



Raising the Future

*A qualitative study on the effectiveness of the Help a Child
Parenting Challenge in Malawi*

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1. Introduction

As part of our internship with Help a Child, we have conducted a research on the effects of the Parenting Challenge in Lower-Zilakoma, Malawi. This was done in collaboration with Help a Child Malawi and partner organization Lisap. Help a Child has a community-based approach to improving child wellbeing in communities. The positive parenting programme ‘The Parenting Challenge’ aims to improve parenting. In Help a Child’s theory of change physical, socio-emotional, cognitive and spiritual wellbeing are the aim. To reach this goal, the following three pillars are identified: transfer of knowledge and skills, working in groups, and cooperation with external actors and systems. In the end of this report we will come back on this theory of change. The aim of this research was to get in depth insights of the effects of the program on the parents and their children. We aimed to discover personal stories rather than numbers. This report will include the methodology and results of the research, as well as recommendations for the program. Findings can be drawn from this report that can be used to promote, improve, extend and learn about the program

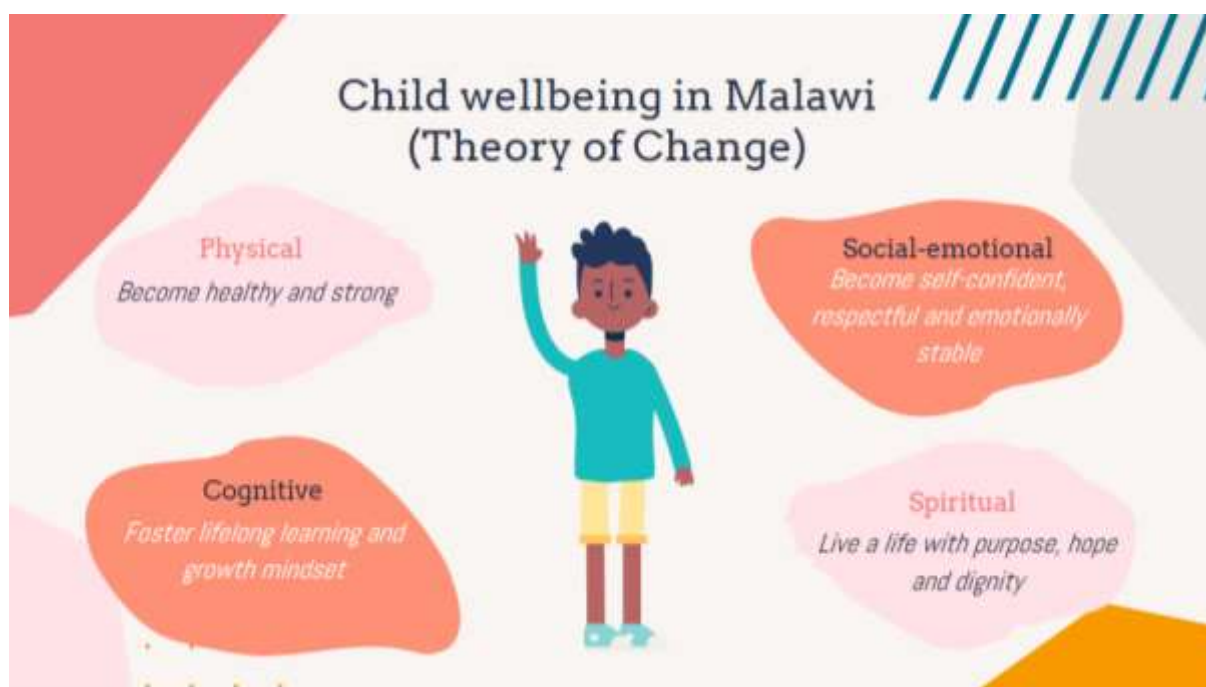


Figure 1. Goals in Help a Child’s theory of change

2. Methods

2.1. Research design

This qualitative research design aimed to understand the perception of parents and children on the influence of 'The Parenting Challenge' on their parenting. 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.

2.2. 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 153 parents, from which 139 participated in focus group discussions. A total of nine focus groups were held, both males and females between the ages of 15 and 65 participated ($M_{\text{age}} = 33.56$, $SD = 11.79$). 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 ($M_{\text{age}} = 39.71$, $SD = 10.18$, $min = 17$, $max = 60$), 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 ($M_{\text{age}} = 16.20$, $SD = 0.99$, $min = 15$, $max = 18$; $n_{\text{female}} = 5$, $n_{\text{male}} = 5$). Within the age group 9-13 years, 7 children were selected for individual interviews ($M_{\text{age}} = 11.57$, $SD = 1.40$, $min = 9$, $max = 13$; $n_{\text{female}} = 4$, $n_{\text{male}} = 3$).

