Educating Parents in Malawi: the key to happy children?

Analyzing the Parenting Challenge of Help a Child in Malawi regarding children's nutrition, health, play and protection

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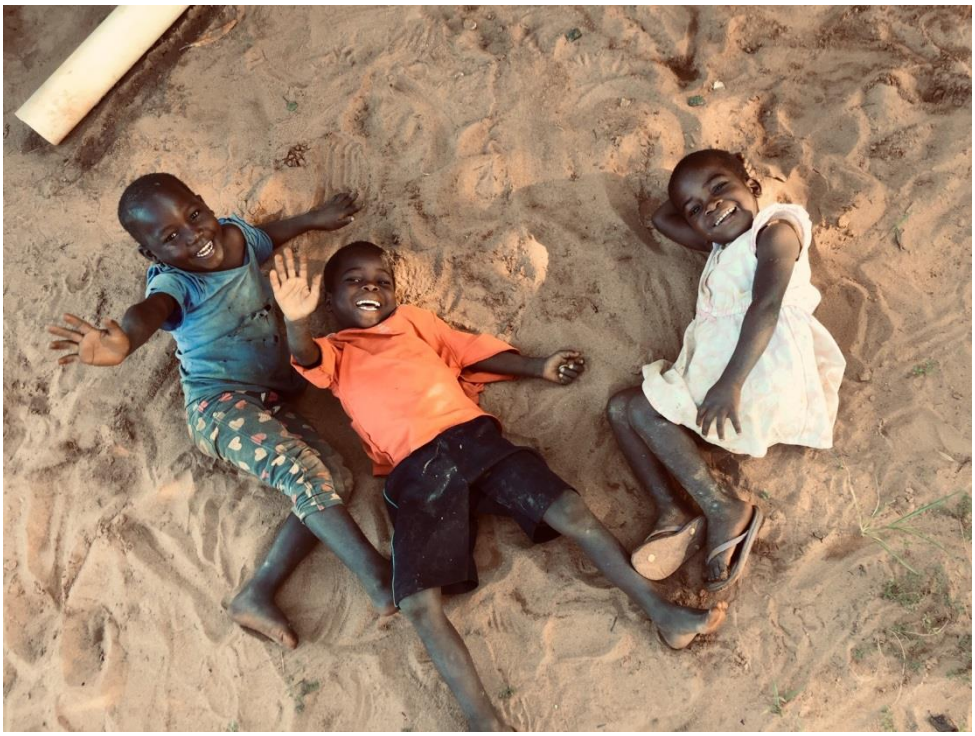

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Abstract

Raising a child in poverty is a difficult task. In order to improve child well-being, Help a Child has developed the Parenting Challenge, a program that educates and supports parents in parenting tasks. Current research examines the effects of the program in Malawi on the topics of child nutrition, health, play and protection. Interviews and focus group discussions among140 parents and 17 children were conducted. Results show positive effects of the Parenting Challenge. Participants report beneficial changes in behavior on the nutrition, health, play and protection of their children. The effective elements of the Parenting Challenges are getting parents together to share problems and ideas through which they experience social support, and providing them with essential information on child rearing. These findings support previous studies arguing parenting education is effective in changing parental behavior and improving child well-being. Future research should focus on the effectiveness of the program within other localities and expand on the experiences of children of participants.

Keywords: parenting program, education, Malawi, child wellbeing, nutrition, health, play, protection, social support.

Het opvoeden van kinderen in armoede is niet makkelijk. Om het welzijn van kinderen te verbeteren heeft Help a Child de Parenting Challenge ontwikkeld. Dit programma onderwijst ouders met helpt hen met ouderschapstaken. Huidig onderzoek meet de effecten van het programma in Malawi op het gebied van voeding, gezondheid, spelen en bescherming van kinderen. Resultaten tonen positieve effecten van de Parenting Challenge. Participanten laten gedragsveranderingen zien in hun ouderschap op het gebied van voeding, gezondheid, spelen en bescherming. De effectieve elementen uit de Parenting Challenge zijn het samenbrengen van ouders om problemen en ideeën met elkaar te delen waardoor ze zich sociaal gesteund voelen, en de voorziening van essentiële informatie aan ouders over opvoeding. Deze bevindingen ondersteunen eerdere literatuur, dat zegt dat het onderwijzen van ouders effectief is voor gedragsverandering van ouders en een verbeterde welzijn van kinderen. Toekomstig onderzoek moet zich richten op de effectiviteit van het programma in andere leefgebieden en de ervaringen van kinderen van participant uitgebreider onderzoeken.

Sleutelwoorden: Ouderschapsprogramma, onderwijzen, Malawi, kind welzijn, voeding, gezondheid, spelen, bescherming, sociale steun.

Educating parents in Malawi: the key to happy children?

