

Parents' Evaluation of Early Childhood Newborn Parenting Education in Tertiary Healthcare Settings: A Cross-sectional Study

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Abstract

Evidence has proved that early intervention, such as newborn parenting education programs, has a significant impact on child development. This study aims to explore the effectiveness of the newborn parenting education program in a tertiary care hospital in Karachi, Pakistan. A survey was conducted with parents who participated in a newborn parenting education program from October 2021 to December 2022. The sample size achieved was 287. The secondary data collected as part of the newborn inpatient ECD educator consult evaluation was also analyzed. Chi-square and Kruskal-Wallis tests were applied to check the significance of the program. The study findings showed that the mean \pm SD score of overall course implementation was 4.2 ± 0.7 . The majority were very satisfied with the level of interaction with participants, 169 (58.9%), followed by 105 (36.6%), $p < 0.001$ participants reported that they acquired new knowledge, 123 (42.9%) participant were extremely satisfied with the queries responded, 135 (47.0%) participants found the parenting material useful, and overall, they were extremely satisfied with the course implementation 116 (40.4%), $p < 0.001$. However, future research is required to assess the effectiveness of parenting education programs across various levels of healthcare settings.

Keyword: *newborn; parenting; education; program; impact*

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Introduction

Parenting should be considered multidimensional as it transitions among various constructs, such as looking after nutritional needs, spiritual nurturing and development, academic attainment and support, and modeling social norms of behavior and appropriate responses (Coatsworth et al., 2018; Durairaj et al., 2018). Parenting education seeks to train and support parents in developing confidence and competence in the parenting role and the resulting impact on family outcomes (Črnčec et al., n.d.).

Parenting programs can have a significant impact on child development. There is evidence to prove the efficacy of early interventions on the whole family. Parenting programs should be assessed based on evidence of the interventions and resulting outcomes to develop large-scale policies and programs to support children and families to lead a good life (Olds et al., 2007). Parenting programs are promising for improving children's life courses, reducing disease burden, and other developmental problems that impact the socio-economic stability of governments and society. Parenting is essential to the child's development and significantly impacts cognitive and behavioral outcomes (Neel et al., 2018; Leijten et al., 2019). Parenting lays the foundation of a child's character and personality from infancy, adolescence, to adulthood. Effective parenting practices can regulate a child's emotions, responses, and actions (Morris et al., 2017) and ensure academic attainment (Kiernan & Mensah, 2011; Liu et al., 2020). A systematic review of the literature suggests that early parenting interventions, including parents' education on childbirth and childcare, led to more responsive and confident parenting with observable outcomes in children's development (Mihelic et al., 2017).

In low-and middle-income countries (LMICs), more than 250 million children under the age of five cannot achieve their developmental potential due to various social and economic factors (Zhang et al., 2021). Lack of parenting education further worsens the situation as evidence has proven that parents with limited education on childcare lead to poor child development and low academic performance (Jacob, 2023). In Pakistan, early childhood care and education are among the lowest priorities of the country's leadership (Khan, 2018). Therefore, parents in Pakistan experience significant barriers due to limited support (Bhamani et al., 2024). Existing healthcare and other sectors lack structured parenting education programs, which affects the capability of parents to provide a nurturing and stimulating environment for their children (Bhamani et al., 2024).

While child-rearing is a naturally occurring phenomenon, parenting is a skill that needs to be learned and improved for various intended outcomes. Parents should be adequately prepared to bear the responsibility of nurturing human beings and supporting their growth to make their lives ready. Infancy is a compassionate time in the life of an individual. Multiple aspects can be at risk if the parents are not adequately prepared to care for the child. A child needs physical, mental, and emotional protection and care for growth and development. Effective parenting education programs support parents in developing a strong parent-child relationship and help their child to reach developmental milestones and the acquisition of specific skills, such as positive social behavior (Mahoney et al., 1999) and academic attainment (Liu et al., 2020). New parents should be educated and receive training to develop and sharpen the skills of responsive caregiving. Additionally, they should be able to identify signs of injury, sickness, and distress to ensure the baby is well.

