

Participants' and implementors' views on the adaptation of the Parenting for Lifelong Health Teen Programme to address both violence against children and violence against women

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Abstract

This study collected views about how the Parenting for Lifelong Health (PLH) Teen programme might be adapted to include a more explicit focus on preventing VAW (in addition to its current strength in preventing VAC) and engagement of fathers for the Zimbabwean context. Violence against women (VAW) and violence against children (VAC) intersect in various and damaging ways. Parenting programmes have been identified as a potentially successful way to deal with both simultaneously, given the effect of violence in the family on parenting and the importance of parenting as a key point of intervention to prevent present and future violence. Participants were caregiver and teen (10-17 years) participants of the PLH Teen programme and fathers, mothers and teens (10-17 years) who were not PLH participants; as well as PLH facilitators, from the Mazowe district, Zimbabwe. Qualitative data were collected via Zoom for the individual interviews with the facilitators of the PLH programme and WhatsApp for focus group discussions for the rest of the participants, given the current global pandemic. The findings of this study and a review of relevant literature suggest that a gender-transformative approach, the inclusion of a community focus and the active recruitment and engagement of fathers is needed in terms of the process for the adapted programme. In terms of the content for the adapted programme, the study's findings suggest that there is a need to strengthen and expand the existing communication and conflict resolution skills to consider the couple and the parent-teen relationships and interactions. They also suggest that the budgeting and saving component in the current PLH Teen Programme could perhaps include business skills. Lastly, this study suggests that there is potential for the future use of virtual data collection in low- and middle-income countries where there is limited access to video conferencing. This study contributes both to the important work preventing VAW and VAC in one programme as well as the future use of messaging services such as WhatsApp as a data collection tool.

Keywords: parenting, Parenting for Lifelong Health Programme, violence against women, violence against children, prevention

Chapter 1: Introduction

Violence against women (VAW) and violence against children (VAC) occur at high rates across the world. Violence is experienced by around half of all the children in the world (Hillis et al., 2016) and approximately 30% of women experience physical and/or sexual violence (Garcia-Moreno et al., 2013). Children's exposure to intimate partner violence is often characterised as a form of VAC, given its serious consequences for children (McTavish et al., 2016). The rates of both are also found to be significantly higher in low and middle-income countries (LMICs), especially in Africa (Burton et al., 2015; Garcia-Moreno et al., 2013). These rates of violence are generally exacerbated by stressors such as HIV/AIDS and extreme poverty in LMICs (Meinck et al., 2016). Various systematic reviews have found that these rates have increased considerably since the start of the COVID-19 pandemic and the subsequent lockdown and social distancing guidelines across the world (Cappa & Jijon, 2021; Kofman & Garfin, 2020; Kourti et al., 2021; Moreira & Pinto da Costa, 2020; Piquero et al., 2021; Sanchez et al., 2020; Viero et al., 2021).

Exposure to violence, both directly and indirectly, has significantly negative effects on the lives of children (Machisa et al., 2016; Tajima et al., 2011). These can include anxiety disorders, eating disorders, higher levels of depression and post-traumatic stress disorder (Norman et al., 2007). Exposure to violence can also seriously hinder the development of children, by leading to (amongst other consequences) poor attachment, low self-esteem and severe emotional distress (Holt et al., 2008; Hughes & Graham-Bermann, 1999; Levendosky & Graham-Bermann, 2000b). Violence towards mothers has been linked with both externalising and internalising problem behaviours in their children (Hazen et al., 2006). Besides the obvious physical injuries associated with VAW, other serious consequences similarly exist for women who are victims of intimate violence. This includes mental health issues such as depression and higher levels of maternal distress (Gondolf, 2016) as well as anxiety disorders and substance abuse issues (Maconachie et al., 1993). While much of this literature originates from the Global North, there have been similar findings in studies in Southern Africa (Stansfeld et al., 2017; Ward et al., 2018; Ward et al., 2007). VAW and VAC should be prevented for the physical and psychological well-being of both women and children.

VAC and VAW have been found to overlap in several important ways. Literature shows high rates of co-occurrence, overlapping risk factors, overlapping consequences and an equally detrimental effect on the ability to parent (Chiesa et al., 2018; Dekel et al., 2019; Guedes et al., 2016; Stansfeld et al., 2017). Given the importance of the prevention of both

and their intertwined relationship, several researchers have called for the integration of the prevention efforts of both these forms of violence. A recent review found that there is great potential for programmes that aim explicitly to prevent VAW and VAC, particularly programmes focusing on the parents (Bacchus et al., 2017). Ultimately, this study aimed to create such a programme by adapting the Parenting for Lifelong Health Teen programme to prevent, explicitly, violence against women and better engage fathers in the Zimbabwean context.

The Overlap between Violence against Children and Violence against Women

Violence against children and violence against women significantly overlap. Many have argued that this overlap should be seen as the rule rather than the exception (Lessard & Alvarez-Lizotte, 2015; Slep & O'Leary, 2005). These forms of violence intertwine in a number of different ways. Firstly, there are high rates of co-occurrence between these forms of violence. Secondly, VAW and VAC have a great number of risk factors in common. Thirdly, their detrimental consequences overlap substantially. Lastly, they have a similarly detrimental effect on caregivers' ability to parent.

High Rates of Co-occurrence

There is a large body of literature that shows that child maltreatment and intimate partner violence (IPV) co-occur in the same household (Cox et al., 2003; Dekel et al., 2019; Hamby et al., 2010; Tajima, 2000). For example, Appel and Holden (1998) found that in sixteen of twenty articles that included samples of abused women or children, these co-occurred at a rate of 40% or above. In community-based samples, they found a rate of 6% (Appel & Holden, 1998). In another systematic review of 35 studies, Edleson (1999) found that 30-60% of families in community-based samples could be experiencing both child maltreatment and IPV. Tajima (2000) found that IPV is a consistent risk factor for numerous types of child maltreatment but they do caution that it should not be seen as a more important or significant risk factor. As is true for most areas of research, this body of literature is mainly located in high-income countries (HICs) (Fry & Elliott, 2017).

A more recent, smaller body of literature from LMICs has seen similar findings (Ayinmode & Tunde-Ayinmode, 2008; Carlson et al., 2020; Fieggen et al., 2004; Namy et al., 2017; Pearson et al., 2022). For instance, Carlson and their colleagues (2020) explored this intersection in Uganda. They found that those who reported experiencing or perpetrating IPV were more likely to report using violence against their child. Overall, they found a co-occurrence rate of 33% (Carlson et al., 2020) which is higher than the rates found in systematic reviews of studies from high-income countries (Appel & Holden, 1998; Edleson,

1999). Namy and their colleagues (2017), who examined this intersection qualitatively in Uganda, showed that the co-occurrence of many different forms of violence in families is highly prevalent.

Common Risk Factors

A recent narrative review, focusing on research from LMICs, illustrates this intersection by examining points of intersection beyond the co-occurrence (Guedes et al., 2016). They point to the numerous risk factors that VAW and VAC share (Guedes et al., 2016). Carlson and their colleagues (2020) study identified some of these factors. These included lower socioeconomic status, lower levels of education, higher levels of mental distress, higher levels of alcohol use and the subjects being less emotionally attached to their partner (Carlson et al., 2020). In their analysis of common risk factors, Carlson and their colleagues (2020) found that alcohol use was the most consistent risk factor for VAW and VAC. Alcohol abuse has been consistently identified in both VAW and VAC literature (Abramsky et al., 2011; Foran & O'Leary, 2008; Freisthler et al., 2005; Namy et al., 2017). An equally important factor to highlight is the role of mental health issues, especially childhood trauma (Ellsberg et al., 2008). Childhood trauma, especially experiences of physical or sexual violence as well as the witnessing of violence between parents as children, has been found to be predictive of both perpetration and experiences of violence as adults (Castro et al., 2017; Fry et al., 2012; Fulu et al., 2017). This urges the work on prevention to consider the role of trauma in both experiencing and perpetration of family violence (Fulu et al., 2017).

Along with these risk factors, there are overarching social norms that help to maintain both and make help-seeking more difficult. These include acceptance of violence, victim-blaming, valuing of family privacy and norms around masculinity such as entitlement and power (Guedes et al., 2016). Namy and their colleagues (2017) explore these social norms using a feminist lens. They found that VAW and VAC are often made to feel normal through the patriarchal structure of the family. This family structure perpetuates hegemonic masculinity¹ and works to make women subordinate to men and children subordinate to their parents. The norm of dominance associated with masculinity is echoed throughout the literature (Guedes et al., 2016; Wilkins et al., 2014). For example, Mootz and their colleagues (2019) found that the expectation that men should be in control of their female partners

¹ This term can be defined as “an analytical instrument to identify those attitudes and practices among men that perpetuate gender inequality, involving both men’s domination over women and the power of some men over other (often minority groups of) men” (Jewkes et al., 2015, p. 113).

through using aggression is one of the things that drives VAW. They also reported that the norm that parents dominate children helps maintain VAC (Mootz et al., 2019). Violence in the home is maintained by a discourse of justifying VAW and VAC. In this discourse, violence against women and children who are deemed to be acting outside of the roles expected of them by these patriarchal norms is seen as justified (Namy et al., 2017). Aligned with this is the role that religion plays a part in family violence as a discourse of justification. Many religions, including Christianity, Islam and Judaism, have been used to emphasise the importance of women having a subjugated role in society which helps justify VAW (Al-Tawil, 2012; Rakoczy, 2004). Religion can be used as a discourse that can be used to justify VAW and VAC (Fortune & Enger, 2005; Greiff, 2010).

Common Detrimental Consequences

Guedes and their colleagues (2016) highlight the serious consequences that these phenomena share. There are various immediate consequences including depression, feeling of worthlessness, post-traumatic stress symptoms and anxiety for both mother and child as well as the physical injuries associated with the violence (Gondolf, 2016; Machisa et al., 2016; Stansfeld et al., 2017; Ward et al., 2018). In addition, Guedes and their colleagues (2016) emphasise the fact that each phenomenon affects people across generations in a family. There are many different ways that this intergenerational transmission occurs. In LMICs, Islam and their colleagues (2014) and Mandal and Hindin (2015) show a clear relationship between witnessing violence perpetrated by parents in one's childhood and the experience or perpetration of violence in adolescence and adulthood. In articles focusing on men, the experience of childhood trauma of men, especially emotional abuse and neglect, is related to perpetrating IPV (Fulu et al., 2017; Heyman & Slep, 2004). In terms of dating violence, childhood abuse is predictive of dating violence, specifically in adolescence (Gover et al., 2008; Hamby et al., 2012). This abuse is also predictive of violence against their children (Postmus et al., 2012) and later victimisation and perpetration of intimate partner violence (Daigneault et al., 2009; Widom et al., 2014).

The Impact on Parenting

Violence in the family has been shown to have a serious effect on the parenting potential of caregivers. When it comes to violence between intimate partners, violence exists on a continuum between severe forms of violence and interparental conflict. Violence all along the way of this continuum has a negative impact on parenting. In a recent systematic review, Chiesa and their colleagues (2018) illustrate that IPV can have a detrimental impact on caregivers' ability to parent. There is evidence that intimate partner violence can predict

child maltreatment and neglect (Nicklas & Mackenzie, 2012; Taylor et al., 2009). In particular, Taylor and their colleagues (2009) found that maternal experiences of IPV are related to higher levels of physical and psychological aggression towards their children and a higher probability of spanking (Taylor et al., 2009).

IPV also has an impact on other forms of parenting practices (Kelleher et al., 2008; Murray et al., 2012). For example, Postmus and their colleagues (2012) found that mothers' experiences of IPV were related to lower levels of engagement with activities with their children. In addition, Levendosky and Graham-Bermann (2000a) found a significant negative relationship between psychological and physical VAW and the maternal warmth they showed to their children. Domestic violence can also make establishing control and authority over children difficult, and it has been associated with externalising disorders in children, further complicating the task (Holt et al., 2008). In a meta-analytic review of 39 studies, Krishnakumar and Buehler (2000) demonstrated that there is a moderate negative association between interparental conflict and parenting practices. In particular, they found very strong relationships between high levels of interparental conflict and high amounts of harsh discipline and less parental acceptance (Krishnakumar & Buehler, 2000). More recent literature has built on this work and found that constructive interparental conflict is correlated with decreased problematic parenting practices whereas destructive conflict relates to an increase in these practices (Warmuth et al., 2020). It is key to emphasise the fact that IPV does not necessarily lead to poor parenting (Chiesa et al., 2018): various researchers have illustrated that women who have been the victim of IPV can be effective and warm parents (Greeson et al., 2014; Kelleher et al., 2008).

At the same time, researchers have demonstrated that parenting practices mediate the association between IPV and various negative child outcomes (Grasso et al., 2016; Gustafsson et al., 2012; Postmus et al., 2012). For example, Grasso and their colleagues (2016) found that harsh parenting partially mediated the relationship between psychological abuse and children's disruptive behaviour. Yet, it is key to highlight here that psychological IPV still had a direct relationship with children's disruptive behaviour when taking parenting into consideration (Grasso et al., 2016). Gewirtz and their colleagues (2011) found that parenting may have more of an impact on children in the process of recovery rather than in the immediate aftermath of a traumatic event.

There is a broad range of literature that demonstrates that a couple's relationship has an impact on the relationship between them and their child (Sherrill et al., 2017). In a meta-analytic review, Erel and Burman (1995) found a positive significant association between the

condition of the couple relationship and the condition of the parent-child relationship. A more recent longitudinal study found that where there is more marital satisfaction, there is more parental warmth (Skinner et al., 2021). This points to the fact that interparental conflict, parenting and negative child outcomes are related in various ways. Firstly, the interparental conflict has been linked to various negative child outcomes (Bradford et al., 2008; Harold et al., 2007). Buehler and their colleagues (1997), in their meta-analysis of 68 studies, found a strong relationship between interparental conflict and children's internalising and externalising behaviours. In a systematic review, Tan and their colleagues (2018) demonstrated a negative relationship between conflict between parents and the level of attachment security of their child. Interparental conflict can make children more distressed as it negatively impacts their feelings of emotional security about their parents' relationship. This then impacts their sense of security in the relationship that they have with their parents (Harold et al., 2004). In addition to emotional security, Bradford and Barber (2005) found that the more interparental conflict that children experience, the higher the amount of self-blame they experience. This relationship became stronger when negative parenting practices like controlling parenting, dismissiveness towards their children and insecure relationship with fathers co-occur (Bradford & Barber, 2005).

In sum, there is a clear argument that VAW and VAC overlap significantly and should be researched and prevented simultaneously. In their seminal text, Tolan and their colleagues (2006) argues that violence within the family should be differentiated from other types of violence given its complex and chronic nature. This violence is different because it becomes a part of the ordinary daily interactions between family members that can make understanding where violence begins and ends complex. Following on from this, Fulu and their colleagues (2017) highlight that the normalisation of VAW originates in the family. Yet, the majority of research has tended to treat VAW and VAC as distinct and completely separate forms of violence (Fry & Elliott, 2017; Slep & O'Leary, 2005; Williams, 2003). Given this large body of evidence for this significant overlap, in the last 20 years, various researchers have called for the integration of these strands of research and their subsequent prevention work (Fry & Elliott, 2017; Fulu et al., 2017; Lessard & Alvarez-Lizotte, 2015; Slep & O'Leary, 2005).

The Importance of Parenting Programmes

Given the co-occurrence, the common risk factors, the shared consequences and the shared effect on parenting of VAW and VAC, parenting programmes appear to be a good site for the simultaneous prevention of these forms of violence. Globally, few children can gain

access to services for their protection and even fewer can access effective programmes for the prevention of violence against them (Finkelhor et al., 2011; Marcus et al., 2019). This is especially true for adolescents in LMICs (Knerr et al., 2013). Given the evidence on the impact of IPV and interparental conflict on parenting, parenting programmes could provide a key avenue to address both VAC and VAW.

There is an extensive body of literature that suggests that parenting programmes have important positive outcomes for both parent and child (Butler et al., 2019; Chen & Chan, 2016; Vlahovicova et al., 2017). In a Cochrane review, Barlow and their colleagues (2006) found significant reductions in child abuse and neglect and in a more recent Cochrane review, Barlow and their colleagues (2016) found that parenting programmes improved children's emotional and behavioural adjustment. In addition, Chen and Chan's (2016) systematic review found that they also have a significant effect on both decreasing child maltreatment and those risk factors associated with child maltreatment. In a systematic review of research done in LMICs, Knerr and their colleagues (2013) show that parenting programmes can be effective in preventing VAC and help reduce associated risk factors including family stress and maternal mental wellbeing. Similarly, a more recent systematic review found that parenting programmes in LMICs have positive effects on parenting skills, violence attitudes, psychosocial wellbeing, substance use, sexual and reproductive health, economic well-being and gender equality (Marcus et al., 2019). Devries and their colleagues (2013) suggest that parenting programmes may be preventing future perpetration and experiencing VAW and VAC, given the strong relationship between childhood exposure to violence and the experiences or perpetration of violence in adolescence and adulthood.

The focus of this study on the context of LMIC is important based on a number of key facts. Firstly, the prevalence of VAW and VAC has been found to be much higher in LMICs (Burton et al., 2015; Garcia-Moreno et al., 2013; Hillis et al., 2016). This emphasises the great need to focus prevention efforts in these countries. Secondly, rates of violence are generally exacerbated by stressors such as HIV/AIDS and extreme poverty in LMICs (Meinck et al., 2016). LMIC contexts are associated with many of the shared risk factors of VAW including lower socio-economic status and lower rates of education (Carlson et al., 2020). Lastly, parenting programmes with a strong evidence base are not as common within the LMICs. Knerr and their colleagues (2013) highlight the fact that very few programmes have been rigorously tested and evaluated within this context with numerous challenges such as the high cost of RCTs and lack of experts (Desal et al., 2017; Mejia et al., 2017; Ward et al., 2016). This picture is changing with more programmes being rigorously evaluated

(Cluver et al., 2018) and great effort is being made to serve these underserved communities in LMICs (Baumann et al., 2019; Shenderovich et al., 2021). For example, in a recent systematic review, McCoy and their colleagues (2020) found eleven different parenting programmes being tested across East and Southeast Asia.

Interventions to Prevent Violence against Women and Children

It is clear that parenting programmes are an effective mode of intervention for the prevention of VAC and associated risk factors (Barlow et al., 2016; Barlow et al., 2006; Chen & Chan, 2016; Knerr et al., 2013). The question then becomes what evidence is there that preventing VAW and VAC can be effectively achieved in one intervention. Bacchus and their colleagues' (2017) systematic review looked to identify interventions that aimed to address both IPV and child maltreatment in LMICs. They found six studies with only four of these being randomised control trials. This emphasises a great dearth of rigorously tested interventions of this nature in the LMICs (Bacchus et al., 2017).

