Parents' beliefs about the cause of parenting problems and relevance of parenting support: Understanding low participation of ethnic minority and low socioeconomic status families in the Netherlands

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ABSTRACT

Objectives: To provide in-depth understanding of parents' beliefs about the causes of parenting problems, and the perceived relevance of parenting support in a sample of ethnic minority and low socioeconomic status (SES) families.
Methods: Cross-comparative analyses were performed on qualitative data from 61 parents (age child: 0–15 years) of two ethnic minority groups (Antillean-Dutch and Moroccan-Dutch) and one ethnic majority group (native Dutch) in the Netherlands. Methodology included in-depth qualitative interviews followed by focus groups. Atlas.ti software was used to manage and analyse data inductively.
Results: Parenting support was perceived to be less relevant if parents related the cause of parenting problems to stress and external factors. Low-SES and ethnic minority parents more often emphasised unfavourable living conditions and living in two cultures as causes for parenting problems. Parents considered parenting support most relevant during periods of rapid change in their children, or in their parenting role.
Conclusion: Results indicate that beliefs regarding the cause and controllability of problems are important to understand parents' motivation to participate in parenting support. Notable differences were found regarding the period during the child's life that parenting support was perceived as most relevant. Motivation to participate was higher during various stages of transition, which ranged from the transition to parenthood, to toddlerhood, the age of seven, and adolescence.

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1. Introduction

Having concerns is a general aspect of parenting. Half of parents have concerns about the rearing of their child or the child's development that in their opinion should be discussed with someone outside the family (Reijneveld, de Meer, Wiefferink, & Crone, 2008; Zeijl, Crone, Wiefferink, Keuzenkamp, & Reijneveld, 2005). Frequent concerns are most often found in parents of young children, ethnic minority parents, and parents with low income levels (Reijneveld et al., 2008). Parents' concerns are pivotal in seeking care and contacting professionals, as they are the agents who determine whether their child's behaviour or the parenting situation call for professional support (Lau & Takeuchi, 2001; Nock, Ferriter, & Holmberg, 2007; Reijneveld et al.,

2008). Professional parenting support has positive effects on parenting effectiveness, child behaviour and family functioning (e.g.: Barlow, Smailagic, Ferriter, Bennett, & Jones, 2014; Gross et al., 2009; Webster-Stratton, 1998). Although parental concerns about a variety of problems are common, this does not necessarily result in participation in parenting support.

A small body of research has tried to understand participation in parent and child mental health interventions (Ingoldsby, 2010). These understandings are in general based on theories originating from the health psychology domain. Engagement studies using behaviour change theories posit that parent's perception about the treatment process, outcomes, providers, and setting influence their participation (e.g. Health Belief Model, Theory of Planned Behavior) (Ajzen & Fishbein, 1975; Spoth & Redmond, 1995). Studies based on social cognitive or self-efficacy theory emphasise the importance of parent's abilities to change and engage in treatment (Bandura, 1977). In addition, studies using the transtheoretical model underline the motivational stages of people to start treatment (Miller & Rollnick, 2002). Although these

theories provide some insight into the psychology of parents and children to engage in mental health interventions, they do not refer to reasons for participation in preventive parent training programmes.

Although considerable knowledge is available about factors associated with participation, less is known about the mechanisms and parents' perceptions that influence motivation (Ingoldsby, 2010). For example, it was found that the chance of participation decreases when a person perceives parenting support as unlikely to create a positive change (Nock et al., 2007; Scheppers, van, Dekker, Geertzen, & Dekker, 2006; Thornton & Calam, 2011). This, however raises the question why parents believe that a positive change will not occur; should this be linked to their perceptions regarding causes of parenting problems? For instance, if a parent believes that their child's problems are a result of spiritual issues, this may not result in seeking professional support but rather in seeking guidance from religious leaders (Yeh et al., 2005). Thus, beliefs' about the aetiology of a problem reflect how a person perceives and interprets problems, as well as the possible solutions. Therefore, parents' beliefs are thought to influence whether (or not) professional support is considered relevant (Haslam, Ban, & Kaufmann, 2007; Kleinman, 1980; Lau & Takeuchi, 2001; Verhulp, 2014). Research on the aetiology of problems and help-seeking mainly focus on adult populations with mental health problems or children with diagnosed mental health and behaviour problems (Lau & Takeuchi, 2001; Sood, Mendez, & Kendall, 2012; Verhulp, 2014; Yeh, Hough, McCabe, Lau, & Garland, 2004). This study aims to provide more insight into parents' beliefs regarding parenting problems and their motivation to seek support.

