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Malawian parents' and children's perception on the influence of 'The Parenting Challenge': A focus on family communication, social support, emotional support, and educational support

L.T. (Lara) Buijze (5927374)

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Internship supervisor: Liesbeth Speelman

Utrecht University

Master Youth, Education and Society

First supervisor: Asia Sarti

Second assessor: Asli Unlusoy

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Abstract

Positive parenting programmes aim to support families who are raising their children amidst adverse circumstances, like in Malawi. This qualitative study aimed to explore the perception of parents and children on the influence of the positive parenting programme ‘The Parenting Challenge’ on parenting in their family. Specifically, family communication, social support, emotional support, and educational support were investigated. For the focus group discussions and individual interviews 151 parents participating in the programme and 17 of their children were selected with a convenience sample. Results showed that the programme positively influenced family communication, social support, emotional support, and educational support. Also, the results indicated that acquiring knowledge and awareness, experiencing support from group members, and increasing parental wellbeing were mechanisms underlying the change in parenting behaviour. These findings provide knowledge for the organisation and enrich the literature by exploring the influence of a positive parenting programme on family wellbeing in sub-Saharan Africa.

Key words: Malawi, positive parenting, family communication, socio-emotional support, educational support

Samenvatting

Positief pedagogische programma's worden ingezet om families te ondersteunen die in ongunstige omstandigheden leven, zoals ook in Malawi. Dit verkennende, kwalitatieve onderzoek tracht de perceptie van ouders en kinderen op de invloed van het programma ‘The Parenting Challenge’ op opvoeding in hun gezin te begrijpen. Dit werd onderzocht met een specifieke focus op gezinscommunicatie, sociale steun, emotionele steun, en ondersteuning in educatie. Door middel van een gelegenheidssteekproef werden 151 ouders en 17 van hun kinderen geselecteerd voor deelname in focusgroep discussies en persoonlijke interviews. Resultaten tonen aan dat het programma een positieve invloed heeft op gezinscommunicatie, sociale steun, emotionele steun, en ondersteuning in educatie. Verder wijzen de resultaten verschillende mechanismen aan die deze verandering in gedrag ondersteunen: verwerven van kennis en bewustzijn, ervaren van steun van groepsleden, en een toename in ouderlijk welzijn. Dit onderzoek voorziet de organisatie van kennis over de invloed van het programma op opvoedingsgedrag en de onderliggende mechanismen van verandering. Daarnaast dragen deze resultaten bij aan de kennis over de invloed van positief pedagogische programma's op gezinswelzijn in sub-Sahara Afrika.

Sleutelwoorden: Malawi, positief pedagogisch programma, gezinscommunicatie, sociaal-emotionele steun, educatieve steun

Malawian parents' and children's perception on the influence of 'The Parenting Challenge': A focus on family communication, social support, emotional support, and educational support

Even more important than developing a positive parenting programme is understanding the mechanisms of its effects on the family (Rodrigo, Almeida, Spiel, & Koops, 2012). This qualitative research aims to explore the perception of parents and children on the influence of 'The Parenting Challenge' developed by Help a Child. This chapter covers contextual information regarding family life in Malawi and the Parenting Challenge. Moreover, this chapter examines a theoretical framework and relevant research regarding positive parenting, family communication, social support, emotional support, and educational support.

Malawian family life

Malawi is one of the least developed countries in the world with 63,0% of children living in poverty (UNICEF Malawi, 2020). Moreover, Malawi is vulnerable to environmental, economic, and social challenges, (Devereux, Baulch, Macauslan, Phiri, & Sabates-Wheeler, 2006; Peters, 2006). While agriculture is the main source of income for families in rural Malawi, environmental challenges create erratic food production and challenge financial sustainability (Devereux et al., 2006; Peters, 2006). Amidst these adverse circumstances, families are raising their children. Research shows that poverty is negatively associated with family well-being and good parenting (Sherr et al., 2017). Illness and death within the family, low child survival, exposure to HIV/AIDS, food and nutritional insecurity, a lack of access to health care, and the inability to create and make use of opportunities in household labour undermine the wellbeing of children and parents (Gombachika, Sundby, Chirwa, & Malata, 2014; Lachman, Cluver, Boyes, Kuo, & Casale, 2014). As a result, erosion of social security mechanisms take place, threatening the well-being of children (Casale, Drimie, Quinlan, & Ziervogel, 2010). Worldwide, a response to these adverse circumstances is the implementation of positive parenting programmes in vulnerable communities to enhance positive parenting behaviours and strengthen families' wellbeing (Rodrigo et al., 2012).

The Parenting Challenge and Research Objective

The present study concerns the positive parenting programme 'The Parenting Challenge' of Help a Child in Malawi. Help a Child's aim is to help children grow out of

poverty by improving their physical, cognitive, spiritual, and socio-emotional wellbeing (Help a Child, 2019). The programme is part of a larger community-wide intervention that includes self-help groups, community-based childcare centers, vocational training, etc. The Parenting Challenge aims to increase parents' understanding of different topics, the importance of these topics, and to change their behaviour, in weekly group-based meetings. Through modules the facilitator facilitates bottom-up exercises and group discussion, including topics such as health and the importance of play. The current study will focus specifically on the modules: 'Communication in the family', 'Social and emotional support', and 'Supporting children in their education'.

