Leone	2.14 (1.94)	1.15 (1.76)	1.75 (1.85)	1.2 (1.59)	4.94 (1.82)	1.39 (.7)	1.5 (.79)	47.8 (6.81)	8.6	2.46 (1.28)

Country	Mothers' justification of DV	Fathers' justification of DV	Maternal involvement	Paternal involvement	Early childhood development	Maternal education	Paternal education	Child age in months	% of children attending to early child education program	Wealth index
15. Moldova	.21 (.71)	.11 (.34)	4.43 (1.68)	2.3 (1.88)	6.85 (1.38)	3.06 (.92)	2.97 (.9)	48.05 (7.1)	82.8	3.51 (1.46)
16. Lao People's Democratic Republic	.9 (1.47)	.5 (1.19)	1.89 (1.93)	1.42 (1.67)	6.57 (1.57)	2.12 (.93)	2.52 (.91)	47.05 (6.7)	31	2.56 (1.4)
17. Ghana	1.59 (1.75)	.84 (1.38)	1.09 (1.37)	.80 (1.27)	6 (1.53)	1.73 (.96)	1.87 (1.05)	47.08 (6.84)	54	2.09 (1.38)
18. Central African Republic	2.54 (1.79)	2.11 (1.75)	1.81 (1.69)	1.27 (1.48)	4.68 (1.5)	1.63 (.65)	2.14 (.65)	46.58 (6.63)	2.9	2.63 (1.24)
19. Togo	1.24 (1.65)	.74 (1.28)	1.61 (1.51)	.83 (1.25)	4.73 (1.47)	1.5 (.6)	2.02 (.78)	46.84 (6.97)	24.4	2.51 (1.33)

Note. Range for scale of each variable were as following: mother's and father's justification of violence=1-5 (number of justified actions of violence by men), maternal and paternal involvement=0-6 (number of activities), Early Childhood Development Score=0-10, maternal and paternal education=1-4 (1=no formal education, 2=primary school, 3=secondary school, 4=high school and higher), child age (in months)=35-59, wealth index=1-5(1=poorest quintile in the country, 5=richest quintile in the country).

Data Analysis

MPlus structural equation modeling software was used to test the actor-partner interdependence model (APIM) (Muthén & Muthén, 2010). APIM is designed to examine interdependence within interpersonal relationships, showing both individual and partner effects. In these dyadic models, exogenous variables (i.e., women's and men's justification of violence) are correlated with each other (Cook & Kenny, 2005). Mother's and father's education levels, child's attendance to early childhood education program (ECE), child age in months, and wealth index of the family were added to the model as control variables. Correlation between error terms of maternal and paternal involvement was added to the model as described in APIMs, and covariances between all independent variables (including control variables) were freely estimated in the model. As we do not expect full-mediation, direct paths from attitudes justifying DV were also included in the model, leading to a just identified model (see Coutts et al., 2019 for examples and syntax on dyadic mediation analysis).

Finally, all analyses accounted for the sampling weights. Countries selected their samples based on the available recent national census. Each region in the country was divided into strata and clusters of households. Therefore, to account for the unequal probability of selection by region, cluster, and household and to address non-response, data weights were calculated by the MICS team. We have used the children's data weight in our analysis following previous studies using MICS data (Dede Yildirim & Roopnarine, 2017; Frongillo et al., 2017). Furthermore, we have used $p \leq .001$ as criteria for statistical significance due to large sample size.

Results

Bivariate correlations between study variables revealed that there was a positive correlation between men's and women's justification of violence and a positive correlation

between paternal and maternal involvement, $r = .25$ and $r = .48$, respectively for men and women. Moreover, there were negative correlations between parental justification of violence and parental involvement for both parents, and with early childhood development score. Furthermore, mother and father involvements were positively correlated with ECDI score, $r = .22$ and $r = .20$, respectively. Finally, all control variables were correlated with the ECDI scores of children (Table 2).



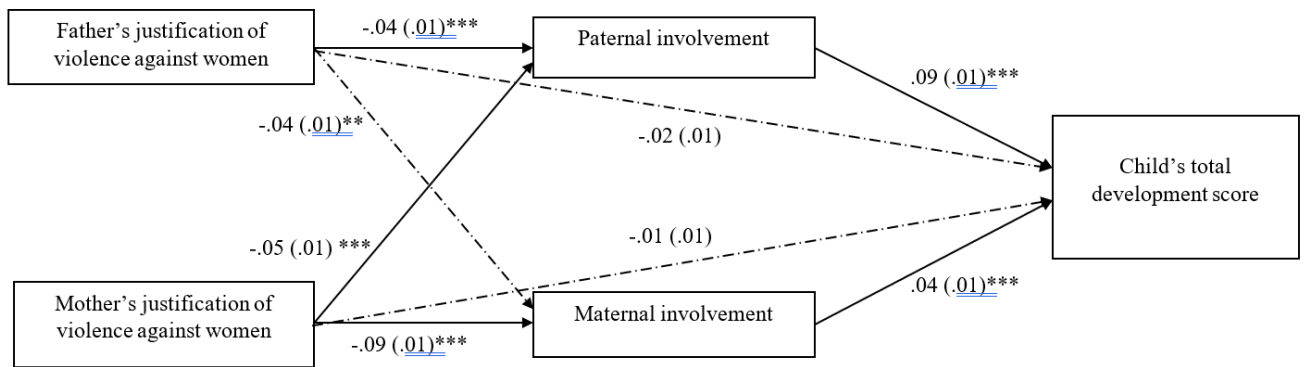
Table 2*Correlations among study variables*

Variables	Mean (SD) Range	1	2	3	4	5	6	7	8	9
1. Women's justification for domestic violence	1.25 (1.7) 0-5	-								
2. Men's justification of domestic violence	.67 (1.3) 0-5	.25***	-							
3. Mother involvement	1.94 (1.9) 0-6	-.08***	-.03***	-						
4. Father involvement	1.14 (1.56) 0-6	-.05***	-.03***	.48***	-					
5. Early childhood development score	5.55 (1.83) 0-10	-.11***	-.09***	.22***	.20***	-				
6. Maternal education	1.88 (.95) 1-4	-.20***	-.14***	.32***	.22***	.32***	-			
7. Paternal education	2.05 (1.08) 1-4	-.16***	-.12***	.26***	.22***	.25***	.64***	-		
8. Child age (in months)	47.37 (6.79) 35-59	-.001	-.02*	.01	.02*	.15***	.02*	.02*	-	
9. Attendance to early childhood education (1=no, 2=yes)	1.31 (.46)	-.18***	-.14***	.26***	.22***	.44***	.43***	.34***	.14***	-
10. Wealth index	2.7 (1.41) 1-5	-.15***	-.13***	.25***	.17***	.28***	.44***	.44***	.01	.37***

* p < .05, ** p < .01, *** p < .001

The results of the tested model showed that father's justification of violence against women was negatively associated with his own parental involvement (actor effect, $B = -.04$, $SE = .01$, $p = .001$, $\beta = -.03$). However, no association was found between father's justification of violence and his partner's involvement (partner effect, $B = -.04$, $SE = .01$, $p = .02$, $\beta = -.03$). We found that mother's justification of violence against women was negatively associated with her own parental involvement (actor effect, $B = -.09$, $SE = .01$, $p < .001$, $\beta = -.08$) and it was also negatively associated with her partner's parental involvement (partner effect, $B = -.05$, $SE = .01$, $p < .001$, $\beta = -.05$). As expected, both paternal involvement ($B = .09$, $SE = .01$, $p < .001$, $\beta = .07$) and maternal involvement ($B = .04$, $SE = .01$, $p < .001$, $\beta = .05$) were positively associated with ECDI score (Figure 2). R^2 values indicated that variance explained for paternal involvement, maternal involvement, and ECD were .005, .009, and .215, respectively.

Indirect effects indicated that the association between father's justification of violence early childhood development score was mediated by their own parental involvement (*indirect effect* = $-.004$, $p < .001$, $\beta = -.002$, bias-corrected 95% CI: $-.005$ to $-.002$) but was not mediated by their partner's parental involvement (*indirect effect* = $-.002$, $p = .002$, $\beta = -.002$, bias-corrected 95% CI: $-.003$ to $-.001$). Paternal involvement mediated 7% of the association between father's justification of violence and child development. In addition, the association between mother's justification of violence and early childhood development score was mediated by both mother's own involvement (*indirect effect* = $-.004$, $p < .001$, $\beta = -.004$, bias-corrected 95% CI: $-.005$ to $-.002$) and paternal involvement (*indirect effect* = $-.005$, $p < .001$, $\beta = -.004$, bias-corrected 95% CI: $-.004$ to $-.003$). For the link between mother's justification of violence and child development, maternal involvement mediated 9% and paternal involvement mediated 11.6% of this association.



Note. Unstandardized beta weights and standard errors are presented. Control variables are mother and father education, child age, child’s attendance to early childhood education program and household wealth index. Covariances between exogenous variables were estimated but not shown on the figure for simplicity. Solid lines indicate statistical significance at $p \leq .001$. ** $p < .01$, *** $p \leq .001$.

Figure 2. Model results.

Discussion

This study has investigated the associations between parents’ justifying attitudes towards violence against women, parental involvement, and early childhood development using data from large, nationally representative samples from 19 LMIC. Findings showed that fathers’ attitudes toward violence are negatively associated with paternal involvement while mothers’ attitudes toward violence are negatively associated with both maternal and paternal involvement in childcare. More specifically, greater justification of violence against women predicted decreased paternal involvement in men (actor effect); and in women, greater justification of violence against women predicted both decreased levels of maternal and paternal involvement (actor and partner effects). Moreover, paternal involvement mediated the link between paternal and maternal attitudes toward violence and child development, while maternal involvement only mediated the link between maternal attitudes toward violence and child development score. Our results suggest that justifying attitudes toward violence against women is a possible risk factor

for ineffective parenting and child development in LMIC. Although previous literature demonstrated that *experiencing* violence negatively affects mothering, to the best of our knowledge, this is the first study investigating *attitudes* towards violence and parenting in relation to preschool children's development with a *dyadic mediation* perspective. In our study, not only men's but women's justification of violence against women had a negative association with involved parenting. With regard to the partner effect of fathers, there was no significant association between fathers' justification of DV and maternal involvement. One explanation for this lack of association can be the fathers' report of low levels of justification of violence in general. One previous study shows that for men, tolerance to partner violence is associated with unwillingness to report it (Gracia & Herrero, 2006). It is possible that fathers in our sample were hesitant to reflect their true level of tolerant attitudes towards violence against women due to social desirability. In some countries in our sample justification levels are under 1 for both women and men, in most of the countries the mean scores are similar to previous findings. Previous studies using the same justification of domestic violence scale also found these low levels of justification for both men and women (Sardinha & Catalan, 2018).