Yet, there are some key examples of interventions addressing both VAW and VAC that have shown promising results in LMICs. Bandebereho is a couples' intervention that aims to engage fathers, who are expecting a child or have a child under five years old, and their intimate partners in reflection and dialogue to engage critically with gendered norms in Rwanda (Doyle et al., 2018). A recent randomised control trial found a significant decrease in the potential for physical and sexual violence against the men's partners and a reduction of corporal punishment enacted by either caregiver on their child, despite this not being an aim of the intervention (Doyle et al., 2018). Similarly, SASA!, a Ugandan community mobilisation intervention that aims to prevent IPV and HIV, was found to reduce IPV incidence and have a positive effect on the children of the participants in terms of their relationship and their exposure to violence. One of the key aspects of this programme is encouraging community members to critically examine the hegemonic role of men in their community (Kyegombe et al., 2015). REAL fathers' intervention is another programme that aims to address both IPV and VAC with fathers of a child between one and three years old in Uganda. This programme also engages with gender roles by encouraging fathers to use more non-violent and conflict resolution strategies in their new role as a father. In a quasi-experimental study, this mentoring programme was found to have positive effects on parenting and the level of both psychological and physical IPV (Ashburn et al., 2017). Overall, gender norms seem to be a potential point of intervention when it comes to preventing both IPV and VAC.

Lundgren and Amin (2015) conducted a systematic review to identify promising approaches for the prevention of adolescent IPV and sexual violence. One of the approaches that they identify is parenting programmes that address child maltreatment in adolescents, especially given that child maltreatment is a risk factor for later intimate partner victimisation and perpetration (Lundgren & Amin, 2015). Bacchus and their colleagues (2017) similarly found that parenting programmes hold a lot of potential for addressing both. A key example of this within the LMIC context is the Parenting for Respectability programme. This intervention aims to address four factors that theoretically predict child maltreatment and VAW in Uganda. These are poor child attachment, harsh parenting, unequal gendered socialisation of children and conflict and disrespect between caregivers (Wight et al., 2022). The programme includes 21 sessions with an explicit focus on engaging fathers of children between the ages of 0-17 years old (Siu et al., 2018). In a qualitative evaluation, it was found that this intervention successfully recruited and retained most men targeted, a distinct achievement given the established difficulty of recruiting and retaining men in these types of programmes. For example, in their Kigungu site, they recruited 20 men and were able to retain 17 of them. This study found that the male participants very much welcomed the intervention's view of them as having an equal contribution to the raising of their children. It was found to increase fathers' awareness of the importance of their involvement in the raising of their children. It also was found to decrease conflict and increase respect between caregivers (Siu et al., 2018). While this is a relatively new programme model, these preliminary results offer some hope that VAW and VAC can be addressed in LMICs, and that fathers can be engaged in parenting programmes.

The Importance of the Couple

Two stands of literature shed light on how best to formulate an intervention of this nature. Firstly, it is a well-established fact that parenting programmes struggle to recruit and engage fathers. In a systematic review, Smith and their colleagues (2012) found that fathers' participation in child maltreatment interventions was extremely low. Research over the last few years has shown that fathers' involvement influences the development of their child positively (Sarkadi et al., 2008). Fathers' involvement can help improve their children's social, emotional and academic development. Fathers can have a positive influence on their children's well-being, social adjustment and academic attainments (Fletcher et al., 2014). Importantly for the prevention of IPV, in their seminal text, Lamb and Lamb (1976) found that the father can have a strong influence on children's adoption of cultural norms and

gendered behaviours. Fathers' involvement can also have positive outcomes for mothers, especially in terms of their mental health (Yargawa & Leonardi-Bee, 2015).

There is evidence that the inclusion of men into preventative programmes is beneficial to their ultimate goals of prevention and both the child and mother participants. Lundahl and their colleagues (2007) found in their meta-analysis that parenting training interventions that included fathers generally had more positive intervention outcomes compared to those that included mothers only. Related to this, in a qualitative study, parenting programmes that involve only one parent, which is usually the mother, may lead to conflict between parents when the parent who attended, works to apply the skills learnt (Mockford & Barlow, 2004). In terms of the prevention of VAW, the inclusion of men in programmes helps shift attitudes and behaviours that maintain VAW (Labarre et al., 2015).

Various authors have suggested that fatherhood may be an important focus in terms of encouraging men to become involved in efforts to prevent VAW and VAC. By engaging men as fathers, a programme can bring men into a discussion on VAW and VAC and address shared risk factors associated with them in a less confronting environment (Labarre et al., 2015; Pfitzner et al., 2017; Stanley et al., 2012). Overall, it is clear that not only recruiting men into parenting programmes but fully engaging them as contributors to the raising of their children is important (Pfitzner et al., 2017; Pruett et al., 2019). Numerous researchers and practitioners have called for interventions that aim to prevent child maltreatment and VAW to better recruit and engage fathers (Fletcher et al., 2014; Labarre et al., 2015; Maxwell et al., 2012; Pfitzner et al., 2017; Scourfield, 2014).

Following on from this literature, co-parenting may provide a key point for the prevention of VAW and VAC. Co-parenting is variously defined in the literature with a common understanding being cooperation between parents on all responsibilities related to parenting a child such as sharing decision making and supporting one another (Egeren & Hawkins, 2004; Riina & McHale, 2014; Teubert & Pinquart, 2010). Fathers are usually positioned as breadwinners which have formed the foundation of the norms that surround masculinity and fatherhood. Women, on the other hand, have been positioned as caregivers with few men becoming actively involved in the everyday running of their households (Arendell, 1996). Literature on co-parenting suggests that when the parents work together and share the responsibility for the parenting of their child, there are numerous positive benefits for their child including better psychological adjustment, fewer depressive symptoms and fewer risky behaviours (Baril et al., 2007; Riina & McHale, 2014; Teubert & Pinquart, 2010). Research suggests that interventions that focus on the couple as a unit, can be effective

when working with couples who are violent towards one another (Karakurt et al., 2016) and can work to improve their relationship quality and communication skills (Hawkins et al., 2008).

There is some evidence to suggest that co-parenting may be one of the mechanisms that explain the relationship between interparental conflict and parenting practices and in particular, the relationship between parent and child (Margolin et al., 2001). In their observational study, Katz and Low (2004) show that couples that are violent towards one another are less likely to cooperate when it comes to parenting their child and are more likely to be disengaged emotionally. Overall, they build on Margolin and their colleagues (2001) work to show that co-parenting that is hostile and withdrawn is a mediating factor in the association between interparental violence and the anxiety and depression experienced by their child. Following this, research suggests that interventions that focus on the couple as a unit can be effective when working with couples who are violent toward one another (Karakurt et al., 2016) and can work to improve their relationship quality and communication skills (Hawkins et al., 2008).

For example, Family Foundations is a universal psychosocial intervention that aims to improve co-parenting of parents transitioning into parenthood (Feinberg & Kan, 2008; Kan & Feinberg, 2015). In particular, it works to improve parents' conflict management, problem-solving skills, and emotion regulation as well as learning how to deal with disagreements using constructive communication and supporting one another. These themes are then applied to issues such as improving how work is divided in the household and helping parents improve the emotional security of their children (Feinberg et al., 2016; Feinberg et al., 2010; Feinberg & Kan, 2008). In a randomised controlled trial, this intervention was found to improve parental stress, parental efficacy and the quality of the couples' relationship as well as decrease harsh parenting and permissive parenting. There were moderate to large effect sizes for outcomes associated with parenting and their child (Feinberg et al., 2010). This intervention suggests that co-parenting could be an important point for interventions looking to address the intersecting phenomena of VAW and VAC.

The Need to Focus on Adolescence

Another gap identified in the literature is a need to focus on adolescence. The United Nations (UN) identifies adolescence as between the ages of 10 to 19 years old (UNICEF, 2014). Guedes and their colleagues (2016) highlight that adolescence is a significant period of vulnerability for perpetrating and falling victim to multiple forms of violence. Adolescents are at a heightened risk for abuse with more violence victimisation in the community as well

as the home (Finkelhor et al., 2013). In research on the prevalence of IPV, the lifetime exposure to violence among women is already high in adolescence, suggesting that violence tends to start early in women's partnerships (Garcia-Moreno et al., 2013). In the LMIC context, the majority of men who committed rape, first committed assault when they were teenagers (Jewkes et al., 2013; Jewkes et al., 2011). Research both in high-income countries and LMICs suggests that perpetrating and falling victim to physical and sexual violence is quite common in informal adolescent relationships (De Koker et al., 2014; Leen et al., 2013; Lehrer et al., 2013; Rivera-Rivera et al., 2007). A prevalence rate of around 20% was found for physical teen dating violence (Wincentak et al., 2017). Literature on teen dating violence suggests that there is a significant relationship between exposure to IPV between parents and teen dating violence. This association is dependent on parenting practices, a finding which emphasises the importance of the parenting of adolescents for the prevention of violence in the home (Garrido & Taussig, 2013). Co-parenting research suggests that parents may support each other less when their child reaches adolescence. Efforts to coordinate parenting in the interparental relationship may be disturbed when they are faced with new obstacles in the parenting of their adolescent (Riina & Feinberg, 2018). In sum, this literature suggests that the parenting of adolescents should be seen as a key point of intervention in the prevention of VAW and VAC.

Rationale

This study answers the call to integrate solutions for the prevention of VAW and VAC (Fry & Elliott, 2017; Fulu et al., 2017; Lessard & Alvarez-Lizotte, 2015; Slep & O'Leary, 2005), as well as the call to develop programmes for the parenting of adolescents. VAW and VAC intersect in terms of high co-occurrence rates, common risk factors and similar and intertwined effects including detrimental consequences and particularly serious effects on parenting. Parenting programmes in LMICs have been identified as a potentially key way to deal with both simultaneously given the effect of this violence on parenting and the importance of parenting as a key point of intervention to prevent present and future violence. This study is the first study to fill the gap that exists in terms of parenting programmes in the LMIC context that works to address both VAW and VAC, with adolescents and their parents, with a particular emphasis on actively engaging the couple as a unit. This novel study contributes to the work on the reduction of VAW and VAC in Southern Africa. While various researchers have worked to address both VAW and VAC in a programme (Ashburn et al., 2017; Doyle et al., 2018; Kyegombe et al., 2015), none have worked to adapt a programme with an established body of evidence for its effectiveness

(Cluver, Lachman, et al., 2016; Cluver, Meinck, Shenderovich, et al., 2016; Cluver et al., 2018), in order to achieve this objective.

Parenting for Lifelong Health Teen Programme

One of the few sets of parenting programmes rigorously tested and evaluated in the context of LMICs is Parenting for Lifelong Health (PLH). PLH is an array of parenting programmes that work to prevent violence in the context of low-resource areas. It is a collaborative project between the University of Stellenbosch and The University of Cape Town in South Africa, The University of Oxford and Bangor in the United Kingdom, the World Health Organisation (WHO), and The United Nations Children’s Fund (UNICEF) (Cluver, Lachman, et al., 2016; Cluver et al., 2018; Cluver, Meinck, Yakubovich, et al., 2016). The adolescent-focused programme, “Sinovuyo Teen”, is a 14-session parenting programme with 10 sessions with both caregiver and adolescent of 10-17 years old and 4 sessions done with them separately. It is based on collaborative learning methods such as role-plays, modelling and practising from home. The content of the sessions is focused on the principles of social learning (Cluver et al., 2018). The manuals can be found on the WHO website (https://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/).

Table 1
Sessions of the PLH teen Programme

Session	Configuration	Goal
Session 1: Introducing the programme & defining participant goals	Joint	Introduce the programme and establish common ground rules and goals.
Session 2: Building a positive relationship through spending time together	Joint	Building a positive relationship while spending time with each other
Session 3: Praising each other	Joint	Understand the benefits of praise and practising ways of praising
Session 4: Talking about emotions	Separate	Learn to identify, name and discuss emotions
Session 5: What do we do when we are angry?	Separate	Managing anger and solving problems
Session 6: Problem solving: Putting out the fire	Joint	Learn the techniques of problem-solving
Session 7: Motivation to save and making a budget with our money	Joint	Budgeting can help reduce stress about money; having goals can help us to save money
Session 8: Dealing with problems without conflict I	Separate	Identify problem behaviours and focus instead on behaviours you want
Session 9: Dealing with problems without conflict II	Separate	Learn helpful alternatives to violent discipline
Session 10: Establishing rules and routines	Joint	Establishing family rules and routines
Session 11: Ways to save money & making a family saving plan	Joint	Understand ways to save and the risks of borrowing money
Session 12: Keeping safe in the community	Joint	Make a plan to keep teenagers safe in the community
Session 13: Responding to crisis	Joint	Combine active listening, anger reduction and problem-solving to help parents and teens respond to abuse and crisis
Session 14: Widening the circle of support	Joint	Plan how to move on from here and identify support structures that can help us.

Three studies have been conducted to test its efficacy. Two were pre-post pilots which helped to improve and refine the intervention (Cluver, Lachman, et al., 2016; Cluver, Meinck, Yakubovich, et al., 2016). A recent randomised controlled trial was then conducted to test the effectiveness of this programme (Cluver et al., 2018). It found that in the intervention group, adolescents and their caregivers reported lower levels of abuse in the short term, higher levels of involved parenting and parental supervision, increased economic wellbeing of the household and financial management, and better family planning to help adolescents evade violence in their community and lastly, lower levels of substance use by adolescents and their caregivers. Caregivers in the intervention group also reported lower levels of depression and stress, decreases in attitudes that are accepting of corporal punishment and higher levels of social support. Given its good evidence base, it presents an opportunity for adaptation to prevent VAW with a focus on actively engaging the couple as a unit (Cluver et al., 2018).

This programme has been implemented in Zimbabwe by Catholic Relief Services (CRS) since 2017. Their facilitators have been trained by Clowns Without Borders South Africa (CWBSA) (Clowns without Borders South Africa, 2018). While the programme was created in South Africa, CWBSA worked to adapt the programme to the Zimbabwean context before it was implemented in Zimbabwe. This adaptation only made small changes to the programme which included changing role plays' characters names to ones that were more relatable and changing references to local laws and contacts of relevant services. As well as implementing the PLH programme, CRS also provides a number of different services to the local community both in the form of child protection programmes and economic strengthening programmes. Thus, the communities where they implement their programmes was ideal for this study because there were parents and facilitators who were familiar with the programme and parents and teen who were not familiar with the programme as they were participants in CRS's other services.

Aims

This study aimed, in collaboration with Catholic Relief Services (CRS) Zimbabwe and Clowns without Borders South Africa (CWBSA), to find out how best to adapt the Parenting for Lifelong Health Teens Programme to prevent VAW explicitly and engage fathers better in the Zimbabwean context, in order to create a number of recommendations to inform a future adaptation.

Objectives

- This study worked to gather the perspectives of those who had and who had not been exposed to the Parenting for Lifelong Health (PLH) Teen programme.
- Based on their perspectives, this study worked to make recommendations for the adaptation of the PLH Teens Programme to engage fathers better and prevent VAW in Zimbabwe.

Research Questions

What should be the content and structure of a parenting programme that aims to address both violence against women and children for the Zimbabwean context?

- What can be learned from similar programmes in LMICs?
- How do the experiences of both PLH participants and participants who did not participate in PLH shed light on the content and structure of the proposed programme?
 - How is the conflict between family members dealt with in families in this context?
 - How best to engage participants, especially fathers, in programmes of this nature?
- Could co-parenting be a helpful conceptual tool for the proposed programme?
 - Do parents in this context share the responsibility of parenting?
 - Is there a benefit to working with parents as a couple in this proposed programme?

Chapter 2: Method

Guiding Framework for Intervention Adaptation

This study is part of a larger project to adapt and then pilot the PLH teen programme which uses a combination of the Medical Research Council's (MRC) framework for creating and testing social interventions as the basis of its framework (MRC, 2000) and the Intervention Mapping (IM) framework (Bartholomew et al., 1998). The MRC framework has a strong emphasis on the evaluation processes (Craig et al., 2008) whereas the IM framework focuses more on the detailed phases of creation (Tortolero et al., 2005). The MRC suggests a number of broad steps that the IM framework builds on effectively. It starts with reviewing the evidence on interventions of a similar aim and approach and methods that have been used before (Craig et al., 2008). Similarly, the IM framework suggests a needs assessment to make sure that the intervention makes sense for the needs of the target population as an initial starting point (Tortolero et al., 2005). Secondly, the MRC framework suggests the creation of a clear rationale and theory of change which is a theoretical framework to explain how change is likely to occur through the intervention (Craig et al., 2008). Building on this, the IM framework suggests a number of detailed steps to help flesh this out which includes clearly defined behaviour outcomes that are expected, clear components that will likely lead to the desired outcomes, looking at what factors could impact the realisation of the desired outcomes and clearly defined learning objectives (Tortolero et al., 2005). Thirdly, the MRC framework points to the importance of piloting the intervention to refine it and make sure it is feasible (Craig et al., 2008). The MRC framework emphasises the importance of determining which outcomes are most critical and which are secondary. It also highlights the need for process evaluations, i.e., evaluations to understand why an intervention is unsuccessful or successful and whether there are unanticipated consequences of the intervention (Craig et al., 2008). The IM framework differentiates between these process evaluations and those initial evaluations to determine whether the intervention has in fact been successful, which latter it calls effect evaluation. It emphasises that both are key to an evaluation of an intervention (Tortolero et al., 2005). Together these frameworks provide a helpful stepwise system for the development and evaluation of a new intervention. This study represents the first step discussed here. It talked to both past participants and those who have not participated to establish a needs assessment as well as looking at other programmes and literature. Along with this framework, a reporting standard was used to ensure the rigour of this study. The Consolidated Criteria for Reporting Qualitative Studies (COREQ) was used (Tong et al., 2007).

Theoretical Framework

This study used an interpretive epistemology that recognises reality as the subjective experiences of people. This perspective focuses on the meaning or interpretation rather than straightforward facts (Terre Blanche et al., 2014). Interpretivism focuses on understanding people's lived experiences, especially those that are critical to the way that people understand their lives (Denzin, 2001). This approach focuses on understanding phenomena in context and understands that the most critical instrument of data collection and analysis is the researcher (Terre Blanche et al., 2014). This perspective recognises researchers as a set of various identities with their own experiences and ideologies that influences the whole process from data collection to analysis (Denzin, 2001).

Along with this interpretive epistemology, a gender transformative approach guided this study. The initial conceptualisation of this approach originated from the work of Geeta Rao Gupta (2000) in their work on gender and HIV/AIDS programming. They define this approach as seeking to transform gender roles and ensure more equitable relations with a particular focus on programming including men and boys (Gupta, 2000). While this approach is used to describe programmes, its focus on being critical of gender thinking, roles and norms and seeking to make them more equitable in families and communities was helpful in guiding the thinking of this study.

Design

This study utilised a phenomenological qualitative design to assess the content and feasibility of this proposed programme and the context in which it will be implemented. Phenomenological design is focused on people's lived experiences and tries to get a better understanding of a phenomenon by exploring people's lived experiences. This approach understands that people cannot be completely separated from who they are and the world around them (Terre Blanche et al., 2014). This study aims to understand the participants' lived experiences to inform the adaptation of the PLH Teen programme. This study collected formative data on how an adaptation of the PLH Teens programme may be done.

