



A Hybrid Parenting Program: A Pathway to Improve Parental Mental Health and Child Behavioral Outcome amongst Rohingya Refugee Community in Malaysia

Presenter : Rojanah Kahar, PhD /
rojanah@ upm.edu.my



Introduction

INTRODUCTION



- The **global refugee crisis** has led to a significant increase in children, necessitating urgent attention to their needs, including education, healthcare, and psychosocial support, to foster resilience and integration.
- **Insufficient access to parenting support programmes** for refugee families leads to unaddressed behavioral issues in children, emphasizing the need for integrated interventions that empower parents to manage externalizing behaviors effectively.



ISSUES AND CHALLENGES



- Refugee families face **numerous challenges**, including economic hardship, insecurity, difficulty accessing resources and services in host countries, and the struggle to adapt to new cultural environments (Lewig, Arney, & Salveron, 2010).
- These stressors can **impact parenting behaviors**, as parents and caregivers often find it difficult to support both themselves and their families (Ballard, Wieling, & Forgatch, 2018).
- When exposed to traumatic stress, parents and caregivers are at an increased risk of adopting poor parenting practices, such as harsher and more inconsistent discipline (Eltanamy, Leijten, Jak, & Overbeek, 2021; Timshel, Montgomery, & Dalgaard, 2017).

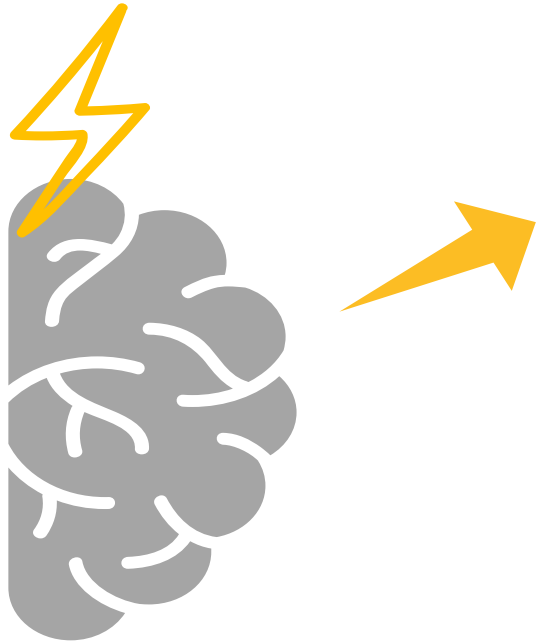
PROBLEM



- ✓ 159, 480 people from Myanmar - including 106, 390 Rohingya (UNHCR, 2023)
- ✓ Refugees in Malaysia face numerous challenges including lack of legal status, limited access to education and health care, employment restriction, housing and living conditions (Rajaratnam & Azaman, 2022).
- ✓ The longer the refugee stay in Malaysia, parental self efficacy reduces and children's behavioral problems escalate (Shaw et.al, 2021a)
- ✓ Shaw et.al (2021b) - Afghan and Rohingya refugees residing in Malaysia who participated in a parenting intervention reported beneficial changes in child intensity, parental self-efficacy, family intimacy, family conflict and emotional distress for the treatment group.



- There is a gap in research on parenting interventions specifically designed for Rohingya families in Malaysia and their effectiveness within this community.
- Urgent need for integrated interventions that help parents manage children externalizing behaviours effectively.



This study aimed to evaluate the Naungan Kasih Hybrid parenting program targeting Rohingya refugee parents in Malaysia, with aim of improving child behavioral outcome and parental mental health.



Methodology

METHODOLOGY



Design : Mixed-method

- Quantitative : Pre-post Survey
- Qualitative : Focus Group Discussion

Study sites: Rohingya Women Development Network (RWDN) community center

*Participants were identified and recruited by HOST International



Target sample: Rohingya refugees residing in Selayang, Ampang and Gombak areas (Selangor)

No of sample

- Pre-post survey - Baseline 84 participants (Male=42; Female=42); Post test 75 participants (Male=38, Female=37)
- FGDs - 2 groups (Male=10; Female=10)

Inclusion Criteria:

- Rohingya refugees registered under UNHCR
- Aged 18 years and above
- Have a child aged 2-6 years.
- Parent/caregiver spends most of the time with the child
- Give consent to participate in the study

*Ethical Approval involving Human subjects from JKEUPM - Universiti Putra Malaysia (**JKEUPM-2023-1449**) and the University of Oxford Research Ethics Committee (**Approval No. R94406/RE001**)

INTERVENTION



Five modules in the RohingyaText are as follows:

Spend One-on-one Time with My Child

Give Praise

Create a Routine for one-on-one Time

Noticing Feelings During One-on-One Time

Keeping Calm When We Are Stressed



RohingyaText

An **audio**-only chatbot that provides five lessons over 10 days, enabling users to engage with the modules through short audio messages.

