

Parenting: a survey of community needs

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Survey data indicated that parents (notably mothers) regarded their own parents and partners as the most important sources of parenting information. Respondents were not at all likely to use parenting courses in a preventative sense, that is, to use courses in an attempt to anticipate problems before they occur and consider ways of dealing with them. Parents reported that they would be more likely to attend parenting courses once difficulties had become established. There was a preference for any parenting courses to consist of one-off sessions on particular topics rather than longer courses. 'Drugs and teenagers' was the topic most frequently rated as 'Very important' for a parenting course. When presented with hypothetical problem situations, parents showed a preference for solving such problems within the family rather than consulting professionals. Parenting courses were not frequently seen as a solution to such problems. Reason for these perceptions are discussed. It seems that the ways in which parenting courses are described (advertised) may be crucial to their acceptance by parents who might benefit from them.

In Tea Tree Gully, a North-Eastern suburb of Adelaide, a number of interested parties have formed a group called the Tea Tree Gully Action Group for Children and Families' (TAG). A subgroup of TAG consists of representatives from organisations who have been providing various forms of parent education. The organisations represented include COPE (a human relations training and resource centre), CAFHS (Community and Family Health Service), Gilles Plains Community Health Service, Tea Tree Gully Community Health Service, Tea Tree Gully CAMHS (Child and Mental Health Service) and the Children's Services Office. The group felt that a survey of needs might offer a way of better tailoring services to needs.

A survey was designed to determine the ways in which parents already obtain the information they need for parenting and to ascertain the best ways of delivering further parenting services. The survey was to be supplemented by discussions with interested parents.

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Method

Subjects

The target group consisted of parents of junior primary school children in the age range 4-7 years. Six schools agreed to participate in the survey. The overall response rate was 40% (455 questionnaires from 1130).

Apparatus

A questionnaire was developed, piloted on a sample of parents from one of the participating schools and subsequently revised. A copy of the final questionnaire is available from the authors on request.

Procedure

A copy of the questionnaire was sent to each family of a primary school child in each school in the second term, 1990. A covering letter from the school principal giving information about the survey and a return date was attached to the questionnaire. Data analysis was completed using the SPSSX package on a VAX mainframe computer.

The final item of the questionnaire invited parents who were interested in talking further with other parents about the issues raised in the questionnaire to provide their names and telephone numbers. Once data analysis had been completed, these parents were contacted and a series of meetings were arranged at the various schools. The purpose of these

meetings was to provide feedback of the results to parents, to gather their reactions to our interpretations of the results and to explore further, in an informal way, some of the influences on parents' ability to bring up their children.

Results and Discussion

The most striking result was that the survey was completed predominantly by women (91%). A few couples noted that they had filled out the survey together, but in this sample responding to a request from their school was obviously considered to be the responsibility of the mother.

Family size

Table 1 shows the size of families in the sample. Over half of the sample had two children and about a quarter had three children.

TABLE 1: FAMILY SIZE

Number of Children in Family	Proportion of Families
1	11%
2	57%
3	26%
4	6%
5	1%

Sex and age of children

Table 2 reveals that the majority of children in the families in the sample were under age 7, as expected from the sampling strategy used.

TABLE 2: SEX AND AGE OF CHILDREN

Sex and Age of Child	Proportion of children
Boy under 4	12%
Girl under 4	10%
Boy 4-7	31%
Girl 4-7	26%
Boy over 7	11%

Sources of information about parenting

Parents were asked to nominate important sources of information about parenting from the list shown in Table 3, and to also nominate the single most important source. The data show that while parents receive information from a wide variety of sources, they tend to overwhelmingly regard information from their own parents and family as the most important. Friends are the next most common source of important information. Professionals rated as important include the CAFHS nurse and the family doctor, while counsellors are notable by their comparatively low rating. A number of additional sources, not included in the questionnaire, were mentioned by parents. These included the church or the bible and the nursing mothers association. Some parents mentioned that common sense and their own feelings of intuition or judgement were important. Some mentioned their own upbringing or learning by trial and error, while others referred to formal studies undertaken or parenting courses attended. These additional comments suggest that many parents see parenting as a task for which one can draw adequately on

TABLE 3: SOURCES OF INFORMATION ABOUT PARENTING

Source	Nominated as:	
	Important	The most important
Parents and family	85%	44%
Friends	67%	5%
Books	62%	6%
CAFHS nurse	59%	<1%
Family doctor	49%	5%
Teacher	33%	3%
Pamphlets	32%	<1%
Television, radio	26%	3%
Magazines, newspapers	23%	<1%
Other	9%	<1%
Counsellor	8%	5%
Not answered	-	27%

TABLE 4: LOCAL SERVICES ORGANISATIONS USED

Service/Organisation used	Proportion
Child, adolescent & Family services	78%
Local general practitioner	47%
Kindergarten	37%
School	31%
Adelaide Children's Hospital	20%
Tea Tree Gully Community Health Centre	15%
Local church	8%
Child & Adolescent Mental Health Services	4%
Children's Services Council	4%
COPE	2%
Tea Tree Gully Council	2%

one's own common sense or life experiences, while others see it as a task which may require some additional input and learning or support from other sources.