Participants

All participants were from the Mazowe district in urban and peri-urban communities in Zimbabwe. The adults were between the age of 51 and 36 years old with an average of 44 years of age. The children were between 9 and 17 years old with an average of 13 years of age. Five focus group discussions with 10 participants each, and four individual interviews with the facilitators of the Zimbabwe PLH teen programme, were conducted. As the PLH teen programme includes one caregiver and one adolescent from a family, two of the focus

group discussions were with participants who had completed the programme between 2018 and 2020, one with the caregivers and one with the adolescents. This study included participants who knew the PLH programme because there was a need to establish what worked and did not work in the current programme and how best to adapt it. The other three group discussions were with those who had not participated in the PLH teen programme, one with the adolescents, one with the fathers, and one with the mothers. People who were had not done the PLH programme were included because there was a need to understand the context, lived experiences and needs of the community and their thoughts on a potential programme, i.e., as those naïve to the programme, it opened up opportunities to explore what would make a programme attractive to parents who had no experience of the programme and would therefore be in our target group for piloting and implementing the programme (if effectiveness were achieved). Of this group of participants, the fathers and adolescents were parent and child while the mothers were from different families. This allowed for an added layer of protection for women if they chose to talk about their experiences of violence within the home. All participants were recruited by a CRS Zimbabwe staff member who identified participants by drawing on their participants from their implementation of PLH and other services that they provide in Zimbabwe. A list of cell phone numbers of all participants was obtained from this staff member after they had confirmed that the participants consented to participate and to provide their cell phone numbers, and these were used to make contact with the participants. This helped limit any risk of coercion.

Data collection

Given the current global pandemic of COVID-19, data collection had to be done online. Individual interviews and focus group discussions were conducted using different platforms, to suit the nature of the engagement and the resources available to the participants.

The four individual online interviews with the PLH facilitators were structured because the aim was to get specific answers about the feasibility and implementation of the programme (Terre Blanche et al., 2014). Zoom, a video conferencing application, was used. In the small amount of literature available on the use of Zoom instead of in-person interviewing, people have been positive about their experience of participating in studies using Zoom but only in the context of a high-income setting (Archibald et al., 2019; Oliffe et al., 2021). For example, Gray and their colleagues (2020) suggest a number of key benefits including convenience, improved personal interaction to discuss personal issues, easy to access and time-saving as there is no travel needed. Thus, this approach has great benefits but

was only used with the facilitators as they had access to the internet and a computer. An interview schedule was created to guide these interviews (Appendix H)

The five focus group discussions aimed at gaining an understanding of their shared experience of parenting and the potential benefit of a programme of this nature. As with in-person focus group discussions, this approach is useful in providing a consensus on certain points as well as potential areas of difference between participants (Terre Blanche et al., 2014). Online focus group discussions were conducted using WhatsApp end-to-end encrypted group chats. A web board, such as provided by WhatsApp, allowed me to control who was included as participants and verify their identities using their profiles (Stewart & Williams, 2005). This online platform also ensured that participants did not interrupt each other and could therefore share more which is not always possible in face-to-face focus group discussions (Schneider et al., 2002). It is important to acknowledge here that using WhatsApp chat groups does not entirely fit the traditional format of focus group discussions. Morgan (1996) defines focus groups as “a research technique that collects data through group interaction on a topic determined by the researcher”. A key component of this definition is the interaction in the group as the source of the data. The use of WhatsApp in this study meant that there was no way to gain immediate and strong engagement between the participants.

Given the differing rationale for sampling the PLH and non-PLH participants, different questions were asked to them with some questions asked to both. The non-PLH respondents answered questions about the challenges and advantages of raising teens, conflicts in the family and how they were handled, the role of men, violence in the family and their community, and what they would want from a potential programme. The PLH participants answered questions about the current PLH Teens programme and their experiences with the program, its strengths and issues. Interview schedules were created to guide these focus group discussions (Appendix I-M).

Procedure

Interviews and focus group discussions were done. For the online focus group discussions, an introductory voice note was posted to introduce the study and the ground rules of the groups. All participants were asked to agree with the ground rules. Then, each day, one question was posted, and the group had the whole day to think about and answer it. An asynchronous format was used which allowed participants time to answer before asking further questions. This approach allowed for lengthier and more considered responses which are helpful when studying more sensitive topics (Stewart & Williams, 2005). In the end, a

brief summary of the main points that were made in the participants' answers and a reassurance that they could withdraw their data if they wanted, were sent to the participants. They were asked if they agreed with the summary and if there was anything else they wished to add. For the individual interviews, I introduced the participants to the study and explained its purpose and then asked one question at a time. These interviews were recorded on Zoom and then transcribed.

A review of the current literature on parenting in the context of violence, involving fathers in parenting programmes as well as parenting programmes that currently exist that address IPV and child maltreatment in the LMIC context was also conducted. The aim of this review was to identify key elements that should go into a programme that addresses both of these important issues, as set out by this study's theoretical framework (Craig et al., 2008; Tortolero et al., 2005). The findings of this study along with a review of literature were integrated to create a number of recommendations for the adaptation of the programme.

Data analysis

Thematic analysis was used for the data gathered as it provides a useful way to find patterns in data without a specific theoretical underpinning. Given the pragmatic approach of this study, a realist approach was taken to this analysis which allowed for a straightforward understanding of the meaning of the participants rather than seeing meanings as socially constructed (Braun & Clarke, 2006). Braun and Clarke (2006) lay out a simple step-by-step approach which this study utilised. I followed the steps they suggested. Firstly, I got to know the data that I had collected very well. Secondly, I started to generate provisional codes based on the data. Thirdly, I looked for common themes to group these codes. Then, I examined and refined these themes. Lastly, I clearly described these themes and named them.

In any qualitative research, it is key to consider reflexivity. Feminist and post-colonial researchers have shown that it is critical to reflect on how the researcher's demographics and position in the world impact their research and the way they analyse their data. This helps to avoid the perpetuation of damaging stereotypes about the objects of study (Terre Blanche et al., 2014). Palaganas and their colleagues (2017), similarly to Finlay (2002), suggest that there are four kinds of reflexivity: (1) personal reflexivity, which focuses on the influence that the researcher's subjectivity has on the participants' behaviour and the data that is subsequently collected; (2) epistemological reflexivity, which focuses on the questions that a study asks and how it asks it; (3) critical reflexivity, which pushes researchers to examine the social and political context that informs the whole process of the research; and (4) feminist reflexivity, which focuses on the power imbalances in the research process and the

importance of a collaborative approach with participants (Palaganas et al., 2017). Throughout the research process, it was crucial to engage actively with each form of reflexivity.

The online nature of this data was also a crucial consideration in the analysis. Stewart and Williams (2005) suggest that there are three elements of online data. Firstly, there is form, which refers to the shared context of the online platform which comes with expectations and ways of doing things. Secondly, there is style, which refers to the use of idiomatic expressions to convey certain meanings and emotions. Lastly, there is content, which refers to the actual words written by the participants (Stewart & Williams, 2005). In the same way, that researchers consider not just the words spoken by participants but also their body language and tone of voice in face-to-face interviews, it is important to take into consideration these three elements of the text to give the words written context and full meaning.

Ethical Considerations

The Research Ethics Committee in the Department of Psychology at UCT (Appendix N) and the Medical Research Council of Zimbabwe (Appendix O) approved this study.

Informed consent forms were signed by the different participants before interviews or focus group discussions commenced (Appendix A-G). For the PLH facilitators, informed consent forms were signed using Google Forms (Appendix A). I sent them the links and asked them to sign them. For the rest of the participants, physical consent forms, that were tailored to each kind of participant, were signed. For these participants, the CRS staff member made initial contact, explained the study and the consent forms and invited the participants to sign the forms if they wished to participate. This helped limit coercion and make the participants feel comfortable as the CRS staff member was known to them. All forms included letting participants know about the procedure, nature and aim of the interview or focus group as well as issues of privacy and confidentiality and my contact details. The signing of these forms stipulated that participants received all the information and understood it and agreed to participate (Willig, 2008). Voluntary consent, which refers to the participants' right to leave the study at any time during the interview or focus group procedure if they do not want to continue, was emphasised throughout (Wilson & MacLean, 2011). Parents of the teenage participants were contacted first to gain their consent for their own and their children's participation. With the permission of their parents, teenage participants were contacted to gain their assent. Participants had the forms explained to them and then encouraged to ask any questions they had about the study.

There were no serious harms to participating in this study. Some discomfort could have occurred when sensitive topics were discussed such as violence or mistreatment in the home. Had a participant expressed any distress or suggested that they or their family were being harmed, I would have consulted with my supervisor and the case would have been handled by CRS Zimbabwe, who had a weekly updated list of local organisations and services to which participants could be referred (Willig, 2008). I was prepared to handle this potential situation, but it never happened.

Confidentiality was ensured throughout the study as far as possible (Wilson & MacLean, 2011). I was the only one able to add participants to the group. I could remove any harmful posts and block others from joining. Ground rules were clearly stated and agreed to at the beginning of the focus group discussions to ensure a safe environment for the participants. This is important as online platforms can lead to less discretion and tact in users (Williams et al., 2012). I used the desktop version of WhatsApp on a password protected computer as this was the most secure option (WhatsApp, 2021). A 2-step verification process was also set up to further ensure the privacy of the participants. WhatsApp uses end-to-end encryption which means that the messages are encrypted in transit, so they are harder to read if intercepted along the way. As the designated administrator of the group, only I was able to edit the group's information such as the name and the description. Participants were able to leave data collection by removing themselves from the group or not replying to questions further.

Participants' names do not appear on any of the transcriptions or in any of the data. Numbers were used to replace the participants' names in order to anonymise their identities. Besides the privacy settings on WhatsApp, participants' privacy was ensured by storing all data on password-protected computers in a password-protected folder. All printouts are locked away in a cabinet in the CRS Zimbabwe offices. Confidentiality was ensured, excluding situations where the participant was at risk of significant harm or when they asked for help. Participants were also encouraged to message me individually to express any discomfort or distress. None of the participants suggested they were at risk or expressed any distress, but I was prepared if they did.

Directly after the interviews and focus group discussions, I had a check-in discussion with the participants where I summarised what the participants had said and emphasised that they could ask for anything they said to be deleted from the data and could raise any concerns about the study (Wilson & MacLean, 2011).

Incentives in the form of data vouchers were given to participants before the focus group discussions and interviews. These data vouchers were the equivalent of \$10 with the data amount varying between participants based on what network they were with and what that network offered for \$10. This is especially important in the context of online data collection as the method means that there is a tangible cost to participating. There is concern that incentives can coerce people into participating in the research (Grant & Sugarman, 2004) but these incentives were not large enough to make participants feel obliged to participate, even the low resource nature of the study's setting (Grant & Sugarman, 2004). It was emphasised that they were able to withdraw at any time and still retain the data provided.

Chapter 3: Results

Participation in Focus Groups

There were a number of broad patterns in the way that the participants engaged in the study. All the PLH participants were asked 11 questions (Appendix H, K, M) and the non-PLH participants were asked 10 questions (Appendix I, O, L). The average number of posts was 6.44 per person with the highest being the non-PLH fathers' group (mean=8) and the lowest being the PLH teens' group (mean=5.8). The PLH groups averaged fewer posts per person but there were more times when participants gave more than one answer to a question in these groups. The PLH and non-PLH teens were the least engaged of all the groups with fewer posts per person. Their answers were very similar to the parents' answers. Unfortunately, the interaction between participants was quite limited in all the groups.

The fathers who had not done the PLH programme were the most active in the focus group discussions. Most of them answered all the questions posed, usually going into a lot of detail and more than one answer to a question. They were most generous with their answers. The mothers and teens who did not participate in PLH were also very active. The mothers were a bit slow to answer but when they did, they shared generously. The PLH teens and caregivers were the least active. They were keen to show their appreciation for the programme so when asked about things missing from the programme or barriers to the programme, they were not so forthcoming with answers. They were keen to stress that nothing should be left out of the programme. There was a tail-off in participation among the focus group discussions around 2 weeks from the start of the group chat. This was most likely a result of answer fatigue. All quotes from the focus group participants were taken verbatim from the WhatsApp chat groups to maintain the authenticity of the participant's answers.

Conflict in Families in the Context of Zimbabwe

In order to understand how this programme could better support parents with teens, there was a need to understand what conflict looks like in this context and how parents and teens deal with this conflict.

Challenges and Advantages

Non-PLH parents and teens talked about both challenges and advantages of either being a teen or parenting a teen. Teens felt more appreciated in this new period of their lives while parents spoke of starting to see the end result of their parenting as their child grows and matures.

Non-PLH Teen 9: *As for me the best thing as being a teenager is that my parents like me more than they did when I was young.*

Non-PLH Father 1: *Being a parent of a teenager gives the best feeling that i have done a part in one's life and beginning to realise fruits of parenting.*

Non-PLH Mother 7: *the best thing about being a parent of a teenager is to keep your eye to the children on the way how they are moving in good direction.*

On the other hand, non-PLH parents spoke of the social and emotional changes that they see in their teens, especially mood swings:

Non-PLH Father 4: *Teenagers want to enjoy the rights of an adult but behave like toddlers and sometimes they have mood swings.*

Non-PLH Mother 4: *we face many challenges because at this age they try to test drugs and for girl they try to plunge into love affairs so we end up having disputes if l try to teach them about life.*

Almost all the non-PLH mothers and fathers agreed that there is more conflict in the home now that they are teens:

Non-PLH Mother 10: *When children are young the fights with they parents are minor. Children are usually pure and does things without the intention of causing harm at times. However, with teenages the fights are more as they will be stubborn and rude knowingly. Teenages have pressure from friends to the extent that they care less about hating they parents.*

This quote shows that parents feel that the transition from child to teenager has brought more conflict which was echoed by many other parents and teens. This mother reflects on an increase in pushing boundaries in the form of rudeness and stubbornness which she feels stems from teens feeling more comfortable “hating” their parents. She feels that this newfound comfort with conflicting with their parents comes from peer pressure.

Along with fighting between teens and parents, non-PLH participants agreed that this has an effect on the parents’ relationship. Parents spoke of blaming each other and fighting over how they should handle this conflict with their children:

Non-PLH Father 10: *All these (fighting between parents and teens) they affect the relationship of parents and end up blame one another.*

Non-PLH Mother 1: *Parents relationship will be affected because they start to fight against each other thinking that they are failing to keep better standards on the children.*

Both these quotes show that parents can start to blame one another for the behaviour of their children. Each may think that the other is not doing enough to make sure their

children behave in what the parents feel is an appropriate manner. This shows how the conflict between parent and teen can branch out to envelop the parents' relationship.

Poverty and Finance

Along with the struggles of the teen period, non-PLH participants indicated that poverty and financial difficulties are a great source of conflict in families. Some even suggested that it could be the cause of violence in families. Non-PLH participants spoke of joblessness, not being able to give their children the things they want and feeling overwhelmed by debt.

Non-PLH mother 8: *Financial difficulties. i feel overwhelmed by the amount of money we owe, which affects how much we afford to do or to buy for the family. financial stress can also occur when my husband and i disagree about how we find that we have to separate the problem the problems and relationship. we find the money is not more important than the family.*

Non-PLH mother 6: *Poverty, lack of money, jobless, laziness these are conflicts in our family that we face*

Non-PLH mother 3: *Conflict normally occurs due to budgetary issues e.g. sometimes a child ask about something which the family cannot afford.*

Non-PLH teen 2: *Financial problems and poor planning in a family are the main courses of conflict and misunderstanding*

These quotes show clearly the stark economic challenges that people in this community faced, and that parents and teens both linked their socio-economic position to the conflict that they experience in their homes.

In this context, they also talked specifically of the conflicts as a result of differing opinions on how to deal with their economic situation:

Non-PLH father 1: *conflict is inevitable in a family. Two people when they are married have different priorities because of limited resources ie one may decide to want to buy a house whilst the other may want to buy a car first. Because of limited resources people may end up having conflicts.*

Non-PLH father 7: *Monetary issues cause conflict as a couple we have different opinion.*

Related to this non-PLH mothers, fathers and teens spoke about teens having a key role to play in the domestic labour in the home. Mothers and fathers see this as one of the great benefits of their children coming into teenagerhood:

Non-PLH Father 9: *The best thing of being a father of teenager is that u won't have to fetch firewood and water when u have them.*

One teen spoke of being in charge of more than just household chores:

Non-PLH Teen 10: *Being a teenage you can experience a lot like ploughing in the field and herding cattle.*

Consequences of Violence

Along with conflict in families, non-PLH participants reflected on the issue of violence in families with great stress on the serious consequences of it. Along with eroding trust in the family, divorce and separation were continually cited as consequences of this violence. This is often seen as leading to children having only one parent: They also reflected on the detrimental effect that this violence has on the growth of children such as emotional damage, poor school performance and even running away and facing abuse outside the home.

One teen spoke of the personal emotional cost of violence between parents:

Non-PLH Teen 9: *let's say my dad and mom are fighting what will happen is that i will end up hurting one of them. I will start to like either one of them and start taking one of them as an aggressor.*

Besides the consequences inside the family, non-PLH participants spoke of the cost to the community. They stressed how it creates an environment of fear and disrupts the peace of the community:

Non-PLH Father 7: *it affects love and peace in the community.*

Non-PLH Teen 3: *it affects e growth and mental health of children. and this will affect the well being of e community as children are e leaders of tomorrow.*

Importance of Community

Along with their concern for the people as individuals, this suggests that the well-being of the community is a big concern for the participants.

This focus on the community also came out in the context of parenting. When asked if they felt that parents in their community work together to parent their children, non-PLH participants framed their answers in the context of the community. Parents spoke not only of working together as parents but also of working as a community to parent:

Non-PLH Father 2: *Most of the people in our community do work together because when a child misbehave it is important for the community to monitor and help the children to work together respect each other.*

Non-PLH teens and parents spoke of having set up support groups to help one another tackle the issues facing them as parents and as teens. They stressed that this was beneficial as

it allowed them to share ideas and learn from one another. Many highlighted the importance of the church in facilitating this communal approach to parenting:

Non-PLH Father 7: *Parents in our community work together with us through church groups and other support organisations. It helps a lot as we desist from drug abuse.*

Non-PLH Teen 6: *Most parents work together in helping us children be out of dangerous activities such as drug and alcohol abuse, negative peer pressure, also our parents form support groups or kidz clubs where by us children discuss things pertaining life style we are living nowadays and sharing of ideas too.*

Related to this, when discussing how people deal with conflict in families in their community, non-PLH participants pointed to consulting with a third party from the community if they were not able to resolve the conflict themselves. The teens spoke of this, especially in the context of conflict between them and their romantic partners. They spoke about asking for help from a friend:

Non-PLH Teen 7: *I will consult his/her best friend as a mediator.*

Tackling Conflict

Overall, the non-PLH participants spoke about calm communication as integral to handling conflict in families. They talked about talking things through and listening in a calm manner. Non-PLH teens, mother and fathers stressed the importance of apologising and accepting when you are in the wrong:

Non-PLH Father 1: *Accepting that you i have wronged a family member and saying Sorry. Also no to react quickly to accusations be slow to anger speak when necessary in an acceptable tone.*

Non-PLH Teen 6: *And to apologize and be accepted is the best way to live long.*

Particularly, Non-PLH Fathers emphasised the importance of respect and understanding particularly in the context of parenting their teens. Fathers talked about respecting their children's rights and showing them love:

Non-PLH Father 3: *U respecting their rights in return them as children reciprocate yr respect.*

Non-PLH fathers highlighted the importance of this approach to conflict in the context of men's role in preventing violence against women and children. Many fathers stressed that it was crucial for men to control their feelings and keep calm when they are in conflict with family members:

Non-PLH Father 5: *We man shld learn to control our emotions whn talking to our ladies bcoz we normally raise our hands first to clap these ladies. We shld try to understand*

them when discussing with these ladies because we normally think we are always right yet sometimes we were wrong.