The impact of any parenting education could be assessed by the relative change in parents and the developmental outcomes in a child. Observations and investigations of parenting styles and interactions with the newborn, early years developmental outcomes, and school readiness are some indicators of the quality and effectiveness of parenting and parenting programs. Outcomes should be examined objectively and measured against the intended results with clear public health relevance (Olds et al., 2007), i.e., parents' competence and confidence in parenting and child developmental milestones. The role of health providers, clinics, and screening is critical to map the changes in the intended outcomes. Data collection and analysis are essential to tabulate behavior and evidence to determine the effectiveness of parenting education programs. Self-assessment questionnaires, interviews, and observation of parent-child interactions are also ways to assess parenting outcomes. There is a need for more research based on sound design, methodology, and analytical approaches to observe the effectiveness of parenting programs on newborns and child development (Mattingly et al., 2002). Good assessment and evaluation of parenting programs for large-scale policymaking requires effective program design as well as execution and implementation, and monitoring and evaluation procedures. Research suggests mothers can feel more confident and competent in caring for their babies with parenting education. Hospital visitation significantly decreased in one study, and there was a significant increase in knowledge of newborn care (Shrestha et al., 2016).

Family is the first school of life for a child. The safer and more secure the family union is, the more effective it is in an individual's life. The basic unit of a healthy society is a balanced and positive family life and interaction. Parenting education programs are essential to tackle many development problems that hinder society's sustainable growth, such as gender violence, literacy rate, health-seeking behavior among all age groups, and, especially, women and adolescents. Parenting education programs can potentially involve the community at a personal and collective level. It can bring people together to talk about what matters the most in an individual's life, family, and relationships. It is primarily about developing a mindset where learning is valued and given pivotal importance. The more people appreciate the impact of education, the more inclined they will be to subscribe to educational programs, and the more positive the outcomes will be for individuals and families.

Parents should be offered plenty of opportunities from the moment they plan to have a child through pregnancy, childbirth, and beyond to develop their knowledge and attitudes and practice effective parenting. From a societal standpoint, it is the most critical investment to benefit nations' sustainable growth and development and the modern world.

Evidence-based research on the effectiveness of parenting education programs can capture the interest of organizations, donors, and public and private institutions to invest in developing the basic unit of society – the family. Parenting education models and tools, based on the community's needs in context, can help formulate large-scale policies and programs that consistently focus on action and desired outcomes. Therefore, this study aims to explore the efficacy of the newborn parenting education program (NPEP) by assessing the parents' experiences and ratings in a tertiary care hospital in Karachi, Pakistan.

Research Objectives

1. To explore the effectiveness of the newborn parenting education program in a tertiary care hospital in Karachi, Pakistan

Methodology

Study design and setting

A survey was conducted with parents who participated in a newborn parenting education program at the women's health services of the tertiary care hospital in Karachi, Pakistan. The hospital is the largest

private tertiary care facility in the city. There are 128 dedicated beds in the Obstetrics and Gynecology services, which account for approximately 6000 deliveries a year. The duration of the study was from October 2021 to December 2022. Survey design is an effective and easy approach to collecting the perceptions and opinions from large and diverse populations at a single point in time (Lau, 2017).

About the program

In January 2021, the hospital launched a newborn parenting education program inclusive of the labor and delivery packages. The newborn parenting program consists of two brief sessions; one delivered in the inpatient setting, individually on the bed to the primary caregiver, led by a trained nurse, and one conducted after four weeks on Zoom by the program lead, and the genre of this is group consultation. The program is conceptualized keeping all five components of the nurturing care framework by the World Health Organization (WHO), which are a composite of health, nutrition, safety, protection, learning and stimulation, and responsive caregiving. To date, we have covered 6000+ caregivers.

Sampling technique and sample size

A non-probability purposive sampling technique was used. The sample size was calculated using the formula $n = \left[\frac{Z^2 P(1 - P)}{d^2} \right]$. Where the population was considered as $N=6000$ and the proportion as 0.5 due to the unavailability of the literature on this from Pakistan. The sample size calculated was 260. The final sample size was 286 after adding 10% of the non-response rate. The sample size achieved was 287.

