



# Global Parenting Initiative

A hybrid-digital parenting programme to reduce sexual violence against adolescents: Results from a pre-post pilot and RCT in Tanzania

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# Background



# Parenting interventions for prevention of violence against children at scale

Parenting programs: most **evidence for VAC** prevention

**Randomised trial** evidence including Global South but **missing elements** (e.g., gender norms, sexual violence)

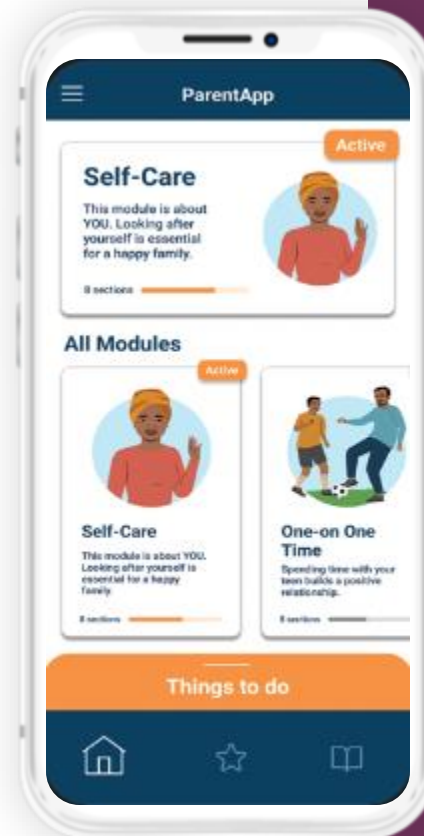
Scale up limited by **cost and human resource** needs

**Smartphone adoption** in Sub-Saharan Africa rapidly increasing



# A new intervention: ParentApp

- Android application for caregivers of adolescents 10 – 17
- Adapted from evidence-based **Parenting for Lifelong Health (PLH)** for Parents and Teens



1. Welcome and self-care
2. One-on-one time
3. Praise
4. Positive instructions
5. Managing stress
6. Family budgets
7. Rules
8. Calm consequences
9. Problem solving
10. Teen safety
11. Dealing with crisis
12. Celebration and next steps