Along with these communication and active listening skills, non-PLH mothers pointed to economic solutions to handling conflict. They spoke about doing small projects in order to support their families to avoid conflict. They equally spoke about the importance of explaining their financial situations to their family members, not comparing themselves to others and talking about what they can afford. They stressed that making money to support their families is key to resolving conflict in families:

Non-PLH Mother 7: In my family I will tell them how our level is and not to compare our lives with someone who is richer than us. So, to solve these conflicts we should work hard to become rich, do different projects that bring income in the family e.g. gardening, keeping broilers and marketing different things.

Along with understanding how people like the participants deal with conflict in their context, non-PLH participants were asked if a programme that helps them work better with their partner would be helpful for their families and what they would want to have in this kind of programme. All the participants agreed that this kind of programme could be beneficial and shared many thoughts on what it should include. Firstly, the most frequently mentioned aspect was that participants especially fathers wanted help with communication. In relation to this, parents wished to understand their teens better and child development more generally.

Non-PLH Father 9: Father and mother need good communication in their family for them to have good and understanding children. Good communication leads to happy and peaceful families.

Teens too expressed a wish to understand themselves better:

Non-PLH Teen 6: Also helps us children to see where we are coming from and where we are going.

Secondly, another frequently mentioned aspect was that non-PLH participants especially mothers wanted to see economic support. They spoke about wanting help setting up small businesses and economic projects as well as financial assistance such as school fees, food and start-up capital. Along with material assistance, they spoke about wanting to learn business skills:

Non-PLH Mother 6: what I think that should be in a programme like this, we need projects which contribute income which helps our community and our families. I thought if this programme helps us with skills and funds to start our own projects.

Thirdly, another aspect often mentioned was wanting to prevent child/early marriage. Early marriage was a key concern, especially for mothers:

Non-PLH Mother 7: *The programme should also cover early marriage of our children in the community because the girl child are running out of school to be came mothers when they are under age.*

Education on HIV/AIDS was also something brought up by some:

Non-PLH Mother 3: *To protect our teenagers from early marriages and Hiv/Aids.*

Fourthly, non-PLH participants stressed that they wanted to learn from other people who are experiencing similar things. This was most talked about by non-PLH teens. Parents wanted to know what kind of things other parents were doing to deal with the challenges of raising teenagers and teens equally spoke of wanting to hear from other teens about their experiences and strategies:

Non-PLH Mother 4: *I want this programme like because I get some ideas from others especially what others do to their teenagers and also get some skills of life while we are struggling to fight against covid 19.*

Non-PLH Teen 10: *To learn from other teens, how they live with their parents, not to involved in violence and to to solve problem.*

Besides these large topics, non-PLH participants spoke about wanting to see child rights and responsibilities, problem-solving and conflict resolution skills in this potential programme.

The Parenting for Lifelong Health Programme

The Parenting for Lifelong Health programme was seen as a successful programme by its PLH participants and facilitators in Zimbabwe. Throughout the focus group discussions, all PLH participants echoed praise for the programme in one way or another:

PLH Teen 2: *we wish this Sinovuyo program to be carry on forever because it helps us a lot more important things.*

Facilitators too praised the programme:

PLH Facilitator 2: *we can't deny it because even when you go to the community after, maybe you haven't seen those participants in a long time ago in 2019, they will always call you Sinovuyo or something like that, you get it. And we're telling you our relationship is really changed. And we do things together.*

The PLH participants and facilitators spoke of a number of important benefits of the programme. Firstly, participants spoke of better relationships in their family especially the relationship between parent and teen. Facilitators stressed that it helped make these

relationships more open, caring and trusting. Participants also agreed that the relationship between the parents was also helped by the programme. Facilitators also agreed that it helped caregivers' marriages. It is clear that participants generalised the benefits of the programme beyond the parent-child relationship that is the focus of the programme. The PLH programme typically includes one caregiver and a teen. Related to this, participants spoke of being able to better resolve conflict and solve problems in their families:

PLH Caregiver 10: *I think the programme has made changes to our families' relationships at home even in times of conflict. This is because we have taken the 6 steps to be followed when we have misunderstandings.*

Facilitators stressed that the programme was able to shift parenting from harsher parenting to more constructive methods using problem-solving and conflict resolution. Related to this, PLH participants also said that the programme helped them communicate with their family members better and feel less stressed:

PLH Caregiver 7: *Sinovuyo programme helps me about how to communicate with my children.*

PLH Caregiver 2: *they help is to reduce stress.*

Secondly, PLH participants pointed to helping them save money and budget as a crucial benefit of the programme. They spoke about how it helped them prepare for unforeseen circumstances and start projects with their savings and newfound skills:

PLH Caregiver 10: *addition, Sinovuyo promoted us as parents to do savings which we used to safeguard for the unforeseen and bad conditions. Also savings helps us to start even projects.*

Related to this, one teen also stressed how this budgeting aspect of the programme helped them with their relationship with their parents and their self-image:

PLH Teen 10: *Moreover my parents are now consulting me when preparing a budget. This give me a sense of belonging.*

Thirdly, PLH participants said that the programme helped to prevent gender-based violence and protect girls in the community. Some spoke of how it helped lower the rate of child marriage. They said that the programme showed them the challenges that girls face and how to handle these challenges:

PLH Caregiver 10: *Moreover, Sinovuyo helped to protect girl child since we learned about challenges faced by girl child and we were give solutions. Now the rate of child early marriage are reduce through Sinovuyo.*

PLH Teen 10: *In addition Sinovuyo helped to reduce gender based violence and it mostly protected girl child from early marriages.*

One teen also talked about how the programme helped them as teen girls specifically:

PLH Teen 4: *Yeah sinovuyo programme taught us a lot we learnt how to talk with our parents and even to take care of ourselves as adolescent girls*

Barriers to participation

In line with these reflections on the positive results of this programme, the PLH participants said that there were no barriers to them participating in the programme. Participants overwhelmingly avoided suggestions that there were any issues with the programme. They were very defensive of the programme:

PLH Caregiver 4: *Absolutely not, we have had our sessions perfectly and we are absolutely happy coz the programme brought up positive results btwn parents and children.*

Yet, facilitators did highlight barriers to participation. One emphasised that participants often expected some form of financial assistance from the programme, and it becomes harder for them to commit if they do not get something concrete out of the programme. Another suggested that it was hard for participants to keep coming back to the programme because it took them away from making money to support their families.

In terms of the length of the programme specifically. PLH participants did not have any problems with the length of the programme:

PLH Teen 2: *The number of the sessions was so absolutely fine. There was no problem about it. That was so wonderful*

This is completely opposed to the sentiments of the PLH facilitators who identified the length as problematic for the participants and led to some not attending some sessions:

PLH Facilitator 1: *I think that was one of the most challenging things, the length of the programme. The programme ran for 14 weeks and to have a pair commit to come for every session a challenge, so in most cases, you would find today you've got maybe 9 or 10 pairs and next meeting some pairs absent and present. Once in a while we would have a full house, but I would attribute that to the length of the programme.*

On the other hand, facilitators were keen to stress that the length of the programme had benefits. One stressed that it allows the facilitators time with the participants to get to know them and to provide enough support to help them make a meaningful change in their lives.

It appears that once participants commit to the length and the scope of the programme, they seem to love the programme and be very defensive towards any suggestion

of criticism for the programme. The participants that did not participate in PLH give this study a perspective of the kind of people whom this adapted programme would want to recruit. Thus, there is a need to understand the non-PLH participants' thoughts on the length of a potential programme. It was hard to get an overall as all of them had very different ideas about what the programme should include and look like. Some spoke purely of programmes that give financial aid while others spoke of programmes more similar to the PLH programme that help with communication and problem-solving.

Facilitators' Reflections and Practical Recommendations

Facilitators were asked very specific questions about the programme. They had a number of important reflections. Firstly, PLH facilitators highlighted a number of sessions that they felt best engaged the participants which fit into 3 broad categories. They mostly agreed that the budgeting sessions were of great interest to the participants. They also highlighted that the sessions on emotions especially dealing with anger. Some also agreed that the sessions on problem-solving without conflict were well received. Although, one facilitator said that this engagement was dependent on whether they were a teen or a caregiver. They felt that the budgeting and problem-solving without conflict sessions engaged the caregivers more than the teens whereas the sessions on emotions and spending quality time together engaged the teens more than the caregivers. One facilitator felt that session two which focuses on building positive relationships through spending quality time together is the foundation of the programme. They felt that all the other sessions were building on this foundation.

Secondly, facilitators identified that over 90% of the participants that they worked with were women caregivers. Given that there are so few men, the facilitators emphasised that the men who do participate often feel like the odd one out and are shy and withdrawn at times. They can sometimes end up feeling overwhelmed and stop coming to the sessions. On the other hand, one facilitator suggested that there was no difference between the participation of the men and the women. In terms of sessions that particularly engaged the male caregivers, they suggested that the sessions on emotions and the sessions on rules and routines were very popular. One facilitator did suggest that when the programme included the session on sexual and reproductive health, the men were quite uncomfortable and were particularly withdrawn. All facilitators agreed that facilitation was key to engaging male participants and that when they were encouraged and felt comfortable, they participated as much as the women participants.

Thirdly, facilitators highlighted a number of different most important aspects of the programme. Two suggested the creation of better communication as an important aspect. One suggested that breaking cultural barriers is the most important aspect:

PLH Facilitator 1: *Where, for example, I think in our culture, this is a general assumption, especially in the most vulnerable communities that we are operating, it's not normal, so to speak, for a caregiver or a parent to create time to be with their child. Or to do the activity together with their child. Or even to give an ear to their child, to listen when they've got concerns that need addressing. Or even to consult as a family, to say we are about to do this next, how can we save?*

Besides breaking this cultural norm, this also suggests, similarly to the other two facilitators, that communication is critical to this programme as well as encouraging quality time as a family.

Lastly, facilitators highlighted areas in which participants were less engaged. One facilitator suggested that sometimes caregivers withdrew in the sessions on conflict resolution which sometimes led to teens withdrawing in the sessions. Besides this, most facilitators mentioned the sessions on HIV/AIDS, gender-based violence and contraception were less popular. They highlighted that some participants were reluctant to share in the sessions on gender-based violence and HIV/AIDS:

PLH Facilitator 1: *they are not really comfortable in letting the next person know their situations or issues that affect them, so they wouldn't really say much...Some people also don't want to be known that they are taking a medication for HIV, so some of those issues they wouldn't really talk about them. They wouldn't really be drawn to talk about issues that would go personal now. So yeah, there were some issues would not really come out.*

Related to this, two facilitators stressed that the sessions on sex and contraceptive did make participants feel uncomfortable, especially the male participants. Yet one did stress that at first, the participants were reluctant to engage but they soon realised the importance of the topic and discussed it with their teens:

PLH Facilitator 4: *So you know, in an African perspective, culturally or I can say, traditionally, uh, there is this idea installed in caregivers that the caregivers should not talk about issues with their children. But they did the aunt, the mother or father's sister or the grandmother is the one we supposed to talk to the teen concerning these issues...At first, they were reluctant just to share. Oh, now we have to talk about this in front of our teens. No, it's not OK but we as facilitators, just encourage them.*

Besides those crucial reflections, facilitators had a number of very practical suggestions for the programme. They suggested combining sessions eight and nine and sessions seven and eleven. They suggested that session ten explicitly address gender roles as it is something that comes up often, but the manual does not mention them. They highlighted that the budgeting sessions should be more localised and contextualised for the environment in which the programme is being implemented:

PLH Facilitator 1: *I'm looking at an example of where we had a game where they would seek treasures and then they would start distributing those treasures. Budgeting, etc. In communities where sometimes they don't even get a dollar a day, the concept of sitting down as a family to budget for maybe a dollar that you're not even sure it's going to come, tomorrow or not. Some of it I felt was kind of offending.*

The age range of the teens was also felt to be problematic:

PLH Facilitator 1: *let's say, nine years old that is enrolled in programme and this caregiver has another child who is 17. Do we deal with them in the same way? I don't think so. And I think that was the gap for me.*

They suggest rather having 9-14-year-olds together and then 15-17-year-olds together. Lastly, COVID-19 has made attendance difficult for some participants. Group sizes have remained the same which has made proper social distancing difficult. So, they suggest smaller groups such as 10 or 12 pairs of participants.

Coparenting

To better equip the PLH programme to prevent IPV, this study needed to examine how heterosexual couples work together to parent their children. Non-PLH Mothers, fathers and teens as well as PLH participants all agreed that parents in their community should and do work together to parent their children.

Non-PLH Father 3: *I saw many parents working together this is one of the few things that they're able to do.*

PLH Caregiver 4: *Yes we do work together to make things work out for the betterment of our children.*

Non-PLH Teen 7: *Father and mother are always responsible in support of the family.*

Parents emphasised how this allowed them to share ideas with one another on the best way to parent their teens. While it is clear that parents do work together, there were quite defined gender roles in this context.

Gender Roles in Families in this Context

When participants were asked about parents' responsibilities regarding parenting, they spoke of very separate roles for men and women. They see mothers as being responsible for the emotional care of their children as well as disciplining their children. They also suggested that daily household chores such as making food, cleaning and clothes washing were also the responsibility of mothers:

Non-PLH Mother 1: *Mother's responsibility is to give enough care to children, like wash clothes for them, bath, give food etc.*

Non-PLH Father 10: *Mother cook food, wash clothes and caring for the children.*

Non-PLH Teen 10: Yes they have different responsibilities. Mother wash clothes, cook food, caring and loving us.

Caring and loving were the words most associated with the role of mothers. On the other hand, they see fathers as responsible for being the breadwinner of the family. They are seen as being in charge of providing food, clothing, shelter and school fees. They also suggested that fathers were responsible for physical work around the house such as gardening and plumbing. It was often emphasised that men are the ones that are in charge of the household:

Non-PLH Father 7: *As the head of the family I have a lot of responsibilities.*

Non-PLH Mother 6: *Father must work hard for children, to have school fees, food, shelter.*

Non-PLH Teen 6: father is the provider of the family needs and wants of the family, food, shelter, health expenses, pay fees for us as well as having quality time together

The emphasis on men as the head of the household was also something that came up in the discussion on the role of men in preventing violence against women and children. Mothers in this study overwhelmingly stated that the reason men should play a role in preventing violence against women and children is that they are the head of the family, and they have the power.

Non-PLH Mother 4: My point of view I think men play important role to prevent violence against women and children because man is the head of family he knows how to handle situations however they is probability of using that power to violence their women and children's.

Fathers, on the other hand, overwhelmingly stated that men were mostly the perpetrators of this violence, as the reason. They emphasised the need for men to control their feelings and keep calm in order to prevent this violence:

Non-PLH Father 9: *we should try to understand there when discussing with these ladies because we normally think we are always right yet some were wrong.*

Some participants highlighted that women also should play a role in preventing violence. For example, one father brought up the concern that women do not report this violence to the authorities.

There was also a gendered nature to the issue of conflict between parents and teens and between parents and parents. One non-PLH father suggested that some fathers do not take responsibility when conflict arises about the behaviour of their teen and that they blame the teen's mother for the behaviour.

Non-PLH Father 4: *Fathers refuse to take responsibility for their children when the teenager misbehaves. When a teenager does something wrong mothers are given the blame. When somebody is blaming you there is a tendency of retaliating.*

This tendency to blame mothers is echoed by one of the non-PLH mothers.

Non-PLH Mother 1: *parents relationship will be affect (by more fighting in families now that their children are teens) because when they start to fight against each other thinking that they are failing to keep better standards on the children or it will affect only one parent eg mother,,,,,the father may say you are a troublecauser.*

This mother shows that this tendency to blame mothers comes from the father of their child. It highlights how fathers may see the role and responsibilities of the mother. The word "troublecauser" suggests that the father thinks that the mother, in some way, has deviated from what he sees as her role in the family. All of which suggests that there are distinct roles for men and women in the family but also suggest that these roles are, at times, rigidly enforced.

It was clear that mothers and fathers' programme suggestions vastly contrasted with their thoughts on how to resolve conflict in families and what they saw as the different responsibilities of fathers and mothers. While mothers' role in the family is seen as about caring emotionally, mothers in this study were almost completely focused on economic support being a key part of a potential parent supportive programme. They too overwhelmingly focused on making money as a way to resolve conflict in families. In contrast, communication skills as well as child development were of interest to the fathers in this study as important to a potential parent supportive programme. This is in serious contrast with the breadwinner role that fathers thought their and other fathers' role in the household should be. Along with this focus on communication and child development, they also

overwhelmingly talked about calm communication and understanding and respect as crucial to resolving conflict in families.

The Effect of the COVID-19 Pandemic

COVID-19 has become a key consideration in any study but especially when it aims to lead to the implementation of an in-person programme. When asking how this programme could ensure the safety of the participants given the COVID-19 pandemic, both PLH and non-PLH participants suggested that doing a programme of this nature online could be a possibility:

PLH Teen 1: *We can do it online.*

Non-PLH Mother 7: *I think we should go online this can be safe to prevent the spread of COVID-19.*

One non-PLH mother was a little more specific:

Non-PLH Mother 3: *Programme can be done virtually through sms, whatsapp, online video meetings, television, radio etc.*

Some did suggest that people not having phones could be a challenge and that sometimes meeting in person would be the only option. They emphasised social distancing and other measures:

PLH Caregiver 1: *We can just talk through the phones and to those who don't have phone they can also dividing into their groups. They supposed to maintain social distance, wearing mask and sanitising the hands to prevent covid-19.*

Non-PLH Mother 7: *when the programme said we should meet we can also practice social distance and also do project while we are at home to avoid meeting from one place to the other.*

Reflexivity

Personal Reflexivity

As a white middle-class South African university student, there is a very real probability that I may have influenced the way that participants responded to the questions posed. While I had no physical presence, I sent a photo of myself and a voice note introducing myself. While unavoidable, this positionality may have implicitly encouraged participants to see me as having a higher status, given the history of settler colonialism in Zimbabwe. The participants may then have felt uncomfortable, especially when sharing their experiences. They may have censored themselves or their stories based on how they thought I saw them given their perception of me.

Given the topics of gendered violence and roles in the home, participants may also have reacted to my identity as a woman. They may not have shared certain things or said things that they thought I would want to hear as a woman. For example, when fathers were asked if violence in families in their community is a big problem, some said:

Non-PLH Father 10: *Yes violence is a big problem in our community – if there is violence people live in fear.*

Non-PLH Father 6: *Yes, it is a big problem because destroys peace and love in families of the community.*

These fathers may have said these things because they knew I was a woman, possibly instead of being honest about their feelings on violence in families. It is impossible to tell whether these sentiments reflect all their beliefs around violence in families in the community, or whether they might perhaps have endorsed views closer to that of hegemonic masculinity, had they perceived my identity as closer to their own.

