

An Assessment of the Implementation of the ECCD Parenting Education Programme in Bhutan

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Abstract: This article presents a comprehensive assessment of the PEP integrated within ECCD centre programmes in Bhutan. Drawing on data from a nationwide survey of 514 ECCD facilitators, complemented by qualitative insights from field observations and stakeholder interviews, the study examines implementation patterns, content relevance, observed impacts and persistent challenges. Findings indicate that 85.4 per cent of centres conduct parenting sessions regularly, demonstrating strong institutional commitment to parent-focused engagement. However, 91.2 per cent of centres have never delivered the full 16-session programme, with key barriers including lengthy sessions, irregular scheduling and parental socio-economic constraints. Programme content was rated as highly relevant, culturally sensitive and accessible by nearly 89 per cent of facilitators. Observable positive behavioural outcomes among participating families included improved hygiene and sanitation practices (64.9 per cent), enhanced nutrition (62.9 per cent), better parent-child communication (61.7 per cent), and a notable reduction in corporal punishment (27 per cent). The study concludes that while the programme represents a strategically significant and culturally responsive initiative, its full potential remains unrealised due to structural misalignments between curriculum design and the lived realities of families. Recommendations include curriculum adaptation into flexible modular formats, scheduling adjustments, strengthened facilitator support and robust monitoring systems.

Keywords: *Early Childhood Care and Development, Parenting Education Programme, Programme implementation, Parenting practices, Child wellbeing, Nurturing Care Framework.*

Cite this Article

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Introduction

The PEP, embedded within the national ECCD framework, represents a strategic commitment by the Royal Government of Bhutan to equip families with the knowledge and skills necessary to provide nurturing, stimulating and protective environments for children in their earliest years. This commitment is deeply grounded in the country's unique development philosophy of GNH, which emphasises holistic wellbeing, balancing material progress with cultural preservation, environmental sustainability and spiritual fulfilment (Royal Government of Bhutan, 1999). Within this vision, the development of young children is not only a social and educational priority but also a moral and intergenerational responsibility, given that the early years from conception to age eight profoundly influence lifelong health, learning capacity, behaviour and productivity.

In recent decades, Bhutanese society has undergone significant socio-economic transformation. The traditional extended family model, once central to child-rearing, caregiving and the transmission of indigenous knowledge, has been progressively challenged by increasing urbanisation, rural-to-urban migration, a shift towards nuclear family structures and the growing

participation of mothers in the formal workforce (UNICEF Bhutan, 2018). While these developments reflect positive progress in terms of economic participation, gender equity and social mobility, they have simultaneously exposed critical vulnerabilities in child-rearing practices. Many parents, particularly those in remote rural areas with limited access to services, face considerable challenges in accessing reliable, evidence-based information about child health, nutrition, responsive caregiving, early stimulation and positive discipline. Traditional support systems, such as grandparents and community elders, are no longer consistently available. This creates a pressing need for structured, contextually relevant and evidence-based interventions that support parents in fulfilling their roles as children's primary educators and caregivers.

Against this backdrop, the PEP was introduced by the Ministry of Education and Skills Development (MoESD) as a systematic, facility-based response to strengthen family capacity in providing nurturing care. By targeting parents and caregivers directly, the programme aims to bridge the gaps created by rapid socio-cultural transitions and to mitigate risks to children's holistic development, including neglect, malnutrition, lack of early stimulation and exposure to harsh discipline. This approach aligns robustly with international evidence demonstrating that well-designed parenting

interventions improve early childhood outcomes by enhancing parental knowledge, reducing harsh discipline, increasing responsive caregiving and promoting cognitive and socio-emotional development (Burchinal et al., 2016; World Health Organization [WHO] et al., 2018; Jeong et al., 2018).

Problem Statement

Despite the recognised importance of parenting education and the government's commitment to ECCD, there exists a critical knowledge gap regarding how the PEP is actually being implemented across Bhutan's diverse geographical and socio-economic contexts. While the programme has been rolled out nationally through community-based ECCD centres, no comprehensive, nationwide empirical assessment has been undertaken to systematically examine the extent to which the programme is delivered as intended, the barriers that facilitators and parents encounter, the perceived relevance and cultural appropriateness of the curriculum content, and the observable changes in parenting practices and child wellbeing resulting from the programme.

Preliminary reports and anecdotal evidence from district education officers suggest significant variability in implementation. Some centres reportedly conduct parenting sessions regularly and observe positive behavioural changes among parents, while others struggle with low and inconsistent attendance, lack of teaching materials, insufficient facilitator training and an inability to complete the prescribed 16-session curriculum. Moreover, there is little empirical understanding of how parents' socio-economic constraints, particularly in agrarian rural communities, affect their ability to participate consistently. Without systematic data, policymakers and programme managers lack the evidence base needed to make informed decisions about curriculum revision, facilitator support, resource allocation and delivery model adaptation.

Therefore, this study addresses the following core problem: *The PEP in Bhutan, while conceptually sound and culturally grounded, operates in an evidence-light environment regarding its implementation fidelity, effectiveness, challenges and potential for scalability. This absence of rigorous assessment undermines efforts to optimise the programme, allocate resources efficiently and ultimately achieve the desired impact on child development outcomes.*

Significance of the Study

This study is significant for several interconnected reasons, operating at the national, regional and global levels. First, for national policy and practice in Bhutan, the findings will provide the first empirical, nationwide baseline on the implementation status of the PEP. This evidence is crucial for the MoESD to make data-driven decisions regarding curriculum revision (e.g., modularisation and shortening session length), facilitator training (e.g., targeting challenging modules like positive discipline), resource provision (e.g., teaching aids and visual materials) and monitoring systems. The study directly supports the operationalisation of the National Education Policy (2024) and the National ECCD Policy (revised draft, 2023), both of which mandate parenting support as a core service but lack detailed implementation guidance.

Second, for the field of early childhood development in low-and middle-income countries (LMICs), this study contributes valuable

empirical evidence on the challenges and enablers of delivering facility-based parenting education in a remote, mountainous, agrarian society. Most parenting intervention research originates from high-income contexts or controlled efficacy trials, with far fewer studies examining real-world, large-scale implementation in culturally unique settings like Bhutan. The findings will offer transferable lessons for other LMICs facing similar challenges, including balancing fidelity to a standardised curriculum with flexibility for local socio-economic realities, engaging fathers and male caregivers, addressing low parental literacy and integrating parenting programmes into existing community health or education platforms.