The current knowledge that Help a Child has about the impact of the programme is insufficient. Some knowledge is based on informal conversations with staff in the field. Also, a pilot and baseline study have been conducted. The mixed methods pilot study in Ethiopia indicated positive changes in parenting through realisation of competence, change in attitude, increase in knowledge, feedback from professionals, including both fathers and mothers, cultural adaptation of programme and participatory methods (Roelandts, 2016; Weerden, 2016). However, the study did not consider the child's perspective on change, the measured changes in parenting behaviour remained abstract, and further qualitative research was recommended (Roelandts, 2016; Weerden, 2016). Before implementation of the programme in Malawi a baseline study was conducted and the results informed about the problems of community members (De Haan, 2017). However, no further research has been conducted. So, there is a lack of scientific research on the influence of the programme in Malawi. Therefore, Help a Child proposed to conduct an explorative, qualitative research. Research on the programme is important for Help a Child to further develop and implement their programme in ways that enhance child development.

Positive parenting

Positive parenting is a philosophy regarding child rearing. The Council of Europe has defined positive parenting as: "parental behaviour based on the best interest of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child" (Committee of Ministers of the Council of Europe, 2006, para. 1). Positive parenting uses a strengths-based approach to the positive development of children, i.e. physical, social, emotional, and cognitive development (Bornstein, 2003). Accordingly, positive parenting programmes aim to support

families through enhancing existing competence, strengthening the use of available resources, and involving families in defining their own priorities and ways of coping (Bornstein, 2003; Rodrigo et al., 2012). These programmes assume that parents have the most important role in caring for children and that providing them with knowledge, skills and support will increase protective factors, reinforce their parenting role and help them in responding more positively and sensitively (Bornstein, 2003; Rodrigo et al., 2012).

Positive parenting programmes have a positive impact on parenting and families. First, parents feel that they can find informational support and can share challenges with other people in the programme (Bornstein, 2003). Also, it improves the quality of parenting and contributes to enhancing positive child development (Bornstein, 2003; Rodrigo et al., 2012). Moreover, research showed a positive influence on parent-child relationship quality, attachment, parenting confidence, child behaviour, and reduced dysfunctional parenting (Wiggins, Sofronoff, & Sanders, 2009). In addition, positive parenting programmes enhance intergenerational continuity of positive parenting behaviour through beliefs about parenting efficacy, active coping and reciprocal processes between parents and children (Neppl, Conger, Scaramella, & Ontai, 2009; Schofield, Conger, & Neppl, 2014). Furthermore, these programmes can have a positive effect on the communities of the targeted families by enhancing the development of individuals and the broader community (Pickering & Sanders, 2013). Then again, there is a lack of studies on the effectiveness of positive parenting programmes in sub-Saharan Africa or low-income countries. Though, one meta-analysis showed that parenting programmes can be feasible and effective in low- and middle-income countries, showing that they improve the parent-child interaction and increase parental knowledge (Knerr, Gardner, & Cluver, 2013).

Family communication

Theories regarding family communication can roughly be divided into system level, dyadic level, and individual level (Metts & Asbury, 2015). First, the systems level encompasses that family communication is the co-construction of “interaction norms, role appropriate expectations, and responses to societal and cultural influences” (Metts & Asbury, 2015, p. 43). An example of a related theory is family communication patterns theory that explains how families create a shared social reality through forming family communication patterns which are based on relational cognition and interpersonal behaviour (Koerner & Fitzpatrick, 2006). Second, the dyadic level covers the interactions between individual

members of the family communication system (Metts & Asbury, 2015). When these interactions accumulate, they form and sustain the constraints of interdependence (Metts & Asbury, 2015). For example, interdependence theory explains how interdependence structure, processes, interaction, and patterns of adaptation influence communication between two individuals (Rusbult & Van Lange, 2003). Some important factors are dependence, cognition, affect, attribution, and social norms (Rusbult & Van Lange, 2003). Finally, the individual level acknowledges that family life and dyadic interactions are experienced, enacted and interpreted within individuals (Metts & Asbury, 2015). Overall, the system, dyadic and individual level are interdependent.

The Parenting Challenge targets parents' knowledge about communication and examines established and new social norms, thereby changing norms, expectations, and responses on all three levels. In the module basic information about communication such as open and closed questions, and content and relational level is given. Also, the module describes positive communication and the importance of communicating with the partner and with children.

Likewise, the literature supports the importance of communication. Regarding communication between parents and children, a study shows that adolescents who experience increased parent-child connectedness report higher levels of behavioural and emotional health (Ackard, Neumark-Sztainer, Story, & Perry, 2006). Also, the programme focusses on co-parental communication since constructive marital conflict has been found to lead to positive parenting practices and higher scores on cooperation and assertion of social skills in children, whilst unconstructive marital conflict leads to the opposite (Coln, Jordan, & Mercer, 2013; Hosokawa & Katsura, 2017).

Social support

Regarding social support and development, family socialization processes function to develop the child's social, emotional, and cognitive skills needed to function in the social community (Grusec & Davidov, 2010). Social learning theory describes that direct experience and observing behaviour of others can acquire new patterns of social behaviour (Bandura, 1971). Parental support of socialization can be structured into five domains: protection, reciprocity, control, guided learning, and group participation (Grusec & Davidov, 2010). Certain parental behaviour activates a mechanism of socialization: alleviation of the child's distress results in confidence in protection, compliance with the child's reasonable request and

attempts for influence results in an innate tendency to reciprocate, usage of discipline methods best suited for achieving the parental goal results in acquired self-control, matching teaching to the child's changing level of understanding results in internalization of language and approach used by the teacher, enabling the child to observe and take part in appropriate cultural practices results in a firm sense of social identity (Grusec and Davidov, 2010).