Delivered to all participants via individual WhatsApp chats



WhatsApp group

To promote programme engagement.
It served as a medium of communication.



2 In-person sessions

Onboarding and Closing sessions
(2 hours/session)



Results

PARTICIPANTS



- A total of 84 participants (Baseline: Males=42, Females=42)
- 75 (Post-test: Male=38, Female=37) remained until the end of the programme.
- For the analyses, only those who completed both baseline and post-test were included.

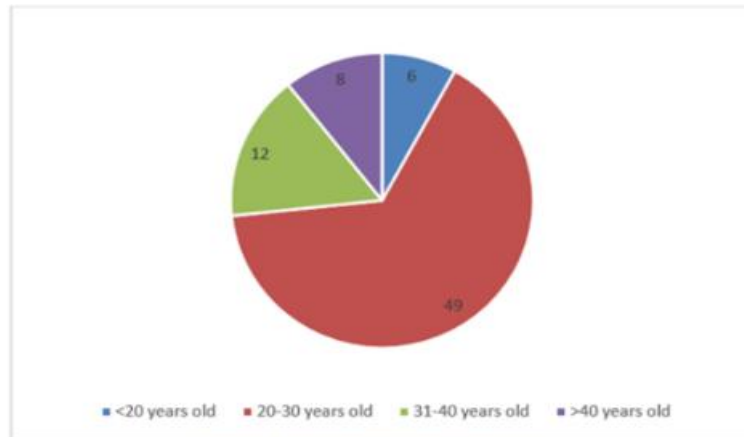


Figure 1: Age Category of the Participants

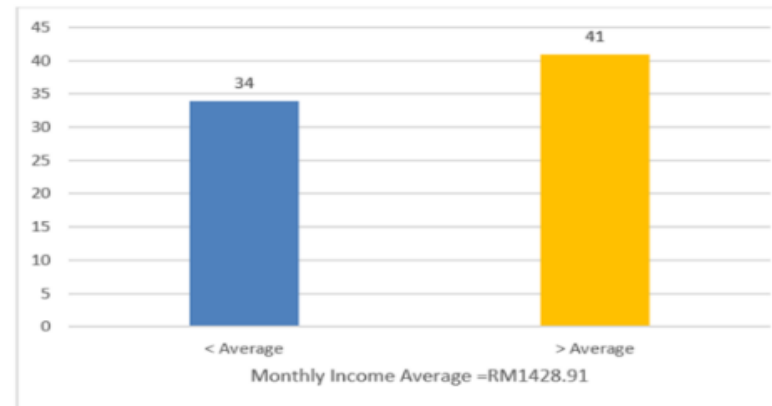


Figure 2: Family Monthly Income

- The average age of the participants (parents and caregivers) was 29.28 years old (minimum, 18; maximum 62).
- On average, the participants have an income of RM1,428.91 per month with a standard deviation of 410.17
- Minimum child age- 2 years./ Max = 6

IMPACT ON PARENTS AND CHILDREN



One item - PHQ (Spitzer, Williams and Kroenke, 1999) assessed parent/caregiver mental health: “How often have you felt down, depressed, or hopeless?”

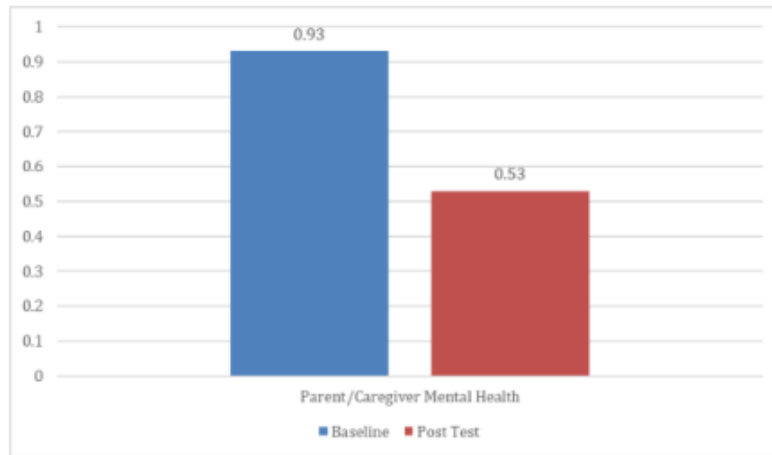


Figure 7: Mean Score Difference on Mental Health

- Baseline, $M=0.93$, $SD=1.09$) and post-intervention ($M=0.53$, $SD=0.86$) the parenting program, $t(74)=2.63$, $p=0.010$.
- Significant improvement in participants mental health after completing the programme.