Third, for the global Nurturing Care Framework, this study provides a concrete case study of how LMICs operationalise the five domains of nurturing care (good health, adequate nutrition, responsive caregiving, early learning, security and safety) through a nationally mandated PEP. By examining facilitators' perceptions and reported outcomes, the study illuminates which domains are easier to address (e.g., hygiene, nutrition) and which are more challenging (e.g., positive discipline, responsive caregiving), thereby offering insights for global policymakers and practitioners on where technical support and capacity building may be most needed.

Fourth, for the Bhutanese commitment to GNH and child rights, the study directly supports the wellbeing of children and families. By identifying barriers to participation and incomplete curriculum delivery, the research provides actionable recommendations to ensure that all parents, regardless of their agricultural workload or literacy level, can access and benefit from parenting education. The observed reduction in corporal punishment, even if modest, signals progress towards non-violent child-rearing, aligning with Bhutan's international commitments under the UN Convention on the Rights of the Child.

Therefore, this study is significant because it transforms an under-evaluated national programme into an evidence-informed asset for policy refinement, practice improvement and international learning.

Programmed Description

The MoESD has formalised ECCD as a cornerstone of its educational strategy, recognising that early childhood lays the foundation for lifelong learning and wellbeing. Within this framework, the PEP was designed as a critical component to empower parents, who are acknowledged as the first and most influential educators of their children (Ministry of Education, 2011).

The programme's central objective is to build the knowledge, skills and confidence of parents and caregivers to create environments that are safe, stimulating and emotionally supportive. Its curriculum has been carefully developed to ensure cultural relevance, drawing on Bhutanese traditions, family practices and values, while also incorporating international best practices in child development (WHO et al., 2018; UNICEF, 2019). This dual emphasis ensures that parents are not only introduced to contemporary insights in child development but are also able to relate these to their lived realities and cultural norms.

The programme covers key domains of nurturing care, including health, nutrition, responsive caregiving, early learning and safety. It employs interactive methodologies such as role-play, storytelling and group discussions, which resonate with Bhutanese oral

traditions and communal learning practices. The intent is to ensure that parents are active participants in the learning process rather than passive recipients of information.

Link to the Nurturing Care Framework

The PEP is explicitly aligned with the five interconnected domains of the Nurturing Care Framework (WHO et al., 2018), which provides a global blueprint for supporting early childhood development. These domains are operationalised in the Bhutanese context across five key areas.

- **Good health:** Parents are provided with essential knowledge on child health, hygiene, immunisation and preventive care. This ensures that families are empowered to reduce avoidable illnesses and to promote healthy growth.
- **Adequate nutrition:** Emphasis is placed on breastfeeding, appropriate complementary feeding and balanced dietary practices using locally available foods. The programme highlights both modern nutritional science and traditional Bhutanese dietary wisdom.
- **Responsive caregiving:** Sessions underscore the importance of emotional warmth, attachment and sensitivity to children's needs. Parents are guided to recognise children's cues and respond with empathy and consistency.
- **Opportunities for early learning:** The programme encourages parents to integrate play, storytelling and simple household activities into daily routines as opportunities for learning and exploration, thereby maximising the home environment as a learning space.
- **Security and safety:** Parents receive guidance on creating safe home environments, preventing accidents and adopting positive discipline approaches that replace punitive methods with constructive strategies.

Its findings can inform integrated approaches to child development, thereby enhancing long-term human capital outcomes.

Literature Review

Global Perspectives on Parenting Education and ECCD

Globally, there is now overwhelming scientific consensus that the early years from conception to age eight are critical in shaping children's physical, cognitive, social and emotional development. Neurodevelopmental research demonstrates that brain architecture is most malleable during this period, with up to one million new neural connections formed every second, a process profoundly influenced by the quality of caregiving and environmental stimulation (Shonkoff et al., 2012). A large body of evidence demonstrates that interventions targeting parents and caregivers significantly enhance child outcomes by promoting nurturing care, responsive interactions and stimulating home environments (Engle et al., 2011; Britto et al., 2017).

Parenting education has emerged as a particularly effective and cost-efficient strategy, since it directly empowers those most influential in a child's daily life. Unlike centre-based early education alone, parenting programmes address the home environment, where children spend the majority of their waking hours, particularly in the first three years. A seminal meta-analysis

by Jeong, Pitchik and Yousafzai (2018) synthesised data from 102 randomised controlled trials across LMICs and found that parenting interventions produced significant improvements in child cognitive development (effect size = 0.38), language development (0.33) and motor development (0.27), as well as reductions in child behaviour problems. Importantly, the effects were larger when interventions included both information provision and active skills-building components (e.g., practice, feedback, and coaching), rather than didactic instruction alone.

The Nurturing Care Framework (WHO et al., 2018) has been highly influential in shaping global policy on early childhood. It highlights that good health, adequate nutrition, responsive caregiving, early learning opportunities and safety are interdependent factors that collectively determine developmental trajectories. The PEP is considered essential for operationalising these domains at the household level, particularly in LMICs where institutional resources may be limited and where many children experience multiple risks such as stunting, poverty and low maternal education.

Systematic reviews and meta-analyses indicate that PEP contributes to measurable improvements in parenting knowledge and behaviour, reductions in harsh or punitive disciplinary practices and enhancements in children's socio-emotional and cognitive skills (Burchinal et al., 2016; Jeong et al., 2018; Zhang et al., 2021). These findings are consistent across diverse cultural contexts, although programme effectiveness is often moderated by factors such as socio-economic status, parental literacy, the intensity and duration of interventions, and the degree of cultural adaptation.