Parenting, the oldest and some say hardest job in the world. Optimal child development is dependent on the care and attention of parents and caregivers, especially at a young age. In many African cultures, parents are challenged economically, materially, emotionally and on health grounds (Sherr et al., 2017). Malawi classifies within the top 10 poorest countries in the world, based on their GDP per capita (World Bank, 2018), and more than halve of the people live below the national poverty lines (World Bank, 2016). Additionally, Malawi is fighting some challenges related to physical and emotional health of children. For example, 39 percent of the Malawian children under five are stunted due to malnutrition (World Bank, 2018) and Malawi knows high prevalence rates of malaria among children (Malawi Ministry of Health, 2018). Many children in Malawi become the victim of physical, emotional or sexual maltreatment, and child abuse numbers are high (UNICEF, 2018). These challenges are a threat to the well-being of Malawian children. Childhood wellbeing is defined in many different ways. Wellbeing is generally understood as the quality of people's lives, in relation to objective indicators such as health status, and subjective indicators such as happiness (Statham & Chase, 2010). There is some emerging consensus that childhood wellbeing contains dimensions of physical, emotional and social wellbeing. While health challenges and child abuse endangers child wellbeing, keeping children healthy and protecting them from abuse will improve their wellbeing. Another important component is children's play, as it contributes to the physical, emotional and social wellbeing of children (Ginsburg, 2007; Glascott & Tsao, 2002; Goldstein, 2012; Ngan Kuen Lai, Tan Fong Ang, Lip Yee Por & Chee Sun Liew, 2018). Parents play a crucial role in maintaining or improving the wellbeing of their children, through the way they raise, treat and care for them. The effectiveness of parenting education has been tested and confirmed by many studies done in Sub-Saharan Africa on all different kinds of parenting issues (Cluver et al., 2016; Kimani-Murage et al, 2015; Black et al., 2017; Britto et al., 2017). This shows that simply providing information and educating parents might be the key to improved well-being of children living in poverty. Programs that focus on improving parent's social support have also been found to have a significant impact on children's wellbeing (Morris et al., 2017). Additionally, Nsamenang (2008) and Leseman, Paul & Slot (204) argue that education or interventions should fit the cultural contexts rather than being an 'universal' or Western program. Current research is conducted in collaboration with Help a Child Malawi. Help a Child (HaC) is an NGO that aims to improve the wellbeing of children worldwide. HaC has developed a

program called the Parenting Challenge, that supports parents in their parenting tasks. In the Parenting Challenge parents come together once a week in parent groups moderated by a facilitator to discuss different topics based on different modules. The program has a bottom-up design, where parents discuss their own problems, ideas and solutions to parenting challenges. The Parenting Challenge contains nine modules on subjects regarding child raising. Completing the program takes about nine months, but generally parenting groups lasts much longer. Four modules on the topic of health and well-being of children are included in this research: Feeding our Children, Keeping Children Healthy, Child Protection and Importance of Play. These will be elaborated below.

Parenting and child nutrition

The first module is named 'Feeding our Children', which educates parents about the importance of proper nutrition. Good nutrition is the cornerstone for healthy children and the foundation for proper development (UNICEF, 2006).

Malnutrition is one of the many health issues in children that Malawi struggles with. The United Nations (2006) define undernutrition as the outcome of insufficient food intake and repeated infectious diseases. Undernutrition includes being underweight or too short for one's age, dangerously thin, and deficient in vitamins and minerals. After infancy about 40 percent of the Malawian children is underweight and 70 percent is stunted, which means children are kept from growing properly (Maleta, Virtanen, Espo, Kulmala & Ashorn, 2003). Children that are undernourished have lower resistance for infection and frequent sickness saps the nutritional status, locking them into a vicious cycle of recurring illness and stumbling growth (UNICEF, 2006). Improving the educational status of parents on nutrition, sanitation and common disease prevention should logically reduce the malnutrition rates (Sanchez et al., 2016). The Parenting Challenge modules focus on importance of providing nutritious foods and giving children at least three meals a day. However, malnutrition not only arises because of parents' nescience, but is also related to contextual factors. High poverty rates are linked to the lower ability to provide nutritious foods (Sanchez et al., 2016). Access to food is dependent on the availability of financial resources. People living in poverty are therefore at greater risk of malnutrition, since they purchase fewer and less varied items due to budget constraints (Roelen et al., 2019). This issue is harder to remedy, since the HaC program does not offer financial support. However, this is combatted by teaching parents the importance of growing their own food and ways to make money to buy nutritious foods.

Parenting and children's health

The second module is 'Keeping Children Healthy'. The module is aimed at making parents aware of the importance of good physical health for their child, informs them on how to prevent sickness and how to care for children when they are sick.

Another major issue among Malawian children is the prevalence of possibly fatal diseases, for example malaria. The incidence rate of malaria in Malawi is 21,4 percent (World Bank, 2018), and at least 24 percent of children under the age of 5 suffer from malaria (Malawi Ministry of Health, 2018). The preeminent prevention method for malaria is sleeping under mosquito nets. However, a survey by Mathangana et al. (2015) among primary school children in Malawi reveals that only 32.4 percent of children sleep under a mosquito net. Because of the little use of mosquito nets, school going children carry a high risk of getting infected (Walldorf et al., 2015). Low income families spend less money on prevention methods than higher income families (Ricci, 2012) and low parental education increases the risk of infection (Walldorf et al., 2015), possibly due to a lack of information and awareness on prevention methods.

A second issues is poor hygiene. Access to water, hygiene and sanitation is crucial in reducing health risks in low income areas (Hutton & Chase, 2016; Prüss, Kay, Fewtrell & Bartram, 2002), and many diseases are caused by contact or consumption of contaminated water, insufficient water to practice hygiene or poor hygiene. (Prüss et al., 2002) A study among secondary school children in Malawi show that children have a poor understanding of hygiene (Grimason, 2014).