Epistemological Reflexivity

My positionality may also have meant that the study's research questions themselves may have been biased. I will never be able to understand completely the lived experiences of my participants so I may have missed an important question or made an incorrect assumption within the research questions. While this is true to some extent in any research, the likely obvious gulfs between my experience and theirs may have meant that my assumptions blinded me to alternative questions and areas to explore. By the same token, my awareness of at least some of the differences between us may have helped me to think more broadly about questions. For example, one of the questions that I focused on was whether parents in this context share responsibility for parenting. From the answers to these questions from participants, I realised that they had a much more communal approach to parenting than I have experienced. This difference meant that I had not thought to ask questions about the nature of the link between parenting and community. The hope is that these two opposite influences were reduced by having a supervisor, as well as a committee of experienced academics, look over the study's proposal and review the data analysis.

Critical Reflexivity and Feminist Reflexivity

This study originated at the University of Cape Town, by several metrics one of the best universities in South Africa and the participants of this study mostly come from rural areas around Harare, Zimbabwe. The disconnect between the context of the study's formation and interpretation and the context that the study is trying to understand is something that needs to be reflected on. South Africa and Zimbabwe have very similar histories of settler

colonialism. In terms of their economies, South Africa has a much higher GDP per capita (\$11 500 per capita) than Zimbabwe (\$2 700 per capita) (Central Intelligence Agency, 2022a, 2022b). Besides this large economic difference, the specific contexts are very different, one being a historically white institution of higher learning and the other a rural, historically Black African area of Zimbabwe. This is true of much research, as research - including that on gendered violence - mainly originates in higher education institutions and focuses on low-income communities (Asad et al., 2019; Mannell et al., 2021).

As well as comparing the contexts, it is also important to reflect on how the participants' social and political contexts affected the study. Given Zimbabwe's history of settler colonialism, my identity as a white woman was particularly relevant here. As I have reflected above, my overall identity could have influenced the way that the participants saw me and interacted with me. Yet, my whiteness could have been particularly relevant here. The participants may have associated me with the coloniser, which would have introduced a power imbalance. My hope is that this likelihood was reduced by the fact that I did not have a physical presence in the WhatsApp groups. After the photo and initial voice note were sent out, my name, and only my name, only appeared when sending out questions.

While I have reflected on a number of concerns around how the participants may have responded, and the larger questions posed by this study given my personal positionality and the complex contexts at play, I think the fact that participants spoke so openly about their financial difficulties suggests that the data has value and does, to the extent possible, reflect the realities of the participants. They spoke of joblessness, not being able to give their children the things they want and feeling overwhelmed by debt. I think this all suggests that at the very least, participants felt comfortable enough to share their difficulties and how these things make them feel. For example, this mother appears to talk quite openly about the large debt that they have as a family and how it feels.

Non-PLH mother 8: *Financial difficulties. i feel overwhelmed by the amount of money we owe, which affects how much we afford to do or to buy for the family. financial stress can also occur when my husband and i disagree about how we find that we have to separate the problem the problems and relationship. we find the money is not more important than the family.*

Everyone is biased in some way and no research is neutral (Finlay, 2002; Palaganas et al., 2017). As a white middle-class South African university student, I may have influenced the way that participants responded to the questions posed as well as the study's research questions. Along with my positionality, there were various contexts at play in this study, the

South African context, in particular, an institution of higher learning and the Zimbabwean context, in particular, rural low-income community, that influenced every aspect of this study. My positionality and the contexts at play may have influenced this study. Nonetheless, it appears that participants were able to discuss (at least some of) the very difficult issues affecting their lives.

Chapter 4: Discussion

This study found that fathers were the most active of all the participants. Participants suggested that there were advantages and disadvantages to their children becoming teens. These disadvantages include an increase in conflict now that they are teens and a detrimental resulting effect on the parent's relationship. Poverty and financial difficulties were identified as one of the main causes of conflict in the home. Participants highlighted the detrimental consequences of violence in the home with a strong concern for the well-being of the community. Linked to this, participants emphasised the importance of the community for the parenting of their child. In terms of handling conflict, participants especially fathers spoke of calm communication and respect as key while others especially mothers spoke about economic solutions to conflict. These two most talked about approaches were then echoed in the suggestions for the potential programme. Some especially fathers emphasised a desire to get help with communication and learn about child development, while others especially mothers focused on the need for economic support. The need to prevent child marriage and learn about HIV/AIDS was also suggested. In terms of the PLH programme, participants highlighted better family relationships especially improved parent-child relationships, better conflict resolution and problem-solving, getting help budgeting and saving and preventing early/child marriage. This study also found that parents do work together to parent their children but assign very distinct responsibilities to men and women. Together these findings suggest several recommendations for the process of this adapted programme. These include the need for a focus on shifting gender norms, on the community and engaging fathers. These findings also suggest several recommendations for the content of this adapted programme including a focus on communication and respect and economic empowerment. They also suggest potential programme outcomes including the reduction of early/child marriage. They also have implications for research practice and future research directions.

Recommendations for the Focus of the Adapted Programme

Shifting Gender Roles as the overarching focus of the Programme

The findings make clear that there are some entrenched gender norms at play in the relationship between couples parenting teenagers in the Zimbabwean context. The participants represented mothers as in charge of the emotional and household labour in the home while fathers have a distinctly economic role as the primary breadwinners. These findings are very similar to the limited studies on gender norms in Zimbabwe (Chitsike, 2000; Mugweni et al., 2012; Pearson & Makadzange, 2008). Dominance is a very key aspect of typical masculinity (Pearson & Makadzange, 2008) which is often characterised by

decision-making power and being a provider (Mugweni et al., 2012). The desire to please their partners and submissiveness characterise the typical femininity (Mugweni et al., 2012). Women perceived themselves as secondary earners who are only allowed to earn small amounts (Chitsike, 2000). Traditionally, a husband owns all that their wife owns. Women are represented as peacemakers and promoters of justice. Both men and women in this study understood this representation to be completely contradictory to being able to take on the role of breadwinner in the family (Chitsike, 2000).

Men's emphasis on men, especially fathers in the study, as needing to better control their emotions and remain calm in order to prevent VAW and VAC, suggests that they see women as not being capable of expressing emotions in a violent or destructive way which is in line with the nurturing role of women that is echoed in this data. This is in line with literature that suggests that men and women help shape each other's gender identity and therefore the gendered stereotypes and norms that exist in society (Connell, 2009). As Connell (2009, p. 74) states, "We make our own gender, but we are not free to make it however we like". Our gendered behaviour is policed by those around us (West & Zimmerman, 1987). This particular positioning of women found in the data is potentially disempowering to women. It is a further extension of the gendered roles discussed above that see women as submissive and always wanting to please their partners. As men and women are positioned in opposition to one another, this finding further shows that men are understood as dominant. On the more practical side of things, this positioning of women as not capable of expressing their emotions in a violent or destructive way could lead to a lack of focus on helping women to express emotions positively.

When these distinct roles represented by participants are contrasted with the non-PLH mothers' and fathers' solutions to conflict in the home and wishes for a potential programme, they suggest there may be a desire to shift these entrenched gender norms. Mothers were preoccupied with economic solutions to conflict in the home as well as economic components for this potential programme. This suggests that men and women may be open to the idea of exploring themes, skills and roles they were traditionally not practicing, due to the gendered expectations of their role in the home, regarding parenting. This suggests that there is an underlying desire among mothers to move into the gender role occupied by fathers as the primary breadwinners. Fathers, on the other hand, were concerned with emotional solutions to conflict in the home and emotional and communication components for this potential programme which suggests that there is an underlying desire to move into the gender role

occupied by mothers as emotional carers. Overall, there seems to be a clear need to shift these entrenched gender norms towards a shared responsibility in the home.

Along with serving a potential desire to move away from these entrenched gender norms, literature often cites shifting social norms as a crucial emerging way to prevent violence especially violence against women and girls as well as lessening problematic social behaviours (Haylock et al., 2016; Neville, 2015). Many gendered social issues such as intimate partner violence and child marriage which were raised as a concern by both the PLH and non-PLH participants have been addressed with this social norm focus (Chow & Vivalt, 2016; Deitch-Stackhouse et al., 2015; Gelfand & Jackson, 2016). One of the most common and effective approaches to gender norms shifting interventions is gender-transformative programming. The initial conceptualisation of this approach originated from the work of Geeta Rao Gupta (2000) in their work on gender and HIV/AIDS programming. They define this approach as seeking to transform gender roles and ensure more equitable relations with a particular focus on programming including men and boys (Gupta, 2000). This type of work is extremely diverse in terms of its conceptual and methodological approach, its content and its level of analysis (Dworkin & Barker, 2019). It encompasses a large range of formats from media campaigns to community mobilisation (Barker et al., 2007) with small group workshops being the most common (Dworkin et al., 2013).

It is important to acknowledge that a gender transformative approach may be resisted in many communities in Zimbabwe. As discussed above, stereotypical gender roles appear to be entrenched in Zimbabwe (Chitsike, 2000; Mugweni et al., 2012; Pearson & Makadzange, 2008). In addition to this, authors have pointed out that working to shifting gender norms is challenging in any society because norms are usually highly entrenched and valued and shifting them may be seen as limiting men's power in that community (Moss, 2002; Muñoz, Boudet et al., 2013). It is essential that this approach is carefully utilised to adapt this programme so that the resulting programme is feasible and acceptable to the communities in which it implemented. This is where the community's voice is vital in making sure the programme is feasible and acceptable. There is a need to bring the community into the adaptation process and get their input on whether the adapted programme is feasible and acceptable before implementation.

Yet, interventions that have been identified as gender-transformative or integrated this approach, have been found to have reported higher rates of effectiveness (Barker et al., 2010; Barker et al., 2007). Various large-scale systematic reviews have shown that this approach is effective in shifting gender-inequitable attitudes and behaviours among men (Dworkin et al.,

2013; Promundo et al., 2010). Yet, a key limitation of this evidence base is the lack of randomised and longitudinal evaluations (Barker et al., 2007; Dworkin et al., 2015; Dworkin et al., 2013). An example of this programming approach is The Males Norms Initiative in Ethiopia (Pulerwitz et al., 2015). This intervention has two elements. They are interactive small group workshops and community engagement activities. The workshops included role-plays and group discussions and aimed to encourage the identification of the positive consequences of more gender-equitable norms and behaviours (Pulerwitz et al., 2015). In a quasi-experimental evaluation of this intervention, it was found to have impacted participants' feelings towards gender norms and intimate partner violence with participants reporting less violence. Both elements of the interventions were found to lead to positive changes (Pulerwitz et al., 2015). Overall, gender-transformative intervention components that engage men and/or boys may be a good overarching approach to integrate into the current PLH Teen programme, if carefully utilised.

Engaging Fathers

Both the fact that the fathers' group were the most engaged of the focus group discussions and their desire to understand their children and improve their communication skills suggest that fathers should be and want to be engaged in the parenting of their child. This is in line with literature that calls for the full engagement of fathers in both VAC and VAW preventative interventions (Fletcher et al., 2014; Labarre et al., 2015). This is in light of the great struggles to recruit men into parenting programmes. Unfortunately, both parenting programmes and gender-transformative interventions continue to have difficulty recruiting and engaging fathers (Haylock et al., 2016; Smith et al., 2012). Parenting programmes are very female-orientated and often do not focus on recruiting men (Bailey et al., 2009). Many male participants of gender-transformative programmes reported that they perceived the push for women's rights at the national level as undermining their rights as men (Peacock & Barker, 2014). They reported belittling of them by other men when they expressed more gender-equitable attitudes (Dworkin et al., 2013). This all together suggests that the adaptation of the PLH Teen programme must prioritise the participation and engagement of men and that men could be receptive to these efforts.

The question of how best to recruit and engage men thus comes to the fore. A global review of parenting programmes and fatherhood emphasises a key element of successful male recruitment is to make their recruitment and engagement a crucial part of the programme and focus the implementation on addressing the needs of working men and women (McAllister et al., 2012). More specifically, there is a need to overcome the deficit

model of many programme implementors and designers which makes the assumptions that fathers are wanting in their parenting skills and knowledge (Lechowicz et al., 2018). A global review of the evidence of father engagement in parenting programmes found that mothering was overvalued with co-parenting being largely undervalued (Panter-Brick et al., 2014). As this undervaluing of co-parenting and this deficit model can be a critical barrier to father engagement, Lechowicz and their colleagues (2018) suggest a focus on positive depictions of fathers and their influences are echoed throughout the programme implementation. Related to this, there is a need to draw on the things that motivate fathers to join programmes as a starting point for recruitment (Siu et al., 2017). Siu and their colleagues (2017) found two main motivations for fathers to join the Parenting for Respectability Programme. Firstly, the programme seemed to address their concern that their child is raised to be respectful. Secondly, fathers appreciated that the programme appeared to acknowledge them as equally contributing to the parenting of their child and as caring about the health and behaviour of their child (Siu et al., 2017).

This second motivation highlighted by Siu and their colleagues (2017) points to another key barrier to father participation that needs to be addressed in order to recruit them successfully. Mothers can often act as gatekeepers to their children's fathers (Makusha & Richter, 2016; Maxwell et al., 2012). They can have a great influence on how fathers have access to and interact with their children in both the contexts of married couples and separated/divorced or unmarried couples (Makusha & Richter, 2016). They can limit access and challenge the relationship between father and child when there is a conflictual relationship (Makusha & Richter, 2016) or if they feel like their role as a mother is threatened (Maxwell et al., 2012). Given this, there is a need to show mothers the benefit of fathers' involvement in parenting and specifically a parenting programme.

Various researchers have made several practical recommendations. Potter and Carpenter (2008) found that one of the local implementations of the Sure Start parenting programme was particularly successful at recruiting men and sought to understand the specific successful strategies employed. They found that having a skilled and experienced staff member dedicated to the recruitment and engagement of men and the training of all staff to support the efforts of this staff member. Additionally, they emphasised the need for a social media strategy that explicitly advertises the programme directly to fathers (Potter & Carpenter, 2008). Pruett and their colleagues (2017) suggest having two facilitators, one man and one woman. They also say that fathers-only groups resulted in positive change but were not as positive as groups with both parents which is highlighted by various other studies

(Bayley et al., 2009; Cowan et al., 2009; Frank et al., 2014; Henry et al., 2020). This is in line with one of the only parenting programmes that include teens in LMICs, Parenting for Respectability, with 10 single-sex group workshops and 11 couple workshops. It successfully recruited and retained fathers with one site recruiting 20 men and 23 women and retaining 17 men and 19 women (Siu et al., 2017). Given this literature and the findings of this study, to successfully engage fathers, there is a need to make parenting programmes about shared responsibility with a focus on the motivations and needs of fathers, given the entrenched gender norms at play in society. Practically, the literature suggests that programmes should include a staff member dedicated to the recruitment and engagement of men, a social media strategy with positive representations of male caregivers, two facilitators per group, one man, and one woman and a combination of same-gender groups and mixed-gender groups for parent sessions.

The Importance of the Community

Another element of this study's findings that aligns with the current literature on shifting gender norms, is the emphasis on the community. Non-PLH participants expressed great concern for the well-being of the community when talking about violence against women and children as well as highlighting the importance of community when it came to parenting. They also stressed that a great benefit of a potential parent supportive programme would be that it would be a chance to learn from others in the community going through similar things. The PLH participants too highlighted sharing with other people within and outside their families as a key benefit of the PLH programme. This aligns with current literature as community mobilisation interventions have been identified as being a potentially successful way to prevent VAW (Kerr-Wilson et al., 2020). For example, the SASA! Programme in Uganda has shown great promise. This programme actively works with the whole community through training and supporting activists to shift gender norms to prevent violence against women. This programme has been found to have positive results on the parent-child relationship (Kyegombe et al., 2015). While these findings suggest that community mobilisation interventions like SASA! are important, it also suggests that this communal approach should be considered in the adaptation of the PLH Teen programme and other parenting programmes.

Recommendations for the Contents of the Adapted Programme

Communication and Respect

The findings of this study support most of the content in the PLH Teen programme, especially its focus on communication and conflict resolution. This programme is built on

social learning principles with a focus on praise and relationship building, managing negative emotions and problem-solving (Cluver, Lachman, et al., 2016). The managing emotions aspect speaks directly to the participants', especially the fathers', emphasis on this as an important way to prevent violence. These findings and the importance of engaging men in preventative programmes echoed throughout the literature (Fletcher et al., 2014; Labarre et al., 2015), also suggest that there is a need to shift the PLH content to be more relevant to the parenting couple. At the moment, the focus of the programme is on the relationship and everyday interactions between parent and child (Cluver et al., 2018).

This broadening of the focus of the PLH content to include the parents' relationship and everyday interactions is supported by both VAW and VAC prevention intervention literature. In a global review on the promising strategies to prevent violence against women and girls (VAWG), Kerr-Wilson and their colleagues (2020) point to couples' interventions as an efficacious way to prevent VAWG. Many of these programmes focus on building communication and relationship skills, similar to the PLH programme, with an additional focus on critical reflection of gendered roles and power within relationships. Six interventions were found to have successfully impacted VAWG including Indashyikirwa, Couples' Health Co-op, Family Foundations, and Bandedereho (Kerr-Wilson et al., 2020). For example, Indashyikirwa's couple's intervention which is a workshop programme with 21 three-hour workshops weekly over five months, saw significant reductions in physical and sexual IPV at both 12 and 24 months after the baseline measurement (Dunkle et al., 2020). In a recent randomised controlled trial, the supporting father involvement couple group programme that focuses on strengthening the parents' relationship and communication, was found to reduce conflict between the couple which was associated with reductions in harsh parenting (Pruett et al., 2019).

A caveat needs to be included here. This couple shift in PLH suggested here should be differentiated from couples' therapy. Kerr-Wilson and their colleagues (2020) emphasise that couple therapy is distinct as it is a professionally delivered treatment and that there is little evidence that an adaptation of this clinical approach could be used to prevent VAWG. They also highlight that this approach could be dangerous given the reports of violence perpetrated as a backlash to this treatment orientated approach (Kerr-Wilson et al., 2020). In sum, adapting the current content of the PLH teen programme to address the couple relationship as well as the parent-teen relationship is important given the interconnected nature of the parent relationship and the teen-parent relationship and the established effectiveness of couple interventions to prevent VAW.

Economic Component

The participants', especially the mothers', focus on economic support provides support for the inclusion of the budgeting and saving sessions in the PLH Teen programme and the final adapted programme. These are aimed at getting families to work together to budget and save money (Cluver, Meinck, Yakubovich, et al., 2016). Participants spoke not only of it helping with saving and budgeting but because of the inclusion of the teen in these sessions, participants spoke of improved communication and relationships as a result of working together to budget and save.

Participants' remarks also suggest that these sessions could be broadened out to include some business skills instead of being budgeting and saving focused. Participants, especially mothers, suggested that an improvement in their economic situation could directly improve their relationships in their family and by extension, prevent VAW and VAC. They clearly link lower economic status and violence in the home. This aligns with existing literature. Literature shows that violence is more severe and frequent in groups with low socioeconomic status (Benson & Fox, 2004; Duva & Metzger, 2010; Matjasko et al., 2013). In many cases, poverty has been found to drive violence in the home (Duva & Metzger, 2010; Gibbs et al., 2020). For example, women's economic dependence on their male partners was found to be one of the key factors associated with IPV (Dhungel et al., 2017).