➤ Empirical findings from LMICs

In a large-scale cluster randomised trial in Pakistan, a community-based parenting intervention delivered by lady health workers improved child development outcomes by 0.5 standard deviations and reduced maternal depression (Yousafzai et al., 2014). In Colombia, the *Familias en Acción* conditional cash transfer programme, when combined with parenting workshops, led to significant improvements in child language and cognitive development (Attanasio et al., 2014). In rural China, a home-visiting parenting programme focused on stimulation and responsive caregiving reduced developmental delays among left-behind children by over 40 per cent (Luo et al., 2019). However, these efficacy trials often differ markedly from real-world, government-implemented programmes, where fidelity, attendance and facilitator capacity are frequently lower (Singla et al., 2017).

Parenting Education in the Bhutanese ECCD Context

In Bhutan, the integration of parenting education into ECCD programmes reflects both national priorities and international commitments. The National Education Policy (2024) and the revised National ECCD Policy (2023) explicitly mandate parenting support as a core service within all ECCD centres. These policies acknowledge parents as central actors in children's learning and wellbeing, while also recognising that traditional family structures are changing and that many parents lack access to reliable child-rearing information.

The development of the National Parenting Education Manual by MoESD in collaboration with UNICEF Bhutan represents a significant milestone in providing structured, standardised and culturally appropriate resources for facilitators (MoESD, 2023).

The manual adapts global best practice to the Bhutanese context by embedding Buddhist cultural values (e.g., compassion, *thagley* (kindness), and non-violence), community traditions (e.g., oral storytelling and collective decision-making) and local child-rearing practices (e.g., use of traditional songs and games). The modules on positive discipline are contextualised within Bhutanese moral teachings, which emphasise compassion (*jampa*), respect for elders and the principle of non-harm (*kale sap*). Similarly, nutrition modules highlight locally available foods such as buckwheat, millet, spinach and dairy products, rather than imported or expensive alternatives.

This localisation is essential, as international research cautions that parenting interventions may lose effectiveness or even cause harm if imposed without cultural adaptation (Proulx et al., 2021; Cabral & Cuevas-Parra, 2021). In Bhutan, where community harmony, respect for elders, face-saving and intergenerational transmission of values are central to social life, embedding parenting education in familiar cultural frameworks ensures greater resonance, acceptability and uptake among families. A qualitative study by Dorji and Wangmo (2020) found that Bhutanese parents preferred parenting messages delivered through local metaphors, stories and examples from Buddhist cosmology, rather than abstract psychological principles.

➤ Empirical findings from Bhutan

Evaluations conducted by the REC (2020) on a sample of 120 ECCD centres indicated improvements in children's cognitive and socio-emotional development, particularly among those from disadvantaged households. Facilitators in that evaluation reported changes in parental practices, such as enhanced attention to handwashing and sanitation, improved dietary diversity (including introduction of complementary foods), greater use of play and storytelling as learning tools, and increased verbal interaction with children. These outcomes demonstrate the programme's contribution to equity, ensuring that children from rural and low-income backgrounds benefit from enriched caregiving environments. However, the REC (2020) evaluation was limited to a relatively small sample and did not focus specifically on the parenting education component; rather, it examined overall ECCD centre quality.

Impact, Effectiveness and Persistent Challenges

While evidence supports the potential of parenting education, several persistent challenges have been documented globally and are likely relevant to Bhutan. First, attendance and completion rates remain inconsistent across many LMICs setting. A systematic review of 49 parenting programmes in sub-Saharan Africa found that average attendance was only 58 per cent of sessions, with drop-out rates exceeding 40 per cent in longer programmes (Kieling et al., 2021). In Bhutan, many parents, especially in rural areas, are unable to attend sessions regularly due to agricultural responsibilities (planting, weeding, harvesting), seasonal labour migration, lack of reliable transport and competing demands of childcare and household chores. This suggests that fixed, centre-based, weekly sessions may not be appropriate for agrarian populations.

Second, resource constraints limit programme effectiveness. Facilitators frequently lack teaching aids, visual flip-charts, story cards, demonstration dolls, handwashing models and dedicated, private spaces to conduct sessions. In many ECCD centres, parenting sessions are held in the same multi-purpose room used

for children's activities, leading to distractions and lack of confidentiality for sensitive topics such as discipline or maternal mental health (Wangmo & Tshering, 2019). Inadequate resources hamper interactive learning, which is a key mediator of behaviour change.

Third, capacity-building gaps are evident. While facilitators are central to programme delivery, many have only basic ECCD certificates and receive limited pre-service or in-service training specifically on adult learning principles, facilitation of sensitive topics, managing group dynamics and providing feedback to parents. Modules such as positive discipline, responsive caregiving and child development milestones are conceptually demanding and require facilitators to role-play, handle resistance and model behaviours—skills that are not easily acquired without supervised practice and coaching (Fixsen et al., 2019).

Fourth, monitoring and evaluation systems are underdeveloped in many LMICs, including Bhutan. Without systematic data on which centres are implementing sessions, how many parents attend, which modules are covered and what outcomes are observed, it is impossible to identify low-performing centres, allocate resources equitably, or test innovations. The absence of dedicated budgets, digital data platforms and specialised monitoring staff further limits the sustainability and accountability of parenting programmes (Ministry of Education, 2011; REC, 2020).

Fifth, parental literacy and educational level moderate programme impact. In Bhutan, despite high primary enrolment, adult literacy, particularly among older women in remote areas, remains a challenge. The Bhutan Living Standards Survey (2017) reported that 11 per cent of women aged 15 and above had never attended school, and functional literacy (ability to read and understand simple text) is lower. Text-heavy handouts, written exercises or homework assignments may exclude less literate parents, necessitating more oral, visual and experiential delivery methods.

Addressing these challenges will be crucial for ensuring that parenting education in Bhutan achieves its full potential as a driver of holistic child development and that the substantial government investment in ECCD translates into measurable improvements in child wellbeing and school readiness.

Aims, Objectives and Research Questions

The present study was undertaken to assess the implementation of the PEP as delivered through ECCD centres across the country. Parenting education constitutes an essential pillar of ECCD provision, directly complementing child-focused interventions by strengthening the knowledge, attitudes and practices of caregivers. It is therefore imperative to evaluate the extent to which the programme is achieving its intended outcomes, the barriers that impede its success and the opportunities for strengthening its design and delivery.

The aim of this study is to examine the effectiveness, challenges and future potential of the PEP, thereby providing evidence to inform policy, programme design and practical implementation at both national and local levels.

