

The Social and Behavioural Impact of the Parenting for Lifelong- Health Program to Caregivers and Teens in Eswatini

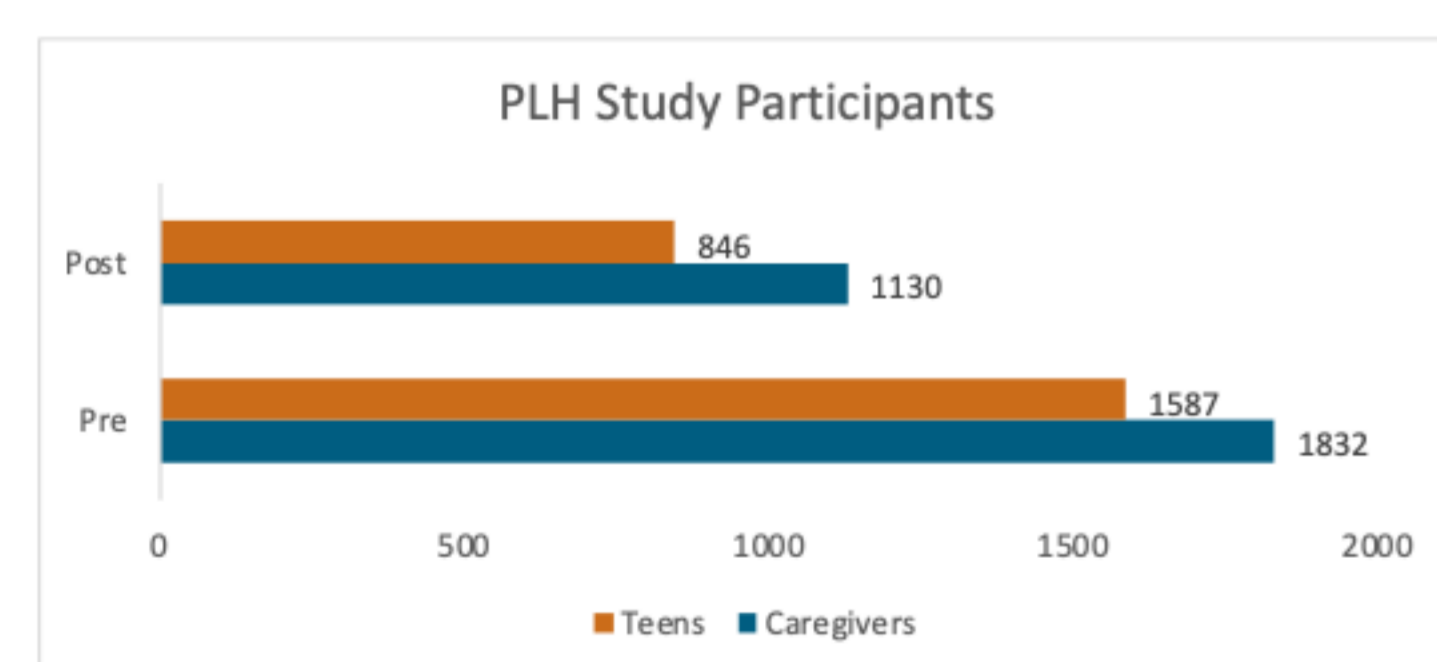


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BACKGROUND

Over one billion children experience violence each year with disproportionate numbers impacted in low- and middle-income countries (HGirls and young women account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa. Helping girls develop into Determined, Resilient, Empowered, AIDS-Over one billion children experience violence each year with disproportionate numbers impacted in low- and middle-income countries (Hillis et al, 2016). Violence has serious short- and long-term negative consequences for children, including for mental health, substance use, peer violence, delinquency, and the intergenerational transfer of violence. Parent-child communication and healthy relationships are important in combating risky behaviours that may lead to HIV infection among youth. Despite the rapid dissemination of parenting programs aiming to reduce and prevent violence against children (VAC) worldwide, there is limited knowledge about and evidence of the implementation of these programs at scale. In Eswatini parents do not spend time with their children to provide sexual education at household level reflecting poor parent-child relationships (Mgadi et al, 2003). Eswatini Ready, Resourceful, Risk Aware Project is implementing the Parenting for Lifelong Health (PLH) program targeting teens and caregivers of teens to promote positive parenting and reduce risky HIV behaviours.

