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RESEARCH ARTICLE (ORIGINAL)

Mothers' Perspectives on the Digital Parenting Program Primeira Infância Plantar Amor

Perspetivas de mães sobre o programa digital de parentalidade Primeira Infância Plantar Amor

Perspectivas de las madres sobre el programa digital de parentalidad Primeira Infância Plantar Amor

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Abstrac

Background: The Early Childhood Planting Love Program (*Programa Primeira Infância Plantar Amor* - PIPA) is a digital parenting program aimed at strengthening parenting skills and promoting child development.

Objective: To investigate the perspectives of involved and uninvolved mothers regarding the content of the PIPA program, as well as the knowledge and skills they have acquired in the areas of parenting and child development.

Methodology: Descriptive and exploratory study with a qualitative approach. The sample consisted of 30 mothers, with a mean age of 28 years (SD = 6.49). Data were collected through online semi-structured interviews. The data were coded and organized using NVivo 12 software.

Results: Three categories emerged: (a) parenting challenges; (b) mothers' perspectives on the program; and (c) parenting practices. These perspectives suggest that digital interventions, such as the PIPA program, are promising models for the conscious and timely use of digital technologies.

Conclusion: These tools are valuable for health education, particularly for groups that consistently require knowledge and skills to improve parenting practices.

Keywords: child development; parenting; health education; digital health

Resumo

Enquadramento: O Programa Primeira Infância Plantar Amor (PIPA) é um programa digital parental que visa fortalecimento da parentalidade e desenvolvimento infantil.

Objetivo: investigar as perspetivas das mães envolvidas e não envolvidas no PIPA relativamente aos conteúdos do programa e os conhecimentos e habilidades adquiridos em parentalidade e desenvolvimento infantil.

Metodologia: Estudo descritivo e exploratório, com abordagem qualitativa. Participaram 30 mães, todas do sexo feminino, com idade média de 28 anos (DP = 6,49). A recolha de dados realizou-se através de entrevistas semiestruturadas *online*. Os dados foram codificados e organizados com apoio do *software* NVivo 12.

Resultados: Emergiram três categorias finais: a) Desafios da parentalidade; b) Impressões das máes sobre o programa e; c) Práticas parentais. As perceções relatadas sugerem que intervenções digitais como o PIPA, apresentam elevado potencial como modelo promissor para o uso consciente e oportuno das tecnologias digitais.

Conclusão: Estas ferramentas são valiosas para a educação em saúde, sobretudo junto de grupos que necessitam continuamente de conhecimentos e competências para promover práticas parentais.

Palavras-chave: desenvolvimento infantil; parentalidade; educação em saúde; saúde digital

Resumen

Marco contextual: El Programa Primera Infancia Plantar Amor (PIPA) es un programa digital de parentalidad que tiene como objetivo fortalecer la parentalidad y el desarrollo infantil.

Objetivo: Investigar las perspectivas de las madres que participan y no participan en el PIPA en relación con los contenidos del programa y los conocimientos y las habilidades adquiridos en materia de parentalidad y desarrollo infantil.

Metodología: Estudio descriptivo y exploratorio, con enfoque cualitativo. Participaron 30 madres, todas mujeres, con una edad media de 28 años (DP = 6,49). La recopilación de datos se llevó a cabo mediante entrevistas semiestructuradas *online*. Los datos fueron codificados y organizados con el apoyo del *software* N vivo 12.

Resultados: Se identificaron tres categorías finales: a) Desafíos de la parentalidad; b) Impresiones de las madres sobre el programa y; c) Prácticas de parentalidad. Las percepciones relatadas sugieren que las intervenciones digitales como PIPA tienen un gran potencial como modelo prometedor para el uso consciente y oportuno de las tecnologías digitales.

Conclusión: Estas herramientas son valiosas para la educación en salud, sobre todo entre los grupos que necesitan continuamente conocimientos y competencias para promover prácticas de parentalidad.