2.3. Instruments and procedure

Data collection was done by focus group discussions and interviews. Both the focus group discussions and the interviews were semi-structured through the use of a topic list which included the topics of the module (Appendix A). The semi-structured design of the focus groups and interviews was chosen to discover information that was not reckoned or expected

beforehand, and to make sure that all module topics were included for reasons of validity. The data-collection was led by an interview moderator, an assistant moderator who transcribed participant's answers, and an interpreter who translated from English to the local Malawian language Tonga and vice versa.

In focus groups, parents were interviewed in a discussion setting in the presence. Before starting the session, the interview moderator explained the aim and the content of the research and asked participants for consent. Consent was taken verbally for each participant. Verbal consent from participants was more suitable because of the illiteracy rates. The group facilitator signed the consent form functioning as representative. Participation was anonymous and voluntarily, and it was clarified to participants that they could leave or refrain from answering a question at any given time without any explanation. The session was opened and closed with singing, dancing and a prayer, which helped ensure that participants felt comfortable and active. During interviews, a more in-depth vision of individual parents was obtained. Parents were interviewed either individually or in pairs. This was done based on participants' preference, 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. Just as the group discussion, interviews lasted approximately one hour.

Data collection among children was done by a focus group and individual interviews. Data collection within the oldest age group has been done by a focus group discussion. Children younger than 13 years were addressed individually and not in focus groups, since the topic might be difficult for them and the young children need personal attention to make sure they 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.

2.4. Analysis methods

For data analysis in focus groups and interviews, a constant comparison analysis is used, where in the first stage the data is categorized into small units (open coding). In the second stage, these codes are grouped into categories (axial coding) and finally in the third stage the researcher develops one or more themes that express the content of each of the groups (selective coding). For an overview of the individually emerged coding trees, see Appendix B.

3. Results

The themes that emerged from the analysis were categorized into:

(1) Joining the Parenting Challenge; (2) Relationships within Parenting Groups; (3) Changes in the Community; (4) Role of facilitator; (5) Content of sessions.

Corresponding with the parenting modules, there are additional themes, categorized into:

(6) Parenting basics; (7) Child nutrition; (8) Children's health (9) Children's play; (10) Child protection; (11) Family communication; (12) Social and emotional support; (13) Educational support; (14) Mechanisms underlying change.

3.1 Joining the Parenting Challenge

Some parents learned about the Parenting Challenge after it was introduced by Lisap ambassadors, others heard about it from friends. The facilitator played a big role in recruiting parenting members. Many parents reported the facilitator came to their house and convinced them to join the parenting group. In the beginning many parents argue they were attending by themselves, especially women. After telling their partner what they were learning, some decided to join. Other partners were convinced by the facilitator or by other parenting members.

"After the start of the group, I was the only one who joined in my family. My husband was not allowing me to attend the meeting. After telling my husband about what they learned, he allows me and also wants to visit." (Mother, 36 years old)

Parents reported they expected to learn how to solve family issues together with others and achieve things that cannot be achieved by themselves. They hoped to learn how to care for their children and to be a good parent.

3.2 Relationships within parenting groups

All parents that were asked, reported that the relationships within the parenting groups are really good. The Parenting Challenges has helped parents make many friends. Parents say they treat each other like family and they feel as if they are one family.

"We treat each other like family. We live as one family without segregating someone." (Mfundi Parenting Group)

Parents indicate that within the group they can share their problems and ideas. All parents that were asked, report they feel safe to share these. They understand each other, feel supported by each other and solve problems together. A facilitator adds that sometimes he notices that parents do not feel safe to talk, because they do not understand some questions. However, he argues this is a minor problem, since he can explain the questions to them.

Sometimes the parenting group visits families at home too. The relationships not only exists within the parenting sessions, but parents argue they find other members even outside the group meetings.

"Before, we were afraid because it was difficult for us to understand each other, we were not friends. Because of the group we made a lot of friends, and are able to approach one another, even parents outside the parenting group" (Kamphungu Parenting Group)

Parents report they help each other in numerous ways. They advise other members, and talk to their partners or children when necessary. Parents indicate they visit each other when they are sick and they help members in terms of money when it is needed.

"We have decided to all contribute money to help families who need it."
(Mfundu Parenting Group)

Young Parents

Recently the Chawaza young parenting group was created, especially for young parents. The facilitator states it was not easy to get these young parents together, but now there are 45 youths participating in the group. The facilitator added a topic about sexual reproductive health to the sessions. Young parents reported that having a separate group especially for them is very important. They can share their own problems, which often differ from problems older parents experience. They argue that older parents tend to not understand their struggles, but other young parents do. A young parent indicates that within regular parenting groups the young parents are not allowed to share their ideas and views, but now they can.

