

Malawi Journal of Social Science

Volume 23, Issue 2, 2024

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Published by School of Humanities and Social Sciences

ISSN: 1028-298X

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Editorial

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The Malawi Journal of Social Science

Editorial Note

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The **Malawi Journal of Social Sciences** (ISSN: 1028-298X) is published twice a year by the School of Humanities and Social Science, University of Malawi.

Does the Perceived Feeling of Being Empowered in Decision-Making Influence Voting in Malawi?

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Abstract

In any democracy, voting is a legal and recommended means of electing leaders. However, people's perceptions regarding whether they are empowered in decision-making may affect their willingness to participate in a general election. This paper assesses community perceptions of them being empowered and whether this is associated with voting. We use multiple correspondence analysis to create an index that captures people's self-expression. The analysis uses a matching approach (propensity score and doubly robust estimators) to assess the relationship between the perception of self-expression and participation in voting. A probit model complements this by evaluating the robustness of the results to changes in the methodological analysis. The results show a positive association between self-expression and whether people voted in the previous general election in Malawi. Regarding policy, in order to avert voter apathy in general elections, it may be essential to improve people's self-expression in their communities. Future research should consider using longitudinal data to answer the research question at hand.

Keywords: Democratic dispensation, community perceptions, general election, voter apathy.

1. Introduction

Democracy is built on the tenets of empowerment (Dahlum and Knutsen, 2017; Desrues and Gobe, 2022). Empowerment enables people to share ideas, thereby enabling new solutions to problems that affect their daily lives. When people feel disempowered, they may withdraw from participating in daily life activities (Tokaji, 2015), including taking part in the democratic process because voting itself is a form of speech and expression (Derfner and Hebert, 2015). In this paper, we examine

whether perceptions of people's empowerment to make decisions in a community are associated with voting in Malawi.

After the failed attempt of the 1960s, Malawi's democracy was reinstated following the collapse of Dr. Hastings Kamuzu Banda's authoritarian regime 30 years ago (Dzimbiri, 1994; Kaunda, 1998; Newell, 1995). In 1992, the Pastoral Letter by the Catholic Bishops opened the Pandora box as it propagated the need for government change, showing, among others, that there was no self-expression and, hence, no empowerment in the country. People felt that they were being suffocated by the government. This, in turn, resulted in the 1993 referendum, which led to the beginning of the democratic era that started in 1994 (Jere and Magezi, 2018; Mitchell, 2002). This formed a shift in philosophy, as now people believed there would be some self-expression and leaders would listen to them.

Currently, Malawi is said to be a partly free country – its political rights score is 29/40, and its civil liberties score is 37/60. These scores give Malawi a Global Freedom Index of 66/100 (Freedom House, 2024). Of interest is that even though political pluralism and participation seem to be better, there has been a puzzle regarding voting turnout. Voter apathy is on the rise (Chinsinga, 2006; Chunga, 2017); this was even manifested in the recent 2020 elections, where it was observed that 4,445,385 out of 6,859,570 (representing 64.8%) registered voters turned out to vote. This was lower than in 2019, when 5,105,983 Malawians voted in, representing 74.4% of registered voters. While the fear of catching COVID-19 contributed to the low 2020 voter turnout (Chirwa et al., 2022), it is also part of a broader trend of reduced voting rates as shown by the Afrobarometer¹ data in Figure 1. However, the general feeling among the electorate is dissatisfaction, as people feel that the elections do not truly reflect their empowerment.

¹ Calculation based on: <https://afrobarometer.org/online-data-analysis/analyse-online>

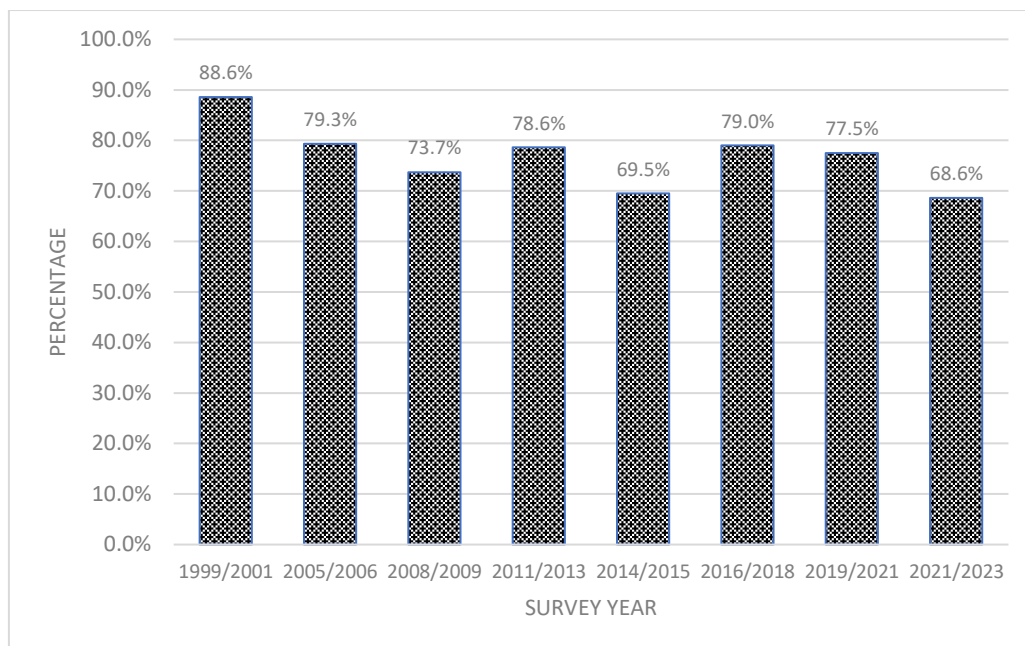


Figure 1: Trends in voting in Malawi

Source: calculated based on the Afrobarometer online analysis²

Even though Malawi's democracy seems to be maturing, there is a scarcity of studies linking self-expression to voting. Among the limited studies available, one examined the women's perceptions of their equal rights and their participation in voting. However, they established that even though there was a high perception that women should be offered the same rights, fewer women were voted into power because it was said that it was difficult to approach women. After all, they do not want to accept any constructive criticism (Chikapa, 2016).

This paper goes beyond the previous literature in several ways. Firstly, we use the recent data to understand the phenomenon. Secondly, we assess the factors contributing to the current phenomena. Lastly, cognizant of the fact that there may be reverse causality between voting and expression, we improve on causality by using a quasi-experimental method - propensity score matching, to control for the observable characteristics (Abadie and L'Hour, 2021; Abadie and Spiess, 2021; Caliendo and Kopeinig, 2008). This approach is more robust than those used in previous literature, as it mimics a natural experiment (Khandker et al., 2009). This paper is premised on the sociological and psychological theories of voting behaviour, which connotes that voters' psychological (perceptions) and sociological factors influence voting (Hohenthauer, 2009; Knoke, 1974).

² <https://www.afrobarometer.org/online-data-analysis/>

One of the most significant variables influencing people's voting decisions is the candidate's personal qualities. Personal commitment, interest, and feeling of citizenship are crucial factors in enhancing political involvement (Kurtbas, 2015). Election participation is higher among voters served by representatives who are both embedded in the communities they represent and have a similar social background (Poertner et al., 2015). Candidates with a strong reputation in the community and a reputation for having a captivating personality or other desirable qualities are always sought after by political parties (Ahmed et al., 2020). In addition, a stream of researchers has also found the significance of demographic and social variables in influencing voting behaviour, including religion, education, ethnicity, age, and so on (Chang and Kerr, 2017; Maina et al., 2021; Oyoru, 2023; Poertner et al., 2015; Saidi et al., 2021; Schulz-Herzenberg, 2019).

The age of an individual is a key determinant of voter turnout, with distinct voting patterns observed across different age groups (Poertner et al., 2015). Young voters tend to have lower voting turnout rates primarily because the costs of voting are highest for this population group (Schulz-Herzenberg, 2019). In Kenya, citizens' education influences their ability and decision to vote for effective leaders in service delivery. An individual's level of education determines their political party preference and electoral choice (Marshal, 2015). Higher levels of education are generally associated with more liberal political orientations (Evans and Anderson, 2017).

Another important factor contributing to voting behaviour is wealth status. People with a greater income are often more inclined to vote and participate in politics than people with lower incomes (Poertner et al., 2015). Further, ethnicity also influences the voting decisions of prospective voters. In addition, ethnicity has been used as a determining factor in predicting winners of elections in Zimbabwe (Dewa 2019). In addition, the caste system has a significant impact on elections in Punjab, Pakistan, and many politicians only look to their caste groupings for support (Bashir and Khalid 2019). The remainder of this paper is structured as follows: it reviews the literature on voting behaviour, discusses the study methodology, presents results and discussions, and then concludes.

2. Voting Behaviour

Voter participation and turnout are pillars of democratic governance as they reflect the agency and engagement of citizens within a political system (Barton et al., 2014). In many developing countries, like Malawi, understanding various factors that influence voter turnout is very important as it fosters a more inclusive and participatory political environment. Many factors influence voter behaviour, including economic, demographic, psychological, social, political, and institutional (Turgeon and Blais, 2023).

In the context of socioeconomic factors, income, education, and occupation play a significant role. Wealthier and educated citizens tend to prioritise different issues than those with lower income and educational levels (Leighley and Nagler, 2016), with the latter usually interested in civic matters such as voting. Also, the nature of one's job can influence their decisions to vote or not, as they tend to lean towards policies that influence their industries (Kulachai, 2023). For example, teachers and educators of the law are more enlightened on matters of voting and civic engagement and are, hence, more likely to participate in voting. Demographic factors such as age, gender, ethnicity, race, and religion play a significant role. For instance, while younger voters may focus on education and climate change issues, older voters may prioritise health care and pension (Abendschön and Steinmetz, 2014). Additionally, female voters may prioritise policies that address social welfare, while men may prioritise policies that benefit the growth of the private sector. In the context of Africa, political mobilisation, voting and electoral competition are primarily influenced by religion and ethnicity (Abdulai, 2023).

Pertaining to psychological factors, voter behaviour is largely determined by party identification, political ideology, and perception of the candidate, which are beyond logic and reason (Myatt, 2015). Citizens who are fanatically attached to a political party are more likely to vote for it. This also applies to those who strongly believe in a certain political ideology, either left, right, or centre (Wade and Richardson, 2021). Perception of the candidate's personality, leadership qualities, and competence also influence voters. However, psychological factors are less likely to influence citizen's participation in voting. Social factors like family, peers, media, and information also shape voters' opinions and decisions to vote. Further, the political environment, such as election campaigns, issues of the day (economic crisis, social justice movements, national security), and incumbent performance, determine citizens' voting behaviour.

Institutional factors that affect voting behaviour include the electoral system, voting laws, and access to voting (Barton et al., 2014; Poertner et al., 2015). In the context of the electoral system, first-past-the-post, proportional representation, and mixed electoral systems have different impacts on party strategies and voter choices. Also, the laws governing the voting process and accessibility of the ballot have massive effects on voter turnout. However, this largely depends on citizens' awareness of the laws and how well they can articulate and use them.

Since the beginning of Multiparty democracy in 1994, Malawi has experienced fluctuating voting behaviour (Mbowela et al., 2014). In Malawi, there are a lot of factors that influence people's voting behaviour, one of which is civic and voter education. As witnessed by the 2000, 2004, 2009, 2014 and 2020 Malawi Electoral Commission (MEC) election reports, civic and voter education has significantly influenced voter registration and turnout. For example, in the 2014 elections, out of a total population of about 16 million people with a projected 8 million prospective

voters, close to 7.4 million eligible voters registered to vote, of whom about 5.2 million turned up at the polling centres on May 20th (Malawi Electoral Commission Tripartite Elections Report, 2014). It was reported that there was massive civic and voter education by the civil society, traditional leaders, religious leaders, the media and political parties, which enabled this turnout. However, there has not been enough literature that pinpoints whether or not this turnout is influenced by the perceived feeling of being empowered in decision-making, hence this study.

This paper is motivated by sociological and psychological theories of voting behaviour, which connote that voters' perceived perceptions (psychological) and sociological factors influence voting (Hohenthauer, 2009; Knoke, 1974). Psychological theories, particularly the Heuristics and Biases Theory, highlight the significance of party identification, which typically develops early in life and remains fairly consistent. Voters with strong loyalty to the party are likely to consistently support the same party, regardless of temporary issues or the characteristics of individual candidates. Hence, feeling empowered in decision-making is less likely to influence the likelihood of voting. Citizens are more likely to vote for any candidate the party frontloads because affiliation is more important to the party than a representative's behavioural or governance traits. This theory presents a deterministic approach to citizens' voting behaviour.

However, Sociological theories, particularly the Social Identity Theory, indicate that voters are strongly influenced by the social context in which they live. It suggests that individuals with similar socioeconomic status, education levels, and religious views are likely to vote in a similar manner. This implies that citizens who perceive themselves to be empowered in decision-making are likely to vote similarly in an election. The different levels and statuses of citizens will tend to stratify them regarding voting behaviour. Those on the margins of various forms of empowerment are likely to participate in voting.

3. Methodology

3.1 Data

The analysis utilises data from the Governance for Local Development (GLD) Project conducted by the University of Gothenburg in Sweden. The study employed the Local Governance Process Indicators (LGPI) Survey, carried out across five regions in Kenya, Zambia, and Malawi. Among these regions, three are capital cities (Nairobi, Lusaka, and Lilongwe), and two are border areas (Zambia's border with Malawi and Malawi's border with Zambia). In Malawi, the survey was conducted between September and November 2019. The University of Gothenburg managed data collection with the local partner, the Institute of Public Opinion (IPOR), based in Zomba, Malawi. In total, approximately 10,302 respondents participated in the survey.

3.2 Dependent variable

In the survey, respondents were asked to answer “yes (1)” or “no (0)” to the following questions:

- (1) Do you think that people like you can have a say in what your Traditional Authority/Tribal Chief/Chief does?
- (2) Do you think that people like you can have a say in what your village head/neighbourhood block leader/local elder does?
- (3) Do you think that people like you can have a say in what your religious leader does?
- (4) Do you think that people like you can have a say in what your member of parliament does?
- (5) Do you think that people like you can have a say in what your local council member/member of county assembly does?

Based on these, we created a variable based on multiple correspondence analysis. A binary variable was also created where a value of 1 indicates those with the perception of more expression and 0 otherwise. All these variables were used in the analysis to ascertain if a change in the variable definition may change the results.

3.3 Independent variables

Our variables of interest are presented in Table 1.

Table 1: Variable definitions

Variable	Definition of variable	Mean	Min	Max	t-value
Voted	1 if a candidate voted in previous general election and zero otherwise	72%	0	1	157.5
Marital status	1 if respondent is married and zero if not married	72%	0	1	157.1
Sex	1 if respondent is male and zero if not male	36%	0	1	74.2
location	1 if respondent dwells in urban and zero if border location	66%	0	1	137.9
Agegroup: 18-24	1 if respondent is in agegroup 18-24 , and zero if other age group	27%	0	1	60.7
Agegroup: 25-34	1 if respondent is in agegroup 25-34 , and zero if other age group	28%	0	1	61.1

Agegroup: 35-44	1 if respondent is in agegroup 35-44 , and zero if other age group	20%	0	1	49.8
Agegroup: 45-54	1 if respondent is in agegroup 45-54 , and zero if other age group	11%	0	1	34.6
Agegroup: 55+	1 if respondent is in agegroup 55+ , and zero if other age group	14%	0	1	39.7
No education	1 if respondent has no education and zero otherwise	10%	0	1	33.6
Primary	1 if respondent has primary education and zero otherwise	60%	0	1	122.1
Secondary	1 if respondent has secondary education and zero otherwise	27%	0	1	59.5
Post secondary	1 if respondent has post secondary education and zero otherwise	3%	0	1	16.5
Wealth Quintile 1	1 if respondent is in Wealth Quintile 1 and zero otherwise	27%	0	1	59.7
Wealth Quintile 2	1 if respondent is in Wealth Quintile 2 and zero otherwise	14%	0	1	40.6
Wealth Quintile 3	1 if respondent is in Wealth Quintile 3 and zero otherwise	20%	0	1	50.1
Wealth Quintile 4	1 if respondent is in Wealth Quintile 4 and zero otherwise	24%	0	1	55.1
Wealth Quintile 5	1 if respondent is in Wealth Quintile 5 and zero otherwise	15%	0	1	41.2

4. Econometric analysis

The study first implements a probit regression method since the dependent variable is binary. However, to consider possible reverse causality between voting and self-expression, the study employs the Propensity Score Matching (PSM) technique to explain causality (Dehejia and Wahba, 1999; Gertler et al., 2011; Khandker et al., 2009). The PSM thus improves the econometric identification in the model. The propensity score is the probability of being assigned to a treatment group (those with no perception that leaders listen to them), conditional to the observed covariates (Austin, 2011). PMS can reduce confounding in observational research by creating two groups that are well balanced with respect to baseline characteristics (Polsky and Baiocchi, 2014; Schober and Vetter, 2020). In the model, let perception=1 represent

people who believe that leaders listen to them and 0 if otherwise. The effect of the treatment is then represented as TE_i for each individual as:

$$TE_i = Y_i(1) - Y_i(0) \tag{1}$$

The average treatment effect on the treated (ATE_T) can be estimated as follows:

$$ATE_T = E(TE_i | perception_i = 1, X_i) = E(Y_i(1) | perception_i = 1, X_i) - E(Y_i(0) | perception_i = 1, X_i) \tag{2}$$

The covariates include the sex of the respondent, age, education, employment, region, wealth status, residence and religion. To test the robustness of the matching method, various algorithms such as regression adjustment, inverse probability weighting, inverse probability weighting with regression adjustment nearest neighbour matching were adopted (Funk et al., 2011; Uysal, 2015). All of the analysis was performed in Stata 17.0.

5. Results

We first present the various voter perceptions across different characteristics, as outlined in Table 2. Notably, the belief in empowerment is primarily associated with age groups, gender, and education levels but not with wealth quintiles.

Table 2: Crosstabulation of voter perceptions by individual characteristics

	less belief	less belief	more belief	more belief	Total		
	No.	%	No.	%	No.	Chi-square	P
Agegroup: 18-24	1,390	52	1,286	48	2,676		
Agegroup: 25-34	1,343	50	1,358	50	2,701		
Agegroup: 35-44	942	48	1,037	52	1,979	15.17	0.000
Agegroup: 45-54	504	47	564	53	1,068		
Agegroup: 55+	710	52	645	48	1,355		

Female	3,421	55	2,835	45	6,256		
Male	1,468	42	2,055	58	3,523	152.7	0.000
Marital Status							
Not married	1,413	51	1,362	49	2,775		
Married	3,476	50	3,528	50	7,004	1.32	0.250
Urban	1,615	49	1,707	51	3,322		
Border	3,274	51	3,183	49	6,457	3.83	0.050
No education	601	59	410	41	1,011		
Primary	3,054	52	2,851	48	5,905		
Secondary	1,128	43	1,470	57	2,598	98.7	0.000
Post-secondary	106	40	159	60	265		
Wealth quintile							
1	1,342	51	1,270	49	2,612		
2	689	49	721	51	1,410		
3	996	50	1,000	50	1,996	3.09	0.540
4	1,146	50	1,171	51	2,317		
5	716	50	728	50	1,444		
Total	4,889	50	4,890	50	9,779		

In addition to the above analysis, we conducted a crosstabulation analysis of the voting variable. Interestingly, voting is associated with all individual characteristics except for wealth status. For more detailed information, refer to Table 3.