Once infected, it is important that children receive the right treatment. Fever is a key symptom of malaria and other acute infections in children and require prompt and effective treatment to prevent morbidity and mortality (Malawi Ministry of Health, 2018). A survey by the Ministry of Health (2018) shows that only half of the children that experience fever seek advice or treatment. Clinic attendance is found to be positively correlated with young age of the child, severe illness and higher socioeconomic status (Slutsker, Chitsulo, Macheso & Steketee, 1994). Walldorf et al. (2015) state that educational efforts may be highly effective in promoting bed net use and improving health-seeking behavior in a high prevalence population like Malawi. The Parenting Challenge focuses on educating parents about prevention methods and stimulates good hygiene and the use of bed nets for all children. It also provides information on how to care for sick children. The Parenting Challenge does not offer financial or material support, and therefore cannot directly address the low socioeconomic status of

parents. They do support parents in informing them on ways to earn money and on effective budgeting strategies, which might increase their economic status.

Parenting and children's play

Another module is 'Importance of Play'. The aim of this module is to teach parents that play is essential to development, as it contributes to the cognitive, physical, social and emotional well-being of children (Ginsburg, 2007; Glascott & Tsao, 2002; Goldstein, 2012; Lai, Ang, Por & Liew, 2018) .

Play is so important to child development, that the United Nations Convention on the Rights of the Child (1989) declared that it is the right of all children to play. Play stimulates healthy brain development, since play allows children to use their creativity while developing their imagination, dexterity and physical, cognitive and socio-emotional strength (Ginsburg, 2007). In the presence of childhood adversity, like growing up in poverty, play becomes even more important (Yogman et al., 2018).

A literature review by Glascott & Tsao (2002) shows that certain types of play contribute to the cognitive development of children. Important cognitive skills acquired by playing are problem solving skills, creativity, divergent thinking and language acquisition (Lai, Ang, Por & Liew, 2018; Glascott & Tsao, 2002). Problem solving skills can be stimulated by playing with different objects, and make-belief play contains cognitive processes as free association and symbolic thinking, which is similar to processes involved in divergent thinking. When children pretend play, they are also involved in communication with others, which enhances their vocabulary abilities. Physically, certain types of play enhance development (Pellegrini & Nathan, 2011), as they allow children to strengthen their muscles and attain gross motor skills, for example by playing soccer, as well as fine motor skills, for example by molding soil. Socially, certain types of play can increase empathy, compassion and allow children to build appropriate social relationships with peers (Goldstein 2012). A literature review by Lai, Ang, Por & Liew (2018) shows that certain types of play can complement the development of other social skills, such as communication and collaboration skills. Certain types of play are closely associated with language use, which promotes communication (Glascott & Tsao, 2002) and allow children to work together toward a common goal, fostering collaboration (Van Velsor, 2017). Furthermore, certain types of play contribute to the emotional well-being of children (Goldstein, 2012), since they can reduce fear, anxiety and stress, while increasing calmness, resilience, emotional flexibility and joy.

In the Parenting Challenge parents discuss the importance of play as well as types of play and different games. The program contains sessions on creating playing materials with limited resources, using natural elements or garbage. Implementation of the Parenting Challenge might help parent promote play in and with their children, thus enhancing their development.

Parenting and child protection

The last module included in this research is 'Protecting Children', which relates to keeping children safe from abuse, neglect, exploitation and violence. It teaches parents what child protection is, the types and signs of abuse and how to protect their child from it. The module distinguishes three types of abuse: physical, emotional and sexual abuse.

It's the right of the child to be protected from any form of abuse. Principle 9 of the Declaration of the Rights of the Child states that: "The child shall be protected against all forms of neglect, cruelty and exploitation" (UN General Assembly, 1959, p. 20). Unfortunately, still many children in Malawi become the victim of physical, emotional or sexual maltreatment. The World Health Organization defines child maltreatment as: "The abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." (WHO, 2020).

In Malawi, 65 percent of girls and 35 percent of boys experience any form of child abuse in their childhood (UNICEF, 2018). Malawi has high numbers of child marriage, with almost half of the female population being married before the age of 18, from which 82.8 percent of child brides experienced physical abuse by their husband (UNICEF, 2018). Caregivers are often the main actors of child abuse. More recent data is missing, but data from some years back show that 72 percent of Malawian children under 14 have experienced physical and psychological aggression by caregivers (UNICEF, 2014). At the age of one year old, 50 percent of Malawian children have experienced violent discipline in the month previous to a survey done by UNICEF (2017), and 40 percent of the one-year-olds are victim of psychological aggression.

Though there is little research on the risk and protective factors of child abuse by caregivers in Malawi, some research from similar Sub-Saharan African countries showed that risk factors for abuse included inconsistent discipline, family conflict or violence, lack of

knowledge and parenting skills, poverty, and being AIDS-affected (Meinck, Cluver, Boyes & Ndhlovu, 2015). AIDS-related factors for child abuse include depression of AIDS-affected caregivers and more inconsistent parenting. Protective factors include living with a healthy caregiver and positive parenting. The main risk factors that are addressed in the Parenting Challenge are teaching parents consistent discipline, resolving family conflicts and increasing parental knowledge and parenting skills.