Objectives

The study was guided by the following objectives:

- To examine the extent of implementation across ECCD centres. This involves mapping the coverage of the PEP across geographical regions and institutional types and determining the frequency, duration and completion rates of parenting sessions.
- To analyse facilitators' perceptions of the relevance, cultural appropriateness and quality of the content. As facilitators serve as the primary delivery agents of the programme, their views provide essential insight into the suitability of the curriculum and its resonance with parents.
- To evaluate the observed impact on parenting practices, family engagement and child wellbeing. This includes examining facilitators' reported observations of behavioural changes among parents, such as improvements in hygiene, nutrition and parent–child communication, as well as reductions in harmful disciplinary practices.
- To identify barriers and enabling factors influencing parent participation and consistent delivery. The study seeks to uncover the socio-economic, cultural and logistical constraints that hinder parents' attendance and facilitators' ability to complete the curriculum, alongside factors that support or encourage engagement.
- To generate recommendations for strengthening the programme's design, content and delivery and propose evidence-based adjustments to ensure that the PEP is accessible, effective and sustainable in diverse Bhutanese contexts.

Research Questions

To achieve these objectives, the study was guided by the following research questions:

- How is the PEP currently being implemented across ECCD centres?
- What are facilitators' perspectives on the quality, relevance and cultural responsiveness of the content?
- 6.2.3 What observable changes in parenting practices and child wellbeing have been reported as a result of the programme?
- 6.2.4 What challenges hinder effective delivery and sustained parent participation, and what enabling factors promote engagement?
- 6.2.5 What strategies can be adopted to improve accessibility, flexibility and long-term effectiveness of the programme?

Through these questions, the study seeks to generate robust evidence that can inform national ECCD strategies, ensure alignment with national developmental vision and contribute to international dialogue on best practices in parenting education.

Methodology

Research Design

This study employed a mixed-method cross-sectional survey design to capture both quantitative and qualitative perspectives on the implementation of the PEP across Bhutan. The mixed-method approach was selected to enable triangulation of data, thereby strengthening the validity, reliability and depth of findings (Creswell & Clark, 2018). Quantitative data provided measurable insights into programme coverage, frequency of sessions,

completion rates, facilitator perceptions of content and observed outcomes. Qualitative data from open-ended survey questions enriched the analysis by highlighting facilitators' lived experiences, contextual challenges, successful local innovations and nuanced recommendations.

The cross-sectional design was particularly suited to this study, as it offered a snapshot of the programme's implementation across all 20 Dzongkhags and 4 Thromdes at a single point in time (February–March 2027). This allowed for wide geographical and institutional coverage, capturing variation between rural and urban centres, highland and lowland areas, and centres with different levels of community support. However, the design does not permit longitudinal tracking of change over time (e.g., whether improvements in parenting practices are sustained after programme completion) or causal inference (e.g., whether observed changes are directly attributable to the programme versus other factors).

Sampling and Participant Recruitment

The target population consisted of all active ECCD facilitators in Bhutan responsible for delivering the PEP. A census approach was attempted, meaning that all ECCD centres registered with the MoESD were invited to participate. This was feasible because the total number of ECCD centres in Bhutan is approximately 650, and the research team had access to the official national ECCD directory through the ECCD & SEN Division.

Inclusion criteria required that ECCD centres had been operational for a minimum of six months prior to the survey and had conducted at least one parenting education session within that period. In addition, facilitators were required to be currently employed and capable of providing informed consent.

The recruitment procedure involved disseminating the survey through multiple channels to maximise reach, including:

- Official emails were sent to all District ECCD Coordinators, who were requested to forward it to centres in their jurisdiction.
- WhatsApp groups maintained by the ECCD & SEN Division for facilitator communication (approximately 80 per cent of facilitators are active on these groups).
- Paper copies provided to facilitators without internet access or digital literacy, with responses later entered by coordinators.
- Reminders sent two and four weeks after the initial invitation.

A total of 514 complete responses were received. Based on the total number of operational ECCD centres (approximately 650), this represents a response rate of approximately 79 per cent, which is very high for a national survey and minimises non-response bias.

Data Collection Instrument

A structured, mixed-format questionnaire was designed as the primary tool for data collection. The instrument was developed over a three-month period (November 2026 – January 2027) following a thorough review of existing parenting programme evaluation tools from the WHO, UNICEF and similar studies conducted in LMICs. The draft questionnaire was reviewed by a panel of five ECCD experts from MoESD, UNICEF Bhutan and the REC for content validity, clarity and cultural appropriateness. It was then pilot-tested among 25 facilitators from three districts (Thimphu, Trashigang and Zhemgang) who were not part of the

final sample. Based on pilot feedback, questions were reworded for simplicity, response options were expanded, and the length was reduced from 45 to 32 items to minimise fatigue.

The final questionnaire was divided into five sections:

- Section A: Facilitator and Centre Background (8 items) – capturing demographic data (age, sex, years of experience), institutional characteristics (community vs. private ECCD centre, rural vs. urban location, number of enrolled children), and facilitator’s prior training in parenting education.
- Section B: Module Content and Structure (7 Likert-scale items + 2 open-ended) – assessing facilitators’ perceptions of the relevance, accessibility (language level), clarity, cultural appropriateness, and usefulness of the 16 parenting education modules. Likert scales ranged from 1 (strongly disagree) to 5 (strongly agree). The open-ended questions asked were, “Which module do you find most difficult to deliver and why?” and “What changes would improve the content?”
- Section C: Delivery and Challenges (9 items) – documenting the frequency of sessions (weekly, fortnightly, monthly, or irregular), duration (less than 1 hour, 1–2 hours, or more than 2 hours), number of sessions completed in the past 12 months, logistical barriers (e.g., lack of materials, space, or transport); and perceived challenges (e.g., parent literacy or time constraints).
- Section D: Parent Participation and Receptivity (6 items) – gathering quantitative data on typical attendance (percentage of enrolled parents attending), patterns of drop-out, facilitators’ rating of parental engagement (1=very low to 5=very high), and perceived reasons for non-attendance (multiple selection from a list plus “other”).
- Section E: Perceived Impact and Recommendations (4 Likert-scale + 3 open-ended) – inviting facilitators to report on observed changes in parenting practices across 12 specific behaviours (e.g., handwashing, dietary diversity, reading to child, use of praise, reduction in shouting/corporal punishment). Open-ended questions were asked: “What is the most positive change you have observed in parents?” and “What three things would most improve the PEP?”