Palabras clave: desarrollo infantil; parentalidad; educación en salud; salud digital



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Introduction

Early childhood development is widely recognized by neuroscience as a critical period due to the brain's rapid growth and vulnerability to lasting damage. It is influenced by protective and risk factors across various contexts, such as genetic, psychosocial, and environmental factors (Mukherjee et al., 2021). Global public policies, such as the World Health Organization's (WHO) Nurturing Care Framework, emphasize the importance of investing in integrated health promotion interventions in childcare. These interventions cover health, nutrition, adequate care, early learning, safety, and protection. Early childhood (the first six years of life) is a priority in public policies aimed at comprehensive care, particularly in the areas of health, education, and social assistance (Daelmans et al., 2021). Remotely delivered parenting interventions, such as online programs, are an innovative option that can overcome the challenges of face-to-face activities and reach a larger number of children and their families. A recent systematic review identified a limited number of studies evaluating the effects of remotely delivered parenting programs on caregiver-child interaction and child development (Solís-Cordero et al., 2022).

The Early Childhood Planting Love Program (Programa Primeira Infância Plantar Amor, PIPA) provides educational content on child development via a digital platform integrated with WhatsApp. The program promotes knowledge and positive attitudes among caregivers of young children. It is marketed to companies and can be offered as a benefit to employees or surrounding communities. The platform includes audio, video, and text content organized around the themes of health, nutrition, and socio-emotional development. The content is adapted to the child's age and can be accessed independently. Given the importance of exploring mothers' perspectives on a digital parenting program to improve the processes involving technological mediation and the role of mobilizing agents, this study aims to investigate the perspectives of involved and uninvolved mothers regarding the content of the PIPA program and the knowledge and skills acquired in the areas of parenting and child development.

Background

As an emerging field of intervention, eHealth provides health services and information through Web-based programs, remote monitoring, teleconsultation, and mobile device-supported care, overcoming barriers such as stigma, waitlists, and financial and logistical constraints (MacKinnon et al., 2022). Digital parenting interventions have been implemented in various contexts with positive outcomes for child development and caregiver-related indicators. These programs aim to enhance parents' knowledge of their young children's socioemotional development at low cost. These programs are offered in various contexts and modes, including group or individual delivery, with evidence of decreased parental stress, improved reflective functioning, and increased caregiver sensitivity (Opie et al., 2024).

Research question

What are the perspectives of involved and uninvolved mothers regarding the content of the PIPA program and changes in parenting knowledge and practices?

Methodology

This is a descriptive, exploratory study with a qualitative approach. It complies with the methodological quality requirements of the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Souza et al., 2021). Thirty mothers aged 22 to 44 years (M = 28; SD = 6.49) participated in the study. The participants were divided into two groups: involved mothers, who had regular access to the program's learning pathways, and uninvolved mothers, who had irregular or incomplete access to the paths and quizzes. The group of involved mothers included 22 participants, while the group of uninvolved mothers had eight participants. Involvement was defined as having regular access and completing the pathways and quizzes. Participants accessed the program using their own devices. PIPA provided access to the learning pathways and support from mediators to monitor and facilitate the activities. This study is the first evaluation of the program from the mothers' perspectives. Participants were required to be either wives of construction company workers or workers at these companies to be included in the study. The data collection instruments were (a) a form for socioeconomic and demographic characterization (biographical and socio-occupational data, such as gender, age, education level, number of children, and length of time accessing learning pathways, among others); and (b) a semi-structured interview with guiding questions about the participants' perspectives on PIPA and possible changes in their parenting practices associated with the knowledge and skills acquired throughout the program. The interviews were scheduled through digital contact with the participants who agreed to participate in the study. The WhatsApp platform was used to determine the most convenient day and time for the interviews. Participants were selected using a convenience sampling technique. Each participant received a letter introducing the research and provided consent by digitally signing the informed consent form. Data were collected through individual, semi-structured interviews conducted by trained interviewers, doctoral students, and child health specialists via a digital platform. The interviewers had no prior contact with the mothers. The interviews lasted between 10 and 20 minutes. The interview transcripts were returned to the participants via WhatsApp. The research team reviewed the transcribed audio recordings imported into NVivo transcription software (version 12) to correct any inconsistencies. An inductive code book was developed based on the individual reading of each interview, which was then reviewed by two coders. These coders were Ph.D. researchers and professors at Brazilian public universities who had experience with qualitative research. They analyzed two groups: involved and uninvolved mothers.

According to Gibbs (2009), the main categories were refined and categorized from the initial codes based on specialized literature on parenting programs and child development. Patterns and discrepancies were identified between groups of involved and uninvolved mothers. A data saturation criterion was not applied; instead, data collection proceeded until exhaustion, as all mothers who agreed to participate in the interviews were included in the study. The research was approved by the Ethics Committee, under opinion 7.033.709.