Children with disabilities face an even higher risks of violence and abuse, with almost all disabled children in Malawi reporting experience of violence (Banks, Kelly, Kyegombe & Kuper & Devries, 2017). Most common is emotional abuse, namely verbal abuse, neglect and social isolation. Risk factors are the belief that disabled children are a curse bestowed on the family, cultural discrimination and stigmatization, the financial vulnerability and extra costs of disabled children and low access to education. Disabled children in Malawi face many obstacles in obtaining education, for instance physical and economical challenges, but also of the lack of necessary cognitive or technical support for the disabled, such as adjusted learning materials (Braathen & Loep, 2011). Another vulnerable group with high exposure to violence are orphaned youth. A literature review of studies done in multiple Sub-Saharan African countries reported high levels of maltreatment among orphaned children and youth (Morants et al., 2013). Reported forms of abuse are exploitation by family members, experiences of intra-household discrimination, excessive child labour, material and educational neglect and other forms of psychological, sexual and physical abuse. Perceived risk factors are living with a non-biological caregiver, poverty, alcohol abuse and stigma. The Parenting Challenge does not contribute to increasing the access to education for children with disabilities. It does tackle discrimination of disabled and orphan children, by stressing to treat all children equally, regardless of being disabled or orphan, and reduce risk behavior like alcohol abuse and stigma.

Aim of this study

The topics mentioned are not to be seen as clearly demarcated topics, they are intertwined and integrated within each other. Letting children play is part of keeping them physically and emotionally healthy, and keeping children healthy and preventing health impairments is protecting the child from physical and emotional abuse, as well as protection of children improves physical and emotional health. With childhood wellbeing containing dimensions of physical, emotional and social wellbeing (Ginsburg, 2007; Glascott & Tsao, 2002; Goldstein, 2012; Lai, Ang, Por & Liew, 2018), all these topics jointly improve

wellbeing. Ultimately, Malawian children will profit from an effective parenting program to ensure and improve their well-being. HaC works through the Theory of Change, which describes critical elements that effectively contribute towards sustainable wellbeing of children (HaC, 2019). Through the Theory of Change HaC describes their ultimate goal, which is reaching wellbeing of children on physical, cognitive, social-emotional and spiritual level. They distinguish outcomes that contribute towards this goal and steps that need to be taken to reach these outcomes, which are the transfer of knowledge and skills, working in groups and cooperating with external actors and systems. These are the elements included in the Parenting Challenge and should improve child wellbeing according to their Theory of Change. This will be examined in current research. Current research is part of a bigger research to the effectiveness of the entire Parenting Challenge. Based on observation, HaC argues the program is effective, but this has never been scientifically examined. This research focuses on the effective elements of the program regarding children's nutrition, health, play and protection. HaC will use this information to improve, expand and promote the program to gain support. The following research question will be answered: How is the Parenting Challenge helping parents in maintaining or improving the well-being of children in Malawi regarding nutrition, health, play and protection? The following sub questions are answered: (1) What effects do parents experiences after participating in the Parenting Challenge? (2) What effects do children experience after their parents participated in the Parenting Program?

Methods

Research design

The design of the research is both cross-sectional descriptive and cross-sectional explanatory. The aim of the research is to examine the behavior of parents subsequently to the parenting program (descriptive) but also to explore the reason for perceived change in behavior (explanatory). This design is necessary to examine which elements of the program are effective and why. Data collection is done through focus group discussions and interviews.

Participants

The Parenting Challenge is executed in Edingeni and Zilakoma, Malawi. Due to the Covid-19 outbreak, the data collection period had to be cut short and data was only collected in Zilakoma in the time span of one month. Given the extend of the sample size, the use of multiple methods and the use of data triangulation, the data collected is enough to complete the research. The target population consists of all parents that participate in the Parenting Challenge in the past, present and future. The sample size consisted of 140 parents, from which 126 participated in focus group discussions. A total of eight focus groups were held, both males and females between the ages of 15 and 65 participated (M_{age}= 33.56, *SD*= 11.79). However, a missing data analysis revealed that 23.8 percent of the data were missing, because ages of participant were accidentally not reported at one focus group. Both mothers (*n*= *7*) and fathers (*n*= 7) were interviewed individually or in couples (M_{age}= 39.71, *SD*= 10.18, *min*= 17, *max*= 60), including two program facilitators. Additionally, 17 children participated within different age groups: 9 to 13 years old and 14 to 18 years old. In total, 8 boys and 9 girls were selected. Children in the age group 14 to 18 years participated in a focus group discussion (M_{age}= 16.20, *SD*= 0.99, *min*= 15, *max*=18*;* n_{female}= 5, n_{male}= 5). Within the age group 9-13 years, 7 children were selected for individual interviews (M_{age}= 11.57, *SD*= 1.40, *min*= 9, *max*= 13*;* n_{female}= 4, n_{male}= 3).

Instruments and procedure

Both the focus group discussions and the interviews were semi-structured, with the use of a topic list. The topics in line with the topics of the modules, namely: children's nutrition, health, importance of play and child protection. The semi-structured design of the focus groups and interviews was chosen because this design gives the possibility to discover information that was not reckoned or expected beforehand, but also makes sure that all module topics are included, to increase validity. Questions based on the topic list were formed

by discussing the topics with the program operators. The literature discussed previously was also used to define questions, for example the focus on malaria within the health topic.

In focus groups, parents were interviewed in a discussion setting in the presence of an interview moderator, an assistant moderator, an interpreter and the program facilitator. A few participants attended multiple focus groups. This was not planned, yet it was decided to not send them away, to avoid affecting the sentiment of participants. Data was collected by taking notes on a computer. Consent was taken verbally for each participant, because of the high illiteracy rates. After this the group facilitator signed the consent form, functioning as representative. The focus group discussion was led by the interview moderator. Participation was anonymous and voluntarily. The session was opened and closed with singing and dancing and a prayer, to ensure that participants felt comfortable and active. The group discussion lasted about one hour in total, from which about halve of the time was used to research the topics specifically for this study. Since the topics overlap, responses to questions about other topics were also useful for this study.