*"What I like about the young parenting group is that we are able to give and share our ideas and problems. **These problems differ from problems older parents have**, which is why it is important to have a youth parenting group."*
(Mother, 17 years old)



Figure 2. Some members of the Chawaza Young Parenting Group

Young parents argue that the Parenting Challenge has helped them a lot. Many young parents dropped out of school after becoming a parent. Since participating in the Parenting Challenge, many young parents went back to school. This is confirmed by the facilitator:

"Since the group started, 7 young parents have gone back to school, 2 to primary school and 5 to secondary school." (Facilitator, 41 years)

There were many early pregnancies and early marriages in the community. The Parenting Challenge has helped in reducing this. Young parents reported that some girls were dating sugar daddy's before, but the group has taught them to date people their own age. Young parents report that they will only discuss parenting issues with parents their own age, not with the older ones. This is because they argue that older parents do not understand their problems.

3.3 Changes in the Community

The Parenting Challenge has brought about changes in behavior beyond the parenting group. Parents reported that they find each other when they experience problems, even outside the parenting sessions. Additionally, parents argue communication increased in the community as well. Participants not only help and advice fellow members, but also non-members in the community. Sometimes this results in new parents joining the Parenting Challenge. Young parents argue they now feel part of the community.

"We [young parents] can now take part in the community, and this wasn't the case before the program." (Chawaza Young Parenting Group)

Parents started participating in community development. For example, working on schools, hospitals and clinics. They also started implementing community hygiene, for example providing clean drinking water and building toilets.



Figure 3. Child demonstrating a community clean water tap.

3.4 Role of facilitator

The facilitator plays a big part in the effectiveness of the Parenting Challenge. The facilitator brings the parents together. Many participants report the facilitator visited them and convinced them to join the parenting group.

"The facilitator is visiting us at our homes and teaching us the introduction to the group, that advise convinced us [to join]." (Father, Chatata Parenting Group)

Participants reported the facilitator plays a big part in their lives. They can turn to him or her with questions and he or she personally helps them solve problems. For example, when members experiences a problem with their partner, the facilitator goes to their house and talks to their partners. One participant gives an example of how the facilitator has significantly helped his relationship with his wife:

"We had a quarrel in our family before and we had a divorce. After our divorce the mother went to Tanzania, but the facilitator helped us through the phone to reconcile and now we are living together." (Father, 35 years old)

The facilitators do door-to-door programs to see how every parent is doing at home.

Participants argue the facilitator helped turn their lives around.

"My facilitator plays a big part in my change as a parent, since he empowers, supports and prays for me." (Father, 41 years old)

The two facilitators included in the research argue they like being a facilitator. A facilitator says he decided to be a facilitator after seeing that many parents in his community did not know how to parent. They were trained by Lisap, however they feel like they could use refreshment training since it was a long time ago. Transport to location is difficult for them,

especially since they have to carry all the modules. A facilitator argues they should be provided with bags to carry the modules.

"I like singing, dancing and jokes. I'm not a teacher, I'm just there to facilitate. I'm only doing what has been written out for me in the modules." (Facilitator, 41 years old)

The facilitators feel comfortable filling this big role, even though it can be very hard sometimes. Facilitating is time consuming and takes a lot of energy. A facilitator reports it has also helped him with his own parenting a lot.

"Now I have a timetable in my home, and now every week I go to school to check the children and the teacher. It really helped me and also my family." (Facilitator, 41 years old)

3.5 Content of sessions

Structure and teaching method

The parents that were asked, did not have much to say about the content of the sessions, apart from that they thought it was good. In first response they cannot think of improvements for the content and teaching style of the sessions. The facilitators however argue that there are some difficulties. The time frame given for each session is not nearly enough to execute all exercises. Usually people walk in later or are absent, and explaining questions and exercises take longer than accounted for and

"The module is okay, the time is a challenge. We don't start at exactly at 2 o'clock. When time is up – people want to go home. Sometimes you have to even do a session twice because of people that didn't show up last week. I also experience to little time for all the exercises." (Facilitator, 36 years old)

A facilitator reports that he deals with the time issues by splitting sessions, which makes that one modules takes way longer than a month, which is the given approximate time per module.



Figure 4. Chawaza Parenting Group in session

"We only continue when they understand the topic. It is better for them to understand three topics than to follow nine topics they don't understand. Topics take way longer than 4 weeks." (Facilitator, 36 years old)

As a solution, a facilitator indicates that the sessions should be three hours. He argues that the parents can stay concentrated for three hours, as long as there are some active and refreshing exercises in between, like singing songs.

Topics

Parents report they like the topics and also the facilitators think that the topics are valuable. Parents find it hard to think of additional topics for the Parenting Challenge, but after some follow up questions parents come to the following topics: disabilities, HIV and technical/business skills. First, parents argue they would like to learn about how to care specifically for children with disabilities, as well as how they can help parents who are disabled.

“There is a certain session where we are teaching that all children should be treated well, both normal or disabled child. But there is no expansion, just on how to take care of a child, meaning all children, disabled and not ... Parents need the extra module. They need to know how to differentiate between normal and disabled children.” (Facilitator, 41 years old)

In multiple focus groups parents mention they would like a module about HIV/Aids, as well as more information on family planning. Parents argue they have learned some things about these topics in the Parenting Challenge, but given the importance and the high number HIV affected people there should be a module specifically on that topic.

“Same with Aids, if you know our country you know that more than halve of the people have Aids. We need a module on that.” (Facilitator, 41 years)

Lastly, parents report they would like to learn some technical skills and business skills as part of the Parenting Challenge. These skills can help them financially and the money they earn can help them to afford sending their children to school, or provide food or other supplies.

“When we learn about technical skills some of us can find money to support their family.” (Father, Chatata Parenting Group)

These additional topics were initiated in some focus groups, but agreed upon by all parents that were asked.

Materialistic improvements

Finally, parents have some materialistic request. Almost all parents report the module books should be translated to Tonga, their regional language. Most parents do not speak English, but

they would like to read the modules themselves.

"The books are in English so we can't teach and learn a topic ourselves"
(Mother, Ulira Parenting Group)

Furthermore parents argue they need uniforms to distinguish themselves as a group. They argue they need exercise books to make notes, writing materials, their own building and cellphones for communication. Parents report they would like to have exchange visits to other parenting groups to share experiences with them and learn from others.

3.6 Parenting basics

In the first module, the 'Basics' module, the parenting group is formed. Parents frequently report this module taught them about their responsibilities as parents, and help them understand who and what a parent is.

"One important lesson for me was to learn about my responsibility as a parent. For example, before the parenting group, I didn't know I was a parent myself. This was because of my young age. In the parenting group I have learned that in fact I am a parent and I realized it was my responsibility."
(Mother, 17 years old)

Two of the parenting groups included in the research were working on the Basics module at time of data collection. Notable is that these parents have learned about many topics already, many more than are addressed in the module itself. For example, participants learned on hygiene, nutrition, health, educational support, etc. One of the groups indicate they have been working on the module for a couple of months now, which might explain how they have covered many topics already.

3.7 Child nutrition

Providing nutritious food

Parents reported the implementation of different food groups in the meals they prepare for children. Participants explained that in the Parenting Challenge, parents learn to include ingredients from six food groups in the daily nutrition of children, and they learn where to find them. Participants started doing this because they learned the importance and benefits of nutritious meals.



Figure 5. Parenting family making maize flour for porridge

"Before participating in the program, I would only feed my child maize porridge.

Now I have learned to use all six food groups, and I prepare various meals for my child." (Mother, 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. Some parents started growing a vegetable garden and participating in farm works after learning how to start a garden in the Parenting Challenge. They learned that this is a way of providing nutritious foods for their children. Participants report that as part of the program they went to visit a community member with a vegetable garden to see and hear how that member managed to grow a garden. 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."
(Father, 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." (Facilitator, 41 years old)

Amount of meals

Not only is there a change in the composition of meals, also 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, most participants now give their children breakfast as well. However, some parents still struggle to feed their children three meals a day. They understand the importance, but are not able to provide enough food for all children.

"I am failing to give them three meals, because the number of children is too many. However, at least three times a week I make sure to find them something for breakfast." (Father, 45 years old)

Participants argue they provide breakfast for their children to improve their health and prevent diseases. Besides, some parents notice a difference in the academic achievement and the activeness of the child since they started giving them breakfast.

"One of my sons was not doing well at school previously. Now he is getting very good grades in school ... before the program I would not give my children morning meals, but as a family we learned the importance of giving our children breakfast before school." (Father, 47 years old)

3.8 Children's health

Family planning and procreation

The changes in the behavior of parents regarding children's health, starts even before birth. Parents reported they learned how to care for children while being pregnant. They also started implementing family planning methods. Family planning is not mentioned in the module, but is brought up in the discussions by parents themselves. Parent report that family planning should be addressed in the module, to help parents understand the health and financial consequences of bearing children frequently. Parents more often get blood tests at the hospital to know their HIV-status, and are open about their HIV-status to their partner.

"When I wanted to get HIV treatment pills I was going alone because I was hiding, now we are going together because my wife is aware that I

am HIV positive now ... and my wife got tested. My wife is also HIV positive, but now we are both on treatment. My last born was born when we were already affected. Because of the parenting group we know how to use the treatment and pills, and the child is HIV negative."