Table 3: Crosstabulations of voting across individual characteristics

	Did not vote		Voted		Total	Chi-square	P
	No.	%	No.	%			
Agegroup:							
18-24	1,197	45	1,479	55	2,676		
Agegroup:							
25-34	725	27	1,976	73	2,701		
Agegroup:							
35-44	412	21	1,567	79	1,979		
Agegroup:							
45-54	189	18	879	82	1,068	544.56	0.00
Agegroup:							
55+	243	18	1,112	82	1,355		
Female	1,896	30	4,360	70	6,256	34.99	0.00

Male	870	25	2,653	75	3,523		
Not married	984	36	1,791	65	2,775		
Married	1,782	25	5,222	75	7,004	98.31	0.00
Urban	900	27	2,422	73	3,322		
Border	1,866	29	4,591	71	6,457	3.53	0.06
No education	256	25	755	75	1,011		
Primary	1,610	27	4,295	73	5,905	21.45	0.00
Secondary	818	32	1,780	69	2,598		
Post secondary	82	31	183	69	265		
Wealth quintile							
1	728	28	1,884	72	2,612		
2	392	28	1,018	72	1,410		
3	565	28	1,431	72	1,996	1.04	0.90
4	659	28	1,658	72	2,317		
5	422	29	1,022	71	1,444		
Total	2,766	28	7,013	72	9,779		

We now take a regression analysis of the effect of the perceived perception of people’s voices being honoured by authority and its association with voting. We present the marginal effects of the variables so that we can interpret them as a marginal percentage point association. Table 4 shows the findings.

Table 4: Marginal effects for the effect of perception on voting

Variables	Female	Male	All sample
Agegroup: 18-24 (<i>reference category</i>)	0.000	0.000	0.000
Agegroup: 25-34	0.176*** (0.016)	0.103*** (0.023)	0.160*** (0.013)
Agegroup: 35-44	0.230*** (0.017)	0.173*** (0.024)	0.222*** (0.014)
Agegroup: 45-54	0.274*** (0.020)	0.198*** (0.026)	0.259*** (0.015)
Agegroup: 55+	0.286*** (0.019)	0.207*** (0.024)	0.272*** (0.014)

Marital Status	0.056 ^{***} (0.013)	0.124 ^{***} (0.017)	0.075 ^{***} (0.010)
Location	-0.010 (0.012)	-0.033 ^{**} (0.015)	-0.018 [*] (0.009)
No education (<i>reference category</i>)	0.000	0.000	0.000
Primary	0.051 ^{***} (0.019)	-0.020 (0.032)	0.032 ^{**} (0.016)
Secondary	0.033 (0.022)	-0.004 (0.033)	0.027 (0.018)
Post-secondary	0.004 (0.049)	-0.052 (0.046)	-0.013 (0.032)
Wealth quintile 1 (<i>reference category</i>)	0.000	0.000	0.000
Wealth quintile 2	0.000 (0.019)	-0.006 (0.022)	-0.002 (0.014)
Wealth quintile 3	-0.005 (0.016)	-0.003 (0.021)	-0.005 (0.013)
Wealth quintile 4	-0.022 (0.016)	0.007 (0.020)	-0.012 (0.012)
Wealth quintile 5	-0.022 (0.018)	-0.000 (0.022)	-0.015 (0.014)
Perception quintile 1 (<i>reference category</i>)	0.000	0.000	0.000
Perception quintile 2	0.003 (0.018)	0.028 (0.025)	0.010 (0.014)
Perception quintile 3	0.037 ^{**} (0.017)	0.043 ^{**} (0.022)	0.036 ^{***} (0.013)
Perception quintile 4	0.024 [*] (0.014)	0.050 ^{***} (0.019)	0.032 ^{***} (0.011)
Sex			0.049 ^{***} (0.009)
N	6256	3523	9779

Standard errors in parentheses

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

The findings indicate that an individual's perception of authorities honouring their opinion was associated with a higher likelihood that they would vote. Besides, as age increased, men were more likely to vote than women. Married people were also more likely to vote. The study established that men in rural areas were more likely to vote than men in urban areas. Further, the study found that males in general, were associated with a higher likelihood of voting. Women who attained primary school-level education were more likely to vote. However, education attainment insignificantly influenced men's likelihood of voting in Malawi. In terms of wealth quintile, wealthier women were less likely to vote than those who were poorer, but this variable had no significant impact on men's likelihood of voting.

Having identified the determinants of voting, we now undertake propensity score matching. Before we present the results, we undertake some diagnostics. We use both kernel density and box plots. The results show that the variables balanced perfectly. Furthermore, the kernel density distribution of the propensity scores shows that the overlap condition has been satisfied (Gertler et al., 2011; Hirano and Imbens, 2001; Khandker et al., 2009). The results of the test matching appear below. **Figure 2** shows the results in panels A and B.

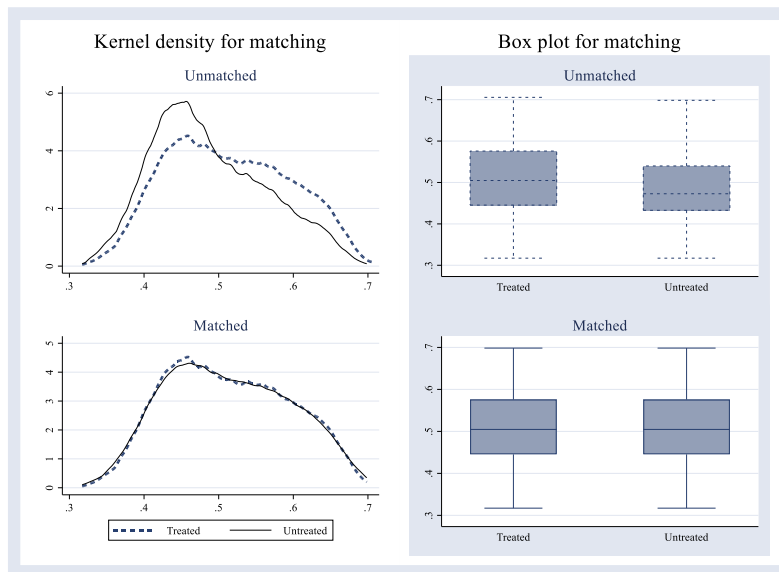


Figure 2: Variable balancing

Apart from the above, one crucial issue to address is whether there is common support. Figure 3 shows that there are enough observations that fall on common support. That is to say, between the treated and non-treated outcomes, there are individuals who have matched on their observable characteristics that can be compared (Austin, 2011).

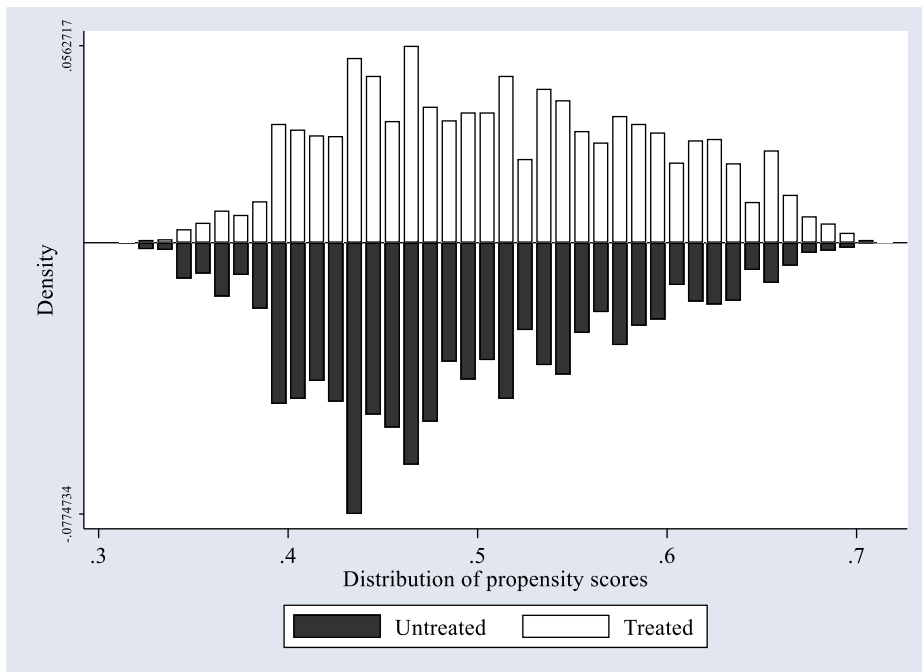


Figure 3: Common support

Having certified that the PSM has satisfied the diagnostics, the next phase undertakes a robust analysis using the various matching algorithms presented to see if our results are robust to changes in the methodology and definition. Our results from the matching estimator in Table 5 suggest that more freedom of expression is associated with voting in the previous general election. People with more positive perceptions are more likely to have voted in the election. Still more, we found the results to be robust and valid. Being empowered increases the chance of voting by around two percentage points.

Table 5: Matching results for effect of self-expression perception on voting

	Propensity Score Match	Nearest neighbour-Match	Regression Adjusted	Inverse Probability Weighting	Inverse Probability with Regression Adjusted
Average Treatment Effect on the Treated	0.019** (0.010)	0.020** (0.009)	0.021** (0.009)	0.022** (0.009)	0.021** (0.009)

Standard errors in parentheses

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

It is also important to note that the results are robust to the change in the estimation methodology. The coefficient for all the matching results, including the doubly robust estimator, ranges around 0.20 and is significant at 5%. Furthermore, the standard errors are in the range of 0.009 and 0.010.

6. Discussion

For a democracy to survive, it is vital that people feel empowered. However, their feeling is a function of sociological and psychological factors. Feeling empowered may affect an individual's willingness to vote in a country. With that in mind, this paper provides new evidence from Malawi on the relationship between self-perceived expression and voting in a general election. The paper used secondary data from the GLD survey to undertake the analysis. The significant findings are as follows:

Firstly, about 70% of the population indicated that they had voted. The finding from the self-reported voting was almost similar to the actual turnout for elections in June, 2019-around 74%, as reported by the Malawi Electoral Commission (Malawi Electoral Commission, 2020). This appears to be higher than in other African countries such as Lesotho, where in 2020, only 37% turned up to vote (Mudau and 'Nyane, 2023). Even though the percentage of voting is high, it has declined since 1994, as alluded to in the introduction. The declining trends are global and raise concerns regarding the future of democracy (Mudau and 'Nyane, 2023; Solijonor, 2016).

Secondly, the results of the determinant analysis indicated that the more people perceive that they can have a say in their communities, the more likely they are to vote. Along this dimension, the paper thus corroborates the psychological theory alluded to earlier (Hohenthauer, 2009), which points to a positive relationship between the perception of having a voice and voting. Furthermore, in accordance with previous literature, personal commitment, interest, and feeling of citizenship are crucial factors in enhancing political involvement (Kurtbas, 2015).

Thirdly, the above findings were coupled with the matching estimator results, which aimed at improving causality. The matching also shows a positive association between perceived self-expression and voting. The results were robust to changes in the estimation variable and the change in the definition of the self-expression variable. These findings align well with the sociological theory, which states that voting behaviour is contingent upon socioeconomic factors affecting the voter. In doing so, the findings also match the results of Ferree and Horowitz (2007). They found that the enthusiasm to vote among villagers in Xingsheng Township receded with the

discovery that some problems, such as corruption and poor services, remained unsolved despite leadership changes (He, 2006).

Furthermore, while assessing the influence of media over the voting behaviour of electorates in Pakistan, Javaid and Elahi (2020) found that the majority of people in rural areas vote based on personality, while in urban areas, most people tend to vote based on performance and policy. In collaboration with the former, Engelman et al., (2022) found that wealth is positively related to voting. This positive relationship concurs with establishments by Kasara and Suryanarayan (2015), who argued that the potential tax exposure of the rich could be the reason for the positive relationship.

Having established the results, it is necessary that we interpret the findings. There is a possible channel through which we anticipate driving the people to vote even though, the voting behaviour in Malawi is said to follow kinship behaviour bound by ethnicity (the main ones being Mulhako wa Alhomwe, Mzimba Heritage Association, and Chewa Heritage Foundation) (Ferree and Horowitz, 2010) and regionality (Kayira et al., 2019).

These ethnic associations have the potential to be used for political mobilisation, especially when ethnic traditional authorities lack the capacity and autonomy to block the political manipulation of ethnic organisations (Ferree and Horowitz, 2010; Kayira et al., 2019). Voting on ethnic grounds suggests psychological connotations to voting where voters remain numb to political stimuli to change their voting tastes. It entails that voters are most likely to vote for a political party regardless of its performance in terms of policy or development. The situation of ethnic voting has also been observed in various places in Africa (Carlson, 2015; Ishiyama, 2012).

On a different note, the coming in of the United Transformation Movement (UTM) political party in 2020 suggests sociological voting connotations, in which case electorates voted for the party irrespective of region or ethnicity. The voters seemed to be inspired by the leader's charismatic qualities. So, that being the case, we may speculate that in a situation where people perceive that the leader in question enables free expression, they will engage themselves in voting, fearing that they may lose the candidate to others (Soyiyo, 2021). Furthermore, the various educational approaches to civil liberties, through initiatives such as the National Initiative for Civic Education (NICE), U.S. Agency for International Development (USAID) Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and others, enabled people to understand their role in democratic dispensation.

7. Conclusion

This study aimed to assess the effect of perceptions of empowerment on voting behavior in Malawi. Using data from a household survey, we found a positive relationship between feelings of empowerment and voter participation. Based on these

findings, we conclude that empowering individuals is crucial, as it is linked to higher voter turnout. This is particularly important for emerging democracies that face various challenges. A positive perception of empowerment may reduce voter apathy and encourage greater participation in the democratic process, enabling the election of leaders through legitimate means and strengthening the democratic framework.

Even though the findings are salient, the study is not without limitations. Our study only has used observable characteristics. We do not consider the unobservable, which may require the use of other methodological approaches, such as instrumental variables (Angrist and Pischke, 2008). There is a need to design longitudinal studies that may have to follow the same individuals over time to help understand the dynamic nature of the behaviour that may have to be confounded by the variable of interest. In order to provide room for people to be engaged more in democracy through voting, there is a need to allow more self-expression. There is a need to pay attention to public opinion as it has been established that the perception of self-expression is positively related to voting.

As mentioned in the methodology section, we measured perception based on self-recall, which may suffer from understatement. Apart from that, the matching estimators only explain causality based on observable characteristics. With that in mind, it may be good to think of a scale of measuring the same variables and also use other causal identification methods such as instrumental variables or even interrupted time series, which may address causality not just on observables. Therefore, we leave these limitations mentioned as areas for future research subject to data availability.

8. References

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Do Public Microcredit Schemes Enhance Small-scale Enterprise Development? Perspectives of Selected Borrowers in Lilongwe, Malawi

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Abstract

Since the 1980s, microcredit schemes have increasingly become a popular policy instrument for supporting small-scale enterprise development agendas in developing countries. This notwithstanding, the efficacy of public sector intervention in microcredit provision has not received much scholarly attention in Malawi, as existing studies have focused on actions by private microcredit institutions (MCIs). Thus, while policymakers highly regard the perceived efficacy of public MCIs, the subject is rarely exposed to empirical questioning. This paper reports on a study that used a welfarist approach to assess whether public MCIs enhance small-scale enterprise development. The study used Q methodology to collect and synthesise primary data from 21 National Economic Empowerment Fund loan clients in Lilongwe District. Findings revealed that smaller loan sizes, absence of grace period, diversion of loan proceeds towards spending on household necessities, physical collateral requirements, and other often-not-documented costs negate the envisaged enterprise development claims of microcredit schemes. These findings suggest the potential failure of public microcredit to achieve the intended enterprise development goals because similar access barriers existing in conventional private credit markets remain rooted in current public microcredit schemes. The paper calls for practical policy action addressing these bottlenecks that alienate the very people who require financial inclusion.

Keywords: Financially excluded, Public microcredit, Q methodology, Small-scale enterprises.

1. Introduction

Since the 1980s, microcredit schemes have increasingly become a popular policy instrument for supporting small-scale enterprise development in developing countries. Microcredit involves providing small-scale loans to financially excluded people to promote small-scale enterprise development (Panda, 2016; Hearth, 2018). The principal objective of microcredit is to promote the economic empowerment of the poor through financial inclusion (Panda, 2016). In the context of this paper, public microcredit schemes are defined as microcredit programmes managed and funded by the government. The subject of public microcredit is topical in Malawi because government intervention in microcredit provision has, for long, been formally projected as an effective tool for enhancing small-scale enterprise development for the financially excluded but economically active people. As such, this paper aims to assess whether the prevailing public microcredit design enhances small-scale enterprise development as envisaged by policy. Much of the discourse surrounding public sector involvement in microcredit delivery focuses on political interference and the patronage side of it (Barman et al., 2009; Schmidt, 2015; Hossein, 2016; Zidana et al., 2024). However, little has been researched on the efficacy of the design itself.

To begin with, the popularity of the microcredit concept from the 1980s has seen corresponding growth in the number of microcredit institutions (MCIs) in Africa, Asia, and the rest of the developing world. Ideally, these MCIs provide financial intermediation to the unbanked population, empowering them to contribute actively to economic and social development through improved incomes and employment (Khandker, 1998). Microcredit's theory of change revolves around the conviction that providing the financially excluded with credit to enable them to manage small-scale enterprises activates their latent entrepreneurial capacity and leads to reduced unemployment and poverty amongst poor communities (Noruwa & Emeka, 2012).

At its inception, microcredit was a promising economic empowerment intervention proponents believed would eliminate poverty within a single generation (Bateman, 2012). Thus, after four decades of sustainable microcredit supply with the support of international development financial institutions, notably the World Bank, researchers became interested in evaluating its performance towards achieving the promised ideals. A review of the literature shows that most studies have produced mixed results. Nevertheless, amidst such evidence, there has been a burgeoning strand of literature in the 2000s contending that microcredit has not brought in the much-touted socio-economic transformation as envisaged at its inception (Bateman, 2003, 2012, 2020, 2022; Iskander et al., 2022). This strand of evidence argues that, instead, microcredit has generally pushed borrowers into debt cycles, mostly citing the classic case of Cambodia, where microcredit programmes have thrived, but borrowers remain poorer

and enslaved as worsened health outcomes were reported amongst beneficiaries (Iskander et al., 2022). Further, critics of public microcredit programmes contend that owing to the micro nature of the targeted enterprises, microcredit is not a worthwhile mechanism for utilising scarce public resources because such enterprises cannot generate improved incomes or create sustainable employment, as claimed by proponents (Khandker, 1998).