Our findings were in line with previous studies which have suggested that DV is detrimental to parenting for both mothers and fathers (Chan et al., 2017; Jeong et al., 2020; Levendosky & Graham-Bermann, 2001) and which have identified justifying violence against women as a risk factor for negative parenting behaviors, such as harsh discipline in mothers (Lansford et al, 2013). Current findings extend the previous literature by establishing justifying DV against women as a risk factor for *negative* parenting behaviors such as decreased parental involvement of both mothers and fathers. Our results also re-emphasize the importance of parental involvement in LMIC. In line previous studies (Dede Yildirim, & Roopnarine, 2017;

Frongillo et al, 2017; Tran, et al., 2017), in our sample, we have found that fathers' and mothers' number of stimulating activities with their preschool-aged children predicted better early childhood development.

One strength of this study was the use large, nationally representative data from LMICs, which are generally underrepresented in the literature of child development and parenting. Investigation of risk factors for child development in LMIC is crucial since millions of children who live in LMIC are exposed to multiple adversities such as poverty, lack of various stimulation, and education (Lu et al., 2016). One of these major adversities is violence. Although there is variability at the country level, in most LMICs, there is a high level of violence against women accompanied by a high level of its acceptance (Tran et al., 2016). Results from the current study suggest that fathers' level of justification of DV was negatively associated with their involvement with their children and similarly, mothers' greater acceptance of DV might be damaging not only their own parenting but also paternal involvement. Programs aiming to increase parental involvement and early childhood development in LMIC might benefit from addressing components such as attitudes towards domestic violence against women as this construct is related to social norms around caregiving for fathers and has major implications for women's psychological and physical health. Changing attitudes about acceptability of violence is a difficult and long-term work because these attitudes are rooted in patriarchal ideology evident in many societies, especially in LMICs. It should be noted that countries in our sample were mostly low on gender inequality index and the residing women justified violence more than men. Therefore, results of this study must be evaluated with caution since mechanisms proposed and tested in here might not be applicable to countries with greater gender equality.

It should be noted that the effect sizes detected in this study are considered to be small, however, effect sizes tend to be smaller in large sample studies compared to average or small scale studies and also in developmental research compared to other sub-disciplines (Shafer & Schwarz, 2019). Therefore, usual benchmarks of small, medium, and large effects may not accurately represent the practical importance of the findings and can be misleading (Shafer & Schwarz, 2019). Even small effects may contribute to policy making to maximize the developmental potential of children (McCartney & Rosenthal, 2000).

The current study has also several limitations, especially related to the dataset used. First, the associations described in the current study are based on cross-sectional data which is not appropriate to draw cause and effect relationships. For example, it is also possible that greater involvement in childcare would promote gender equality and lower approval for violence against women. However, this explanation is not likely given the gender roles and attitudes are attained starting from very early ages and parenthood is experienced much later in adult life. Second, given the large sample size and coverage of multiple topics about child development, the measures used in MICS were generally not in-depth in nature. Several variables were measured as dichotomous, which leads to limited variability. Moreover, in MICS, although attitudes towards violence were reported by both mothers and fathers, parental involvement and child development were both mother reports. Having multiple reports (from mothers and fathers) would have increased the confidence in the measurements. Especially, mother reports on paternal involvement might not always be accurate and consequently bias the results by undermining the actual father involvement (Charles et al., 2018). Third, similar to the reporting of actual perpetration of violence, approval of DV is generally underreported due to social desirability (Gracia & Herrero, 2006). For example, in a previous study conducted with 809 adults in

Ethiopia, it was found that when asked directly by an interviewer about justification DV, adults (especially men) reported lower levels of approving attitudes compared to when asked indirectly (Gibson et al., 2020). Therefore, we believe that social desirability may have been an influential factor when participants reported their level of justifying attitudes toward DV and it is likely that the level of justification of violence against women is higher than reported. Furthermore, the measure of justification of violence in MICS focused on only physical violence against women; however, individuals might justify other types of violence such as verbal, psychological, sexual or economic which were not included in the attitude assessment of the current study but may still contribute to this risk factor. Finally, information on relevant constructs for this study, such as marital satisfaction and conflict, was not available in the dataset.

Future studies would benefit from longitudinal designs and they should include in-depth measures of constructs used in this study for a more precise interpretation of these associations and recommendations for practice. The covariates used in the current study were limited to the available data collected in MICS. In future studies, in addition to attitudes towards violence against women, actual perpetration and victimization can be added to the model to investigate the independent predictive power of attitudes. Further investigation of different mechanisms is also needed in explaining the association between justifying violence against women and child development. Previous studies showed that domestic violence has detrimental effects on both the victim and the perpetrator (Chan et al., 2017; Jeong, 2020). Attitudes toward violence against women may be a risk factor for decreased parental mental health, which is also critical for parenting and early childhood development. Programs aiming to foster parental involvement might benefit from including prevention-focused modules addressing attitudes towards DV against women. Changing attitudes toward DV involves long-term efforts as these attitudes are

rooted in the patriarchal ideology evident in many societies, especially in LMIC. However, this construct seems related to the social norms around fathers' caregiving and has major implications for women's empowerment and early childhood development. The current study presents empirical evidence for a targeted opportunity to transform these beliefs on violence against women as part of programmatic efforts promoting men's and women's roles as more involved parents.



CHAPTER III: STUDY II

EMOTIONAL, COGNITIVE, AND SOCIAL FUNCTIONING IN CHILDREN AND EARLY ADOLESCENTS LIVING IN POST-ARMED CONFLICT: TESTING MEDIATING MECHANISMS

Turunç, G. & Kisbu, Y. (in press). Emotional, cognitive, and social functioning in children and early adolescents living in post-armed conflict: Testing mediating mechanisms. *International Journal of Psychology*.

Abstract

This study examined whether, and to which extent, the associations between conflict intensity and children's and early adolescents' functioning problems were mediated through parental harsh discipline in a post-armed conflict setting. Data from 9623 Iraqi mothers and their children who participated in UNICEF MICS showed that the associations between conflict intensity, parental discipline and child functioning were similar for children and early adolescents. Higher conflict intensity was indirectly associated with increased anxiety and depression, greater learning and cognitive difficulties, and greater social and behavioral problems through parental harsh discipline. The proportion mediated effect sizes emphasized the importance of parent focused interventions in improving child and adolescent functioning outcomes in conflict affected populations.

Keywords: war, Middle East, maternal discipline, child functioning

**Emotional, cognitive, and social functioning in children and early adolescents living
in post-armed conflict: Testing mediating mechanisms**

Through the years, studies consistently showed the negative effects of armed conflict on children's and adolescents' emotional, cognitive, and behavioral functioning (Porter & Haslam, 2001). For example, young children living close to the Gaza border in Israel had higher rates of psychopathology including PTSD, anxiety disorders, attention-deficit/hyperactivity disorders, and conduct/oppositional defiant disorders, during their middle and late childhood (Halevi et al., 2016). Regarding cognitive outcomes, in a group of Palestinian adolescents, conflict experience predicted greater concentration, attention, and memory problems (Qouta et al., 1995). A recent meta-analysis tried to demonstrate that there is an association between war-exposure and children's social and emotional problems through increased harshness of parents, by examining the individual path estimates coming from different studies (Eltanamly et al., 2021). However, the literature lacks primary mediation studies regarding the association between armed conflict and child development. The present study focused on parenting as the mediating mechanism and examined whether and to which extent the association between armed conflict and child development was through parenting behavior in a conflict affected population. Specifically, we tested the associations between armed conflict intensity and children's emotional, cognitive, and social outcomes through their parents' use of harsh discipline, using a representative sample from Iraq, which is one of the Middle East countries that suffered from the conflict with Islamic State (ISIS/ISIL) group until the formal declaration of the Iraq government in December 2017 that the war with IS was over.

Furthermore, we tested the mediation models separately for children and early adolescent groups, as previous research suggested that children and adolescents might be affected by the

armed conflict at different levels. Young children go through a more sensitive developmental stage as they have not yet developed effective strategies to reach out assets to manage the adverse effect of chronic stress and trauma while older children do (Halevi et al., 2016). The lack of well-developed cognitive skills such as perspective taking and attention may lead them to be confused about the source, the degree and the meaning of the conflict resulting in self-blame, fear, or temper tantrums (Joshi & Donnell, 2003). On the other hand, some studies suggest that older children are more vulnerable because of co-exposure, higher levels of exposure and better understanding of the surroundings and therefore, younger children are more resistant due to the low cognitive capacity compared to older children (Berman, 2001) and being exposed to effects on conflict in multiple setting may exacerbate the negative effects (Punamäki, 2002).

The effect of armed conflict on child functioning through parental harsh discipline

The negative relationship between parental harsh discipline and child development are well-established in the literature. For instance, children who were exposed to extreme discipline or use of corporal punishment were more likely to have greater depression and anxiety (Laskey & Cartwright-Hatton, 2009), decreased cognitive abilities (Aucoin et al., 2006), and difficulties in behavioral and social domains (Taylor et al., 2010). Unfortunately, prior evidence showed that parents who were exposed to armed conflict and war were more likely to use harsh discipline, including corporal and psychological punishment (Eltanamly et al., 2021). This is explained by the fact that parents experience increased chronic stress due to safety concerns which leads to more protective and restrictive behavior towards their children (Sriskandarajah et al., 2015). Moreover, being exposed to chronic conflict and trauma, parents may also experience mental health problems such as post-traumatic stress disorder (PTSD), anxiety and depression which are known to affect parenting behaviors. For example, in a sample of Syrian asylum seekers in

Australia, Bryant et al. (2018) found that war trauma experienced by the primary caregiver predicted greater caregiver PTSD and in turn parental PTSD predicted increased harsh discipline behavior.

In the current study, we aimed to investigate whether and to which extent the relationship between conflict intensity (using geolocational conflict data) and children's and early adolescents' emotional, cognitive, and social and behavioral problems occurred via the parental harsh discipline, in a post-armed conflict setting.

Method

Data and Procedure

We used data from Iraq Multiple Indicator Cluster Survey 6 (UNICEF MICS-6) which was collected from a nationally representative sample of households in Iraq in year 2018 (UNICEF, 2018). The data was collected with face to face interviews from each household. For the modules on child discipline and functioning, every household indicated the list of the children aged between 5-14 and one child from the list was randomly selected to answer the questions in these modules. The primary caregiver of the selected child answered the questions regarding discipline and child functioning.