Within interviews a more in-depth vision of parents was obtained, in presence of an interview moderator, assistant moderator and an interpreter. Based in preference, parents were interviewed either individually or in pairs, to ensure they felt comfortable during the interview to maximize results. Interviewing parents individually allowed the moderator to have a more in-depth conversation about the parenting situation of an individual, whereas interviewing parents together also gave the opportunity for a more comprehensive image of their parenting situation at home. Each participant was asked to sign the consent form which was verbally explained before signing. Interviews lasted approximately one hour, from which about half of the time was used to specifically discuss the topics of this research, but other topics were also relevant because of overlapping themes.

The validity and reliability of qualitative instruments is difficult to measure (Noble & Smith, 2015). To ensure the trustworthiness of the findings, methodological strategies were incorporated. These strategies include acknowledging personal biases, keeping clear records of methods, ensuring consistent and transparent interpretations of data, and ensuring different perspectives are represented. A danger for the validity in this research is the socially acceptable norms that come with these methods of data collection, in combination with the different ethnicity and status of the researcher. However, since the parents in the focus groups knew each other well and have discussed their parenting situation countless times within the existing program, the influence of social acceptability on responses can be neglected.

Data collection among children was done by focus groups and individual interviews.

Data collection within the oldest age group has been done by a focus group discussion. The focus group discussion was semi-structured, with the use of the same topic list as used with the parents. Children younger than 13 years were addressed individually, since the topic might be difficult for them and personal attention helps them understand the questions. The oldest age group has less trouble with the complexity of the topic, and the use of focus groups is chosen to stimulate discussions and allow participants to complement each other. It is important to be critical of the role of the researcher with children, since children might be more sensitive to the influence of the perceived authority of a white researcher, which might make them nervous. Informed consent for children under the age of 13 was given by both participants and their parents. For children aged 14 to 18, only children have given consent. Children younger than 9 years old are not included in the study, since they are too young to comprehend the idea of parenting and are not competent enough to properly express themselves verbally.

Data analysis

For data analysis a constant comparison analysis is used, based on three coding stages of open, axial and selective coding. The data was analyzed based on inductive coding, meaning the codes arise from the responses given by the participants and are not determined in advance. However, sensitizing concepts can be effective in constructing a framework for analyzing data (Bowen, 2006), and were used to provide starting points for data analysis. These sensitizing concepts were based on a review of the literature in line with the module topics: health status, nutrition, play and protection. In the first stage the data is categorized into small units, called open coding (Onweugbuzie, Dickinson, Leech & Zoran, 2009). In this stage, sensitizing concepts were used to provide a guideline for coding, where data fragments were openly coded in relation to one of the concepts of health, nutrition, play or child abuse. In the second stage, these codes are grouped into categories, called axial coding. All codes regarding preventing diseases, treatment of diseases, maintaining health or changes in health status were categorized under ‘Children’s Health’. All codes regarding food, meals or breastfeeding were categorized under ‘Child Nutrition’. All codes regarding types of play including playing materials, allowing or restricting play or benefits of play were categorized under ‘Children’s Play’. Finally, all codes regarding preventing or committing physical, emotional or sexual abuse were categorized under ‘Child Protection’. The third stage contained developing themes that express the content of each of the groups. This is called

selective coding, where the most relevant codes were selected and used to answer the research questions.

Results

The themes that emerged from the analysis were corresponding with the parenting modules and organized into: (1) Child nutrition; (2) Children health; (3) Children's play; (4) Child protection. The approach of the program is a more bottom-up approach, where as part of exercises and games parents share their own ideas and experiences, and they learn from each other rather than that ideas are imposed on participants. Therefore, parents determine themselves what is discussed within the existing topics, and their behavior and change of behavior is based on the cultural values of the community. This makes the program applicable in different cultural contexts. Besides participants' own input, essential information is given to them through the facilitator, for example information on dangerous symptoms of sick children. Parents report two general reasons for changing their behavior. First, parents lacked knowledge on certain topics, and in the parenting program the other parents and the modules provided them information on how their parenting skills could be improved. Second, by sharing of problems and helping and advising each other parents experience increased social support, which help them actively seek advice and become a better parent.

Child nutrition

Providing nutritious food. Parents report the implementation of different food groups in the meals they prepare for children. Participants explain that in the Parenting Challenge, parents learn to include ingredients from six food groups in the daily nutrition of children. They discussed the importance and benefits of nutritious meals and how to provide them. The functions of different nutrients are given in the module, and the foods with these nutrients that are available in the area are discussed by parents themselves as part of an exercise.

> Before participating in the program, I would only feed my child mais porridge. Now I have learned to use all six food groups, and I prepare various meals for my child. (Female, Mundani Parenting Group)

A mother says that she is not able to provide food for her children, because she is not earning any money. This parent just started the Parenting Challenge. A lack of information might indicate why she struggles to provide food compared to participants who have been in the program longer, since she has not discussed the topic yet. Participants report that as part of the program they went to visit a community member with a vegetable garden to learn how that member managed to grow a garden, and some parents started growing gardens themselves. Parents noticed a difference in the health of their children after adjusting their meals.

> Now I learned that I should be giving my children food with six food groups, and I notice a change in their health. They are sick less than before. (Male, 46 years old)

The children confirm that they see a change in the kind of food their parents prepare for them. However, for some parents it is difficult to include all food groups in their daily meals, as is confirmed and explained by a facilitator:

> Also the 6 food groups are difficult. We can teach them, but it's hard for parents to get six food groups, because of poverty and availability. Now because of parenting group they are managing, but it's still a challenge. However, there is a big change. (Male facilitator, 41 years old)

This is in line with the literature on the relationship between high poverty rates and the lower ability to provide nutritious foods (Sanchez et al., 2016).