Both public and private MCIs have traditionally supplied microcredit services. Fundamentally, private MCIs do not restrict the use of their loans for specific investments because their only motivation is profit-making. Hence, their borrowers use loans for various purposes, including protection against household vulnerabilities caused by economic crises such as natural disasters or illnesses (Burritt, 2006). Loans from private MCIs are also used to directly fund education for children and smoothen general household consumption. However, public microcredit programming in Malawi is formally premised on achieving one single objective: to promote enterprise development and micro-entrepreneurship (Government of Malawi, 2002, 2006, 2012, 2019, 2020). Hence, eligible borrowers are individuals or groups who own small-scale enterprises. Based on this latter premise, the current paper focuses on assessing public microcredit schemes rather than private ones due to this acclaimed developmental objective. The remaining sections of this paper cover the following aspects: the theoretical framework underpinning the study, a synopsis of other findings on the impact of microcredit, research methods employed, findings, discussion, and conclusions and recommendations.

2. Institutional and Welfarist Views on Microcredit: A Theoretical Framework

The research problem for the study was shaped by distinguishing the two schools of thought on microcredit delivery and measurement of impact. These schools are the welfarist view and institutionalist view. While both schools recognise the potential of microcredit to alleviate poverty (for instance, Khandker, 1998; Robinson, 2001; Guttman, 2007; Hearsh, 2008), they diverge in their approaches to delivery and impact measurement of microcredit (Berguiga & Adair, 2015). While the delivery approach for welfarists targets financially excluded people, usually the rural and credit-riskier population (Berguiga & Adair, 2015), institutionalists care less about who benefits. What matters to institutionalists is that MCIs must adopt lending models that ensure their financial self-sustainability. Thus, institutionalists focus on quantitative metrics such as repayment rates, default rates, and profitability of an MCI as measures of success.

Since microcredit services target the financially excluded poor, from the welfarists' standpoint, the impact of microcredit is measured by how the intervention improves the welfare of the borrowers. Based on this welfarist view, public sector involvement in microcredit provision is justified. However, the continued pervasive nature of

poverty in countries like Malawi, where subsidised public microcredit schemes have been consistently implemented since 1958 (Chirwa, 2002), raises contestations on the universal validity of the efficacy of public microcredit programmes. In other words, public sector involvement is based on the objective of providing better and more affordable microcredit services while reaching remote clients to address market failures caused by profit-driven private microfinance institutions (MCIs) and promote financial inclusion. Therefore, continued government investment of limited public funds in microcredit programmes can only be justified by evidence demonstrating positive outcomes for borrowers. These outcomes should ideally be superior to those obtained from private MCIs' clients.

This paper adopts the welfarist view to interrogate the performance of public microcredit schemes based on the cardinal principle of promoting financial inclusion, as opposed to institutional profitability concerns. Further, the interest of this paper is on the financially excluded people rather than how microcredit impacts the already financially included people who benefit from these schemes. The significance of this study is that as successive governments strive to achieve Sustainable Development Goal 1 of ending poverty, there is an opportunity cost for each intervention chosen. Considering the tight fiscal space in which governments in Malawi and the rest of the developing world operate, the need to assess the efficacy of economic empowerment interventions is inevitable to enable the direction of resources into such interventions that maximise societal welfare function, subject to the existing resource constraints. Because the Malawi Government claims, in its various policy documents, that the objective of its involvement in supplying public microcredit is to enhance small-scale enterprise development (Government of Malawi, 2002, 2006, 2012, 2019, 2020), this paper aims to assess whether the configuration of current schemes aids to achieve this objective.

3. Impact of Microcredit: Findings from Selected Studies

As previously noted, while some studies have examined the performance of microcredit programmes over time and across different contexts, the findings are inconsistent, ranging from positive to negative and inconclusive. To start with, a study on the impact of microcredit on women-owned enterprises in Yemen by Ahmad (2012) showed that 95% of the interviewed women held positive perceptions about microcredit, deeming them supportive of their business financing needs. However, the inclusion criteria of respondents in this study did not pay differentiated attention between public and private microcredit beneficiaries. Hence, the findings do not close the gap as intended in the present study. Awuah and Addaney (2016) reported similar findings in a study that used a combination of qualitative and quantitative techniques. Specifically, they established a positive relationship between microcredit and the growth of small-scale enterprises in Ghana, as findings revealed that the revenue and profitability of enterprises registered desired positive turns. Like Ahmed (2012), this

latter study was interested in aggregate outcomes, hence devoid of interrogating outcome differentials between better-off and poorer borrowers, let alone differences in enterprise development outcomes between private and public MCIs' beneficiaries.

Employing static and dynamic panel data models that controlled for education, inflation, employment, and income distribution of the borrowers, Felix and Belo (2019) examined the impact of microcredit across 11 Asian countries. The findings showed that microcredit was effective in improving enterprise performance. Despite the diversity in ownership structures of MCIs across all countries involved, this study was only interested in the impact of MCIs as an essential constituent of the financial sector, but not in the impact on small-scale businesses, nor was it interested in disentangling the effects of public MCIs. In Nigeria, Babajide (2012) also assessed microcredit's role in enhancing small-scale enterprises' growth. The study employed multiple regression analysis of panel data comprising 502 businesses financed through microcredit. The findings revealed that microcredit did not enhance the growth of the enterprises. Rather, other factors, including the location of an enterprise and its size, had a positive and significant impact on business growth. This study brought another often-overlooked dimension about the centrality of other business development support services besides access to affordable finance in enhancing enterprise growth. This dimension is often neglected in policy and practice. Babajide's (2012) findings did not deviate much from van Rooyen et al.'s (2012) systematic review of literature on the impact of microcredit in sub-Saharan African countries of Ethiopia, Ghana, Kenya, Madagascar, Malawi, and Rwanda, which revealed that although microcredit clients' enterprises insignificantly performed better than non-clients', the longer a client stayed on a microcredit programme, the worse the profit outcomes recorded. These two separate studies showcase the negative side of microcredit as they indicate that interventions that improve access to finance do not necessarily yield positive outcomes all the time, implying that the relationship is not determinate.

Using a sample of small-scale oil processors in the central region of Malawi, Mtsitsi et al. (2016) employed a mixed methods approach to compare the financial performance of business enterprises that benefited from microcredit and those that did not. On the positive side, the findings revealed that microcredit increased the market share, competitiveness, and productive efficiency of the enterprises. On the downside, it also increased the debt-equity ratios of the borrowers, leading to increased default risks. Although this study produced valuable findings, its focus was on the performance of financial ratios for the enterprises. Again, the study involved cooperatives as opposed to individual enterprises; hence, dynamics ought to be different. Furthermore, the participating cooperatives did not obtain the loans from public MFIs, which was the focus of the study reported in this paper.

For studies specific to public microcredit schemes, Aluko et al. (2024) found that the South African Microfinance Apex Fund (SAMAF) produced positive outcomes, as

87% of loan beneficiaries registered improved incomes from their businesses. SAMAF was set up by the government to address market failure in the provision of microcredit services to the financially excluded after noting that private MCIs were hesitant to extend credit to the poor. A possible explanation for the success of the South African model is that the country has a very strong business development ecosystem comprising accelerators and incubators that adequately build capacity of the small-scale enterprises in all areas of business management before accessing the loans, unlike in Malawi where the ecosystem is weak. In Brazil, the National Bank of Economic and Social Development (BNES), a government-owned microcredit development bank, did not register any significant impact on employment generation and incomes of its borrowers, according to a study by Goldsmidt et al. (2022). Specifically, the results showed that access to credit by the poor did not improve as anticipated. Serpa (2008) seemed to explain this finding as he argued that public loans in Brazil did not benefit the intended small-scale entrepreneurs due to the onerous paperwork required in the loan application processes which forced most small-scale entrepreneurs to give up. Instead, the loans benefitted more prominent firms employing personnel with the capacity to deal with the required paperwork. Serpa (2008) extended to argue that because public microcredit schemes are subsidised by the government, and they mostly earn negative interest rates, they create perceptions amongst borrowers that the loans are not meant to be paid back. These arguments relate to Malawi's situation, at least based on anecdotal evidence. Hence, this current study was pivotal.

In India, Tambe et al. (2017) assessed the impact of the National Rural Livelihoods Mission in the Madhya Pradesh region in promoting small-scale enterprises for its borrowers. National Rural Livelihoods Mission is a public microcredit programme that organises women into self-help groups and builds their capacity in small-scale entrepreneurship before giving them some loans. This study used a household survey approach, recruiting 2,615 households. Findings revealed that the very poor were made worse off due to the burden of repaying the loans, an outcome that further worsened their poverty situation. As can be observed from this study, despite prior capacity building on business management, the very poor beneficiaries reported worsened outcomes, implying that there could be some design factors that militated against success, but were ignored in this study. These might include interest rate levels, repayment requirements, modalities, and loan sizes, among other hypothesised factors.

As the academic debate on the efficacy of microcredit in poverty alleviation intensifies, a growing body of scholarship contends that microcredit programmes are anti-developmental due to the debt burden they impose on the poor. This scholarship is backed by extensive studies; for instance, in India by Barman et al. (2009), Cambodia by Iskander et al. (2022), and the Cambodian League for the Promotion and Defence of Human Rights (LICADHO), (2023). These studies revealed extreme

stress behaviour among borrowers or borrowing households, including committing suicide and compromising the health and education outcomes of their children as they struggled to save money to manage loan repayments. The direction of this debate suggests that it is not necessarily the ease of access to finance that would result in a determinate positive impact on the financially excluded. However, the modalities and structure of such loans, as well as the socio-economic status of the borrowers, should be considered in programming to achieve the desired efficacy. Motivated by these conflicting discourses on the potency of microcredit, this paper initiates the conversation about whether government involvement in the supply of microcredit in Malawi through public MCIs yields better outcomes.

4. Methodology

The study adopted a qualitative design. The methodological focus of the study design revolved around discerning meanings as opposed to quantifying phenomena, collecting as much data as possible on a few cases rather than the converse, and generating phenomena descriptions that were rich as opposed to measuring specific variables (Schutt, 2018). The study's guiding philosophy was to treat the behaviour of microcredit borrowers as complex, socially constructed, carrying multiple meanings, interpretations, and realities, such that in-depth interviews were deemed the most suitable for this study. Specifically, the study employed Q methodology to collect, manage, and interpret field data.

The choice of the Q methodology was based on its suitability to support the systematic analysis of qualitative perspectives, following a multi-step procedure (Damio, 2016). The appeal of this method is that it has proved to be a powerful tool for studying qualitative viewpoints and discourses of study participants (Zambrano et al., 2024). The key steps that were followed in the Q methodology include generating a Q-set, identifying a P-set, conducting Q-sort, analysing data, and interpreting results (Watts & Stenner, 2005; Stone & Turale, 2015; Damio, 2016; Gall, 2017; Lee, 2017).

Before undertaking field data collection, prior ethical clearance was obtained from the Mzuzu University Research Ethics Committee (MZUNIREC) under protocol approval Ref. No. MZUNIREC/DOR/22/98. This was crucial in ensuring that the research adhered to ethical standards and protected the rights and welfare of participants. Further, each respondent signed an informed consent to participate in the study. The informed consent ensured that participants were fully aware of the nature of the study, including its purpose, procedures, potential risks, and benefits, allowing them to make an informed decision about their involvement.

4.1 Study Area and Study Participants

The study recruited individual microcredit beneficiaries of the National Economic Empowerment Fund (NEEF) drawn from Lilongwe, one of the 32 local government authorities in Malawi. Lilongwe is one of the most commercially active districts, with more than 47 trading centres across 12 Traditional Authorities (Lilongwe District Council, 2017). Small-scale enterprises in the district are mostly involved in general retailing, welding, carpentry, butchery, small-scale agro-processing, agro-dealing and value addition, and operation of maize mills, among other activities. Figure 1 shows the location of the study area. NEEF is the only government MCI technically established in September 2020 with the mandate to alleviate challenges of access to finance faced by small-scale enterprises. The MCI embodies the practices and characteristics of public MCIs that have existed before, making it the best case for studying public microcredit programming in Malawi. Specific study sites were selected for convenience considerations. We also ensured that the sample included a combination of loan defaulters, non-defaulters, women, and youth to allow the study to generate a balanced story.

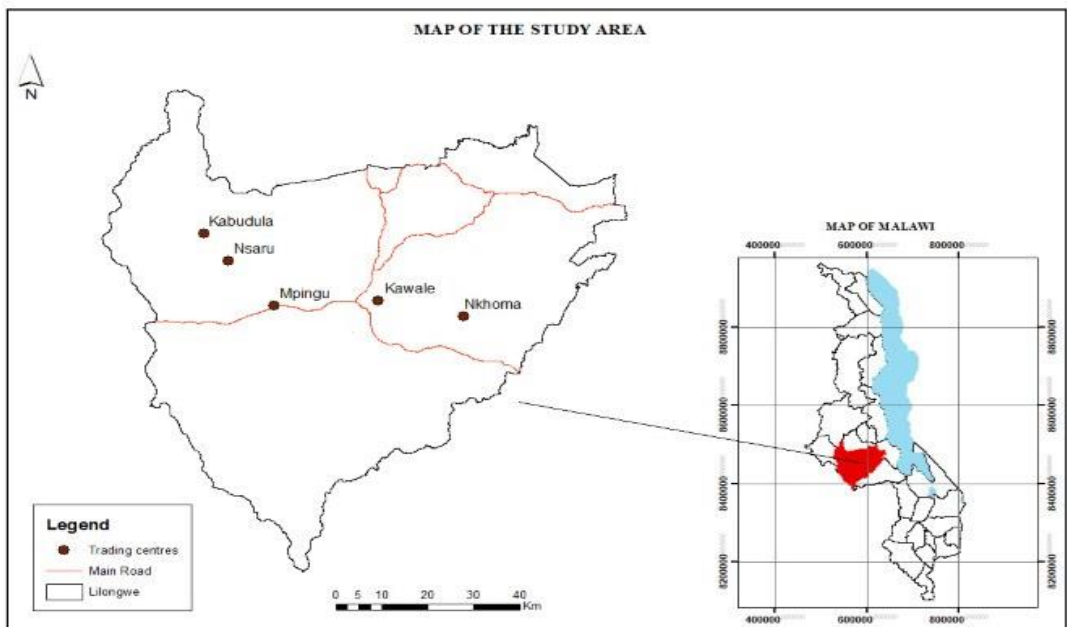


Figure 1: Map of Lilongwe showing the location of the study sites

A sample size of 21 respondents ($n = 21$) was included in both Q sorting and in-depth interviews. All respondents recruited in the Q sorting exercise automatically participated in one-on-one in-depth interviews thereafter. This sample size satisfied Q method requirements, according to Watts and Stenner (2005), Stone and Turale (2015), Damio (2016), and Gall (2017), who recommended a sample size of ten or

more subjects as adequate for a Q study. Specifically, being a qualitative study, the sample size of 21 also exhibited data saturation trends in responses.

4.2 Construction of Q-set and Data Collection

The process of developing possible statements (responses) proceeded by gathering the most common statements, perceptions, opinions, and perspectives deemed relevant to characterising the performance of public microcredit schemes. This process was informed by a literature review, published reports, and theoretical constructions identified within the research conceptualisation process. Specifically, common sentiments from NEEF borrowers that were constantly featured in the local print and electronic media were also considered when constructing statements.

The Q-set development process was further informed by what the literature prescribes as microcredit's conceptual objectives. To this end, the study drew inspiration from Vega (1998), who posited that a good design of an impactful microcredit programme should demonstrate and be measured by its degree of outreach. The notion of outreach has some dimensions that include its quality (the degree to which microcredit products are valued by its clients), cost (affordable interest rates and transaction costs), and depth (how microcredit serves the targeted poor). Other attributes of microcredit that formed the basis of assessment include the extent to which public loan schemes mitigate collateral challenges to build the capacity of its targeted micro-entrepreneurs through training and to advance the socio-economic empowerment of borrowers through increased engagement in entrepreneurship. The study, therefore, assessed the efficacy of public microcredit based on whether the lending design, conditions, and practices facilitate or hinder the achievement of the foregoing parameters.

Grounded in the foregoing founding principles of microcredit, we constructed statements that were used to measure how the borrowers rated microcredit's capability to achieve the intended objectives and principles. In this vein, a final Q-set of 29 statements was developed (available on request). The Q-set covered all topical aspects of public microcredit, including repayment requirements, interest rate levels, loan sizes, business management capacity of borrowers, and overall perceptions on impact, among others. The Q set was then exposed to study participants, with each statement assigned a code number, resulting in 29 cards mapped to each of the 29 statements. The codes were assigned on individual cards, and respondents were requested to place each card depending on their level of agreement or disagreement with each statement. These coded statements were placed on a pre-developed quasi-normal distribution Likert-type scale sorting grid with values ranging from -4 to 4. A statement card placed at -4 implied the least agreement to the statement by the respondent, whereas +4 placement denoted the most agreement. A sample of the completed sorting grid, as captured during a sorting exercise at the Mpingu site in Lilongwe, is illustrated in Figure 2:

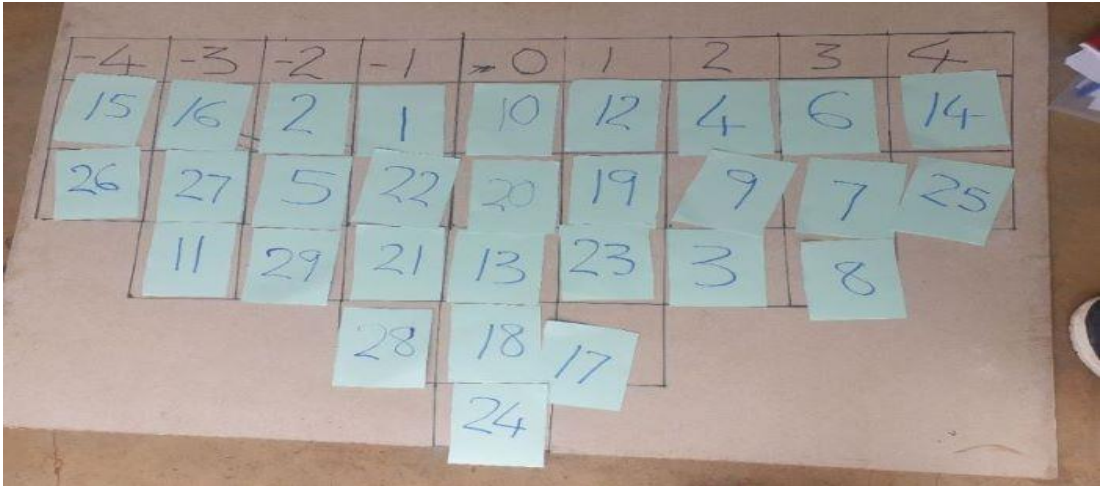


Figure 2: Sample of a completed sorting grid by a respondent

After completing the sorting exercise with each respondent, the study proceeded to one-on-one, open-ended, post-sorting interviews with participants to generate viewpoints and perspectives behind their ranking of statements. These post-sorting interviews aimed to enrich the analytical process and development of themes. The results of the Q sort were recorded in an Excel spreadsheet after each interview, while follow-up interviews were recorded in field notebooks.