Results

The mean age of the group of involved mothers was 30 years, and most of them had one child (47%). The mean age of the uninvolved mothers was 33.25 years, with a predominance of families with two children (50%). The thematic analysis of the interviews yielded three main categories: (a) parenting challenges; (b) mothers' perspectives on the program; and (c) parenting practices (Figure 1).

Figure 1

Categories and classes related to the perspectives of involved and uninvolved mothers regarding the PIPA program

Category 1: Parenting challenges

- Parental stress and overload (involved and uninvolved)
- Importance of learning (involved and uninvolved)
- Problem management (feeding, breastfeeding, tantrums - involved and uninvolved)
- Father's participation (involved)

Category 2: Mothers' perceptions on the program

- Access to trails and consistency (involved)
- Satisfaction (involved and uninvolved)
- Interaction with mediators and specialists (involved)
- PIPA kit (involved)

Category 3: Parenting practices

- Developmental milestones (involved)
- Time for play, books, and storytelling (involved)
- Caregiver-child communication (involved)
- Handling tantrums (involved and uninvolved)
- Screen use (involved and uninvolved)

Parenting challenges

This category includes difficulties such as parental stress, caregiving overload, and the need to develop parenting skills. Some participants also mentioned challenges related to staying in the program and using digital resources, as illustrated by the following excerpt: "I really enjoy watching the videos, but I have a hard time because I can't read" (I14 - CE).

Both groups mentioned feeling exhausted and overloaded, which highlights the importance of the support offered by the program: "Sometimes, I would be in the bathroom crying, thinking that I couldn't handle it . . . but through PIPA, I learned that everything has its time" (I4 - CE). Another participant highlighted the importance of sharing experiences through the program: "I am very lonely with the baby. I shared with her (mediator), and that exchange was very good because it provided some relief" (I2 - CNE).

Parental self-assessment and learning were highlighted, and the mothers recognized the need to acquire new skills to manage the challenges of motherhood: "It was all about patience. I had no patience! The psychologist advised me not to shout" (I1 - CE). Another participant highlighted the guidance she received regarding her son's

education: "It's not right for me to be aggressive with my son. She (the mediator) told me that I can't do that and that I have to learn to educate my son properly for each situation" (I3 - CNE). However, the active search for this knowledge was predominantly manifested among the most involved mothers.

The report also addressed issues such as food and tantrums: "He wants something, but if I don't give it to him, he throws a tantrum. Before, we used to give in to his whims, but not anymore" (I11 - CE). In addition, some mothers mentioned fathers' participation in the program, indicating shared involvement:

We have created a routine in which we pass on a lot of what we are learning to her (daughter). I talked to my husband. He watches the videos and shares them with me so that we can talk to our little one in a more light-hearted way. (I12 - CE).

Mothers' perspectives on the program

The reports in the second category reflect the mothers' perspectives on the learning pathways and include suggestions for changes: "I wish the materials could be sent at the end of the month" (I10 - CE). Another participant highlighted the difficulty of completing the activities: "I

always get stuck halfway through and can't finish" (I1 -CNE). All participants expressed satisfaction with PIPA, highlighting the learning paths, the mediators' role, the meetings with specialists according to individual needs, and the recognition of home visits as important strategies for strengthening bonds and developing practical skills. Although participants valued the interaction with the mediators, they also mentioned barriers such as lack of self-confidence and communication skills. Despite these challenges, some participants reported positive experiences: "We felt very welcome at home. The home visit was very helpful" (I3 - CE). Another participant expressed her initial difficulty in interacting: "I felt very welcome. I'm not usually like that. When the staff (mediators) spoke, I would say, 'I can't,' I'm embarrassed" (I4 - CNE). The PIPA kit was highly valued by the group of involved mothers and was considered an important resource for both the child and the mother's self-care: "The first PIPA kit was delightful, and we will never forget it. Whenever I receive one, my daughter already knows that it's from PIPA" (I18 - CE).

Parenting practices

In the third category, the involved mothers showed a wider range of changes in their parenting practices. For example, they expressed greater interest in child development milestones: "She mentions each month of the baby's development, what he does, if he is behind in motor development" (I1 - CE).

These mothers also reported reading stories more frequently and encouraging this practice among other children: "I also gave the books to the children (my neighbor's) to draw pictures" (I2 - CE). In addition, the mothers prioritized playtime, with an emphasis on outdoor activities and quality interactions: "It helped me in several ways regarding his development and how to play with him" (I13 - CE).