Amount of meals. The amount of meals parents give their children has increased subsequently to the program. Whereas most participants used to give their children two meals a day, lunch and supper, now they give their children breakfast as well. Participants argue they provide breakfast for their children since they discussed it improves their health and concentration at school. Some parents still struggle to feed their children three meals a day. They understand the importance, but cannot afford enough food for all children.

Health

HIV. Parents more often get blood tests at the hospital to know their HIV-status, and are open about their HIV-status to their partner and to other parenting members, since they feel supported socially. Parents and the facilitators argue that there should be a bigger focus on HIV in the Parenting Challenge, since this affects an extensive part of the Malawian population. The topics is discussed and brought up by participants in the sessions, but there is no module or exercise specifically on HIV.

Preventing diseases. Many participants started using mosquito nets to prevent malaria among their children, because they discussed the importance of using them. Before, participants argue the bed nets were available, but parents used them for other purposes.

> Before the program, after we received the mosquito nets I was selling them, now we use them. (Female, 39 years old)

That parents were using the malaria nets for different purposes is confirmed by the children from the 14 tot 18 age group.

> They [parents] have started now because before they didn't know the importance, so they were using the mosquito nets for catching small fish. (Male, Children focus group)

The reported use of bed nets before the program corresponds with the findings of earlier studies that argue the majority of Malawian children do not sleep under mosquito nets (Mathangana et al., 2015; Walldorf et al., 2015). However, six children report that their parents were already using bed-nets, even before the program. Eight children, all between ages 14 to 18, report that their parents started using the nets after participating in the program. This shows that many parents already knew the importance and implemented using bed nets.

Hygiene. Parents report increasing home, personal and community hygiene. Many parents argue they learned the importance of using a toilet instead of the bush, keeping the house and outside surroundings clean and washing frequently. A parent reports development in the community regarding hygiene, by providing clean water, preventing the use of contaminated water, which is found to be important for preventing diseases (Prüss et al., 2002). A minority of the children argue their parents implemented hygiene measurements even before the program.

> Even before the parenting group, my mother was telling us to clean our house, toilet and clothes. (Female, 12 years old)

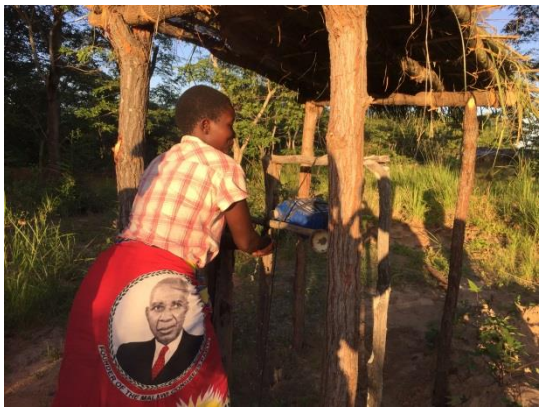

Figure 1. Participant showing her invention to wash hands after toilet use.

Caring for sick children. When a child gets sick, parents indicate they take better care for the child at home. They make sure the child and its surroundings are clean, the child drinks enough water and eats the right foods, they give sick children painkillers and check on the children during the night. Parents clarify they were not doing this before the program, because of a lack of knowledge. Most parents were already going to the hospital before the program. The change lies in the frequency, understanding why sick children are ought to be cared for in a special way and understanding when a child should be treated at home or taken to the hospital.

> Before when my child got sick, I was not giving my children more attention. But now when my children get sick, I rush to get to the doctor. (Female, 39 years old)

This is confirmed by the children. They explain their parents give them more attention when they are sick, and give them painkillers, food and a bath before going to the hospital.

> Now when my parents hear that a child is sick they will attend to that child, but before they were just continuing farm works before attending to the child. (Male, Child focus group)

Parents noticed support from other members when a child is sick, and parenting members will help each other financially if necessary.

Changes in children's health. Participants notice a change in the health of their children since implementation of the Parenting Challenge. Children are living healthier and getting sick less frequently, because of a change in their nutrition, but also because of implementation of other prevention methods.

> Also, before the children were suffering from a lot more diseases, like malaria, but since the program the children are sick less frequently. (Female, 53 years old)

A facilitator argues that the module on health is lacking in information for the facilitators to explain. The approach of the program is that parents share their own ideas, beliefs and knowledge, but health is a difficult topic. Many parents are uneducated and the facilitator indicates he did not go to college to learn about health care.

Play

Allowing play. Parents allow their children to play more often and allow more types of play since participating in the Parenting Challenge. Before, many parents would not allow their children to play with other children. They were afraid their children would copy bad behaviors from others, like abusing language. Now most parents allow children to play together, since the Parenting Challenge taught them the importance of playing together and they noticed their children learn from their friends and increase their knowledge by playing together.

> I was afraid that my children would copy bad behavior from others, like using bad language … I did not know the importance of children playing together, which is something I learned during the parenting sessions. Now I allow my children to play with others, and I am not afraid of the bad influences of other children anymore. (Male, 41 years old)

When asked why parents are not afraid of the bad influences anymore, they do not have a clear reason; they rather argue they learned benefits of social play. However, the bad influences from other children might still be there. This can be addressed in group discussions, but is not specifically part of the module. Children argue that parents allow more types of play now that they see they are making friends and notice the social benefits. These social benefits can also be found in the literature (Ginsburg, 2007; Goldstein 2012).