4.3 Data Analysis

The Statistical Package for Social Sciences (SPSS) version 16 was used to organise and analyse the data recorded in the Excel spreadsheet. SPSS was chosen due to its capability to support the analysis of qualitative data collected through the Q methodology. As a first step, the study determined the number of like-minded groups of opinions that could be extracted to represent the views of respondents. According to Shrestha (2021), the rule of thumb is to retain factors with an eigenvalue of more than 1 ($EV > 1$). However, a researcher is at liberty to decide on the number of factors to be retained for interpretation (Damio, 2016). From the clustering of respondents' perspectives, the second step was to analyse statements and issues that emerged prominently within each cluster to constitute themes. Lastly, thematic analysis was employed to analyse textual data from individual in-depth interviews that followed immediately after the conduct of each Q-sort. Thematic analysis was meant to augment the deeper understanding of emerging discourses and underlying meanings behind the individual sorts. These interviews helped to triangulate findings from the initial sorting exercises.

5. Findings

After undertaking factor extraction, the results showed that all the 21 respondents' sorting clustered into six key broader categories of issues. These clusters represented the grouping of Q sorts by study participants with similar perspectives, viewpoints, or opinions on the research question (Stone, 2015). Thus, in this paper, the factor extraction procedure merely guided us to decide which respondents shared perceptions and perspectives or conducted the sorting almost identically. The numbers in Table 1 denote codes given to each of the 21 participants (ranging from 1 to 21). From the similarities in their sorting, we thematically analysed common perspectives that emerged prominently within those clusters and made interpretations.

Table 1: *Clustering of participants' responses*

Cluster	Respondents whose perspectives were correlated					
1	4	5	6	7	8	9
2	10	11	12	13	15	
3	14	16	17	21		
4	1	3	19			
5	20					
6	2	18				

Specifically, the common substantive issues that emerged from the clustering of perceptions and viewpoints from this factor extraction process, as shown in Table 1, were as follows: (1) public microcredit was characterised by collateral requirements and associated hidden costs, (2) the sizes of the loans were too small to make an impact, (3) there were inherent enterprise management capacity challenges, (4) limited depth of outreach, and (5) no tangible impact on enterprise growth as an overall conclusion. Next, each finding is presented.

5.1 *Collateral Requirements and Hidden Costs of Loans*

Although the findings revealed agreement amongst respondents that public microcredit loans were generally relevant, common perspectives within the first cluster indicated that NEEF loans did not practically serve the financially excluded as they mainly benefit applicants with physical collateral to pledge. This was demonstrated by respondents' agreement in sorting to statement 1 from our Q-set, which read, 'public microcredit programmes have benefited those who can pledge collateral'. On this, borrowers reported that collaterals were required at two levels. The first level was to satisfy the identification of physical collateral at the appraisal

stage. The second level involved successful applicants being required to mobilise cash collateral, typically 20% of the amount approved, and deposit with NEEF before the approved loan amount is disbursed. In addition, respondents revealed that an additional 5% of the approved amount was charged as a processing fee and an additional 1% as insurance cover.

Further, the lack of repayment grace periods came out as a significant setback. It was revealed that borrowers were required to commence repayments by the end of the month immediately following the loan disbursement. Respondents indicated that this arrangement was stressful as first repayments normally became due when borrowers had not even invested the funds in projects for which the loans were contracted. A common, desperate measure usually adopted by borrowers confronted with such circumstances was to use part of the loan proceeds to repay the loan portion falling due. The findings also revealed that the depth and quality of inclusion were normally challenged by costs associated with servicing the loans. The modalities of honouring loan repayments were costly as beneficiaries were required to travel to their respective banks to make monthly repayments and then to NEEF offices to present deposit slips as evidence of repayment. Post-sorting interviews captured the following sentiments from a borrower in Kawale:

Before getting the loan, we are required to open bank accounts. This entails sourcing money for the minimum deposit required by the bank. In the process, we incur bank account maintenance charges levied by the bank. This reduces the impact of the loan as the amount is practically offset by these additional costs. During repayment at the end of each month, we have to go to the bank in town using our transport fares to deposit the agreed instalments in the NEEF account and then present a deposit slip at their Kawale satellite office.

This process was costly for borrowers as it involved incurring travel costs to and from the repayment points throughout the loan amortisation period. The challenge of hidden costs was compounded by revelations that loan tenors, which were mostly between 6 and 12 months for most products accessed by respondents, were too short and hence restrictive to enable borrowers to realise tangible returns or invest in capital-intensive business ventures (as demonstrated by respondents' agreement to statement 25 in our Q-set). It was revealed that costly loan repayment modalities negated the benefits of otherwise flexible lending avenues provided by NEEF.

5.2 *Small Loan Sizes*

The second emerging theme revealed that the loan sizes approved by NEEF were too small against borrowers' preferences. Post-sorting interviews revealed that most approved loan sizes ranged from MK50,000 to MK150,000 per borrower (an equivalence of 26 to 86 United States dollars). Procedurally, NEEF required those who belong to groups to apply for the loans as a group after aggregating loan

requirements by each member to determine the group size of loans applied for and disbursed. Respondents recounted that the smaller loan sizes increased the temptation of diverting funds to other uses because they got tempted to think that a smaller amount was easier to repay. Volatility in prices of goods and services on the market in recent years was reported to have compounding effects on the smaller loan size problem because the goods and services a specified loan amount would be estimated to buy at the time of application and what the money bought at the time of disbursement differed significantly. Consequently, respondents argued that this rendered the smaller loan sizes useless for business purposes.

All six statements that fitted into this second cluster agreed with statement factor 21 in the Q-set that borrowers diverted the loan proceeds to attend to the pressing needs of their family before investing the remaining portion (if any at all) into their business operations. Respondents indicated that the typical household necessities that consumed their loan proceeds included buying food for the family during lean periods and paying school fees and medical services. In most cases, the majority reported that they did not even invest in the enterprises for which the loan was contracted. When asked how they managed repayments, the common finding was that borrowers formed savings and loan groups as a coping mechanism for managing loan repayments. When repayment dates were due, the common practice was to obtain loans from the savings and loans groups to settle the NEEF loans. In cases where repayments were due for both the savings and loans group and NEEF simultaneously, the former was prioritised, leading to defaults on the NEEF loans.

5.3 Enterprise Management Capacity Challenges

The study findings also revealed some business-related environmental factors that affected the efficacy of the loans; prominent among them was the lack of market research skills to manage enterprises (statement 28 in the Q-set). Lack of these skills negatively affected their capacity to undertake the prior evaluation of the viability of enterprises or to identify businesses that could easily generate tangible returns on the loans. The outcome of this skill deficiency was demonstrated by respondents' agreement to statement 23 in the Q-set (everybody is investing in almost the same type of business, hence creating excess supply), a scenario that eliminates profit margins from the market to the detriment of the borrowers' enterprises.

The study further revealed that the skills deficiency challenge was compounded by the unreliability and inaccessibility of local markets, which were mostly season-dependent. This perspective was confirmed by respondents' affirmative positions to statement 27 in the Q-set on economic behaviour and livelihoods of borrowers. Findings revealed that the performance of the enterprises was further negatively affected by the rainy season because, in addition to being small-scale entrepreneurs, the borrowers were traditionally farmers. So, depending on the season, they survived by switching tasks from enterprise management to subsistence farming. Their

involvement in small-scale enterprise management was more temporal and survivalist, only intended to navigate through the off-farm lean periods.

5.4 Limited Depth of Outreach

The study further revealed insightful findings regarding the depth of loan coverage. Respondents expressed their expectation for a longer-term relationship between the borrowers and NEEF, advocating for access to loans over multiple cycles. They argued that such an arrangement would afford NEEF an opportunity for financial handholding and enable closer observation of the growth trajectory of beneficiaries' enterprises. However, their experience indicated that NEEF's primary interest was to reach as many people as possible rather than to foster the growth of individual businesses. They perceived this focus on funding a high volume of businesses as detrimental to achieving meaningful impact. In their view, respondents argued that the focus on quality would entail NEEF focusing on building longer-term relationships with borrowers and monitoring the performance of their businesses rather than being interested in disbursement and collection of repayment instalments. The need for a long-term customer handholding relationship between NEEF and the borrowers was supported by a strong agreement with statement 14 in the Q-set, which recommended emphasis on capacity building on business management by NEEF as the key to promoting enterprise development as opposed to focusing on disbursement and collections as metrics for achievements.

5.5 Limited Impact on Enterprise Growth

Most importantly, findings also revealed no evidence that borrowers' business enterprises registered growth that could be directly attributed to the loans. However, they admitted the loans enabled them to revive their businesses as seasonal or subsistence microentrepreneurs. This conclusion was shown by agreement to statement 9 of the Q-set (my business has not registered any significant growth from the time I started benefitting from public microcredit loans). In addition, a more conclusive statement was the positive agreement to statement 7 of the Q-set (microcredit loans have thrown me into a debt cycle; I have to borrow to repay the installments when they fall due). The respondents further indicated that policymakers generate a misplaced attribution on the ability to repay the agreed loan installments to proper utilisation of the funds or to imply that such repayments were made from the proceeds from the business. The findings revealed that the prevailing practice was for borrowers to look for money elsewhere to repay the loan when it fell due, as reported earlier. For women's groups, the common trend was that the groups formed to access NEEF loans were transitioned into village savings groups. Immediately, the group members got the loan disbursement from NEEF; they started contributing and saving so that they could borrow from those savings to manage repayments.

6. Discussion

The findings presented in the preceding section suggest that the public microcredit model has perpetuated similar barriers to accessing finance as those found in the mainstream private credit market system, thereby hindering its capacity to catalyse small-scale enterprise development. To begin with, the findings revealed that the financially excluded borrowers were burdened by physical and cash collateral requirements and the high cost of acquisition and repayment of NEEF loans, including physical travels to and from their banks to make monthly repayments. This finding is consistent with Barman et al.'s (2009) conclusion that microcredit loans overburden beneficiaries and throw them into a debt cycle. Further, the empirical finding that beneficiaries in the study sites are compelled to form savings and loan groups as a strategic response to enable them to access loans from the groups to repay NEEF to hedge themselves against the potential risk of default is consistent with the documented preference for SHG loans over MCI loans among Indian borrowers. Indirectly, this finding seems to support the contention by Barman et al. (2009) that the current market model of microcredit might not be a suitable model for poor borrowers who would be more comfortable working with these voluntary savings and investment groups over which they have democratic control on lending decisions.

Furthermore, the findings lend credence to Bateman's (2003) contention that the prevailing microcredit paradigm is primarily profit-oriented, resulting in the provision of loans at higher costs, hence making it difficult for the poor to repay. Based on our empirical evidence, it is anticipated that the cost of borrowing will escalate further, particularly in light of NEEF's recent policy change mandating insured collateral, as reported by Chilora (2023). This requirement implies that borrowers will incur additional insurance costs, over and above loan processing fees of between 3% and 10% of the loan's value. This new requirement further specifies the value of collateral to be 150% of the loan value (Chilora, 2023), implying the poor will even have limited space to increase the size of the loans due to inherent collateral constraints.

Furthermore, our findings regarding the diversion of loan funds towards spending on household consumption support Bateman's (2012) assertion that most poor communities in developing countries are not adequately prepared for credit-based or market-oriented solutions to economic empowerment and would be better served by direct income transfers and subsidies. Consistent with Bateman's (2012) argument, the study revealed that the relatively modest loan amounts ranging from MWK50,000 (US\$26) to MWK100,000 (US\$52) often rendered it infeasible for borrowers to establish sustainable microenterprises, thereby incentivising the diversion of funds towards household consumption. The paper poses that the likely push factor for diversion is the poverty status of beneficiaries. In such circumstances, with such small loan sizes, the expectation of such small loans to impact small-scale enterprise development did not get support from empirical evidence. Further, we contend that

these small loans promote subsistence rather than sustainable entrepreneurship. Notwithstanding the foregoing finding, caution should be taken on loan sizes as studies have shown that granting larger amounts of loans to the poor might not be a solution either, as it would likely increase their indebtedness and promote distress behaviour, often characterised by the selling of valuable household assets and compromised nutrition as noted by Iskander et al. (2022). Specifically, these fears were confirmed in Cambodia where over 167,000 borrowers sold their land and other valuable assets to service their loans with various MCIs (LICADHO, 2023).

Additionally, the empirical evidence underscores significant deficiencies in business management competencies among NEEF loan recipients, which compromises the efficacy of the loans. This finding suggests that small-scale entrepreneurs not trained in essential business management skills, including market research, are prone to investing in similar business ventures, leading to a lack of diversification within the community. This programming gap implies that even if the loans become more affordable and accessible, they may fail to achieve their goal of developing targeted enterprises. This is primarily due to the lack of essential skills among beneficiaries. Goyal et al. (2018) conducted a study in South Africa that highlighted this issue, revealing that small-scale enterprises often struggle to access crucial business development services and mentorship, which are vital for their growth and sustainability. This study finding challenges the dominant belief amongst enterprise development practitioners, who prioritise the provision of affordable financing over the need for capacity building among beneficiaries.

Overall, this paper challenges the dominant institutionalist view that equates positive repayment rates to improved welfare of beneficiaries or efficacy. Our findings suggest that borrowers often resort to borrowing from savings groups to meet NEEF loan repayments. While ensuring repayment, this practice masks underlying struggles and potential negative consequences. As discussed earlier, our results align with those of Barman et al. (2009), Iskander et al. (2022), and LICADHO (2023), who also identified debt distress as a prevalent issue among microcredit borrowers.

7. Conclusion

This paper assessed borrowers' experiences regarding the extent to which current public microcredit schemes facilitate small-scale enterprise development. The findings point to the potential failure of public microcredit schemes to make the desired impact to promote small-scale enterprise development in the study sites. Evidence showed that access to finance by the financially excluded people remains constrained by collateral requirements and hidden costs of the loans, small loan sizes amidst competing household needs, enterprise management skills deficiency within the borrowing community, and limited depth of outreach. The paper concludes that public microcredit programming has not addressed the underlying causes of financial exclusion prevalent in the mainstream credit market because similar barriers remain

pervasive, if not elevated. The findings strengthen arguments for the failure of public microcredit to serve the poor, whom the intervention professes to serve. The findings call for a deeper conversation and reflection in this regard. Specifically, the paper concludes that microcredit loans might not be a suitable intervention for the poor borrowers in the study area because the loans potentially contribute to increased indebtedness and the vicious cycle of poverty occasioned by economic struggles to honour repayments. This conclusion further questions the rationale for continued government intervention if financial inclusion cannot be guaranteed.

Based on these findings, the paper recommends that rather than committing huge financial resources to microcredit schemes, the government should instead provide a strong regulatory and policy framework for growth and setting up of more sustainable voluntary and member-based savings and loan groups to serve the financial needs of the rural poor as a preparatory stage for them to access privately-provided microcredit services upon graduating into a higher income category. This recommendation is supported by the recurring field observation, which showed that borrowers voluntarily formed savings and loan groups (locally called *banki mkhonde*) within their villages as a fallback mechanism to access small loans to cope with repayment obligations of NEEF loans. We regarded this as a silent voice, signalling that the voluntary loan groups were what the borrowers needed, as opposed to top-down microcredit schemes. Further research should focus on an experimental study to compare the outcomes of beneficiaries of public against private microcredit schemes but disaggregated by income levels. More importantly, future studies might consider an experimental study on microcredit beneficiaries and non-beneficiaries.

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Corporal Punishment of Children in Rural Homes in Zomba, Southern Malawi: Moral Socialisation or Child Abuse?

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Abstract

The paper draws on data from a more extensive qualitative study that explored grandfathers' role in orphan care in rural Zomba, southern Malawi. The use of corporal punishment emerged as a culturally appropriate method for children's moral socialisation, thus contradicting the child rights discourse. Therefore, I interrogate what constitutes 'appropriate' disciplining and to/for whom it is 'appropriate'. Using an interpretivist framework, I engaged 142 participants (80 males and 62 females, aged between three and 92 years) in an eight-month ethnography to share their views on child disciplining methods. The participants included 59 children, 21 grandparents, 36 parents, five chiefs, three representatives of community structures, four representatives of religious groups, 12 government officers, and two NGO staff. The findings indicate a pervasive endorsement and normalisation of corporal punishment within the participating communities. This highlighted a dissonance between local conceptions of 'appropriate' moral socialisation of children versus the legal frameworks operationalised by the government and development partners through child rights campaigns and interventions aimed at eradicating corporal punishment. The article argues that such a mismatch may engender social dilemmas for children, who receive conflicting messages regarding disciplinary practices. Thus, it highlights the need for policymakers and practitioners to promote children's rights and welfare by recognising this cultural dissonance and tailoring child rights campaigns and interventions in ways that circumvent hostility with the local people.

Keywords: Children, corporal punishment, cultural dissonance, moral socialisation, qualitative research, rural southern Malawi.

1. Introduction

The use of corporal punishment (CP) as a disciplinary method for the moral socialisation of children is ubiquitous in homes across various cultural contexts, often initiated as early as two years of age (UNICEF, 2017). Its use for child disciplining dates back to time immemorial (Straus, 2010). The practice, however, remains contentious, particularly regarding its efficacy in promoting moral socialisation. Critics argue that CP constitutes a violation of children's rights (UNICEF, 2017) and correlates with various adverse developmental outcomes. An increasing body of global evidence suggests that CP, whether in domestic settings or educational institutions, is not only ineffective but also has detrimental effects on children's health and development (UNICEF, 2017; Cuartas, 2021; Gershoff, 2017). It is posited that children who endure CP are at an elevated risk for a range of detrimental outcomes that may severely impact their psychosocial well-being and overall development. For instance, UNICEF (2017: 24) states that children aged 3-5 years who experience physical punishment are "less likely to reach some social-emotional development milestones" and have an increased likelihood of demonstrating emotional dysregulation and antisocial behaviours, such as aggression toward peers.

Empirical evidence indicates that CP can result in physical injuries, lowered self-esteem, hyperactivity (Gershoff, 2017; Lansford, 2010), developmental delays (Cuartas, 2021), diminished academic performance (Gershoff et al., 2019; Visser et al., 2022), heightened aggression (Simons & Wurtele, 2010), and increased risk of depression, cognitive deficits, and other mental health disorders (Sege et al., 2018). Further, studies indicate a strong correlation between CP and the emergence of antisocial behaviours (Burt et al., 2021) and juvenile delinquency (Grogan-Kaylor et al., 2019). The repercussions can extend into adulthood (Gershoff, 2002), with individuals showing a greater propensity for criminal behaviour (Lansford et al., 2021), suicidal ideation, substance abuse (Sege et al., 2018), and involvement in intimate partner violence, including the manifestation of sadomasochistic tendencies (Straus & Donnelly, 2017).