Local services/organisations used

Table 4 shows the local services/organisations parents had used to gain advice or knowledge about bringing up their children. As one might expect, the Child, Adolescent and Family Health Service (CAFHS) is the most frequently used, given its central role in following up parents with young babies. The local general practitioner, the kindergarten and school were also frequently used. Clearly CAFHS plays a very important role in providing advice or information to the majority of parents with young children.

Satisfaction with Services

Forty-three percent of subjects reported that they had 'actively' sought information about bringing up their children (as distinct from information received without being specifically solicited by the parent). We were interested to discover whether this group of parents had been able to obtain all of the information they needed. Eighty-three percent of subjects reported being able to obtain the inform-

ation needed. Other subjects were asked what prevented their satisfaction. No single trend emerged here. Some parents indicated that the advice received was not specific enough. Some found the information provided to have too much of a 'text book' (presumably artificial) style. There was some objection to receiving counselling from people who were not parents themselves. At least one parent was inhibited from asking for advice lest she was perceived as an inadequate mother.

Parenting information sessions: what do parents want?

We attempted to establish the need for parenting information sessions or courses by asking parents how likely they would be to attend a session or course on bringing up children under two different conditions, that is if the parents were having trouble bringing up their children or if they were not having trouble bringing up their children. Table 5 shows that the majority of respondents indicated that they were likely to attend if they were having trouble, but generally would not be likely to attend if they were not having trouble.

While the absolute number of parents having trouble with child raising is likely to justify the provision of parenting courses, it is interesting that parents do not generally see such courses as having a 'preventative' or proactive function.

TABLE 5: LIKELIHOOD OF ATTENDING PARENTING COURSES

Situation	Extremely unlikely	Unlikely	Likely	Extremely likely
If having trouble	5%	15%	53%	26%
If not having trouble	24%	44%	28%	4%

Preferred location

Table 6 indicates that the local school or kindergarten is the most common preferred location at which a parenting course or sessions could be held.

TABLE 6: PREFERRED LOCATIONS

Location	Proportion
Local school or kindergarten	73%
Community centre	16%
Community Health Service	6%
Other (eg. church)	<1%
Not answered	5%

Preferred time of day

Respondents were almost evenly split between a preference for a 'day-time' course (44%) versus a 'night time' course (50%)

Preferred length of course

Table 7 shows that frequency of preference was inversely related to the proposed length of course with the majority of parents preferring a one-off session on a particular topic.

TABLE 7: PREFERRED LENGTH OF COURSES

Length of course	Proportion
One-off session on particular subject	52%
Four week course	35%
Longer course (eg. 8 weeks)	8%
Not answered	6%

Who would attend?

Table 8 shows that the majority of subjects would prefer to attend with their partner, while significant numbers would attend alone or with a friend.

TABLE 8: ATTENDANCE PREFERENCES

Attendance preference	Proportion
With your partner	50%
Alone	22%
With a friend	17%
Not answered	10%

We were also interested in finding out whether partners would be willing to attend. For the two-parent families in our sample (10% were single-parent families), 58% of respondents thought that their partner would be willing to attend, 9% said the partner would not

be willing and 34% were not sure. It seems likely therefore, that a sizeable proportion of couples would wish to attend a session/course. This is regarded as an encouraging result for professionals who have been stressing the importance of having both partners attend courses.

What are the most important topics?

A large number of topics relating to parenting were presented to subjects who were asked to rate each topic in terms of perceived importance. Table 9 shows a ranking of the topics rated as 'Very important'. It was interesting that great importance was placed on issues relating to teenagers, as the parents in our sample have 'younger families' and the interest may thus reveal a perception that the future teenage years are likely to be the more problematic ones from the parents' perspective. The list may offer some guidance to organisations planning to offer courses for parents.

TABLE 9: IMPORTANCE RATINGS FOR A RANGE OF TOPICS

Topic	Proportion rating topic as 'Very important'
Drugs and teenagers	59%
Lying/stealing	52%
Dealing with disobedient children	49%
Accident prevention/first aid	46%
Child abuse	46%
Sex and teenagers	42%
Sex education	41%
Violence in the home & its effect on children	37%
School problems	34%
Temper tantrums	28%
Dealing with divorce/separation	25%
Difficulty making friends	24%
Parenting the hospitalised child	23%
Issues in adolescence	22%
Issues in middle childhood	18%
Fighting with brothers and sisters	17%
Single-parent families	17%
Step-families	13%
Toilet training/bed-wetting	13%
Adoption	9%
Feeding/eating problems	8%
Issues in infancy	7%

Who do parents look to for advice?: four scenarios

In this section of the questionnaire, we wanted to obtain information about who parents look to for advice when

their attempts to deal with a problem with their children have been unsuccessful. We described four common problems parents have with their children and asked our respondents to indicate what they thought they would be likely to do next in dealing with this problem. We provided for three choices (preferences) from a list of options. The list included the following options:

- continue doing as usual,
- seek more information from a book or pamphlet,
- discuss with your partner,
- discuss with other family member,
- talk to a friend,
- talk to a teacher,
- talk to your family doctor,
- seek out a parenting course,
- seek help from a trained counsellor.