Study Participants

The study recruited primary caregivers who received the newborn parenting program consisted of two sessions, one delivered in patient settings and the second was offered after four weeks via Zoom.

Inclusion Criteria

Primary caregivers in ObGyn inpatient settings, who received the parenting education program, inclusive of the labor and delivery packages.

Exclusion Criteria

Primary caregivers who did not receive the parenting education program, inclusive of the labor and delivery packages.

Data collection and questionnaire

An online questionnaire was designed to evaluate the effectiveness of the delivered program. The data were collected from participants after the program as part of the newborn inpatient Early Childhood Development (ECD) educator consult evaluation. Already collected secondary data were analyzed, and no person or family was contacted. The data was on a 5-point Likert scale where one means not at all satisfied, and five means extremely satisfied.

Data Analysis

Descriptive statistics were calculated. The mean score of participant satisfaction was presented as mean and standard deviation (SD) for variables on the Likert scale. The normality of the data was checked using the Shapiro-Wilk test. Frequency and percentage were calculated for qualitative variables. Bar graphs were used to display the data visually. Chi-square and Kruskal-Wallis tests were applied to check the significance of the program. The data were analyzed using STATA version 16.

Ethical Considerations

Ethical approval was sought from the institution's Ethical Review Committee before the data collection. Informed consent was obtained from each participant, and they were informed about the purpose and significance of the study. Additionally, the right of voluntary participation was given. Anonymity and confidentiality were ensured. The data was kept in a password-protected computer and only the core research team has access to it.

Results

Of the 287 participants, almost all had smartphones to attend the NPEP 285 (99.3%). The mean score of participant satisfaction was higher in all evaluation categories. The mean \pm SD score of overall course implementation was 4.2 ± 0.7 , followed by the level of interaction with participants 4.0 ± 0.7 , acquired new knowledge 3.6 ± 1.1 , participants' queries responded 4.0 ± 1.0 , and the material was useful 4.2 ± 0.7 (Table 1).

Table 1

Mean score of the participant satisfaction with the newborn parenting education program (n=287).

Characteristics	Mean \pm SD
Level of interaction with participants	4.0 \pm 0.7
Acquired new knowledge	3.6 \pm 1.1
Participants' queries responded	4.0 \pm 1.0
Material was useful	4.2 \pm 0.7
Overall course implementation	4.2 \pm 0.7

Most of the participants were satisfied with the NPEP. Chi-square and Kruskal-Wallis tests were applied to find the significance of the intervention. The majority reported that they were very satisfied with the level of interaction with participants 169 (58.9%) followed by acquired new knowledge, 105 (36.6%), $p < 0.001$ (Figure 1). While nearly half of the participants were extremely satisfied, 123 (42.9%), that their queries were responded to, and the material provided was useful to 135 (47.0%). Moreover, about 40.4% (n=116) were extremely satisfied with the overall course implementation, $p < 0.001$ (Table 2 and Figure 2).

Table 02

Participant response on newborn parenting education program stratified on satisfaction (n=287).

Characteristic	Response n (%)					P-value
	Not at all satisfied	Somewhat satisfied	Neutral	Very satisfied	Extremely satisfied	
Level of interaction	2 (0.7)	7 (2.4)	46 (16.0)	169 (58.9)	63 (22.0)	0.003
Acquired new knowledge	12 (4.2)	28 (9.8)	77 (26.8)	105 (36.6)	65 (22.6)	<0.001
Queries responded	8 (2.8)	11 (3.8)	52 (18.1)	93 (32.4)	123 (42.9)	0.006
Material was useful	1 (0.4)	4 (1.4)	38 (13.2)	109 (38.0)	135 (47.0)	0.008
Overall course implementation	1 (0.4)	1 (0.4)	35 (12.2)	134 (46.7)	116 (40.4)	<0.001

Graphical representation of overall participant response on the newborn parenting education program.