Both VAW and VAC literature suggests that economic and income strengthening interventions can successfully work to prevent violence, (Kerr-Wilson et al., 2020; World Health Organization, 2018; World Health Organization, 2019). There are various forms of these interventions that have been found to be effective. These include economic transfers, such as cash, food transfers and food vouchers and microfinance such as loans and savings interventions (Kerr-Wilson et al., 2020; World Health Organization, 2018; World Health Organization, 2019). For example, World Food Programme (WFP) in Northern Ecuador introduced one transfer per month, over 6 months, valued at approximately US\$40, in the form of cash, food, or food vouchers. This transfer was found to decrease the experience of IPV by about 30% (Hidrobo et al., 2016).

Recent literature has tried to understand how economic and income-strengthening interventions can prevent IPV. Buller and their colleagues (2018) posit two pathways that may explain the link between cash transfers and IPV, based on a mixed method review of studies in LMICs. Firstly, they suggest that cash transfers lead to improvements in economic security in the home and associated reductions in household poverty which can lead to improvements in the emotional well-being of people in the home. This could then lead

directly to a reduction in IPV. Linked to this, increased economic security may decrease the use of alcohol as a way to deal with poverty and financial stress. A second pathway, they posit, is that the transfers could directly decrease the opportunities to argue. This pathway was not completely established as increased access to money could increase fighting as partners fight over what the money should be spent on (Buller et al., 2018). Barrington and their colleagues (2021), in their work on Ghana's Livelihood Empowerment Against Poverty (LEAP) programme, suggest an additional pathway for which they found evidence. They posit that the transfer makes women feel more confident and autonomous which may lead to a decrease in IPV. The authors also show that all these different pathways intertwine with one participant suggesting that the transfer made her feeling of empowerment lead to a better relationship with her partner and less conflict which resulted in less violence. Overall, Barrington and their colleagues (2021) suggest that conflict reduction could be an important mediator in economic security leading to well-being and economic security leading to empowerment pathways.

Literature also suggests that economic components combined with social empowerment components, especially gender transformation approaches, can be effective in preventing violence within the home (Kerr-Wilson et al., 2020; World Health Organization, 2018; World Health Organization, 2019). A review of the programme with the effective implementation of cash transfer components found that the inclusion of these components helped to ensure the programmes have a greater impact (Roelen et al., 2017). For example, a combination of microfinancing and gender transformative programming is effective in reducing physical IPV (Kapiga et al., 2019; Pronyk et al., 2006). The Trickle Up programme that integrates an economic and a psychosocial approach successfully improve the emotional health of children, including a reduction in harsh parenting (Ismayilova et al., 2018). Another aspect of this literature is the combination of parenting programmes and cash transfers. The combining of parenting programmes and cash transfers has been found to be effective, but the evidence is still scarce (Arriagada et al., 2018; Rawlings et al., 2020). Overall, while cash transfers and microfinance loans may be beyond the scope of this programme, this study's findings and the existing literature suggest that there is a need to strengthen the existing economic components in PLH and perhaps broaden these sessions to include some business and income-generation skills.

Yet, the findings of this study also suggest that a nuanced approach to the broadening and strengthening of these sessions. As shown in the findings some participants may be living hand to mouth and would find the budgeting and saving aspects hard to relate to and at worst

offensive. It is clear that there is a need to take into consideration the context in which the programme is implemented and be sensitive to this context in terms of this budgeting and saving content. Along with the context of the community in which the programme is implemented, it also important to consider that there may be backlash to women, in particular, learning entrepreneurial skills because it may be seen as challenging the role of men as breadwinner (Jayachandran, 2021). The inclusion of these skills should be carefully thought out.

The Importance of a Multi-pronged Approach

Literature suggests that there is a need to address all the risk factors associated with VAW and VAC in order to prevent family violence (World Health Organization, 2018; World Health Organization, 2019). Most of the drivers of VAW and VAC have been reflected in the participants' experiences and thoughts. Yet, some of the risk factors were not reflected by the participants. These include the role of alcohol and substance abuse, and trauma in family violence (Abramsky et al., 2011; Devries et al., 2013; Ellsberg et al., 2008; Fortune & Enger, 2005; Namy et al., 2017; Rakoczy, 2004). Interventions that work to address alcohol and substance misuse have been found to be successful in preventing VAW (Kerr-Wilson et al., 2020; World Health Organization, 2019) and recommended for preventing VAC (World Health Organization, 2018). Kerr-Wilson and their colleagues (2020) found six out of the eight interventions globally that address alcohol and substance misuse successfully reduced VAW. In terms of religion, researchers point to the importance of building alliances with religious leaders in the effort to prevent VAW and VAC (Fortune & Enger, 2005; Greiff, 2010). Fortune and Enger (2005) highlight that these leaders can capitalise on their positions to support the efforts to prevent VAW. In terms of trauma, many researchers have emphasised the importance of a trauma-informed approach to the prevention of VAW (Kulkarni, 2018; Wilson et al., 2015). Trauma-informed practice is about making sure that past and current experiences of violence and trauma are taken into consideration in the implementation of services and programmes. The aim of it is to ensure that these services and programmes do not re-traumatise the participants (Elliott et al., 2005; Greaves & Poole, 2012).

This literature as well as the study's findings on the role of poverty and food insecurity highlight the importance of a multi-pronged approach to preventing family violence (Jamieson et al., 2018). Literature continually reflects the need to address all the risk factors associated with violence in order to prevent it effectively (Reilly & Gravdal, 2012; World Health Organization, 2018; World Health Organization, 2019). Yet, few programmes

deal with the social, political, legal, physical or economic environments that may allow and maintain VAW, in LMICs (Bourey et al., 2015). Ultimately, one intervention is not able to address all risk factors. Overall, this suggests the need for the adapted intervention to be embedded in other programmes and services that address factors not addressed by the intervention (Boyko et al., 2016; Decat et al., 2013).

Potential Programme Outcome

Reduction in Early/Child Marriage

Non-PLH participants, especially mothers, highlighted preventing early/child marriage as a desirous component of a potential programme. It is clear that this issue is a concern for these families. Encouragingly, PLH participants said that reducing the rates of early/child marriage and GBV were key benefits of the PLH programme. While the recent randomised controlled trial of the PLH teen programme did find evidence that the programme can reduce the risk of IPV (Cluver et al., 2018), this is not a focus of the PLH programme so it is crucial to understand the mechanisms that could be leading to this unexpected outcome.

There are a number of potential mechanisms by which the PLH programme may be reducing early/child marriage. Firstly, participants in this study and evidence on the effectiveness of PLH (Cluver, Meinck, Shenderovich, et al., 2016) show that improved communication between parent and child as well as improved relationships between them. These improved relationships could mean that teens and parents talk more openly with one another, and these discussions help reduce the likelihood that parents will choose to agree to a child or early marriage for their teenage daughters and also that girls will choose to marry young. Secondly, the improved saving and budgeting skills that participants gain lead to economic empowerment where the family do not feel that early/child marriage is the only way to ensure their survival or a future for their young daughter and the family by extension. Lastly, the literature suggests that a shift in early/child marriage norms is an effective way to prevent early/child marriage (Chow & Vivalt, 2016). Thus, it may be that the PLH teen programme is able to shift some of the norms associated with early/child marriage or the norm of early/child marriage itself. Equally, it may be some combination of these mechanisms. There is a need to examine the effect that the PLH teen programme may have on the prevention of early/child marriage and what mechanisms make this effect possible.

Reflexivity

Reflexivity is important to consider as everyone is biased in some way (Finlay, 2002; Palaganas et al., 2017). There was a power imbalance at many different levels that could have influenced the whole research process. As a white middle-class South African university

student, I may have influenced the way that participants responded to the questions posed. My positionality may also have meant that the study's research questions may have been biased. Along with my positionality, there were various contexts at play in this study, the South African context, in particular, an institution of higher learning and the Zimbabwean context, in particular, rural low-income community, that influenced every aspect of this study. While measures were taken to lessen the influence of these factors, they remain a challenge that continues to consume researchers (Asad et al., 2019; Mannell et al., 2021). Nonetheless, there was a level of openness, especially around issues of poverty and financial difficulties that suggests that at the very least, participants felt comfortable enough to share their difficulties and how these things made them feel.

Implications of the Findings for Research

Virtual Data Collection as a Method

Along with the important findings relevant to the adaptation of the PLH teen programme, this study also has relevance to the evidence base on virtual data collection methods for focus group discussions in LMICs. There are few studies in LMICs that used a virtual data collection method with none using WhatsApp specifically. The majority are in high-income contexts using data-heavy online platforms (Stewart & Williams, 2005; Sweet, 2001). Thus, a brief reflection of this method is necessary to inform the usage of this method in the future.

It is important to reflect on the merits of this approach. Firstly, this approach allowed us to make data collection safer for our participants given the COVID-19 pandemic. The use of WhatsApp allowed us to be as inclusive as possible given the lack of access to uncapped internet to enable video conferencing. Secondly, this approach allowed participants to answer when they were available and time to think about the questions before answering. Thirdly, given the novelty of this method, there was a concern that participation in the focus group discussions would be low, but participants did share, sometimes in great detail. This was especially true of fathers, who shared and engaged in the focus group discussions. I have the sense that there were things that participants shared that they may not have felt comfortable sharing in an in-person setting. This may be because they may have felt that this data collection method could provide more anonymity. Overall, WhatsApp is a potentially successful approach to virtual focus group discussions.

While this great level of participation provided support for the use of this method in the future, some things need to be carefully considered in the employment of this method. Firstly, it should be emphasised that there are some serious ethical considerations associated

with this method. The lack of anonymity can impact the safety of participants if not properly considered. It is crucial that when using this method researchers are careful to avoid asking participants to share personal experiences of violence. Disclosure of violence could be dangerous in this context, as participants would be identifiable and more accessible through their phone numbers. Face-to-face interviews can also face this problem as people can be overheard if the location is not properly considered (Ellsberg & Heise, 2005).

Secondly, the facilitator of the group does not have complete control over how participants interpret the questions posed. Considerable thought is needed for the construction of the questions posed to make sure that they are as immediately understandable as possible. Related to this, it was extremely difficult to gauge if participants understood the questions asked until they began to answer them. The lack of facial expressions and of space for rephrasing until people start to answer make it crucial that participants can immediately understand what is being asked of them.

Linked to this, the WhatsApp chat groups in this study differed from traditional focus groups in terms of the interactions between participants. Given the limited interactions between participants in this study's focus groups, there is a need to consider how to encourage more interaction between participants and whether things like education, literacy and familiarity with WhatsApp may have made it hard for participants to interact more.

Thirdly, there was a clear tailing off of engagement around two weeks into the focus group discussions. While there is no way to attribute this tailing off of engagement, it does suggest that a key consideration for this method is the length of engagement with participants to ensure that the study gets the best quality of data.

Fourthly, when we look at patterns of engagement, it is clear that the PLH and non-PLH teens were the least engaged of all the groups with fewer posts per person. Their answers were very similar to the parents' answers. I would have guessed that they would be the most engaged as they have grown up with technology such as WhatsApp. This may be a quirk of the teen participants in this study. It may not represent how teens would generally react to this data collection approach. A recent study in Singapore used a very similar approach to data collection as this study (i.e WhatsApp chat groups) and they did not find that teens were less engaged (Neo, 2022). Given that this study was conducted in an LMIC as opposed to a HIC like Singapore, more work needs to be done to understand the teens' limited engagement compared to the adults in this study.

Lastly, in reflecting on how best to avoid perpetuating colonial asymmetric relationships and ideologies when using this method, it may help to work with a community

organiser with experience in data collection who understands the context of the participants. Along with reducing the power differentials in the study, this may allow for better oversight of how the questions posed to the participants are phrased. Given the lack of face-to-face contact, the phrasing of questions is important.

Future Directions

This study's findings suggest that there are areas that need further exploration. Firstly, an exploration of the link women make between violence in the home and their economic circumstances would build on the findings that women in our study focused on economic solutions to conflict in the home. There is a need to understand women's economic contribution in the home, women's and men's interpretations of these contributions and how it may be associated with violence within the home. Secondly, given the small number of participants and the qualitative nature of the data, there is no way to be certain that the programme is definitely able to reduce the rates of early/child marriage, but it certainly suggests that there is a distinct possibility that the programme is able to reduce the likelihood of early/child marriage. Thus, there is a need to examine the effect of the PLH teen programme on early/child marriage and what mechanisms make this possible. Lastly, there is a need to pilot this adaptative programme to assess both its ability to prevent VAW and VAC and its ability to shift gender norms. Given the findings of this study and literature, gender norms clearly play a role in VAW and VAC but there is still the need to understand if shifting gender norms actually leads to a reduction in VAW and VAC in a linear fashion or if a behavioural component coupled with a focus on shifting gender norms may lead to a reduction in VAW and VAC. Thus, the adapted programme needs to be piloted and assessed to see if a shift in gender norms is able to prevent VAW and VAC and what these relationships look like.

In sum, this study makes certain recommendations for the focus and contents of the adapted programme. In terms of the focus of the adapted programme, gender-transformative intervention components that engage men and/or boys may be a good approach to integrate into the current PLH Teen programme. A communal approach should be considered in the adaptation of the PLH Teen programme and other parenting programmes. There is a need to make parenting programmes about shared responsibility with a focus on the motivations and needs of fathers, given the entrenched gender norms at play in society. In terms of the contents of the adapted programme, adapting the current content of the PLH teen programme to address the couple relationship as well as the parent-teen relationship is important. There is a need to strengthen the existing economic components in PLH and perhaps broaden these

sessions to include some business and income-generation skills. Besides these recommendations for the adapted programme, this study's findings have implications for the use of WhatsApp as a virtual data collection method and future directions of research addressing VAW and VAC.

Tentative Theory of Change for the Adapted Programme

This tentative theory of change for the adapted programme has been made using the work of Rossi and their colleagues (2004). They set out three elements of a programme's theory of change. Firstly, there is the programme impact theory which shows the cause and effect relationships that connect the programme structure and activities with the primary expected outcome of the programme. Secondly, there is the service utilisation plan which sets out how the programme plans to recruit and keep participants engaged in the programme so that they get the full impact of the programme. Lastly, there is the programme's organisational plan which lays out both the objectives and services of the programme and the human and physical resources that are needed to make the programme work practically (Rossi et al., 2004).

Before explaining the models, it should be emphasised that this is just a starting point for this adapted programme and many of the techniques and approaches may change before it is ultimately implemented. This adapted programme's impact plan is based on the theory of change of the PLH programme, both the teen programme (Cluver, Lachman, et al., 2016) and the young children programme (Lachman et al., 2017) as well as this study's recommendations. The gender-transformative approach is the overarching element which is about including a critical perspective on gender roles in the family and then role-playing more equitable relations. This behaviour element is important as it is not just about encouraging participants to believe in more equitable gender roles but to be able to practice those relations. It dictates the need for the parenting programme components to be adapted to include the couple interactions. Their inclusion is important as there is evidence for their effectiveness (Cluver, Meinck, Shenderovich, et al., 2016). It also directly links to the importance of engaging fathers in the programme as emphasised in the gender transformative approach and related literature. Thirdly, there is the economic component of the programme which this study's findings have seen as important to conflict reduction in the family.