Despite this, evidence also indicates that CP is often perceived as an appropriate method for the moral socialisation of children, with some arguing that it is beneficial to child development (Twum-Danso Imoh, 2016). In various cultural contexts, CP is considered inevitable for child-rearing practices, serving as a deterrent for undesirable behaviour and preventing the recurrence of such behaviour—ostensibly aiming to eliminate perceived naughtiness. This viewpoint reflects broader societal beliefs aimed at preventing children from becoming 'spoilt,' 'haughty,' or 'unruly,' and avoiding the development of a 'superiority complex' (Boydell et al., 2017: 1006). According to UNICEF (2017), approximately 80% of children globally (about 1.76 billion) are subjected to CP, with 75% (approximately 1.1 billion) of caregivers endorsing physical punishment as a necessary means of moral socialisation.

Notably, research also suggests a correlation between religious beliefs and the acceptance and practice of CP (Gershoff, 2010; Engulu & Harris, 2017). This raises pertinent questions regarding its prevalence in predominantly religious contexts like Malawi. In Malawian culture, akin to some Western contexts, it is common for parents and guardians to invoke the adage ‘spare the rod and spoil the child,’ derived from the Book of Proverbs (Chapter 13 verse 24 and Chapter 23 verses 13 and 14), to justify the use of physical punishment. Consequently, use of CP for children’s moral socialisation in the country is prevalent, with 42.4% of girls and 64.5% of boys reporting experiencing physical violence during their childhood (Government of Malawi, 2014a). This widespread practice has led to substantial adverse outcomes for children. For instance, Madhlopa et al. (2020) identified a correlation between physical discipline and the onset of attention-related disorders, as well as both internalising and externalising behavioural problems among Malawian children. Research examining the link between adolescents’ experiences of violence in Malawi and their gender-based attitudes has also revealed that physical abuse was positively associated with the development of internalised violent attitudes, depression, and bullying (Ameli et al., 2017). Sherr et al. (2016) also found that exposure to physical punishment detrimentally impacted educational outcomes, affecting both school enrolment and academic performance.

The preceding discussion demonstrates the predicaments regarding child socialisation in Malawi and other societies worldwide. The quotations provided below, which are from the United Nations Convention on the Rights of the Child (CRC) concerning CP and one of the parents in this study in rural southern Malawi regarding the moral socialisation of children, highlight this dissonance and serves as the central argument of this paper.

Corporal punishment and other cruel or degrading forms of punishment are forms of violence and the state must take all appropriate legislative, administrative, social and educational measures to eliminate them (United Nations Committee on the Rights of the Child [UNCRC], General Comment Number 8 on the Convention on the Rights of the Child, UN General Assembly, 2006).

If the child is disobedient, you must beat them, take a stick and beat them, and when they feel the pain, it means they will stop doing the bad things or being disobedient, fearing that if I do it again, they will beat and hurt me. So, the child grows up with good morals (Adult female, 49 years old).

2. Legal Framework for Child Protection in Malawi

In 1989, world leaders committed to children’s rights by endorsing the United Nations Convention on the Rights of the Child (CRC), establishing an international framework for child welfare. The CRC has since emerged as the most widely ratified human

rights treaty, significantly impacting the lives of children worldwide. Its adoption has catalysed increased advocacy, programmes and services against punitive disciplinary practices, thus aligning with Sustainable Development Goal (SDG) 16 Target 16.2, which seeks to eradicate all forms of violence such as CP. However, only 62 countries have prohibited all forms of CP in all settings, leaving half of children globally (i.e. 732 million) without legal protection and at risk of being exposed to CP (Global Partnership to End Violence Against Children, 2021). Only about 13% of the global child population is legally protected by law from all forms of CP, both in the home and at school (Global Partnership to End Violence Against Children, 2021). This inadequacy highlights the ongoing prevalence of harsh disciplinary practices, particularly within domestic spheres.

Malawi's strong commitment to children's rights is evident through its ratification of the UNCRC in 1991 and the African Charter on the Rights and Welfare of the Child in 1999. The country has established legal frameworks to address CP and other forms of harsh punishments. The Constitution of Malawi, particularly Chapter 3, Section 13(h), articulates the state's obligation to foster environments conducive to the comprehensive development of children, ensuring they grow into healthy, productive, and responsible members of society (Republic of Malawi, 1994). Furthermore, Section 19(3,4) explicitly prohibits torture and any form of cruel, inhuman, or degrading treatment, including CP, within judicial and state proceedings (Republic of Malawi, 1994). Additionally, Section 25(4) underscores the imperative to protect children from punitive practices that may disrupt their education or adversely affect their health, as well as their physical, mental, spiritual, or social development (Republic of Malawi, 1994). This legal framework positions Malawi as a nation prioritising safeguarding children's rights and welfare.

The government's commitment to child welfare is epitomised by the enactment of the Child Care Protection and Justice Act (CCPJA) in 2010, which established a comprehensive policy and legal framework for child protection. This legislation led to the establishment of the Child Panel (Section 116), Child Justice Courts (Section 132), and Case Review Board (Section 150), aimed at operationalising the Act and ensuring equitable treatment in proceedings involving juvenile offences (Government of Malawi, 2014b). Moreover, a multi-sectoral approach adopted by multiple ministries—including Gender, Community Development and Social Welfare, Education, Justice, Labour, and Homeland Security—highlights a collaborative effort to safeguard children's welfare. For instance, the establishment of One Stop Centres at the district level and Police Victim Support Units (VSUs) within communities serve to provide medical, legal, and psychological support services to child victims, reinforcing the nation's protective mechanisms.

Despite this progress in the legal framework and instruments regarding child protection, many children in Malawi still face adverse conditions, such as being

subjected to CP in their homes. While enforcement to outlaw CP in schools is evident, these protections have hardly been effectively extended to the home environment. Consequently, many children remain exposed to CP because the practice is commonly practised and condoned in some Malawian homes. Thus, the enforcement and efficacy of existing legal instruments aimed at safeguarding children's rights are challenged.

While acknowledging developments in the contemporary international context highlighted in section 1, this paper examines the discord between local people's conception of appropriate moral socialisation versus that of the government and its development partners. Drawing on research involving rural Malawian children, parents, grandparents, and other guardians, we highlight that this dissonance may create a moral dilemma. Specifically, this may have implications for child rights and the implementation of disciplinary measures, as well as child rights-related programmes concerning the moral development of children and appropriate discipline. This presents significant obstacles to the realisation of the UNCRC. The paper raises pertinent questions about the rights that need to be safeguarded, specifically the tension between children's rights to protection from harm and parents' rights to discipline their children, and whether international organisations' positions should be more flexible or culturally specific or if local attitudes and behaviours need to evolve.

3. Methods

The study adopted the interpretivist framework articulated by Denzin and Lincoln (2018a) to ground this research. This paradigm centres on comprehending the intricate nature of lived experiences from the perspectives of those who embody them (McChesney & Aldridge, 2019). It employs a naturalistic approach to data collection, emphasising the subjective, multifaceted, and socially constructed nature of reality (Denzin & Lincoln, 2018a). Subsequently, the findings of interpretivist research do not yield universally applicable theories or laws; instead, they provide nuanced, contextually rich insights (McChesney & Aldridge, 2019).

Despite its limitations, such as subjectivity, reflexivity challenges, generalisability constraints due to small sample sizes, and the labour-intensive nature of data analysis, the interpretive framework offered a nuanced approach to understanding CP within the rural Malawian context. The framework allowed the contextualisation of the study by acknowledging that contextual influences may shape individual and collective experiences (Hiller, 2016). The framework proved instrumental in elucidating the complexities of child disciplining practices in rural southern Malawi, highlighting their subjective, diverse, and socially constructed nature within particular historical, social, and cultural contexts. This approach facilitated the recognition of alternative social constructions surrounding CP across various participants, for instance, parents versus government officers and NGO staff.

The framework also allowed an in-depth exploration of participants' subjective experiences, yielding rich qualitative insights that illuminated their everyday realities (Pascale, 2011; Lincoln et al., 2018). It positioned the research participants as active agents in knowledge creation rather than mere subjects of inquiry. This enhanced an understanding of CP from the participants' perspective and allowed for an inclusive approach representing diverse viewpoints such as age, gender, and socioeconomic status thereby enhancing the validity of the findings. Moreover, research designs rooted in interpretivism are inherently flexible, accommodating emergent themes and unanticipated findings throughout the research process (Babones, 2016). This provided a lens with which to accommodate emerging findings, even those deemed contradictory across participants.

In the data analysis stage, the study applied interpretivist concepts and terminology to substantiate the empirical evidence derived from the findings (Denzin & Lincoln, 2018b; Morse, 2018). To ensure the trustworthiness of the findings, the study used the criteria of credibility, dependability, transferability, and confirmability. Ultimately, situating this study within an interpretivist paradigm enriched data collection process and enhanced the subsequent analysis and interpretation of the findings. This allowed for a more complex and nuanced exploration of CP in communities in rural southern Malawian that generated comprehensive theoretical insights.

3.1 Sample

The study employed purposive and snowball sampling techniques to recruit 142 research participants from 12 rural villages in Zomba. The participants included 59 children (15 preschool children, eight preteens, 36 teens), 15 grandfathers, six grandmothers, 36 adult community members, five local leaders, three representatives from community structures, four representatives from religious groups, and 14 professionals comprising nine teachers, two Health Surveillance Assistants (HSAs), one Child Protection Worker (CPW), and two staff from NGOs (Table 1). The participants comprised 80 males and 62 females, aged three to 92 years.

Table 1: Data collection methods, participants, sample sizes, gender and age

Data collection method	Number	Details of the participants
Drawing-elicited interviews	23	15 preschool children (8 males, 7 females; average age 4.4 years), 8 preteens (2 males, 6 females; average age 8.9 years)
Photo-elicited interviews	8	8 preteens
Focus group discussions	9	8 preteens (2 males, 6 females; average age 8.9 years), 36 teens (19 males, 17 females; average

		age 14.4 years), 36 adult community members (17 males, 19 females; average age 43.0 years)
In-depth interviews	21	15 grandfathers (average age 76.0 years), 6 grandmothers (average age 69.2 years)
Key-informant interviews	26	3 representatives of community structures (2 males, 1 female; age range 32-69), 4 representatives of religious groups (all males; age range 29-74 years), 5 chiefs (4 males, 1 female; average age 44.4 years), 14 professionals, comprising of 9 teachers, 2 HSAs, 2 NGO staff, 1 CPW (8 males, 6 females; average age 34.0 years)
Stakeholder meetings	2	36 adult community members (17 males, 19 females; average age 43.0 years), 3 representatives of community structures (2 males, 1 female; age range 32-69), 4 representatives of religious groups (all males; age range 29-74 years), 5 chiefs (4 males, 1 female; average age 44.4 years), 14 professionals, comprising of 9 teachers, 2 HSAs, 2 NGO staff, 1 CPW (8 male, 6 female; average age 34.0 years)
Dissemination meetings	2	36 adult community members (17 males, 19 females; average age 43.0 years), 3 representatives of community structures (2 males, 1 female; age range 32-69), 4 representatives of religious groups (all male; age range 29-74 years), 5 chiefs (4 males, 1 female; average age 44.4 years), 14 professionals, comprising of 9 teachers, 2 HSAs, 2 NGO staff, 1 CPW (8 males, 6 females; average age 34.0 years)

The study involved a nine-month ethnography to gather data from a diverse group of participants, including children and adults. The extended period of fieldwork allowed for meaningful engagement with participants, leading to robust relationships and effective data collection. Multiple participatory methods were employed, including 21 in-depth interviews, 26 key-informant interviews, eight photo-elicited interviews, 23 drawing-elicited interviews, nine focus group discussions, two stakeholder meetings, and two dissemination meetings, to capture a broad range of perspectives and triangulate the data.

Regarding photo-voice and drawing-elicited interview methods, the study equipped children with digital cameras and drawing materials to document their daily interactions with their parents and guardians. This documentation took place over five to seven months, during which the children used photography and artwork as triggers for conversations, enabling them to contemplate the significance of their experiences. These discussions were meticulously recorded and transcribed and included relevant field notes as supplementary information.

The principle of ‘data saturation’ (Braun & Clarke, 2021) determined the sample size for interviews and group discussions. The aim was to reach a stage where the identified categories and themes in the data were substantial and held significant conceptual depth, rendering further data collection and analysis redundant in generating new insights (Charmaz, 2014). Scholars widely regard data saturation as the ‘flagship of validity’ (Constantinou et al., 2017: 585) and the ‘gold standard’ (Hancock et al., 2016: 2025) for determining sample size in qualitative research. The study prioritised the richness and conceptual significance of participants’ accounts over data frequency. This approach to data saturation is recognised as a frequently recommended measure for ensuring qualitative rigour and is aligned with the guidance of Charmaz (2014) and Morse (2018).

3.2 Data Management and Analysis

The audio recordings of interviews and meetings were transcribed verbatim and organised using NVivo software for analysis. Thematic analysis, specifically an inductive approach, was employed to thoroughly examine the data and systematically identify, extract, and organise themes into relevant codes and categories (Denzin & Lincoln, 2018b) around CP.

3.3 Ethical Issues

Ethical clearance was obtained from the Geography, Environment and Earth Science Research Ethics Committee at the University of Hull, United Kingdom, and the National Committee on Research in the Social Sciences and Humanities (NCRSH) in Malawi. Permission to engage participants was granted by local authorities at district and community levels. Adult participants provided voluntary consent, while parents and guardians provided consent for their children to be included in the study, with older children providing assent.

4. Theoretical Framework

CP is a multifaceted term that has stirred considerable debate regarding its meaning and application in the moral socialisation of children (Fréchette & Romano, 2017). While many physical disciplinary methods employed on children are often not explicitly categorised as CP, they conform to the definition established by UNCRC. According to UNCRC General Comment No. 8, CP constitutes “any punishment in

which physical force is used and intended to cause some degree of pain or discomfort, however light” (UNCRC, 2006: 4, par 11). CP encompasses various forms of hitting—such as smacking, slapping, and spanking—whether with an open hand or an implement, including a whip, stick, belt, shoe, or wooden spoon (UNCRC, 2006: 4, par 11). It includes actions such as kicking, shaking, throwing, scratching, pinching, biting, pulling hair, and boxing ears, forcing a child into uncomfortable positions, as well as burning, scalding, or coercing ingestion of substances (UNCRC, 2006: 4, par 11). This comprehensive definition underscores that physical punishment, a common practice in Malawi and elsewhere, intrinsically falls within the realm of CP.

The study adopted and operationalised UNCRC’s definition of CP. This ensured alignment with local policies and legal frameworks for child protection in Malawi, given that the country ratified the CRC. This comprehensive definition enabled us to explore wide-ranging CP-related issues, yielding in-depth and nuanced data that locates the local and international debates surrounding CP.

4.1 Intersectionality Perspective

The study drew on the Intersectionality Perspective. Intersectionality can be conceptualised in three ways: one-category, which analyses social phenomena through the lens of a single social difference (Carbin & Edenheim, 2013); additive, which posits that “social inequality increases with each additional stigmatised identity” (Bowleg, 2008, p. 314); and multiple categories, which recognises the interplay of various social identities in shaping lived experiences (Carastathis, 2014). Both one-category and additive approaches are problematic. They fail to capture the intricate ways in which social identities are interwoven, as theorising based on a singular category or its hierarchical salience reduces the complexity of lived realities. This is highlighted by the assertion that “multiple, co-constituting analytic categories are operative and equally salient in constructing institutionalised practices and lived experiences” (Carastathis, 2014, p. 307). Consequently, scholars argue that no single social category can independently or sufficiently elucidate individuals’ experiences; rather, multiple intersecting categories significantly influence their social realities.

The multiple-categories intersectional framework was deemed most fitting for this research. Characterised by its inherent complexity and multiplicity (Bowleg, 2012; Anthias, 2013), this approach facilitated the identification of intricate intersections across dimensions such as culture, religion, gender, age, socioeconomic status, and educational attainment in the daily lives of both adults and children in rural southern Malawi. The exploration of these intersectional dynamics provided a nuanced and comprehensive understanding of the participants’ lived experiences around CP.

During data collection, analysis, and interpretation, this framework allowed for a holistic examination, avoiding the pitfalls of a one-category approach, which might singularly attribute the influence of, say, culture on the utilisation of CP in the moral

socialisation of children. Unlike an additive approach that elevates one factor while tacking on others, the multiple-categories framework enabled a robust consideration of how the interplay among the aforementioned factors collectively shaped the phenomenon of CP as it manifested in the participants' daily routines. The additional analytical layer afforded by this framework was critical in elucidating the complexities surrounding the practice of CP in the rural Malawian context, aligning with the interpretivist framework.

Adopting a multiple-category intersectional framework was crucial for avoiding a reductive analysis centred solely on a singular identity dimension, such as culture. This framework allowed for a more comprehensive examination of the intersecting categories of gender, culture, religion, generation, socioeconomic status, and education. Moreover, careful consideration was given to identifying which categories were most pertinent to the data collection, analysis, and interpretation processes. This diligence mitigated the risk of engaging in an "infinite number of cross-cutting categories... and endless specification" (Anthias, 2013), which could dilute the study's significance. Consequently, this research prioritised the dimensions of gender, culture, religion, generation, poverty, and education within the intersectionality framework, providing a nuanced exploration of the experiences of both adults and children in rural southern Malawi regarding CP.

The integration of intersectionality with the qualitative interpretive research design employed in this study proved highly effective. As Shields (2008: 306) articulates, "the connection between intersectionality theory and qualitative methods suggests they are inherently linked." This inherent linkage stems from intersectionality's focus on the multifaceted nature of identity, which makes qualitative inquiry an appropriate and necessary approach for such investigations (Shields, 2008). Additionally, qualitative methods naturally accommodate the implicit complexities and multiplicities of lived experiences, enabling deep exploration of the micro-level intricacies within people's lives (Acker, 2012). Thus, these features of intersectionality were pivotal in examining the complexities of CP in rural southern Malawi.

5. Findings and Discussion

5.1 Common Behaviours and Punishments Used for Moral Socialisation in Rural Southern Malawi

We explored common children's behaviours that triggered punishments from parents and guardians in rural southern Malawi. We found that, like their counterparts across the world, children in the participating communities may engage in various undesirable behaviours triggering different forms of discipline, including neglecting household responsibilities, refusing to bathe, truancy, tardiness to and from school, being disrespectful, and engaging in antisocial behaviours. Misbehaviours such as

theft, premarital sexual activity, and using vulgar language were also reported. These child behaviours generally resonate with Boydell et al.'s (2017) study on the use of CP by mothers in Uganda, which found children's behaviours such as not doing domestic chores properly or following hygienic practices as some of the triggers for the parents to subject the children to CP (Boydell et al., 2017). Straus (2010) also documents that parents and guardians use CP supposedly to correct and control a child's misbehaviour, such as being stubborn and rebellious. Thus, the findings echo previous studies, suggesting common child-rearing practices in Malawi and elsewhere.