NIMR | National Institute for Medical Research, Tanzania

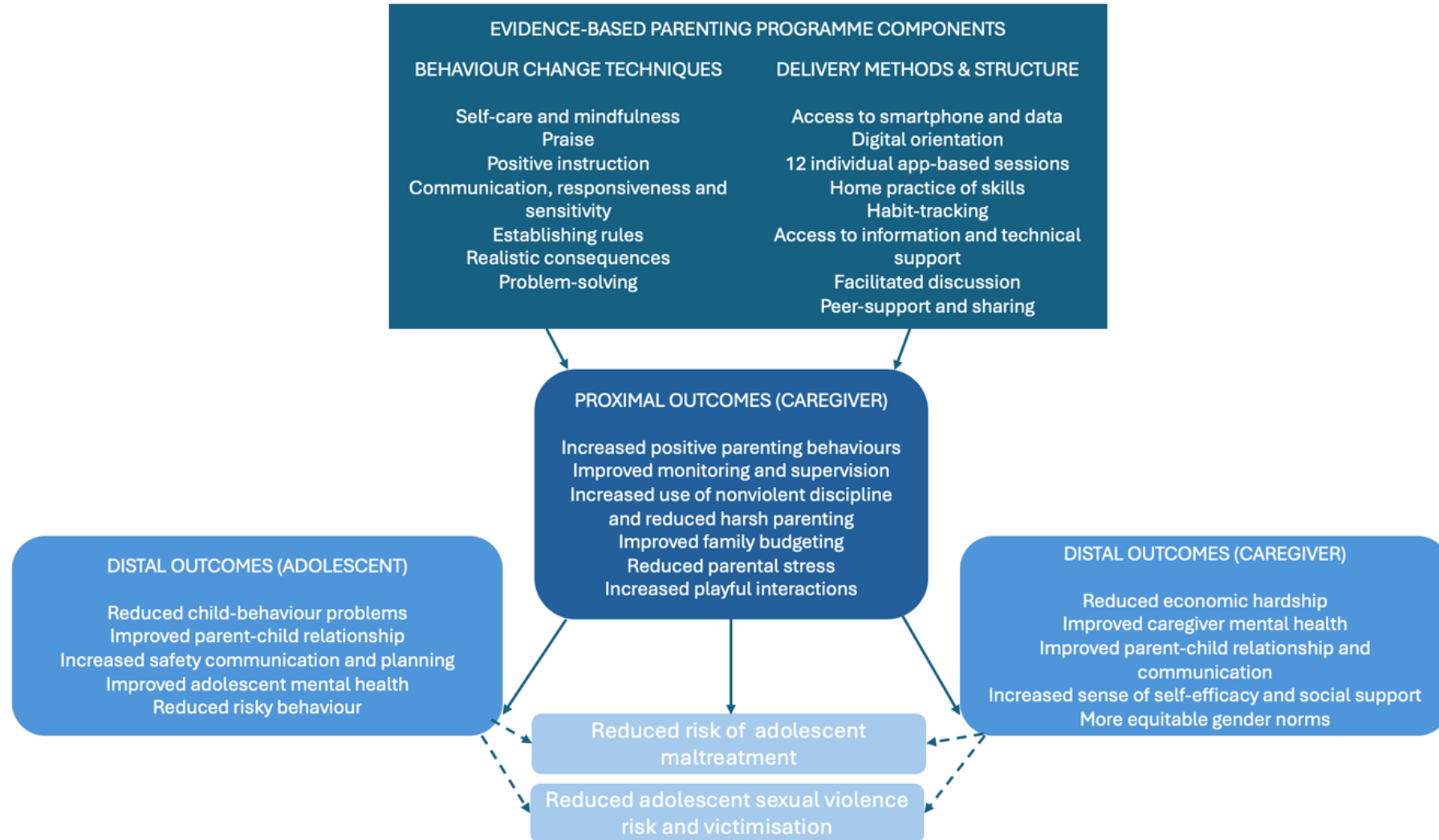


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# ParentApp Theory of Change