Hypothesis: The hypothesis tested in this study is to provide evidence that caregivers and teens enrolled will have positive parental attitude after participating and completing the PLH program.



METHODS

Secondary data analysis of routine data collected within ongoing implementation was explored to assess parental behaviour and perception before and after program participation. 1832 caregivers and 1587 teens completed a pre PLH survey. Both participated in the 14 weeks parenting for teens program between October 2020 to September 2021. Upon completion, 1130 caregivers and 846 teens completed a post PLH survey. Regression models were conducted to assess pre-post differences programme effects using base package installed by default in R Studio (version 4.0.3). Variables that were not normally distributed were square root transformed. A significant ($p < 0.05$) regression coefficient was considered to indicate programme impact on the outcome of interest.

RESULTS

The regression results shows that caregiver (726 females (64.25%) and 404 males (35.75%) and teen (10-19 years) was associated with an improvement in teen behaviours (caregiver-report: p value=0.00). Results in table 1 below shows that there is a statistically significant difference in teens behaviour before and after the programme intervention. A decrease in teen behaviour scores is seen in the post-assessment. This means that less problematic teens behaviour is prevalent after the programme intervention. However, there were risk factors identified to have an impact of teen behaviour. There is an increase in teen behaviour scores when it is reported that arguments with hitting or shouting occur in the household and/or people living in the household drink or take drugs and/or there is a disabled child living in the household, compared to if this was not the case. This therefore means, with these three risk factors considered, there is generally more problematic teen behaviour.

TABLE 1: Teen Behaviour

PARAMETER	ESTIMATE	STD ERROR	P-VALUE
Intercept	1.700	0.071	0.000
Time (Teen behavior-post survey)	-0.552	0.070	0.000
Substance abuse (yes)	0.352	0.093	0.000
Arguments at home (yes)	0.767	0.093	0.000
Disabled child (yes)	0.481	0.106	0.000

Furthermore, there is a statistically significant difference in the positive parenting outcome before and after the programme intervention (p value = 0.000), as seen in Table 2 below. From the table, the scores related to positive parenting are, on average, about five points greater in the post-assessment, compared to the pre-assessment. This indicates that more regular use of positive parenting is seen to occur after the programme intervention. Further analysis revealed potential covariates including boy child (p value=0.111), and arguments at home (p -value = 0.000) which are identified to significantly impact on the positive parenting outcome. The results show that positive parenting scores are, on average, about one-and-a-half points lower when the child is a boy, compared to the child being a girl. This means that less positive parenting techniques are used on male children in general. Lastly, it is seen that when arguments with hitting or shouting occur in the household, this decreases the positive parenting score by nearly five points. We did not detect any difference between the pre- and post-caregiver reports in terms of parenting style.

TABLE 2: Positive parenting outcome for caregivers (YC) who completed the Young Children Programme

PARAMETER	ESTIMATE	STD ERROR	P-VALUE
Intercept	50.614	0.878	0.000
Time (Positive Parenting-post survey)	4.524	0.070	0.000
Child age	0.000	0.000	0.000
Child gender (boy)	-1.462	0.915	0.111
Arguments at home (yes)	-4.658	1.015	0.000



Parenting for teens sessions attended by teenagers and caregivers. A standardized evidence-based curriculum is used for facilitation of the sessions. Pic by Senamile

CONCLUSIONS & RECOMMENDATIONS



PLH Supper study found that there is significant difference in child behavior before and after programme intervention, thus teenagers that have been exposed to the PLH intervention exhibit less problematic behavior. Exposure to PLH program influences positive parenting practices amongst parents and teens. However, there are factors that affect the prevalence of positive behaviour change for participants of PLH after programme exposure. The PLH study found that reported arguments with shouting and hitting and households with someone who is unwell due to a TB or HIV/AIDS affliction during pre-survey are prevalent to abuse thus resulting to less positive behaviour amongst caregivers. It is therefore recommended that **parenting programs should strengthen stress management and abuse awareness** for parenting programmes to be more effective.

Furthermore, based on these findings that boys show less positive behaviour than girls after exposure, the **parenting programs should include more boys' interventions** as the study deduced that change is prevalent amongst girls as compared to boys. The PLH intervention may also be adapted for teenagers and caregivers in prison, as normally they do not have a healthy relationship. Future studies should investigate differences in HIV infection rate of participants exposed to PLH compared to those not exposed.

REFERENCES

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