Sample

We excluded 2,548 families because the focal child in these households was older than 14 years old and the child discipline module of the survey was not administered to these families. The final sample consisted of 9623 children and their mothers. Almost half of the children were female ($n = 4780$) and the age range was 5 to 14 ($M = 9.12$, $SD = 2.92$). Sixty five percent of the mothers had primary education, pre-primary education, or no education. Forty-five percent of the sample was from the poorest or the second poorest quintile in the country (see Table 1).

Measures

Conflict Intensity

The conflict intensity was defined as the rate of deaths due to an armed conflict in the 5 years period prior to data collection for 1000 people living in that region². For the calculation of conflict intensity, we used geolocational conflict data drive from an openly available data set which is Uppsala Conflict Data Program (UCDP). We used the total number of deaths occurred during state-based and non-state-based conflicts between years of 2013-2017 (5 years prior to data collection of MICS6) in Iraq. Participants in MICS-6 were from all 18 regions of Iraq (Supplementary Figure 1). UCDP data also provides region information for the conflict events. This enabled us to calculate a conflict intensity score for each household, by merging the two datasets (i.e., MICS-6 and UCDP) based on the region of the household. Both datasets are available on the MICS (<https://mics.unicef.org/surveys>) and UCDP websites (<https://ucdp.uu.se/country/645>).

There was considerable variation in the number of deaths (Supplementary Table 1). For example, in Ninawa region there was a total of 19,796 deaths between the years of 2013-2017 for a population of 3,729,998 (5.31 per thousand people), while in Erbil region, there was a total of 782 deaths for a population of 1,854,778 (0.42 per thousand people).

Harsh Discipline

Eight items from the Discipline Module of MICS were used to measure harsh discipline (UNICEF, 2018). Mothers were asked to indicate whether an adult from the household used the methods such as “shaking the child, calling the child dumb, lazy or another name like that or hitting or slapping the child on the head or on the other body parts” in the past 30 days. Harsh

² The conflict intensity was also calculated using the past one-year total death per 1000 population and the results were quantitatively similar.

discipline score was calculated by summing the 8 items ($M = 2.41$, $SD = 2.07$). The reliability of the scale was .79.

Child Functioning

We used 8 items from the Child Functioning Module of the MICS as the outcome measure (Massey, 2018). This scale was originally developed to measure disability across 13 domains: seeing, hearing, walking, self-care, fine motor, communication, learning and cognition, emotions, behavior, attention, adaptability, playing, and relationships. For the purposes of this study, we excluded items tapping onto physical development and communication problems. Using a principal component analysis, it was determined that the remaining 8 items formed three factors: a) anxiety and depression (2 items; “How often the child seems very anxious, nervous or worried?” and “How often the child seems very sad or depressed?”), b) learning and cognitive difficulties (3 items; e.g.: “Compared with children of the same age, does the child have difficulty remembering things?”), c) social and behavior problems (3 items; e.g.; “Compared with children of the same age, does the child have difficulty controlling his/her behavior?”). Therefore, we calculated 3 different child functioning scores for each child using the means for anxiety and depression and sums for learning and cognitive difficulties and social and behavioral problems.

Anxiety and Depression. Mothers reported frequency of the child’s anxiety and depression indications with two items using a Likert scale of 1-4 (1 = Never, 4 = Weekly). Higher scores were indicating greater emotional problems ($M = 2.09$, $SD = 1.03$). The Cronbach’s alpha reliability score was .75.

Learning and Cognitive Difficulties. Children’s difficulty in the domains of learning and cognition were measured with three items on memory, concentrating and learning things.

Mothers reported whether their child has difficulty in these domains ($M = 1.05$, $SD = 0.19$).

Reliability of the scale was .80.

Social and Behavioral Problems. Social and behavioral problems were measured with three items. Mothers reported whether their child has difficulty in controlling behavior, making friends, accepting changes in routine ($M = 1.07$, $SD = 0.20$). Reliability of the scale was .62.

Control Variables

Child sex, child age, maternal education, household wealth quintile, ethnic region (Kurdish region vs. Central/South Iraq) and urbanicity of the households (located in urban vs. rural region) were used as control variables following the previous studies. Household wealth index was calculated by the MICS team by conducting a principal component analysis on the assets of the households.

Analytic plan

Multigroup structural equation modeling was conducted using the Mplus software (Muthén & Muthén, 2010) to test the mediation models across the two age groups. Maximum likelihood estimation method was used to account for missing data. All analyses accounted for the sampling weights. Samples of the MICS were selected based on the available recent national census. Each region was divided into strata and household clusters were determined for each stratum. In order to account for the unequal probability of selection by region, cluster and household, and to address non-response data weights were calculated by the MICS team. We used the children's data weight in our analysis as following the previous studies using MICS data (Cuartas et al., 2019). In testing the mediation models, maternal education and child sex were added to harsh discipline as control variables. Furthermore, child age and household wealth index were added to model as control variables for both harsh discipline and child outcomes. 95%

bootstrapped confidence limits for each mediated effect were computed (MacKinnon, Lockwood, & Williams, 2004).

Results

Descriptive statistics and correlations among study variables are provided in Table 1.

The chi-square difference test between unconstrained and constrained models for age groups was not significant ($\Delta\chi^2(19) = 30.714, p > .05$) indicating the pathways between the variables did not vary across age groups. Therefore, we reported the model results for the combined sample of children and preadolescent groups. Model fit statistics showed that the model was a close fit ($\chi^2(12) = 102.48, p \leq .001, CFI = .90; RMSEA = .03, SRMR = .02$).

Results showed that conflict intensity was associated with harsh discipline ($B = .14, SE = .02, p < .001, \beta = .13$) and with social and behavioral problems in children ($B = .01, SE = .00, p < .001, \beta = .07$). Moreover, harsh discipline was associated with greater anxiety and depression ($B = .10, SE = .01, p < .001, \beta = .20$), greater learning and cognitive difficulties ($B = .01, SE = .00, p = .003, \beta = .05$), and greater social and behavioral problems ($B = .01, SE = .00, p < .001, \beta = .11$). Mediated effects showed that conflict intensity was indirectly associated with increased anxiety and depression ($B = .013, SE = .002, p < .001, \beta = .024, 95\% \text{ CI } [.017, .089]$); greater learning and cognitive difficulties ($B = .001, SE = .000, p = .01, \beta = .007, 95\% \text{ CI } [.002, .012]$); and greater social and behavioral problems ($B = .002, SE = .000, p < .001, \beta = .014, 95\% \text{ CI } [.008, .021]$) through harsh discipline. Mother's harsh discipline mediated the 48% and 22% of the total effect of conflict intensity on anxiety and depression and social and behavioral problems of children, respectively. The association between conflict intensity and learning and cognitive

difficulties was completely mediated through harsh discipline. All analyses included control variables at maternal harsh discipline level and child outcome level³ (Figure 1).



³ We also tested the same model without the control variables and findings were similar. Results of the model without controls can be found in Supplementary Figure 2.

Table 1*Bivariate correlations among study variables by age*

	Conflict intensity	Harsh Discipline	Depression and Anxiety	Learning and Cognitive Difficulties	Social and Behavioral Problems	Wealth index	Maternal education	Child age	Child Sex	Urban vs. rural	Ethnic region
Conflict intensity	-	.07***	.06***	.02	.11***	.07***	.06***	.13	.01	.04*	.21***
Harsh discipline	.10***	-	.20***	.09***	.15***	-.20***	-.11***	-.06***	-.04**	.08***	.20***
Depression and Anxiety	.05**	.18***	-	.06***	.15***	-.10***	.01	.03*	-.04**	-.01	.22***
Learning and Cognitive Difficulties	.00	.08***	.07***	-	.39***	-.06***	-.06***	-.01	-.02	.04**	.02
Social and Behavioral Problems	.07***	.13***	.17***	.42***	-	-.04**	.01	-.04**	-.04**	.02	.05***
Wealth index	.06***	-.16***	-.10***	-.04*	-.01	-	.39***	.01	.01	-.45***	-.46**
Maternal education	.01	-.01	-.02	.01	.01	.02	-	-.01	-.01	-.33***	-.01
Child age	-.02	-.17***	.02	.00	-.01	.00	.01	-	-.02	.00	-.01
Child Sex (1=male, 2=female)	.01	-.10***	-.06***	-.04*	-.05**	-.03*	-.02	.00	-	-.01	.01
Urban vs. rural	.07***	.07***	-.01	.00	.02	-.42***	-.02	.02	.01	-	.14***
Ethnic region	.21***	.17***	.29***	.01	.05***	-.47***	-.01	.00	-.01	.14***	-
Min-Max.	0-6.55	0-8	0-4	1-2	1-2	1-5	0-3	5-14	1=Male 2=Female	1 =Urban 2 = Rural	1 = Kurdistan 2=South/Central Iraq
Mean	1.16	2.41	2.1	1.05	1.08	2.84	1.32	9.12			
SD	1.88	2.07	1.03	0.19	0.20	1.43	0.99	2.92			

Note. Correlations between variables for children are presented above the diagonal and correlations between variables for early adolescent group are presented below the diagonal. Minimum and maximum values, means, and standard deviations are presented for the total sample. *** $p < .001$, ** $p < .01$, * $p < .05$.

