A parenting app to prevent child sexual abuse and family violence: Early learnings and future directions

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Overview

1. Background
2. ParentApp for Teens
3. Early learnings: User testing and piloting
4. Next steps: Randomised controlled trial
Background

• Evidence-based parenting programmes one of the most effective strategy for reducing and preventing VAC

• App-based interventions have the potential to expand access to parenting support but current provisions lack rigorous evidence, show low engagement, and are primarily for commercial gain

• 39% of people in Africa will have smartphone access and 86% will have a mobile phone and SIM by 2025

• Modifying in-person programmes to digital formats has been successful but limited research in LMICs
ParentApp for Teens
Intervention
ParentApp for Teens

- Adapted from in-person Parenting for Lifelong Health for Parents and Teens evidence-based content
- Created with IDEMs International, Clowns Without Borders South Africa, Parenting for Lifelong Health, facilitators, caregivers and teens in 10+ countries
- Designed for low-income settings

User experience  Android application  Parents and caregivers of adolescents 10-17  Used offline after download  Group or individual  Open source & easily adaptable
Parenting for Lifelong Health

Evidence from RCTs

Parental supervision, involved parenting, positive parenting, social support, parenting self-efficacy, improved child behaviour, family protection, family savings, planning to protect children from CSAE

Violence, corporal punishment, child neglect, alcohol use, less drug use, parent depression, anxiety, parenting stress, borrowing money, shortfalls of food, violence between parents

Chuer et al. (2018); Redfern et al. (2019); Ward et al. (2020); Lachman et al., (2021)
Content
Evidence-based development

- Developed over 10 years, using systematic reviews
- Social learning theory based
- 12 modules/workshops adapted for digital delivery
- Strengthened content for COVID, parental mental health support, learning through play, online and offline sexual violence prevention
Pathways to preventing CSAE

- Improving parental involvement, monitoring & supervision
- Reducing revictimization, improving disclosure response
- Reducing substance use
- Reducing physical and emotional abuse
- Reducing IPV in the family
- Reducing economic vulnerability to sexual exploitation
- Improving risk communication for adolescents
- Online and offline community safety plans
- Online CSAE awareness and plans

Ward et al. (2020); Mam auag et al. (2021); Cluver et al. (2018); (Redfern et al. (2020); Steinert et al. (2018); Butchart et al. (2016)
Question Time

What was risky about that situation?

Tap and choose

Next
Early learnings
# Research & Development Phases

<table>
<thead>
<tr>
<th>Phase 0: Preparation, adaptation and co-creation</th>
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<td>• Interviews and focus groups with families and facilitators</td>
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<th>Phase 2: Feasibility piloting</th>
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<td>• Mixed methods pilot study, N = 107 families in 2 provinces in South Africa and N = 100 families in 2 regions in Tanzania</td>
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Phase 1 user testing
Qualitative findings

1. **Relevance:** Participants described the app as relevant and helpful for themselves and their communities.

2. **Usability:** Technical challenges but overall easy to use.

3. **Acceptability:** Positive response to the content and features, app is needed and information is easy to understand but some changes needed.

4. **Satisfaction:** Satisfied with length.

5. **Barriers:** Data and smartphone access, time constraints, digital literacy, need reminders.

6. **Perceived impact:** Less harsh discipline, reduced stress, more positive parenting behaviours.

*Isang Awah, Ohad Green, Lauren Baerecke, Roselinde Janowski, Jonathan Klapwijk, Angelique N Chetty, Joyce Wamoyi & Lucie D Cluver (2022): ‘It provides practical tips, practical solutions!’: acceptability, usability, and satisfaction of a digital parenting intervention across African countries, Psychology, Health & Medicine, DOI: 10.1080/13548506.2022.211306*
“It teaches you how to communicate with your child and try to understand things from their perspective and be able to hear them and hang out with them. I love that one-on-one time.”
- South African mother

“It’s making me feel I’m connecting with real people, with somebody who understands what I want and is ready to guide me.
- Nigerian mother
Phase 2 South African pilot
Engagement findings (N = 107)
Phase 2 South African pilot
Barriers and facilitators to engagement

- Engagement was facilitated if users had integrated the app into their life, making it part of their routine.
  “It's almost like a hobby to me now before I sleep it's something that distracts me from the stresses caused during the day including those of my work it helps me” - High engager 1

- The most frequent barrier was a lack of time, including competing work and family commitments.
  “I got busy, but I told myself that I would do my workshop every Friday..but I get tired, and I forget” - Partial engager 1

- Without regular reminders in the app or from the person who recruited them, they tended to simply forget to use the app.
  “I tend to forget to use it and then when you go through the apps on your phone you see it and then you go into it” - Partial engager 3

- Technology-related barriers such as a phone breaking and limited storage space.
Recommendations and Learnings

- Content is acceptable and needed
- Keeping users engaged
- Push notifications and reminders
- Human support
- More frequent or flexible workshop release
- Learning from implementing partners
- Rapid learning on recruitment and onboarding
- More piloting!
Next steps
### Research & development phases

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  • Content adaptation, translation and app design |
|-------------------------------------------------|---------------------------------------------------------------|
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  • N = 18 caregivers in 9 countries |
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  • Explore the feasibility of recruitment, implementation and use  
  • Initial evidence of effectiveness on sexual and family violence outcomes |
| Phase 3: Optimisation trial                     | • Cluster randomised factorial trial to determine most engaging components  
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| Phase 4: Randomised controlled trial            | • Cluster RCT of optimized intervention to test effectiveness & cost-effectiveness  
  • N = 5500 families in Tanzania |
Randomised controlled trial

- Pragmatic cluster RCT
- Treatment (ParentApp + support) compared to a control (handwashing app)
- Primary outcomes of child abuse and parenting practices
- Mwanza and Shinyanga regions in Tanzania
- Sample size challenge: n=5,500 families to detect differences in incidence of CSAE
- Baseline, immediate post-programme and 12-month follow-up
- Starting early 2023
Conclusion

• First offline-accessible, open-source, evidence-based parenting app to be designed and rigorously tested in low-resource settings
• Co-create with users from early development stages and get constant feedback
• Need to further optimise engagement and delivery, and cost this
• Establish evidence of effectiveness and cost effectiveness
If in South Africa or Tanzania, search for PLH ParentApp for Teens on the Google Play Store

Reach out! Lauren.Baerecke@uct.ac.za