The survey was administered digitally using Google Forms for facilitators with internet access. For those without, district coordinators administered paper versions and entered responses into a secure database. The median completion time was 18 minutes.

Data Analysis

Data analysis followed a systematic, multi-phase process combining quantitative and qualitative techniques.

Quantitative analysis:

- All numerical data were exported from Google Forms and paper entries into SPSS version 27 for cleaning and analysis.

- Descriptive statistics (frequencies, percentages, means, standard deviations) were calculated for all closed-ended items to provide a comprehensive overview of implementation patterns, content perceptions, attendance rates and observed outcomes.
- Comparative analyses were conducted to explore differences between:
 - Centre type (community-based vs. private)
 - Geographical setting (rural vs. urban, using the National Statistics Bureau classification)
 - Facilitator experience (less than 3 years vs. 3 or more years)
 - Region (western, central, eastern Bhutan)
- Chi-square tests were used for categorical comparisons, and independent t-tests or ANOVA for continuous variables. Statistical significance was set at $p < 0.05$.

Qualitative analysis:

- Open-ended responses from 412 facilitators (80.2 per cent of the sample provided at least one written comment) were subjected to thematic analysis following the six-phase procedure of Braun and Clarke (2006): familiarisation, initial coding, searching for themes, reviewing themes, defining themes and writing up.
- Two researchers independently coded a random sample of 50 responses to establish inter-coder reliability (Cohen’s kappa = 0.84). Disagreements were resolved through discussion.
- Emerging codes were grouped into overarching themes related to programme implementation, including: (1) logistical and resource barriers, (2) parent socio-economic constraints, (3) facilitator capacity gaps, (4) content complexity and length, (5) positive behavioural outcomes, and (6) recommendations for flexibility.
- Illustrative quotes were selected to represent each theme and are presented in the Findings section.

Triangulation

Quantitative trends were cross-verified with qualitative insights. For example, where 59.3 per cent of facilitators reported inconsistent parental attendance as a challenge, qualitative comments explained *why* (e.g., “Parents leave for cordyceps collection for two months – we cannot hold sessions then”). This triangulation enhanced the robustness, credibility and contextual grounding of conclusions.

Ethical Considerations

The study adhered to both national and international ethical guidelines for educational research involving human participants. Ethical approval was obtained from the Research Ethics Board of the MoESD (Protocol No. MoESD/ECCD/2026/112) and was consistent with UNICEF’s ethical standards for research involving children and families (UNICEF, 2015).

Key ethical principles observed:

- Informed consent: An information sheet was provided at the beginning of the survey, explaining the purpose of the study, voluntary nature of participation,

confidentiality protections and the right to withdraw at any time without penalty. Participants provided explicit consent by ticking a checkbox before proceeding. For paper surveys, signed consent was obtained.

- Anonymity and confidentiality: The questionnaire was designed to collect no personal identifiers (name, national ID, exact centre name). Facilitators were asked only for their district and centre type. Data were stored on a password-protected university server accessible only to the two principal investigators. Aggregated findings are presented in a way that prevents identification of individual facilitators or centres.
- Minimisation of harm: No physical, psychological or social harm was anticipated from participation. Facilitators were not asked to disclose sensitive information about specific parents or children. Questions focused on programme implementation and observed general trends, not individual family data.
- Benefit and reciprocity: While there was no direct monetary incentive, the research team committed to providing a summary report of findings to all participating districts and to the ECCD & SEN Division, which can be used for programme improvement. Facilitators were offered a certificate of appreciation for their contribution.
- Alignment with GNH principles: The study respects human dignity, equity and wellbeing. By generating evidence to improve parenting support, the research contributes directly to child and family wellbeing, which is a core pillar of GNH.

Limitations of the Study

While the methodology employed provides a strong foundation for national-level assessment, several limitations must be acknowledged transparently.

- The study offers only a snapshot of implementation at a single point in time (early 2027). It cannot track whether observed behavioural changes among parents are sustained over months or years, nor can it establish causal relationships between programme participation and child outcomes. A longitudinal follow-up study would be valuable.
- All data were collected through facilitators' accounts. Findings may be subject to social desirability bias (e.g., over-reporting session frequency or positive outcomes to portray their centre favourably) or recall bias (e.g., inaccurate memory of attendance rates or specific behavioural changes). The study did not independently verify facilitator reports through direct observation or parent interviews.
- Parents themselves were not directly surveyed or interviewed. Therefore, the study lacks insight into parents' own perspectives on the programme's usefulness, barriers they experience, cultural acceptability and the benefits they perceive. Future research should include parent-focused surveys and focus group discussions.

- Although responses were obtained from all Dzongkhags, ensuring broad geographical representation, there remains significant variation within districts between remote highland villages and semi-urban valley centres. Local socio-economic, cultural and topographic differences may affect the generalisability of aggregated findings. What works in an accessible road-connected centre may not apply to a centre that is a two-day walk from the nearest road.
- Despite efforts to include paper versions, the primary mode of data collection was digital. This may have under-represented facilitators with limited digital literacy, older facilitators, or those in areas with poor internet connectivity. However, the 79 per cent response rate suggests that this bias was relatively small.
- The study did not include direct assessments of child development (e.g., cognitive, language, and motor skills) or child health (e.g., anthropometry and morbidity). Reported improvements are based on facilitator observation, which is valuable but not equivalent to standardised assessment. A future study linking parenting programme participation to child-level outcomes would strengthen the evidence base.

Despite these limitations, the large sample size, (n=514), nationwide coverage, mixed-method approach and high response rate provide a robust, credible and timely evidence base for evaluating the PEP. The findings offer meaningful, actionable conclusions to inform policy, practice and future research.