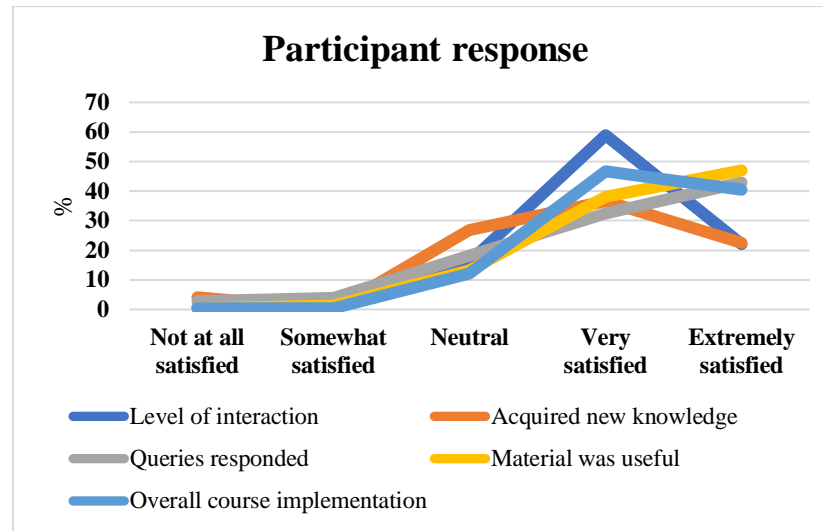


Figure 2: Response from participants as extremely satisfied.

Discussion

The findings of the study reported that participants were extremely satisfied with the intervention of newborn parenting education program in the tertiary care hospital in Karachi, Pakistan. The results showed that 169 (58.9%) were very satisfied with the level of interaction with participants, 105 (36.6%), $p < 0.001$ of participants reported that they acquired new knowledge, 123 (42.9%) participants reported that their queries were responded, 135 (47.0%) participants found the parenting material useful, and overall, they were extremely satisfied with the course implementation 116 (40.4%), $p < 0.001$.

The newborn prenatal education program for Early Childhood Development (ECD) aids in bridging the knowledge gap, including responsive caregiving, breastfeeding, healthy nutrition, early opportunities

of learning, play and child growth. Moreover, providing parents with newborn parental education will bring positive changes in their attitudes and behavior, which ultimately will reduce their distress (Gilmer et al., 2016).

A Canadian interventional study with first-time fathers, providing them with parenting education as an intervention, reported that the mean \pm SD overall satisfaction score was 42.3 ± 5.8 in 5 months and 42.4 ± 6.3 after eight months (maximum 54). Similarly, in our study, the overall course satisfaction score was 4.2 ± 0.7 (maximum 5). A study from Nepal reported that the “newborn care education program in primiparous mothers” had a significant increase in newborn care knowledge among participants. The study showed that there was an increase of 2.4 units in their knowledge. The mean \pm SD of acquiring knowledge from this intervention was 16.4 ± 2.0 (maximum 23), $p < 0.001$ (Shrestha et al., 2016). Similarly in our study, participants mentioned that they acquired new knowledge, and they are satisfied with the parenting education program. Another study from different states of the United States (US) by Jespersen, Jens E., et al. (2021) on the effectiveness of parent education with parents of children ages 0–4 reported an increase in knowledge by 0.2 units pre- to post-intervention. The mean \pm SD child-development knowledge was 3.8 ± 0.6 (Jespersen et al., 2021).

In our study, nearly half ($n=123$, 42.9%) reported extreme satisfaction with the queries responded. Mantha et al. (2008) found that newborn mothers in Canada found it supportive when midwives stayed with them during breastfeeding, answered questions, and used a variety of educational resources (Mantha et al., 2008). Similarly, Wong, Sabrina E. et al. (2011) reported parents to get satisfied with such interventions and educational programs when they can have their questions addressed, which increases their self-confidence and self-efficacy, and has been associated with favorable parental attitudes (Wong et al., 2011).