Playing football. In Malawi, football is a popular sport among children and youth. Most parents report they specifically did not allow their children to play football before the Parenting Challenge. They were afraid their children would get hurt. In the program the physical benefits of using gross motor skills in play are addressed, which can also be found in literature (Pellegrini & Nathan, 2011). This is applicable to football, and parents started allowing their children to play. Two of the younger children argue their parents allow them to play football even before the program, one other confirms parents started allowing football after participating in the program. In the focus group discussion children indicate their parents would not allow them to play football before.

> Before my siblings were not allowed to play football, but now my parents even help to make the ball. (Male, children focus group)

Figure 2. Children from the community playing football together and showing a self-made ball.

Role play. Parents indicate they did not allow their children to participate in role-play. Since participating in the Parenting Challenge they allow role-play, and parents notice the benefits of role play, for example children learned how to cook. These benefits are addressed in the program. Further, parents noticed that through allowing play children are active than before and they are growing stronger and healthier. These physical and cognitive benefits accord with previous literature (Lai, Ang, Por & Liew, 2018; Glascott & Tsao, 2002).

Protection

Prevention of physical abuse. Participants report increased protection from child abuse since participating in the Parenting Challenge. Almost all parents explain they used to physically abuse their children by beating them, for example when the children misbehaved or are moody. This indicates that the numbers of violent discipline were high among the parents, in accordance with the numbers found by UNICEF (2014; 2017; 2018). Since participating in the program, most parents stopped beating their children and started advising them instead, since they discussed the consequences of their behavior. Few parents report that they still beat their children when they misbehave. These parents are at the beginning of the Parenting Challenge, and did not discuss the child protection module yet.

> 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 behavior, like talking to them and giving them advice. (Female, Mundani parenting group)

Children also report this change. They say that now their parents advise them instead of beat them. One child indicated that its parents are still beating, but argues that it happens less than before the program. Another child argues that the parent that participates in the Parenting Challenge does not beat, while the parent that is not participating in the program does.

> When I am angry my mother beats me but my father does not … My father gives me something like food or money. (Female, 9 years old)

Child labour. Further, child labour has diminished among Parenting Challenge participants. Before they would let children carry heavy goods on their head. Parents add they had little knowledge on this topic and did not realize it is abuse. Now, children are not allowed to carry heavy goods or do heavy works. They still help out with household chores, but only if it is age appropriate.

> When I see that children are given heavy goods, I help them and talk to their parents about it; this is something I learned here. (Male, Kalowa parenting group)

Preventing emotional abuse. Forms of emotional abuse like shouting, language abuse and neglect towards children have decreased. Shouting would often go hand-in-hand with abusive language and beating children whenever children misbehaved. After discussing the consequences of abusing behavior, parents use appropriate language and advise children.

> Before I was shouting and beating the children, now I call and advise them and I encourage my children to do well in school and to pray. (Male, Kalowa parenting group)

Emotional support. Additionally, parents argue they started offering more emotional support to their children. Children notice this emotional support. They report getting more advice from their parents and feeling safer to talk to them. Parents used to send the children away when they were crying, because they were annoyed by the noise. Before children were afraid of their parents, now they talk to them. Few children indicate that parents were already doing this before the program.

> When I did something wrong at school and I was punished there and came home crying, before the parenting group they [parents] didn't ask what the matter was and shouted at me to go away because I was making noise. But now they ask me what is

> going on and advise me what to do and maybe go to school to ask what happened. (Male, Children focus group)

Signs of neglect. Many parents report signs of neglect before participating in the program. Parents argue that they would not send their children to school or they would not support their children financially. When children would be sent home from school or dropped out, parents would just let them be. Now participants send their children to school and started businesses and engage in budgeting plans, in order to provide school fees and materials for them. Parents claim they changed their behavior because the Parenting Challenge taught them the importance of education and of doing business to support their children. Children report a change in the support they get from their parents, financially, educationally and emotionally. They also indicate that parents give them more attention in general. The lack of support is mostly reported by male participants. Fathers argue that whenever they would find money, they would not share this with their wives or support their children. Most participants claim that before many fathers were not participating in raising the children.

> I am a fisherman, whenever I catch fish and sold them, I would not give any money to my family. Now I started giving them money to buy things from home. I also started farming to support my family. (Male, 46 years old)

Alcohol abuse. Parents report alcohol abuse as a problem among male participants and a cause for parental neglect. Some fathers used to be drunks, abuse language, come home late and fight with their wife. After participating in the Parenting Challenge, these fathers were advised by parenting members, learned the consequences of their behavior and stopped drinking.

> My husband used to be a drunk and didn't help with parenting tasks … We then took my husband to the parenting group, using an excuse … the group advised and convinced him to change and be a better parent, and now my husband has also joined the parenting group. (Female, 17 years old)

Discrimination. Discrimination of children used to be a frequent occurrence in the parenting community. Parents admit they used to discriminate children with disabilities. For example, children with disabilities would not get to go to school. This corresponds with earlier findings from Braathen & Loep (2011) and Banks et al. (2017) that argue disabled

Malawian children face difficulties obtaining education. Now if possible, they send these children to school.

