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End-line cohort study report

Ensuring children's safety and well-being by building an ecosystem of non-tolerance to violence against children – a socioecological approach with the involvement of children, parents and community members

February-April 2024

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Acronyms

M & E	Monitoring and Evaluation
SNEHA	Society for Nutrition Education and Health Action

Executive Summary

Society for Nutrition, Education and Health Action (SNEHA) is a Mumbai based non-profit organization invested in building viable urban communities by fostering preventive and promotive healthcare among women and children in informal settlements. SNEHA's Prevention of Violence against Women and Children program of SNEHA aims to develop high-impact strategies for primary prevention, ensure survivors' access to protection and justice, empower women to claim their rights, mobilise communities around 'zero tolerance for violence,' and respond to the needs and rights of excluded and neglected groups.

This report presents findings from an evaluation cohort study of SNEHA's pilot project on "Ensuring children's safety and well-being by building an ecosystem of non-tolerance to violence against children – a socioecological approach with the involvement of children, parents and community members" implemented in the urban informal settlements of Govandi, a suburban area in Eastern Mumbai. The field intervention tested changes in perceptions, attitudes and practices of parents and their children with regard to understanding of violence, protection and safety from baseline to end-line after a systematic group education module administered along with campaigns, community events and provision of counselling services.

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Project overview

Society for Nutrition, Education and Health Action (SNEHA) is a registered non-profit organisation that works with women, children, and families in communities; and with public health and safety systems. Established in 1999, SNEHA works directly with vulnerable communities to improve health seeking behaviors, address gender inequities and promote optimal use of available resources

The project: “Ensuring children’s safety and well-being by building an ecosystem of non-tolerance to violence against children – a socioecological approach with the involvement of children, parents and community members” worked at primary, secondary and tertiary prevention of violence against children, ensuring their safety and well-being. Primary prevention was carried out through group education with children, adolescents and their parents; secondary intervention was provided through counselling services; and tertiary intervention entailed mental health services and coordinating with legal authorities and child welfare committees for ensuring children’s safety and well-being. The project was implemented in the urban informal settlement of Govandi, a suburban area in Eastern Mumbai. The coverage area encompasses four clusters - Dr Zakir Hussain Nagar, Gautam Nagar, Indira Nagar and Janata Nagar and covers approximately 17500 households. The aim was to explore and understand the effectiveness of strategies adopted at primary, secondary and tertiary levels to ensure that children residing in urban settlements grow up with greater freedom from all forms of violence; and those who experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

Project Evaluation

The cohort study was conducted with children (6-10 years), adolescents (11-15 years) and their parents enrolled in the intervention cohort through an enrolment questionnaire before and after the intervention. The study aimed to assess the following:

- To assess different forms of disciplining practices and cultural norms in relation to overt and covert forms of violence against children.
- To assess the perception and attitude towards gender equity among the cohort of parents and children.
- To understand the parenting styles and nurturing practices among the cohort of parents and children
- To assess the perception of safety of children with regard to different forms of violence against children among the cohort
- To assess the knowledge on child rights, protection, available services and their access for children among the cohort of parents and children

The end line enrolment questionnaire results demonstrate successful achievement of program objectives across the majority of indicators. Significant changes were noticed across parent child communication metrics with the percentage point change ranging from 10% to 15%. The data on negative discipline practices at home, reveals a slight decrease in such behaviors. Specifically, there's a significant reduction in physical punishments and severe violent discipline. Both children and parents exhibited improved gender-equitable attitudes. Moreover, there's a substantial increase in knowledge about reporting child protection cases and seeking help, with significant improvements across various reporting channels.

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Study design

The study entailed a mixed-method design comprising a baseline and endline with the cohort group, in-depth interviews and focus-group discussions with selected cohort members. Cross-sectional quantitative surveys were conducted using the same enrolment questionnaire during baseline and end line assessments. The Baseline survey was conducted in January-March 2022 while the End-line survey was conducted in February-April 2024. Primary respondents were children (6-10 years), adolescents (11-15 years) and their parents enrolled in the intervention cohort. The endline assessment was conducted to measure changes since the Baseline in key programmatic indicators in order to assess the effectiveness of the intervention.

Sampling and Data collection

A team of six interviewers, headed by one field officer, was responsible for endline data collection. Interviewers were trained on collecting consent from participants, interview schedule, and electronic data collection. Data was collected in CommCare (Dimagi, USA), an open-sourced mobile-based platform with a cloud-based server.

Since survey of young children of the age group 6-15 was a challenging task, the process included certain strategies and protocols to ensure optimal unbiased responses from children and parents which are as follows:

- Ensuring interview with children in absence of parents
- Interview length not exceeding 20-25 minutes per child
- Sensitive questions were placed at the middle or end of the questionnaire

The data collection team was provided with a list of primary respondents interviewed in the baseline survey. Face to face surveys were conducted with the enlisted respondents.

Survey instrument

The survey tool was designed to seek information on the following components:

- Section A: Demographic details of the respondent
- Section B: Discipline practices by parent/caregivers in past 12 months
- Section C: Gender Equitable Men (GEM) Scale
- Section D: Parent-child Communication
- Section E: Sexual violence in childhood by any perpetrator
- Section F: Knowledge of child rights and protection
- Section G: Child exposure to domestic violence

The tool was administered in Hindi and Marathi language based on preference of respondents. The questions for the survey were collated from the following;

- United Nations Children's Fund, INSPIRE Indicator Guidance and Results Framework - Ending Violence Against Children: How to define and measure change UNICEF, New York, 2018
- MICS Child Discipline Module in the Questionnaire for children under five and Questionnaire for children aged 5-17 years <http://mics.unicef.org/tools> www.who.int/chp/gshs/methodology/en
- International Institute for Population Sciences (IIPS) and Population Council. 2010. Youth in India: Situation and Needs 2006-2007. Mumbai: IIPS

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- VACS questionnaire
www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html
- Young Lives Questionnaire from Viet Nam, for children aged 15 year
www.younglives.org.uk/content/household-and-child-survey
www.who.int/chp/gshs/methodology/en, <https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>
- Analysis of social norms in relation to violence against children. November, 2016, UNICEF, Amita N. Vyas , G. Malhotra , N. C. Nagaraj & M. Landry (2020)
- Gender attitudes in adolescence: evaluating the Girl. Rising gender-sensitization program in India, International Journal of Adolescence and Youth, 25:1, 126-139, DOI: 10.1080/02673843.2019.1598450

Data quality assurance

For quality control of survey data, cross validation of samples was done in the survey locality. Along with regular monitoring of data collection processes, data validation was done in CommCare to reduce data entry errors. Data Officer exported survey data to Excel which were then imported into STATA (v.14) for analysis. Data were checked periodically for completeness and accuracy by the Data Officer and M&E Coordinator. Frequencies were run on all variables in the data set to look for outliers. In case of discrepancies, corrective measures were taken individually. Review and feedback meetings were conducted with investigators and field supervisors on a fortnightly basis. All data collection and data management were supervised by the Monitoring & Evaluation (M&E) Coordinator. Access to data was restricted to the Data Officer and M & E Coordinator, M & E Manager, Associate M & E Director and the Research Director. Datasets were backed up on a password protected server.

Ethical considerations

Ethical approval was taken from Sigma Institutional Review Board (IRB), Mumbai before commencement of the study, IRB Number: 10063/IRB/21-22 on 29th December 2021. A second round of ethical approval was sought at the end of the project intervention IRB Number: 10084/IRB/23-24 on 2nd February 2024 for conducting the end-line cohort survey. Protocols for management of child abuse and maltreatment and Strategic Response to Triggers Driven by Cohort Study and focus group discussions especially cases falling under Protection of Children against sexual Offenses (POCSO 2012) were submitted for approval by the Sigma IRB committee.

Duty of care is an issue that we have debated at length, particularly since we do not see a substantial treatment of it in other studies. Our protocol states that an interviewee who discloses experience of violence—physical, sexual, emotional, or gender-based household maltreatment—should be offered optimal support. This goes well beyond presenting them with a list of contact details for local services. Investigators respected the privacy and confidentiality of participants and written consent was taken from all respondents. Care was taken to maintain confidentiality by not sharing information provided by participants or discussing any of the details of interviews with others.

Data analysis

After cross checking and processing of the data, analysis was done using STATA 14. A matched sample of 296 children and parents who were interviewed in both baseline and end-line were considered for analysis. Differences between proportion of the Baseline and end-line respondents for each indicator were determined using chi-squared test and a value of less than 0.05 was considered statistically significant.

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Results

The endline survey was conducted with 296 children and their parents (1 parent for each child)

Table 1 displays the characteristics of the respondents participating in the survey. Majority (93%) of the respondents in the parents' group were mothers. Among children, more than half of the respondents (58%) were girls and 42% were boys. Children at the time of enrollment were divided into two groups according to their age (child group (6-10 years) and 2) adolescent group (11-15 years)). Comparatively higher children were enrolled in the younger age group (56%)

Table 1. Age and gender characteristics of respondents

	Children	Parents
Respondents (N)	296	296
Mother	-	275 (93%)
Father	-	21 (7%)
Boys	124 (42%)	
Girls	172 (58%)	
Child group (6-10 years)	165 (56%)	
Adolescent Group (11-15 years)	131 (44%)	

Table 2 presents the socio-demographic characteristics of the survey respondents. More than three fourth respondents resided in nuclear families (77%). Similar proportion of respondents were living in Mumbai for more than one year (74%). Nearly two-third respondents owned their households (65%). Majority of households have access to metered electricity, improved sanitation facilities and Liquefied Petroleum Gas (LPG) and cooking fuel. Most of the respondents owned an Aadhar card (99%) and ration card (85%).

Table 2. Socio-demographic characteristics of the respondents

(N=296)		n	Percent
Religion	Hindu	119	40%
	Muslim	156	53%
	Buddhist	19	7%
	Christian	2	<1%
Type of Family	Extended	10	3%
	Joint	60	20%
	Living alone	-	-
	Nuclear	226	77%
Type of house	Kachha	29	10%
	Pucca	199	67%
	Semi	64	22%
	Zopadpatti	4	1%
Accommodation Type	Own	186	63%
	Rented	110	37%

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How long living in Mumbai	Less than 1 year	-	-
	More than 1 Year	219	74%
	since birth	74	26%
Source of drinking water	Piped water at home	187	63%
	Public tap standpipe	15	5%
	Public tap standpipe - Paid	96	32%
Type of toilet	Open	1	0
	Private flush toilet	38	13%
	Private pit toilet	29	10%
	Public pit toilet	38	13%
	Public flush toilet	190	64%
Type of cooking fuel	LPG	294	99.3%
	Kerosene	1	<1%
	Electricity	1	<1%
	Wood & Charcoal	0	0
Type of electricity	Metered pay bill	252	85%
	Illegal sharing of electricity	11	4%
	Paid by landlord	33	11%
Ownership of Ration Card	Yes	253	85%
Ownership of Aadhar Card	Yes	294	99%
Ownership of Smartphone	Yes	256	86%

In this report we are presenting the results on the outcome indicators of the programme with a comparison with the Baseline survey results to track the progress towards achieving programme targets.

Table 3: Program indicators (Baseline – End-line comparison)

Primary indicators	Baseline		Endline		% point change	Target (% improvement)
	N=296		N=296			
	n	%	n	%		
Improved parent – child communication for practicing positive relationships						
Children who reported that their parents understood their worries or concerns all or most of the time*	184	62	228	77	15	9
Children who reported that their parents knew what they were	182	61	219	74	13	10

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doing in their free time all or most of the time*						
Children who reported that their parents have checked to see if homework has been completed all or most of the time	153	52	131	44	-8	10
Improved positive discipline practices at home by parents						
Parents who believed that the child needs to be physically punished in order to bring up, raise or educate a child properly*	206	70	174	59	11	NA
Negative discipline practice at home (Any 1)-Reported by children	277	94	271	92	2	10
Negative discipline practice at home (Any 1)-Reported by parents	291	98	284	96	2	10
Forms of discipline practices by parents/caregivers in past 12 months-Reported by children						
Yelled, Screamed, Shouted	259	88	259	88	0	NA
Hit/slapped on hand, leg, and arm*	228	77	173	58	19	
Spanked, hit, slapped on bottom with bare hand*	179	60	138	47	13	
Threaten punishments/ abandonment	103	35	77	26	9	
Called dumb, lazy or any other name	77	26	67	23	3	
Shook him/her	48	16	38	13	3	
Hit with something hard(Roller, Broom, Stick, Belt, Brush)*	94	32	55	19	13	
Beat up, hit over and over hard as one could	58	20	45	15	5	
Burning of any form	27	9	14	5	4	
Increased understanding of gender perspective among children						
Low Gender Equitable Attitude	5	2	0	0	-2	NA
Moderate Gender Equitable Attitude	103	35	75	25	-10	
High Gender Equitable Attitude*	188	64	221	75	11	
Increased understanding of gender perspective among parents						

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Low Gender Equitable Attitude	9	3	5	2	-1	NA
Moderate Gender Equitable Attitude	115	39	71	24	-15	
High Gender Equitable Attitude*	172	58	220	74	16	
Improved understanding of positive discipline practices at school among parents						
Parents who believed that teachers should be allowed to physically punish children at school	231	78	215	73	5	9
Improvement knowledge in child regarding how and where to report child protection cases and seek help						
Hospital/clinic*	137	46	162	55	9	10
Police station	274	93	290	98	5	
Child helpline(1098)*	68	23	166	56	33	
Child Welfare Committee(CWC)*	22	7	67	23	16	
School*	140	47	246	83	36	
NGOs/CBOs*	139	47	228	77	30	
Legal office*	137	46	230	78	32	
Improvement knowledge in parent regarding how and where to report child protection cases and seek help						
Hospital/clinic*	145	49	177	60	11	10
Police station	281	95	289	98	3	
Child helpline(1098)*	91	31	144	49	18	
Child Welfare Committee(CWC)	43	15	52	18	3	
School*	131	44	249	84	40	
NGOs/CBOs*	196	66	244	82	16	
Legal office*	170	57	249	84	27	

