

Pre-analysis Protocol

Does a Couples-Based Financial Literacy and Gender-Transformative Intervention Improve Parenting Practices? Evidence from the ECOVI Cluster-Randomised Controlled Trial in India

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1. Study Overview

The ECOVI trial is a two-arm cluster randomised control trial (RCT) conducted in rural and urban communities across three Indian states, Maharashtra, Andhra Pradesh, and Rajasthan, funded by the European Research Council. The trial evaluates the impact of a couples-based financial literacy and gender-transformative intervention ("Let Us Grow Together: Economic Wellbeing for Families") on intimate partner violence (IPV), economic decision making, and economic empowerment among 2,276 married couples across 150 clusters.

This sub-study examines an understudied downstream outcome of such couples-based programmes: parenting practices. Questions drawn from the s-EMBU-P Questionnaire are being added to the ECOVI endline survey prior to the commencement of endline data collection. This pre-registration protocol is submitted before any endline data are collected, thereby providing a fully prospective analysis plan. All other measures relevant to this sub-study, including the treatment indicator, IPV types, and mental health (GHQ-6), will be collected at both baseline and endline as part of the main ECOVI trial.

The sub-study pursues four interconnected objectives: (1) to estimate whether the causal effect of the intervention on parenting practices in treatment versus control households operates through relational quality (the Relationship channel), (2) to test whether intervention effect operates through a reduction in IPV (the IPV reduction channel), (3) to test whether intervention effect operates through an improvement in parents' mental health (the mental health channel), and (4) to test whether intervention effect operates through financial distress reduction, a direct goal of the financial literacy pillar of our intervention (the financial distress reduction channel). The study thereby contributes to a nascent but growing literature on how couples-based economic empowerment interventions shape the quality of parent-child relationships.

2. Background and Motivation

2.1 Parenting Practices and Their Consequences for Children

Regardless of socioeconomic status, the quality of parenting has been identified as one of the most important proximal determinants of child development and wellbeing (Ayoub & Bachir, 2025; Desai et al., 2017). Research consistently shows that maltreatment is more likely when parents have poor knowledge of child development, adopt authoritarian disciplinary styles, or were themselves survivors of abuse in childhood (Mihret & Heinrichs, 2024; Morgan et al., 2022). Parenting practices can be broadly classified into two dimensions: negative practices, including corporal punishment, inconsistent discipline, and poor monitoring and supervision, and positive practices, including warmth, responsiveness, emotional involvement, and active engagement in children's learning (Masud et al., 2019). Both dimensions independently predict child cognitive and behavioural outcomes, and they interact with household stressors in complex ways (Howell et al., 2015).

Negative parenting practices, particularly corporal punishment and harsh discipline, are associated with elevated rates of child anxiety, aggression, and externalising behaviour problems, as well as long-run deficits in cognitive attainment and socio-emotional functioning (Alloy et al., 2001; MacKenzie et al., 2012). Conversely, positive parenting practices, such as emotional warmth, consistent discipline, and

parental involvement, serve as protective factors, buffering children from the adverse effects of household poverty, conflict, and other adversities (Levendosky & Graham-Bermann, 2000; Witt et al., 2026; Zhang et al., 2026). Parenting interventions grounded in social learning theory have been shown to improve both parenting behaviours and children's cognitive and behavioural outcomes, and evaluations indicate that such programmes can positively impact parental attitudes, parental mental health, and the prevention of child maltreatment (Desai et al., 2017; J. M. Lachman et al., 2021)

2.2 Intimate Partner Violence and Parenting Practices

A substantial body of evidence documents that exposure to intimate partner violence (IPV) undermines the quality of parenting. A systematic scoping review by Sousa et al. (2022), synthesising findings across more than 136 studies, demonstrated that IPV erodes maternal wellbeing and disrupts parenting practices across multiple dimensions. The review found that IPV was associated with declines in emotional coping, social support, nurturance and communication between mothers and children, and with increases in aggression toward or abuse of children. In some cases, mothers engaged in harsher parenting as a result of emotional exhaustion from abuse, or in attempts to impose control and preempt further violence from the abusive partner.

Studies have shown that IPV creates particular crises around household finances, with consequences for children's health and mothers' own nutritional and medical access (Ford-Gilboe et al., 2005; Halleröd & Ekbrand, 2025). IPV also disrupts the supervisory and monitoring functions of parenting. Some studies have found that mothers under IPV become hypervigilant, preoccupied with monitoring not only their children but also the moods and behaviours of abusive partners, while others found that increasing disempowerment led to excessively permissive rather than harsh parenting (Damant et al., 2010; Lapierre, 2010, 2010).

The relationship between IPV and parenting is not uniformly negative. Several studies have documented compensatory responses in which mothers consciously increased their warmth and responsiveness to protect children from the effects of violence in the (Anderson & Danis, 2006; Buchbinder, 2004). This bidirectional and heterogeneous literature underscores that IPV creates both constraints and, for some mothers, adaptive responses in parenting.

With respect to discipline specifically, evidence indicates that the effects of IPV on harsh parenting are partly mediated by maternal depression. One longitudinal study of 705 participants found that the path from IPV exposure to harsh parenting ran through depressive symptoms (Gustafsson et al., 2012; Sousa et al., 2022), establishing maternal mental health as a key mechanism linking violence in the couple relationship to parent-child interactions. A notable gap in this literature is the lack of evidence on fathers. Relatively little is known about whether paternal exposure to or perpetration of IPV similarly affects men's own parenting practices through mental health or other channels.

2.3 The Mental Health Channel from IPV to Parenting

Mental health emerges from the literature as a key mediating pathway between IPV and parenting quality. The psychosocial risks that have been most consistently linked to child maltreatment include depression, anxiety, low self-esteem, and parenting stress (McCloskey, 2011). Several reviews of parenting

programmes found that parenting interventions significantly improved maternal mental health outcomes including depression, anxiety, stress, anger, and guilt (Alderdice et al., 2013; Barlow et al., 2012; Desai et al., 2017).

The most direct experimental evidence for the mental health channel comes from Baranov et al. (2020), who evaluated a large-scale cluster-RCT that provided cognitive behavioural therapy (CBT) to 903 prenatally depressed mothers in rural Pakistan. Seven years after the intervention, it had produced a persistent 17% reduction in depression rates and, critically, had increased both time- and money-intensive parental investments by between 0.2 and 0.3 standard deviations. Children in the intervention arm were more likely to attend higher-quality schools and had more learning materials in the home. Additional evidence comes from a community-based microfinance programme in Kenya (Goodman et al., 2023). The authors found that programme exposure duration decreased the odds of child physical abuse by 40% and child neglect by 35%. Crucially, maternal depression and self-esteem fully mediated the observed associations between social capital and child maltreatment, a finding consistent with the hypothesis that economic empowerment programmes can reduce harsh parenting partly by improving maternal mental health.

2.4 Gender-Transformative Couples' Interventions and Parenting

A growing body of RCT evidence demonstrates that gender-transformative programmes with couples can reduce both IPV and violent discipline of children, and can improve parenting practices more broadly (UNICEF, 2025). Many effective programmes share the design feature of engaging fathers alongside mothers, a component often absent from traditional parenting programmes and addressing known risk factors for violence, including marital conflict, poor communication, and attitudes condoning gender inequality (Doyle et al., 2023; J. Lachman et al., 2020; J. M. Lachman et al., 2021).

The most rigorous evidence base comes from the Bandedereho programme in Rwanda, which engaged expectant and current parents of children under five years in a 15-session gender-transformative curriculum delivered to couples (Doyle et al., 2023). In a two-arm multi-site RCT across four Rwandan districts, Doyle et al., (2018) found substantial reductions in IPV, child physical punishment, and depressive symptoms at 21 months. At a six-year follow-up, (Doyle et al., 2023) confirmed that these effects were sustained. Compared to the control group, intervention couples reported significantly less physical IPV (OR = 0.45, $p < 0.001$), sexual IPV (OR = 0.50), economic IPV (OR = 0.47), and child physical punishment (OR = 0.72 for men; OR = 0.68 for women). Depressive symptoms were also substantially lower in the intervention group (OR = 0.52 for men; OR = 0.50 for women) six years after the programme. The authors hypothesise that Bandedereho's reductions in violent discipline operated through multiple mechanisms, including improved mental health, strengthened parent–child relationships, reduced parenting stress, and increased awareness of the consequences of violence for children, mechanisms closely aligned with the IPV reduction and mental health channels we propose to examine.

The Bandedereho evidence is noteworthy for establishing that programmes focused primarily on couple relationships and gender norms can produce downstream improvements in parenting, even when parenting is not the programme's primary target. The authors note that parents may have applied couple relationship skills, such as communication, joint decision-making, and empathy, when interacting with

their children, suggesting a direct spillover pathway from couple relationship quality to parenting quality that does not pass through IPV or mental health per se.

2.5 The ECOVI Intervention and its Potential Effects on Parenting

The "Let Us Grow Together: Economic Wellbeing for Families" intervention integrates financial literacy education (budgeting, savings, joint financial planning) with gender-transformative content (equitable household roles, communication skills, conflict resolution, and fostering empathy between spouses) across six structured community-based sessions for couples. The intervention is delivered by trained male-female facilitator pairs in group settings of approximately 15 couples. Between sessions, SMS reinforcements are sent to participants to sustain engagement. Sensitive content on IPV and its triggers is delivered in gender-segregated settings to encourage reflection and reduce defensiveness.

Based on the conceptual framework established in the literature above, we propose three pathways through which this intervention may affect parenting practices:

Improved relationship channel: Improved communication, gender norms, and relationship quality may translate directly into better parenting behaviours, independent of changes in IPV or mental health. Similar to Bandedereho (Doyle et al., 2023), where couples appeared to apply learned communication skills in interactions with their children, ECOVI participants who learn to communicate more equitably and empathetically may also adopt more positive parenting practices as a by-product.

IPV reduction channel: The intervention is designed to reduce IPV and improve couple dynamics. As documented in the literature, reductions in household violence and conflict reduce parenting stress and emotional exhaustion, thereby enabling more consistent, warm, and non-violent discipline.

Mental health channel: The intervention targets psychological distress (measured via GHQ-6) as a primary outcome in the ECOVI mental health sub-study (NCT07108049). Improvements in mental health, themselves partly driven by reductions in IPV and improvements in relationship quality, can increase parenting capacity, as demonstrated by Baranov et al. (2020) and Goodman et al. (2023).

Financial distress reduction channel: The intervention has a direct goal of reducing financial distress by improving economic decision-making and through practical household financial management exercises as part of the financial literacy pillar. As documented in the literature, reductions in financial stress may lead to more positive and non-violent discipline.

2.6 Research Gaps and Contribution of this Study

Despite the growing evidence base on gender-transformative couples' interventions and parenting programmes, three important gaps remain. First, there is very limited RCT evidence from South Asia, and none from India, on whether couples-based economic empowerment interventions affect parenting practices. India has among the highest rates of harsh physical discipline of children globally, and patriarchal household norms may both amplify the pathways through IPV and mental health and shape the direct channel through gender norms (Charak & Koot, 2014; Chaudhary et al., 2026; Kumar et al., 2019).

Second, most studies examining mediators in this literature rely on cross-sectional data, making causal inference about specific channels difficult. The ECOVI study is designed as an RCT and offers an improvement over purely cross-sectional mediation.

Third, the existing literature focuses almost entirely on mothers, leaving fathers' parenting practices largely unexamined in this context. The ECOVI trial collects data from both partners, enabling a direct comparison of intervention effects on fathers' and mothers' parenting.

This sub-study, to our knowledge, will be the first RCT to examine the effects of a couples-based financial literacy and gender-transformative intervention on parenting practices via both the IPV reduction and mental health channels in India. Its findings will contribute to the growing literature on integrated economic empowerment and violence prevention programmes.

3. Research Questions and Hypotheses

Research Questions

RQ-1: Does assignment to the "Let Us Grow Together" couples-based intervention improve parenting practices at endline, relative to the control group?

RQ-2: Is any intervention effect on parenting practices mediated by an improvement in the relationship between the couple (Relationship channel)?

RQ-3: Is any intervention effect on parenting practices mediated by a reduction in IPV between baseline and endline (IPV reduction channel)?

RQ-4: Is any intervention effect on parenting practices mediated by an improvement in psychological well-being (GHQ-6) between baseline and endline (mental health channel)?

RQ-5: Is any intervention effect on parenting practices mediated by an improvement in financial distress between baseline and endline (Financial distress reduction channel)?

Hypotheses

- H1 (negative parenting): Compared to control group parents, intervention group parents will report lower harsh parenting and lower control or overprotection at endline.
- H2 (positive parenting): Compared to control group parents, intervention group parents will report higher positive parenting at endline.
- H3 (Mediation — IPV & financial distress channel): A portion of the intervention's effect on parenting practices will be mediated by a reduction in IPV and financial stress.
- H4 (Mediation — mental health & relationship channel): A portion of the intervention's effect on parenting practices will be mediated by improvement in GHQ-6 scores and better relationship quality.

4. Measurement Schedule for this Sub-Study

The measurement schedule for variables relevant to this sub-study is summarised in Table 1. A critical feature of this design is that the proposed mediators, IPV and mental health, are observed at both baseline and endline, while parenting outcomes are observed at endline only, having been added to the endline survey before data collection commenced.

Table 1. Measurement Schedule

Variable	Baseline	Endline
Treatment assignment	✓	—
Intimate Partner Violence (IPV)	✓	✓
Mental health (GHQ-6)	✓	✓
Relationship strength & empathy	✓	✓
Financial distress	✓	✓
Sociodemographic covariates	✓	✓
Parenting practices	—	✓

5. Participants

Eligibility Criteria (Parent Trial)

Inclusion criteria: married and co-habiting husband-wife pairs; women aged 18-49 and men aged 18 or older; primary residence in a study cluster in Maharashtra, Andhra Pradesh, or Rajasthan; completion of at least primary schooling (4th grade); both partners provide written informed consent and agree to participate in six sessions, baseline and endline surveys, and SMS follow-ups; both partners understand the local language used in sessions; no plans for relocation or prolonged absence before endline.

Exclusion criteria: either partner under 18 years; refusal of consent or unwillingness to participate by either partner; serious physical or mental condition preventing safe active participation.

Parenting Sub-Study Subsample

For the parenting analysis, we will restrict the analytic sample to couples with at least one child residing in the household at the time of the endline survey. Where a household includes multiple children, the respondent will be asked to answer parenting questions regarding the youngest school-age child (defined as the youngest child aged 5-18 currently enrolled in school).

Unit of Analysis

Parenting questions will be administered separately to both the mother and the father. All primary analyses will be conducted separately for mothers and for fathers, generating gender-specific ITT estimates.

6. Measures

Outcome Measures: Short-Egna Minnen Beträffande Uppfostran Questionnaire – Parent Version (s-EMBU-P)

Parenting practices will be assessed using a 10-item subset of the 23-item long s-EMBU P (Arrindell et al., 1998). The s-EMBU-P is a popular scale for measuring parenting styles and has been validated across community and clinical samples in the Indian subcontinent (Yangzong et al., 2017; Saleem et al., 2015). Items will be translated into the relevant local languages (Marathi, Telugu, Hindi/Rajasthani) using standard forward-back translation procedures.

Table 2. s-EMBU-P Subscales and Items

The following are statements about things that may happen in a family. Please select how often each typically occurs in your home. Think about [your youngest child] when answering.

Response scale: 1 = No, Never, 2 = Yes, but seldom, 3 = Yes, often, 4 = Yes, most of the time

No.	Item	Subscale	Coding
1	I get angry with my child without letting him/her know the reason.	Rejection/ Harsh parenting (HP)	Higher = worse
2	I use physical punishment to discipline my child.	Rejection/ Harsh parenting	Higher = worse
3	I criticize my child and tell him/her how lazy and useless he/she is in front of others.	Rejection/ Harsh parenting	Higher = worse
4	I punish my child hard, even for small offences.	Rejection/ Harsh parenting	Higher = worse
5	I try to comfort and encourage my child if things go badly for him/her.	Emotional warmth/ Positive parenting (PP)	Higher = better
6	I use words and gestures to show that I like my child.	Emotional warmth/ Positive parenting	Higher = better
7	I praise my child.	Emotional warmth/ Positive parenting	Higher = better
8	I am proud when my child succeeds in something he/she has undertaken.	Emotional warmth/ Positive parenting	Higher = better

No.	Item	Subscale	Coding
9	I put strict limits on what my child is and is not allowed to do, to which I then adhere rigorously.	Overprotection/control (C)	Higher = worse
10	When my child comes home, he/she has to account for what he/she had been doing to me.	Overprotection/control	Higher = worse

Each subscale score will be computed as the mean of its constituent items. For composite analyses, the negative parenting subscales (C, HP) will be reverse-coded prior to averaging, so that higher values across all composite indices indicate better parenting outcomes.

Mediator Variables

Intimate Partner Violence (IPV): IPV is measured using the instrument employed in the main ECOVI trial, which includes physical, sexual, economic, and emotional/psychological IPV subscales consistent with WHO measurement standards. Women's experience of IPV will be assessed.

For the mediation analysis, we will use the relevant IPV composite score (or sub-scores for specific IPV types in sensitivity analyses). The mediating variable will be the change score $\Delta\text{IPV} = \text{endline IPV} - \text{baseline IPV}$, with negative values indicating a reduction in IPV.

Mental Health (GHQ-6): Psychological distress is measured using the General Health Questionnaire-6 (GHQ-6) adapted for field use. The GHQ-6 is scored 1-5, with higher scores indicating greater distress.

The mediating variable will be the change score $\Delta\text{GHQ-6} = \text{endline GHQ-6} - \text{baseline GHQ-6}$, with negative values indicating a reduction in distress or improvement in mental health.

Relationship quality: Change in the composite Relationship Satisfaction Index (adapted for the study), measuring perceptions of the couple as a team, happy in the relationship, and the strength of the relationship. The scale is scored 1-5, with higher scores indicating a stronger perceived relationship.

For mediation analyses, we will construct change scores for each construct as $\Delta\text{RQ} = \text{endline RQ} - \text{baseline RQ}$, where positive values indicate improvements in relationship functioning.

Financial distress: Financial distress is measured as the frequency and severity of household economic hardship over the past six months (scale 1–6, with higher values indicating lower distress). The measure captures multiple dimensions, including perceived financial stress, food insecurity, difficulty meeting basic needs, reliance on borrowing or asset depletion, and indirect impacts on healthcare access and children's well-being (e.g., school absenteeism, child labour, and missed meals).

The mediating variable will be defined as the change in financial distress calculated as $\Delta\text{FD} = \text{endline FD} - \text{baseline FD}$, where positive values indicate improvements in financial situation (i.e., reduced distress).

Covariates

The following baseline variables will be included as covariates in all primary regression models:

- Respondent age
- Respondent education
- Respondent SES
- Residential type (rural vs. urban)
- Living arrangement (co-residing with in-laws vs. not)
- Gender norms
- State fixed effects (Maharashtra, Andhra Pradesh, Rajasthan)

In addition, baseline values of each mediator will be included in both mediator and outcome models to account for regression to the mean and strengthen identification.