Findings

The survey received 514 valid responses from ECCD facilitators, covering all Dzongkhags and Thromdes in Bhutan. The findings presented below reflect national-level trends in the implementation of the PEP, while also highlighting variations and challenges reported by facilitators.

Geographical and Institutional Representation

Responses were received from all 20 Dzongkhags and 4 Thromdes, ensuring broad geographical coverage. The overwhelming majority of respondents (98.1 per cent) were affiliated with government-funded Community ECCD Centres, which form the backbone of the ECCD system, particularly in rural and semi-rural communities. Only a small proportion of responses came from private ECCD centres or alternative institutional arrangements.

This distribution reflects the programme's emphasis on equity and its prioritisation of underserved populations. Community centres are strategically located to reach families who may otherwise lack access to structured parenting support. As such, the data are representative of the programme's national reach and demonstrate that implementation is firmly rooted in the public education system.

Implementation of Parenting Education Sessions



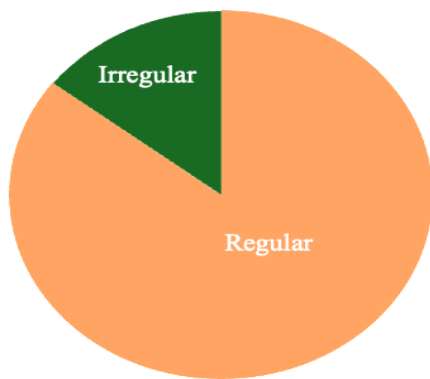


Figure 1. Proportion of Facilitators Conducting Parenting Sessions Regularly

As shown in Figure 1, a substantial proportion of facilitators (85.4 per cent) reported conducting parenting sessions on a regular basis, suggesting that the programme is widely implemented and valued within ECCD practice. However, there is a marked discrepancy between reported frequency and the requirements of the official curriculum. Only 23.7 per cent of facilitators were able to deliver sessions twice per month, which is the frequency necessary to complete the full 16-session curriculum within a year.

Session duration also varied considerably. More than half of the centres (55 per cent) reported conducting sessions that lasted longer than two hours. While extended sessions may allow for deeper discussion, they also pose practical challenges for parents, many of whom balance participation with agricultural and household responsibilities. The combination of irregular scheduling and lengthy sessions resulted in 91.2 per cent of facilitators acknowledging that they had never completed a full cycle of the curriculum. These findings highlight a systemic misalignment between curriculum design and the lived realities of families, particularly in rural agrarian contexts.

Perceptions of Module Content

The parenting education content was consistently rated highly by facilitators. Approximately 89 per cent considered the material relevant to parents' needs, over 80 per cent affirmed its clarity and accessibility of language, and 78.8 per cent judged it culturally appropriate, as shown in Figure 2. Facilitators particularly appreciated the use of interactive methods such as role-play, group discussions and practical demonstrations, which they noted were well-received by parents.

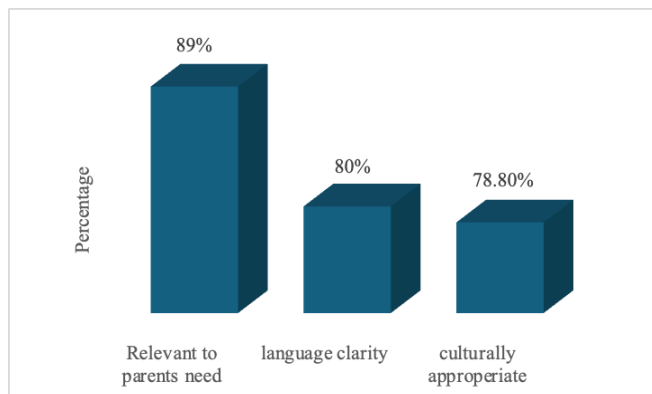


Figure 2: Facilitators' rating of content

Nevertheless, 53.7 per cent of facilitators observed that the 16-session cycle was too long, with some suggesting that condensing

the material into modular packages would enhance completion and retention. Complex sessions, particularly those dealing with positive discipline and responsive caregiving, were regarded as more difficult to deliver, especially in contexts where traditional practices such as corporal punishment remain entrenched. The evidence indicates that, while the curriculum content was valued, its length and complexity were identified as barriers to full delivery.

Session Delivery Strategies and Challenges

Facilitators employed a range of delivery strategies, including group meetings, storytelling, demonstrations and interactive discussions. Foundational sessions, such as those focused on hygiene and nutrition, were considered relatively straightforward to deliver due to their practical orientation and immediate relevance to daily life. In contrast, abstract or conceptually demanding modules, such as those on child development milestones or non-violent discipline, were reported as more challenging. Key challenges reported included:

- inconsistent parental attendance (59.3 per cent), often linked to seasonal agricultural labour.
- lack of teaching and learning materials (58.4 per cent), limiting the use of visual aids and interactive activities.
- low parental literacy levels (47.5 per cent), which constrained facilitators' ability to introduce text-heavy materials or written exercises.

These challenges underline the need for more flexible delivery models, simplified content and resource support to enhance engagement and comprehension.

Parent Participation and Engagement

Despite barriers to regular attendance, parental interest in the programme appears strong. A significant proportion of facilitators (74.3 per cent) rated parental attendance as 'good' or 'very good', while 78 per cent noted strong receptivity to the content. Parents were described as engaged, eager to ask questions and responsive to practical demonstrations.

The most frequently cited barrier to consistent attendance was parents' agricultural workload (74.2 per cent), particularly during planting and harvest seasons. Illness (33.6 per cent) and competing family responsibilities were also identified as limiting factors. These findings suggest that while parents recognise the value of the programme, socio-economic realities restrict their capacity for sustained participation.

Perceived Impact on Parenting Practices and Child Wellbeing

An overwhelming 97.7 per cent of facilitators reported observable improvements in parenting practices and child wellbeing among families who participated in the programme. Specific improvements included:

- Improved hygiene and sanitation practices (64.9 per cent)
- Better nutrition and dietary practices (62.9 per cent)
- Enhanced parent-child interaction and communication (61.7 per cent)
- Reduction in corporal punishment and shouting (27 per cent)

These behavioural shifts demonstrate that even partial exposure to the programme can have meaningful impact. The reported reduction in corporal punishment is particularly significant, as it reflects progress towards transforming entrenched disciplinary norms. While modest in scale, such changes align with Bhutan's broader policy commitments to child rights, wellbeing and non-violence.