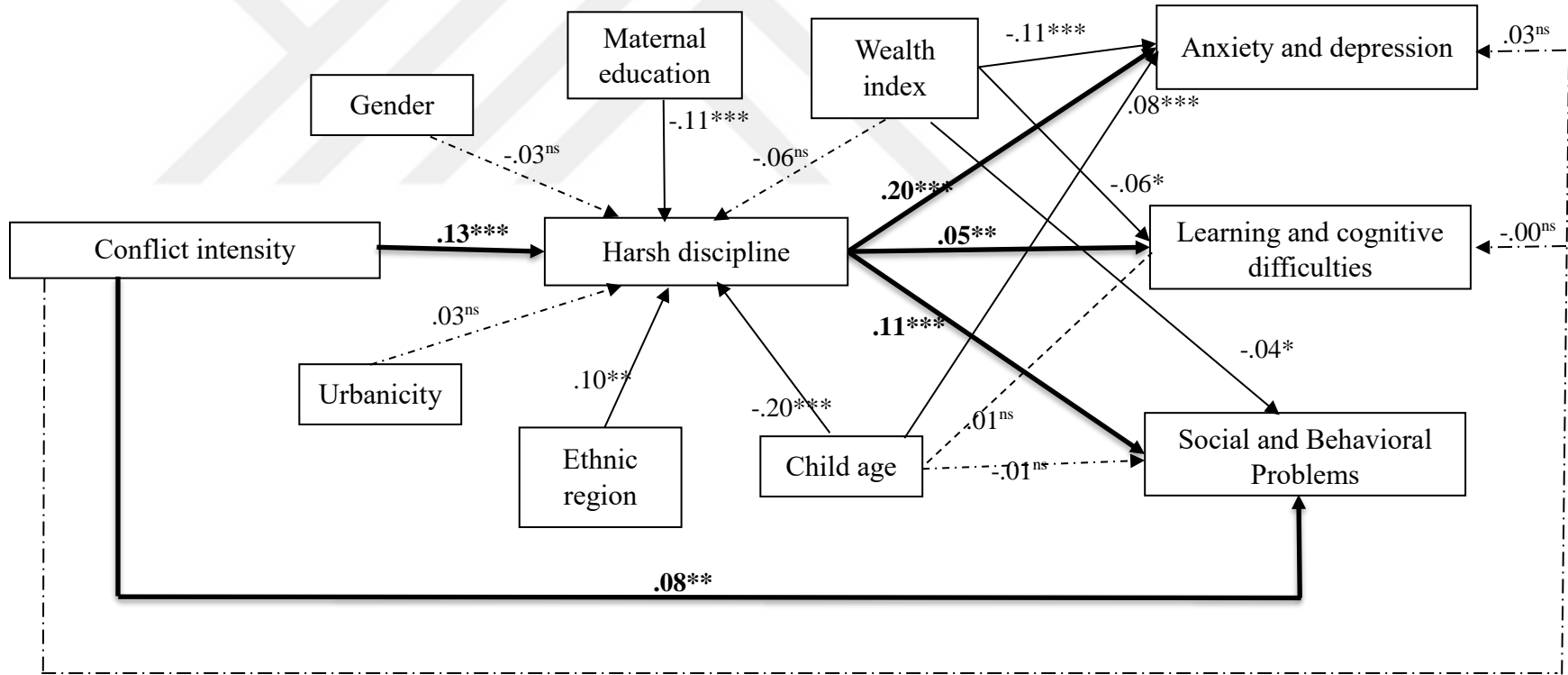
Table 2*Indirect effects calculated with 1000 bootstrap*

Indirect effects	<i>B (SE)</i>	β	95% <i>CI</i>	<i>p value</i>
Conflict intensity → Harsh discipline → Anxiety and depression	.013 (.002)	.024*	[.017, .089]	< .001
Conflict intensity → Harsh discipline → Learning and cognitive difficulties	.001 (.000)	.007*	[.002, .012]	.01
Conflict intensity → Harsh discipline → Social and behavioral problems	.002 (.000)	.014*	[.008, .021]	< .001

Note. *B* refers to unstandardized beta weights and β refers to standardized beta weights for the given indirect effect. Standard errors of the unstandardized beta weights were given in parenthesis.

Figure 1

Tested model results for the combined sample (children aged 5-9 years and early adolescents aged 10-14 years)



Note. Standardized coefficients are presented. $\chi^2(24) = 124.56, p \leq .001, CFI = .89, RMSEA = .03, SRMR = .02$. Child sex, child age, maternal education, household wealth quintile, urbanicity (urban vs. rural region), and ethnic region (Kurdish region vs. Central/South Iraq) were controlled at the maternal discipline level. Child age and wealth quintile were controlled at the child functioning level. The sample size was 9623.

*** $p \leq .001$, ** $p < .005$. * $p \leq .05$, ^{ns} $p > .05$

Discussion

This study focused on the explanatory role of maternal harsh discipline in the relationship between conflict intensity and developmental outcomes of children and early adolescents.

Multigroup analysis results showed that the models did not significantly differ across age groups indicating similar associations between variables. Despite the variation in previous findings on the level of vulnerability of different age groups, our results suggested that both age groups may be similar in terms of the vulnerability to the adversity of conflict.

The result of the tested model for the combined group showed that conflict intensity predicted maternal use of harsh discipline and children's and adolescents' behavioral and social problems. Moreover, mothers' harsh discipline was associated with all of the functioning problems. Mediation analysis also showed that mothers' disciplining partly explained the association between conflict intensity and children's and adolescents' functioning problems. Our results are line with the findings of previous studies with Iraq samples showing the association between conflict intensity and harsh discipline (Malcolm et al., 2020) and the association between maternal discipline and child functioning (Logan et al., 2020). Using two different waves of MICS Malcolm et al. (2020) found that casualty rates were associated with decreased use of positive discipline and increased use of harsh discipline among Iraqi mothers. However, to the best of our knowledge, this was the first study that investigated the mediatory role of harsh discipline in the relationship between armed conflict intensity and various child development outcomes using primary data from a conflict affected sample. This study provided critical insights regarding intervention and policy efforts. Although the path effect sizes reported in the current study are considered as small compared to the majority of developmental studies with smaller samples, small effect sizes are not uncommon in large-scale data and usual benchmarks

used to evaluate the importance may be inappropriate (Schafer & Schwarz, 2019). Considering the representativeness of data and limited resources due to violent conflict in Iraq, small effects can still make a meaningful contribution to the policymaking process for children and adolescents affected by violent conflict (McCartney & Rosenthal, 2000). Furthermore, the mediation effect sizes show that an important proportion of the relationship between conflict intensity and child outcomes is mediated through parental harsh discipline.

Mediated effects in this study emphasized the importance of parent focused interventions to protect children and adolescents from the adverse effects of armed conflict. A good example of this was a recent intervention program using trauma-focused-cognitive behavioral therapy which showed promising effects in reducing the harsh discipline practices of Syrian refugee mothers in Lebanon (Sim et al., 2021). The results of this intervention study suggested that providing information to parents regarding childhood development, positive discipline techniques, and the effects of toxic stress on parenting may be useful strategies to promote positive parenting practices. Other research identified social support as well as a protective mechanism for parental resilience in the face of war trauma and other adversities (Sim et al., 2019). The results of the current study together with the previous research suggested that parents and their children living in conflict affected settings may benefit from services and opportunities promoting parental positive discipline techniques and reducing punishment behavior of parents. And treatments reducing the stress and improving the mental health of parents affected by trauma may be of one of the effective strategies to achieve that. Therefore, the efforts should target families with both younger and older children as our findings indicated that both groups are vulnerable to the effects of war through parental practices.

Our study had some limitations. The measures used in MICS to assess child functioning were not in depth and only parent reported, therefore future studies would benefit from using more comprehensive and task-based measures. The items used in MICS may not be suitable for older children, especially on social and behavioral problems and learning and cognitive functioning domains since older children's developmental progress in these domains requires complex measures. Although our research used geolocational data for conflict exposure as a predictor, physical proximity, perceived level of stress, personal traumatic experiences, the duration and type of the conflict can also be influential factors. Finally, similar to Malcolm et. al (2020), the study did not have individual-level longitudinal data nor an experimental design with random assignment, which constitute a causality issue. There may be bidirectionality in the associations, as such difficult children may be getting more severe forms of punishment from their parents or households were not placed randomly on high or low conflict areas. Future research would benefit from longitudinal designs to investigate the dynamic nature of these effects over time.

Compliance with Ethical Standards

The authors have no funding to disclose. The authors declare they have no conflict of interest. This study used publicly available, fully de-identified secondary data collected by the Uppsala Conflict Program and UNICEF MICS which comply with ethical standards in data collection from humans.

Supplementary Table 1.

Population, number of households in the sample, surface area and 5-year conflict intensity by regions of Iraq

Population estimations for 2018 were obtained from <https://www.citypopulation.de/en/iraq/cities/>.

Region	Population	Number of households in sample	Approximate surface area Km²
1. Duhok	1,292,535	518	10,000
2. Nainawa	3,729,998	452	36,700
3. Sulaimaniya	2,053,000	424	20,000
4. Kirkuk	1,597,876	545	10,500
5. Erbil	1,854,778	340	12,000
6. Diala	1,637,226	477	14,700
7. Anbar	1,771,656	541	135,000
8. Baghdad	8,126,755	1078	5,200
9. Babil	2,065,042	552	5,800
10. Karbala	1,218,732	526	5,030
11. Wasit	1,378,723	562	17,150
12. Salahaddin	1,595,235	454	26,000
13. Najaf	1,471,592	510	28,820
14. Qadisyah	1,291,048	447	8,150
15. Muthana	814,371	653	51,740
16. Thiqar	2,095,172	532	12,900
17. Misan	1,112,673	521	16,070
18. Basrah	2,908,491	465	19,070

Casualty rates were calculated with the data obtained from <https://ucdp.uu.se/country/645>

Supplementary Figure 1.

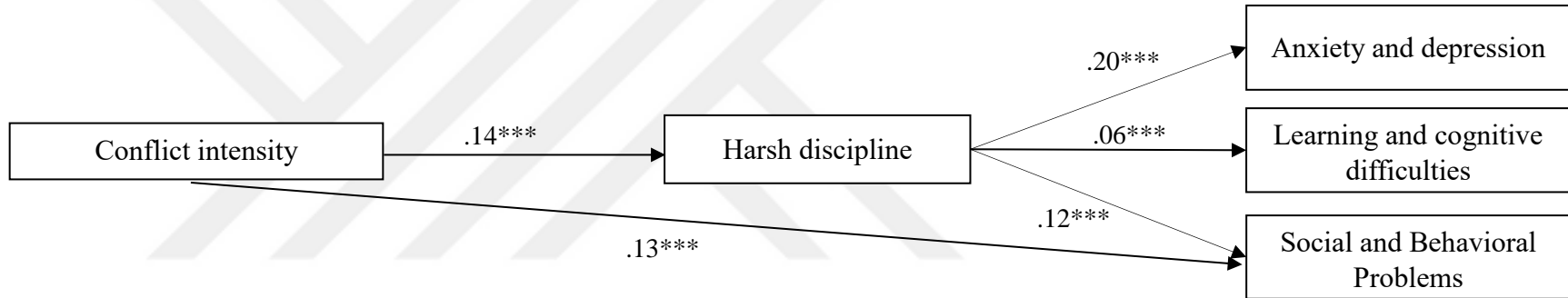
Map of Iraq regions



Image retrieved from “Al-Hemiery, N., Dabbagh, R., Hashim, M. T., Al-Hasnawi, S., Abutiheen, A., Abdulghani, E. A., ... & Rawson, R. A. (2017). Self-reported substance use in Iraq: findings from the Iraqi National Household Survey of Alcohol and Drug Use, 2014. *Addiction*, 112(8), 1470-1479.”