**** Statistically significant change with p value <0.05**

Summary of the findings

This report presents data on key programmatic outcomes. The findings depict that the program successfully achieved most of its planned targets across various program indicators. The intervention

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has led to significant improvements in parent-child communication, with notable increases in children reporting that their parents understand their concerns and worries. There is a significant increase in children who reported that their parents knew what they were doing in their free time all or most of the time. This makes us understand that living in complex urban informal settings is challenged with struggles of day-to-day existence and paucity of time. Parents have to be educated and reminded about keeping track of their children's activities. However, a reduction in involvement of parents in school homework was reported. On inquiring further about this, children reported increased autonomy as they were growing older and had more confidence in managing their homework and were less reliant on parental supervision. They also stated seeking support from tutoring programs, after-school activities, or peer study groups.

There's also a decrease in negative discipline practices at home, indicating a shift towards more positive and supportive parenting methods. There is a significant shift in parents who believed before the intervention that the child needs to be physically punished in order to bring up, raise or educate a child properly. The survey results also highlight reduction in physical punishment and severe violent disciplinary practices as compared to psychological aggression. Subtle forms of psychological aggression like calling names and threatening children were used. Mainly mothers stated that they did this in response to controlling their children when they didn't listen to them.

Both children and parents reported improved on gender-equitable attitudes. There is an improved understanding of parents with regards to physical disciplining practices used by teacher. Parents have stated that teachers should not be allowed to physically punish children at school.

Importantly, there's a marked increase in knowledge about child protection mechanisms and reporting channels, helping children to seek help and support when needed from sources like child helplines and non-governmental organisations' services. There is an increase in children's understanding about seeking help from the institutional structures like schools and legal authorities. SNEHA's continuous interaction with schools and conducting workshops with teachers and children in the schools made children were more likely to report problems, such as bullying or abuse, because they felt safer and more supported. Schools were more willing to intervene in situations, providing a safer environment as they could seek support from SNEHA. Parents have also reported an increased understanding of help-seeking avenues with more focus on seeking help from the institutional structures like schools and legal authorities for their children's issues.

Overall, the findings suggest that the program has effectively fostered safer and healthier environments among cohort children and their parents. However, it's important to acknowledge the modest size of the cohort, which may impact the generalizability of the findings at scale. The results from this survey will serve as a source for discussion to further strategize and scale the intervention model delivery. From a research standpoint, these results are preliminary findings of a community-led intervention on prevention of violence against children giving insights into which interventions work at different levels. A systematic review of 63 published articles showed that most studies and reports have documented child labour, child sexual abuse, and fatal violence, whereas there still exists a gap in literature with respect to neglect or other non-physical forms of violence. The review concluded that the majority of the studies were conducted in developed countries, with only six studies in developing countries. This study informs future programmatic efforts and policy development aimed at promoting child well-being and protection. This study is one of an important initiative to understand the overt and covert forms of violence used with children underlying the norms of disciplining and child raising practices.

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Limitations

Our study had few limitations mentioned below:

- The study contributes to plausible conclusions on effectiveness of the strategies used in the project but has limited availability of evidence due to a small sample.
- The study has not directly assessed the prevalence rates of violence and the results may be just a fraction of the endemic problem.
- The study has not assessed the effectiveness on school intervention carried out by the project team.

Insights

- Raising awareness through group education and community engagement is crucial. Schools, local leaders, community organisations, legal agencies, health workers play a significant role in preventing violence & supporting survivors.
- Barriers to reporting is seen due to fear of retaliation, lack of trust in authorities, cultural norms and lack of awareness about where to seek help often prevent children & their families from reporting violence.
- Establishing and strengthening support such as counselling services, safer spaces in schools and the environment, child helplines is important for helping children talk, express, recover and rebuild their lives.
- The aims of most parenting programs are not specifically geared toward violence or maltreatment prevention; instead, they are designed to encourage healthy relationships, improve parental strategies, and decrease child behavior problems. Therefore, violence is seldom measured as an outcome. This is an important aspect to ensure children's safety and their well-being.