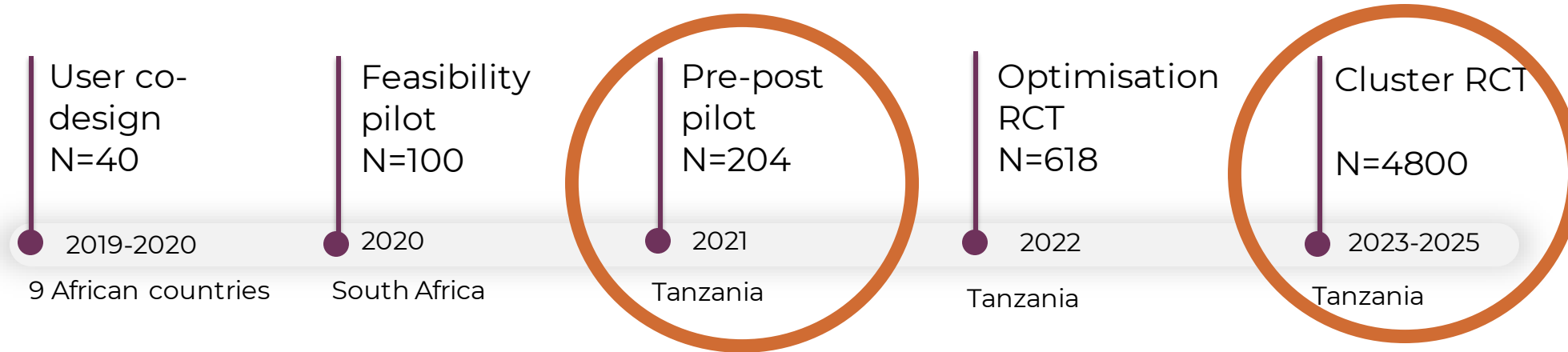
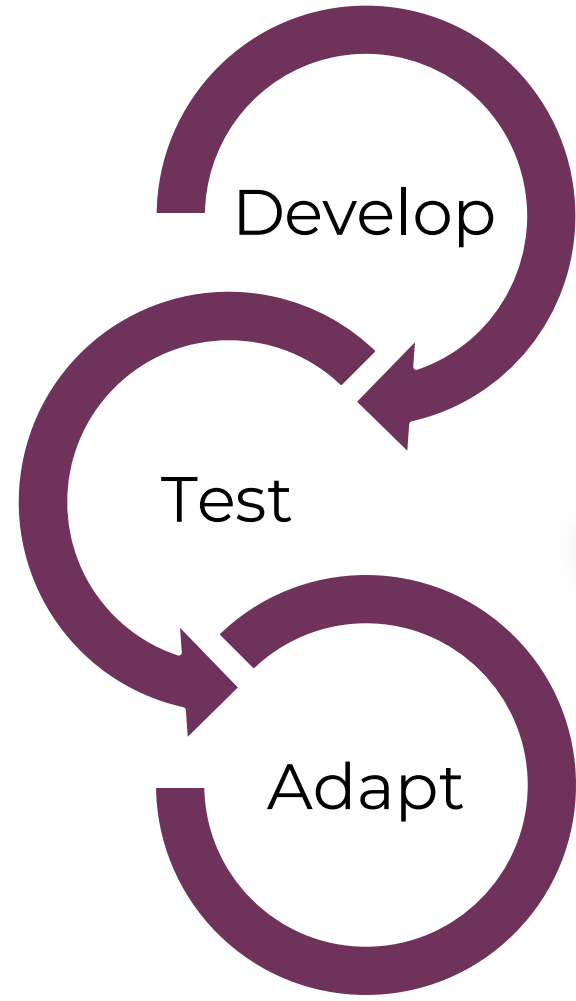


# Pathways to preventing child sexual abuse and exploitation

Potential pathway	ParentApp content	Evidence of effectiveness from PLH programmes
Improving parental involvement, monitoring and supervision	✓	✓
Reducing substance use	✓	✓
Reducing physical and emotional abuse	✓	✓
Reducing IPV in the family	✓	✓
Reducing economic vulnerability	✓	✓
Improving risk communication for adolescents	✓	?
Online and offline safety plans	✓	?