Supplementary Figure 2.

Model showing results without control variables



Note. The model without controls was just identified. Paths from conflict intensity to anxiety and depression and learning and cognitive difficulties were estimated but not shown in the figure.

CHAPTER IV: STUDY III

EFFECTS OF PRE- AND POST-DISPLACEMENT DIFFICULTIES ON MENTAL HEALTH STATUS AND PARENTING PRACTICES OF SYRIAN REFUGEE FATHERS IN TURKEY



Turunç, G., & Kisbu, Y. (in preparation). Effects of pre- and post-displacement difficulties on the mental health status and parenting practices of Syrian refugee fathers.

Author note

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Abstract

Adverse effects of war trauma and post-displacement difficulties on refugee families are well-documented in the previous literature, however, there is considerably less research with refugee fathers focusing on different types of stressors. The current study tested a multiple linkage model between war trauma, different post-displacement difficulties, paternal mental health and parenting behaviors. Cross-sectional data was collected from 291 Syrian refugee fathers who have fled from Syria and resettled in Turkey with their children between 2 to 5 years. Using path analysis we examined the associations between pre-displacement war trauma, post-displacement difficulties including subjective, interpersonal, material problems and perceived discrimination, and fathers' depression, anxiety, and PTSD levels in addition to the punishment and warmth towards their children. Consistent with prior research, results showed that war trauma exposure negatively predicted different post-displacement stressors. In turn, displacement stressors negatively predicted paternal mental health indicators such as depression, anxiety and PTSD. Indirect effects showed that war-trauma has a negative impact on parenting of Syrian refugee fathers through different paths. Results suggested that among post-displacement stressors, discrimination had the highest number of significant and negative associations to all of the mental health outcomes and punishment and warmth of fathers and could be an important risk factor to address within policies and practices regarding refugee parents.

Keywords: displacement, war, refugee, mental health, fathering

Effects of pre- and post-displacement difficulties on mental health status and parenting practices of Syrian refugee fathers in Turkey

The World is faced with the largest migration wave since World War II. According to the latest report of The United Nations High Commissioner for Refugees (UNHCR), one percent of the world population is affected by forced displacement which is the highest number ever (UNHCR, 2020). With approximately 3.7 million people, Turkey hosts the largest community of displaced Syrians in the world and almost half of them are under the age of 18 (UNHCR, 2022). Children are one of the most vulnerable and adversely affected group from armed conflict and forced displacement. A systematic review showed a higher rate of mental health disorders in children who are exposed to war compared to general population (Attanayake et al., 2009). Post-traumatic stress disorder (PTSD) along with depression and anxiety are the most commonly reported mental health problem among children who were exposed to war (Attanayake et al., 2009; Duraković-Belko et al., 2003). Migrant children with war exposure also show more social problems including peer relationships and avoidance (Derluyn et al., 2008). Another study with Syrian refugee children living in a refugee camp in Turkey found high prevalence of PTSD and depression as well as somatic complaints (Sirin & Rogers-Sirin, 2015).

Previous studies with refugee children also showed that parental trauma, mental health and behaviors predict refugee children's psychosocial difficulties including emotional, hyperactivity and peer problems (Bryant et al., 2018; Sim, Bowes & Gardner, 2018), children's post-traumatic stress disorder (PTSD) (Erucar et al., 2018), attachment (Dalgaard et al., 2016), depression (Heptinstall et al., 2004) and increased risky behavior and decreased school success (Berthold, 2000).

On the other hand, parenting is one of the key points which can exacerbate the negative effects or provide protection from them (Murphy et al., 2017). Parenting behaviors have been shown to mitigate the negative effects of war and displacement (Eltanamly et al., 2021). Investigating factors affecting behaviors of refugee parents is essential. Most studies with refugee populations are focused on mothers (El-Khani et al., 2018; Sim et al., 2018; Sim et al., 2019) but fathering is also essential for child development and resilience and factors mechanisms affecting fathering may be different than mothering.

The current study examines the effects of war trauma and stressors experienced by Syrian refugee fathers on their mental health and paternal parenting behavior. Specifically, we investigated the effects of pre-displacement war trauma and post-displacement daily stressor on their mental health and parenting behaviors.

Parenting in Conflict Affected Settings

Conceptual and empirical studies with conflict affected populations indicated that parents who are exposed to war trauma showed decreased warmth and increased harshness towards their children (Eltanamly et al., 2021; Murphy et al., 2017). For instance, in a representative sample of Iraqi mothers, Malcolm et al. (2020) found that mothers who live in high-conflict regions are more likely to use moderate and severe punishment (such as yelling and hitting) and less likely to use positive discipline techniques (such as verbal explanation or privilege restriction) for their children. Similarly, a study conducted with a group of children living in the Northeastern provinces of Sri Lanka where violent armed conflicts took place for a long time, it was found that the number of war related events strongly predicted family violence (Catani et al, 2008). Not only parental punitive behavior but also positive parenting was found to be affected by war trauma. For instance, a previous study with middle school children living in conflict affected

regions of Croatia found that war experience was associated with decreased positive parenting including parental acceptance and support (Kerestes, 2006).

Although previous studies with conflict affected populations consistently show a link between war trauma experience and parenting, the mechanisms underlying this relationship are less frequently investigated. One of the explanatory mechanisms in the relationship between war trauma and parenting is decreased mental health of parents (Fazel et al, 2012). Mental health is known to be central for parenting behaviors. Meta-analytic studies consistently showed that parental depression is linked with negative parenting such as coercive behaviors, hostility, lack of involvement, criticism for both mothers and fathers (Lovejoy et al., 2000; Wilson & Durbin, 2010). In a similar line, studies with conflict affected parents and war veterans, parental PTSD is linked with poor parenting alliance in couples, decreased interaction with children, increased parenting stress, and increased discipline behaviors (Creech & Misca, 2017; Gewirtz et al., 2010).

Refugee parents are particularly at risk of poor mental health. Meta-analysis with refugee populations resettled in the Western countries showed that refugees suffer from high levels of PTSD, depression and anxiety with prevalence rates around 35%, 13.7%, and 19.3%, respectively (Blackmore et al., 2020). According to the results of a recent study with Syian refugees, the situation in Turkey is more severe (Acarturk et al., 2020). The researchers found that prevalence rates of anxiety, depression and PTSD were 36%, 34%, and 19%, respectively, and comorbidity was also high. Therefore, considering the vulnerable situation of refugees, mental health becomes particularly important in the context of parenting.

Effects of war trauma and post-displacement stressors on mental health and fathering

Earlier models on refugee mental health mostly focused on the dose-effect of war trauma (Mollica et al., 1998; Smith et al., 2002). However, a more recent psychosocial approach shifted the attention primarily on the stressful conditions resulting from war trauma and displacement. According to an ecological model of refugee distress, pre-migration exposure to violence is related to displacement itself and various kinds of stressors brought by the displacement. Supporting this idea, the factors that are triggered by the displacement found to be predicting the mental health of refugees as strongly as war trauma (Miller & Rasmussen, 2010; Miller & Rasmussen, 2017). Ongoing daily stressors like poverty, unemployment, discrimination, separation from family members and home country, disruptions of social supports systems, uncertainty of future and difficulty reaching health services disrupt individuals' daily lives and threaten refugees' mental health. Post-displacement stressors include economic difficulties such as poverty, unemployment and loss of possessions; distressed feelings such as worries about family, uncertainty regarding asylum status or loneliness and boredom; and interpersonal difficulties including discrimination, separation from social support networks such as friends and family and conflicts with officials or authorities in the host country (Miller & Rasmussen, 2017).

A meta-analysis on post-displacement factors and refugee mental health showed that refugees having difficulty accessing economic opportunities have worsened mental health compared to their peers who have less difficulty accessing economic opportunities such as stable accommodation and limited work rights (Porter & Haslam, 2005). Similarly, another study with Iraqi refugees showed that separation from immediate family members and fears for family were associated with elevated psychopathology including PTSD and depression (Nickerson et al., 2010). In addition to financial stressors and separation from family, discrimination also emerged as a significant predictor of mental health. Previous research suggests that perceived

discrimination strongly predict depression levels of Southeast Asian refugees displaced in Canada, even after controlling for other risk factors such as employment status and education (Noh et al., 1999). In another study with a large group of migrants arrived in Australia, the researchers found that post displacement factors such as number of economic stressors, social integration difficulties, discrimination, worry about family and friends and loneliness increased the likelihood of PTSD and other severe mental illnesses (Chen et al., 2017). Finally, a recent meta-analysis using data from 59 studies with conflict-affected forced migrants reported that subjective daily stressors and interpersonal daily stressors predict anxiety, depression, PTSD and general distress, while material stressors only predicted PTSD symptoms of refugees (Hou et al., 2020). Existing literature on post displacement daily stressors suggests that experiences of economic, social and emotional difficulties are strong predictors of most prevalent mental health indicators such as depression, anxiety, and PTSD in refugee populations.

Studies with refugee parents also found that daily stressors are particularly relevant to forcibly displaced parents' mental health. In qualitative studies, refugee parents reported that they experience economic hardships, insecurity in their living community, difficulty in accessing services and these adversely affect their parenting (El-Khani et al., 2018; Sim et al., 2018). In line with this, in a recent study with Syrian refugee mothers living in Lebanon, it was found that daily stressors of mothers are associated with maternal psychological distress and maternal PTSD and in turn, maternal psychological distress predicted greater harsh parenting and parental rejection (Sim et al., 2018). Despite the large body of studies examining displacement-related stressors and refugee mental health, there is much less support on the critical effect of post-displacement related stressors on parental mental health and parenting behaviors.

Present Study

Previous research with refugee parents mostly focuses on maternal mental health and parenting behavior of refugees living in humanitarian settings such as refugee camps (El-Khani et al., 2018; Sim et al, 2018). However, most refugees living under the temporary protection in Turkey are currently living in big cities and not in refugee camps and potentially facing different kinds of difficulties such as greater discrimination and more difficulty adapting the host community which can be risk factors for parenting. In addition, research with war-affected and displaced people were mostly conducted in high income Western countries. The stressors and their impact on the life of refugees may be different in low- and middle-income countries due to cultural differences, and socio-economic situations (Li et al, 2016). Moreover, most of the previous studies with refugee parents focus on daily stressors as an undifferentiated concept; however, post-displacement stressors include a diverse set of difficulties which could be economic, emotional, social or interpersonal in nature (Hou et al., 2020; Li et al., 2016).