The Parenting Challenge targets a change in behaviour of parents by providing information and exercises to change parents' practices and beliefs. The module explains the social developmental path, the difference between social behaviour and social cognition, and gives a practical three-step approach for providing adequate support. The expectation is that if parents behave accordingly, this will positively influence children's social development. Likewise, research found that positive coping and a positive parenting style resulted through the mediation of a functioning parent-child relationship in less problem behaviour and improved adaptive functioning (communication, socialisation and daily living) in children (Allen et al., 2014; Pastorelli et al., 2016).

Emotional Support

Emotional support regards emotional sensitive parenting behaviour to promote emotional intelligence in children. The emotional intelligence theory describes four branches of mental ability: emotional perception and expression, emotional facilitation of thought, emotional understanding, and emotional management (Salovey, Mayer, Caruso, & Yoo, 2009). Given that abilities form emotional intelligence it is expected that these can be trained (Alegre, 2011). In addition, emotional intelligence operates on, and with emotional knowledge: knowing the meaning of emotions, emotional patterns, and their significance (Mayer, Salovey, & Caruso, 2004). Therefore, it is expected that parents who are emotionally intelligent, raise their children more emotionally sensitive which increases the emotional intelligence of children (Mayer, Salovey, & Caruso, 2000). Indeed, parenting has a positive influence on children's emotional intelligence when parents are responsive, practice emotion-related coaching and are positively demanding (Alegre, 2011). The Parenting Challenge targets this by increasing parents' emotional knowledge through teaching recognition of basic emotions, the emotional developmental path, and a sensitive approach to emotional support.

Educational support

Educational support is the parents' involvement in the education of their children by providing home-based and school-based support (Walker, Wilkins, Dallaire, Sandler, & Hoover-Dempsey, 2005). The theoretical model of the parental involvement process in education characterizes three variables that are predictive of parents' involvement: parents' motivational beliefs about involvement, perceptions of invitations to involvement from others, and perceived life context variables. Modelling, reinforcement, and instruction are the mechanisms through which parental involvement influences child' school outcomes (Walker et al., 2005).

The Parenting Challenge targets parents' awareness of their responsibilities, such as sending their children to school, providing resources, positively promoting children's educational behaviour, and providing home-based support. In fact, research indicates that positive parenting has a positive influence on children's academic achievement (Rosenzweig, 2001; Spoth, Randall, & Shin, 2008). In addition, home-based parental involvement, time and resource commitment, and accurate beliefs about necessary support are positively associated with academic achievement (Chowa, Masa, & Tucker, 2013; Dizon-Ross, 2014; Mahuro & Hungi, 2016). Parental beliefs about their responsibility and capacity to support children's education influences involvement, especially when parents are illiterate (Chowa et al., 2013; Ngwaru, 2014). Moreover, community beliefs influence educational involvement and achievement (Donkor, Issaka, & Asante, 2013; Mahuro & Hungi, 2016; Taniguchi & Hirakawa, 2016).

Current study and research questions

As stated before, Help a Child wishes to understand the influence of the parenting programme on families in the community through qualitative research among parents and children. A lack of research on the programme, and a general lack of research on positive parenting, family communication, social support, emotional support, and educational support in sub-Saharan Africa requires an explorative study. The following research question is identified: "What is the perception of Malawian parents and their children on the influence of the Parenting Challenge on family communication, social support, emotional support, and educational support?"

Method

Design

This qualitative research design aimed to understand the perception of parents and children on the influence of 'The Parenting Challenge' on their parenting, specifically regarding family communication, social support, emotional support, and educational support. The aim of the research is explorative since it attempts to gain new insights regarding the influence of the Parenting Challenge and increase knowledge regarding positive parenting, family communication, social support, emotional support, and educational support in sub-Saharan Africa. Important to realise, this study was part of a research initiated by Help a Child that aimed to evaluate all the components of the Parenting Challenge. The larger research carried out nine focus group discussions and eight interviews with parents, one focus group discussion with children aged 15-18, seven interviews with children aged 9-13, and two interviews with a facilitator. The current research study used the data that was obtained from the parents and children, selecting the information that related to family communication, social support, emotional support, and educational support.

Sample

A total of 139 parents in nine focus group discussions participated in the research. The collection of personal information during the parental focus group discussion was uncomplete: information regarding gender is collected from 61,9% of the participants and information regarding age is collected from 80,6% of the participants. The available, uncomplete data shows that 68,6% was female and the ages of parents varied from 15 to 65 years old.

A total of 12 parents participated in eight interviews. Of these parents 58,3% was female and the ages of parents varied from 17 to 60 years old.

A total of 10 children in one focus group discussion participated in the research, of which 50,0% was girl. The ages of children were distributed as follows: 2 children were 15 years old; 5 children were 16 years old; 2 children were 17 years old; and 1 child was 18 years old.

A total of 7 children participated in the individual interviews, of which 57,1% was girl. The ages of children were distributed as follows: 1 child was 9 years old; 2 children were 11 years old; 2 children were 12 years old; and 2 children were 13 years old.

Instruments

This research used qualitative measuring instruments. In this research the reliability of the qualitative instruments was enhanced by using methodological strategies, such as acknowledging personal biases and keeping clear records of methods and decisions (Noble & Smith, 2015). The validity of the research was ensured by using both focus group discussions and individual interviews (Lambert & Loiselle, 2008; Noble & Smith, 2015). First, focus group discussions were used to measure a larger variety in parent's perception on the content of, processes during, and experience with the programme in general and their current module in specific. Focus group discussions lasted between one and two hours (Onwuegbuzie et al., 2009). Second, individual interviews were conducted among parents aiming to discuss the influence of the programme on the lives more in-depth and to derive more personal stories. The interviews lasted around one hour for adults (Adler et al., 2019).

Moreover, we interviewed both parents and children to verify the data obtained (Noble & Smith, 2015). We adapted the measuring instruments to the developmental level of children to ensure that young children felt safe during data-collection and older children would not be underestimated in their ability to verbalise their thoughts (Adler et al., 2019). So, children aged 15-18 were included in an hour-long focus group discussion, while children aged 9-13 were included in individual interviews that lasted 20 minutes. This was based on the idea that older children were competent to speak in a group and elicit answers among each other during a longer timeframe, while for younger children more personal attention and trust would evoke more answers while a limited attention span required shorter moments of participation (Adler et al., 2019).

Open questions based on a topic list were used to obtain data during the focus group discussions and interviews (Appendix A). The topic list was based on important topics in the programme, questions posed by Help a Child, and questions presented in this study. The main research question was to understand parents' and children's perception on the influence of the programme. To create concrete questions for interviews, influence was operationalised as a change in behaviour while the concepts family communication, social support, emotional support, and educational support were used unchanged. Seldom, family communication was operationalised as talking to each other, and emotional support was operationalised as 'What do you do when your child cries / is angry?'. In addition, parents were asked what helped them in changing their behaviour. For children, older children were asked if they experienced

any changes at home relating to these topics and in general, while younger children were asked how their parents handled certain situations relating to these specific topics.

Procedure

A convenience sample was used to select participants that were willing and available to participate (Adler, Salanterä, & Zumstein-Shaha, 2019). The participants were recruited through a professional connection with the local partner-organisation Livingstonia Synod AIDS Programme (LISAP, 2020) who run the parenting programme in the Northern, lakeside region of Malawi. The partner-organisation contacted the local field officer, and the local facilitators of the parenting groups, thus facilitating recruitment of the participants. LISAP also provided us with an intern who facilitated translation throughout the entire research. During data-collection the roles of moderating and transcribing were divided, and the responsibility was alternated between data-collection moments (Onwuegbuzie et al., 2009). During data-collection support was given to each other, and afterwards a short debriefing session would take place in case any issues arose.

The focus group discussion would take place directly after a shortened session of the parenting programme. After the programme's session the facilitator asked for 8-10 members of the parenting group to participate in a focus group discussion. The number of participants is based on the idea that this group size would facilitate diversity in information while familiarity and safety are assured (Adler et al., 2019; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). When more participants wanted to participate, the facilitator in cooperation with the parenting group decided who should stay for the focus group discussion. The focus group discussion would start with a song or dance whenever possible and then sit down in a circle to promote a feeling of safety. Personal data collected during the focus group discussion was not connected to answers of participants. This decision was made in order to keep the flow of conversation as it was not feasible to recall everyone's name during the focus group discussion, and because the aim of getting an overview of the sample characteristics would not be undermined. However, this resulted in a lack of personal data which could be connected to quotes from the raw data. Also, some participants participated more than once but capturing this issue failed which led to a lack of personal data on this matter. From the same parenting group one person or a couple was selected to participate in an interview based on willingness to participate. The interviewees were not involved in the focus group discussion to prevent group-based bias and repetition. The interview would take place after

the focus group discussion. The research with children took place after the research with parents was completed. The focus group discussion with youth was arranged to take place in the afternoon on a time where they usually have youth group. The facilitator of the youth group who is also a facilitator of several parenting groups facilitated the recruitment of the participants. Afterwards, two afternoons were used to interview the younger children who were approached by the local field officer who was in contact with the children groups.

Ethics

Informed consent during data-collection needed ethical consideration. To ensure parents' understanding of the research objective and the informed consent, verbal explanation was given to all participants with the help of a translator. At the beginning of the focus group discussion, parents were asked to give verbal consent and the facilitator of that parenting group signed the informed consent on their behalf. This decision was made based on the knowledge that many parents were illiterate, and that the facilitator is a formal leader of the parenting group. Though, this resulted in a lack of consent forms for all participants individually. Also, parents might have given verbal consent because of group conformity rather than understanding and consent. However, this could also be the case when parents would give written consent. For the individual interviews, at the beginning of each interview the parents were asked to sign the informed consent themselves after hearing the verbal explanation. This was feasible for the individual interviews as enough time and personal support was available to support parents with the process of signing.

Informed consent for children was adapted to their age. The verbal explanation was adapted to their developmental level as well as possible. Also, forms for children aged 9-13 needed to be signed by a caregiver and the child, while consent forms for children aged 15-18 only had to be signed by the children themselves. This is based on the notion that in European countries young people under the age of 14 years can assent and children from the age of 14 years and older can consent (European Parliament v. Council of the European Union, 2014, as cited in Adler et al., 2019). Consent for children's interviews was arranged at the end of the interview because the children were present, but caregivers had to be searched for in the community. During the youth focus group discussion consent was explained beforehand but signed at the end to ensure ongoing consent.