In the Zomba rural communities, children's behaviours that contradicted the expectations of their parents and guardians prompted three disciplinary approaches based on the parents' and guardians' own upbringing: non-physical punishments, CP, and seeking external intervention or help. These methods were applied sequentially, simultaneously, or progressively and escalatingly. The paper focuses on CP only.

5.2 Corporal Punishment in Rural Southern Malawi

The moral development of children is a significant aspect of family life across diverse cultures and societies globally. Child disciplining is universally recognised as a crucial element of child-rearing, contributing to establishing socially acceptable behaviours in children (UNICEF, 2017). It is the responsibility of parents and guardians to provide children with a moral and social foundation and compass through various disciplinary approaches, thereby ensuring their conformity to societal norms and values. However, research conducted in rural southern Malawi revealed that certain disciplinary measures employed by parents and guardians towards children, such as CP, could qualify as child abuse under international frameworks such as the UNCRC and local legal frameworks and instruments, including The Constitution of Malawi (Republic of Malawi, 1994) and the Malawi Child Care, Protection and Justice Act 2010 (Government of Malawi, 2014b). The UNCRC General Comment Number 8 on the Convention on the Rights of the Child explicitly condemns various forms of punishment, including CP, as a violation of the fundamental rights of all children worldwide (UNCRC, 2006).

Parents and guardians in the Zomba rural communities commonly used CP to instil moral values in their children. These included shaking or shoving the child, spanking, smacking or slapping with bare hands, whipping or hitting with bare hands or an object (e.g. a stick or cane), pinching or twisting ears, and pulling or twisting lips. These disciplinary methods were typically used when non-physical punishments were ineffective. For instance, if a child persistently disregarded a rule, such as returning home before sunset, parents and guardians resorted to physical discipline, such as spanking, slapping, or using a cane. Although these forms of discipline may appear severe, the parents and guardians viewed them as inevitable to ensure the child's safety and well-being.

The use of CP as a disciplinary method by parents and guardians reflects common parenting practices in the country, sub-Saharan Africa and other regions worldwide. Government of Malawi (2014a) documents similar experiences of physical violence by children in Malawi, including punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, and burning intentionally. The Malawi VACS Report (2015) indicates that 5.3% of girls and 6.5% of boys experience their first incident of physical violence by the age of five or earlier (Government of Malawi, 2014a). Between the ages of six and 11, the prevalence rises significantly, with 52.3% of girls and 63.8% of boys reporting experiences of physical violence (Government of Malawi, 2014a). Among adolescents aged 12 to 17, the figures show that 42.4% of girls and 29.7% of boys encounter physical violence (Government of Malawi, 2014a).

Rather than being viewed as abusive, these forms of punishment are considered necessary for the moral socialisation of children (UNICEF, 2017; Taylor et al., 2016). UNICEF (2010: vii) emphasises that CP is “socially condoned and widely perceived as a needed form of discipline.” This approach is deeply ingrained in ‘wider philosophies of socialisation’ (Montgomery, 2009: 161), ‘pervasive around the world’ (Zolotor & Puzia, 2010: 229) and prevalent ‘in almost all cultures’ (Bartholdson, 2001: 5). Breen et al. (2015: 132) note that in South Africa, ‘at a societal level, cultural norms approving violence, the legality of CP in homes and schools, and cultural beliefs about the necessity and effectiveness of physical punishment can contribute to its use.’ Similarly, Hecker et al. (2014) found that 95% of Tanzanian children experienced at least one instance of CP by their parents or caregivers during their lifetime.

Recently, UNICEF conducted multisite studies in various regions around the world that revealed consistent approaches to moral socialisation. Most parents (63%) resorted to physical punishment, while 67% employed psychological aggression as disciplining methods (UNICEF, 2017). Additionally, UNICEF (2017) found that these disciplining methods were prevalent in Malawi, even among toddlers as young as one to two years old. While severe physical punishment was less common for children of this age, many still experienced psychological aggression and other forms of physical discipline.

Despite variations in CP use across different cultures, this practice remains prevalent in many societies worldwide (Grogan-Kaylor et al., 2019). Thus, findings of the study in rural southern Malawi are not unique; they reflect a common practice observed in many regions around the world. Despite this prevalence, both CP and violent psychological discipline are regarded as violations of children's rights by child-centred international organisations (UNICEF, 2014).

5.3 Discourses on Harsh Punishments: Correction or Child Abuse?

The use of harsh punishment to discipline children reported in this paper is in contrast with government policy and child rights campaigns being promoted in many parts of Malawi, including the communities studied. The policy and related interventions aim to eradicate harmful punishments in homes and schools, including CP. The Government of Malawi and local and international development partners have intensified efforts to advocate for the prohibition of physical punishment in schools and homes through policies, frameworks, and instruments drawn from the CRC. However, while CP is illegal in the penal system and public institutions such as government schools, it is still practised and condoned in some Malawian homes, thus hindering substantial progress in ending CP in the country. Many parents and guardians did not view physical punishment as inappropriate or a form of child abuse but rather as a means of ‘correction’ and part of the moral socialisation process as summed up by one of the guardians: “When you flog the children, and then another day you flog them again, then they stop being disobedient, that is the end of their bad behaviour” (Grandfather, 71 years).

Through conversations with local people, it emerged that they perceived child rights campaigns as reflective of orthodox mainstream Western values of child socialisation, which they deemed inappropriate for the local child-rearing practices. This, in turn, created hostility towards child rights ideologies and campaigns being promoted by the Government of Malawi and local and international NGOs as people viewed these campaigns as an infringement on the local ways of moral socialisation of children.

The conflict between advocates for children’s rights and local people’s perspectives resonates with findings from other studies in sub-Saharan Africa (Portela & Pells, 2015). For example, Archambault (2009: 299) observes that parents and educators in Kenya “are apprehensive about certain aspects of the discourse on children’s rights,” and that “granting entitlements to young individuals, who are not yet fully integrated into society, is perceived as challenging adults’ conceptions of childhood and ideas about children’s development as well as their authority over their children.”

Mturi et al. (2005: 46) write about intergenerational conflict triggered by the mismatch between the older generation’s view of rights and that of the younger generation in South Africa, stating that “apparently children do not listen and have no respect towards adults because they say they have rights and think that they can do anything they like.” Boersch-Supan (2012: 40) reports that chiefs and elders in Sierra Leone “complained that youth and children rely much on human rights in disobeying their parents and elders.” Wessells (2015: 15) highlights resentment and frustration from parents in Sierra Leone who expressed that “child rights had undermined their parenting since they could no longer use CP to teach children good values and behaviour.” Twum-Danso (2010) highlights social resistance to children’s rights

campaigns in Ghana that were advocating the elimination of CP in both the home and the school, as well as legal measures prohibiting parents and guardians from using CP. She writes that local people are taking that stance “because of a fear that their children will turn into ‘Western children’ or ‘white children’ if such laws were introduced into society” (Twum-Danso, 2010: 55), thus echoing the label of ‘modern colonialism’ stated by the participants in the study in rural southern Malawi. Similarly, in her critique of the importation or universalisation of child-rearing practices from the Global North, Monaghan (2012: 57) interrogates whether it “constitutes ‘intervention’ or ‘interference’ in the world’s childrearing practices.” Thus, the use of harsh disciplining methods, such as CP, in the moral socialisation of children remains widespread and controversial worldwide. This shows that the discord between local citizen and child rights campaigns permeates many societies across sub-Saharan Africa, highlighting the cultural similarities that characterise the social life in this region of the world.

Additionally, our research in rural southern Malawi reveals that parents and guardians prioritised preventing physical harm over considering the emotional and psychological impacts of their actions when disciplining children. Even in cases of physical punishment, their concern was only evident when it led to excessive injury, as determined by the severity of the injury. Conversations revealed that they believed the discipline they administered was not severe, although they did assertively raise their voices, as one of the guardians expressed:

Well, the punishment is not severe... it’s just like a little bit, like you’re removing dusting from them (Researcher: with a stick?) yes, but not beating them too hard, just gently like this [demonstrating] and shout at them like, “hey, why are you doing [this]?”, but don’t hit them hard, no! (Grandfather, 71 years old).

It was observed that within rural southern Malawi, using CP to inflict a certain degree of pain was condoned, implying that parents and guardians endeavoured to strike a balance between leniency and harshness when it came to CP and abuse. This observation aligns with the notion of ‘reasonable chastisement’ described in Boydell et al. (2017: 1000) and is commonly seen in other Afrocentric contexts, where it is considered constructive rather than abusive (Fréchette & Romano, 2017). Archambault (2009) points out that while physical punishment is widely accepted in Kenya, parents and guardians take care not to cause injury to the child, often using a thin leather strap. One notes, however, that the severity of pain is ambiguous and may be interpreted differently across cultures. What may be considered moderate punishment in Africa may be considered harsh or abusive in Europe and America (Boydell et al., 2017).

It emerged clear in our study in rural southern Malawi that parents and guardians were increasingly concerned about inadvertently causing physical harm or even death to a

child due to fear of facing legal repercussions. This finding is consistent with Twum-Danso's research in Ghana in 2010, which highlighted a shift in attitudes towards physical discipline following instances where parents caused injuries to their children, necessitating medical attention. It appears that parents and guardians are mindful of the potential of medical costs and legal implications and, consequently, take deliberate steps to ensure that disciplinary actions do not lead to excessive harm. In rural southern Malawi, while concerns about medical expenses were not as prominent, many participants expressed apprehension about the prospect of facing arrest and imprisonment. For example, David, an 80-year-old participant, mentioned that he refrained from using severe CP on his two granddaughters (aged 13 and 15) out of fear of causing harm that could result in imprisonment. During a discussion with David, he recounted a recent incident in his community where an individual caused the death of a child and was serving a life sentence in prison. David elaborated on his cautious approach to avoid such a situation despite occasionally resorting to CP. Other parents and guardians echoed similar concerns. For instance, one of them stated that "if the child is very mischievous, it is wrong for you to beat them daily because one day you may end up killing them for not heeding discipline" (Young adult, 32 years, male).

Furthermore, research revealed that although parents and guardians were knowledgeable about the immediate and long-term effects of physical discipline on children, there was limited recognition or concern regarding the emotional and psychological impact of harsh punishments on children. This observation is consistent with findings from other studies conducted in Southern Africa, including those in South Africa, Tanzania, and Zimbabwe (Chigiji et al., 2018; Breen et al., 2015). Although parents and guardians in our study in rural southern Malawi often failed to recognise the negative emotional and psychological effects on children, some children raised this concern. For instance, during a group discussion, a 13-year-old boy expressed feeling depressed after being scolded, stating that "sometimes, they don't say nice things to us, they say things that I never expected to hear in my life, and I become depressed" (Child, 13 years, male).

This indicates that even though parents and guardians may not fully recognise the emotional and psychological impact of non-physical punishments, the children who experience them may still suffer. This underscores the need to sensitise parents and guardians on the detrimental impact of CP on children's emotional and psychological well-being.

5.4 Unintended Outcomes of Corporal Punishment

The study indicates that certain disciplinary actions taken by parents and guardians can lead to unintended outcomes, including driving children towards risky behaviours that expose them to sexually transmitted infections, including HIV, which is

consistent with the findings of Chigiji et al. (2018) in Zimbabwe. In this study, some boys mentioned that when they were deprived of food or expelled from their homes, they resorted to stealing from others' sugarcane and cassava fields to survive. Girls shared that they entered clandestine transactional sexual relationships with boys or men in their community or engaged in unprotected commercial sex in the nearby trading centres to earn money for food. For example, during a group discussion, a 13-year-old girl noted that "these punishments are bad because when they chase you away from home, you have nowhere to go, so you start doing bad things like having sex to have money to buy food" (Child, 13 years, female). This signifies the detrimental and unintended outcomes of certain disciplinary methods on children.

Despite this, parents and guardians viewed CP as appropriate. They justified its necessity to address the growing indiscipline among 'children of today', hence viewing it as the normative child-rearing method. The widespread social acceptance and normalisation of CP was a prevalent phenomenon in the research communities, mirroring other parts of sub-Saharan Africa and the globe (Lansford et al., 2012; Twum-Danso Imoh, 2013). In rural southern Malawi guardians reported that they were not the only ones resorting to harsh discipline to address children's misbehaviour; parents also employed similar methods due to their perceived increase in problematic behaviour among 'children of today'. This suggests a sense of nostalgia among the older generation for the conduct of modern children, as expressed by one grandfather:

Physical punishments cannot be ruled out because children do anger you and without being patient, you just realise you have lashed the, yeah [...] These children sometimes are arrogant and don't take heed of advice or discipline, particularly 'these years'. Most of these children are not like the way we used to be in the past, no! The children of 'this generation' and that of the past generation are very different (Grandfather, 80 years).

The study suggests that children in rural southern Malawi are accustomed to considering these disciplinary measures as normal due to their widespread use and social acceptance. Interestingly, some of the children interviewed expressed similar sentiments to those of adults. They mentioned that while they were apprehensive about the punishments, they did not necessarily perceive them as abusive or cruel. Instead, they saw them as a form of moral upbringing intended for their benefit. Despite differing opinions, there was a consensus among children and young people regarding the inevitability of such disciplinary actions, and they did not harbour any resentment towards their parents and guardians for employing these measures: "The punishments are good because when they punish me, they intend to teach me a lesson so that I do not repeat the same bad thing" (Child, 13 years, female); "It's a good thing to be punished..." (Child, 15 years, female).

The findings in rural southern Malawi regarding the acceptance, normalisation, and internalisation of CP among children and young people align with similar research

conducted in sub-Saharan Africa and other global regions. For instance, a study in rural and urban Ghana revealed that 77% of participants disagreed with outlawing physical punishment in the home, and 66% considered it crucial for their moral upbringing (Twum-Danso, 2010). Twum-Danso Imoh (2013: 478) later noted that Ghanaian children viewed physical correction as “part of their training to become members of their societies.” Multinational studies conducted by UNICEF (2017) demonstrated that while cultural attitudes toward CP may differ by country, children in certain nations regard CP as beneficial for their moral development. These findings indicate that the outcomes of the Malawi study are not uncommon.

However, experience in rural southern Malawi also revealed that some children disliked physical punishments regardless of the offence committed. For instance, a 13-year-old boy unequivocally stated that: “We don’t like them [the physical punishments].” When faced with unavoidable punishment and preference, many children said they would choose certain types of disciplinary actions rather than CP, which is consistent with Twum-Danso’s (2010) findings among Ghanaian children. Several children interviewed in the study expressed a clear aversion to physical punishments and preferred non-physical forms of discipline, such as verbal reprimands, while others simply preferred to avoid punishment altogether. One child emphasised that “they should scold or shout at us, but they should not beat us” (Child, 13 years, female). Another had this to say: “When I have done something wrong, sometimes they tell me to go and fetch water, and sometimes they beat me. I don’t like it. They should just leave me alone” (Child, male, 10 years).

5.5 Perspectives of Professionals Regarding Corporal Punishment

While some children, parents, and guardians viewed certain disciplinary actions as appropriate, none of the professionals interviewed (i.e. CPWs, HSAs, and teachers) endorsed this practice. They unequivocally classified such punishments as child abuse. For instance, a 43-year-old teacher stated that “the punishments you have mentioned, such as withholding food and pinching ears, I consider them to be [child] abuse.” This perspective is not surprising, as these professionals usually collaborate with the government and NGOs in campaigns against CP. Additionally, other parents and guardians, along with Community-Based Organisations (CBOs), Child Protection Committees (CPCs), and Community-Based Childcare Centre (CBCCs), viewed CP as a form of child abuse and preferred alternative forms of discipline, such as advice and withdrawing privileges: “Beating a child is child abuse. What you have to do is to advise the child that, ‘don’t do this, rather do this and that” (Grandfather, 74 years). Another respondent state that “we [CBO members] always tell them [parents and guardians] during community meetings that taking a rod to whip a child is abuse. It is better to counsel the child” (Grandfather, 69 years).

5.6 Government and NGOs Advocacy for Ending Corporal Punishment: A Form of 'Modern Colonialism'?

In an effort to promote children's rights, there have been various challenges in shifting societal attitudes. The government and development partners have been actively pursuing this objective. However, participants raised concerns about these interventions, viewing them as a form of 'modern colonialism'. They argued that these interventions, such as those advocating for outlawing CP, are rooted in Western concepts of childhood that are incompatible with local cultural norms. They perceived these initiatives as conferring excessive rights and liberties upon children, leading to behaviours that were deemed unacceptable in the local culture (e.g. immodest dressing and smoking), echoing other studies in Africa (e.g. Boersch-Supan, 2012; Zuilkowski et al., 2019). The participants expressed the following: "Some children are smoking *chamba* [hemp], and when their parents confront and reprimand them, they say, 'leave me alone! It's my freedom and right'" (Child, 14 years, female). Another respondent worried that "the thighs are exposed in public, the breasts are exposed in public, everything is exposed in public! And, if you dare to confront them about it, they say, 'You want to deny me my rights?'" (Grandfather, 73 years). Echoing similar remarks, another stated that "nowadays, children have lots of freedom... that's the reason I fear for their indiscipline. This freedom is what is making the children rude" (Adult, 42 years, female).

There was a prevalent belief among parents, guardians, and other stakeholders that Western interventions to promote children's rights, including prohibiting CP, were interfering with local child-rearing practices. This was perceived as undermining their efforts to socialise 'their children' in the 'proper way'. For instance, while CP was considered a normative socialisation method, some refrained from using it out of concern that their children might report them to child rights-focused organisations. This apprehension stemmed from the potential for conflict with authorities such as the police or human rights workers like CPWs, a finding reflecting Wessells et al.'s (2015) study in Sierra Leone:

Some of the children listen to the radio and they hear that children have rights. If you try to discipline them, they take the issue further and you end up in trouble even though the child is yours because they say, '*a child has rights*'. Parents are failing to discipline their children because of these organisations. Organisations are 'polluting' our culture (Adult, 41 years, male).

In the research communities in rural southern Malawi, there was a noticeable sentiment of frustration, disempowerment, and nostalgia for an idealised past, along with a moral panic among some parents and guardians. Their resistance to interventions that support children's rights was evident, reflecting their attitudes towards Western values and advocacy for children's rights, as well as their perspectives on children's discipline. Parents and guardians expressed concern that

their cultural practices, including the use of strict discipline for children's moral development, were being infiltrated, eroded, and supplanted by a new culture – a Western culture that sought to eliminate CP:

Our culture is diminishing before our eyes. It's like a river washing away your clothes down the stream, in a swirl, and you just stand watching helplessly, shouting, 'oh, my gosh! My clothes are being washed away!' (Young adult, 28 years, male); *Swagger* is copied from technology and the children are disregarding our culture (Young adult, 32 years, male).¹

Such sentiments underscore the discord between the local people, on the one hand, and the government and child-centred NGOs and professionals (child rights ideology), on the other hand, regarding the appropriate moral socialisation of children. Evidently, local people's views around CP contradict the provisions of Malawi's legal framework for child protection.