A second limitation in the current literature is that according to a recent review, while 95% of the research with refugees and displaced people focuses on women, only 5% focuses on men (Affleck et al., 2018). This is also the case for fathers in parenting research. Mothers are generally considered to be primary caregivers and fathers are under-represented especially in the refugee context although they report many barriers for parenting as well (Este & Teachable, 2009). Studying risk factors for parenting behavior in refugee fathers is crucial because previous findings provide ample support for the essential role of fathers' involvement and parenting behaviors in young children's emotional, cognitive and social development (Cabrera et al., 2014; Lamb, 2010). War trauma and forced displacement may pose various threats to fathers' parental mental health and parenting behaviors. For example, in a dangerous and unstable environment stemming from conflict, fathers make greater efforts to provide safety for their family which

creates a certain stress (Bond, 2018). Similarly, due to financial instability and loss of material resources, children and women might have to work outside home and this could be especially frustrating for fathers who are considered themselves as the breadwinners (Farhood 1999; Farhood et al., 1993, Fisher, 2013). The present study aims to expand the previous knowledge on refugee fathers' mental health and their parenting behaviors by examining the effect of pre- and post-displacement related stressors. In this study, using cross sectional data from 286 Syrian refugee fathers living in Istanbul, we aim to examine the unique effects of war trauma and different sets of post-displacement stressors on mental health and parenting behaviors of refugee fathers.

Method

Procedure

Data was collected from 286 married, Syrian men, currently living in Istanbul, who have at least a child between ages 2-5 and migrated to Turkey after 2011. Participants' being at least primary school graduates was another inclusion criteria since the survey is self-reported and required literacy in Arabic. Data was collected from the regions where Syrian refugees densely resettled in the city. Recruitment and data collection were conducted by Arabic speaking, male field staff who had prior data collection experience with refugee samples. Field staff explained the purpose and procedures of the study by reading aloud from a script emphasizing voluntary participation (informed consent form) and obtained consent for participation. Following the consent, participants filled out the survey pack including questionnaires on fathering behaviors, well-being and refugee status. During their participation, field staff was present and available to assist the participants if anything is unclear in the survey. Finally, in the case that the father has more than one child in the specified age group (2-5), fathers were instructed to answer

considering their relationship with their oldest child in the given age group when answering parenting behavior questions.

Measures

Translation and back-translation of the survey pack was made by different native translators. Minor explanations and clarifications were included in the questionnaire pack following the initial field testing and the feedback from field staff.

War trauma. To assess participants' pre-displacement war trauma exposure, Harvard Trauma Questionnaire's 17-item Traumatic events Checklist was used (Mollica et al., 1992). Participants were asked to indicate if they have experienced or witnessed (yes) or not (no) war related events such as lack of food or water, combat situation or forced isolation from others. Total number of positive answers indicates the level of trauma experienced by the fathers.

Post-displacement stressors. In order to measure post displacement stressors capturing different domains we used two different scales. Four separate post-displacement stressors were identified: discrimination, subjective daily stressors, interpersonal daily stressors, and material daily stressors.

Perceived Discrimination Scale was used to measure the frequency of discrimination experiences of participants (Brondolo et al., 2005). Participants were asked to indicate how often they have experienced 21 events of discrimination (such as being ignored or treated unfairly in various contexts due to their ethnicity) since they left their home country. Item responses ranged from 0 (never) to 4 (almost all the time). Higher scores indicate greater perceived discrimination ($\alpha = .94$).

To measure the other difficulties that the participants are experiencing in Turkey, 23 items from the Post Migration Living Difficulties Scale (PMDS; Silove et al., 1997) were used.

One item measuring discrimination was excluded to avoid the overlap with the perceived discrimination scale. 9 additional items were included to the questionnaire to measure the material difficulties based on a previous study conducted with Syrian refugees living in Turkey (Cantekin & Gençöz, 2017). Participants were asked to indicate to which extent they were troubled by any of the listed living problems (in total 32 items such as worrying about family back at home, loneliness and boredom, poverty and poor access to emergency medical care) in the past 12 months using a 5-point likert scale (0 = no problem at all, 4 = a very serious problem). Reliability of the total scale was very high ($\alpha = .97$). Since PDMS encompasses many different domains, we created new subscales categorizing different domains such as subjective, material and interpersonal stressor following the categorization of a recent meta-analysis on daily stressors for conflict-affected forced migrants (Hou et al., 2020). In their study, Hou et al. (2020) categorized everyday life experiences into four domains such as subjective daily stressors, interpersonal daily stressors, material daily stressors and mixed daily stressors. In line with this categorization, we formed subscales for (1) subjective daily stressors measuring difficulties referring to emotional valence and distressed feelings, (2) interpersonal difficulties subscale referring to interpersonal interactions such as loneliness and isolation, separation from family and interactions with immigration officials, and (3) material daily stressors measuring difficulties referring to material sources such as housing, physical environment conditions, employment and access to health services (Items in each subscale are listed in Supplementary Table 1). Reliability for subscales were .89, .78 and .95 for subjective, interpersonal, and material daily stressors, respectively.

Paternal mental health. Fathers' mental health were measured by two different scales focusing on anxiety, depression, and post-traumatic stress disorder (PTSD). Anxiety and

depression measured with subscales of Brief Symptom Inventory (BSI; Derogatis, 2000). On 12 items, participants were asked to indicate to what extent they experienced the given conditions on a 5-point likert scale (1 = not at all, 5 = extremely). Example items were “feelings of worthlessness” for depression and “nervousness or shakiness inside” for anxiety. Cronbach alphas for the subscales were .85 and .88 for depression and anxiety, respectively and higher scores indicate higher levels of psychosocial symptoms. To determine participants PTSD levels, 4 items from the Refugee Health Screener were used (Hollifield et al., 2013). On a 5-point likert scale (0 = not at all, 4 = extremely) in 4 items, participants reported to what extent they experienced situations like ‘reliving the trauma’, ‘acting or feeling as if it were happening again’ during the past 30 days ($\alpha = .87$).

Fathering behaviors. Fathers' level of warmth and discipline behaviors towards their children was measured with Child Rearing Questionnaire (CRQ; Paterson & Sanson, 1999). From 0 (Never) to 4 (Always), fathers were asked to indicate the frequency of a given parenting behavior. Warmth subscale included 9 items (eg. ‘I express my affection by hugging, kissing and holding my child’)($\alpha = .87$) and the punishment subscale included 9 items measuring harsh discipline behaviors (e.g. ‘I slap or hit my child to control his/her behavior.’) ($\alpha = .86$). Higher scores on warmth subscale indicate greater affection towards the child while higher scores on punishment subscale indicate harsher punishment strategies used by the father.

Demographic information. Sociodemographic information included father’s education level, target child’s gender, total number of children that the father has, household income, status of receiving financial aid from an institution, length of displacement, and residential status.

Data Analysis

Descriptive analyses and bivariate correlations were conducted using SPSS software version 25. Path modeling was performed to examine direct and indirect effects of paternal war trauma and different daily stressors on paternal mental health and fathering behaviors using Mplus (Muthén & Muthén, 2010). The model was estimated with maximum likelihood and the percentage of missing data was 2.1. Direct and indirect effects were estimated using 1000 bias-corrected bootstrap procedures (MacKinnon, Lockwood, & Williams, 2004). In the path model, paternal war trauma was the exogenous variable and daily stressors, paternal mental health and fathering behaviors were endogenous variables. Since prior research suggested that child gender, paternal education and number of siblings are influential on fathering behaviors in early childhood, these factors were added to fathering behaviors as control variables (Cabrera et al., 2011; Planalp & Braungart-Rieker, 2016).

Results

Descriptives and Sample Characteristics

The mean age of fathers was 34.37 ($SD = 8.13$) and 19.9% had 6 years or less formal education, 36.7% had 7 to 9 years of formal education and 30.1% had 10 to 12 years of formal education. On average, participants had been living in Turkey for 5.32 ($SD = 1.73$) years. At the time of data collection, 95.1% were residing in a rented apartment, 4.1% were residing in an owned apartment and around 1% were residing in a tented settlement or in a one-room structure (converted or a commercial space such as factory, garage). Ninety-one percent of the fathers were employed and 7% were unemployed and looking for jobs. Finally, around 10% of families were receiving financial aid from an institution. Details of father and target child characteristics are presented in Table 1.

Table 1

Sample characteristics

	Mean (SD) or Percentage	Range
Father Demographic Characteristics		
Age	34.37 (8.13)	21-64
Education (Percentage)		
6 years or less formal education	19.9	-
7-9 years of formal education	36.7	-
10-12 years of formal education	30.1	-
University education or degree	9.4	-
Graduate education or degree	3.8	-
Number of years displaced	5.32 (1.73)	1-12
n of receiving financial aid (percentage)	29 (10.5)	-
Number of total children	2.55	1-9
Child Characteristics		
Age in years	3.72	2-5
n of female children (percentage)	145 (50.7)	-

Correlations among variables showed that except paternal warmth, all variables were positively correlated with each other. Fathers' warmth was positively associated only with subjective, interpersonal, and material daily stressors of fathers. Bivariate correlations between study variables and means and standard deviations are presented in Table 2.

Table 2*Bivariate correlations among study variables and descriptive statistics*

	Trauma	Subjective stressors	Interpersonal stressors	Discrimination	Material stressors	Depression	Anxiety	PTSD	Punishment	Warmth
1. Trauma	-									
2. Subjective stressors	.13*	-								
3. Interpersonal stressors	.12*	.73**	-							
4. Discrimination	.35**	.38**	.46**	-						
5. Material stressors	.16*	.80**	.75**	.47**	-					
6. Depression	.25**	.37**	.36**	.50**	.37**	-				
7. Anxiety	.29**	.40**	.34**	.53**	.40**	.87**	-			
8. PTSD	.16*	.62**	.57**	.48**	.68**	.46**	.49**	-		
9. Punishment	.17*	.34**	.21**	.46**	.33**	.41**	.37**	.38**	-	
10. Warmth	.03	.20**	.20**	-.02	.21**	.08	.09	.10	.40	-
Min-Max	0-17	0-4	0-4	0-4	0-4	1-5	1-5	0-4	0-4	0-4
Mean	2.84	1.71	1.17	0.68	1.39	1.66	1.64	1.43	0.94	3.26
SD	4.24	1.19	1.0	0.75	1.02	0.81	0.85	1.20	0.80	0.60

**p ≤ .001, *p ≤ .05.

Path Model

Fit indices of the tested model showed that the hypothesized model was a good fit with the observed data: $\chi^2(21) = 42.09$, $p = .004$, $CFI = .99$; $RMSEA = .06$; $SRMR = .04$. All analyses included child gender, paternal education and total number of children as control variables.