Regarding caregiver-child communication, the group of involved mothers mentioned using playful strategies to encourage cooperation in daily activities, such as bathing: "He used to cry when it was time to take a bath. I learned on the platform that I should encourage my child by telling stories and giving him toys. Now, I always do that" (I10 - CE). Managing tantrums was an important learning experience for the involved mothers, who used self-regulation and distraction strategies: "When he was awake, I would talk to him, try to distract him a little, and understand what he was feeling. I put it into practice one day at a time, with patience" (I9 - CE). Uninvolved mothers recognized difficulties and the need for more support: "If I say 'no', it's complicated. I wanted more help understanding the child during those stressful moments" (I7 - CNE).

Mothers in both groups mentioned the use of screens, showing greater control over exposure time and awareness of its impact on their families' daily lives. Some participants emphasized the importance of setting limits and encouraging other types of interaction: "Cell phones are not for children. You have to encourage them to play, and you have to establish a schedule for watching TV

and playing" (I13 - CE). Another participant expressed her concern about excessive screen time among children: "Most of the children around me are focused on their cell phones. They have to stay quiet because they have their own cell phone" (I3 - CNE).

Discussion

This study analyzed the perspectives of involved and uninvolved mothers on the content of the PIPA program and the knowledge and skills acquired in the areas of parenting and child development. The parenting difficulties expressed in category 1, "Parenting Challenges," highlight the potential influence of parental stress and overload on mothers' well-being. Participants recognized these aspects, as well as the need for practical tools to address issues affecting their well-being. Caregivers who report higher levels of stress may exhibit lower quality parenting skills. Although evidence was inconsistent for an association between maternal anxiety, family income, and parenting stress, modifiable factors, such as social support, have been identified as protective elements that can prevent the negative effects of parenting stress on both children and caregivers (Fang et al., 2024).

A study on the acceptability of online parenting programs also found that mothers recognized their openness and willingness to change their beliefs and behaviors based on what they learned about parenting. These programs have demonstrated positive outcomes for both children and caregivers. For children, they promote better emotional regulation. For caregivers, they reduce stress, promote the acquisition of new skills, and encourage practical changes (McAloon & Armstrong, 2024).

Mothers' main concerns, including feeding, breastfeeding, and ways of dealing with tantrums, align with the results of a parental intervention study conducted via WhatsApp. The study identified greater engagement and exchange of messages among mothers at the beginning of the week, as well as an increased discussion of topics related to maternal skills in managing infant feeding. It also showed an improvement in maternal psychosocial well-being and increased social support in pre- and post-intervention assessments (Trude et al., 2021). The present study did not reveal fathers' participation in the program's direct activities, indicating a gap in paternal involvement in parenting interventions. Father involvement in childcare has been increasing in middle- and low-income countries. The concept of paternal involvement, as defined by Jeong et al. (2023), covers a wide range of activities, including financial provision, childcare responsibilities (e.g., bathing and feeding), involvement in early childhood learning activities (e.g., playing and communicating with the child), and participation in household chores (e.g., housework and meal preparation). McCann et al. (2024) identified a significant association between paternal involvement in household chores and a reduction in maternal depressive symptoms, highlighting the importance of such involvement.

The second category explored the participants' perspec-

tives on the program, revealing distinct experiences and perceptions among involved and uninvolved mothers regarding the offered activities. These results corroborate those of the study by MacKinnon et al. (2022) on digital parenting interventions, which indicated the feasibility and acceptability of digital health programs for parents of young children. Most of the studies included in the review reported high levels of participant engagement, retention, and satisfaction, demonstrating eHealth interventions' potential to meet caregivers' needs.

Access to pathways and program retention may have been influenced by factors such as social support received from family members. According to Buhr and Tannen (2020), the following aspects facilitate access to learning pathways: the convenience of autonomous access, the gamification of pathways with game elements and quizzes at the end of each pathway, and content availability in multiple formats (text, video, and audio).