Parents' beliefs are associated with the social and cultural context in which people live, as well as their ethnic and migrant background (Bornstein & Cote, 2004; Durgel, Leyendecker, Yagmurlu, & Harwood, 2009; Lau & Takeuchi, 2001). Requirements and influences of particular cultures and socioeconomic environments provide a frame of reference for interpreting and responding to child behaviour and family functioning (Cheah & Chirkov, 2008; Durgel, van de Vijver, & Yagmurlu, 2012; Yagmurlu & Sanson, 2009). This means that differences may exist between first- and second-generation immigrants due to divergent migrant experiences, and between low- and middle-income families due to divergent experiences of economic hardship. Little is known about sociocultural influences on parent's beliefs and motivation to seek support when experiencing parenting concerns (Lau & Takeuchi, 2001; Yeh et al., 2004), therefore we explored these sociocultural similarities and differences.

Parenting support is defined as individual or group-based programmes for supporting parents in rearing their children, provided by formal services for family support or by non- or semi-formal support services (e.g. community based, voluntary sector organisations). A deeper understanding of why parents are (not) motivated to participate in professional support when having concerns, may enable agencies to improve the fit between provided services and the needs and perceptions of the potential users. This study focuses on families characterised by low-income and ethnic minority status (e.g. a group of people who share a common culture, religion, language, or nationality, with or without a recent migration experience, who face structural barriers as a result of their minority status (Hughes et al., 2006; Ogbu, 1987). These families have more frequent concerns on one hand, and participate to a lesser extent in preventive parenting support on the other hand (Baker, Arnold, & Meagher, 2011; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005), whilst being overrepresented in compulsory forms of care such as child protection services (Fluke, Yuan, Hedderson, & Curtis, 2003; Lu et al., 2004). Qualitative approaches are considered most appropriate as they enable in-depth understanding of parents' viewpoints and experiences regarding the relevance of parenting support (Koerting et al., 2013; Mills et al., 2006). Data are collected from both ethnic minority and majority groups with low-SES status in the Netherlands.

2. Methods

2.1. Ethnic minorities in the Netherlands

The selection of ethnic minority groups was informed by the overrepresentation of problems among Antillean-Dutch and Moroccan-Dutch youth in school drop-out, unemployment and youth criminality (de Boom, van Wensveen, Hermus, Weltevrede, & van San, 2014a,b; Vandenbroucke, Braam, Pels, & Steketee, 2008; VROM, 2009) and the overrepresentation of families in child protection services (van der Gaag & Speet, 2010). As the migration history and family characteristics of the ethnic minority groups vary, additional information is provided.

The Netherlands, like most other Western and Northern European countries, has faced rapidly growing numbers of immigrants from different countries since the 1980s. The two largest migration flows to the Netherlands are immigrants from the former Dutch colonies (Dutch Indies, Netherlands Antilles, and Suriname) and 'guest workers' from Mediterranean countries (mainly Italy, Morocco, Spain, and Turkey). Antilleans, Moroccans, Surinamese and Turks became the largest ethnic minority groups in the Netherlands (CBS, 2012; Zorlu, 2002). Moroccan immigrants in the Netherlands have on average lower levels of education and poorer Dutch language proficiency compared with other immigrant groups in the Netherlands (CBS, 2008). Families have on average a high number of children and many Moroccan inhabitants of the Netherlands marry partners with the same ethnic background (CBS, 2012; Deniz & van der Pijl, 2015; Garssen & Roovers, 2008). The majority of Moroccan immigrants in the Netherlands are Muslim. Compared with other ethnic groups in the Netherlands, Antillean families (including Aruban families) have a high percentage of single-parent households and teenage pregnancies (CBS, 2012; Deniz & van der Pijl, 2015; Lindeman, Booi, & Cohen, 2010; van Praag & Niphuis-Nell, 2005).

2.2. Data collection

As we aimed to reflect the diversity within the target population, purposive sampling was used to recruit participants (Pope & Mays, 2006). We included parents who expressed having concerns about their child or their parenting behaviour, first- and second-generation immigrants, and parents with a different SES. Parents of children between the age of zero and fifteen were included. This study aimed to include a wide spectrum of changes that children undergo during their development, because these may affect parents' beliefs and their motivation to participate in parenting support. Parents of children until the age of 15 years are included, as the early adolescence period is a critical point in child development often resulting in an increase in child problem behaviour (Montemayor, Adams, & Gullotta, 1990; Wigfield, Burnes, & Eccles, 2015). Recruitment of the participants was facilitated by employees of local organisations and community health services. Data were collected by means of semi-structured interviews and focus groups, to triangulate findings. A topic list was used by KM and two trained interviewers to ask about parental concerns, help-seeking behaviours, and causes of undesirable parenting situations. Participants were encouraged to provide as much information as possible in response to these issues and to contribute any additional related topics. When participants did not speak Dutch or preferred to speak in their native language, a translator was present.

Interviews and focus groups were audio-taped, transcribed ad verbatim, and anonymised; confidentiality and anonymity were guaranteed at the beginning of the interviews and focus groups. Permission to audiotape was declined in six interviews and one focus group. The participants distrusted the use of the recorded material or were embarrassed about their language proficiency. In these latter cases, extensive notes were made during the interview. Data were collected until data saturation was attained (Guest, Bunce, & Johnson, 2006). We aimed to interview at least ten participants per ethnic group: additional