# App development and testing





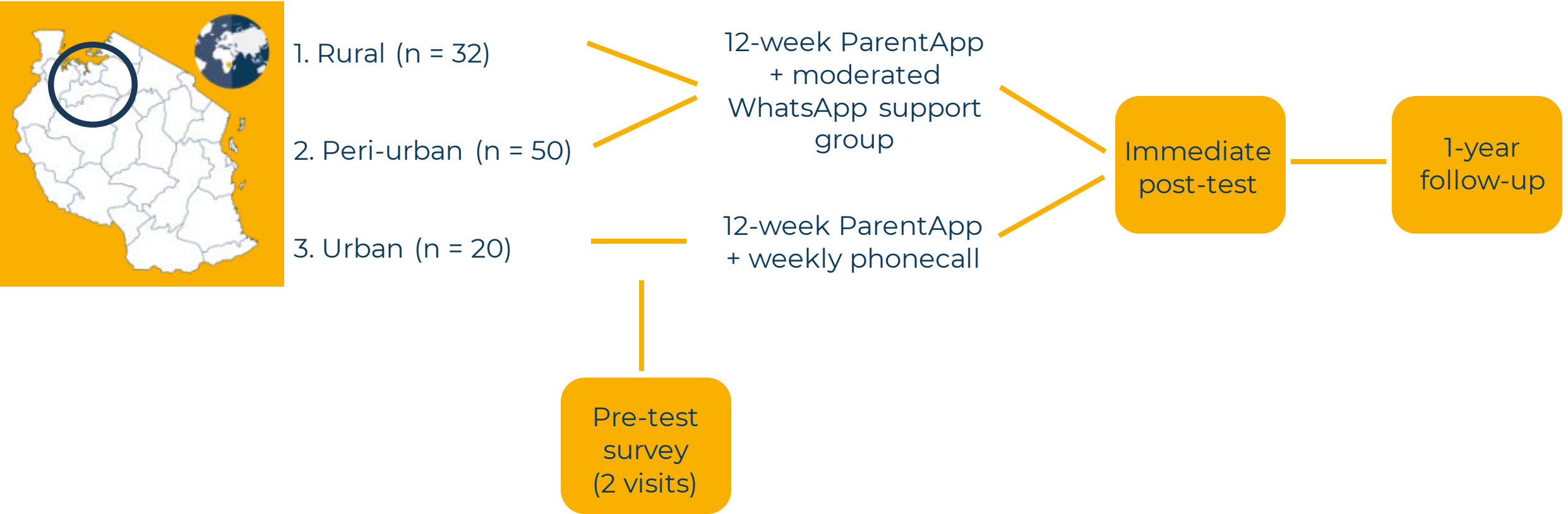
# Pilot study





# Pilot study design

N = 102 caregiver-adolescent dyads



# Measures



<b>Outcome</b>	<b>Measure adapted from</b>
Sexual violence vulnerability (risk)	Locally derived sexual violence vulnerability scale developed through consultation with families and practitioners*
Sexual violence experience (contact and non-contact)	Combination of items from: ICAST-Trial Caregiver and Child Versions, CDC Violence Against Children and Youth Surveys and the WHO's Violence Against Women Instrument
Online violence risk and experience	Global Partnership to End Violence Against Children's Disrupting Harm
Sexual violence prevention planning	Scale developed for a PLH RCT in South Africa

\*Examples: taking a lift with a local motorcycle rider, staying out all night with friends, being out and touched in a sexual way.



# Pilot sample

## Caregiver and adolescent demographics



**43.5** years

**84%** female

**32%** poor health or disability

**75%** married or partnered

**81%** biological parent

**52%** not enough food 2 or more  
days in past week

**83%** working



**13.5** years

**68%** female

**8%** poor health or disability

**93%** enrolled and attending school

**16%** orphaned

**46%** not enough food 2 or more  
days in past week



# Pilot results

Sexual violence against adolescents at immediate and 1-year post-test

			<u>Immediate</u>	<u>1 year</u>
<b>Sexual violence vulnerability</b>	<b>Effective</b>	<b>A</b> <b>C</b>	p<.00001; 30% risk reduction p<.00001; 65% risk reduction	p<.00001; 68% risk reduction p<.00001; 86% risk reduction
<b>Sexual violence prevention planning</b>	<b>Effective</b>	<b>A</b> <b>C</b>	p<.0001; 43% risk reduction Not measured	p<.00001; 96% risk reduction Not measured
<b>Contact &amp; non-contact sexual violence</b>	<b>Effective</b>	<b>A</b> <b>C</b>	p<.001; 58% risk reduction Not measured	p=0.045; 80% risk reduction Not measured
<b>Online sexual violence</b>	Sample too small			