Discussion

The findings of this study highlight both the strengths and limitations of the PEP as currently implemented through ECCD centres in the country. The programme is clearly valued by facilitators and parents alike, and its curriculum is recognised as relevant, culturally appropriate and aligned with national context. However, structural and contextual barriers limit its full potential. The following subsections provide a thematic discussion of the key findings in relation to policy priorities, international frameworks and practical realities.

Nationwide Implementation and Institutional Coverage

The study confirms that the PEP is being delivered across all Dzongkhags and Thromdes, with the vast majority of sessions conducted in community-based ECCD centres. This broad coverage demonstrates the government's commitment to ensuring equitable access to early childhood support, particularly for rural and underserved populations. In this respect, the programme reflects significant achievement, as international research highlights uneven access to parenting interventions, especially in LMICs (Engle et al., 2011).

Nevertheless, the limited representation of private ECCD centres in the data raises questions about inclusivity across the entire ECCD system. While community centres remain the backbone of service delivery, ensuring consistent implementation in private and alternative settings would help create a more comprehensive and equitable national framework.

Value of Curriculum Content and Cultural Appropriateness

Facilitators' strong endorsement of the programme's content affirms its relevance to parents' needs and its successful integration of global best practice with Bhutanese cultural values. Modules on hygiene, nutrition and responsive caregiving resonate strongly, as they provide practical guidance applicable to daily life. This reflects international evidence that culturally adapted parenting programmes achieve higher levels of acceptance and effectiveness compared with generic models (Proulx et al., 2021).

The integration of national values of compassion, non-violence and interconnectedness further enhances the cultural appropriateness of the curriculum. Such alignment ensures that parenting practices promoted by the programme are not perceived as externally imposed, but rather as reinforcing existing moral and spiritual traditions. This cultural grounding increases the likelihood of sustained behavioural change among parents.

Challenges in Programme Delivery and Completion

Despite the strong foundation of content, the study identifies a critical paradox. While the programme is valued, its implementation is hindered by structural and logistical challenges. The key among these is the inability of facilitators to complete the

prescribed 16-session cycle. Over 91 per cent reported not completing a full cycle, primarily due to irregular attendance and lengthy session durations.

This misalignment between programme design and socio-economic realities is significant. Most parents in rural areas are engaged in agricultural work, with limited flexibility to attend long or frequent sessions. Similar findings have been reported in other low-resource contexts, where rigid programme structures have reduced accessibility and limited impact (Jeong et al., 2018). Without adjustments to scheduling and content length, there is a risk that the programme will remain only partially implemented, undermining its potential benefits.

Resource constraints further exacerbate delivery challenges. Many facilitators lack sufficient teaching aids and training to effectively deliver complex modules, particularly those addressing positive discipline. These gaps indicate the need for sustained investment in facilitator capacity-building and material support.

Parental Engagement and Behavioural Impact

Encouragingly, the study demonstrates that parental engagement, when sessions are attended, is strong. Facilitators described parents as attentive, inquisitive and receptive, reflecting an openness to new knowledge and practices. The reported behavioural changes, including improvements in hygiene, nutrition, communication and reductions in corporal punishment, are consistent with international evidence on the effectiveness of parenting programmes in improving child outcomes (Burchinal et al., 2016; Britto et al., 2017).

The reduction in corporal punishment, though modest (27 per cent), is particularly noteworthy. Corporal punishment has historically been a common disciplinary practice in many societies, including Bhutan. Shifts in this area reflect deeper attitudinal changes that align with national commitments to child rights and non-violence. Such progress is essential for building a foundation of responsive caregiving and positive discipline that benefits children's socio-emotional wellbeing.

However, attendance remains a persistent barrier. Agricultural workloads, illness and competing family responsibilities continue to restrict participation. This suggests that while parents are motivated, external socio-economic constraints must be addressed if engagement is to be sustained.

Implications for Policy and ECCD Practice

The findings carry important implications for both policy and practice. At a policy level, the PEP demonstrates strong alignment with National Education Policy (2024) and the global Nurturing Care Framework. However, its long-term success will depend on structural adaptations to make it more accessible and sustainable. Key priorities include:

- Condensing the 16 sessions into shorter, modular packages to allow completion within parents' time constraints.
- Enhancing training and resource provision, particularly for complex modules such as positive discipline.
- Establishing mechanisms to track attendance, completion rates and outcomes to ensure accountability and continuous improvement.

- Expanding the programme into private ECCD centres and alternative platforms, thereby ensuring all families have equitable access.

In practice, these adjustments will enable facilitators to deliver content more effectively, support parents to participate more consistently and ensure that the programme achieves its intended impact. By making these changes, the PEP can continue to serve as a cornerstone of the holistic approach to early childhood development, contributing not only to individual child wellbeing but also to the collective national aspirations.

Conclusion

The PEP represents a strategically significant and culturally responsive initiative within the ECCD framework. In formally recognising parents as the first and most influential educators, the programme underscores the importance of strengthening family capacity to provide nurturing, stimulating and safe environments for young children.

The findings of this study reveal that the programme enjoys nationwide reach, with widespread implementation across community-based ECCD centres. The curriculum is consistently regarded as relevant, accessible and culturally appropriate, and it resonates strongly with Bhutanese values of compassion, family cohesion and holistic wellbeing. Facilitators have reported meaningful improvements in parenting practices and child wellbeing, particularly in areas of hygiene, nutrition, communication and reductions in harmful disciplinary practices.

However, the study also highlights a critical gap between the programme's conceptual strength and its operational realities. The near-universal inability to complete the full 16-session cycle reflects a structural misalignment with the socio-economic realities of rural agrarian families. Challenges such as irregular attendance, lengthy sessions, insufficient teaching resources and limited facilitator training constrain the programme's effectiveness.

These findings underscore that the barriers to impact are not rooted in the quality of the curriculum, but rather in the conditions of delivery. Addressing these operational challenges through flexible scheduling, modularisation of content, improved facilitator support and robust monitoring systems is essential for ensuring consistent implementation.