7. Analytical Strategy

Primary ITT Analysis

The primary analysis estimates the Intent-to-Treat (ITT) effect of the intervention on each APQ subscale score and the combined APQ score. We will estimate the following OLS regression model for each subscale:

$$Y_i = \alpha + \beta \cdot T_i + \gamma \cdot X_i + \epsilon_i$$

where Y_i is the standardised APQ score of individual i at endline; T_i is a binary indicator of treatment assignment (1 = intervention, 0 = control); X_i is a vector of pre-specified baseline covariates, and ϵ_i is the error term. Standard errors will be clustered at the community level to account for the cluster randomisation design. The coefficient β is the ITT estimate of interest.

Multiple outcomes correction: To address the multiple testing problem arising from five APQ subscales, we will pre-specify a composite parenting index as the primary outcome for each sign direction. The *Negative Parenting Index* will be the simple mean of standardised CP, ID, and PMS scores (reverse-coded so that higher = worse parenting). The *Positive Parenting Index* will be the simple mean of standardised PP and PI scores. The five individual subscale regressions will be reported as secondary outcomes.

Mediation Analysis

To investigate potential mechanisms, we will implement causal mediation analysis following Imai, Keele, and Tingley (2010) and Steinert et al. (2020). This framework decomposes the total treatment effect into:

- the Average Causal Mediation Effect (ACME) (indirect effect through the mediator), and
- the Average Direct Effect (ADE) (effect not operating through the mediator).

The ACME will capture the extent to which the intervention affects parenting outcomes through changes in the mediator (e.g., reductions in IPV or improvements in mental health), rather than the mediator level itself.

Mediator specification: All mediators will be defined as change scores (ΔM) between baseline and endline. This approach captures treatment-induced changes in the mediator and strengthens temporal ordering

between treatment, mediator, and outcome. Each mediator will be analysed separately in the primary mediation models.

Random assignment of the intervention ensures unbiased estimation of the total effect. However, because mediators are not randomised, identification of mediation effects relies on the sequential ignorability assumption, which cannot be directly tested and may be violated if unobserved factors jointly influence the mediator and outcome. We therefore interpret mediation estimates cautiously as indicative of plausible pathways rather than definitive causal mechanisms.

To assess the robustness of mediation estimates to violations of sequential ignorability, we will conduct formal sensitivity analyses following Imai et al. (2010b), as implemented in Steinert et al. (2020).

Specifically:

- We will estimate the sensitivity parameter (ρ), representing the correlation between the error terms of the mediator and outcome models.
- We will report the value of ρ at which the ACME would be reduced to zero.
- We will also report the corresponding R^2 -based measure, indicating the proportion of variance in both mediator and outcome that an unobserved confounder would need to explain to invalidate the mediation effect.

Following prior work, mediation results will be interpreted as more robust when the ACME remains non-zero under relatively large values of ρ or substantial variance explained by a hypothetical confounder.

As an additional exploratory analysis, we will implement structural equation modelling (SEM) to examine multiple mediating pathways simultaneously, following the approach of Steinert et al. (2020). SEM enables:

- the simultaneous estimation of relationships between treatment, multiple mediators, and outcomes, modelling of mediators as interrelated processes, including indirect and sequential pathways, and incorporation of latent constructs where appropriate.
- This approach complements the single-mediator causal mediation models by allowing us to evaluate whether mediators operate jointly and through indirect chains (e.g., relationship quality → mental health → parenting), as demonstrated in prior work. However, consistent with the limitations of the data (particularly the lack of temporal separation between mediators and outcomes), SEM results will be interpreted as descriptive of pathway structure rather than causal identification.

8. Ethical Considerations

This sub-study is conducted under the ethical approval obtained for the main ECOVI trial by the Technical University of Munich and PCI India. The addition of parenting questions to the endline survey constitutes a minor amendment to the data collection instrument; we confirm that relevant ethics board approval will be obtained prior to fielding the amended endline survey. All participants will provide written informed consent, will be informed of their right to withdraw at any time, and will be assured of the confidentiality of their responses.

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