(Father, 46 years old)

Preventing diseases

Many participants started using bed-nets to prevent malaria among their children. Most participants indicate they started using bed-nets after participating in the Parenting Challenge, because they learned the importance of using them. Before, participants argue the bed-nets were available, but parents used them for other purposes, like fishing or selling them.

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

That parents were using the malaria nets for different purposes is confirmed by the children from the 14 to 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." (Boy, Youth focus group)

However, some children within the youngest age group reported that their parents were already using bed-nets, even before the program. Other children, mainly from the 14 to 18 age category, reported that their parents started using the nets after participating in the program. 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.

Hygiene

Parents reported increasing home, personal and community hygiene. Many parents argue they learned the importance of using a toilet instead of the bush, cleaning their children beds, keeping the house clean and making sure the outside surroundings are clean of trash. Parents reported starting washing their hands after using the toilet, as can be seen in Figure 1. Some children confirm their parents started advising them to clean their rooms and wash their

clothes after participating in the program. Yet many children argue their parents already implemented some hygiene measurements before the program.



Figure 6. Participant showing her invention to wash hands after toilet use.

"At first I didn't have a toilet and a bin, but I learned that it is important to have one. After practicing home hygiene, I was chosen to be a member for the village hygiene committee." (Father, 46 years old)

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." (Mother, 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.

"After the Parenting Challenges when the young siblings get sick, the parents give them painkillers as first aid ... Now when the parents hear that the child is sick they will attend to that child, but before they were just continuing farm works before attending to the child." (Boy, Youth focus group)

There are some difficulties in going to the hospital, since parents have no transportation and the hospital is far. When necessary, they walk to the hospital or carry the sick child on their back.

Changes in children's health

Participants have noticed 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. Parents also argue the children get better more quickly than before.

"Also, before the children were suffering from a lot more diseases, like malaria, but since the program the children are sick less frequently."

(Mother, 53 years old)

3.9 Children's play



Figure 7. Parenting Child showing his self-made 'Bluetooth speaker'.

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.

"Before the program, I was not allowing my children to play with other friends ... 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.” (Father, 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 that learning the 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.

Playing football

In Malawi, football is a popular sport among children and youth. Most parents reported 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. This is applicable to football, and parents started allowing their children to play. Two of the younger children argue their parents allowed 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 with older children, participants 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**” (Boy, Youth focus group)*



Figure 8. Children from the community playing football together and showing a self-made ball.

Role play

Likewise, parents indicate they did not allow their children to participate in role-play or pretend play, meaning children imagine being someone or something else and they play that character. 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. Further, parents

noticed that through allowing play, children became more active than before and they are growing stronger and healthier.

Night time restriction

Most parents explain that now they do not allow their children to play at night. Other parents say they would not allow children to play at night before, because they were afraid that children would participate in sexual intercourse, even from a young age. Now some parents allow children to play at night, since day hours are used to do homework. This division is confirmed by the participant children. The young children say their parents do not allow them to play at night anymore, while most older children say they allow night time play now.

"Before they were not allowing me to play in night hours, because they thought I would be practicing sexual intercourse. Now they are allowing me to play, because they think I am making friends."
(Boy, Youth focus group)

3.10 Protection

Prevention of physical abuse

Participants reported increased protection of children from abuse since participating in the Parenting Challenge. Most parents explain they used to physically abuse their children by beating them, for example when the children misbehaved or were moody. Since participating in the program, most parents stopped beating their children and started advising them instead. Few parents reported that they still beat their children when they misbehave. These parents are at the beginning of the Parenting Challenge.

"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 advise." (Mother, Mundani Parenting Group)

Children also reported this change. They say that now their parents advise them instead of beating 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." (Father, 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. Now, 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." (Father, Kalowa Parenting Group)

Additionally, parents argue they started offering more emotional support to their children. Also, whenever the children experience a problem, the parents talk with them and advise them.

Signs of neglect

Many parents reported 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.

"My second born child dropped out from school, and I was just looking and not doing anything. After learning here that it's not good for children just to be sitting at home, I sent him back to school." (Father, 46 years old)

Parents claim they changed their behavior because the Parenting Challenge taught them the importance of education and of doing business to support their children. Some children who had a child themselves at a young age dropped out of school. Parents from the Parenting Challenge advised them to go back to school and finish their education, which many young parents did. Children reported 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." (Father, 46 years old)

Alcohol abuse

Parents reported alcohol abuse to be a problem among male participants and a cause for parental neglect. Some fathers would use to be drunks, abuse language, come home late and fight with their wife. After participating in the Parenting Challenge, these fathers 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 ... because I knew he wouldn't go. When my husband was at the parenting group, the group advised and convinced him to change and be a better parent, and how my husband has also joined the parenting group." (Mother, 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. Parents explain they did not know how to take care of disabled children before, however they would still like to learn more about it, since it is very difficult to them. Now, if possible, they send these children to school. Some parents

mention that girls also used to be discriminated, and would not be allowed to attend school. Participants learned on gender equality, and now many girls get to go to school.