6. Conclusion

This article contributes to the discourse on child disciplining practices in sub-Saharan Africa, utilising data from a larger study that explored grandfathers' orphan care in rural southern Malawi (Lazaro, 2018, 2023). This study aimed to expand on the discussion regarding the discord between the local people and the government and child rights advocates vis-à-vis what constitutes the moral socialisation of children in contemporary rural southern Malawi. The study particularly drew on CP as a method of correcting undesirable behaviours.

The study reveals that the use of CP was widespread and accepted by most parents and guardians, reflecting common childrearing practices in other parts of Malawi and sub-Saharan Africa more generally. However, the sanctioning of CP and other harsh disciplinary measures for the moral socialisation of children seems contentious, particularly when viewed through the lens of recent international perspectives on child rights and the country's legal frameworks for child protection. This suggests that such a discord may hinder child rights interventions, as local communities may resist or not fully embrace them, leaving millions of children vulnerable to rights violations as construed by the UNCRC and the country's legal framework for child protection. This could have detrimental effects on children, particularly when their views on moral socialisation differ from those of their parents and guardians.

Drawing on the findings from other studies in sub-Saharan Africa (e.g. Zuilkowski et al., 2019; Frankenberg et al., 2014), the study recommends reconciling parental

¹ *Swagger* is term commonly used by the youths in Malawi to refer to a kind of self-centred lifestyle that is concerned with being stylish (e.g. dressing) at the expense of other important things, as well as being boastful and bragging.

authority and child rights using a context-specific approach. Wholesale importation of childrearing practices grounded in the naturalisation of Western notions of childhood via the CRC may fail or yield limited impact if imposed on the local people. A context-specific approach could secure local support and lead to gradual shifts in attitudes and parenting practices. This gradual process of change may be more acceptable to local communities, allowing for the promotion of child rights without being perceived as a threat to long-standing cultural child-rearing practices. Ultimately, this gradual approach may help mitigate resistance from parents and guardians to child rights initiatives, fostering social change regarding the moral socialisation of children without alienating local cultural practices.

The perception of emotional and psychological punishments by parents and guardians as innocuous is a significant concern. Given the potential effects of such punishments on children, the study suggests that children may experience both short-term and long-term consequences from these methods of moral socialisation. Therefore, awareness campaigns could address this issue as part of their intervention strategies, in addition to focusing on CP and other harsh punishments, such as withholding food.

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Exploring the Sustainability of Electronic Medical Record Systems in Decentralised Local Government Settings in Malawi: The Case of Mulanje District

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Abstract

Electronic medical record systems (EMRs) are crucial for improving healthcare in low-resource settings but face sustainability challenges, particularly in decentralised local governments like Mulanje District, Malawi. This study aims to contribute to the existing literature by identifying and analysing specific factors influencing the sustainability of EMR. Using a qualitative case study design and the Program Sustainability Assessment Tool (PSAT), data were collected through semi-structured interviews and analysed with NVivo. Key findings, including the impact of environmental support, funding instability, essential partnerships, organisational capacity, and adaptation strategies, offer novel insights into the barriers and facilitators for sustainable EMR implementation in decentralised governance contexts. Despite the presence of local champions, persistent funding challenges after donor support and gaps in organisational capacity alongside the absence of tailored sustainability plans are identified as critical hindrances. This study offers strategic insights and stresses proactive planning to address EMR sustainability challenges in under-resourced, decentralised healthcare systems.

Keywords: Electronic Medical Records Systems (EMRS); Sustainability; Decentralised; Local Council.

1. Introduction

Electronic medical record systems (EMR) are computer programmes created for gathering, storing, and manipulating data and offering secure access to all patient information. EMRs track patient health data generated during one or more interactions

in healthcare settings. These data include the patients' demographics, notes on their progress, issues, prescriptions, vital signs, previous medical history, vaccines, laboratory results, and radiological reports (Ben-Assuli, 2015; Heart, Ben-Assuli & Shabtai, 2017). Within the health information systems domain, a shift is occurring from Electronic Medical Records Systems (EMRs) to Electronic Health Records Systems (EHRs), as EHRs are a more comprehensive report of a patient's overall health than EMRs which are a narrower view of a patient's medical history (Ministry of Health, 2020).

In 2001, Kamuzu Central Hospital implemented the first EMRs in Malawi, which included patient registration and discharge processes. Implementing EMRs has not only improved data completeness by reminding service providers of the required fields but has also introduced various advantages, such as reducing medical errors caused by typographical mistakes and simplifying the reporting process, enabling the generation of reports with just a click of a button (Chawani, 2014). Currently, in Malawi, the President's Emergency Plan for AIDS Relief (PEPFAR) supports a Point of Care (POC) EMR system in 210 high- and medium-volume health facilities, as well as an electronic HIV treatment system (eMastercard) for retrospective data entry in 511 medium- and low-volume health facilities (PEPFAR, 2021).

The rest of this paper is structured as follows: Section 2 covers Research Design and Methodology, Section 3 presents the Literature Review, Section 4 discusses Results and Discussion, Section 5 offers Conclusion and Recommendations, and Section 6 outlines Areas for Further Study.

2. Research Design and Methodology

The study adopted a qualitative case study approach to examine factors influencing the sustainability of EMRs in Mulanje District, Malawi. This approach was suitable as it provided an in-depth understanding of complex contextual factors impacting EMR systems. Data collection involved semi-structured interviews with key informants, including facility system users, digital health partners, local council members, district health teams, and Ministry of Health staff. Participants were purposefully sampled to ensure diverse insights, resulting in a sample size of 12 individuals (Sukmawati, Salmia & Sudarmin, 2023). The Program Sustainability Assessment Tool (PSAT) was employed to assess sustainability across eight domains, including environmental support, funding stability, partnerships, and strategic planning, among others (Schell *et al.*, 2013; Douglas A. Luke *et al.*, 2014a; King *et al.*, 2018; Chirambo, Muula & Thompson, 2019). The data was transcribed using NVivo 12 software, and it was then analysed thematically by grouping the data according to particular domains. Validity was strengthened through techniques such as prolonged engagement and triangulation (Guba, 1981). This methodology was appropriate because it allowed for rich, detailed data collection and analysis essential

for understanding sustainability challenges and strategies within the unique health context of Malawi. This study was approved by the College of Medicine Research and Ethics Committee (COMREC) number P.07/23-0166. Permission to conduct the study in Mulanje was also sought and granted by the Mulanje District Hospital Research Committee.

3. State of literature on EMRS

3.1 Electronic Medical Records Systems

EMRs are computer systems designed to collect, store, and manage patient health data, providing secure access to this information. EMRs encompass various patient details, including demographics, medical history, prescriptions, lab results, and radiological reports (Ben-Assuli, 2015; Heart, Ben-Assuli & Shabtai, 2017). While EMRs are often conflated with Electronic Health Records (EHRs), they serve distinct yet interconnected roles aimed at improving patient safety, care quality, and reducing healthcare costs (Garets & Davis, 2006). Current literature has been limited in examining the long-term sustainability and contextual challenges of EMR systems in low-resource environments. There is also a limited critique regarding the scalability of these systems within decentralised healthcare settings, such as those found in low-income countries, indicating a gap in assessing the adaptability of EMR frameworks beyond high-resource contexts. The transition from paper-based records to EMRs began in the late 1970s with the advent of microprocessors, evolving from simple, physician-centric notes to comprehensive systems offering real-time data access and integration across healthcare providers (Shortliffe, 1998). However, this literature often overlooks the significant barriers that come with these advances, such as high maintenance costs, dependency on stable infrastructure, and the substantial training burden they place on local healthcare providers—factors particularly pertinent to low-resource environments like Malawi.

In Malawi, the journey of EMR implementation began in 2001 with the introduction of Anti-Retroviral Therapy and Patient Registration Systems at Kamuzu Central Hospital, later expanding to other sites (Matthew Thokozani Kumbuyo, 2018). The EMR systems in Malawi have grown to include functionalities for HIV treatment data management and are managed by organisations such as the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Luke International. These systems have significantly enhanced the ability to manage patient data efficiently and provide comprehensive healthcare services through real-time data access and clinical decision support (PEPFAR, 2015). While these implementations have undoubtedly enhanced the efficiency of data management and healthcare delivery, the literature often underplays the operational and financial sustainability of such initiatives post-donor support. The effectiveness of these systems may not translate seamlessly to settings where local governments lack sufficient resources or technical capacity to manage complex EMR

infrastructures, a challenge that the literature has yet to address thoroughly. The limited exploration of these post-donor sustainability issues indicates a significant gap, particularly in how these systems are to be sustained independently by local councils or national governments in low-income countries.

3.2 Functionalities and Benefits of EMRs

The implementation of EMRs in Malawi's healthcare system was driven by a taskforce from the Ministry of Health and Population in 2005 (Fraser *et al.*, 2004). They evaluated models for data entry, ultimately selecting a touchscreen Point-of-Care (POC) system piloted at Queen Elizabeth Central Hospital (QECH) in 2006. This system supported clinical workflows and included functionalities for patient registration, vital signs tracking, medical history documentation, and clinical decision support. Features like alerts and reminders assist healthcare providers in making informed decisions, enhancing patient care through timely and accurate data access (Douglas *et al.*, 2010; Park *et al.*, 2019).

EMRs also facilitate medication prescribing and dispensing, clinical calculations, and order management, thereby improving accuracy and efficiency in healthcare delivery. They enhance interoperability, allowing seamless information sharing across different healthcare systems, which is crucial for coordinated care. For example, the integration of the Surveillance Programme of IN-patients and Epidemiology (SPINE) at QECH enhances patient tracking and data management. Additionally, EMRs incorporate laboratory information management systems to streamline test ordering and results tracking, thus boosting workflow efficiency and patient safety. Despite these advantages, challenges such as power outages, system failures, and the need for ongoing user training and sensitisation remain (SanJoaquin *et al.*, 2013; Msiska, Kunitawa & Kumwenda, 2017a; Matthew Thokozani Kumbuyo, 2018). While these functionalities improve the accuracy and speed of care, the literature has been largely optimistic about their potential without critically examining the risks and adaptability of these systems in settings that may experience frequent power outages, internet instability, or low IT literacy among users. For instance, while clinical decision support and real-time data access have demonstrated effectiveness, they are highly dependent on reliable infrastructure, a condition not consistently available in Malawi. This lack of critical assessment raises important questions regarding the system's resilience and the contingency plans needed to address infrastructural weaknesses.

3.3 Adoption Rates and Global Usage Patterns

The Electronic Medical Record Adoption Model (EMRAM) is commonly used to assess EMR adoption levels, ranging from basic to comprehensive capabilities. Leading countries in EMR adoption include the United States, China, Brazil, France, and Russia (Sharma & Aggarwal, 2016). For example, Turkey shows significant public hospital adoption of EMR systems, while regions like Hebron and Palestine

exhibit lower adoption rates (Najjar, Amro & Macedo, 2021). In Kenya, various EMR systems, such as Funsoft and AMPATH, support HIV care, and in Zambia, the Electronic Perinatal Record System (ZEPRS) helps manage prenatal and infant care (Wamae, 2015). While Malawi's EMR systems, implemented since 2001, demonstrate a commendable spread across high and low-volume sites, particularly for HIV management (Msiska, Kunitawa & Kumwenda, 2017b), the literature seldom critiques the success metrics in these implementations. The EMRAM model may not capture the full complexity of EMR adoption in low-resource, decentralised healthcare systems, potentially overstating progress in cases where infrastructure and local expertise lag.

3.4 Decentralisation in Healthcare Governance

Decentralisation in healthcare involves transferring decision-making authority from national to sub-national levels, encompassing political, administrative, and fiscal aspects (Kwamie *et al.*, 2016). In Malawi, the Ministry of Health oversees strategic planning and policymaking, while District Councils manage local health services and budgets (Kwamie *et al.*, 2016). However, despite these intentions, the literature suggests that decentralisation in Malawi's healthcare system may lack the necessary structural support to be fully effective. Challenges such as the reluctance of central governments to fully relinquish control, coupled with institutional capacity limitations, suggest that decentralisation may be more symbolic than operationally impactful (Jagero, Kwandayi & Longwe, 2014). While decentralisation can theoretically support sustainable EMR implementation by making systems responsive to local needs, current literature inadequately addresses how limited local taxation power, weak institutional frameworks, and external pressures shape these implementations in practice. Sustainable EMR implementation in decentralised settings requires environmental support, stable funding, partnerships, organisational capacity, robust technological infrastructure, and effective governance and leadership (Devas, 2005; Weingast, 2009; Jiménez-Rubio, 2023).

3.5 Sustainability of electronic medical record systems

Most countries in low-resource settings struggle to provide high-quality healthcare services to their citizens partly because of their high disease burden. In their 2006 Policy Brief, the World Health Organization stated that a nation had a 'serious shortage' of health professionals if there were fewer than 2.28 physicians, nurses, and midwives per 1,000 people. Thirty-six nations in sub-Saharan Africa with low and moderate incomes met the criteria for a critical shortage of health staff. Under the recommended WHO ratio, as of 2020, Malawi, a Low and Middle Income Country (LMIC) in sub-Saharan Africa (SSA), had a health professional density of 0.019 (Bickton & Lillie, 2019). EMRs have been provided to health workers to document medical data and assist in clinical decision-making to close this gap. Fraser *et al.*

(2005) explained that using information technology in health has advantages, such as better clinical management, tracking patient outcomes, and report generation. Most EMRs are donor-funded and come with a challenge that one day, the researchers or donors that fund them will leave, and local organisations or governments will have to take over the running of EMRs (Fritz, Tilahun & Dugas, 2015a). With recent evidence suggesting that donor funding is stagnating, the sustainability of EMR, defined as the capacity to maintain the programme after managerial, technical, and financial support, has become increasingly critical (Joint United Nations Programme on HIV, 2013; Moucheraud *et al.*, 2017). As Fritz *et al.* (2015b) have shown, this is a problem because EMRs are often challenging to maintain after the donor's original financing period ends.

Rajalam *et al.* (2020) found that hospital staff members using the system had significant gaps because training programmes for EMR use primarily focused on utilising EMR and documenting client encounters. However, secondary aggregation, extraction, and data evaluation have received little attention. Therefore, it was challenging for the user to become proficient in the activities and sustain correct EMR use (Rajaram *et al.*, 2020). Health professionals' lack of computer literacy poses significant challenges to the sustainability of EMR systems.

The implementation of EMR systems introduces a new type of medical error: typographical errors, particularly among users with lower levels of computer literacy. This issue affects the widespread adoption of EMRs and their long-term viability (Yehualashet *et al.*, 2021). Mahalli (2015) stated that most physicians believe that EMRs will demand the use of a variety of alternatives, as well as opening and moving through computer menus, affecting health professionals' perceptions of the adoption and long-term use of EMRs. Meinert (2005) also discovered that healthcare professionals' resistance significantly impacted how their subordinates perceived EMR sustainability. Three-country research by Moucheraud *et al.* (2017) emphasised the significance of project champions at all levels of the health system, integration into routine operations, perceived system efficacy, and clearly defined goals among all stakeholders as critical determinants of EMR sustainability.

Although a vast amount of literature is available on the sustainability of Electronic Medical Record Systems (EMR), there is still a need to understand the impact of decentralisation on Malawi's current hybrid HIS. This study explores how the decentralisation of local government could affect Malawi's HIS, which is characterised by a mix of centralised and decentralised management structures for its various components.

4. Results and Discussion

To visualize the recurring themes, the word cloud in figure 1 below displays the most frequently mentioned words from the transcripts. Larger words represent higher

officer for the District Health Office. And then, at the Council, we have monitoring and evaluation officer (R5).

While participants highlighted the importance of these internal roles, they expressed doubts about these champions' ability to secure the necessary resources effectively. As one participant noted:

In terms of resources, there has always been a challenge, so as far as resources are concerned, these champions may need support from the Council as well as from other partners that can help to support this programme (R8).

This result highlights the critical role that environmental support plays in sustaining EMR systems within decentralised structures. The literature underscores the necessity of local champions in decentralised settings, as effective leadership within existing council structures can significantly influence the implementation and sustainability of EMRs (Calhoun et al., 2014). In contexts like Malawi, where decentralisation is still developing, the role of local champions becomes even more crucial for the adaptation and resilience of systems in low-resource settings (Kwamie et al., 2016). However, the findings align with research that warns about the challenges in resource mobilisation faced by local champions, as limited financial autonomy and weak institutional frameworks may hinder their ability to support the EMR programme fully (Msiska, Kunitawa, & Kumwenda, 2017). As highlighted in the literature, while councils may generally support EMRs, sustainability may require substantial and consistent resource allocation, not just local enthusiasm. This supports the argument that successful EMR implementation in decentralised systems cannot rely solely on internal champions but must involve comprehensive external support mechanisms (Anyango, 2016).

Moreover, the study's findings emphasise that although council-level champions play a central role in establishing EMRs, their success heavily depends on the availability of external support, often from partners and higher-level government funding. This finding aligns with studies showing that a lack of robust managerial and financial support can divert council resources away from EMRs, undermining the system's long-term success (Anyango, 2016). Specifically, donor funding, while essential in the early phases of EMR implementation, is often not sustainable, and systems can fail when local governments cannot maintain infrastructure and operational costs (Fritz, Tilahun & Dugas, 2015a). Consequently, sustaining EMRs post-donor funding will likely necessitate reliable external support mechanisms in addition to local council initiatives, ensuring a well-rounded support framework that addresses both internal and external resource requirements.

These findings highlight the delicate balance between internal championing and the need for ongoing external support in fostering an environment that can sustain EMRs. However, they must first address the financial limitations restricting effective

resource allocation. This gap is particularly relevant in low-resource environments like Malawi, where institutional capacity to manage EMRs sustainably without external funding remains a major obstacle (Moucheraud et al., 2017). Thus, the sustainability of EMRs in decentralised healthcare settings hinges on the successful integration of local efforts with external financial and technical support, a factor that the literature has emphasised but not fully explored in terms of long-term sustainability.

4.2 Funding stability

The study found that sustaining Electronic Medical Records (EMR) funding presents ongoing challenges due to the local council's dependence on government transfers as its primary funding source. Respondents noted that while some revenue is generated locally, these funds are insufficient and predominantly allocated to salaries, limiting their availability for broader expenditures such as EMR maintenance. Participants noted the challenges in government funding as follows: "There is a challenge because we just rely on funding from the ministry, from government, which usually takes time to come. Sometimes, we stay two months or four months without the funding" (R2). Another respondent noted that "after the council has these funds, [the personnel] also decides in terms of planning that how to allocate between the sectors based on the need. Since at the moment we are still collecting, I can say it is very low and it's mostly used for the direct employees for the district" (R8).