Ethical consideration was necessary for issues during data-collection: during the parental focus group discussions the location was often not closed off, during the first few

focus group discussions more people participated than initially decided, and the facilitator of the parenting group was often present during data-collection. To cope, a failed attempt was made to monitor the reaction of participants and to ask colleagues at LISAP about local social contracts. Therefore, it was decided not to interfere with these issues mostly due to a lack of knowledge on local social contracts and in order not to interrupt the ongoing discussion. This might have affected feelings of confidentiality and safety.

Moreover, including children in the research was subject to additional ethical constraint (Graham, Powell, & Taylor, 2015). It is important to guarantee a child's dignity, justice, benefit, informed and ongoing consent within the research, to make sure a child will never be harmed by their participation, and to keep responsible and reflective while conducting the research (Graham et al., 2015). Moreover, research with children is subject to difficulties with unequal power relations, informed consent, and confidentiality (Kirk, 2007). Children are vulnerable and dependent on adults, voluntary participation is hard to ensure, they might not understand the full scope of participating in research and might not feel free to withdraw their consent (Kirk, 2007). In this research exposing children to this risk was prevented as good as possible, for example by explaining the informed consent in a simple way and by repeatedly asking how they were doing and if they wanted to continue.

Data-Collection and Data-Analysis

The method of note-taking on sight by laptop or pen was preferred over audio-recording and transcribing later as it was more time-efficient and would not undermine precision of quotes since the translator used the third person and summarised the information. The notes taken were based on verbal answers during the focus group discussions and interviews, debriefing sessions, and any summary comments from the moderator (Onwuegbuzie et al, 2009). In line with the Faculty Ethics Review Board (FERB, 2020), raw data was stored anonymously, and personal data was stored separately from raw data.

The transcripts were coded using open, axial, and selective coding (Boeije, 2010; Onwuegbuzie et al., 2009). The current study used the software NVivo 12 (2020) to code the transcripts. To structure the analysis, it was decided to use a separate coding tree for each topic: family communication, social support, emotional support, and educational support. Throughout the analysis the coding tree was created inductively. Codes were used to accurately describe and interpret the categories with a meaningful label, based on the participant's words or sensitizing concepts derived from the literature. First, in the process of

open coding meaningful fragments were judged on their relevance to the research. The selected fragments were assigned codes very closely related to the text fragment. Second, axial coding determined the relation between different codes and concepts, also it reduced and organised the data set. The codes in this phase were more abstract, but still related to sensitizing concepts or participant's words. Third, during selective coding relationships were established between categories and the core concept was selected. Finally, in this process the quality of the analysis was assured through the use of constant comparison between the data and the conceptualisation of the data, analytic induction through fitting theory to the data, and theoretical sensitivity which is the researcher's ability to develop creative ideas from the data through a certain theoretical lens (Boeije, 2010; Onwuegbuzie et al., 2009).

Results

The results describe the most important themes that emerged in order to answer the main research question: “What is the perception of Malawian parents and their children on the influence of the Parenting Challenge on family communication, social support, emotional support, and educational support?” Most data regarded a change in behaviour which will be described below per topic. Some data uncovered mechanisms underlying change, these will be described afterwards.

Communication within the family

Cooperating with partner

Regarding communication with the partner the results showed that the most reported change by parents is an increase of cooperation. In one of the focus group discussions a mother gave an example of sharing the responsibility of childrearing:

“At first my husband was not supporting me in raising the children, but now he is helping me, for example with bathing and budgeting together. The reason is that before he did not know the importance of helping and supporting me, he let me raise the children.” (Mother, participant FGD3).

Specifically, after the programme parents reported to share the responsibility of childrearing more equally, have less arguments, talk together about issues, share economic resources with each other, and be involved in each other’s health.

Respecting partner

A second theme that came up more frequently is that partners reported increased respect towards each other. In an interview a mother told us:

“I used to be rude to my husband and was not respecting him. Because of the parenting group I realized that my husband is a parent as well, and I should respect that. Now I am not rude to my husband anymore and I respect him as a father.” (Chloe, 17 y/o, one daughter).

In addition, parents reported a decrease in cheating, divorce, and polygamy between partners. In an interview with a couple, the father told:

“At first I was cheating so there was a gap in our relationship. So, after hearing from the lessons at parenting group, those lessons helped me to feel the gap so that we should be having a good relationship with each other.” (William, 35 y/o).

Especially fathers changed their behaviour to respect their partner more. Among other things they stopped drinking, enhanced being home in time, and increased their support in the household.

Advising children

The most reported change concerning communication between parents and children was that parents started to use advice to communicate with their children instead of shouting or beating. A mother gave an example in a focus group discussion:

“I used to abuse my children, by hitting them as a punishment. After participating in the program, I stopped abusing my children but found other methods to cope with the child’s bad behaviour, like talking to them and giving them advice.” (Mother, participant FGD1).

Similarly, a boy illustrated:

“My parents before were always shouting at me, but now they are just talking and not shouting anymore.” (Liam, 11 y/o).

The data shows that parents changed their communication towards their children.

Talking with children

In addition to giving advice, parents reported that they have more conversations with their children in which they discuss issues, for example about behaviour or economic problems. A father explained that now he takes time to sit down with his family:

“As the head of my family I did not know problems in my family, but now after the sessions I call my family together and we can solve issues together when there are any.” (Father, participant FGD3).