There was also provision for parents to nominate any other action they would take.

Scenario 1 read *Your child has been persistently answering back and refusing to do as you ask. Talking to your child about this seems to have made no difference.* The data indicated that the huge majority of parents would choose to talk with their partner as their first choice response. Talking with a family member was the most common second choice and talking with a teacher was the most common third choice.

Scenario 2 read *Your child does not want to separate from you when you both arrive at school/kindergarten. This has been happening for some time now.* The most

common first preference was to consult with a teacher. Talking with their partner was the most common second choice and talking with a friend was the most common third choice.

Scenario 3 read *Your child is frequently involved in fights with other children and recently seriously hurt another child.* Most parents again chose talking with their partner as their first choice, but for this scenario, talking with a teacher was the most popular second choice and talking with a trained counsellor was the most common third choice.

Scenario 4 read *Your child has come home from school/kindergarten using swear words which are unacceptable to your family. This is the second occasion this has happened.* The pattern of choosing to talk first with one's partner was continued with this scenario. Talking with a teacher was the most common second choice and talking with a friend was the most common third choice. It is clear from the responses to these problems that most parents wish to solve their difficulties themselves, without involving professionals. If outside parties are to be considered, then teachers were the most likely professionals to be consulted, particularly as some of the problem situations occurred at school. Trained counsellors or the family doctor are options which were chosen by only a small minority of parents. The 'fighting' problem, perhaps the most serious of those presented, was the one which elicited some preferences for counselling, but even then only as a third choice option. A trained counsellor was generally preferred to a parenting course.

It is clear from the responses to these problems that most parents wish to solve their difficulties themselves, without involving professionals.

Overall, there was a preference by parents to solve parenting difficulties by using the resources of the immediate family. Professional counselling may be considered for more serious problems, but parenting courses received very little support.

It is interesting to speculate about the reasons for these results. It seems possible that the reluctance to seek professional advice may be linked to beliefs that such actions would

indicate to others (the family in particular) and even to themselves, that they were in some way failing as parents. Support for this idea came from comments made by parents in the subsequent follow up discussions. In addition, many parents seemed to believe that it was appropriate to solve problems within the home rather than to seek outside help.

The data illustrate that parents generally do not see the value of parenting courses either as a solution to particular problems or as a more general preventative measure.

Consultations with parents

We conducted meetings with interested parents at five of the six schools which took part in the survey. As well as discussing the general survey results, we were interested in discovering what factors inhibit or promote the use of parenting resources. Parents generally agreed with our interpretations of the findings and provided useful additional information. There was general agreement that beliefs about being judged as a poor parent or a failure would restrain many parents from seeking information or advice about their parenting. Even amongst this group of parents, who were by the very fact of their voluntary attendance amongst the more interested parents, there was agreement that parents would generally wait for problems to occur before seeking information or assistance. There were exceptions to this however, with some parents reporting that they had actively sought information about parenting prior to any difficulties.

There was scepticism about professionals and their philosophies. Many parents had strong views about the legitimacy of corporal punishment which they felt might be challenged by professionals. It became apparent that the way in which potential services are advertised is important. Indeed, the specific name used to describe a course is important in encouraging parents to attend. The names for some courses can imply that parents have problems or are inadequate in some ways. Other names can highlight a more general educative role of a course. Other names may

imply that the problem or difficulty is located within the child.

Some parents wanted potential courses to be advertised well in advance to help them with forward planning. In response to this demand, one outcome of the present study has been the development of a calendar called 'What's on in 1992'. This calendar was designed for parents and it lists the availability of parenting courses and other parenting resources in the Tea Tree Gully area.

Conclusions

Our results indicated that one's parents and family are generally regarded as the most important sources of information about parenting. Professionals are treated with some scepticism, perhaps due to perceived value differences between professionals and their clients. There is some reluctance to use parenting courses in a preventative sense. Providers of parenting courses need to closely review the ways in which their courses are promoted, as even the name used to describe a course may have positive or negative implications which will attract or repel the potential clientele. While our research has identified some difficulties with the acceptance of parenting courses, we are not arguing against their provision. In fact parenting courses are regarded as valuable community resources. Awareness of community perceptions may facilitate the development of courses and other resources that have more appeal to parents. ♦

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