These findings underscore the urgent need for long-term strategic planning to ensure funding stability, particularly considering the fluctuations in political and economic conditions. Relying solely on government funding makes the EMR programmes vulnerable to potential delays and budget cuts, which can disrupt EMR operations. This vulnerability is further exacerbated by the limitations of central government transfers, which often fail to account for the ongoing operational and maintenance costs of EMR systems. As emphasized in the literature, programmes that rely on a single source of funding are inherently at risk of instability, especially in low-resource settings where political and economic uncertainties can result in sporadic funding cycles (Fritz et al., 2015a; Moucheraud et al., 2017). Moreover, the increasing stagnation of donor funding, as discussed by Fritz et al. (2015b), highlights the urgent need for local governments to develop sustainable financial models for EMR systems. Without this, the sustainability of EMRs could be jeopardized once donor funding phases out, leaving healthcare systems vulnerable to technological decay and operational breakdowns.

To mitigate these risks, it is essential for local councils to explore alternative funding sources that provide more consistency and resilience to sustain EMRs, especially as donor assistance phases out. Literature suggests that diversifying funding streams is critical in ensuring the longevity of health IT systems (Luke et al., 2014b).

Establishing multiple funding avenues, such as partnerships with NGOs, forming public-private partnerships, or exploring international grants, could provide a more stable financial base. This approach would not only help in stabilising EMR support but also in distributing the financial responsibility across various stakeholders, reducing the risk associated with dependence on a single funding source. Additionally, local councils should consider incorporating sustainability strategies into the design of the EMR systems from the outset, such as embedding a culture of cost-sharing with local communities and integrating the costs into broader national health budget frameworks.

4.3 Partnerships

The sustainability of EMRs is heavily reliant on strong partnerships, with the study revealing that collaborations with entities such as the Ministry of Health (MOH), EGPAF, and Partners in Health (PIH) currently support EMR implementation and maintenance. Participants emphasised the value of these relationships, as partners contribute not only technical expertise but also provide essential leadership and advocacy for the programme's sustainability. There was consensus among participants that lobbying for continued support from existing partners, and perhaps new ones, is vital to sustain EMRs long-term. One participant highlighted this need as follows:

I believe we will continue to require a close partnership because managing a system like this is too important to underestimate. It's a significant deal, therefore we need a strong relationship. And, certainly, as a Council, we still need partners to assist in the sustainability of this system. Internally, in the district, we have partners who assist our various systems. So, for this one, I believe we will need to lobby for more support; they are partners that are already supporting the other systems, and I believe we will write them so that they can also support this one (R1).

These findings emphasise that maintaining long-term partnerships is not just about continuing technical support but also ensuring a continuous flow of financial and human resources. The literature supports this viewpoint, showing that effective partnerships between government agencies and external stakeholders can strengthen programme resilience and continuity (Calhoun et al., 2014). However, this dynamic can be complex in decentralised healthcare systems, where local governments may struggle to maintain partnerships without sufficient infrastructure, funding, or leadership capacity (Devas, 2005; Weingast, 2009). For instance, decentralisation, while theoretically beneficial, may complicate the establishment and continuity of these partnerships due to variations in local governance, resource allocation, and political will.

Partnerships have proven beneficial in similar EMR initiatives, such as those by AMPATH in Kenya, where academic and healthcare collaborations enabled ongoing technical support and resource allocation for EMR sustainability (Einterz et al., 2007; Inui et al., 2007). Such collaborations, however, were most effective when coupled with strong local leadership and integration into routine healthcare operations, ensuring that external support aligned with local needs and priorities. This suggests that by engaging diverse stakeholders in collaborative efforts, councils can better ensure the long-term viability of EMRs in decentralised settings. Yet, this process requires careful consideration of how decentralised structures, coupled with varying capacities across local councils, can affect the stability and effectiveness of partnerships. Sustaining partnerships in this context demands not only technical solutions but also a clear framework for governance and accountability, ensuring that all parties are committed to long-term success.

4.4 Organisational capacity

The organisational capacity of local councils to manage EMRs presents several challenges, particularly concerning integration, staffing, and system fragmentation. Participants highlighted that multiple, disjointed systems complicate data management and integration. One participant remarked as follows: “At the moment, No! I think because of the fragmentation of systems, it might be a bit difficult. You find that DHIS 2 is a different one HMIS will use to collect data manually on paper, then enter it into DHIS 2” (R11). This fragmentation can lead to inefficiencies in data collection and management, ultimately undermining the effectiveness of EMR systems. Additionally, staffing challenges were frequently noted. A participant expressed concerns regarding the limitations faced by assistant ICT officers, stating:

I believe that staffing for EMR will be a challenge for all assistant ICT officers across the country. The majority of us are under E-government, which means we are in common service. This means that we can be transferred to any department of the government. So, I believe it will be a challenge if we are taught to assist with EMRs and are later transferred to another department (R6).

This situation highlights an important concern in the literature regarding the sustainability of health information systems in low-resource settings. Staffing instability is a critical barrier to the effective maintenance and continuity of EMR systems, especially when personnel are subject to reassignment or turnover. In the context of decentralised healthcare systems like Malawi’s, this issue is compounded by the reliance on centrally managed ICT officers, who are not necessarily dedicated to specific councils. This lack of continuity can disrupt ongoing support for EMR systems, leading to gaps in system maintenance and further fragmentation of healthcare data (Fraser et al., 2005).

The findings underscore the critical role of organisational capacity—including adequate staffing and strong leadership support—in integrating EMRs into local council activities. As noted in the literature, organisational capacity is essential for the successful implementation of health information systems, particularly in settings where resources are limited (Calhoun et al., 2014). The study revealed significant issues related to system fragmentation, which creates redundancies in data collection and hampers seamless integration across various platforms (Moucheraud et al., 2017). Such fragmentation leads to increased workloads for staff and a greater likelihood of data entry errors, ultimately compromising the integrity of the information systems. This situation aligns with broader concerns identified in the literature about the operational challenges faced by healthcare systems in low-resource environments, where infrastructure and personnel capacity are often insufficient to meet the demands of complex health information systems (Moucheraud et al., 2017).

Moreover, leadership support is vital for aligning priorities and resource allocation within local councils. Without committed leadership, it becomes challenging to address the existing capacity gaps and create a coherent strategy for EMR implementation (Msiska, Kunitawa & Kumwenda, 2017a). Effective leadership is essential for securing the necessary resources, ensuring that systems are integrated across different platforms, and maintaining a strategic focus on EMR sustainability in the long run. The lack of sufficient personnel with the necessary technical skills further exacerbates these challenges, as councils often struggle to find and retain qualified staff capable of managing complex EMR systems. This situation underscores the findings of earlier studies, which highlighted that EMRs in low-resource settings often fail to achieve their potential because of a lack of institutional knowledge, skilled personnel, and sustainable leadership (Fritz, Tilahun & Dugas, 2015a). This points to a pressing need for targeted training and development initiatives to enhance existing personnel's skills and foster a culture of support and commitment toward EMR sustainability.

Ultimately, strengthening the organisational capacity of local councils is essential for the long-term sustainability of EMRs. This can be achieved through strategic planning, ongoing professional development, and fostering an environment where leadership actively champions the integration and utilisation of EMRs. Addressing these organisational capacity challenges is crucial for ensuring that EMRs can effectively serve their intended purpose within decentralised health systems, and for ensuring that these systems are resilient to the unique challenges faced by low-resource settings. By tackling these organisational and staffing issues, Malawi's healthcare system can improve its ability to manage patient data effectively, enhancing the quality of care provided across the country.

4.5 Programme evaluation

Local councils have demonstrated a capacity to evaluate EMRs and report on outcomes, which is essential for informing future planning and implementation. Participants noted that the Monitoring and Evaluation (M&E) department plays a vital role in this evaluative process. As one participant stated, “We have the M&E department or section, and I believe it can help evaluate the system’s performance or how it is operating in the district” (R1).

This capacity enables councils to regularly assess the effectiveness of their EMR systems and identify areas for improvement. Participants provided concrete examples of how existing systems, such as the Local Authority HIV and AIDS Reporting Systems (LAHARS), facilitate outcome reporting as one respondent stated.

On the outcomes reporting, yes, I’ll give examples; we have some systems at the district for example, the LAHARS; Local Authority HIV and AIDS Reporting Systems. So, all information related to HIV and AIDS is being recorded in this system. So, after every quarter or every month we are able to go through the system and come up with the reports and see how we are performing as a district and see where we are having challenges and how we can improve on that (R8).

Such evaluations are crucial for understanding the operational challenges and successes of EMR systems in real time. Additionally, councils consistently engage in planning and implementation processes. These planning and evaluation mechanisms establish an interactive process that ensures alignment between implementation and desired outcomes. Regular programme evaluation is not only crucial for accountability but also foundational to the sustainability of EMRs in decentralised settings. The findings illustrate that councils are actively utilising systems like LAHARS to monitor and evaluate their decentralised responses, demonstrating how local governments are translating their administrative roles into actionable frameworks for EMR sustainability. This capacity aligns with existing literature emphasising the role of decentralised governance in tailoring health information systems to specific local needs (Devas, 2005; Weingast, 2009). By aligning evaluation findings with annual planning processes, councils create a feedback loop that informs strategic adjustments, enhancing adaptability and resilience within decentralised governance frameworks.

The ability to assess the performance of EMR systems through targeted M&E provides councils with vital, actionable feedback. This is not only instrumental for identifying performance gaps but also for developing scalable, context-specific strategies that reinforce the long-term viability of EMRs. For example, the ongoing evaluation processes highlighted in the findings help local councils address performance challenges, directly supporting operational and strategic planning

efforts. This aligns with the broader literature, which emphasises that regular evaluations maintain programme fidelity, ensuring systems are both functional and responsive over time (Calhoun et al., 2014).

Furthermore, by embedding these evaluation processes into their routine operations, councils foster a culture of evidence-based decision-making that extends beyond EMR implementation to other areas of public health. This systemic integration of M&E processes into strategic planning cycles not only supports programme effectiveness but also strengthens the foundational governance structures needed for sustained EMR utilisation.

Ultimately, the commitment to evaluation underpins the broader goal of ensuring sustainability. While the findings highlight existing evaluation capacities, they also point to the need for enhanced investment in M&E systems to address challenges such as limited technical expertise and resource constraints. Without such investments, the long-term viability of EMRs in decentralised local government contexts may be compromised.

4.6 Programme adaptation

The study revealed that engaging in national review meetings and fostering partnerships are crucial for exchanging ideas and technical support. Participants emphasised the value of collaborative learning among districts through these meetings. One participant noted that “engaging in at least National Review meetings whereby you now have several districts coming together and then you are learning from each other...would help one get more ideas and engage with partners” (R10). This highlights the potential of shared knowledge in enhancing the functionality and sustainability of EMR systems. Moreover, the ability to incorporate new technologies was recognised as essential for effective programme adaptation. One respondent acknowledged the availability of IT experts at the district level and some councils have the MISO (R5). This indicates a foundational capacity within local councils to seek technical expertise for implementing necessary updates and improvements.

Adapting programmes to changing conditions is vital for sustainability, as noted by Su et al. (2008). This study underscores the need for local councils to remain responsive to evolving technological and environmental needs, an increasingly relevant principle in digital health systems. The ability to adapt EMRs is not merely a technical requirement but a strategic imperative that can influence overall programme effectiveness.

The findings reflect the importance of national review meetings as a platform for collaboration and learning. Such forums facilitate the sharing of experiences and best practices, enabling local councils to learn from one another and implement successful strategies observed in other districts. This collaborative approach mirrors successful

adaptations seen in other countries, such as the adaptation of the OpenMRS system in Peru to meet specific local requirements (Fraser *et al.*, 2012). These examples illustrate that flexibility and ongoing improvement in EMR systems are critical for maintaining their relevance and efficacy in health service delivery. As the literature suggests, the sustainability of health information systems is enhanced when local stakeholders actively engage in adapting and refining these systems to fit local contexts and needs (Calhoun *et al.*, 2014).

The findings on program adaptation suggest potential strategies for enhancing the sustainability of EMRs in decentralized settings. By prioritizing collaborative learning, leveraging existing technical expertise, and committing to continuous adaptation, local councils can work toward strengthening the resilience and effectiveness of their EMR initiatives, ensuring they are better positioned to meet the needs of their communities over time.

4.7 Communication

Effective communication strategies are crucial for informing the public and stakeholders about Electronic Medical Records (EMRs). The study found that, while there are existing communication strategies that can be leveraged, there is a significant need for improvement in external communication, particularly with partners. One participant remarked: “We’ll have to indeed sit down and make such straight strategies of communication. The goodness is there are already existing communication strategies” (R3). This indicates an acknowledgement of the existing frameworks while also emphasising the need for more structured and targeted approaches. Additionally, another participant highlighted the ongoing development of a district website: “The district is in the process of developing its website. This website will be a tool for publicising achievements...[including] issues of to do with electronic medical records. All these can also be publicised [on the website].” (R8). This highlights the potential for enhancing communication through digital platforms to better inform stakeholders and the public about EMR initiatives and successes.

Effective communication of a programme’s purpose and successes is essential for fostering transparency and accountability, as emphasised by Luke *et al.* (2014b). The current study indicates that EMRs lack comprehensive communication strategies, highlighting the need for the development of new strategies that engage partners, staff, and the public effectively. The importance of external communication cannot be understated, as it plays a vital role in building support and understanding of the council’s initiatives and services. Strengthening these communication efforts is essential for ensuring the sustainability and acceptance of EMRs within the community. Overall, integrating enhanced communication strategies with existing initiatives, such as the development of a dedicated website, can significantly improve

stakeholder engagement and promote greater awareness of the benefits and successes of EMR systems, which are crucial for their long-term viability.

4.8 Strategic planning

The study found that strategic planning for EMRs involves assessing current resources, identifying future needs, integrating EMRs into budgeting, and defining roles and responsibilities. Participants indicated that local councils have already established strategies to assess their current resources and plan for future needs. There is a clear understanding of the roles and responsibilities associated with EMRs among council members. However, participants highlighted a need to explicitly incorporate EMR considerations into strategic budgeting and planning processes to ensure that adequate resources are allocated to these initiatives. One participant noted:

So, when it comes to strategic planning for the local councils in terms of EMR, I think from what I know, they already have strategies in place whereby they do focus on the current resources that they have and what they need in the next two years or in the next three years. [What remains is the need to add] EMR to strategic budgeting and planning (R2).

Despite a clear understanding of roles, it was noted, however, that there is no sustainability plan (R5). This gap emphasises the need for local councils to recognise that while operational roles are clear, the absence of a dedicated sustainability plan for EMRs could jeopardise the long-term success of these systems. The lack of a sustainability plan underscores a critical disconnect between current operational clarity and strategic foresight. The findings align with broader literature indicating that effective EMR implementation requires not only clear operational guidelines but also robust strategic frameworks that anticipate financial, technical, and infrastructural challenges (Douglas et al., 2010; Fraser et al., 2004).

Strategic planning is essential for sustaining EMRs (Douglas A. Luke et al., 2014b). The absence of a comprehensive sustainability plan for EMRs is particularly problematic in decentralised healthcare contexts like Malawi, where resource allocation and decision-making often depend on local governance capabilities (Kwamie et al., 2016). These gaps suggest that without proactive measures, EMRs risk becoming unsustainable due to fluctuating donor support and limited local resources (Fritz et al., 2015b).

Creating a customised sustainability plan for EMRs is not merely an operational necessity but a governance imperative. Such a plan would provide a roadmap for addressing resource limitations, clarifying long-term roles, and mitigating risks associated with fluctuating external funding. By embedding EMR sustainability within broader governance structures, local councils can address systemic challenges

like low IT literacy, unreliable infrastructure, and limited technical expertise among healthcare providers (Yehualashet et al., 2021; Matthew Thokozani Kumbuyo, 2018).

Integrating EMR considerations into existing strategic planning frameworks will allow councils to proactively address potential challenges, align resources with programme needs, and ensure continuous improvement in the management and operation of EMR systems. This integration is critical for overcoming barriers such as power outages, inconsistent internet access, and limited training for end-users, which are pervasive in low-resource environments (Msiska, Kunitawa & Kumwenda, 2017a).

What this means is that the necessity of detailed and well-defined sustainability strategies is evident. These strategies must be adaptable, stakeholder-driven, and context-specific to guarantee the longevity of EMR initiatives in decentralised and resource-constrained settings like Malawi. Addressing this gap would ensure EMRs not only survive post-donor support but also thrive as integral components of local healthcare systems.

5. Conclusion and Recommendations

This study has examined the sustainability of electronic medical record (EMR) systems within decentralised local government settings, revealing the complex array of factors necessary for long-term success. Findings underscore the significance of environmental support, funding stability, partnerships, organisational capacity, and programme adaptability. Specifically, environmental support plays a key role in addressing resource limitations and fostering stakeholder engagement. Similarly, diversifying funding sources helps reduce dependence on government transfers, making financial management more resilient and sustainable.

Collaborative partnerships, as exemplified by models like AMPATH and Partners in Health, provide essential resources and expertise, underscoring their value for sustainable EMR integration (Einterz *et al.*, 2007; Inui *et al.*, 2007). The study further emphasises the significance of organisational capacity, particularly in leadership and staffing, while highlighting the role of continuous evaluation and effective communication in ensuring that EMRs adapt to and meet the evolving needs of healthcare.

To address these challenges and build on the study's conclusions, the following recommendations are proposed. First, local councils should establish clear policies and guidelines for EMR implementation with support from organisations like the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Ministry of Health Digital Health Division. Such policies would standardise resource allocation and create a consistent framework across health programmes. Local councils are also encouraged to diversify their funding sources beyond government transfers by

fostering partnerships with organisations experienced in similar initiatives, such as AMPATH. Advocating for dedicated budget allocations within council financial plans is essential to underscore the significance of EMRs in improving health outcomes and operational efficiencies.

Additionally, councils should focus on forming collaborative partnerships with academic institutions, international organisations, and relevant stakeholders. These alliances can harness expertise and resources while promoting access to cutting-edge research and best practices. To ensure accountability and long-term support, establishing formal agreements that outline roles, responsibilities, and expectations within partnerships is recommended. Investment in capacity building for EMR-related staff is critical, with local councils encouraged to collaborate with universities to develop digital health courses that equip personnel with the necessary technical and management skills.

The study also advocates for the decentralisation of human resource functions, enabling local councils to make responsive staffing and training decisions aligned with their unique requirements. Addressing system fragmentation by implementing a uniform reporting system across health sectors and disease priorities would standardise data management, enhancing the efficiency and impact of EMR systems. Robust monitoring and evaluation mechanisms should be integrated to assess EMR performance continually and inform strategic planning for system optimisation.

Formal processes for periodic programme reviews and adaptations are also vital to align EMRs with evolving technological and organisational demands. Investing in research and development initiatives could yield innovative solutions to enhance EMR sustainability and effectiveness. Local councils should develop comprehensive communication strategies to engage stakeholders and increase awareness of EMR benefits, using various platforms, including district websites, social media, and community outreach, to ensure information reaches diverse audiences.

To address the need for tailored sustainability, local councils should design specific sustainability plans for EMR systems. These plans should clearly outline long-term objectives, resource needs, and implementation strategies, along with delineating roles and responsibilities to enhance coordination and foster stakeholder collaboration.

6. References

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