As a result, children felt freer to speak to their parents. Both parents and children reported that children talked more to their parents about their problems and needs. A girl in an interview said:

“I’m happy with that. I’m happy in my mind. I was afraid of getting beaten and getting hurt. Now I’m not afraid anymore. Also, she stopped shouting at me. Before, I was afraid to ask my mom for anything, but now I’m not afraid and can talk openly to my mom.” (Sofia, 12 y/o).

The answers highlight that parents and children talk more with each other.

Social support

Facilitating socialisation of children

The most reported theme regarding social support is that parents support their children to socialise with friends. In the youth focus group discussion, a boy gives an example:

“Before my parents were not allowing me to go to community youth meetings where there is both boys and girls because they thought I would just be there for the girls, but now they allow me because they know these meetings are changing my life.” (Boy, participant Youth FGD).

In the data it came up repeatedly that parents’ fear of their children being involved in bad behaviour previously prevented these parents from allowing their children to socialise.

Teaching to respect other people

The second theme relating to social support is that parents teach their children appropriate behaviour to respect other people. A grandmother that raises her granddaughter shared in a focus group discussion:

“I am now raising my granddaughter and telling her how to respect old people: by kneeling when they talk and respond when they call.” (Grandmother, participant FGD4).

Also, a boy in the focus group discussion told us:

“Before the parenting group when I was fighting with my friends, my parents were just saying: “beat that person we should see who is more powerful”. Now my parents call me to ask what the matter is and advise me.” (Boy, participant Youth FGD).

This example shows that the parents taught their children more about appropriate and respectful behaviour after they attended the programme.

Emotional Support

Advising and comforting

When asking about the parents’ reaction to children’s emotion, advise and comfort appeared as the most common theme. A mother in an interview said:

“We call the child and ask what has happened to him or her. We let the child explain, for example does she want something or has she been beaten by other children. Then we will comfort the child. If the child was involved in a fight, we ask the children what happened. If the problem was with the other child, we advise the child to report it to the teacher when it happens again.” (Evelyn, 53 y/o).

Although for some parents this was a natural response before the parenting programme, other parents would previously beat or not attend their child when he/she experienced emotions. A girl in the youth focus group discussion said:

“When I am sad because I failed exams in school, when I am back home and my parents notice my mood, they call me and ask me what is the matter, and when they know the reason they advise me and help with that exercise – this is after the parenting group. Before they joined the parenting group, when I would tell that I am sad because I failed an exam, they would say that I wouldn’t eat Nsima or even beat me.” (Girl, participant Youth FGD).

Also, a boy in the youth focus group discussion shared:

“Before the parents were just sending the child away when it was in that mood, but now they call the child and ask what the problem is and help the child.” (Boy, participant Youth FGD).

Comforting the child was done through carrying the child, distracting the child, finding what the child wants, invite friends or family and by giving the child food.

Educational support

Sending children to school

From the data emerged that parents are sending their children to school more than before. A boy in the youth focus group discussion mentioned:

“I dropped out from school because I was smoking marihuana and my friends were not going to school, so my parents were just looking at me because they had no knowledge about the importance of education. Then my parents went to parenting group and they learned about the importance of education and advised me to go back. So, I stopped being together with those friends and went back to school.” (Boy, participant Youth FGD).

A father shared in an interview:

“My second born child dropped out from school, and I was just looking not doing anything. After learning here that it’s not good for children just to be sitting at home I send him back to school.” (Matthew, 46 y/o, six children).

Both parents and children reported this change frequently.

Providing Resources

A second theme emerging from the data is an increase in providing resources for education. A father in a focus group discussion said:

“Before I was not giving my children school fees, but now I learned that I should be making sure that I have paid the fees. Before when the children were sent back because I didn’t pay, I just told them to stay here.” (Father, participant FGD6).

Correspondingly, children noticed that parents made more effort to find them the resources they need for school. A boy in the focus group discussion mentioned:

“Before when I asked for something like an exercise book when my parents didn’t have money they would just tell me to stop school until they found money, but now they will make sure that they find what I asks for.” (Boy, participant Youth FGD).

Both parents and children report that parents make more effort to provide.

Home-based support

Another way that parents’ behaviour has changed due to their increased understanding is that they provide more home-based support. A boy in the youth focus group discussion said:

“Before joining the parenting group, after I came back from school my parents didn’t check the schoolwork or exercise books but were just sending us to do other house/farm works. But now they are checking our exercise books and are encouraging us to do schoolwork if we have to.” (Boy, participant Youth FGD).

At the same time low-educated parents have trouble with home-based support. A father told us in an interview:

“I find it difficult to help my children in schoolwork because I am not educated myself, so I am not able to help my children with all homework. When I find homework difficult for me, I send my children to a person who is better than me so that the children find help.” (William, 35 y/o).

As a solution, some of these parents kept encouraging their children and sought people in their community who could support their child with homework.

Mechanisms

Increased knowledge and awareness

The major theme that emerged as a mechanism of change is increased knowledge. In an interview a mother says that knowledge helped her change communication with her child:

“Before, I didn’t know that advising would help my child. But in parenting group, we learned it’s better to advise our children than to beat them.” (Charlotte, 39 y/o).

Knowledge as a mechanism of change appeared in all four categories. Increased knowledge was often mentioned in examples that also indicated increased awareness. A couple shared an example of changed awareness of age-appropriate communication:

“Now we are able to discuss problems together with our children. Before we were just letting them be because we thought that the children were too young to discuss. The training taught us that they were not too young.” (Noah, 42 y/o, Hannah, 35 y/o, four children).