In conclusion, the PEP has demonstrated considerable promise as a vehicle for enhancing parenting practices and supporting child development in the country. With strategic adaptations, it can fully realise its potential as a cornerstone of holistic ECCD services.

Recommendations

Based on the findings of this study, the PEP demonstrates strong potential to enhance parenting practices and improve child wellbeing across the country. However, its full impact will only be realized if operational challenges are addressed and delivery mechanisms are adapted to suit local realities. The following recommendations are proposed to strengthen design, implementation and sustainability.

Condensed and Flexible Delivery Models

The current 16-session curriculum, while comprehensive, is rarely completed due to scheduling and time constraints. It is therefore recommended that:

- The curriculum be reorganised into shorter modular packages, each focusing on a core domain of nurturing care (e.g. health, nutrition, responsive caregiving). This will allow for progressive completion over multiple cycles rather than requiring strict adherence to a 16-session schedule.
- Flexible delivery schedules be introduced, including evening or weekend sessions, to accommodate parents' agricultural and livelihood commitments.
- Alternative delivery channels, such as community group meetings, home visits or integration with existing village gatherings, be explored to ensure consistent access for parents who cannot attend centre-based sessions regularly.

Strengthening Facilitator Support and Capacity

Facilitators are central to the success of the programme, yet many face challenges in delivering complex modules and lack sufficient teaching resources. It is recommended that:

- Comprehensive training packages be developed, with refresher courses focusing on difficult topics such as positive discipline, responsive caregiving and child development milestones.
- Facilitators should be equipped with practical teaching and learning materials, including visual aids, story cards and culturally adapted demonstration kits, to enhance interactive engagement with parents.
- Peer-learning platforms (such as district-level workshops or digital forums) shall be established to enable facilitators to share strategies, resources and experiences.

Improving Parental Participation and Engagement

While parents demonstrate strong interest, attendance is inconsistent due to socio-economic constraints. To sustain participation, it is recommended that:

- Localized approaches such as home visits, neighbourhood learning circles or integration with religious and community events shall be piloted to reach parents who are unable to attend centre-based sessions.
- Communities explore non-monetary incentives such as public recognition, certificates of completion or child-focused events linked to session attendance to encourage regular participation.
- Male caregivers be actively engaged in programme delivery to promote shared responsibility in parenting, reducing the disproportionate burden on mothers.

Monitoring, Evaluation and Feedback Systems

Robust systems are necessary to ensure accountability and continuous improvement. It is recommended that:

- A structured monitoring system be established to track session frequency, attendance, completion rates and observed outcomes at centre, district and national levels.
- Feedback mechanisms be introduced, enabling facilitators and parents to share experiences and recommendations, ensuring that the programme remains responsive to evolving needs.

- Periodic independent evaluations be commissioned to assess long-term impacts on parenting practices and child development, generating evidence for policy decisions and resource allocation.

Policy Integration and Alignment

To ensure sustainability and system-wide impact, the PEP must be firmly embedded within the national education and social policy frameworks. It is recommended that:

- The programme be explicitly integrated into the implementation plans of the National Education Policy (2024), with clear mandates for delivery, monitoring and resource allocation.
- Stronger collaboration be established between MoESD, local governments, health authorities and non-governmental partners to create a multi-sectoral support system for parenting education.
- Parenting education be linked to broader child protection and social protection strategies, reinforcing its role in promoting equity and reducing vulnerabilities.

Promoting Sustainability through Community Ownership

Finally, sustainability requires strong community ownership and partnership. It is recommended that:

- Communities and parents be actively involved in co-planning and co-facilitation of sessions, enhancing local ownership and accountability.
- Local government leaders and community elders be engaged as champions of positive parenting, reinforcing key messages through trusted voices.
- Partnerships with civil society organisations and international development partners be leveraged to mobilise resources, technical expertise and innovation.

References

1. Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77–101.
2. Britto, P.R., Lye, S.J., Proulx, K., Yousafzai, A.K., Matthews, S.G., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., ... MacMillan, H. (2017). Nurturing care: promoting early childhood development. *The Lancet*, 389(10064), pp. 91–102.
3. Burchinal, M., Kainz, K. & Zong, J. (2016). The effects of different types of parenting interventions on parent and child outcomes. *Journal of Child and Family Studies*, 25(2), pp. 643–655.
4. Creswell, J.W. & Plano Clark, V.L. (2018). *Designing and conducting mixed methods research*. 3rd edn. Thousand Oaks, CA: SAGE Publications.
5. Engle, P.L., Fernald, L.C.H., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., de Mello, M.C., Hidrobo, M., Ulkuer, N., Ertem, I. & Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378(9799), pp. 1339–1353.
6. Jeong, J., Pitchik, H.O. & Yousafzai, A.K. (2018). Stimulation interventions and parenting in low- and middle-income countries: A meta-analysis. *Pediatrics*, 141(4), e20173510.
7. Ministry of Education. (2011). *National policy on early childhood care and development*. Thimphu: Royal Government of Bhutan.
8. Ministry of Education and Skills Development. (2023). *National early childhood care and development policy (Revised draft)*. Thimphu: Royal Government of Bhutan.
9. Ministry of Education and Skills Development. (2024). *National Education Policy*. Thimphu: Royal Government of Bhutan.
10. Proulx, K., Helmer, J. & Coleman, H. (2021). Cultural adaptation of parenting interventions: a systematic review. *Children and Youth Services Review*, 120, 105754.
11. Royal Education Council. (2020). *Evaluation of early childhood care and development programmes in Bhutan*. Paro: Royal Education Council.
12. Royal Government of Bhutan. (1999). *The middle path: National environment strategy for Bhutan*. Thimphu: National Environment Commission.
13. UNICEF. (2015). *UNICEF procedure for ethical standards in research, evaluation and data collection and analysis*. New York: UNICEF.
14. UNICEF. (2019). *A world ready to learn: Prioritizing quality early childhood education*. New York: UNICEF.
15. UNICEF Bhutan. (2018). *Situation analysis of children and women in Bhutan*. Thimphu: UNICEF Bhutan.
16. WHO, UNICEF and World Bank Group. (2018). *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization.