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**Parenting**  
Challenges of Child Rearing  
in a Changing Society

*Edited by Sayyed Ali Samadi*





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# Parenting - Challenges of Child Rearing in a Changing Society

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Edited by Sayyed Ali Samadi

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# Meet the editor



Dr. Sayyed Ali Samadi was born and raised in Mahabad the Kurdish city of Iran. He studied in Iran and the UK. He is an active researcher and an advocate in the field of developmental disabilities. His background is in Instructional Technology, child psychology, after which he received his Ph.D. in Intellectual and developmental disabilities. He has been acted as the advisor for establishing health and educational services for individuals with Autism Spectrum Disorders in Low- and middle-income countries. He has published over 40 research papers in international peer-review journals and published several books and book chapters in both Persian and English. Presentably he is working as the senior advisor for establishing the health, rehabilitation, and training services at Bahoz center in Erbil the Kurdistan region of Iraq.



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# Preface

The present book provides some perspective on the different issues linked with parenting. Providing the opportunity for scholars to share their insight made it possible to select some very interesting chapters to form this book to attain its predetermined aims and objectives.

The word, “Parent” and “caregiver,” are applied terms that might include, but are not limited to, extended family members, guardians, fictive kin, foster families, close friends, those bonded by legal and/or biological ties, etc. Parenting or child bringing up endorses and provide different aspects of caregiving that cover different aspects of development such as physical, emotional, communication, social, and intellectual. Therefore, the core concept of parenting is child bringing up, and although the biological or genetic relationship is an important part of this process it goes far beyond this limitation and covers different aspects of raising a child. This care provision mainly starts in early infancy and might extend to adulthood. Considering “raising” as the core duty of the parenting process make it more complex because there are many non-parental entities that offer caregiving services without being a parent. Figures such as daycare educational service providers, professional rehabilitation and training caregiving systems (particularly for children with different types of developmental trajectories), and some other governmental and non-governmental agencies. Most of these agencies are trying to boost the influences of their caregiving service by including parents in their services.

Parents are brought under focus by the different service delivery systems through different agencies and institutions that provide services for children such as mental health agencies, schools, special courts, and rehabilitation and remediation systems. This is why most of them provide parent-mediated services and parent training programs. The main aim of this training for the parents is to assist them to provide nurturing care which is a developmentally-appropriate care in a safe, loving, fostering, and stable environment that contributes to a child’s positive health and well-being. Although children are at the focus of most of these services delivery systems, they often include work with parents around parenting issues. It is said that the key concept of qualified child outcomes of the rearing process is parenting education.

It seems that besides the satisfying experience of parenting, this process has been facing different challenges throughout history, and parents in the modern world have their own challenges. These challenges have made parenting to be considered a dual fulfilling and simultaneously stressful duty, particularly throughout periods of ambiguity and rapid social change in the present world.

It is believed that the dominant themes of the parental challenges in the present world are:

Understanding cultural aspects of parenting from the different ethnical backgrounds to increase fluctuation of the global dominance perspective and values regarding parenting.

Parenting in special situations to make sure that children and caregivers establish a safe and healthy relationship in different situations such as times of being displaced, emigrated, or refugeeed, or even during the social distancing situation and lockdown that has been experienced exceptionally due to the COVID 19.

And finally issues around the quality parenting and ideas on different aspects of parenting in the present world with its associated technological development and unpredictable problems.

All these themes are discussed in detail through 3 major sections and 12 chapters.

This goes without saying that the issues around parenting in different situations and for different groups of people are not limited to these extracted themes which have been considered for the sections of this book. Hence, each theme embraced a cluster of the challenges that scholars who contributed to this book confronted, experienced, or tried to address in their own or international community.

In sum, this book presents a unique variety of chapters on various perspectives on parenting and parenting in different situations and different cultures.

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## Section 1

# Cultural Aspect of Parenting







# Decolonizing Imperialized Upbringing Styles in the African Context

*Julius Kithinji Kiambi*

## Abstract

In the African traditional society, parenting was something everyone looked forward to. Right from childhood the African people were brought up and socialized towards this great expectation. Moreover, parenting was not just a couple's assignment but communal and all societal structures were aligned in such a way that there was parenting everywhere. However, given the realities of our changing times, the promise of an enjoyable and easy time in parenting has highly been curtailed by many factors. Parenting in the African context has been challenged from many quarters. Many parents are grappling with the question of errant and extremely independent breed of children. Part of the problem has been Africa's alignment to globalizing forces. For example, the decades of the 90s saw crusades in advocacy for Africa to adopt more alien styles of families. With this came smaller families mimicked and modeled more from Western and global conceptualizations of family. Parenting has been left to nuclear parents, and single parents. Opportunities for parenting have been minimized and this has complicated the equation for a balanced African society. This chapter explores imperializing factors that have complicated parenting in Africa contributing to continued loss of African communality and proposes superlative imperative as a method of decolonizing and neutralizing this tide of influence without reverting to the extremely traditional styles of parenting. It particularly places the African Christian church at the centre of the decolonization process.

**Keywords:** Parenting, Africa, Postcolonial, Superlative imperative, Upbringing, Church, Communal

## 1. Introduction

Parenting is the basic foundation of every stable society. Each generation longs for the time it can confidently boast of bringing up a stable generation. Upbring is about socialization. The content of socialization is information concerning what a society approves as right and what it denounces as wrong. African people treasure a communal ordering within their societies. Their parenting systems are hence geared towards protecting and enhancing the values that uphold oneness in community. The pedagogy of upbringing can involve apprenticeship, telling, church programs or religious gatherings, mass media – television, radio talk shows and social media among others. The most impactful methods raising up reliable youth is where these methods involve ideological images in legacies,

personalities who are authorities and role models in the society... or equally when unfit people that have made their way into mainstream popularity use these platforms to negatively impact a generation.

In the contemporary African<sup>1</sup> scene, upbringing has become a complicated field. Parenting which used to be communal in the African society has been compounded by many factors especially those that concern a society that is spiraling towards self. The securities that involved an African upbringing space have all been eroded by pursuits for modernity. The “modern” family and society that is the crave of many Africans is characterized by aping, mimicry and resulting in hybridity. The hybrid African is a distorted being who is “same but not the same” to use Said’s words. Many forces have contributed to complicate this picture. An upbringing vacuum therefore plays out and since nature entertains no vacuums, various ways of coping and growing up together have emerged. The objectives of this chapter are to present the intersections between postcolonialism and African parenting, to assess the values that informed African upbringing before encounter with colonial missionaries, to highlight imperialized contemporary realities that African parents have to grapple with, to discuss the role of the church in shaping the future of African upbringing and to propose a superlative imperative model for African upbringing. The postcolonial theoretical stance under which this chapter is developed has two aspects: first, to analyze the diverse strategies by which the colonizers construct images of the colonized; and second, to study how the colonized themselves make use of and go beyond many of those strategies in order to articulate their identity, self-worth, and empowerment. The chapter therefore goes back and forth as a way of looking at both old and new forms of domination. In the long run and through subtopics that follow, the chapter proposes ways of enhancing contemporary African parenting so as to remain truly communalistic African in upbringing. Probably, the proposals made in this chapter will be resourceful for family therapists, pastors and all actors who desire a stable Africa in the future.

## **2. Decolonizing parenting models and upbringing in Africa**

A postcolonial approach has been employed in many disciplines and in a considerable manner but not so much in decolonizing the parenting scene in former colonies especially in Africa. A postcolonial perspective alerts to imperial socialization of contexts and articulates ways in which the margins can rework their emancipation. In parenting, a postcolonial perspective helps to examine parental aspects that fall prey to imperial standards by effacing subaltern styles while at the same time offering alternatives for the subalternity to articulate their emancipation. The usefulness of such an approach is in the way it helps re-articulate importance of the indigene and creative methods of retaining aspects of a subaltern society that can be helpful and most meaningful in informing contemporary parenting models.

Core to the existence and continuance of any society is its method of socialization. Many African writers<sup>2</sup> though not overtly employing the postcolonial perspective, have attested to the fact that the African parenting model was among the things that colonialism replaced with other worlds models of existence. Arguing

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<sup>1</sup> Africa is vast and its subcultures are many. In as much as this is true and may lead questions of the credibility of generalizations about it, however, there are many commonalities in African cultures that permit for reasonable generalizations. Although particular examples are given from Kenya, Africanity in this chapter is meant to endorse the view of a probability of unity of African cultures. For a sustained discourse on Africanity/Africanism, see the article [1].

<sup>2</sup> See for example, Mbiti [2], Kwasi Wiredu [3] and Nwadiokwu [4] to mention but a few.

from a point of education, Lucy Wairimu Kibera<sup>3</sup> has argued that decolonization of now independent former colonies from colonial cultural heritage has been a very slow process. For this reason, Africa continues to be subtly authored and re-authored by imperialization to suit colonizers interests and values. To date alien models continue to author African upbringing and parenting much to her detriment. If Africa is notoriously religious [6], then it can be said in the same breath that she is also inescapably colonial in her outlook. Colonialism was so ingrained in the African lifestyle that it became another religion, in deed another opiate for the African. She is so fossilized in that state that a new horizon is almost unimaginable. The result is rearing masses of colonized generations even after the aftermath of colonialism. However, with the emergence of a postcolonial thinking, there is a possibility of decolonizing upbringing through “the creation of new transcultural forms within the contact zone produced by colonization.”<sup>4</sup> According to Sugirtharajah<sup>5</sup>, postcolonialism is a discipline in which everything is contested, everything is contestable, from the use of terms to the defining of chronological boundaries. It signifies a reactive resistance discourse of the colonized who critically interrogate dominant knowledge systems in order to recover the past from the Western slander and misinformation of the colonial period, and who also continue to interrogate neo-colonizing tendencies after the declaration of independence.

Postcolonial criticism is employed in this chapter as an instrument or method of analyzing the cultural heritage that is today’s culture which is the result of subtly imposed imperial ethos that continue to dominate and author the African space and especially as related to upbringing. Although a critical look at the Western influence on African culture reveals both good and bad influences, it is necessary to point out that loss of African cultural tenets as mediated by colonialism also lost good and bad aspects. This made much of African native culture give way to European worlding. Either by design or accident, Africans imbibed the Western culture and continue to appropriate it so much that it now becomes almost part and parcel of their lives [9]. This re-worlding has infiltrated all spheres of the African life including upbringing and with it the current dissonance in the contemporary African generations. It is this space that needs decolonization. Before delving into decolonized upbringing models, let us consider where Africa has come in terms of parenting as the ideal model.

### **3. African upbringing: the ideal that was**

Upbring in many African societies was characterized by, a communitarian ethic. The communitarian ethic calls upon the individual to look after the well-being of others as others are required to look after the wellbeing of the individual [10]. Mbiti’s popular cliché of “I am because you are and you are because I am” best captures this scenario. Analysts of the popular African “Ubuntu” philosophy have also revealed dimensions in which African life is generally communal. What interpreters of Mbiti and analysts of ubuntu have not extensively done is to break up these philosophies and show how they are directly anchored on upbringing. If they would have done so, it would be revealed that in Africa, being human is not enough; it is the being among beings and this emanates from parenting. To be or not to be is judged by being or not being in community. It is this aspect of “being in community” that was guided and redirected according to the ethics of the community.

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<sup>3</sup> [5], pp.14–20.

<sup>4</sup> [7], p.108.

<sup>5</sup> [8], p.8.

The family as the foundation of society and was tasked primarily with this communitarian. The concept of family was far broader than the western nuclear family. There was no nucleus family in the Eurocentric sense or mathematical sense. In so far as upbringing was concerned, primary or biological parents were just agents of the community which was per se the nucleus family. Among the Meru people of Kenya as it for many African contexts, for example, as long as children were within the community, they were at “home”. Children could spend the night in any home, they could have meals in any home and perform duties in any home. The primary parents could be rest assured that wherever the children were, the eyes of the community (superior than the modern CCTV) were watching over their behavior. Family chores could be performed by any member of the community and in any homestead. Basic family units were only necessary in so far as they acted as agents of the community. Chiroma admits that the family embraced the extended family and sometimes even neighbors [11]. The influence of community roles in upbringing can be evidenced in proverbs like, “it takes a whole village to raise a child”, and “the child belongs to the clan”. This means that moral and other values were seen as shared and not private. They were passed on through intergenerational socializations in folk tales, songs, proverbs etc. and what resulted was a morally stable Africa. This chapter alone cannot recapture all that Africa was. But the picture of the climate painted here stands to show that Africa was all sufficient in her upbringing methodologies and through them she attained a morally stable society that lived a wholesome life.

Many African writers nostalgically write a relish of these memories and in their writing almost wish for a return. However, when Mazrui argues that “the present world culture is Eurocentric, the next world culture is unlikely to be Afrocentric, even if that were desirable” he means that the best solution is therefore in “a more culturally balanced world civilization;” [12] rather, a return to the tradition and indigene Africa is not progressive even if it were possible. In this chapter, a similar tour or romanticization of the indigene African upbringing is not meant to champion a pure return, but a burden principle that tasks the present and next generations not to provide an alternative hegemony, but to provide a new balance. Highlighting important aspects of African upbringing rather than nostalgically plunging into the former therefore, suffices. A retrieval of African methods of transmitting upbringing e.g., metaphors, sayings and proverbs, as also of visual symbols from oral tradition, is meant to prove that upbringing does not have to take only a backward drift form to convey deep truths arrived at by a people.

#### **4. Contemporary realities**

There are many contemporary realities which like winds of change have bombarded Africa and changed much of her transactions and especially those that involve upbringing. A full portrait of the contemporary upbringing scene cannot be sculptured here. A few facets will suffice. First, it can be observed that when African native culture gave way to European cultural imperialism, it considered European culture as the norm of society. Through many influences Africans quickly adopted a manufactured sense of being civilized with “whiteness” becoming an object of “black” consumption. Europeanism was equated with being godly/religious/moral and civilized/cultured. In abandoning their Africanity, Africans forgot that whiteness was not the measure of being human. To date post-independence Africa has continued to wrestle with the question of what it means to be African. Either by design or accident, Africans continue to consume whiteness and to imbibe the Western culture and have appropriated it so much that it

now becomes almost part and parcel of their lives [13]. Although not entirely to be blamed, colonial and imperial cultural structures contribute to erosion of African values including those parenting.

Second, contemporary Africa finds herself in an increasingly globalized space. Part of the package that comes with globalization is the renewed interests in the child. Recent decades have witnessed a new shift towards the 'derivatization' of childhood and parenthood. The fact that issues concerning childhood and child upbringing in both national and international settings are now progressively dealt with in legal terms is a manifestation of this development. Africa has not been left behind or spared in this race. Africa is submerged in the new global interest in childhood and what has been termed the 'globalization of childhood.' Since the West globalizes and Africa is the globalized, in the name of global, particular Western concepts of what childhood is and what a 'good' and 'proper' childhood should be, have been pushed to Africans. This also comes with the garbage of what parenting ought to be and from a global perspective. Critiques of the globalized child have pointed out that global engrossment on raising a 'globalized child' have tended to overshadow notions of parenting in globalized communities [14].

As Tatjana and Haukanes have pointed out, ideologies and parenting trends have traveled in the global arena which now threaten particular cultures ideal of the proper child and the proper parent leading to the proper community. As has been alluded to, dominant ideas are translated through various channels, including social and mass media, national legislations and educational or child protection policies, to name but a few. There is a growing politicization of childhood in the world arena and Africa has not been spared. Contemporary African parents have therefore to grapple with a protected "child space" without an equally protected "parent space." As Tatjan and Haukanes observe, delinking childhood even in studies as a separate field from parenting leads to foregrounding of child rights space without parallel parenting conceptualizations. This concept is alien to African upbringing and the African value of communality. Owing to this compartmentalization of the "child", many emerging African parents have resigned from the communal motif with the result that every child for him/herself and every home with its own children. Zoning off generations has been witnessed and the consequent competition by parents to save their children from a perceptibly sinking society. In African upbringing, the reverse is true where children are directed into the ship that is the healthy society. Therefore, the current scene is characterized by parents outdoing each other in this fencing of children with the result that we have all lost it.

Third, it is agreeable is that Africa has changed over the years and so also have her goals and values especially those that concern upbringing. Africanity in communality, though still scantily in existence has been transformed [sometimes for worse] by many global waves. Communality is no longer the fabric that holds together the African society. Writers<sup>6</sup> who continue to write on African value of communality more often than not paint a wrong picture of the contemporary African scene. The fact is that the African value of communality has not been spared by the modern waves of change orchestrated by the waves of globalization and has irreversibly been eroded. The family unit too has experienced irreversible change imbibing more the values of Western individualism that have ushered each family into the arena of bring up its own children. This ripple has not stopped at the family unit for, the family too has remained powerless in the face of individual rights. Viewed in such a manner for example, democracy, a Western value, is not merely a political category, or a championing of the rule of the people or the voice of the majority. Primarily, it is the rule of the individual who has ruled him/herself.

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<sup>6</sup> Especially the theorists of Ubuntu philosophy.

Democracy viewed against an African communality perspective is the principle of those who have defied any communalistic pool of influence and created a pool 'somebodies' who defy the pool of the community. This strong force that shifts from community to family and from family to the individual can be termed as an ingredient that has negatively impinged on African upbringing. African children are being brought up as democratic children. On the surface, a democratic child is one who is free to be if being constitutes extreme individuality. The being is an individual protected by imperialized laws which have been couched without cultural sensibilities or contextual considerations. For this reason, many a such have become free from institutions like church, schools, etc. which still remain important institutions for socialization whether African or otherwise. However, for the "free" individual, if the church is found to be a stumbling block to the envisaged freedom, they not only abandon it but also oppose it from the platforms of their professions in media houses, political arenas etc. Equally, if schools have become a stumbling block, they riot and cause destruction as has been experienced in the recent past in Kenya and many other African contexts [15].

On account of the issues outlined above, the contemporary African scene is faced with many moral dilemmas. There is a thin line between what is considered moral or immoral and greater still, who has the defining power. Talk of sexual morality for example – a world advocating for individual rights is a power to reckon with. Such a world is accessible through the virtual spaces in social and other media. The globalized scene is inescapable and Africa has to deal with it from an individual and a communal perspective. Among the moral issues that Africa has to grapple with is reproductive rights and with them permission of many practices that were unheard of in Africa including pegging unacceptable abortion to these rights. Is it possible to mainstream a purely African morality for reproductive health? This too could be lost as Africa is increasingly being bombarded by alien sexual moralities and it has also to grapple with minority groups including sexual minorities and their individual or group rights. Though increasingly penetrating the African spaces, advocacy for the LGBTQ in Africa has had its own challenges; some of the challenges are intergenerational, some religious and others ideological. In brief, the African moral scene is complicated by all these plays and with them the turns and twists of their plots – and with all these, the question of upbringing and raising a counter-generation rests.

## **5. African church and available upbringing options**

It was imagined that the alternative world introduced by colonialists and missionaries would bring the much-prescribed moral "light" to the dark African continent. However, introduction of the Christian church did not help much in this scenario. Initial missionaries introduced church as an institution that came to condemn all that was African; both good and seemingly eccentric African cultural values. It is not an understatement to say that the bulk of the values that were affected were those that had to do with upbringing. Among the Ameru people of Kenya for example, young initiates into manhood were taught never to say sorry. The Christian church came teaching that "sorry" was part of the daily Christian vocabulary. Taken at face value, this meant that the Ameru culture and the Christian culture were at collision courses. A deeper understanding, which the early missionaries did not take time to understand reveals that the Ameru and the church were advocating the same values. What the Ameru taught in the "non-sorry" statements was that a Meru man should be very upright. They should so guard their behavior such that nothing out of commission or omission should bring them to

the point of weakness. Guarding against that moment was the concern of every initiate because it portrayed a character weakness and immaturity for the rank that they had achieved through circumcision. Transgressing Meru men were liable to say sorry and with that came fines and punishments imposed upon by the community. All these acted to promote a flawless community, a community of minimized transgressors. Apart from this example, many African communities had many such cultural values that could be used to promote level upbringing. Unfortunately, due to early contact with the church as introduced by initial missionaries and its then pedagogies, Africans who became Christians were stripped of their cultural tools for upbringing and their experience. This loss included African conceptualizations of family and upbringing. The African family was more patterned after the European missionaries dictates that biblical Christianity demands. Church upbringing therefore, raised a generation that was increasingly against everything African not because of biblical reasons but because of secondary missionary reasons. This produced Africans who were christened and those that were not and definitely dividing members of the same kinship systems in many ways.

The emerging posture, it can be noted, was not adequate for sustaining Christianity in Africa and for sustaining African lifestyles. For an African Christian culture to be sustained therefore, there needs a synthesis of the two. Enemies of African religion and life will call it syncretism and in a derogatory way, but in a postcolonial framework it can be termed hybridity. In postcolonial conceptualizations, hybridity [16] stands for an “in-between space” in which the colonized translate or undo the binaries imposed by the colonial project: “From the perspective of the ‘in-between’, claims to cultural authenticity and sovereignty – supremacy, autonomy, hierarchy – are less significant ‘values’ than an awareness of the hybrid conditions of inter-cultural exchange”<sup>7</sup>. The African Christian church has the option of mediating a hybrid generation – one that looks back and forth even as it articulates its own identity.

The contemporary church has done much in its programs to aid African parents in parenting and raising up a responsible moral generation. There are Sunday schools, vocational Bible schools, youth camps and many program that act as for encouraging a moral generation. Definitely, the approach of the contemporary African church is more advanced than that of the missionary enterprise. However, it is still gripped by colonial shadows and hangovers that curtail its full potential for raising a truly African generation. Although the contemporary African church has done much to rectify the shortcomings of initial missionaries, it remains to be seen how much the African Christian church can foster its programs to advocate for bringing up a generation that not only revives renaissance of African values for upbringing but also makes a huge tide turn for the moral laxity that is currently being experienced in Africa.

The contemporary Africa scene is replete with mushrooming voices in institutions and other spaces calling for a renaissance of Africa cultural values. Although Caws and Jones<sup>8</sup> have accused the church of religious indoctrination that interferes with a child’s discovery of freedom, the church still remains the best space for mediating on African cultural values renaissance transaction. Although the church was largely responsible for indoctrinating Africans “out of” their African values, it still retains the mechanism and religious theories that gives Africans an opportunity to deconstruct these systems and then to reconstruct them in ways they can call

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<sup>7</sup> [17], p.139.

<sup>8</sup> The indoctrination project Peter Caws and Stefani Jones [18]. *Religious Upbringing and the Costs of Freedom: Personal and Philosophical Essays*, edited by Peter Caws, and Stefani Jones, Penn State University Press, 2010.

their own. Since children are always born into specific situations, into particular social and cultural contexts with already established moral and value systems, within which they become adults, it is paramount that the church postures itself as a worthy institution for mediating a truly African Christian renaissance.

## 6. Towards a superlative imperative for African upbringing

A superlative imperative can be interpreted as a deliberate phrase that intends to place Africanity as the norm for bringing up African generations. It is an attempt to revive and creatively “legalize” that which was considered backward in African culture. It is a postcolonial category drawn from hybridity that not only resists the imperial modes of parenting and upbringing but also raises up a new breed of Africans that continue the legacy of African epistemologies and in communality. It is a decolonized ubuntu, because much of what passes in scholarship as ubuntu philosophy is one conceived in western categories. It is ability to retrieve, permit and Christianise African values and categories for raising a new breed, a new and counter-generation of Africans.

It has already been noted that waves of cultural renaissance are already bashing the ship that is Africa. Mawusi [19] has observed that “African culture contributes immensely in the upbringing of young people.” In order for African upbringing and styles of parenting to have a superlative imperative approach then the following proposals are made. The proposal of this chapter is for Africa and the African church to ride on this new wave and help Africa reimagine parenting that is supposed to herald a new generation. To do this the church has to evolve an epistemology that counters the renaissance of bad culture and promote a renaissance of African upbringing. While Mawusi proposes that an urban rural hybridity through visitation<sup>9</sup>, should be embraced towards this end, it is worth reinstating that raising a new African generation goes beyond bridging the gaps between rural and urban cultures. There is a tendency only to condemn the urbanized African as the bedeviled culture. The real picture is that all of Africa needs the parenting renaissance which is captured in the superlative imperative concept. It is either all of Africa is renewed or none is renewed at all.

The second proposal is for parenting through children. As has been noted, parenting is about influence. If the child space has been irreversibly marked out, then we need to use children to achieve the children that we want. We need to decolonize the narrative that children can only be parented by parents. The Swahili maxim that *asiyefunzwa na mamaye hufunzwa na ulimwengu* lit “he who is not educated by the mother will be educated by the world” should be employed to capture the *ulimwengu* here as including positive peers; the children. Viewed in this way, African children’s groupings can be employed as agents of parenting. Therefore, African institutions that primarily deal with children ought to be onboarded in their programs and curriculum for the success of a counter-generation in Africa.

The last proposal is for the African Christian church to be in front in heralding a truly African spirituality. The church is a respected institution in Africa. It has many programs that help shape Africanity. Moreover, the church in a notoriously religious Africa has the respectable religious voice. The voice of the church is authoritative

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<sup>9</sup> This exposition is calling on our African nuclear families to rise up if they have completely neglected the extended family. The extended family is tearing apart especially in our bigger, busy cities. Nuclear families should make it a point to visit their hometowns and patch up with their extended families. Parents should frequently introduce their children to their extended families on both sides.



and can be usefully exploited to decolonize esoteric methods of upbringing and to encourage methods of parenting that resonate with Africanity.

## 7. Conclusion


In ancient and present Africa, generational gaps were a product of time i.e., it took a duration of the approximate modern ten or more years to name or number a generation. The present and recent African generations present many adulterated values that defy Africanity in its truly pure morality. Coupled with this is the constant threat that globalization present to an everchanging African moral landscape. The question that remains to be answered is, what can be done to triumph over global and other factors that impede skilful African parenting? Does Africa possess requisite parenting resources to overcome such factors as urbanism, globalization, and the entire value that secularism presents? Whatever is done, these threats remain real and will continue mutating over generations. By way of conclusion therefore, it is important to note that it remains for each African generation to devise its own mechanism for freeing itself from the grip of emerging postures of imperialism. This chapter has argued that it is possible not to wait for time to socialize a new generation. For the contemporary generation, the chapter has presented a superlative imperative proposal for heralding a counter-generation that is truly African in identity and that guards the deposit of true African morality. The chapter sees the church as the institution that can decolonize by Christianising many condemned African values for this venture. The time for that generation is now.

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# The Ubuntu Parenting: Kairos Consideration for the 21st Century Dynamics and Globalization

*Blessing Shambare*

## Abstract

Ubuntu is a well-defined principle and way of life in many African communities. Over the past decades, a significant amount of empirical and theoretical work has accumulated about the principle of Ubuntu. The principle has been tested and applied in many professions and faculties such as leadership, theology, sociology, education, and health. Ubuntu is also applicable in psychology around child development and parenting. Parenting is both an art and science of child nurturing. Admittedly, parenting facilitates and nurtures child development. Thus, parenting models continue to be reviewed and interrogated. This chapter has discussed how the decorations of Ubuntu can be applied in the parenting dynamics of the twenty-first century. In this chapter I have applied the experience of being African as the ground to explore the Ubuntu parenting founded on the African and ecological systems perspective. This experiential approach has been supported by the qualitative research method of reviewing and analyzing available literature about parenting and ubuntu.

**Keywords:** Ubuntu, Parenting, Globalization, Family, Technology, African, Community

## 1. Introduction

In pedagogical spheres it has become common knowledge to regard adulthood as the aim of parenting and education, that is to view the person's life as unrelenting progress towards adulthood. Parenting facilitates this process by nurturing children from birth to adulthood. Every person is nurtured within a particular society and culture. Time, as in season is one of the variables that governs culture and society. The twenty-first century season is ripe to review the parenting approach from an African principle of Ubuntu. There are questions that immediately surface; what is Ubuntu? Can Ubuntu be a model of parenting? Is Ubuntu a viable approach to parenting in the twenty-first century? In responding to these questions, I am aware of the effects of globalization on parenting. However, the question remains, can Ubuntu stand the test of globalization and the modernity "post modernity era and help parents in nurturing children? Observable realities seem to be pushing traditional parenting techniques and styles to the periphery. The topic asserts that Ubuntu is a parenting model – "The Ubuntu Parenting". The model seeks to push back parenting importance to the center and encourage the involvement of other institutions.

Therefore, Ubuntu parenting is addressing the community, the child, the parents, and the interconnected institutions that are essential in child development. The social environment plays a central role in the quality of life and development of children [1]. In Africa, Ubuntu is the way of life. It is expressed as, “I am because we are” a person is fully human because of others. This is close to the English statement that “no man is an island”. Therefore, Ubuntu can not be regionalized and applied only in Africa since it originated from the African way of life and philosophy. Nevertheless, if it is to be compartmentalized as African, there is room for its transferability and applicability across cultures and contexts since every child expects to be parented. Society requires this Ubuntu principle regardless of the continent one is located only “if indeed the people of the world would allow themselves to internalize this way of thinking” [2].

Globalization has brought some changes in the way people, families and communities perceive their local traditions against the backdrop of a fluid global village. In considering parenting in conjunction with globalization, I am underscoring that globalization is not totally a political, economic, and social movement, rather, it is a socially conscious issue that shapes and channels the way of life. Parenting has been transfigured and confronted with challenges because children are growing up with limited parental attention due to heavy work demands. Moreover, easy access to technology and social media has negative and positive influences on both parents and children.

The global society has been affected by globalization and parenting has not been spared. In the context of the 21st century, Ubuntu parenting is offering an alternative approach to the outlook of parenting. Ubuntu is providing communal based approach to produce the resourceful and disciplined child desired by the environment and community.

## 2. Theoretical approach

Ubuntu Parenting is rooted in an African perspective and approach. Acknowledging that there is no homogeneous African perspective. African approach is cognisant of the various traditions, cultures and lifestyles that exist in different parts of Africa and African diaspora communities. Notwithstanding the diversity of cultures research points out that there is a common ground of consciousness that all Africans or Bantu tribes share [3, 4]. This chapter will use the African approach in analyzing the parenting discourse in 21st century dynamics.

Admittedly African knowledge systems are often neglected because of the limited written literature, underutilization, or neglect in favor of Western approaches. Nevertheless, African values have a great deal to contribute to the world consciousness, therefore Ubuntu is one such value that can enrich the range of new paradigms in parenting and children development. F. Mangena points that Ubuntu philosophy is a gift to the world and applicable to diverse contexts [5]. In utilizing the African approach, I concur with B. Nussbaum when she notes the misunderstandings that exist if one mentions the African approach. What good can one learn from Africa? This is because of:

*Much of the richness of Africa's traditional heritage is inaccessible. It is oral and lived rather than descriptively communicable in books and journals. Secondly some African political leaders have chosen to betray many of the very philosophical and humanitarian principles on which African culture is based and the political failures in these African countries tend to be in the spotlight. Thirdly, the media in the global West and America depicts negative Africa defined by; poverty, ethnic*

*dysfunctionality- wars and dictatorship, famine, and unrelenting spiritualization at the expense of science ([2], p. 21).*

This can not undermine the wealthy of the African approach that is applicably useful for this chapter. In my analysis, of Ubuntu parenting, I acknowledge that I am an African whose roots are traceable to the soil of Zimbabwe (Southern Africa) and I am an immigrant (minority-parent) living in Canada (North America). This intersectionality of identity and experience is critical in my thought forms about parenting in the 21st century.

The ecological systems theory validates the analysis of parenting from an Ubuntu way of life. The ecological approach is born out of biological theories that explain the interdependencies between organisms and their environments. Ecology focuses on the relationship between living organisms and the environment; all life forms seek adaptive balance, require resources and a reciprocal environment [6]. The ecological systems theory views children as developing with a system of relationships and contextual influences affected by multiple levels of the surrounding environment. The goal of the ecosystems narrative is to enhance and advance the psychosocial functioning of persons and to challenge noxious social conditions that impede the mutually beneficial interaction between person and their environments [7]. The ecological systems theory underscores the need to celebrate the variables that brings the best outcome for the benefit of the system's survival. Mutual interdependence and cooperation among members of the system are paramount for the best outcome.

### 3. Ubuntu: an understanding

Ubuntu is an African tradition [8]. Ubuntu has been grounded as an African philosophy that belongs to the Nguni group of indigenous languages and has cognates in other Bantu languages [4]. It is derived from the African word “*untu*” “*unhu*” singular or “*bantu*” “*vanhu*” plural, meaning a person or persons [9]. Significantly Ubuntu is about the humanness of being human, it emphasizes the acceptable humanness attributes of being a person. In the Zimbabwean sense *hunhu/ubuntu* is humanness in the noblest sense. Ubuntu is the capacity in African culture to express compassion, reciprocity, dignity, harmony, and humanity in the interests of the building and maintaining a community with justice and mutual caring [2]. This compassion- reciprocity is displayed when Zimbabwean (Shona) greet each other; *makadiniko* (“how are you” is always in respective tone and in the plural, even if addressing an individual), the response is *tinosisimba kana imi muchisimbawo* (we are well as long as you (plural) are well). In Africa individual represents three communities on face value: the community of origin, the community of locality and the community of the living dead (ancestors). This implies that one has to honor these communities and shame these communities through failure or being a deviant. The principle of communal shame and honor is significant and alive in Africa.

The Ubuntu is a philosophy, grounded in the attributes that a good person ought to have, and should have love, kindness, empathy, respect of self, and others, and care for the existing environment. As an African philosophy, Ubuntu gives an understanding of the value of relationships for the good of wellbeing of the society. In this case, an action is deemed right or wrong based on how it is related to corporate existence [10]. The philosophy is founded on the importance of collectivism, interconnectedness, cooperation, harmony, maintaining good relationships and sensitivity to the wellbeing of other people individually or collectively. Nussbaum argues that, “Ubuntu speaks to the interconnectedness, common humanity and

the responsibility enshrined in each other that flows out from the depth of natural connection” ([2], p. 21). Desmond Tutu’s, emphasis on Ubuntu is critical for this discourse as it encapsulates all that Ubuntu stands for, from philosophy to a mystery of life. Tutu states,

*Ubuntu is exceedingly difficult to render into a Western language [philosophy or others]. It speaks to the very essence of being human. When you want to give high praise to someone we say, “Yu, u Nobunto”; he or she has Ubuntu. This means that they are generous, hospitable, friendly, caring, and compassionate. They share what they have. It also means that my humanity is caught up, is inextricably bound up, in theirs. We belong in a bundle of life. We say, “a person is a person through others” – Umuntu ngumuntu ngabanye. I am human because I belong, I participate, and I share. I person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good; for he or she has a proper self-assurance that comes with knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed or treated as if they were that who they are ([11], pp. 34–35).*

The African perspective of being is rooted in value contribution to the community and from the community. The lived experience from this understanding is collectively passed down generationally to another. This makes Ubuntu a relevant tool in the parenting discourse.

Ubuntu is not just an African philosophy, but spirituality and an ethic engraved in the African way of life. Hunhu/Ubuntu is both horizontal and vertical, that is, the relations go beyond human relations to include the human beings’ relations with the spiritual world [12]. It is a way of life because it existed from time immemorial. In Africa no one is pointed or taught to acknowledge one’s mother, one is born and nurtured by a mother’s love. This is the way of life, even when the mother’s love is not from the biological parent it is compassionate motherly love regardless. In the African worldview no one is born outside Ubuntu because one is born in a community, exists within a community and when one dies, they are committed to a community of ancestral lineage.

As a way of life, Ubuntu is rooted in the oneness of purpose, value, and significance. A person is of value to the sustainability of the whole society and community. An Ubuntu way of life invites an individual to see the good in self and the intended production shared communally, which means certain things need no explanation but require one to abide and uphold. This makes the whole village accountable for the affairs and wellbeing of an individual. For example, the whole village shares in the celebration of life, that is from birth to any transition in life from one stage to the other. The same happens in sorrowful moments, such as death, the whole village shares the painful loss and becomes active participants in the grieving process. Ubuntu creates the commonwealth that enriches the wellbeing of society. The communal principle of Ubuntu does not mean the good or happiness of the individual is subordinated to that of the community. Rather, by pursuing the communal good, the individual pursues own good and through that sustainability of the whole community is achieved. This promotes the idea of group or communal belonging which in turn, promotes social cohesion between members, groups and/or communities [12].

Ubuntu means a person fully attains a state of being human by recognizing their humanity in others and through being in a relationship with others. J.S. Mbiti argues that ubuntu solidifies the individual when one understands their completeness through others “I am because we are, and since we are therefore, I am” [13].

Ubuntu insists that everyone is accountable to the community of existence for the wellbeing of self and the peace of the community. The individual is then celebrated in communal terms, relations, and responsibilities. This way of living encourages responsible living [14]. Both parents and children are to be responsible and accountable to each other. Thus, the nurturing becomes mutual, joyful, and exciting on every stage of human development. A relationship is important at every level of development from birth to death.

Ubuntu has three pillars: interpersonal values (regard for others), intrapersonal values (regard of self) and environmental values (regard for community) [15]. These pillars are integrated into the framework outlook of Ubuntu which is, the individual, the family, the community, the environment and the spiritual. In clarifying the point of frameworks, the individual incorporates the biological mechanisms, that are inherited from birth. These biological mechanisms influence development from birth to adulthood, but they are shaped in a family and community. This nurturing of the individual only makes sense when the environment is conducive and the spiritual relevance of being is valued. In simple terms, an individual is part of a larger group- family; the family is part of a larger system- community; the community exists in an environment of all that is; the environment is part of the spiritual and cultural worldview [16]. In other parts of traditional heritages, this framework is referred to as the wheel of life. The components of the wheel of life are essential to one's wellness and wholeness.

#### **4. Parenting: African perspective**

Parenting as the art and science of upbringing a child, stimulate the emotional, intellectual, physical, and social development from infancy to adulthood. Ecologists note that children develop within a complex system of relationships and contextual influences affected by multiple levels of the surrounding environment [17]. It is through parenting that children learn to adapt to different environments they interact with. Parenting nurtures the characters, and the skills in children. It can be argued that parenting is the learning and education pad for children from birth to adulthood.

The parenting topic has generated debate because there is no one size fit all style or model. There is no single prescriptive book to draw principles and showing parents how to raise or educate their children. Admittedly, parenting is rooted in context and cultural values. Parenting culture or traditions are passed from one generation to the next. In that process there are opportunities to retain the good and discarding the bad traditions. This enables parenting culture or traditions to evolve and transform to accommodate the pristine environment. The children's social rights to be heard and respected without too much labor, but as a way of appreciating the life of the children. Children's voices to be listened to without prejudices. Ubuntu parenting address the person and the value of being. This eliminates harsh and violent parenting. Ubuntu parenting advocates for loving reinforcements and compassionate punishments. I grow up under the care of my grandparents, and we were twelve grandchildren from different parents. Whenever one of us did good the reinforcement of good behavior benefited and encouraged all of us for it was shared and when one shows unruly behavior the consequences were shared among the twelve. This tradition encouraged children to be each other's keeper, responsible, accountable, and inspiring in attitude.

Parenting assumes deep moral, cultural, and religious significance in the African worldview. Children are considered valuable and welcome human beings, and parents are expected to love, provide, guide, and protect their children. Children

on the other hand are to love, respect, obey and abide with their parents. Marriage in this sense is for procreation. In Shona (Zimbabwe) when one gives birth and people congratulate the family, they respond by affirming that the child is theirs too. *Makorokoto* (congratulations) when a child is born and *ndeedu tose*, (it is for us all) response resonates with communal responsibility and accountability. The African sense of parenting is not only limited to the biological component. It goes beyond giving birth to parenthood. It is about caring for children, socialization and being sensitive to the needs of the children including grooming them to be responsible and productive adults. Parenting has spiritual and religious connections that are to be respected. This signifies the perspective that being a parent, or a child is a blessing. Everyone honors the gift and blessing of being. Parents uphold their position with honor and dignity, while children appreciate the good intentions of their parents. Parenting is the foundation that sets the children to be responsible and accountable adults.

## **5. Encountering globalization impact on parenting**

Globalization has been defined from mainstream approaches that focus on politics and economic nature; the processes that shape nations, businesses, and individuals to become integrated into the global market [18]. Globalization makes the world look and feel smaller. Giddens [19] argues that globalization is about macro-systemic changes in the global marketplace and the nature of sovereignty, but it is also about the here and now, about the transformation that affects our daily and emotional lives. The information revolution, that invades the texture of everyday life, and provides restructuring of other institutions [20]. Parenting is typically culture-specific, following certain norms and values [21]. It is passed from one generation to another. However, questions are raised when it comes to the globalized community, modernized society, and digitalized era. Thus, globalization challenges the bounded and singular notion of culture and identity. There is a need to talk of parenting in the sense of a globalized culture. Globalization squeezes sideways, pulls away and pushes down boundaries, creating new cultural, economic, social, and political outlooks. Society has undergone a transformed kind of rationalization process which Welsh [22] refers to as McDonaldization which created a “Mcworld” [22] the principles of fast foods are dominant and “MacWorld” the digital society dominated by Google and Smart technology. In this world, people are not passive recipients of Western cultural and social products therefore, hybridization of culture and identity is fluid. African models and approaches should not be secondary rather part and primary in conversations of parenting.

The age of digital parenting makes information once only accessible through health experts available to parents at the touch of a screen. This is empowering to parents; however, the digital environment is stressful to both the parents and the children. Online (one touch) parenting information brings confusion as some theories are unrealistic and some overstated [23]. No doubt, technology has introduced further changes to family life, modified the way family members interact. There is the element of online judgment, shaming, association, views and likes. This has put pressure on children and challenges on parents to cope. Children’s sense of belonging and relevance is shaped by the responses they get on social media; Twitter, Instagram, Facebook and TikTok. These social media platforms have some ripple effects on self-esteem, sense of belonging, meaning of rejection and love. However, they have also positively impacted the children’s interpersonal skills to interact and play. In this regard parents need to monitor children’s screen time, ensure children’s safety, and regulate online behaviors. Furthermore, parents need



to be knowledgeable and skilled to navigate the digital world as to be able to instruct and mentor their children.

As the planet shrinks in size, culture and social life, the challenges this poses on children's development and safety from unwarranted images has increased. Children are exposed to scary images -violence, guns, pornography, and the list can go on. Social media bullying, stalking, and shaming has some psychological effect on children development. Parenting has to be dynamic and critical to match up with the demands of the environment. Ubuntu asserts that every child has the right to grow up in a nurturing and protective environment.

Over the last half-century, the world has changed significantly, causing a shift in expectations and experiences of how parents raise their children. The dimension of marriage and family has shifted, fertility has decreased, unmarried, divorce and single parent households are on the increase. The 21st century is increasingly characterized by family diversity, increasingly codified in laws and governing policies in terms of child rearing and safety. In a modernized global village people have choices and rights, most people are becoming parents late in life. People are no longer pressured to have children. In this era family stability has been affected, many children move from one house to another on a regular basis due to shared custody or foster home arrangements. Children's services in other countries (Canada) have a significant role in children's development. Globalization transmits new concepts about gender, work, citizenship, identity, familial relationships, women's, and children's rights.

Globalization has transfigured the traditional roles of parenthood, roles of parents (women and men) and the impact of other institutions in society. There are some children's summer camps that have lasting impacts on children. More parents are able to balance work with parenthood as they are receiving more support from daycare to grandparents. These support systems enhance the effectiveness of child protection and development. Ubuntu parent underscores that parents, children, and the family as a unit deserves support from communal stakeholders so as to safeguard the best enabling developing environment. Significant people in the children's environment can provide support and feedback to the family. When social resources are adequate, crises can be averted [1], on the contrary, when resources such as social support are inadequate, families are more apt to display emotional distress and children's psychological and physical dysfunctions. Ubuntu parenting can buffer the mental frustrations on both the parents and children as significant players will avail their expertise in helping out. These significant institutions (schools, family services, churches, social clubs, police services, town councils, neighbors etc.) should not wait for consequences or problems, but they should be involved. Ubuntu parenting opens the doors to greater cooperation and understanding of the children and parenting routines, patterns, and functioning. Ubuntu parenting reinforces family capacity and strengths, it creates sustainable and effective ground for necessary support and helps in a timely fashion.

## **6. Parenting dimensions and styles: Ubuntu**

Diana Baumrind [24], propounded two components of parenting. Warm-cold dimension of parenting and restrictive-permissive dimension [17]. Warm parents are affectionate towards their children. They are caring and supportive, they communicate positively to their children. They apply reasoning and negotiating strategies and less physical discipline. They had the time to explain things and give the child an opportunity to explain their thinking. Creative and critical thinking is encouraged. On the other hand, the cold is dry parents. They are distanced in

the affairs of their children. This parenting dimension is incredibly challenging in globalized environment where children have access to many media information. If a parent is not involved in their children affairs the social media will teach them. The Kenyan proverb *‘asiyefunzwa naMamaye hufunzwa naUlimwengu’* translated “if parents are not involved in the training of their children, once they are in the world, they learn what the world offers” reminds us of the importance of being involved in children’s daily activities and teach them the way of life.

Restrictive dimension reads correctly as the term “restrictive” entails. It means punishment, interference, and strictness, these elements if not moderated will not achieve the intended goals and objectives. Therefore, a moderated side of the restrictive dimension is applicable in the 21st century outlook of parenting. In this view restrictive parents should put standards, controls, and rules. “Consistent control, exceptional reinforcements, and firm enforcement of rules can have positive consequences for the child, particularly when combined with dedicated support and affection ([17], p. 141)”. On the other hand, the permissive parents do not present authority or reinforcements. Children regulate themselves. The *laissez faire* type of parenting, which encourage whatever is, let it be. This is the most depicted dimension in mainstream Canadian society [17].

These dimensions are closely related to three distinct parenting styles: authoritative, authoritarian, and permissive [17]. The Ubuntu parenting would fit in the restrictive category, for parents would be firm on the children, set rules to be followed and be supportive in their role. Conversely, Ubuntu upholds the authoritative parenting style with high demandingness and high responsiveness. Authoritative parenting allows children to view their parent’s behavior as responsive while controlling, seems to facilitate the development of child competent behavior [25]. Authoritative parents have structures and rules in place when raising children, and they also encourage children to be children in their decision making and critical thinking process. Parents are to provide reasons for the rules and the structures. While this is not always guaranteed in African homes, that parents provide an explanation to rules, however, there are significant shifts as children are critical and experimental. The question “why” has to be addressed by parents to the best of the wellbeing of the family and children. Ubuntu authoritative parenting nurtures individuality in relation to others. It is through this that Ubuntu responds constructively to mischief and misbehaviors with intentions to correct and rehabilitate the child.

In contrast, authoritarian parenting is controlling and non-responsive. The mantra for this parenting is “because I say so” and the question “why” has no place in the family rather “how” is most tolerated. “Authoritarians stresses conformity, obedience and respect of authority for its own sake” ([17], p. 142). Parents tend to use prohibitive and punitive strategies while they emphasize on child obedience. Authoritarian parenting style has been condoned since children end up being punished, bruised, and battered in situations education and encouragement would be necessary. A number of studies have found that authoritarian parenting is positively associated with childhood aggression and bullying behaviors [25]. Children requires love and interest from their parents as to model them for good behavior and mental stability. These components of love and interests are critical in the era of access to so many violent games, and television shows.

In Ubuntu authoritative parenting emphasizes, interdependence, affiliation, and cooperation versus confrontation. Ubuntu parenting emphasize discipline, skills development, and accountability at every level of children’s development. Family becomes foundational and relationship critical, children from authoritative families or communities understand the importance of setting goals and objectives that conform to the expectation of the family. “Children from authoritative homes, whose parents are willing to exert control and explain their reasons for doing so-show the most competent behaviors. They are more self-reliant and competent” ([26], p. 218). Being competent means feeling able, knowledgeable, and skilled in

a task. Significantly one becomes productive and resourceful. This analysis fulfills the conclusion made by Baumrind that the authoritative style of parenting fosters self-esteem, maturity, cognitive development, responsibility, and critical thinking [17]. Ubuntu parents teach their children to be hands on, creators of solutions when situations demand so. This is not done in an abusive manner rather in an affectionate manner. For example, a 9-year child is entrusted with tendering or shepherding the family wealth such as cows and goats. This creates a sense of ownership and pride in the children as they know the net worth of their family through cows and goats. These life skills are not in the mainstream curriculum of education.

## **7. Ubuntu parenting and its relationship to developmental psychology**

Developmental psychology is “the biological, psychological, and socio-cultural study of development across the lifespan” ([17], p. 3). It examines the progressive challenges and changes that individuals encounter from cradle to grave, which are prompted by maturation and the learning process [17]. When one mentions developmental psychology, the popular perspectives come to mind such as psychoanalytic, learning, cognitive, biological, social-cultural, and ecological. Ubuntu principle of parenting appreciates these perspectives, and it becomes more inclined to the ecological perspective, and socio-cultural perspective. The ecological perspective asserts that development is explained in terms of the interaction between people and the settings in which they live while socio-cultural argues that development is influenced in the socio-cultural environments [17]. Culture in this essence becomes a social system that exists as a network linking people. Anthropologists argue that culture is a shared way of doing things [27], this makes Ubuntu parenting relevant in the world. Culture is to be understood as an information-based system, involving both shared understandings and praxis, that enables groups of people to live together in an organized fashion and to get the greater benefit of coexistence.

Ecological systems theory argues that the context of human development consists of multiple systems [1] and each system is embedded with the next larger context, from narrowest to widest. These systems are microsystem, mesosystem, exosystem, macrosystem and chronosystem [17]. All these systems impact the child's development, attachment, belonging and productivity. Ubuntu encourages a mutual cooperation and collaboration from all the systems for the better development of the child, for the child is at the center of the widening circle.

## **8. Concept of family in Ubuntu terms**

The African perspective upholds the centrality of family. This primary organization is the center for children's growth and nurturing. In parenting family is central. Arguably, family as the crucible of human life and wellbeing is not independent of the social environment [1]. Sociologically, a family is a social group, a social system, and a social institution. As a social group, it is a collection of persons who recognize one another as family members and interact with each other mutually [28]. As a social system it has many interdependent components which help the sustenance of each person. As a social institution, the family meets broad societal goals. Indispensably family is not limited to biological parents or siblings, and blood or immediate. This fulfills the African perspective of viewing family in pluralistic and diverse terms. Emotional ties are intense, whether they are negative or positive. Ubuntu believes that the family group is the prototype of all other groups and is the first group that a child familiarizes with for social purposes. Therefore, “family

exerts tremendous influence over its members in terms of behaviors, beliefs, communication styles, cultural transmission, social skills, and efforts to meet basic human needs” ([1], p. 22). The African perspective of the family is engraved in the value of being human. The practice of Ubuntu demonstrates how inclusive the African family worldview is oriented. One is born in a family, a village, a community and into the world. Tembo [29] points out that in the African family system there is nothing known as extended family, for all brothers of the father are referred and known as “fathers”, all sisters of your mother are “mothers”, and all their children are brothers and sisters, respectively.

In an African Ubuntu society, adoption is by means of kinship and no legislated procedures. It is mutually binding that uncles, aunts, cousins, and nieces will take ownership and care of orphaned children. If these are unable to provide the expected care and support, someone in the extended kinship would take up the responsibility. This adoption system has helped many African families that have migrated into other parts of the world. Some families left their children in their country of origin until such as the time when their regularized stay is approved, and they reunite with their children. During this whole time, their children are well looked after by cousins, uncles, and aunties. In this respect, the community is entrusted with parenting. In this setup every member of the family has the responsibility and power to stand as a mentor, and teacher. It is every member’s responsibility to care for each other and to ensure that children are groomed and socialized according to the ways of the community. Through this mutual adoption, unmarried or childless adults experience parenting as they take care of their relative’s children.

Furthermore, all members of the family are empowered with authority, to teach, correct and rebuke any misdemeanor of any child of the community. Parents and communities reward and punish children without the need for professionals, courts, probation, and juvenile jails. The community standard of good and bad is the last court of appeal for every child. Ubuntu is a deeply moving yet intangible African soul force that demonstrates the standard of living. Hence the common maxim “*it takes the whole village to raise a child*” still holds value in many African societies. The maxim implies that meaningful interactions among the child, family members and those institutions of value are necessary for children to realize human excellence [16]. If you want to travel faster go alone, but if you desire to travel far and further, go with a company (community). Ubuntu parenting is a way to get somewhere else than where we are in terms of child development and nurturing.

The role of the family in the social development of children is irresistible. Family is a determinant factor in promoting physical, psychological, and social activity in developing children. Family enables a child to develop with confidence and is where children are and should be celebrated regardless of the short comings that be. It is within families that children develop skills that prepare them for life outside the family – first in school and friendships and later in the workforce and romantic partners [1]. It is through the family that children mature and learn how to survive outside of the family. They learn how to get along with others. It is within the family that children learn about gender roles, peer relationships, and responsibility to self and others. Families produce workers and consumers, two requirements that a strong economy depends on [1]. Work ethics are not born, they are nurtured in families.

## 9. African perspective: the round hut

In traditional rural African setup, there are mud and grass thatched homesteads. In the Southern African parts, most of these houses are built in a round shaped conical style, popularly known as a round hut. They are in most cases detached one

roomed. In some cases, they are used for different purposes from granary, sleeping room, to cooking house/hut (kitchen). They are constructed differently and in the 21st century they have been modernized into assorted designs and built using modern materials. Some now use roofing sheets instead of grass, while some use mortar and bricks instead of ordinary poles and mud. In some communities the hut is beautifully decorated with artistic designs inside and out.

A traditional round hut (kitchen) is symbolic and significant in the discourse of parenting. There are some things that are permanently placed in the hut such as the sitting bench (*chigaramakwati*), the kitchen plate holder, the sanctuary (*chikuwa*) and sometimes the fire pit/place (*choto*) which is normally at the center of the hut. The sitting bench is long enough stretching from the entrance and exit (door) which is normally single. During the liberation struggle in Zimbabwe some huts had two doors, the entrance on the other hand and the exit or escape exit. This was strategic for security reasons; the exit was positioned facing the hiding spot; nearby bushes or mountains. The sanctuary is mostly the opposite of the sitting bench. The fireplace which is at the center will then have a cooking stove. Traditionally there were three stones, but the modern day is a steel build stove replicated after the electrical stoves. Firewood is the common source of energy used for cooking.

The sitting bench is mostly for male figures, and females sit on the sitting mat which is movable. When there are more people gathered in the hut, the bench is reserved for elders according to their importance because relationships are defined not only by seniority or age but kinship. The kinship importance is of value. In an African setting, when there is a gathering of family, people have the informal greeting of saying how are you or shaking hands and causally talking about anything from weather, to the experiences of the traveled journey and even humorous memories. This is not the greeting. The proper greeting happens when people gather in the round hut where kinship seniority is honored and respected.

In the round hut all are honored and valued including children, women and socially different in terms of social status. It is a place of welcome, a place of honor, a place of listening to each other. It is in the hut that no one is excluded but all are included, and all have space. No matter how big the family – extended, significant and expanded, everyone fits into the round hut. It is in this space that visions are shared, important decisions are made, and critical issues are discussed. A round hut is a place of convergence and convention. It is essentially a place of equals, in terms of kinship. When people sit in a circle, they set aside external categories that separate them [30].

The round hut is dyadic not individual. This is a critical component in parenting. Parenting is not individual, it is communal. This communal aspect of parenting is founded on the communal or kinship relationship. “Communal relationships are based on mutual love and concern, people do things for each other without expecting to be repaid” ([27], p. 412). This communal relationship is contrasted from the exchange relationship and the excluding relationship. The exchange relationship is based on reciprocity and fairness, where each person does something for the other mainly in the expectation of getting some direct benefit in return [27]. While the excluding relationship is all about individual success and self-gains. The communal perspective of being is healthier because instead of equality, rights and repayment, the underlying rules involve caring for the other person and being available and ready to provide support for the sustenance of coherent living. This entails that children’s development is enhanced in a mutual environment not because of legalism but out of love. Communal parenting of Ubuntu involves the efforts and the collaboration of the whole community. Who would want to raise children in an unsafe environment? Communal existence makes people feel safe and secure and provide a haven where others care for you regardless of who you are, status, sexuality, age, or race. Ubuntu thus encourages, the safety of all human beings and the preservation of life, flora, and fauna.

Parents desire a better lifestyle for their children, thereby they are the first teachers. The hut is undoubtedly the center of education. It is from here, that lessons of life are imparted to the children. This center of education is for planning purposes, discussions of the future, family wealth and provisions. It is a place where guidance is sought, and broken relationships are repaired through reconciliatory conversations. The hut is where children are groomed to be productive, helpful, and resourceful. Understandably, Ubuntu advocates that homes, regardless of status should be places of education not brutality. Parents should believe in their children so as the children to believe in themselves. This is possible regardless of the busy schedules of the 21st century parents to create space for learning in their homes. The parent as the teacher is possible when the skills of teaching are inculcated in the parents. One such skill is empowering the child.

A hut is a place of storytelling. There is only fire in the center of the hut and people sit in a circle. The circle allows everyone to be involved. It is one of the safest places to be. In a circle all have a significant contribution. A circle is an energetic social container capable of helping a group draw on wellsprings of insight, information and story that inspire collective wisdom, and action [30]. This is paramount to parenting, to create space for conversation away from the technology. Storytelling techniques are nurtured as to develop critical thinking and coherent conversation. Storytelling expresses feelings, attitudes, and responses to lived experiences. They mediate and transmit knowledge and expectations. In the 21st century there is a need to emphasize family storytelling time.

A hut is a place of transition, growth, and development. In the African context and setup, the hut is the center of religious and traditional rituals. This uphold that life is rooted in the hut as traditionally the umbilical cord of every newborn family member is buried underneath the fireplace. The fireplace is positioned at the center of the hut, therefore, when the umbilical cord is buried there it signifies the centrality of wellbeing of the newborn to the family and community. The burial further signifies belonging, everyone is central to the welfare of the family and community sustainability. Furthermore, it has been held that umbilical cords define one's identity. Thereof when one is asked about originality they always refer back to the place where their umbilical cord is interred. Regardless of globalization and the movement therefore, many other African families, preserve the umbilical cord for the ritual of its interment. Hence when there is a newborn in the diaspora or an urban environment the paternal grandmother or maternal grandmother of the child is expected to be present during the delivery and care for the grandchild and nurse the mother for some time. The grandparents preserve the umbilical cord, till it is interred properly.

From this illustration of the round hut, the interdependence between children, families, and the larger society should be clear. Some social problems and failures are easily corrected or buffered through the application of Ubuntu principles. A good example: "divorce and remarriage have allowed many adults and children to escape from toxic family environments, yet lack of social support networks and failure to forge new values for sustaining intergenerational obligation have let many children fall through the cracks in the process" ([31], p. 47). Families and communities should exert the same energy towards nurturing values that enable children's development.

## **10. Ubuntu parenting as a turning point**

Ubuntu principle of life as demonstrated in this chapter, encapsulates courage, caring, compassion, mutual, respect, responsible living, sharing, the integrity of life, connectivity, peaceful existence, and communal accountability. All these attributes are not leveled on children only or parents only, but they are expected of the entire

community, street, and neighborhood. Everyone looks after each other. This means the community are the eyes of the affairs of the community. It, therefore, begets peaceful and harmonious living. However, it encourages the intersectionality of being human regardless of color, race, and or ethnicity. Children become citizens with expectations and responsibility when the community displays the attributes of Ubuntu.

Parental and community goals for children are centered on social and human values. These include respect, self-reliance, and being helpful, cooperative, and obedient. Children are to respect their family and value their parents and their efforts through parenthood. This concept of respect is mutually shared even among the children themselves. The roles are shared and respected. Self-respect of self is also emphasized to children in terms of sexual education. Fathers are responsible to teach the boys ways of self-respect and respecting the opposite sex. While mothers train the girl children in the importance of her sexuality and sexual respect. Pre-marital sex is forbidden until one is an adult. Getting into an intimate relationship too young is considered destructive and time consuming since one has to focus on education.

Ubuntu concept of parenting emphasize coherent existence which is grounded in the dignity and integrity of belonging for the benefit of community sustainability, resilience, and relevance. Ubuntu distinguishes parenting from parenthood in which parenting is more than being a father or mother who gives birth. Parenting encompasses belonging, responsibility, accountability, imparting of values, availability, love, mutuality, encouraging, caring, and valuing human life. This parenting is not limited to a circle of immediate family, but it incorporates the whole community. Ubuntu parenting is conducive for the working environment of society, where both parents are to provide for the welfare of the family. In this era, there is no stay-at-home spouse or stay at home parent. Ubuntu articulates the role of childminders, daycares, schools, afterschool care and drop-in centers. Above all Ubuntu parenting celebrates the role of grandparents. In particular, parenting means the role performed by a person or institution that possesses parental status in order to suitably and positively enhances development in every aspect of the child's life [32]. The ubuntu parenting seeks to reestablish social partnerships and creating a world in which the best of collaboration, cooperation and involvement informs and inspires child development.

Children, regardless of the stage of development are influenced by parents and the environment around them to cope with establishing a sense of identity and self-determination. Therefore, the parenting environment should be conducive and enabling for children to reach their optimal potential. Self-identity and self-determination are founded on three principles: relatedness, autonomy, and competence [33]. The persistent, initiative-taking, critical thinking, and positive tendencies of human nature flourish through relatedness and autonomy. Furthermore, children require affectionate and attentive adults for them to develop and flourish in self-identity and self-determination.

## **11. Ubuntu and parental involvement**

Parents have a duty and obligation to undertake in order to ensure the protection of the children's interests. It is the responsibility of parents to ensure a safe environment and guarantee the rights of children. Parental involvement is important for the child's outlook of life. Parental involvement should be inclusive and involving the stakeholders that influence the development of children. Accordingly, the definition provided by Eldridge as cited in Mawere et al. [34] is significant, parental involvement is the process whereby schools, parents, children services, government, police (RCMP), community, chamber of commerce, politicians, business owners, religious organizations and all other related services support each other

in stimulating children's curiosity, motivation, and development in order to achieve educational, organizational, democratic, and enabling objectives. Parental involvement creates the enabling environment of partnership, cooperation, and collaboration among stakeholders for the greater benefit of producing a resourceful individual. The stakeholders are critical, and in Ubuntu terms, it is the village. The safety of children is guaranteed when the whole village is involved. Justice and empowerment of children is issued when the whole village coordinates and collaborates. Noteworthy is the fact that justice is not only limited to analyzing and promoting proper relations among members of society, but it also refers to procedures of arriving at conclusions and the way in which stakeholders and institutions in a community execute their roles and duties [35]. Justice, involves advocating for the execution of proper functions, promoting laws that are not discriminatory, responsible living, and defending the rights of the vulnerable in society as expected for the common good of all. The issues of corporate diligence and consciousness are critical to sustainability. The corporate has to work together for the best of society's wellbeing. This commonwealth commitment and involvement build synergies where the whole is more effective than the sum of individual parts. The Ubuntu commonwealth intends to guarantee stability, peace, harmony, and resourcefulness in society. This way of living and participation in the welfare of children is expected in this environment of the 21st century.

Parental involvement describes the extent to which a parent is dedicated to, takes an interest in, is knowledgeable about and is actively participating in the child's life [36]. The basic obligation of parents is to be involved in the life of the child, participate in activities, and observe the progress thereof. African parents encouraged academic achievement, moral uprightness, and successful life determination. Academic achievement has been often promoted as a means of bringing honor to the family. Regardless of the social status of most African parents, they desire the best outcome for their children from childhood to adulthood. Parental support in education, and extra curriculum such as sports build the confidence and motivation to achieve. In this regard parents should be the number one cheerleaders of their children. Through observation, extra-curriculum activities are not much of the African family's ambition, although there is significant encouragement coming from parents, to have their children excel in sports and other talent-based professions. However traditional principle of parent involvement meant that children had no secret space or password on gadgets. Whilst most technological applications and downloads have some parental control or family accounts the Ubuntu parenting invites open communication and no secrecy. In the African setup there is no timeout in terms of children expected to live independent of their parents. The only time a child leaves the family home is when she or he gets married. While living with parents, they are treated as children regardless of their economic status. Whatever help children give in paying for bills is out of mutual relatedness and show of responsibility. Under Ubuntu governance provisions, respect, dignity, caring, and sharing are considered critical values that build family and community.

## **12. Ubuntu parenting and immigrants of African dissent (visible minority)**

Acknowledging the language flux that arises when using certain phrases. "Minority" in this context means a visible minority, immigrants of African Dissent or people of color. Diverse value orientations, life experiences and worldviews are all implicit in the term multiculturalism [1]. The ethnic sense of "them versus us" becomes realistic when one relocates to different countries and continents. Immigration has configured



challenges on parenting norms and the subsequent changes in family structures, dynamics, and roles. Parents may feel that the socio-cultural context prior to and post-migration may conflict, and that the legal system undermines family dynamics and values or that the schooling system alienates them from their children [23]. The lack of immediate and close families around has been a challenge in parenting in the diaspora. This is catapulted by the economical demands on parents.

Acculturation is the process of change when two cultures come into contact has a significant effect on migrants. The degree to which adaptation to new cultural environments is problematic to some immigrants and it depends on factors such as migration motives, socioeconomic status, socio-psychological circumstances, similarities, and differences between the culture of origin and the place of settlement and also personal attitude [37]. Furthermore, the intercultural relationships in the world have had a rather checkered history of racism, colonialism, genocides, systemic discrimination, and oppression. Their parenting principles are rated, classified, and misunderstood in children's development. Mistakenly visible minority parenting is classified as authoritarian, where parents are taken to be too rigid and inflexible. No matter the historical past, people can rise above the prejudices and stereotyping characterization imposed on them.

Visible minorities have a powerful sense of kinship bonds, educational and work achievement orientation, a strong commitment to religious values and church participation which should be celebrated. The centrality of community, respect of tradition, harmony with nature and the sociality of self-hood ensures survival and successful parenthood among visible minorities [37]. There is a sense of resilience among the parents and children of a visible minority population. This attitude enables them to cope with the balance of life and demands in social life. The mutual cooperation between the parents and children enables them to support each other creatively. Furthermore, a sense of belonging enables the minority diverse communities to successfully get support when they most expect it. Schools and religious communities are the most available support institutions that offer guided parental support.

In Ubuntu rights are presented not as an external concept imposed upon communities, but rather the enhancement of existing good practice already embedded in families and communities [37]. This is important as children are rewarded out of a privilege not based on rights. Children receive gifts and value them based on privilege, going to school and be with your family is based not a right among the visible minority community but a privilege to be appreciated and reciprocated. Ubuntu encourages good and appreciative attitude reciprocity in a family. This means that parents appreciate their children and children appreciate their parents.

Immigrant families have a history and cultures to be honored. The family's past and present life cannot be devoid of history and present challenges of modernity. In this scenario families depend on social support from the context they are existing. They formulate relationships that last with those support systems in helping the child's development. Adjustments will be visible in parental involvement, parental expectations, and children's assimilation in the context of diaspora.

### **13. Criticism of Ubuntu**

According to Metz, there are three reasons why Ubuntu is considered faulted: it is misunderstood as philosophical thought, its collective orientation is taken as a challenge to individual freedoms and finally that it is only applicable and useful in traditional contexts, but not in modern society [38]. These criticisms make Ubuntu relevant to a greater extent as it proposes significant insights that enhance human lives and functionality.

Manyonganise posits that Ubuntu is oppressive and liberating [10]. She analyzed that Ubuntu has been celebrated and glorified from a patriarchal noxious bias. Ubuntu needs to be seen as a creation of men who were determined to regard women as restricted, dominated, and marginalized [10]. The systems that used to oppress can be the systems that liberate. Therefore, Ubuntu is liberating. Women and children are not second citizens of any family. In an economical society, everyone has to play a significant role to achieve functionality in any given family and parenting. Furthermore, Ubuntu is not only liberating but empowering. It is empowering as it assigns roles mutually. Roles in a family are defined and classified among parents and children. When it comes to children, the eldest is expected to look out and defend the interests of the younger children. This is mutually, and not prescriptive. Through Ubuntu, chores are part of life not burdensome activities to be endured.

## **14. Conclusion**

Parenting as an art should be viewed from the visual beauty of nurturing children from birth to adulthood. The terrain of raising children continues to evolve. In the 21st century, as in the past, parents are faced with a myriad of challenges that affect the desired outcome of child development. This chapter has highlighted the challenges of globalization and the availability of different information technologies. In this one touch world, which shaped the globalized culture, the African approach has detailed the Ubuntu philosophy and way of life as a critical model of parenting. Ubuntu parenting put together with the different dimensions or styles of parenting influence the nurturing of children. No parenting or child development occur in a vacuum. This invites, family, individuals, community, and different institutions to be significant players in child development and parenting. Ubuntu parenting advocates for the communal parenting which is centered on mutuality, interdependence, and cooperation.

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# A Review of Parenting in A Multicultural Country: The Malaysian Experience

*Ruziana Masiran*

## Abstract

The multicultural nature of Malaysian parents expectedly gives rise to heterogeneous parenting practices. Despite this heterogeneity, the country's common collectivistic background that values familism may have shaped parenting behaviours. Since there is a great influence of culture on parenting, there appears to be a need to explore the Malaysian way of parenting. This review aimed to assess, synthesise, and organise the available research evidence on parenting behaviours and parent-child interactions in Malaysia. Recent publications from 2002 to 2021 were examined using a narrative approach. A literature search was conducted using the Scopus, Dimensions.ai, Google Scholar databases, and citation tracking using keywords such as parenting style, parenting, parent-child interaction, parent-child relation, and childrearing. Twenty-four papers on parenting styles, 13 on parenting practices, and 19 on parent-child interactions were included for review. The majority of the studies were quantitative and published in the last couple of years. While findings revealed diverse parenting styles in the country, culturally-conformed parenting behaviours are thought to be more effective than the standard authoritative parenting. Recommendations are made for future research.

**Keywords:** Asian, childrearing, collectivist, Malaysia, multicultural, parenting, parenting styles

## 1. Introduction

Malaysia is notable for its plural society, where the Malays are living alongside two other major ethnic groups, Chinese and Indians [1]. Combined with minor ethnicities and mixed groups [2], they make up a diverse culture [3]. Like other countries with multicultural backgrounds, racial identification has a significant impact on individual daily engagements with other people of different races [4], children's identity development and self-esteem [5], and ethnic consciousness [6]. Concurrently, multiculturalism also plays a role in parenting through unique childrearing strategies, and interactions between parents and children as well as among family members [7]. As the unique set of beliefs and behaviours belonging to an ethnic group, culture shape how parents care for their offspring. Accordingly, there are cultural variations in parenting practices, and cross-cultural differences in parenting have long been debated [8]. In general, the Western and Asian parenting practices have frequently been compared [9], with the latter being more commonly associated with

authoritarian parenting [10, 11]. In a similar vein, some variations in the parenting attitudes among parents from different cultural backgrounds have been found. In a multinational study involving nine countries, it was found that Thai parents assume equal responsibilities of parents and children for negative parenting, but American parents took this rather personally [12]. Subsequently, over the decades, it is interesting to see the series of arguments built around the evidence supporting, or opposing, the largely authoritarian nature of Asian parenting [13, 14].

Culture- or ethnic-specific parenting values are governed by cultural norms and shape the physical (e.g., motor and speech development of children), psychosocial (e.g., emotional regulation ability and prosocial behaviours), and educational expectations (e.g., compliance to teachers and homework completion) in raising children [15]. Furthermore, culture directly influences parenting cognitions and practices [12], and indirectly affects the mental health of both parents and children. In many Asian countries, family values such as filial piety are still strongly held, although there are ethnic differences in the way these ideals are being practiced [16]. Despite the culture-specific parenting practices, the modernisation process of a country might lead to the gradual replacement of these distinct practices by modern, universal parenting that is commonly shared across ethnicities [17]. However, merely being an advanced country may not change the deep-seated culturally influenced parenting values. In a study comparing parents in Japan and the United States, findings show that they have different priorities in parenting even though both are equally developed nations [18].

### **1.1 Theoretical perspective of parenting in a multicultural country**

The theoretical model in this review extends from Bronfenbrenner's Ecological Systems Theory [19], which holds that the interrelationship between the interpersonal and wider environmental factors play a role in a child's development. The complex interconnected systems start with the microsystem, within which a child directly interacts with parents and siblings, through which they obtain emotional support, play, and safety. External to the family, the child's peers help the child gain their sense of self and social development, and teachers provide scaffolding for the child to develop social skills and appropriate behaviors. In the mesosystem, there is a linkage between family and school or between family and community that creates a positive attitude for the child's learning. Next, the family socioeconomic status and parents' work conditions form the exosystem which indirectly affects children. The final system, the macrosystem, is formed by the cultural and religious beliefs of the family, and mass media. The macrosystem influences the child in a much broader context. Overall, these systems hugely impact the social and cognitive development of a child through culturally influenced parenting. Different ethnic groups in Malaysia have different culturally defined family structures and values that produce a pattern of parenting styles, practices and parent-child interactions that extend from the macrosystem to the microsystem.

### **1.2 Purpose of the present study**

Cross-cultural studies on parenting have demonstrated how culture plays a role in parenting behaviour [8], parent-child relationship [20], and children's perception of parenting [21]. With the increasingly rapid modernisation of Asia, it is important to examine the concurrent changes in the elements of parenting which has previously been influenced by culture. It is particularly important to explore these in a multicultural country like Malaysia where the universal and culture-specific parenting norms may co-exist in the society. Furthermore, despite increasing research

interests in cross-cultural parenting and the promotion of Malaysia as a country with rich multicultural backgrounds, the existing relevant literature is limited. Without prior knowledge of the existing parenting situation in the country, it could be hard to identify the research gaps and hence address the need. The purpose of this review is to develop an understanding of parenting as practised by parents of various ethnic groups in Malaysia. It specifically aims to assess, synthesize, and organise the available research evidence on parenting behaviours and parent-child interactions in Malaysia. To do this, the review is based on the following research questions: what kind of parenting behaviours (styles and practices) are shown by Malaysian parents, and how is their parent-child interaction?

## 2. Methodology

### 2.1 Literature search strategy

A literature search was conducted between 5th and 7th August 2021 from Scopus, Dimensions.ai, and Google Scholar databases, and citation tracking using keywords, titles, and abstracts; applying a limit to the search results, and finally extracting the full-text articles. Articles were retrieved using the following search terms (**Table 1**). Articles with missing information were requested from their corresponding authors.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram shows the article selection process. Separate literature searches returned a total of 819 articles (**Figure 1**).

### 2.2 Selecting relevant studies

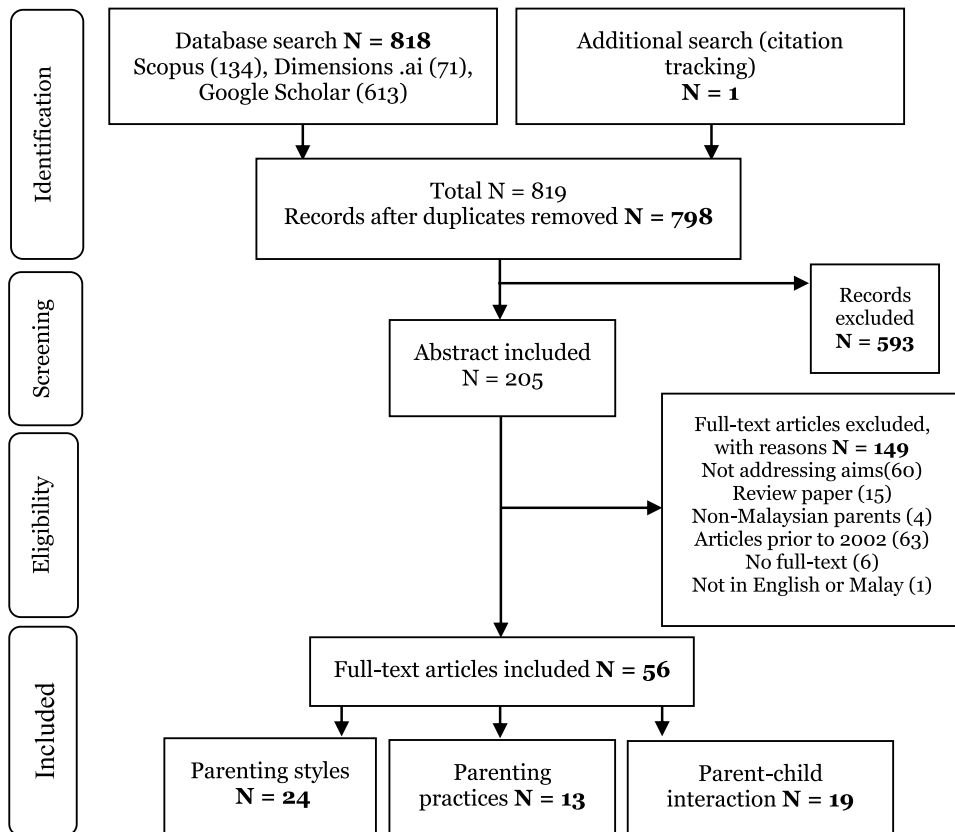
The inclusion and exclusion criteria are shown in **Table 2**. All the qualitative and quantitative studies done in Malaysia and published as primary articles with empirical data or conference proceedings were included. Samples that included the parenting of, or parents and/or children with autism spectrum disorder were excluded, on the basis that they would need unique parenting [22]. The timeline spans two decades (2002–2021) due to the scarcity of literature. Subsequently, only publications in English or Malay articles were selected to ensure proper translation by the authors. This screening based on the inclusion and exclusion criteria excluded 148 articles.

The remaining 205 articles were then examined based on their relevance to the research questions. At the end of this process, 56 articles were included in the review. Selected papers were imported into Mendeley Desktop 1.19.8 following assessment of their full texts. Summaries of each article were categorised into

Databases	Keywords used
Scopus	TITLE-ABS-KEY (“parenting style” OR parenting OR “parent-child interaction” OR “parent-child relation” OR childrearing OR child-rearing OR “child rearing”) AND (malaysia) AND NOT (autism* OR asd OR asperger)
Dimensions.ai	parenting AND malaysia AND NOT autism
Google Scholar	“parenting style” or “child rearing” or child-rearing” or “parent-child relation” or “parent-child interaction” or “parenting” Malaysia -autism -ASD -asperger

<sup>a</sup>Asterisk symbol (\*) used during the advanced article search replaces multiple characters anywhere in a word.

**Table 1.**  
*The search string used in respective databases.*



**Figure 1.** PRISMA flow diagram, depicting the article selection process.

Criteria	Inclusion	Exclusion
Sample	Malaysian parents	Children with autism spectrum disorder
Timeline	2002–2021	Prior to 2002
Literature type	All relevant quantitative and qualitative studies/ literature Peer-reviewed articles Conference proceedings	Review article Meta-analysis
Language	English, Malay	Non-English, non-Malay

**Table 2.** Inclusion and exclusion criteria.

authors’ details, objectives, sample characteristics, study design, and key findings (see Appendix). The data from these articles are then extracted using a narrative and an analytic approach, which involves synthesising and interpreting data according to key issues and themes.

### 3. Results

Of the 56 selected studies, most (n = 10, 17.86%) were published in 2020 and in social sciences journals (n = 13, 24.53%) (see Appendix, last page). The rate of



publication was extremely low in the first decade, with only two studies between 2002 and 2008. However, there was an increasing trend of publications on parenting in Malaysia in the recent decade. While the majority of the studies employed quantitative research (n = 51, 91.07%), there were only four (7.14%) qualitative and one (1.79%) mixed-method research. In the subsequent sections, the following themes on the parenting elements of Malaysian parents were considered: (a) parenting styles; (b) parenting practices (skills, monitoring, control); and (c) parent-child interaction. Based on these themes, reviewed studies that have examined parenting in any ethnic groups in Malaysia were critically analysed. Each theme is given a brief introduction before the summarised review of the local literature.

### **3.1 Parenting styles**

Parenting styles are usually described according to Ainsworth's classification of authoritative, authoritarian, and permissive types [23], as well as neglectful parenting styles [24, 25]. Studies have consistently indicated the optimal child outcomes of authoritative parenting. Authoritative parenting has been associated with greater life satisfaction in youth [26], positive child behaviour [27], higher academic achievement [27, 28], and a lower level of adolescent depression [29, 30]. However, Keshavarz & Baharudin have suggested that Malaysian collectivistic nature is mostly associated with authoritarian parenting [31]. Since the values of familism and filial piety are still highly regarded in many Malaysian families, authoritarian parenting has been argued to suit them better. Furthermore, both values are clustered under collectivism [32] and have historically been strengthened by Confucianism [33]. As a fundamental family element [34], filial piety contributes towards greater life satisfaction among adolescents [35] and is associated with significantly lower levels of emotional and behavioural problems in children [34]. In contrast with Keshavarz and Baharudin's conclusion [31], Kay et al. have suggested the co-existence of both collectivist and individualistic values within Malaysian society [36]. Despite the country's modernisation and the likely shift from collectivism to individualism [37], an earlier study by Tien et al. showed that the local youth still feel responsible for their elderly parents [38].

For the past two decades, the parenting research field in Malaysia has largely focused on the types and roles of parenting styles in shaping their children. An early study by Hanafi that explored Malay adolescents' perceptions of parenting styles indicated that they perceive their parents as having low demandingness and high responsiveness [39]. Salehuddin & Winskel compared developmental age expectations, parenting style, and self-construal in Malaysian caregivers from Malay, Chinese and Indian backgrounds [40]. They found that Malaysian parents tend to display an authoritative than authoritarian parenting style, contrasting with the assertion that collectivist cultures tend to be predominantly authoritarian. According to Yunos and Talib, while the family socioeconomic background is significantly positively related to authoritative parenting, it is significantly negatively related to authoritarian parenting [41]. Additionally, it was found that the paternal working status has modest effects on parenting styles, children's behaviour, and school achievement [42]. On another note, Hong et al. who also studied fathers noted that their psychological distress and the number of children are significantly and positively related to authoritarian parenting style, whereas fathers' education and marital quality are significantly and positively related to authoritative parenting style [43].

Parenting styles are shown to moderate the effect of academic self-concept on academic achievement, with the impact of academic self-concept on academic achievement greater for authoritative than authoritarian parenting style [44]. Hassan & Sen showed that authoritarian parenting style is negatively correlated

with academic performance among undergraduate university students [45]. Within a similar population, Sulaiman and Hassan found that parenting style does not influence academic procrastination [46]. However, parenting styles influence special education students' academic achievement [47] and the demand for tuition [48].

Concerning emotion, Yahya et al. found a significant correlation between attachment anxiety and authoritarian parenting style [49]. Furthermore, Yu et al. observed that authoritarian and permissive parenting styles were positively related to promoting emotional abuse, whereas authoritative parenting styles prevented emotional abuse among adolescents in Kuala Lumpur [50]. Having authoritative parents are also linked with higher children's self-esteem and positive youth development [51–53]. This finding was supported by Hong et al., who showed the negative link between authoritarian parenting and university students' self-esteem [52]. Also, Basirion et al. who examined highly intelligent students found that positive perfectionism was significantly predicted by parents' authoritative parenting, but negative perfectionism was significantly predicted by parents' authoritarian parenting [54].

Mofrad et al. found no significant relationship between parenting style and learned helplessness behaviour [55]. In a similar study, Keshavarz and Baharudin investigated the moderating role of father's education on the associations between perceived paternal parenting styles and locus of control among Malaysian adolescents and found significant negative relationships between fathers' authoritative and authoritarian parenting style with adolescents' internal locus of control [56]. While examining the relationship between parenting style and attitude of Muslim teenagers, Ghani et al. found a significant relationship between authoritative parenting with the adolescent's attitude towards God and oneself, as compared to the significant relationship between authoritarian parenting and the adolescent's attitude only towards oneself [57].