In a focus group discussion, a father said the same thing:

“It is because at first we didn’t know our responsibilities to our children. Back in the days it used to not be allowed to be friendly with children because they should be fearful of their parents, but now it is allowed.” (Father, participant FGD6).

This example shows that parents changed their behaviour due to a change in their knowledge about how communication with children should be.

Group support

The data showed another mechanism: support from the facilitator and group members helped the parents change. One father explained that he became more respectful because of the advice of the facilitator and other group members:

“Before I was often drunk and would come home late, which caused fights with my wife. Then I was advised by the facilitator and other groups members. After this advice I promised to never drink again – now I have changed and kept my promise.” (Noah, 42 y/o, four children).

This change mostly came up for parental communication.

Improved parental wellbeing

Finally, in one interview a mother indicated that an increase in her own emotional health facilitated the change in behaviour.

“At first because I was feeling unsafe, my children were also feeling unsafe. Now that I am feeling happy my children are also feeling happy and they are able to share problems with me. I was feeling unsafe because of the behaviour of my husband.” (Sarah, 30 y/o).

This indicates that improved parental wellbeing had a positive influence on children’s wellbeing.

Discussion

This qualitative research aimed to explore the perception of parents and children on the influence of the positive parenting programme 'The Parenting Challenge' on positive parenting, specifically focussing on family communication, social support, emotional support, and educational support. Help a Child lacked scientific knowledge on the programme, and a general lack of research on positive parenting, family communication, social support, emotional support, and educational support in sub-Saharan Africa required this study to take place.

The results indicated that the Parenting Challenge positively influenced parenting behaviour. First, results showed that family communication improved because co-parental communication had increased in cooperation and respect, and communication with children had moved from abusive practices towards advising and open conversation. Regarding social support the results showed that parents increasingly facilitated socialisation of their children by letting them interact with friends and teaching them respect for others. Concerning emotional support parents reported to advise and comfort their children which was new behaviour for some parents. For educational support parents reported an increase in sending children to school, providing them with resources and providing home-based support.

Also, it revealed several underlying mechanisms of change. First, the findings suggested that mechanisms underlying this change in parenting behaviour were increased knowledge and awareness about the importance of these topics and parents' responsibilities. Second, support from members of the parenting group appeared as a mechanism. Finally, there is an indication that improved co-parental communication improved the wellbeing of parents and in turn positively influenced parenting behaviour.

The data regarding family communication shows a partial correspondence with the theories regarding family communication from the theoretical framework. The behavioural improvement in family communication can be explained through the theoretical framework as an improvement on the dyadic level of family communication (Metts & Asbury, 2015). However, knowledge and awareness about communication is not directly addressed in the theoretical framework of family communication (Metts & Asbury, 2015). Still, social norms, cognition and attribution are key concepts in both family communication patterns theory and interdependence theory that are partly based on knowledge (Koerner & Fitzpatrick, 2006; Rusbult & Van Lange, 2003). These theories could be expanded in further research by providing understanding on the role of knowledge in family communication.

Regarding social support, the data did not correspond with the five domains of parental socialisation support as described in the domain specific integration of socialisation theory (Grusec & Davidov, 2010). Only teaching respect and permitting socialisation with friends appeared as behavioural changes in the data. Moreover, this theory did not provide explanation for the mechanisms underlying change in parental support.

The data regarding emotional support corresponds with the theory of emotional intelligence (Salovey et al., 2009). The data shows that the mechanism underlying improved parental sensitivity towards children's emotions is an increase in knowledge. In fact, the theory does imply that emotional intelligence thrives on emotional knowledge, and influences emotional sensitive parenting (Alegre, 2011; Mayer et al., 2000; Mayer et al., 2004).

Regarding educational support, the data does partially correspond with the theoretical model of the parental involvement process (Walker et al., 2005). This theory explains that among other things parents' motivational beliefs about involvement predicts parents' educational involvement (Walker et al., 2005). Most parents indicated that knowledge changed their behaviour in educational support. Although this mechanism is not reflected in the theoretical model of the parental involvement process (Walker et al., 2005), Rokeach's conceptualisation of belief indicates that a cognitive component (i.e., knowledge) along with an affective and a behavioural component comprises belief (Rokeach, 1968, as cited in Murphy & Mason, 2012). Therefore, the theoretical model of the parental involvement process could be expanded by providing understanding of the role of knowledge on educational support.

The other two mechanisms found in this study do not correspond with previously mentioned theories, but they do correspond with the contextual information and another theory. Group support as a mechanism aligns with the literature on positive parenting programmes (Bornstein, 2003) and with the second main pathway of Help a Child's theory of change (Help a Child, 2019). Further, the mechanism of improved parental wellbeing is elaborated upon in for example the Newland family well-being model (Newland, 2015). This theory shows that family wellbeing is necessary for positive parenting and therefore for child wellbeing. Family wellbeing includes parental physical health, parental mental health, family self-sufficiency, and family resiliency. The author adds that community-based parent education programmes would strengthen well-being outcomes in families (Newland, 2015).

Interestingly, most data in this study regarded changes in behaviour rather than mechanisms of change. Possibly, the nature of the questions might have led parents to answer

in this manner. Also, parents might have struggled to understand and reason on an abstract level and reflect over what influenced the change in their behaviour.