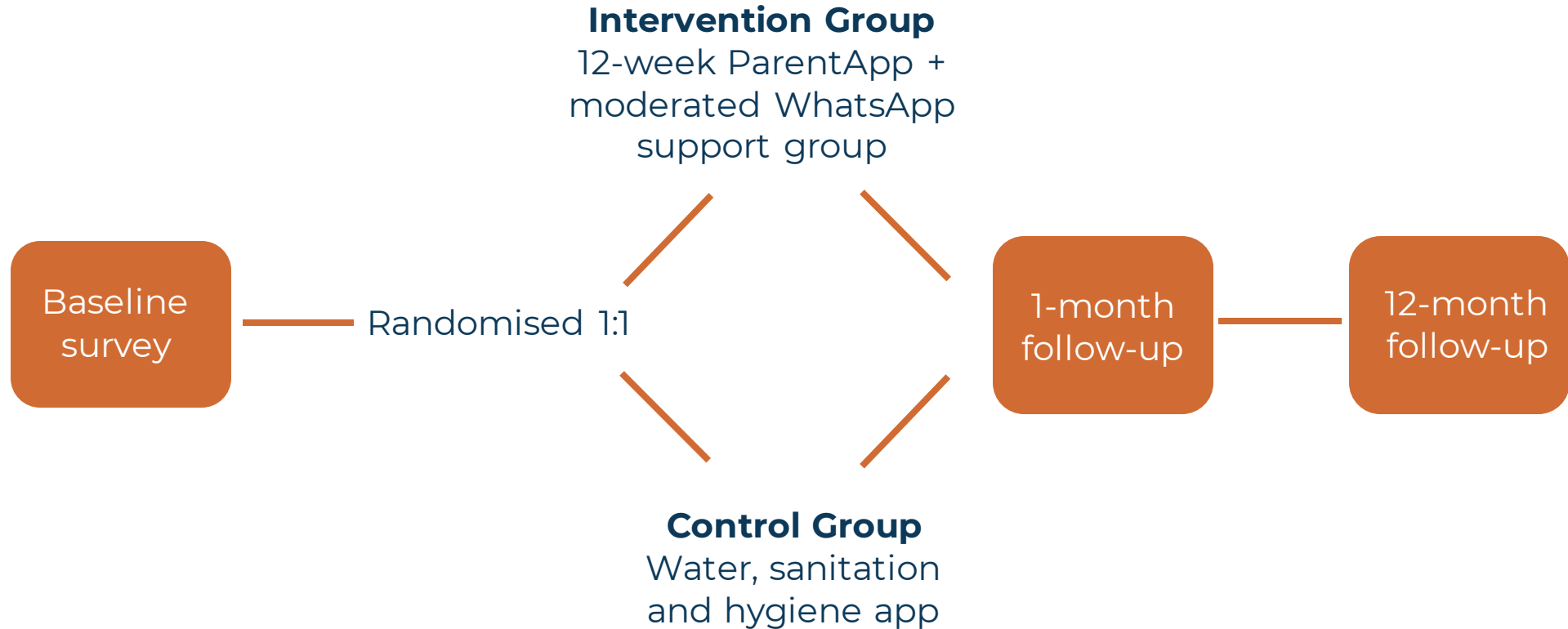


# Cluster RCT

# Cluster RCT design



2400 caregiver-adolescent dyads in 80 study clusters

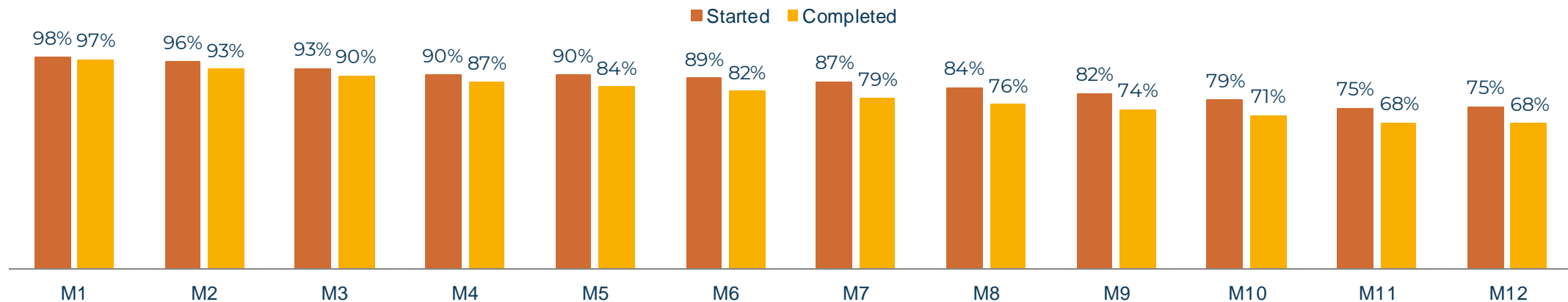


# RCT delivery in intervention group



- 11 facilitators from local NGO trained for 5 days
- In-person touchpoint at start (phone provision and setting up app) and midway (data support and syncing)
- Facilitated WhatsApp groups with 30 families per group

