
Plan Overview

A Data Management Plan created using UCT DMP

Title: Copy of Malawian Nurses' Perceptions and Experiences in the Management of child abuse victims –a qualitative descriptive study

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Template: Wellcome Trust Outputs Management Plan

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Project abstract:

Background: Violence Against Children (VAC) is a globally recognised public health concern and human rights violation. In Malawi, child abuse is prevalent, with hospitals frequently recording cases of physical, emotional, neglect, and sexual abuse. To address this issue, the government established One Stop Centres (OSCs) to provide specialised care for victims. Despite receiving orientation on managing such victims, many nurses hesitate to fully engage in child protection roles, and the reasons for this reluctance remain unclear. This study aimed to explore Malawian nurses' perceptions and experiences in managing child abuse victims and identify barriers influencing their involvement. Aim: The primary aim was to explore Malawian nurses' perceptions and experiences in managing child abuse victims and to identify barriers influencing their involvement in child protection. Methodology: A qualitative descriptive design was used to gain in-depth insights into nurses' perspectives. Participants were purposively and snowball sampled from Kamuzu Central Hospital, specifically those with experience managing child abuse victims working in OSCs, emergency departments, or paediatric wards. Data was collected using semi-structured interviews, and thematic analysis was used to identify key themes. Findings: Nurses demonstrated a comprehensive understanding of child abuse but often struggled with cultural norms that normalised certain abusive behaviours, such as corporal punishment. This acceptance frequently blurred the line between discipline and abuse, hindering timely identification and reporting. Nurses' experiences revealed significant emotional challenges, including compassion fatigue, moral distress, and vicarious trauma, particularly when systemic failures left children vulnerable. Resource limitations, unclear reporting protocols, and inadequate institutional support further impeded effective management. Despite these challenges, many nurses remained committed to child protection, assuming informal advocacy roles, though their efforts were hampered by systemic barriers and poor inter-agency collaboration. These perceptions and experiences directly influenced clinical practice, with heightened awareness prompting vigilance but systemic and cultural pressures limiting intervention. Implications: To strengthen nurses' roles in child protection, it is essential to incorporate child protection education into nursing and medical curricula. Comprehensive in-service training, improved institutional support, and enhanced collaboration among healthcare providers, social services, and law enforcement are crucial for effective management of child abuse victims. Conclusion: Addressing the barriers identified in this study can empower nurses to identify, manage, and support child abuse victims more effectively. These findings offer valuable insights for enhancing nursing practice, informing national policies, and improving child protection frameworks in Malawi to ensure better outcomes for vulnerable children.

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Copy of Malawian Nurses' Perceptions and Experiences in the Management of child abuse victims –a qualitative descriptive study

1. Data and software outputs

1.1 The data and software outputs your research will generate?

The Interviews transcripts

1.2 When you intend to share your data and software?

January 2026

1.3 Where your data and software will be made available?

UCT recommended repository

1.4 How will your data and software will be accessible to others?

Sharing via publication, symposium and any other recommended method

1.5 Are any limits to data and software sharing required?

No. All the identifying information will be scrapped off. Necessary consent was obtained from participants to share interview data.

1.6 How datasets and software will be preserved?

This data will rest on the UCT repository, adhering to UCT standards of data preservation

2. Research materials

2.1 What materials your research will produce and how these will be made available?

The dissertation and publication from this work will be stored in the publicly accessed database at UCT and in my home country to give access to a wider community.

3. Intellectual property

3.1 What IP your research will generate?

I haven't thought about it at the moment

3.2 How IP will be protected?

If it arises, We will use ARIPO and WIPO guidelines along with local policies to protect it.

3.3 How IP will be used to achieve health benefits?

Not thought about it at the moment

4. Resources required

4.1 People and skills

I have consulted the librarians I have attended research writing seminars organised by UCT. I have also attended data collection and analysis training. I attended training on NVivo and Python which assist in data organisation and analysis I have two able supervisors guiding this work.

4.2 Storage and computation

My research does not require specialised hardware. I bought a computer and a phone which have helped me throughout this journey. I also used open to use tools to create the poster and QR code for data collection.

4.3 Access

UCT has infrastructure to host the data and the output.

4.4 Deposition and preservation of data, software and materials

I will use institutional repositories for ingestion and disposition.

Planned Research Outputs

Data paper - "Malawian Nurses' Perceptions and Experiences in the Management of child abuse victims –aMalawian Nurses' Perceptions and Experiences in the Management of child abuse victims –a qualitative descriptive study"

I would like to publish my research in a journal

Planned research output details

Title	Type	Anticipated release date	Initial access level	Intended repository(ies)	Anticipated file size	License	Metadata standard(s)	May contain sensitive data?	May contain PII?
Malawian Nurses' Perceptions and Experiences in th ...	Data paper	2026-12-31	Open	None specified	10 MB	None specified	None specified	No	No