Strengths and limitations

A strength of the current research is the qualitative methodology that was recommended by previous research on the programme to get more in-depth data (Roelandts, 2016; Weerden, 2016). Also, the explorative approach towards these topics contributed to enrich the literature. Moreover, this research took children's perception on the programme into account. Honouring children's perception is important since they are subject to their parents' parenting, and mostly because the programme is put in place to support their development and wellbeing. Researching children was done in correspondence with a recommendation in previous research (Weerden, 2016).

A limitation of the present study is the lack of comparison group, which could be either a different community that participated in the programme or a community that did not participate. Adding a comparison group would have made the analysis more thorough, and it would have contributed to the generalisability of the research due to the larger and more comprehensive sample. Another limitation is that the research depended on on-spot translation facilitated by an intern from the partner organisation. Questions and answers might have not been translated correctly and might have been less comprehensive. Also, the research was conducted by researchers from another culture who were affiliated with the organisation implementing the programme, which might have caused misfit in communication and interpretation of data by the researchers, triggered social desirability among participants and enforced a relation of dependence. Moreover, this research only indicated positive behaviour changes and therefore lacks insight in undesired change or lack of change that might be related to the programme. The approach of this research with open questions led parents to answer in terms of positive change. An alternative explanation is that social desirability and dependency might have influenced parents to answer positively towards the organisation that facilitates them the programme. However, in future research stratified methods could be used to investigate the presence of change, absence of change or presence of undesired change related to the programme.

Recommendations and conclusion

Future research could further explore the mechanisms underlying change and how they are targeted by the positive parenting programme. In addition, the mechanism underlying change could be further studied in relation to family communication, educational support, and social support. Also, adding a comparison group to the research would add to the quality of the results. Furthermore, culturally adapted research methods should be used, which might be enhanced when local researchers from an independent institute conduct the research. Finally, more stratified research could enhance a deeper and broader understanding of positive change and the absence of change.

The current study has value for Help a Child, as it provides knowledge about the influence of the Parenting Challenge on behaviour changes and mechanisms underlying change. The knowledge provides ground for adaptations of the programme, such as having more focus on supporting parental wellbeing. Also, it is important for Help a Child to evaluate if the topics that came up in this research are the desired outcomes of the programme. For example, caring for children who are orphans by families and the community was part of the module social and emotional support. However, it rarely occurred in the data, possibly indicating that the topic was not well understood by the parents. Further research could indicate causes and solutions for reaching desired outcomes.

Moreover, this research adds to the literature by providing qualitative, explorative data on the perception of parents and children on the influence of a positive parenting programme in sub-Saharan Africa. Furthermore, this study provides support for several of the theories and indicates that several theories were not applicable to the data. Finally, this research supports professionals by indicating effective mechanisms of parenting programmes that can positively impact families, communities, and the society at large. In conclusion, this research shows that positive parenting programmes can positively impact child wellbeing and can be beneficial for families in adverse circumstances.

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Appendix A: Topic List

A.1 Topic List Parents

TOPICS	SUBTOPICS	EXAMPLE QUESTIONS
Parenting Challenge in general	<ul style="list-style-type: none"> • Expectation • Relevance • Social components • Improvement 	<p><i>-What makes the parenting challenge relevant?</i></p> <p><i>-What has changed in the connection or relationship with other parents?</i></p> <p><i>-How could the relevance of the challenge be improved?</i></p> <p><i>-What did you miss / want to learn more about?</i></p> <p><i>-What do you use and why + what not, why?</i></p>
Groups sessions and exercises	<ul style="list-style-type: none"> • Content of sessions • Group dynamics • Social aspects • Facilitator 	<p><i>-What do you think of the exercises and homework?</i></p> <p><i>-How would you describe the social dynamics in the group?</i></p> <p><i>-What do you think of the role of the facilitator?</i></p>
Effects within the Community	<ul style="list-style-type: none"> • Changes • Social components 	<p><i>-What changes have you noticed since the community started participating in the parenting challenge?</i></p> <p><i>-What is changed in the communication and relationship between community members?</i></p>
Effects within the family	<ul style="list-style-type: none"> • Changes • Social components 	<p><i>-What changes have you noticed in parenting within your family?</i></p> <p><i>-What changes have you noticed in communication within your family?</i></p>
Parenting modules	<ul style="list-style-type: none"> • Parenting basics • Educational support • Critical family issues • Communication in the family • Social Emotional support • Nutrition • Child protection • Health • Importance of play 	<p>Within all subtopics the following questions will be addressed:</p> <ul style="list-style-type: none"> - <i>What do you think of the content and exercises within the module?</i> - <i>What changes have you noticed in parenting after participating in the module?</i>

A.2 Topic List Children

TOPIC	SUPTOPIC	EXAMPLE QUESTIONS
Parenting challenge in general	-Changes	-What has changed at home since your parents attended the parenting sessions?
Effects within the family	-Communication	-Have your parents discussed or explained to you what they learn in the sessions? -Is there a change in behaviour of your parents towards each other?
Parenting modules	<ul style="list-style-type: none"> • Educational support • Communication in the family • Social Emotional support • Nutrition • Health • Importance of play Oldest age group (15-18): <ul style="list-style-type: none"> • Child protection • Critical family issues 	<p>Within all subtopics the following question will be addressed:</p> <p>Note: not all subtopics will be addressed.</p> <p>- Did you notice any changes in how your parents act since participating in the programme?</p>