> The program has also helped put an end to discrimination of children … We now know that we should treat children with disabilities like normal children. (Female, Mundani parenting group)

The program does not contain sufficient information on how to care for disabled children. Parents report they know to not discriminate disabled children, but the program does not help caregivers to meet the special needs for these children. Parents argue they do not know how to care for a child with a disability. Literature shows high risks of abuse for disabled children (Banks et al., 2017) as well as for orphan children (Morants et al., 2013). This coincides with the findings of this study. Before, participants did not know how to care for orphan children. Some parents report they still discriminate orphan children, for example when they find little food, they will only give it to their own children and not the orphans. However, most parents argue that now they treat orphan children the same as their own children.

> I treat them like my children. Whenever I find money, I buy something to give to all children. (Male, 45 years old)

Literature shows that a risk factor of child abuse by caregivers is the lack of knowledge and parenting skills (Meinck et al., 2015). This can be confirmed by the findings of current research that show that abuse by caregivers has been reduced after increasing caregivers' knowledge and improving their parenting skills.

Preventing sexual abuse. Participants report they started dressing their children properly to protect them from sexual abuse. For example, girls are not allowed to wear trousers, miniskirts or shorts. Parents learned how to dress their children properly in the Parenting Challenge, before they had little knowledge about this. Parents do not allow children to play or move around during the night and a parent argues they started teaching their children to be careful around strangers.

Conclusion and discussion

In this research the effects of the Parenting Challenge of Help a Child on parents and children in Malawi were examined. This is the first time the effectiveness of the program is studied. This is important for the organization, since this research can be used to improve and expand the program, as well as gain support for this program. This study also contributes to the knowledge on how parenting and parenting interventions can influence the wellbeing of children. The following topics were included in the research: nutrition, health, play and protection. On the topic of nutrition, parents include more food groups in children's meals, the amount of meals has increased and parents are able to find or grow the right foods. However, giving children three meals a day with foods from all food groups is not doable for all participants. On children's health, parents started implementing prevention methods, like using bed nets to prevent malaria, improved home and personal hygiene and feed children nutritious foods. When children are sick, parents know how to treat them at home and take them to the hospital more often. Since implementation of the Parenting Challenge, the health of the children has improved. Some expanding information on health is missing in the module, and the program lacks on the topic of HIV. This is brought up and discussed by parents in the program, but not include in the module books, even though a large part of the Malawian population is HIV positive. Parents allow more types of play. Before, football and role-play were often not allowed, while now parents notice these types of play benefits the children. On the topic of protection, parents started advising their children when they misbehave instead of beating, abusing language or shouting at the children. Child labour has diminished, and there is an increase in the emotional support of caregivers towards their children. Discrimination has decreased, specifically for disabled or orphan children. However, the program should include exercises on how to care for disabled children. Given the sensitiveness of the topic abuse, the chance that participant's answers are influenced by social desirability is high compared to the other topics. Some forms of abuse can be impulsive, for example when a child badly misbehaves, and therefore harder to control or change. The data shows that the protection of children has increased, but it is not likely that parents never beat or shout at the children anymore, while that is what most parents indicate.

Most of the information participants give about their behavior is confirmed by the children. The data shows that older children from the age of 14 sometimes notice a change in their parents' behavior, while younger children between the age of 9 and 13 argue their caregivers' behavior remained the same. A possible explanation for this is that the program has been running in Zilakoma for quite some time, and some parents have been in the

program for years. This might mean that the younger children cannot comprehend the change in behavior, since they were too young to remember the behavior of their parents before the program. Another possible explanation is that the older children are more aware of the aim of the program or their answers are influenced by social desirability. It was made clear to them that honest answers can only improve the program and benefit their community, so this explanation is less likely. Overall, the program deems to be very effective. These findings were expected and support previous studies arguing parenting education in Sub-Saharan Africa is effective in changing parental behavior and improving child well-being (Cluver et al., 2016; Kimani-Murage et al, 2015; Black et al., 2017; Britto et al., 2017). The program can be improved by including more topics and practical information, specifically on HIV, caring for children with disabilities and expanding information on health care.

The effectiveness of the program lies in providing the participants basic and essential information on parenting, as is found in earlier studies (Cluver et al., 2016; Kimani-Murage et al, 2015; Black et al., 2017; Britto et al., 2017). There are positive effects of parent's social support on child well-being (Morris et al., 2017), and the increased social support parents experience through the parenting group shows to be a main effective component as well. These are two of the main elements of HaC's Theory of Change (HaC, 2019). Literature argues that education or programs should fit in cultural contexts rather than being an universal program (Nsamengang, 2008; Leseman, Paul & Slot, 2014). A program should take into account the unique needs of children within the culture (Nsamenan, 2008). The own influence parents have on the content of the parenting sessions makes the program suitable for the cultural contexts of the community. The insight of the effective elements of this program can be used to create new parenting interventions or to improve existing interventions, as well as expand current program. These findings also support the effectiveness of the Theory of Change that HaC has adopted.

This study counts several limitations. First, due to the COVID-19 outbreak this research is only conducted in one of the locations where the Parenting Challenge is executed. It is recommended for future research to test the effectiveness of the program in different areas, to give a more comprehensive idea of the effectiveness of the program. Second, the number of children that participated in the study is limited. Follow-up research should focus specifically on the experiences of children regarding the program. Third, this research is cross-sectional and therefore the change in behavior parents indicate they go through is difficult to verify. A longitudinal study or a study including both parenting participant and other community members that do not participate in the program can give a clearer overview

of effects of the program. Strengths of this research include a large sample size and the use data triangulation by including parents, children and facilitators. This study has shown that educating and uniting parents can improve the wellbeing of children living in poverty, and can be the key to happy and healthy children.

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