% of participants who started and completed each module



# RCT sample



## Caregiver and adolescent demographics



**43.7** years

**75%** female

**25%** poor health or disability

**70%** biological parent

**66%** married or partnered

**57%** not enough food 2 or more days  
in past week

**87%** working



**13.4** years

**51%** female

**9%** poor health or disability

**93%** enrolled and attending school

**15%** orphaned

**36%** not enough food 2 or more days  
in past week



# 1-month RCT results

Sexual violence against adolescents (primary outcomes)



**Sexual violence vulnerability\***



**Effective**

**Adolescent Report:**  $p < .00001$

**Caregiver Report:**  $p < .00001$

**Risk Reduction: 31%** [CI 27-35%]

**Risk Reduction: 46%** [CI 42-50%]

**Sexual violence experience**



**Effective**

**Adolescent Report:**  $p < .00001$

[girls  $p = .03$ ; boys  $p < .0001$ ]

**Risk Reduction 37%** [CI 24-48%]

[girls IRR.66 boys IRR.62]

**Sexual violence prevention planning**



**Effective**

**Adolescent Report:**  $p < .00001$

**Caregiver Report:**  $p < .0001$

**Risk Reduction: 13%** [CI 8-18%]

**Cohen's d .18**

# 1-month RCT results

Gender-based violence (exploratory)



**Caregiver IPV  
victimisation**



**Effective**

**Caregiver Report:  $p=.0003$**

**Risk Reduction: 6% [CI .1-11%]**

**Caregiver IPV  
perpetration**



**No impact**

**Witnessing  
family  
violence**



**Effective**

**Adolescent Report:  $p=.008$**

**Risk Reduction: 14% [CI 4-23%]**

# 1-month RCT results

## Gender-transformational impacts (exploratory)



Caregiver  
gender-equitable  
behaviours



**Effective**

Caregiver Report:  $p < .0001$

**Risk Reduction: 11% [CI 6-15%]**

Caregiver  
gender-equitable  
norms



**Effective**

Caregiver Report:  $p < .00001$

**Cohen's d .18**

Adolescent  
gender-equitable  
norms



**Effective**

Adolescent Report:  $p < .002$

**Cohen's d .13**



# Conclusion

# Potential for hybrid-digital parenting interventions



**Promising reductions  
in sexual violence  
against children and  
other outcomes**

**Potential of low-cost  
hybrid-digital  
interventions**

**Study limitations -  
continued monitoring  
and further analysis**

# Thank you to the caregivers, adolescents and their communities who made this research possible





# Global Parenting Initiative

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# PRE-POST & 1 YEAR PILOT N=204

Mwanza & Shinyanga, Tanzania

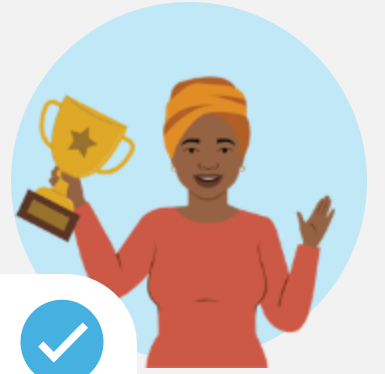
Outcome		Sustained/Continued Significant effect		Effect change
		Sustained	Continued	IRR % or Cohen's d
Physical Abuse	Caregiver report   adolescent report	✓   ✓	-   ✓	75% reduction   71% reduction
Sexual violence Victimization	Adolescent report only	✓	✓	80% reduction
Verbal/Emotional Abuse	Caregiver report   adolescent report	✓   ✓	-   ✓	68% reduction   67% reduction
Corporal punishment	Caregiver report   adolescent report	✓   ✓	-   ✓	64% reduction   51% reduction
Positive parenting	Caregiver report   adolescent report	✓   ✓	-   x	d= .67 increase   17% Increase*
Involved parenting	Caregiver report   adolescent report	✓   ✓	-   -	d= .52 increase   d= .34 increase
Poor parental supervision	Caregiver report   adolescent report	✓   ✓	✓   ✓	75% reduction   38% reduction
Sexual risk Vulnerability	Caregiver report   adolescent report	✓   ✓	✓   ✓	85% reduction   68% reduction
Mental health distress	Caregiver report   adolescent report	✓   ✓	-   ✓	d= .80 increase   66% reduction
Positive gender norms	Caregiver report   adolescent report	-   ✓	-   -	Non-Sig   d= .30 increase
Teen behavior problems	Caregiver report only	✓	✓	73% reduction
Family monthly poverty	Caregiver report   adolescent report	✓   ✓	-   -	Odds R = 2.7   21% increase
Parenting Stress Reduction	Caregiver report only	✓	✓	d= -.50 & -.63 reduction
Social Support	Caregiver report   adolescent report	-   -	-   -	Non-Sig   Non-Sig