Participants highlighted the interaction between mothers and the program's mediators and specialists as a key factor for acceptance and adherence to the program. They also valued the self-care kit and the educational resources for children, such as the children's book. Although programs based on digital models are promising, they must be evaluated for feasibility, acceptability, and long-term impact. A recent meta-analysis of online parenting programs (Opie et al. 2024) found no significant effects on variables such as social support, parental satisfaction, and stress, indicating that digital interventions need more lasting support to have a more significant impact on caregivers and children. The parenting practices in the third category changed in both groups. The group of involved mothers demonstrated greater involvement and addressed a wider range of topics, highlighting the use of playful activities, such as games and reading stories. Studies worldwide have examined the effects of positive parenting interventions, showing positive outcomes. One example is the ACT Raising Safe Kids Program (ACT Program) in Brazil (Lawrenz et al., 2021). The program's results revealed statistically significant differences in parenting practices, showing a large effect size in emotional and behavioral regulation, a medium effect size in communication, and a small effect size in positive discipline. The group of involved mothers more frequently used positive cognitive parenting practices, such as reading stories to their children. This practice is often associated with parents' literacy levels and can influence how often they read with their young children. Results from book-based interventions, such as dialogic book-sharing, have shown an association with improvements in positive parenting. Murray et al. (2024) also reported evidence regarding specific aspects of positive parenting. Another relevant factor in the parent-child relationship mentioned by the participants is the amount of time devoted to play, which was more frequent among involved mothers. The Brincar Ensina a Mudar (BEM) program (Solís-Cordero et al., 2023) is a digital intervention that encourages positive interactions through play during everyday activities. It is based on the idea of using simple, everyday moments and household objects to promote playful interactions between caregivers

and children. The program aims to improve the quality of the caregiver-child relationship and encourage child involvement. The results revealed significant effects on the quality of caregiver-child interactions. However, no effects were observed on the repertoire or engagement in age-appropriate playful activities during the performance of household chores.

The group of involved mothers mentioned communication between caregivers and children. Studies indicate that children whose parents express affection, support, and positive emotions tend to have higher self-esteem and empathy, as well as fewer behavioral problems (Doan et al., 2023; Gordo et al., 2020; Smit et al., 2022). Understanding and using tools to manage tantrums was mentioned as a decisive aspect involving adult perception, self-regulation, and strategies focused on the parent-child relationship. Studies show that parental self-regulation is crucial for effectively managing children's behavior. Parents who remain calm are better able to use positive discipline techniques (Wang & Gai, 2024). In addition, the literature often recommends distraction strategies as effective methods for redirecting a child's attention during tantrums and promoting a calmer, more controlled environment (Cheng et al., 2024). Appropriate tantrum management based on caregivers' self-regulation strategies also contributes to the development of emotional self-regulation in children. This skill is critical in early childhood and highly predictive of school success and social adaptation (Blair & Raver, 2015).

On the other hand, uninvolved mothers recognized the need to reduce stress in order to respond to these events in a safer, non-punitive way. Studies have shown that interventions that focus on reducing parental stress, such as the Adults and Children Together - Raising Safe Kids (ACT) program and the Dialogic Book-Sharing (DBS) program, are effective in improving parent-child interactions and reducing violent behavior (Murray et al., 2024). Moreover, all of the mothers addressed screen time. Bortoli et al. (2022) found that 24% of children between the ages of 4 and 5 years watched television or used tablets and smartphones for two or more hours per day. These findings reinforce the importance of parents monitoring and regulating their children's screen time and encouraging alternative activities that promote healthier development. The reports from involved mothers indicate changes in parenting practices related to fundamental aspects of child development. These changes include spending more time playing with children, valuing shared reading, and paying closer attention to communication between caregivers and children. These practices are recognized as promoting cognitive, socio-emotional, and linguistic development in early childhood (Britto et al., 2017). By promoting these practices, the PIPA program helps create more enriched family environments, which are characterized by stable, affectionate, and stimulating interactions.

Conclusion

The results of this study reveal various viewpoints on parenting challenges, mothers' perspectives on the pro-

gram, and parenting practices, with relevant distinctions between mothers who were more or less involved in the intervention. These results reinforce the potential of digital parenting interventions as a promising health education model, especially for caregivers of young children who require continuous access to practical knowledge and skills. The high retention rate and satisfaction reports among participants suggest that digital models can be effective and well-accepted when combined with the appropriate support strategies. This study has limitations, including the discrepancy in the number of participants between groups and the fact that data were collected at a single point in time, which may have impacted the comprehensiveness of perceptions and recall of experiences. Nevertheless, these findings contribute to the improvement of digital parenting programs and future research on their effects on child development.

Authors' contributions

Conceptualization: Coriolano Marinus, M. W., Ricarte, M. D., Hass, B. M., Cordeiro, E. D.

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Writing – review and editing: Ricarte, M. D., Cordeiro, E. D.

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