"The program has also helped put an end to discrimination of children, for example discrimination against disabled children or against girls. We now know that we should treat children with disabilities like normal children." (Mother, Mundani parenting group)

However, 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.

Another group vulnerable for discrimination are orphan children. Before, participants did not know how to care for orphan children. Some parents reported 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. Many parents do not tell children that they are orphans until they are of appropriate age, which is different for each child. They are afraid it will affect the child mentally and creates loneliness and feelings of discrimination.

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

Preventing sexual abuse

Participants reported 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. As another prevention measure, parents do not allow children to play or move around during the night. Lastly, in a focus group a parent argues they started teaching their children to be careful around strangers.

3.11 Family communication

The information that parents gave related to the topic of communication could roughly be distinguished into communication with the partner and communication with children.

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, Mfundu parenting group).

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." (Mother, 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." (Father, 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:

"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." (Mother, Mundani parenting group).

Similarly, a boy illustrated:

"My parents before were always shouting at me, but now they are just talking and not shouting anymore." (Boy, 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, Mfundu parenting group).

Figure 9. Children and their friends

As a result, children felt freer to speak to their parents. Parents claim that children used to be afraid to ask their parents anything, since they feared their response.

"Before parenting group when I arrived at home, my children were running away from me. But now after starting talking to them, they run to me and talk whatever they can." (Father, Chawaza Parenting Group)

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."
(Girl, 12 y/o).

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

3.12 Social and emotional support

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, Youth FGD).



Figure 10. Children waving and playing.

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, Kalowa parenting group).*

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, 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." (Mother, 53 y/o).

Figure 11. Mother's during data-collection

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, 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, 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.

Orphan hood

Little information has been given by the parents regarding this topic, and the parents reported a great variation in approaches. Unfortunately, no parent had mentioned how the programme influenced their behaviour. In general, the results show that orphans are taken care of by family or members of the community. Parents report they want to treat the children equally. A mother says:

"My brother died, and I stayed with those children and loved them like my own children." (Mother, Chatata parenting group)

However, parents find difficulty in raising orphans, for example with access to and the distribution of economic resources. The parents' answers did not correspond on whether they told the orphans they were orphaned, or at what age. As an illustration, a mother in a focus group discussion told:

"I was raising one orphan and I was telling the orphan at the age of 21 that he lost his parents, but before telling the child other people around were telling him, the child was just hearing the rumours."

(Mother, Chatata parenting group)

There did not seem to be an agreement within the community on how to handle orphan hood, except for wanting to take care of them.

3.13 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, 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."

(Father, 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, Kachikho parenting group).

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, 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, 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."
(Father, 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.

3.14 Mechanism of change

Increased knowledge

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." (Mother, 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." (Father, 42 y/o, Mother, 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, Kachikho parenting group).

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."

(Father, 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." (Mother, 30 y/o).

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

4. Discussion

4.1 Conclusion

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. The results indicated that the Parenting Challenge positively influenced parenting behaviour. Also, it revealed several underlying mechanisms of change: knowledge, group support, and parental wellbeing. When connecting these results to Help a Child’s theory of change, it is clear that physical, socio-emotional, cognitive, and spiritual wellbeing are improved. Furthermore, the mechanisms of increased knowledge, and group support directly link to the pillars ‘transfer of knowledge and skills’ and ‘working in groups’ in the theory of change. The mechanism improving parental wellbeing links to Help a Child’s rationale that parents can take care of themselves and their children.