\*Mean score % change. Baseline/Post Cohen's d = .51, Post/Follow-up Cohen's d = -.30



# SUMMARY

## RCT impacts



### Violence prevention



- Sexual violence
- Physical violence
- Verbal violence
- Neglect

### Parenting



- Positive parenting
- Parental involvement
- Monitoring/supervision
- Parent support of school

### Gender-transformative



- Caregiver intimate partner violence
- Caregiver gender-equitable behaviors
- Caregiver gender-equitable norms
- Adolescent gender-equitable norms

### Mental health



- Adolescent mental health
- Adolescent behaviour
- Caregiver mental health
- Caregiver social support
- Adolescent social support

### Economic coping



- Shortages of food
- Shortages of essentials
- Coping with crises

### No impact

- Parenting Stress
- Household necessities
- IPV perpetration

### Negative effect

- Inconsistent discipline

# DELIVERY COSTS AT SCALE

**\$5.98 per family**

Intervention Component	Unit cost	Unit frequency	Frequency cost	Cost per dyad (1/2400)	Assumptions based on RCT & pilot evidence: full-time facilitators, full-time project manager, 8 groups/ facilitator (4 hrs/week/group + 2 hrs/non-contact)	Cost/dyad change at scale?	Cost per family (1/10,000)	Cost lifecycle	
<b>App maintenance (p/day)</b>	\$31,05	98,00	\$3 042,90	\$1,27	14 wks = 98 days	cost=freq/2400	Yes	\$0,30	Ongoing
<b>Facilitated onboarding (p/fac p/day)</b>	\$12,90	1,00	\$12,90	\$0,43	avg daily cost from RCT onboarding, assume 1 day per grp of 30	cost=freq/30	No	\$0,43	Start-up
<b>Participant data cost</b>	\$0,47	1,00	\$0,47	\$0,47	weekly live chat, additional support, app sync x 2, app download x 1	cost=fixed	No	\$0,47	Ongoing
<b>Facilitator data cost</b>	\$0,55	8,00	\$4,40	\$0,02	2 x weekly live chat, additional support, app sync x 2, app download x 1, biweekly coaching - 8 facilitators per group	cost=freq/(30*8)	No	\$0,02	Ongoing
<b>Facilitation monthly salary</b>	\$258,06	3,50	\$903,23	\$3,76	facilitator support 8 x grp of 30 families; 14 weeks, 5 days per week	cost=freq/(30*8)	No	\$3,76	Ongoing
<b>Facilitator oversight</b>	\$1 011,01	3,50	\$3 538,55	\$1,47	full-time PM for 3.5 months	cost=freq/2400	Yes	\$0,35	Ongoing
<b>Facilitator training &amp; coaching support</b>	\$153,30	1,00	\$153,30	\$0,64	1 coach=20 fac	cost=freq/(30*8)	No	\$0,64	Ongoing
			subtotal	\$8,07				\$5,98	

Start-up adaptation, translation, digital infrastructure, training, supervision costs at \$640-\$760,000, dependent on number of languages and cultural groups per country