Path results showed that war trauma exposure had a significant effect on subjective stressors ($B = .04$, $SE = .02$, $p = .037$, $\beta = .13$); interpersonal stressors ($B = .03$, $SE = .01$, $p = .034$, $\beta = .12$), discrimination ($B = .06$, $SE = .01$, $p < .001$, $\beta = .35$) and material stressors ($B = .04$, $SE = .01$, $p = .004$, $\beta = .13$).

Subjective daily stressors had a significant effect on fathers' depression ($B = .13$, $SE = .06$, $p = .046$, $\beta = .18$); anxiety ($B = .17$, $SE = .07$, $p = .015$, $\beta = .23$), PTSD ($B = .21$, $SE = .08$, $p = .007$, $\beta = .21$) and fathers' punishment behavior ($B = .18$, $SE = .07$, $p = .007$, $\beta = .27$).

Interpersonal daily stressor was only associated with fathers' punishment ($B = -.22$, $SE = .07$, $p = .003$, $\beta = -.28$). Father's perceived discrimination predicted paternal depression ($B = .41$, $SE = .09$, $p < .001$, $\beta = .38$); anxiety ($B = .45$, $SE = .09$, $p < .001$, $\beta = .39$) and PTSD ($B = .33$, $SE = .09$, $p < .001$, $\beta = .21$). Perceived discrimination also had a direct effect on both of the fathering behaviors which are punishment ($B = .34$, $SE = .09$, $p < .001$, $\beta = .33$) and warmth ($B = -.15$, $SE = .07$, $p = .026$, $\beta = -.19$). Moreover, material stressors were positively associated with fathers' PTSD levels ($B = .50$, $SE = .10$, $p < .001$, $\beta = .42$).

Finally, paternal depression significantly predicted father's punishment behavior ($B = .25$, $SE = .10$, $p = .013$, $\beta = .26$), but not warmth ($B = -.03$, $SE = .10$, $p = .794$, $\beta = -.04$), while paternal anxiety and PTSD were not associated with any of the fathering behaviors.

Testing of the mediated effects revealed that pre-displacement war trauma exposure had an indirect effect on punishment behavior of fathers through discrimination ($B = .02$, $SE = .007$, p

= .001, $\beta = .12$, 95% CI [.021, .038]). In addition, the indirect effect of war trauma on punishment via fathers' perceived discrimination and paternal depression was significant, suggesting a serial mediation ($B = .01$, $SE = .003$, $p = .047$, $\beta = .04$, 95% CI [.002, .016]). Discrimination also mediated the link between war trauma and warmth shown by fathers ($B = -.01$, $SE = .005$, $p = .044$, $\beta = -.07$, 95% CI [-.021, -.002]) (See Table 3).

Table 3

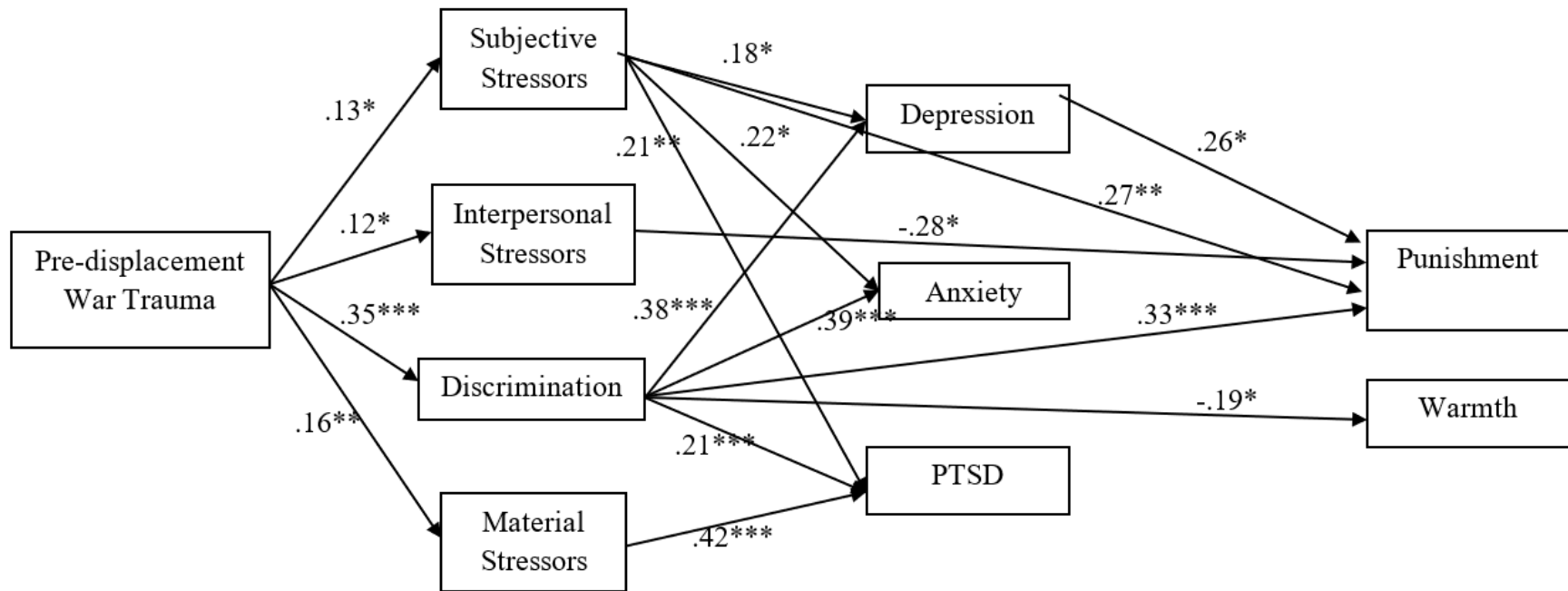
Indirect effects' standardized regression coefficients, standard errors and 95% confidence intervals

Indirect Effects	Standardized β	SE	Bootstrapping 95% BC Confidence Interval	
			Lower	Upper
Pre-displacement war trauma \rightarrow Discrimination \rightarrow Punishment	.115	.034	.011	.038
Pre-displacement war trauma \rightarrow Discrimination \rightarrow Depression \rightarrow Punishment	.035	.018	.002	.016
Pre-displacement war trauma \rightarrow Discrimination \rightarrow Warmth	-.067	.033	-.011	-.002

Note. BC: Bias corrected 1000 bootstrap samples.

Figure 1

Path model showing effects from pre-displacement war trauma and subjective stressors, interpersonal stressors, discrimination and material stressors to paternal depression, anxiety, PTSD and fathers' punishment and warmth



Note. Only significant paths and standardized beta weights are presented. Covariances between mediator variables were estimated but not shown in the figure for clarity. The model is controlled for paternal education, child gender and total number of children but these paths are not included in the figure.

$N = 286$. $\chi^2(21) = 42.09$ $p = .004$, $CFI = .99$, $RMSEA = .06$, $SRMR = .04$.

*** $p < .001$, ** $p < .01$, * $p < .05$.

Discussion

This study aimed to investigate the associations between pre-displacement war trauma, post-displacement living difficulties, mental health and their parenting behaviors of Syrian refugee fathers resettled in Turkey. Consistent with prior research and the conceptual model of refugee distress and mental health (Miller & Rasmussen, 2010), pre-displacement war trauma predicted subjective, interpersonal and material post-displacement stressors and discrimination experiences of fathers. Among post-displacement stressors, subjective stressors and discrimination were associated with higher levels of depression, anxiety and PTSD in fathers. This result is also in line with a previous research with Syrian refugees in Turkey showing that post-displacement difficulties were associated with decreased psychological functioning, increased levels of PTSD, depression and anxiety (Cantekin & Gençöz, 2017). In addition to the mental health of fathers, discrimination predicted increased levels of punishment and decreased levels of warmth. Material stressors only predicted fathers' PTSD. Among mental health indicators, paternal depression but not anxiety or PTSD was associated with higher levels of punishment.

Although the lack of association between fathers' anxiety and PTSD and parenting behaviors is unexpected, our findings are consistent with a variety of previous studies (Bryant et al., 2018; Miller & Rasmussen, 2017; Sim et al., 2018). A previous study conducted with Syrian refugee mothers re-settled in Lebanon, it was found that maternal psychological distress but not PTSD predicted maternal harsh punishment (Sim et al., 2018). Another longitudinal study with refugees in Australia, parental PTSD was found to be associated with harsh parenting but not with warm parenting (Bryant et al., 2018).

On the other hand, interpersonal stressors were not associated with any of the mental health indicators of fathers but were negatively associated with fathers' use of punishment which is surprising and contradicting with the previous findings. This may be due to the content of interpersonal stressor items in our scale. They were mostly focusing on interpersonal difficulties with immigration officials. Fathers' conflict experience with authority may have led them to empathize with their children and may reduce their punitive behavior.

Although no direct links from war trauma to mental health or parenting behaviors were found, we found indirect effects of war trauma on fathers' punishment and warmth through different paths. Overall, our results suggested that pre and post displacement stressors predict decreased mental health in fathers and increased negative parenting.

The current study contributes to the literature on refugee parents' mental health and parenting. Being different than previous studies, we have investigated the unique effects of different kinds of post-displacement stressors on multiple domains of mental health and parenting. Discrimination emerged as the strongest post-displacement risk factor for paternal mental health and fathering since it was associated with all of mental health indicators and both fathering behaviors. This result is also in line with a previous qualitative research with refugee Syrian families in Lebanon stating the negative effects of ethnic discrimination on their parenting (Huntley et al., 2021). Moreover, paternal depression but not anxiety or PTSD was related to punishment behavior. However, considering the moderate sample size, lack of these associations may be due to the lack of power and therefore should be interpreted with caution. Another contribution of the current study is the focus on refugee fathers. Studies with fathers in refugee parenting literature is scarce. Given that fathers have unique roles in their children's development especially in early childhood, examining contributing factors is essential (Lamb,

2010; Pleck, 2010). Previous research showed that fathers' may be differently affected by environmental factors compared to mothers. For example, a previous study with Palestinian families found that while fathers' war trauma is associated with increased psychological maltreatment towards their children, mothers' war trauma was associated with decreased psychological maltreatment (Palosaari et al., 2013).