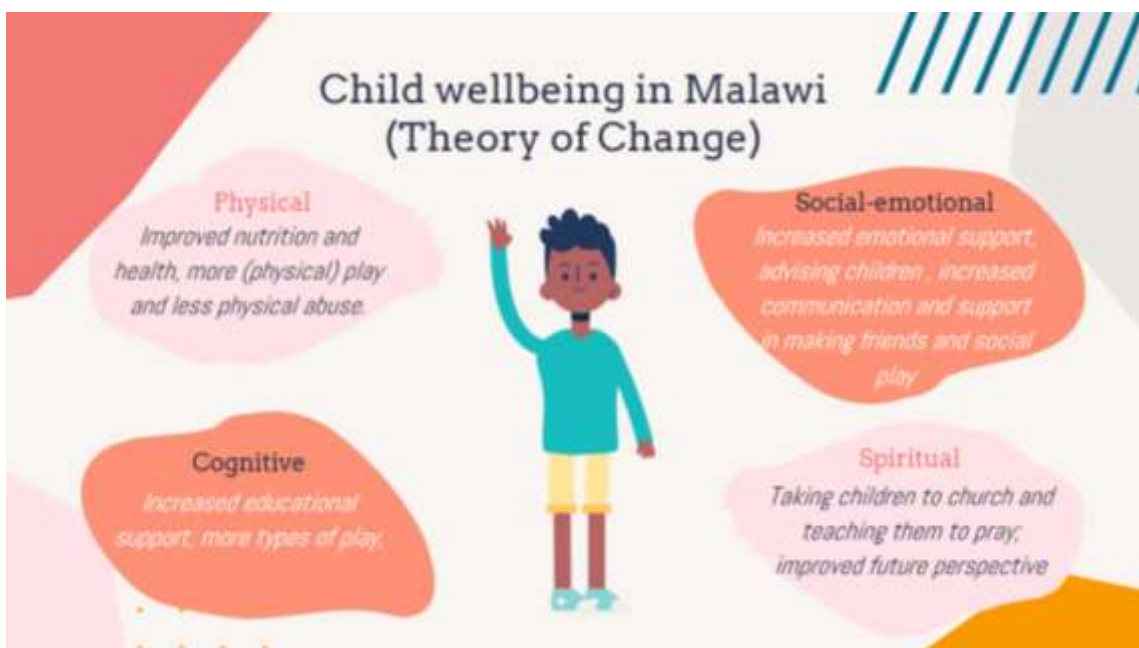


Figure 12. Overview of how the goals in Help a Child’s theory of change are reached through the programme

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, which will be elaborated on below. 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. Finally, it provides a basis for further research regarding the programme.

4.2 Strengths and limitations

A strength of the current research is the qualitative methodology that was used to get more in-depth data. Also, the explorative approach towards these topics contributed to gain new insights. 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.

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. The duration of programme, location, and cultural dynamics could have influenced the acceptance of the intervention, the change in behaviour, and the perception of participants on the influence of the programme. 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 language and culture barrier that we encountered in the research. We 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.

Finally, 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.

4.3 Recommendations for further research

1. Explore the mechanisms underlying change and how they are targeted by the Parenting Challenge.
2. More stratified research could enhance a deeper and broader understanding of positive change and the absence of change.
4. Adding a comparison or control group to the research would add to the quality of the analysis of the results.
5. Culturally adapted research methods should be used, which might be enhanced when local researchers from an independent institute conduct the research.
6. For measuring the effectiveness of the programme, a quantitative study should be conducted that uses a pre-, during- and post-measurement.
3. Further research could explore what is necessary for the parenting groups to continue without the support of Help a Child.
7. Future research could target the engagement of male participants in the programme.

4.4 Recommendations for the programme

The following recommendations are based on our own ideas and the ideas of participants and facilitators. According to our vision, they are presented in the order of importance for the improvement of the effectiveness of the programme: 1 most important – 7 least important.

1. Translate the modules into the local language, this will help with accessibility of the modules for the facilitator and participants.
2. Several topics could be added to the modules: disabilities, HIV/Aids, practical skills.
3. Improve the training for facilitators. The training for facilitators mainly focuses on teaching them the content of all the modules in a very short time-span. Possibly, more time and energy should be put into teaching them what it means to facilitate, for example by having a handout on the do's and don'ts of facilitating. Moreover, facilitators wish for a refreshment training.
4. The modules should be adapted to a more realistic time-frame. The content of the sessions should be shortened, and/or the duration of the sessions should be increased. The need for repetition should be taken into account.
5. Parents let us know they wish to see other groups in order to feel they are not the only parents in the programme, this might enhance the group support they feel in the community.
6. In addition, parents asked for materialistic things such as their own modules, building, transport (bikes), and uniforms.