Figure 1
Programme Impact Theory

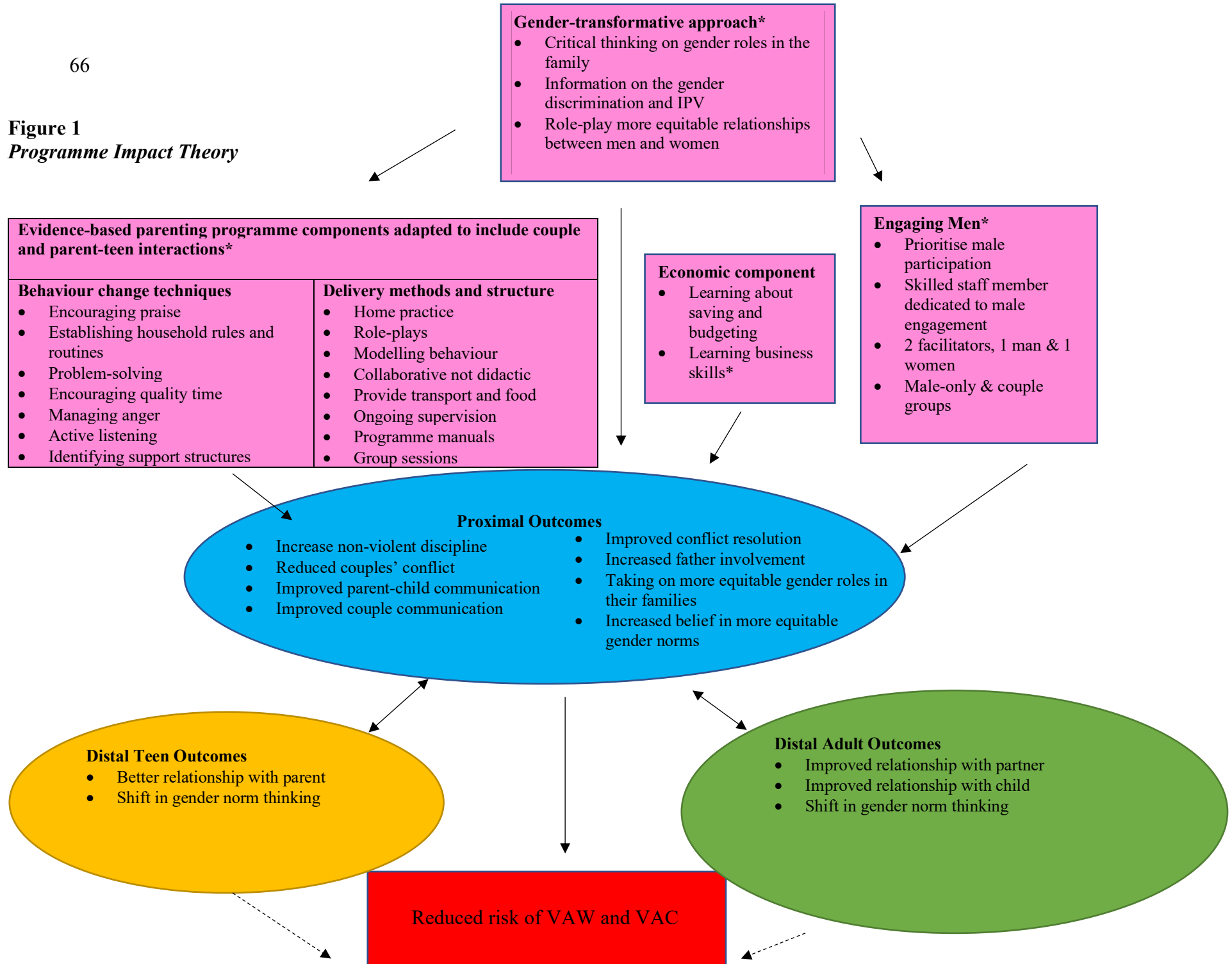
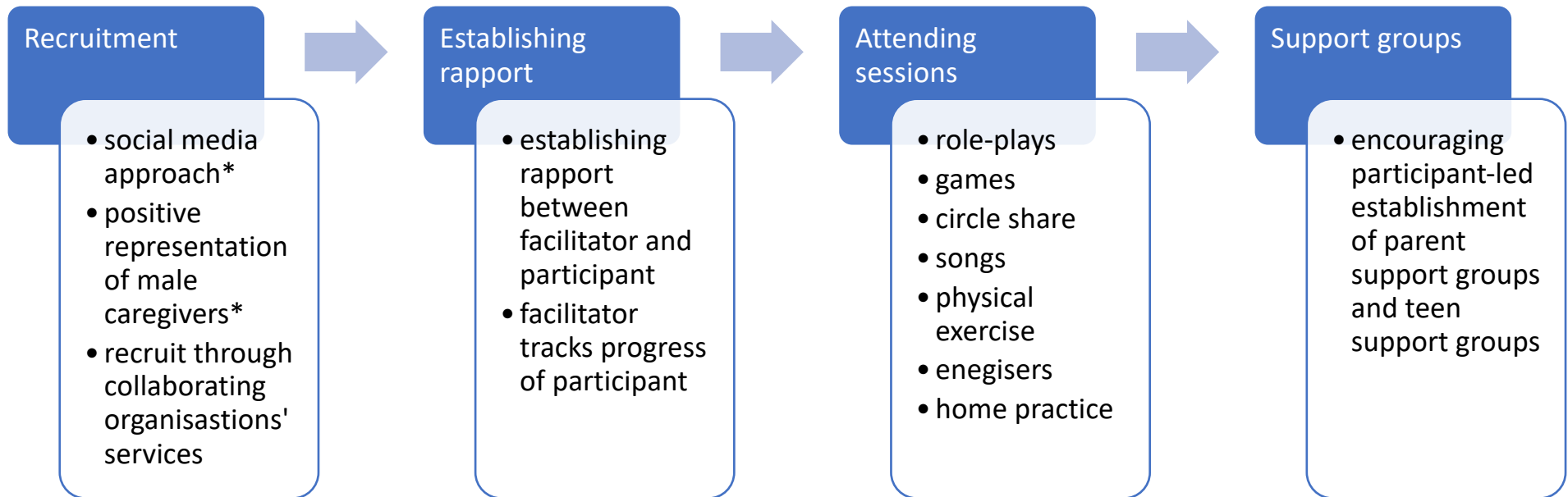
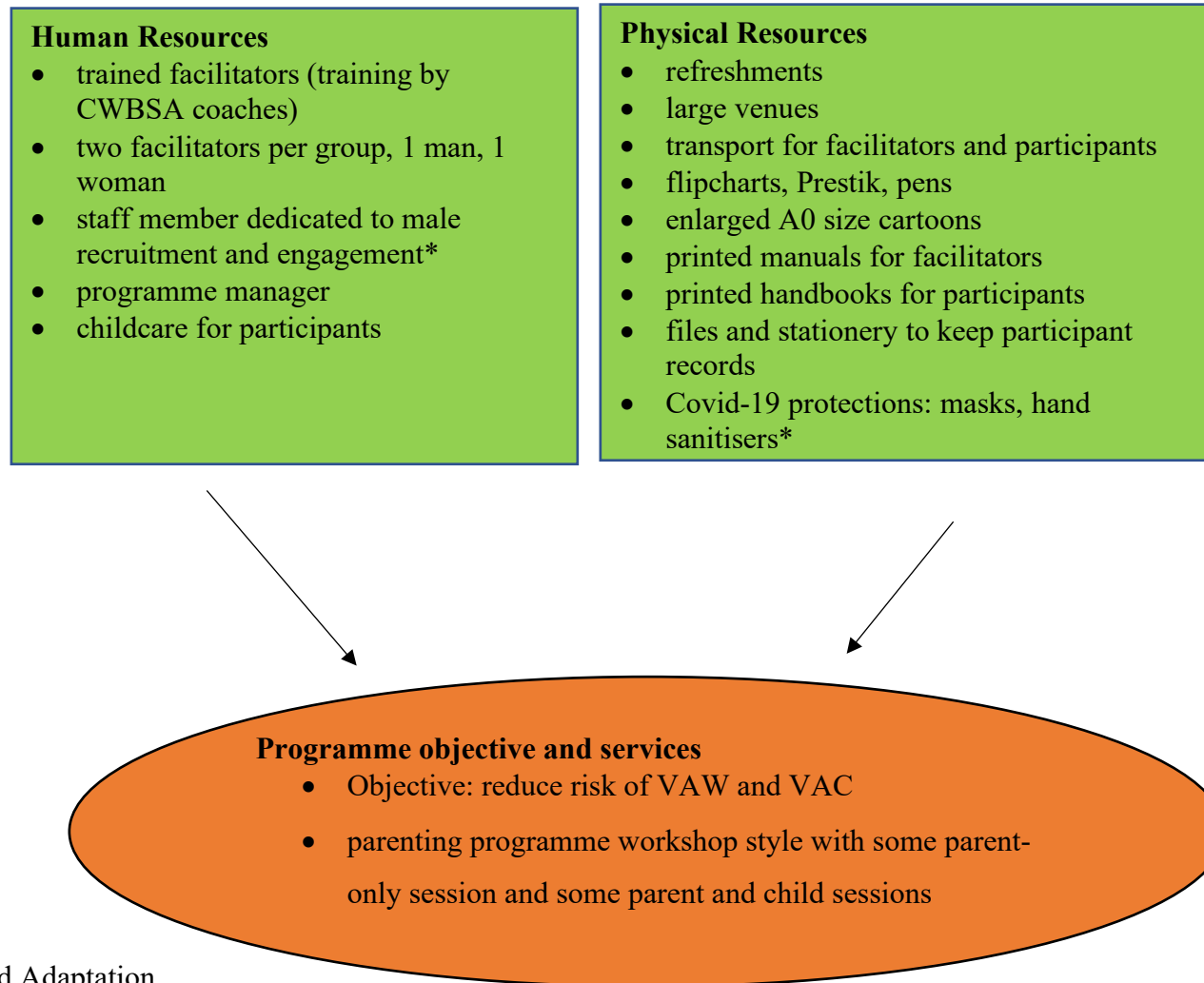


Figure 2
Service Utilisation Plan



*Suggested Adaptation

Figure 3
Programme's Organisational Plan



It is theorised that together these elements will result in certain proximal outcomes for participants, both teens and parents. Some proximal outcomes come from the hypothesised theory of change of the teen programme including reducing couples' conflict, increasing non-violent discipline, improving parent-child communication and increasing adult supervision. Additionally, it is theorised that these programme elements will result in improved couple communication, increased father involvement, the taking on of more equitable gender roles in their families and increased belief in more equitable gender norms.

While it is theorised that these proximal outcomes will result in the primary outcomes of reducing the risk of VAW and VAC, it is also hypothesised that these proximal outcomes will result in both teen distal outcomes and parent distal outcomes. The teen distal outcomes are improved relationships with parents and shifting gender norms. The adult distal outcomes are improved relationship with partner, improved relationship with a child and shifting gender norms.

The service utilisation plan is based on how the way that the PLH teen programme is run at the moment but the recruitment has been adapted to include a focus on elements to improve male recruitment. These include positive representation of male caregivers and a social media approach (Cluver, Lachman, et al., 2016; Cluver, Meinck, Shenderovich, et al., 2016). From the recruitment, the model goes into the first session which establishes rapport between facilitator and participants which is crucial in keeping participants engaged. It then moves to the attending of all the sessions which include numerous different activities that work to keep participants engaged. Lastly, there is the encouragement of the participant-led establishment of both teen and parent support groups that grow from the sessions.

The organisational plan recognises the human and physical resources that are needed to make the programme possible. In terms of human resources, trained facilitators are trained by CWBSA coaches. It is crucial that facilitators are trained by experienced coaches to ensure the best possible running of the programme. Based on the literature on how best to recruit men, there should be two facilitators per group, one man, one woman and there should also be a staff member dedicated to male recruitment and engagement. It may be beneficial for this to be a male community leader. To ensure the programme runs smoothly, there needs to be a programme manager or a programme management team. Lastly, there is the need for childcare for participants. This is particularly important for this programme as the hope is to recruit both a male and women caregiver. The physical resources are crucial to run the various activities that the PLH programme includes. The large venues and the COVID-19 measures including masks and hand sanitisers are particularly important. The pandemic

continues to be a danger and requires careful monitoring before and during the implementation of the programme to make sure that it is safe.

Limitations

It is important to consider the limitations of this study's online method. Firstly, some authors have suggested that participants of online focus group discussions tend to keep to socially acceptable ideas and understandings which are determined by their social, geographic and political position (Moore et al., 2015; Smithson, 2000).

Secondly, there is the fact that this method lacks the participants' body language and voice inflexion which can be helpful in the evaluation of face-to-face focus group discussions (Lally et al., 2018). Yet, some authors suggest while this is a limitation, there are other aspects of online focus group discussions that can replace these physical cues such as the use of emoticons and colloquial expressions (Stewart & Williams, 2005). Related to this, the literature suggests three elements to online discussions: form, style and content. While this thesis has mainly reflected on the style and content of the WhatsApp discussion groups, it was important to consider the form which refers to the shared online space. This shared space came with benefits and limitations (Schneider et al., 2002; Stewart & Williams, 2005). In terms of this study, WhatsApp could have been an unfamiliar platform for some participants and could have been a challenge as some of the participants may not be completely literate in English. More specifically, fathers could have felt more comfortable sharing on this platform which could suggest that the platform rather than the topic or questions asked, could have been key to their high engagement.

It is also important to consider the bias that I could have introduced into the study based on my identity (Finlay, 2002; Palaganas et al., 2017). Ultimately, there was a power imbalance between researcher and participant at many different levels that could have influenced the whole research process, from the way participants responded to the questions to the larger research questions.

In addition, this study had a small and limited sample in that participants only came from a single country and culture. This suggests that the results are not generalisable. The online method also limited the representative aspect of the sample in that it limited the sample to participants who had access to smartphones or other similar technology as well as having internet access. Hopefully, the impact of this limitation was lessened by the giving of data to participants and the recruitment process through Catholic Relief Services Zimbabwe.

Lastly, the focus groups in this study did not fit completely into the definition of focus groups. Morgan (1996, p. 130) defines focus groups as "a research technique that collects

data through group interaction on a topic determined by the researcher". A key component of this definition is the interaction in the group as the source of the data. Interaction between participants was limited which may have led to not being able to capture the full benefits of the traditional focus group approach. Related to this, the PLH and non-PLH teens were the least engaged of all the groups with fewer posts per person and their answers were very similar to the parents' answers. This meant that this study may not have fully captured their thoughts and feelings.

Despite these limitations, this study has gathered an enormous amount of information to create several clear recommendations for the adaptation of the PLH teen programme. Most of the drivers of violence were reflected in the thoughts, ideas and participants' experiences of this study. The study's findings and a review of relevant literature suggest that a gender-transformative approach, the inclusion of a community focus and the active recruitment and engagement of fathers is needed in terms of the focus of the adapted programme. In terms of the content for the adapted programme, the study's findings suggest that there is a need to strengthen and expand the existing communication and conflict resolution skills as well as the budgeting and saving component in the current PLH Teen Programme. This study also emphasises the need for a multi-pronged approach to preventing family violence. Lastly, this study suggests that there is potential for the future use of virtual data collection in LMICs. Ultimately, WhatsApp for virtual focus group discussions is promising but comes with many elements that need to be considered carefully. These elements include ethical considerations in terms of the appropriate context for its use, a lack of control over the interpretation of questions posed on this platform and fading engagement after two weeks. This study's recommendation and insights hope to make a contribution to the important work preventing VAW and VAC simultaneously in order to improve the lives of families.

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Consent form for Facilitators of the Parenting for Lifelong Health Teen Programme

You are invited to take part in a research study about the Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop this parenting programme so that it is better at including both parents in a family. We would like your input and suggestions: since you are a facilitator of this programme, you will have important insight into how it could be adapted.

The information gained in this remote interview will be used to write up a report for the Catholic Relief Services Zimbabwe Organisation and research reports. You are being invited to discuss the potential of a programme of this nature and how the PLH Teen Programme can be feasibly adapted in this way.

* Required

Have you or are you facilitating the Sinovuyo: Parenting for Lifelong Health Teen Programme in Zimbabwe? *

- Yes
- No

To participate in this study, you will be asked which digital medium best works to interview you (Zoom, Whatsapp, Facebook) where you will be invited and asked questions about your experience of facilitating the PLH Teen Programme and your advice as to this adaptation. We would be very grateful to learn what it was like for you to facilitate this group and what you think about this potential adaptation. Your participation will in no way affect your relationship with PLH. Answer Yes if you agree to be sent an invitation and participate in this study. Your participation is voluntary (it is your choice). You do not have to answer any questions that you do not feel comfortable answering. *

- Yes
- No

Any information you share will be strictly confidential. Your identity will be kept completely confidential throughout the research process, including in reports. You have the right to request that any information you have shared in the group be removed from the study. What you share in the interview will be recorded and used for research purposes only. Only the researchers will have access to the information you share and it will be kept in a safe place. At the end, the interview will be typed out. Your name will not appear in this. The information will be used to write up research reports. Your identity will remain confidential in these reports and also in the case that this study should be published. We will use pseudonyms to anonymize your identity and will ensure that any information used cannot be linked to you in any way. Answer Yes if you understand that your identity will remain confidential and your data private.

- Yes
- No

There may be some discomfort from talking about sensitive topics, perhaps if something happened in the discussion that upset you. Support will be available should you feel you need it after the interview. Answer Yes if you understand that support will be made available if you need it.

- Yes
- No

If you have questions, concerns, or complaints about the study please contact Natalie Davidson (+27 72 680 8915, dvdnat009@myuct.ac.za or Professor Ward at the Department of Psychology, University of Cape Town (UCT) Catherine.Ward@uct.ac.z or +27 21 650 3422). If you have any questions about your rights as research participants, please contact Rosalind Adams at the Department of Psychology, UCT on +27 21 650 3417 or Rosalind.Adams@uct.ac.za. Answer Yes if you understand that you are able to ask questions and express any concerns to these various people.

- Yes
- No

I have been informed about this study and understand its purpose and its procedures. I agree to take part in this research. I know that I am able to withdraw from the interview at any time, and that doing so will not affect me in any way. I have been informed what I say will be recorded and used to write a report. I consent to this information being recorded. I know that I am able to withdraw at any time and withdraw my information from the study. Answer if you understand and agree to these statements.

- Yes
- No



Consent form for Facilitators of the Parenting for Lifelong Health Teen Program

Contact

If you have consented to participate, please provide the following:

If you understand the purpose, nature and procedure of this study and you have agreed to participate, please tell us which would be the best platform to interview you on given your access to resources at this time.

- Zoom
- Whatsapp
- Facebook
- _____

Your answer

Name on Facebook (This, in case, Facebook is the option that best works to interview you remotely)

Your answer

Phone number

Your

Page 2

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Appendix B



Is a programme to support parents able to reduce conflict in the family?

Consent form for Parents Participants

Hello,

You are invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop a parenting programme that includes both parents in a family and teens and reduces arguments and fighting in families. The information gained will be used to write up a report for the Catholic Relief Services Zimbabwe and for research reports. You are being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for you and your family.

Who can participate?

In order to participate, the following needs to be true about you:

- Your child has not participated or is not participating in the Sinovuyo: Parenting for Lifelong Health Teen Programme in Zimbabwe?
- You provide consent to confirm you are willing to participate in the study.

Do I have to participate?

Your participation is voluntary (it is your choice). You are free to leave the study at any time. If you decide not to participate, there will be no negative consequences. You will not be punished or denied any services if you decide not to participate.

What would happen if I take part?

To participate in this study, you will be invited to join a Whatsapp group where you will be asked questions about yourself and your community. You will be asked about your ideas about the parenting programme, and how it might help families like yours. Your participation is voluntary (it is your choice). You do not have to answer any questions that you do not feel comfortable answering.

What will happen to the results of the research?

The information gained will be used to write up a report and for academic reports. So that others may learn from this study, we plan on publishing results in academic journals, at

conferences and in policy briefs for government and other agencies. Any research publication will not identify you individually.

What will happen to the information I provide?

Any information you share will be strictly confidential. You have the right to request that any information you have shared in the group be removed from the study. What you share in the group will be saved and used for research purposes only. Only the researchers will have access to the information you share, and it will be kept in a safe place. At the end, the group's discussion will be typed out. Your name will not appear in this. The information will be used to write up research reports. Your identity will remain confidential in these reports and also in the case that this study should be published. We will use pseudonyms to anonymize your identity and will ensure that any information used cannot be linked to you in any way. However, if you tell us that you or your child is at risk of harm, we do have to report this to the relevant protection services.

Are there any risks of participating?

There may be some discomfort from talking about sensitive topics. For instance, we will ask you about arguments and fighting in families in communities like yours. You will not be asked about your own family, so there should be very little risk. Even so, if you are distressed in any way, support will be available should you feel you need support after the group discussion.

Who are the team members for this study?

We are a team of researchers from the University of Cape Town led by Professor Cathy Ward and Natalie Davidson. We are also working with partners in Clowns Without Borders South Africa and Catholic Relief Services Zimbabwe.

Who has reviewed the study?

This study has been reviewed by and received ethics clearance from the University of Cape Town and the Medical Research Council of Zimbabwe.

Benefits

As a way of showing our gratitude for your participation, we will provide refreshments when signing the consent forms and give you a small data bundle to show our appreciation.

Data Protection

The research team at the University of Cape Town is responsible for ensuring the safe and proper use of any personal information you provide. All information collected is solely for research purposes.

Questions

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To be completed by recruiter:

I confirm:

- The participant has been told about the nature and purpose of the study and its procedures as well as the risks associated with participating.
- He or she has been given time to ask any questions and these questions have been answered as fully as possible.

_____ Interviewer's Signature

_____ Date

To be completed by Participant:

I understand that:

- I have been given and had read to me the information in this consent form explaining this study.
- All questions that I had on this study have been answered to my satisfaction.
- I clearly understand what will take place if I agree to take part in this study.
- I also understand that I have the ability to withdraw and discontinue with the study at any point.
- I am aware that all information that I will provide in this study will be confidential unless there is a risk of significant harm to myself or parents.
- I understand who will have access to my data and how it will be stored and published.
- I understand that this study has been reviewed by the ethics committees from the University of Cape Town and the Medical Research Council of Zimbabwe.
- I understand how to make a complaint or raise any concerns about my participation.
- On my own free will, I agree to participate in this study.

_____ Participant's Signature

Date

Appendix C



Is a programme to support parents able to reduce conflict in the family?

Consent form for Teen Participants of the Parenting for Lifelong Health Teen Programme

Hello,

You are invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop this parenting programme so that it is better at including both parents in a family. We would like your input: since you have participated in this programme, you will have valuable insight. The information gained will be used to write up a report for the Catholic Relief Services Zimbabwe and for research reports. You are being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for you and your family.

Who can participate?

In order to participate, the following needs to be true about you:

- Your child has participated or is participating in the Sinovuyo: Parenting for Lifelong Health Teen Programme in Zimbabwe?
- You provide consent to confirm you are willing to participate in the study.

Do I have to participate?