Results of the current study suggest that caregiver related variables regarding pre- and post-displacement have potentially strong influence on positive and negative parenting behaviors on fathers. Intervention aiming to improve mental health and parenting behaviors of refugee fathers may benefit from addressing post-displacement factors, especially discrimination, as well as war trauma. It is important to tailor interventions and policies aiming refugees according to their struggles and needs and boost their resilience in face of adversity. However, current results also suggests that policy and practice should target the discrimination displayed by the host community to ease the struggles of both refugee and host country parents.

The findings of the current study should be evaluated with consideration of the study limitations. Current study was conducted with fathers who have at least primary school education which is not representative of the refugee community living in Turkey (Hacettepe University Institute of Population Studies, 2019). Future studies would benefit from including a more representative sample of fathers with lower levels of education and also using mother reports in addition to father reports. Our study also lacked measurement on child outcomes which is important to fully understand indirect effects of war trauma and post-displacement difficulties on young children. Finally, the current study is cross-sectional in nature. Longitudinal designs would reveal more about the differential effects of trauma and stressors on different stages of migration. Since this study focuses on parenting for early childhood, fathers in this study had 2 to

5 years old children. And because the age range is very narrow, we didn't control for age effects on punishment and warmth. However, future studies should include children from different age groups and different developmental stages to reveal how the father-child relationship is affected by these factors in later years.



CHAPTER V: GENERAL DISCUSSION

The aim of the present dissertation was to investigate the factors associated with parenting behaviors and children's developmental outcomes in different low-resource contexts. Since each setting may provide different perspectives on difficulties experienced by families, we identified three low-resource contexts namely LMIC, armed-conflict affected setting and post-displacement setting. In three separate studies with different samples, the results showed that parents' attitudes towards violence and the conflict intensity they experience are associated with less effective parenting and worse child outcomes, and war trauma and post-displacement stressors such as exposure to discrimination, emotional difficulties, interpersonal difficulties such as feeling lonely and isolated, and, material difficulties including housing, employment, and access to health services were associated with diminished mental health and impaired parenting in Syrian refugee fathers.

In the first study, parental attitudes toward domestic violence were tested as possible risk factors for parental involvement in LMICs for both parents. Using an actor-partner interdependence model and data from 19 countries, study results revealed that mothers' greater justification of violence against themselves were associated with lower levels of maternal (actor effect) and paternal (partner effect) involvement, while fathers' greater justification of violence against their wives was related to lower paternal involvement (actor effect). Mediation analysis showed that paternal justification of violence was negatively and indirectly associated with early childhood development through paternal involvement and maternal justification of violence was negatively and indirectly associated with early childhood development through both maternal and paternal involvement.

Previous studies clearly showed experiencing violence negatively affects mothering, however, to the best of our knowledge, this was the first study investigating attitudes toward violence and parenting in relation to preschool children's development. The results showed not only men's but women's justification of violence against women had a negative association with involved parenting for both parents. This result is plausible considering the previous findings suggesting that women who are justifying violence are at greater risk of being exposed to domestic violence (Mugoya et al., 2015) which negatively impacts maternal behaviors. Our results further suggested that women's acceptance of violence is also a risk factor for fathers' involvement with child care.

The second study focused on a different low-resource context which is Iraq as a conflict-affected country and examined the associations between conflict intensity, maternal harsh discipline and children's functioning problems in different domains and age groups. Results of the analysis of nationally representative data of Iraqi mothers and their children showed that higher conflict intensity was associated with greater levels of maternal harsh discipline and increased levels of social and behavioral problems in children. In turn, greater maternal discipline predicted greater levels of anxiety and depression, learning and cognitive problems and social and behavioral difficulties in children. Maternal harsh discipline also significantly mediated the association between conflict intensity and all child functioning problems. Furthermore, the associations between conflict intensity, parental discipline and child functioning were similar for children and early adolescents suggesting that there might be no difference in terms of vulnerability of different age groups in the face of armed conflict.

Finally, the third study focused on a post-displacement setting as a low-resource context and examined the associations between pre-displacement war trauma, post-displacement

difficulties including subjective, interpersonal, material problems and perceived discrimination, and fathers' depression, anxiety, and PTSD levels in addition to the punishment and warmth towards their children. In line with previous findings, results indicated that war trauma of fathers was associated with greater levels of subjective, material, interpersonal stressors and a greater level of discrimination. In turn, displacement stressors negatively predicted paternal mental health indicators such as depression, anxiety and PTSD and also with increased paternal punitive behavior and decreased paternal warmth. Indirect effects showed that war-trauma has a negative impact on parenting of Syrian refugee fathers mostly through paths including discrimination as a mediator.

Among post-displacement stressors, discrimination emerged as the most influential risk factor for fathers' mental health and fathering behaviors. Although most of the links tested in the model were in line with the previous findings, regarding war trauma and post-displacement stressors being negatively associated with mental health of parents and effective parenting (Bryant et al., 2018; Sim et al., 2018), we did not find any significant associations between fathers' anxiety and punishment, and similarly fathers' PTSD and punishment. Although this result is unexpected, it is possible that anxiety and PTSD might be related to other dimensions of fathering instead of punishment or warmth. For example, one previous study with fathers and mothers found that fathers' and mothers' anxiety levels were associated with authoritative parenting but not with punitive parenting, and their depression levels significantly predicted punitive parenting but not authoritative parenting (Leinonen et al., 2003). Furthermore, another recent study showed that men might be more likely to exhibit symptoms of depression in the form of aggressive behavior compared to depressed women (Streb et al., 2021). Overall, the

results suggested that pre and post-displacement stressors are associated with a decreased mental health of fathers and an increased level of negative parenting.

Limitations and Future Directions

Although the current dissertation tries to offer perspectives to understand the factors behind parenting behaviors in different low-resource contexts using large and representative samples and model testing, it is not without limitations. Firstly, all the studies included in this dissertation are cross-sectional and therefore, the results should be evaluated with caution. Although it is possible that cross-sectional studies could inform literature about possible causal relationships, most of the variables included in the models might have bidirectional effects. Therefore, in future studies, the literature could benefit from longitudinal and experimental designs.

Especially for the first two studies, another limitation is the use of the data coming from large household surveys (MICS). Although these nationally representative surveys have the advantage of reaching out to a large number of participants, the tools used for measurement are not detailed to cover all the aspects of a variable because of practical limitations. Future studies with smaller sample sizes should use more in-depth measures when trying to replicate the studies in this dissertation. On the other hand, the third study had a smaller sample size of refugee fathers who have a higher mean level of education compared to the Syrian refugee population located in Turkey. Therefore, these connections should be replicated with more representative samples of refugees before generalizing the results.

In the scope of this dissertation, only three contexts were studied as low-resource contexts for parenting and child development and well-being; however, there are many other contexts that might pose various risks to parents and children such as the experience of a natural

disaster, health conditions and risks such as Covid-19 pandemic situation, or for forcibly displaced people living in a camp. In each of these contexts there might be shared stressors such as poverty, trauma or loss of social connections as well as unique ones to the context, and therefore, should be further investigated in terms of risk and protective factors.

The mechanisms to explain the relationship between risk factors and child well-being or parental behaviors in this dissertation were limited to parental mental health, parental discipline, and parental involvement. However, the literature also suggests other potential mechanisms to be investigated in the given contexts such as parental self-esteem, cultural beliefs, parental cognitions, and sense of security. Future research may identify new potential exploratory mechanisms to offer targets for prevention and intervention programs.

Implications for Policy and Practice

The results of the studies in this dissertation suggest several factors as posing risks to the functioning and well-being of families and consequently require the formation and implementation of related interventions and policies. There are a couple of interventions tested in samples from these contexts and focusing on some of the identified risk factors. For example, SASA! study which tests the effectiveness of an intervention program to reduce violence against women has been found to be effective in increasing father involvement and decreasing corporal punishment as secondary benefits, along with decreasing violence against women, in a sample of Ugandan fathers (Kyegombe et al., 2015). Similarly, interventions with the main focus on parenting practices may benefit from including content on reducing domestic violence justification, especially in LMIC.

Although very limited in number, other types of interventions were customized for parents in conflict-affected settings. Miller et al. (2020) developed an intervention called

Caregiver Support Intervention (CSI) for parents and implement it in Gaza and then Lebanon with several focus groups. CSI includes sessions on increasing parental well-being such as coping with negative emotions and stress and also introduces effective parenting techniques such as positive parenting, effective discipline and positive attention. The initial findings were reported to be promising, however, more rigorous testing is needed. Another recent intervention program is Teaching Recovery Techniques + Parenting (TRT+P) aiming to improve the mental health and adjustment of Syrian children after conflict exposure (El-Khani et al., 2021). The researcher reported that children whose parents also received the intervention on parenting improved significantly more on behavioral and emotional difficulties compared to the children in the control group and the children only attended TRT intervention without parents. These results are also in line with the findings of the second study and support the idea that including components relevant to parental mental health and parenting skills.

Finally, similar to TRT+P intervention, other parenting interventions developed and implemented with Syrian refugees resettled in Lebanon and Jordan also showed promising results for protecting children and adolescents from the adverse effects of war trauma. In a very recent group-based intervention study called Group Problem Management Plus (gPM+), Bryant et al. (2021) found that gPM+ led to greater reductions in parents' depressive symptoms and also in inconsistent disciplinary parenting which then led to reductions in attentional and internalizing problems in their children. The results of this study are particularly interesting and impressive since it is not an explicit parenting program. The program primarily focused on improving adult participants' problem solving skills, behavioral activation and ability to reach out to social support. The fact that a problem management program without an explicit focus on parenting can improve child functioning in adverse settings through improved parenting behaviors is very

much in line with the findings in the current dissertation. It seems like children in low-resource contexts such as conflict-affected settings or post-displacement settings can benefit from interventions as long as the intervention improves the well-being and cognitive skills of parents. Although gPM+ study was implemented in a refugee camp context, results of another recent intervention with refugee parents in a community setting also showed similar results. “Families Make a Difference” parenting program for Syrian refugees in Lebanon was found to be effective in reducing harsh parenting, children’s depression and anxiety, and increasing parental psychological well-being (Sim et al., 2021).

The results of the current dissertation together with the previous literature clearly establish the negative impact of adversities such as poverty, war and forced displacement on parents and children of different ages. Although the first aim should be to decrease adversity for families worldwide, whenever it is not possible, it seems like parents and their children living in low-resource contexts such as LMIC, conflict-affected settings, and post-displacement settings might benefit from services and policies reducing justification of violence against women, promoting parental mental health, parental positive discipline and cognitive reappraisal of daily stressors of parents.

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