Appendix A. Topic List

A.1 Topic List Parents

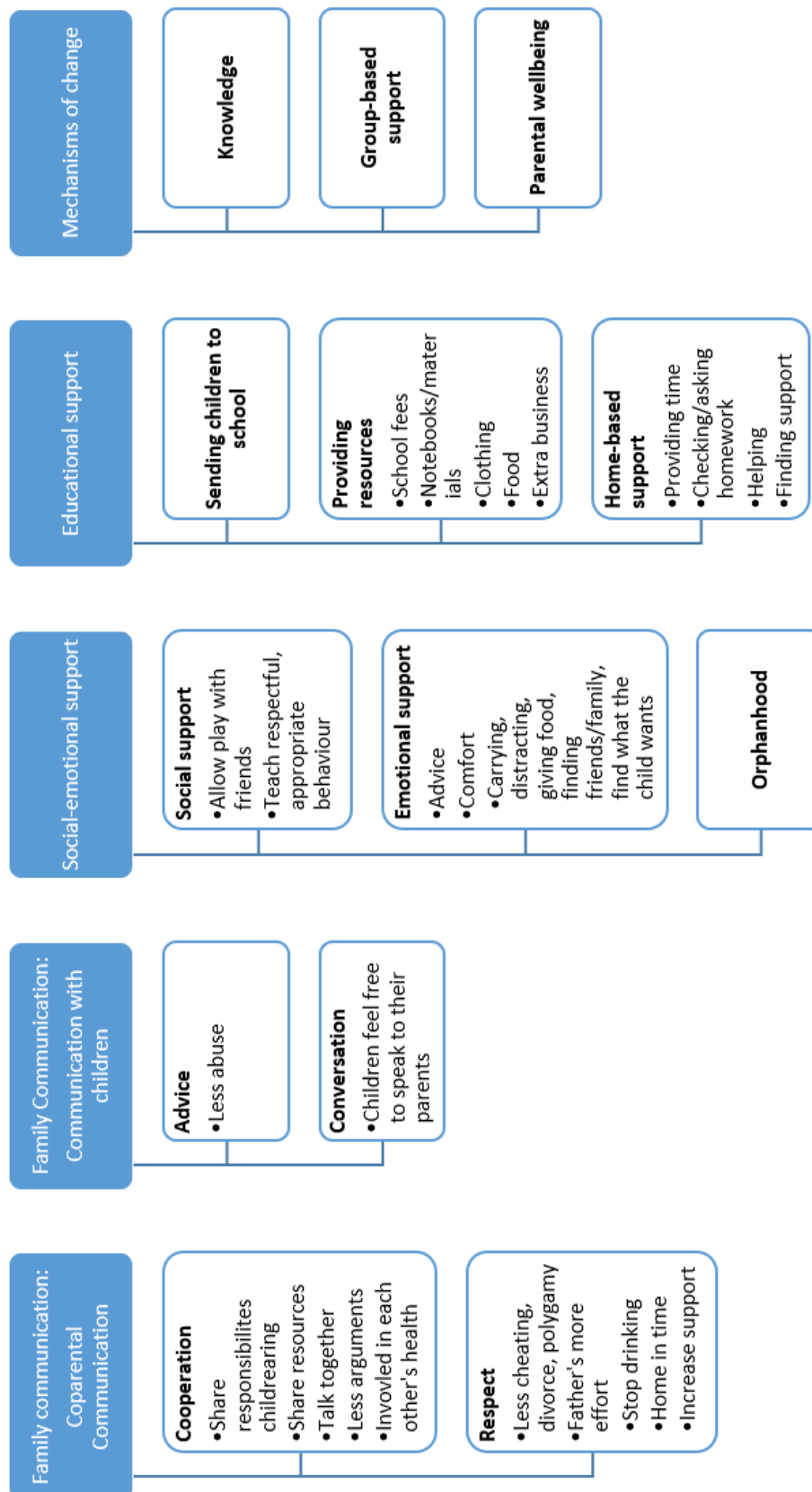
TOPICS	SUBTOPICS	EXAMPLE QUESTIONS
Parenting Challenge in general	<ul style="list-style-type: none"> • Expectation • Relevance • Social components • Improvement 	<i>-What makes the parenting challenge relevant?</i> <i>-What has changed in the connection or relationship with other parents?</i> <i>-How could the relevance of the challenge be improved?</i> <i>-What did you miss / want to learn more about?</i> <i>-What do you use and why + what not, why?</i>
Groups sessions and exercises	<ul style="list-style-type: none"> • Content of sessions • Group dynamics • Social aspects • Facilitator 	<i>-What do you think of the exercises and homework?</i> <i>-How would you describe the social dynamics in the group?</i> <i>-What do you think of the role of the facilitator?</i>
Effects within the Community	<ul style="list-style-type: none"> • Changes • Social components 	<i>-What changes have you noticed since the community started participating in the parenting challenge?</i> <i>-What is changed in the communication and relationship between community members?</i>
Effects within the family	<ul style="list-style-type: none"> • Changes • Social components 	<i>-What changes have you noticed in parenting within your family?</i> <i>-What changes have you noticed in communication within your family?</i>
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 	Within all subtopics the following questions will be addressed: <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 <p>Oldest age group (15-18):</p> <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> <ul style="list-style-type: none"> - Did you notice any changes in how your parents act since participating in the programme?

Appendix B. Coding Tree

B.1 Coding tree Lara



B.2 Coding Tree Lotte