A study from Virginia, US, mentioned that 81% ($n=1947$) of attendees reported learning, knowledge change, increased confidence, and satisfaction by the implementation of parental education programs (Gehl et al., 2020). Also, the same population reported that they learned a lot from the materials provided and 85% ($n= 234$) stated that they were satisfied with the material provided and that it was useful (Gehl et al., 2020).

Organizing and implementing NPEP is a challenge. Proper arrangements, selection of training material, and right execution will impact on the learning process and ultimately bring satisfaction to the parents. However, technology in recent times is a great tool to deliver such parental education programs. Through technology, such programs can be delivered anywhere. This study was delivered through an online medium, and almost all (n=285, 99.3%) had smartphones to attend the NPEP. Similarly, a study in Singapore determined the effectiveness of a technology-based educational parenting program. Moreover, parental satisfaction was evaluated, and the overall mean \pm SD score was 82.1 ± 12.1 (maximum 99) (Shorey et al., 2019). Comparatively, the results aligned with our study, which also reported a maximum mean satisfaction score.

Parents are the first teachers of the newborn and continue to be involved in their education and lives. Parental responsiveness, education, acts, and beliefs have a significant impact on their children's development (Liu et al., 2020). NPEP is one of the significant interventions that engages parents with their children and allows them to spend time. Research shows that parental engagement in newborn education promotes emotional and social growth (Morris et al., 2017), improves language, and promotes social behavior. This also increases parental interaction with their children. Moreover, it helps them to perform better in school, and it also improves both physical and mental health (Liu et al., 2020; Jeon et al., 2020; Neel et al., 2018)

Newborn parental education programs are effective in providing parents with relevant information and assistance. These programs provide continuous and standardized training that builds confidence in parents as caregivers. Furthermore, supports their general well-being and equips them with the tools required for efficient parenting (Coatsworth et al., 2018; La Monica et al., 2019).

Strengths and limitations

This is one of the studies in Pakistan that is implementing newborn parent education programs and evaluating their efficacy and parental satisfaction. This study is among a few studies in Pakistan that have provided intervention to many participants and noted their experiences. A large sample size was used in this study as well, and a robust analysis was applied to understand the satisfaction level with intervention characteristics.

The limitations of the study include. First, it was a single-center private tertiary care hospital-based study. The implementation and

outcome could be different in other settings, like a community. Secondly, this study doesn't have a comparison group. It evaluates participants' satisfaction who received the standard program. Moreover, this study doesn't collect real-time data, and already collected online data might have incurred wish bias. Also, this study has not collected the baseline data to check the participants' level of understanding. Lastly, the results of this study are not generalizable as it is collected from a single center.

Conclusion

Newborn parental education programs are highly effective in training parents. These programs not only train parents but also support families in the care, education, and upbringing of a newborn. As reported in the results, the study participant acquired new knowledge regarding newborn parenting, found the parenting material useful, and over program implementation was effective. The success of the NPEP in this study emphasizes the necessity for more parenting education programs across all levels of healthcare sectors, including primary and secondary healthcare settings, to enhance early childhood development. Such studies help develop further parenting education interventions and integration in existing healthcare systems. Moreover, reflecting on parental satisfaction regarding such education programs will lead to policy development for the implementation and integration of such early childhood development and newborn parent education programs beyond the tertiary care hospitals. However, future research is required on the establishment and advancement of innovative newborn educational programs.

Recommendations

The findings of the study stipulate that there is a dire need to design programs for parenting education and engage parents to codesign, evaluate and peer cascade these. More so, healthcare settings, particularly child and maternal centers should offer parenting education by integrating it into routine antenatal, postnatal and child health visits, which ensures parents have consistent access to education pertinent to child development and nurturing care. Similarly, educational settings should also offer parenting education programs from their platforms and regularly engage parents in evaluating and proposing interventions which could address their parenting needs and equip them with skills to offer responsive interactions at home and beyond.

Ethical approval and consent to participate

All the research work was carried out in the light of the Declaration of Helsinki.” Ethical approval was obtained from the Aga Khan University, Karachi, Pakistan. Informed written consent was taken before the data collection.

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