Your participation is voluntary (it is your choice). You are free to leave the study at any time. If you decide not to participate, there will be no negative consequences. You will not be punished or denied any services if you decide not to participate.

What would happen if I take part?

To participate in this study, you will be invited to join a Whatsapp group where you will be asked questions about yourself and your community. You will be asked about your experiences of the PLH Teen programme, and your ideas about adapting this programme. Your participation will in no way affect your relationship with PLH. Your participation is voluntary (it is your choice). You do not have to answer any questions that you do not feel comfortable answering.

What will happen to the results of the research?

The information gained will be used to write up a report and for academic reports. So that others may learn from this study, we plan on publishing results in academic journals, at conferences and in policy briefs for government and other agencies. Any research publication will not identify you individually.

What will happen to the information I provide?

Any information you share will be strictly confidential. You have the right to request that any information you have shared in the group be removed from the study. What you share in the group will be saved and used for research purposes only. Only the researchers will have access to the information you share, and it will be kept in a safe place. At the end, the group's discussion will be typed out. Your name will not appear in this. The information will be used to write up research reports. Your identity will remain confidential in these reports and also in the case that this study should be published. We will use pseudonyms to anonymize your identity and will ensure that any information used cannot be linked to you in any way. However, if you tell us that you or your child is at risk of harm, we do have to report this to the relevant protection services.

Are there any risks of participating?

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Benefits

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Data Protection

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I confirm:

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- He or she has been given time to ask any questions and these questions have been answered as fully as possible.

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_____ Date

To be completed by Participant:

I understand that:

- I have been given and had read to me the information in this consent form explaining this study.
- All questions that I had on this study have been answered to my satisfaction.
- I clearly understand what will take place if I agree to take part in this study.
- I also understand that I have the ability to withdraw and discontinue with the study at any point.
- I am aware that all information that I will provide in this study will be confidential unless there is a risk of significant harm to myself or parents.
- I understand who will have access to my data and how it will be stored and published.
- I understand that this study has been reviewed by the ethics committees from the University of Cape Town and the Medical Research Council of Zimbabwe.
- I understand how to make a complaint or raise any concerns about my participation.

- On my own free will, I agree to participate in this study.

_____ Participant's Signature

_____ Date

Appendix D



Is a programme to support parents able to reduce conflict in the family?

Consent form for Teen Participants

Hello,

You are invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop this parenting programme so that it is better at including both parents in a family. We would like your input: since you have participated in this programme, you will have valuable insight. The information gained will be used to write up a report for the Catholic Relief Services Zimbabwe and for research reports. You are being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for you and your family.

Who can participate?

In order to participate, the following needs to be true about you:

- You have not participated or are not participating in the Sinovuyo: Parenting for Lifelong Health Teen Programme in Zimbabwe?
- You provide consent to confirm you are willing to participate in the study.

Do I have to participate?

Your participation is voluntary (it is your choice). You are free to leave the study at any time. If you decide not to participate, there will be no negative consequences. You will not be punished or denied any services if you decide not to participate.

What would happen if I take part?

To participate in this study, you will be invited to join a Whatsapp group where you will be asked questions about yourself and your community. You will be asked about your ideas about a new parenting programme for parents and teens that we are hoping to develop. Your participation is voluntary (it is your choice). You do not have to answer any questions that you do not feel comfortable answering.

What will happen to the results of the research?

The information gained will be used to write up a report and for academic reports. So that others may learn from this study, we plan on publishing results in academic journals, at

conferences and in policy briefs for government and other agencies. Any research publication will not identify you individually.

What will happen to the information I provide?

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Who has reviewed the study?

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To be completed by recruiter:

I confirm:

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- He or she has been given time to ask any questions and these questions have been answered as fully as possible.

_____ Interviewer's Signature

_____ Date

To be completed by Participant:

I understand that:

- I have been given and had read to me the information in this consent form explaining this study.
- All questions that I had on this study have been answered to my satisfaction.
- I clearly understand what will take place if I agree to take part in this study.
- I also understand that I have the ability to withdraw and discontinue with the study at any point.
- I am aware that all information that I will provide in this study will be confidential unless there is a risk of significant harm to myself or parents.
- I understand who will have access to my data and how it will be stored and published.
- I understand that this study has been reviewed by the ethics committees from the University of Cape Town and the Medical Research Council of Zimbabwe.
- I understand how to make a complaint or raise any concerns about my participation.
- On my own free will, I agree to participate in this study.

_____ Participant's Signature

Appendix E



Is a programme to support parents able to reduce conflict in the family?

Consent form to Parents for Teen Participants

Hello,

Your child is invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop a parenting programme that includes both parents in a family and teens and reduces arguments and fighting in families. The information gained will be used to write up a report for the Catholic Relief Services Zimbabwe and for research reports. They are being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for them and your family.

Who can participate?

In order to participate, the following needs to be true about you:

- Your child has not participated or is not participating in the Sinovuyo: Parenting for Lifelong Health Teen Programme in Zimbabwe?
- You provide consent to confirm you are willing to participate in the study.

Do I have to participate?

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What would happen if I take part?

To participate in this study, your child will be invited to join a Whatsapp group where they will be asked questions about themselves and your community. Your child will be asked about their ideas about a new parenting programme for parents and teens that we are hoping to develop. Their participation is voluntary (it is their choice). They will not have to answer any questions that they do not feel comfortable answering.

What will happen to the results of the research?

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What will happen to the information I provide?

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To be completed by recruiter:

I confirm:

- The participant has been told about the nature and purpose of the study and its procedures as well as the risks associated with participating.
- He or she has been given time to ask any questions and these questions have been answered as fully as possible.

_____ Interviewer's Signature

_____ Date

To be completed by Participant:

I understand that:

- I have been given and had read to me the information in this consent form explaining this study.
- All questions that I had on this study have been answered to my satisfaction.
- I have been informed about this study and understand its purpose and its procedures.
- I know that they are able to withdraw from this group discussion at any time, and that doing so will not affect them in any way.
- I have been informed what they write in the group will be saved and used to write a report.
- I know that they are able to withdraw at any time and withdraw their information from the study.
- I understand that this study has been reviewed by the ethics committees from the University of Cape Town and the Medical Research Council of Zimbabwe.

- I understand how to make a complaint or raise any concerns about my participation.
- On my own free will, I agree to allow my child to take part in this research.

_____ Participant's Signature

_____ Date

Appendix F



Is a programme to support parents able to reduce conflict in the family?

Consent form for Parents Participants of the Parenting for Lifelong Health Teen Programme

Hello,

You are invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop this parenting programme so that it is better at including both parents in a family. We would like your input and suggestions: since you have participated in this programme, you will have a valuable perspective. The information gained will be used to write up a report for Catholic Relief Services Zimbabwe and for academic reports. You are being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for you and your family.

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Do I have to participate?

Your participation is voluntary (it is your choice). You are free to leave the study at any time. If you decide not to participate, there will be no negative consequences. You will not be punished or denied any services if you decide not to participate.

What would happen if I take part?

To participate in this study, you will be invited to join a Whatsapp group where you will be asked questions about yourselves and your community. You will be asked about their experiences of the PLH Teen programme, and your ideas about adapting this parenting programme. Your participation will in no way affect your relationship with PLH or Catholic Relief Services Zimbabwe. Your participation is voluntary (it is your choice). You do not have to answer any questions that you do not feel comfortable answering.

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To be completed by recruiter:

I confirm:

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To be completed by Participant:

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- All questions that I had on this study have been answered to my satisfaction.
- I clearly understand what will take place if I agree to take part in this study.
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- I understand how to make a complaint or raise any concerns about my participation.

- On my own free will, I agree to participate in this study.

_____ Participant's Signature

_____ Date

Appendix G



Is a programme to support parents able to reduce conflict in the family?

Consent form to Parents for Teen Participants of the Parenting for Lifelong Health Teen Programme

Hello,

Your child is invited to take part in a research study about the Sinovuyo: Parenting for Lifelong Health Teen Programme. The University of Cape Town, Catholic Relief Services Zimbabwe, and Clowns Without Borders South Africa are working together to develop this parenting programme so that it is better at including both parents in a family. We would like their input and suggestions: since they have participated in this programme, they will have a valuable perspective. The information gained will be used to write up a report for the Catholic Relief Services Zimbabwe and for research reports. Your child is being invited to discuss the potential of a programme of this nature and what benefits it could potentially have for them and your family.

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- You provide consent to confirm you are willing to participate in the study.

Do I have to participate?

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- I know that they are able to withdraw at any time and withdraw their information from the study.

- I understand that this study has been reviewed by the ethics committees from the University of Cape Town and the Medical Research Council of Zimbabwe.
- I understand how to make a complaint or raise any concerns about my participation.
- On my own free will, I agree to allow my child to take part in this research.

_____ Participant's Signature

_____ Date

Appendix H

Interview Schedule for Facilitators of the PLH programme

Video post of researcher (depending on format used)

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme. I am here to find out if the Parenting for Lifelong Health can be adapted to address conflict in the family, including between parents, and between parents and children in the Harare community. I am inviting you to have a discussion with me where I ask you some questions about you and your participation in the PLH programme. We would like your input and suggestions. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input!
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the interview at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please message me and I will delete it.

Questions for posting

Please tell me a bit about your experience of facilitating the PLH Teen Programme.

- What do you think about the length of the programme?
- What sessions do you think have been the most successful with the participants?
 - Are there any activities/ discussions that you feel are not helpful or that participants are less willing to participate in?
 - Do you find that discussions or more activity-based exercises better engage the participants? Which ones do they actively participate more, or does it depend on the group?
- Have you had any experience with fathers as participants? Are there any differences between them and the mothers in the group in terms of their participation?

- Did some sessions or activities work better for the fathers than the mothers and vice versa?
- What do you think are the most important aspects of this programme? Are there any that should/can be left out of the programme?
 - Which sessions did you most enjoy facilitating?
 - Do you think there is something that is not properly addressed in the programme or something that is missing?

Appendix I

Interview Schedule for Fathers

Video post of researcher

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme that includes both parents in a family and teens and reduces arguments and fighting in families. I am here to find out if it is possible to create an intervention to prevent arguments and fighting in families, and between boyfriends and girlfriends, in the Harare community. I am inviting you to have a discussion with me where I ask you some questions about you and your community. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input!
- You do not need to give a personal answer to any of the questions if you do not want to.
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the group at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please privately message me and the post will be deleted.

Questions for Posting

- Please tell me a bit about yourself. How old are your children? What are some of the best things about being a parent of a teenager? What is the most difficult thing?
- Do you think violence in families is a big problem in your community?
 - Do you think violence against women is a common problem in your community?
- In every family, there are times when families don't get along. Could you tell me about conflict in families like yours? How do families deal with this conflict?

- Do you think that parents fight more with their children now that they are a teenager? How do you think this affects partners and your relationship?
 - What positive things come out of children becoming teenagers?
- Do parents in your community usually work together to parent their children? Do you think this is important?
 - Do you think partners share the responsibility of parenting their children?
 - Do you think it is important that this responsibility is shared between parents?
- Do men and women have different responsibilities in the home?
 - If so, what are these different responsibilities?
- Do you think it is important that men like yourself play a part in the prevention of violence against women and children?
- Do you think a programme that helps you work better with your partner would be helpful for your family?
 - What do you think would help with that? Can you suggest some things that the programme should cover?

Appendix O

Interview Schedule for Mothers

Video post of researcher

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme that includes both parents in a family and teens, and reduces arguments and fighting in families. I am here to find out if it is possible to create a programme to prevent arguments and fighting in families, and between teen boyfriends and girlfriends, in the Harare community. I am inviting you to have a discussion with me where I ask you some questions about you and families in your community. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input!
- You do not need to give a personal answer to any of the questions if you do not want to.
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the group at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please privately message me and the post will be deleted.

Questions for posting

- Please tell me a bit about yourself. How old are your children? What are some of the best things about being a parent of a teenager? What is the most difficult thing?
- Do you think violence in families is a big problem in your community?
 - Do you think violence against women is a common problem in your community?
- In every family, there are times when families don't get along. Could you tell me about conflict in families like yours? How do families deal with this conflict?

- Do you think that parents fight more with their children now that they are teenagers? How do you think this affects parents and their relationship? How do you think it affects parents' relationships with their teens?
- What positive things came out of children becoming teenagers?
- Do parents in your community usually work together to parent their children? Do you think this is important?
 - Do you think partners share the responsibility of parenting their children?
 - Do you think it is important that this responsibility is shared between partners?
- Do men and women have different responsibilities in the home?
 - If so, what are these different responsibilities?
- Do you think that it is important that men play a part in the prevention of violence against women and children?
- Do you think a programme that helps you work better with your partner would be helpful for your family?
 - What do you think would help with that? Can you suggest some things that the programme should cover?

Appendix K

Interview Schedule for Parent Participants of the PLH programme

Video post of researcher

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme that is better at including both parents in a family and at reducing arguments and fighting in families. I am here to find out if the Parenting for Lifelong Health can be adapted to prevent arguments and fighting in families, and between boyfriends and girlfriends, in the Harare community. I am inviting you to have a discussion with me where I ask you some questions about you and your participation in the PLH programme. We would like your input and suggestions. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input!
- You do not need to give a personal answer to any of the questions if you do not want to.
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the group at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please privately message me and the post will be deleted.

Questions for posting

Please tell me a bit about your experience of the PLH programme.

- Did you find the programme helpful? Tell us about that.
 - What do you think parents like yourself have learnt from the programme?
 - What parts of it did you most enjoy?
- Do you think this programme could be adapted so that it is better at preventing arguments and fights at home?
- Do men and women have different responsibilities in the home?

- If so, what are these different responsibilities?
- In every family, there are times when families don't get along. Do you think the programme has made any changes to your and your family's behaviour at home? What have they been?
 - Did the programme reduce the likelihood of conflict in your family? Not just conflict between you and your child but also between all the members of your family?
 - Has the programme improved your relationship with your partner?
- What do you think are the most important aspects of this programme? Are there any things that you feel could be left out?
 - Were there any things that made it difficult for you to attend some of the sessions of the programme?

Appendix L

Interview Schedule for Teen Participants

Video post of researcher

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme that includes both parents in a family and teens and reduces arguments and fighting in families. I am here to find out if it is possible to create an intervention to prevent arguments and fighting in families, and between boyfriends and girlfriends, in the Harare community. I am inviting you to have a discussion with me where I ask you some questions about you and your community. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input!
- You do not need to give a personal answer to any of the questions if you do not want to.
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the group at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please privately message me and the post will be deleted.

Questions for Posting

- Please tell me a bit about yourself. How old are you? What is the best thing about being a teenager?
- Do you think violence in families is a big problem in your community?
 - Do you think violence against women is a common problem in Harare?
- In every family, there are times when families don't get along. Could you tell me about conflict in families like yours? How do families deal with this conflict?
 - Do you think that parents like yours fight more with their children now that they are teenagers? How do you think this affects parents and their

relationship? How do you think it affects parents' relationships with their teens like yourself?

- What positive things came out of becoming a teenager?
- Do you think parents in your community work together to raise their children? Do you think this is important?
 - Do you think parents share the responsibility of parenting their children?
 - Do you think it is important that this responsibility is shared between parents?
- Do men and women have different responsibilities in the home?
 - If so, what are these different responsibilities?
- Do you think a programme that helps your parents work together better would be helpful for your family?
 - What do you think would help with that? Can you suggest some things that the programme should cover?
- If you have a boyfriend/girlfriend, do you sometimes fight with them? How do you like teen couples like yourself handle this conflict?

Appendix M

Interview Schedule for Teen Participants of PLH programme

Video post of researcher

The University of Cape Town and Clowns Without Borders South Africa are working together to develop a parenting programme that is better at including both parents in a family and at reducing arguments and fighting in families. I am here to find out if the Parenting for Lifelong Health can be adapted to better address conflict in families in the Harare community. We would like your input and suggestions. I am inviting you to have a discussion with me where I ask you some questions about you and your participation in the PLH programme. These are some things that you should consider and that we ask of you while you are participating in this study:

- Please try to be as honest as you can. We really value your input.
- You do not need to give a personal answer to any of the questions if you do not want to.
- Please do not share what is posted outside of this group. What people say must be kept confidential, for everyone's sake.
- I will keep what is posted confidential, but I can't guarantee that your fellow group members will do the same. So please do take this into consideration when you share things.
- Please be respectful to your fellow members. These questions may bring up sensitive topics so please do not harass or make fun of others. I will do everything I can to make this a safe environment for you, but everyone has their part to play.
- You can leave the group at any time if you are not comfortable continuing on. If you would like something to be taken out of the study, please privately message me and the post will be deleted.

Questions for Posting

Please tell me a bit about your experience of the PLH programme.

- Did you find the programme helpful? Tell us about that.
 - What do you think teenagers like yourself have learnt from the programme?
 - What parts of it did you most enjoy?
- Do you think this programme could be adapted so that it is better at preventing arguments and fights at home?
- Do men and women have different responsibilities in the home?

- If so, what are these different responsibilities?
- In every family, there are times when families don't get along. Do you think the programme has made any changes to your and your family's relationships at home? Tell us about that.
 - Did the programme reduce the likelihood of conflict in your family? Not just conflict between you and your parents but also between your parents?
 - Do you think the programme has improved the relationship between your parents?
- How about between you and your boyfriend/girlfriend (if you have one, or when you have one in future)?
- Do you think that your parents work together to raise you? Do you think this is important?
- What do you think are the most important aspects of this programme? Are there any things that you feel could be left out?
 - Were there any things that made it difficult for you to attend some of the sessions of the programme?

Appendix N

Ethical Approval letter from UCT

UNIVERSITY OF CAPE TOWN



Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

15 June 2020

Natalie Davidson
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Natalie

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Can a programme to support parents reduce conflict in the family?* . The reference number is PSY2020-020.

I wish you all the best for your study.

Yours sincerely

Floretta Boonzaier
Professor
Acting Chair: Ethics Review Committee

Appendix O

Ethical Approval letter from MRCZ

Telephone: 08644073772/791193
 E-mail: mrcz@mrcz.org.zw
 Website: <http://www.mrcz.org.zw>



Medical Research Council of Zimbabwe
 Josiah Tongogara / Mazowe Street
 P. O. Box CY 573
 Causeway
 Harare

APPROVAL

15 April, 2021

MRCZ/B/2072

Natalie Davidson
 27 Ranelagh Road
 Rondebosch, Cape Town
 South Africa

RE: -Can a Program to Support Parents Reduce Conflict in the Family?

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed and approved** your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review: -

1. Full protocol
2. English Informed Consent Form
3. Data Collection Tools

• **APPROVAL NUMBER** : MRCZ/B/2072

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING** : EXPEDITED
- **APPROVAL DATE** : 15 April 2021
- **EXPIRATION DATE** : 14 April 2022

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ offices should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- **MODIFICATIONS:** Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- **QUESTIONS:** Please contact the MRCZ on Telephone No. (0242) 791193, 0864407377203 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.
- In addition to this approval, all clinical trials involving drugs, devices and biologics (including other studies focusing on registered drugs) require approval of Medicines Control Authority of Zimbabwe (MCAZ) before commencement

Yours Faithfully

.....
**MRCZ SECRETARIAT
 FOR CHAIRPERSON
 MEDICAL RESEARCH COUNCIL OF ZIMBABWE**