Qualitative data :

- Participants observed their children becoming more respectful and loving towards their parents
- Displaying more positive mood
- Behavioral changes

FOCUS GROUP DISCUSSION



- Notable improvement in self-anger management (interactions with children)
- Several fathers – no longer shout / lose patience; mothers – share similar transformations
- Increased attachment and communication with children

*“I used to get angry, shout a lot and used to beat my children. After joining this programme, **I become very calm now**” (Father 10,11, 13,14, 18)*

*“Before joining the programme, I did not have much patience and had anger issues as well. After joining the programme, **I improved my patience**” (Mother 17; Father 15)*

*“I used to hit my children, but now I don't. I used to get angry quickly, **now I can calm down**” (Mother 9)*

“My children listen more and behave well nowadays.” (Father 4)

“Since the parents spend more time with the children, the children are more loving towards their parents.” (Father 15)

“My children are happy because I spend a lot of time with them.” (Mother 5)

“I can see that the children have become more kind and nicer.” (Father 18)

“My child asked why they haven't been hit yet...” (Mother 6)

LIMITATION



Participants struggled with complex ideas, leading to simplified responses that might **lack depth and detail**.

Refugees' **unstable legal status** may reduce their willingness to participate fully and openly in studies.

The **language barrier** required interpreters, sometimes causing misinterpretations that might have affected data accuracy.

These factors can lead to **incomplete or skewed data**, as they might be reluctant to share information or engage in research due to their vulnerable status.

Addressing these limitations requires careful attention to the refugees' legal and security circumstances to ensure ethical and accurate data collection.



These challenges underscore the importance of developing tailored approaches in future research to ensure more accurate and meaningful data collection



Translational Value/Impact



Translational Value

- This study highlights the potential of **Naungan Kasih hybrid parenting programs** in improving refugee parents' mental health and fostering better behavioral outcomes for refugee children in Malaysia.
- This research offers valuable insights into how such interventions can be tailored to meet the unique needs of refugee families in different cultural contexts.

REFERENCES



- Lachman, J. M., Juhari, R., Stuer, F., Zinser, P., Han, Q., Gardner, F., ... & Landers, C. (2023). "Before I was like a Tarzan. But now, I take a pause": mixed methods feasibility study of the Naungan Kasih parenting program to prevent violence against children in Malaysia. *BMC Public Health*, 23(1), 1-18.
- Lewig, K., Arney, F., & Salveron, M. (2010). Challenges to parenting in a new culture: Implications for child and family welfare. *Evaluation and Program Planning*, 33(3), 324–332.
- Rajaratnam, S., & Azman, A. (2022). Refugee and asylum seeker women's experiences with healthcare and social environment in Malaysia. *International Journal of Environmental Research and Public Health*, 19(11), 6542.
- Shaw, S. A., Pillai, V., Yang, C., & Saasa, S. (2021). Parenting among Rohingya and Afghan refugee parents residing in Malaysia. *Family Relations*, 70(2), 514-528.
- Shaw, S. A., Ward, K. P., Pillai, V., Ali, L. M., & Karim, H. (2021). A randomized clinical trial testing a parenting intervention among Afghan and Rohingya refugees in Malaysia. *Family Process*, 60(3), 788-805.
- Sim, A. L., Bowes, L., Maignant, S., Magber, S., & Gardner, F. (2021). Acceptability and preliminary outcomes of a parenting intervention for Syrian refugees. *Research on Social Work Practice*, 31(1), 14-25.
- United Nations High Commissioner for Refugees Malaysia (2023). Figures at a glance in Malaysia. Retrieved at <https://www.unhcr.org/my/what-we-do/figures-glance-malaysia>.



Partners



UNIVERSITY OF CAPE TOWN
iYUNIVESITHI YASEKAPA - UNIVERSITEIT VAN KAAPSTAD



MAKERERE UNIVERSITY



PARENTING
FOR LIFELONG HEALTH



UPM
UNIVERSITI PUTRA MALAYSIA
KUALA LUMPUR



ATENEO



IDEMS

Donors

The LEGO Foundation



UK Research
and Innovation

CHILDHOOD
WORLD CHILDHOOD FOUNDATION
FOUNDED BY HM QUEEN ELIZABETH II



The
Human
Safety
Net



Interagency partners

unicef
for every child



World Health
Organization



ECDAN
Early Childhood Development Action Network



In support of

Global Initiative to
Support Parents



End Violence
Against Children



Global Parenting Initiative

Follow us