Recently, Cong et al. demonstrated the lack of predictive ability of parenting styles on child mental health problems [58]. In addition, parenting style has been studied in other areas. For instance, Mohamad Nor and Sutan noted that laxness-parenting style is significantly associated with home injury occurrence in preschool children [59]. In the crime-related field, parenting styles have been discussed with pedophilia and delinquency issues. According to Abd Hamid et al., the parenting practices of 1) involvement, 2) monitoring, and 3) goals, values, and aspirations, are essential to address the issue of paedophilia [60]. There is also a significant relationship between authoritarian parenting style and juvenile delinquent behaviour but none was found with authoritative and permissive parenting [61]. Similarly, Nubailah et al. found a significant correlation between permissive parenting style and drug abuse risks, a weak and positive relationship between authoritarian parenting with drug abuse risks, and a weak and negative relationship between authoritative parenting style and drug abuse risks [62].

### **3.2 Parenting practices (skills, monitoring, control)**

Parenting practices consist of quantitative and qualitative measurements of parental behaviors in raising a child. These practices may be categorised into parental involvement, control, and parenting styles [63]. From another perspective, parents' self-efficacy and belief have also been linked strongly to their parenting practices [64, 65]. Parenting practices play a major role in a child's socio-emotional development [66], but poor parenting practices have been implicated with children's bullying behaviors and impaired physical health [67, 68]. In addition, the level of parental control and monitoring over their children has also been evaluated as a measure of parental discipline. The lack of parental monitoring is associated with more high-risk behaviours such as sexual behaviours and drug abuse [69, 70] and

violence [71] among adolescents. Parental control, on the other hand, could come in the form of behavioural or psychological control [72]. Parents exert behavioural control by monitoring the behaviour of their children or through child-appropriate parental supervision such as asking for the children's whereabouts and activities, setting rules, and limiting children's freedom [73]. On the other hand, parental psychological control may consist of manipulative strategies such as emotional blackmail or withdrawal of affection [74], while parental behavioural control is associated with child self-control [75]. The perception of parental control is associated with mental health problems in one-fifth of Malaysian adolescents [76].

Based on the local literature, a child's perception of their parents' parenting is undeniably important. A study by Hanafi showed that children who perceive their mothers as high achievers and as someone who consistently monitors their children, are more academically aware [77], while Cheah et al. found that perceived parental investments, filial emotions, warmth, and support are positively associated with adolescents' filial behaviours [78]. In addition, the filial obligation in preadolescents and adolescents has different moral reasoning [79]. Parental supervision is an equally important practice, the lack of which is a significant risk factor for Malaysian adolescent depression [80]. A positive parental attitude can promote discipline and control in children [81].

Although Mat Hussin et al. found that parental supervision showed no significant association with physical interpersonal violence [82], Low et al. in their study among Malaysian juvenile offenders indicate that parental monitoring is the strongest predictor of adolescents' antisocial behaviour [83]. Furthermore, adolescents who use illicit drugs lack parental monitoring [84]. Nonetheless, Shin and Ismail demonstrated that children whose parents are controlling may be more inclined to take risks [85]. Regarding youth sexual behaviours, high maternal control increases the likelihood of boys having sexual intention, but for girls, having a high level of family connectedness is a protective factor against sexual intention [86]. Parental autonomy protects children from emotional, behavioural, and peer relationship problems [87]. While the parent-child relationship is important in suicide prevention among adolescents [88], there is a relationship between negative parenting behaviours and adolescent anxiety [89].

### **3.3 Parent-child interaction**

Parent-child interaction is constantly evolving and becomes the foundation for children to socialise and gain social support [90], attain emotional regulation [91], and learn [92]. There is also a suggestion that parent-child interaction produces infant brain changes [93]. Through parenting intervention, improved and positive parent-child interaction during childhood yields an encouraging outcome in terms of externalizing behaviour during adolescence [94]. In research, the parent-child interrelationship is measured through self-reports and observational methods. Tryphonopoulos et al. who compared several parent-child interaction scales concluded the lack of a single best tool to measure the parent-child interaction [95]. It has therefore been recommended that an assessment strategy should be directed by its purpose.

In the local literature, the family process variables have been frequently studied. In terms of family functioning in Malaysian collectivist society, six themes were found: (i) family role, (ii) parenting styles, (iii) family rule, (iv) communication, (v) value orientation, and (vi) cohesiveness [96]. Baharudin et al. found that parenting behaviour and family competency could predict adolescent antisocial behaviour, unlike demographic factors such as family income [97]. Moreover, based on Krauss et al. who studied Muslim adolescents, positive parenting is the greatest protective factor against risk behaviour, whereas religiosity promotes prosocial

behaviours [98]. In a similar vein, Krauss et al. indicated that parental religious socialisation, parental monitoring, mosque involvement, school engagement, and youth organisation involvement accounted for a significant amount of the variance in religious personality among Malaysian youth [99]. Additionally, Le et al. found that parental emotion socialisation is an important mediator among culture, gender, and alexithymia [100].

Parent-child communications play a big role in the parent-child relationship. It was found that parenting and giving advice ('sharenting') are both important to prevent delinquency among Malaysian adolescents [101]. Good parent-adolescent communication also prevents sexual health risk behaviour among adolescents [102]. Using the data from the World Health Organization Global School-based Student Health Survey 2012, Ahmad et al. found that parental bonding and parental connectedness also protect against sexual encounters among school children [103]. According to Wu and Yaacob, mother-child intimacy, rather than father-child intimacy, is strongly correlated with adolescents' suicidal ideation [104]. The level of parental involvement may enhance children's academic and social development, leading towards positive emotions in children [105]. Apart from that, parental care and family environment partially mediate the relationship between parental readiness and adolescent academic performance [106].

Parenting is greatly influenced by the socioeconomic status [107] and the structure of the family [108]. In their phenomenological study, Sumari, Sarada, et al. found that appreciating the parent-child relationship is one of the ways adolescents copes with parental divorce [108]. Direct parental socialisation predicts children's religiosity more strongly for two-parent families than single or non-parent families [109]. Jo-Pei who evaluated whether ethnically-mixed children are less well psychologically adjusted when compared to children from mono-ethnic families demonstrated that children from mixed parentage reported fewer emotional and behavioural problems than those from mono-ethnic minority families [110]. Chiah & Baharudin evaluated the relationship between parenting behaviour of mothers and socio-emotional adjustments of adolescents in intact and non-intact Malay families and found that family functioning rather than parenting behaviour is a better predictor of adolescents' social and emotional adjustment [111]. A few studies have compared Malaysian parenting with other societies. In an instance, Hassan et al. found that Malaysians score significantly higher on family interference with work than all Western samples [112]. According to Winskel et al., while Anglo-Australians appreciate child compliance, early verbal development, social skills with peers, and emotional control, Malaysians value educational attainment, interdependence, politeness, and respect for adults [113]. Manap and Hamzah focus on Muslim families in Malaysia and indicated some fundamental parenting principles that included having positive role models, knowledge culture, strong religiosity, high responsibility, and the belief that parenting is a collective effort and the pre-determined life's destiny [114].

## **4. Discussion**

### **4.1 Parenting in Malaysia: putting it all together**

Living in a plural society means that different cultural backgrounds would influence how parents in the society raise their children. The literature shows that culture influences parenting outcomes. Therefore, the typical categories of parenting styles in terms of warmth and independence which is promoted in a culture may not be compatible with another culture. While there is a voluminous literature on

cross-cultural parenting, this issue has received much less attention and coverage in the local Southeast Asian region, including in Malaysia. We conducted a literature review of research on parenting behaviours in Malaysia to develop an understanding of parenting as practiced by parents of various ethnic groups in Malaysia by synthesising the available research evidence. While it was not feasible to review and discuss all of the available studies, this review revealed a coherent pattern of findings with clear research and practice implications. Foremost, it is shown that parenting styles are most commonly researched in the country. Some evidence pointed towards parenting style outcomes which are inconsistent with the Western customs. This review also shows that parenting styles and practices that are widely considered to be sub-optimal in many cultures may not invariably translate into undesirable outcomes for children in Malaysia.

Common with parents from other Asian countries [115], family values are central to Malaysian but its rich ethnocultural elements also lend an influence on child-rearing. As a multiracial country, some studies supported its collectivistic nature, although Malaysia seems to be showing a shift from collectivism to individualism due to the urbanisation process [37]. The society's collectivistic culture appreciates the extended family as a basic unit in the society in which harmonious interpersonal relationships are encouraged through rituals such as greeting the elders or addressing older members with specific titles. Among Malaysians, collectivistic values are often associated with patriarchy [31]. Nevertheless, Malaysian families may have changed from being patriarchal [116] to equalitarian [96]. Further, comparing Malaysia with its neighbor Singapore, their different social policies may translate into different child-rearing and social values [117].

The authoritarian parenting style is renowned for undesirable outcomes related to children's behaviour, academic achievement, self-esteem, and psychosocial adjustments [118–125]. However, Asian authoritarian parenting should not be universally associated with a negative outcome. Ang and Goh argued that it is the levels of child adjustment in response to authoritarian parenting that determines its consequence [10]. A prominent parenting difference between Asian and Western parenting lies within the level of parental involvement [14], and psychological control [124]. The more parental involvement and control, the higher the children's demand for autonomy and hence the higher the parent-child conflict [125]. A high level of involvement and control are characters of authoritarian parenting [126]. While making choices for children is common and acceptable among Asian parents [127], this parental responsibility might seem to be overbearing for Western families. Authoritarian parenting also consists of high discipline and physical coercion, and lower warmth or acceptance [128].

The prominent work on parenting style classification has described authoritarian parents as strict and focusing too much on a child's compliance rather than providing warmth and being responsive [126]. On the contrary, Chao argued that the simple concept of authoritarian parental control within Baumrind's parenting styles may not fit the Asian parents, who endorse parental control as a form of training with discipline rather than the lack of warmth [129]. Moreover, although Pinquart and Kauser through their meta-analysis on parenting styles across cultures advocate the adoption of authoritative parenting to promote good behavioural and academic outcomes in children, they acknowledge that authoritarian parenting may not be negative in some cultures [130]. Additionally, authoritarian parenting has a different cultural meaning in different cultures [3], and hence its impact may be different between collectivistic and individualistic societies [130]. While collectivism is concerned with group membership and maintaining harmony with others, individualism emphasizes individual uniqueness, personal goals, and independence [131, 132]. Children from collectivistic societies are encouraged to follow rules and conform to norms while those from individualistic societies are given autonomy and

even encouraged to engage in the independent exploration of their environment. According to He et al., the Asian culture has stronger collectivism than individualism values [133]. Nevertheless, more recent studies argued that the dichotomy of these social dimensions may overlap [36, 133], the shift from one to another [37], or even wane over generations [134]. Hence, a particular society may eventually have both collectivistic and individualistic elements. The importance of these social elements lies in their influences on parenting styles. Parents from collectivistic societies favour authoritarian parenting more than those from individualistic societies [135]. However, they may have difficulty in raising their children using authoritarian values in an individualistic society [136]. Consequently, parenting behaviours that are congruent with the cultural norms and social dimension of society are likely to be more effective; culturally-conformed parenting provides more positive, consistent, and predictable parent-child exchanges, through which children experience an optimum family environment to thrive.

#### **4.2 Limitations of the study**

There are some limitations to this review. Firstly, it is only limited to the selected papers, which had been restrained by the selected studies and hence the risk of selection bias. As a result, there is a possibility of making a misleading conclusion. Despite the effort to delineate the selection criteria and review process, the method employed in this review might still be subjective and hence lacks its rigour. Finally, the final selected articles were not able to provide a well-researched comparison of different ethnic groups in Malaysia with regards to their parenting behaviours. Most of the studies did not include samples representative of, at least, the major ethnic groups in Malaysia. Therefore, this review is unable to present any sufficient evidence to support the Ecological Systems Theory.

#### **4.3 Recommendations for future research**

While the studies were heavily focused on parenting styles, parenting elements that include parental warmth and support, parent-child communication, parental monitoring, and parental behavioural control are perhaps more relevant in the context of a largely collectivistic country. Therefore, future research should examine these elements, among different races in Malaysia. Based on the role of social dimensions in parenting behaviours, more studies are needed to evaluate the relationship between collectivistic and individualistic values on the elements of parenting behaviours among Malaysian parents. Future research must also move forward and put an effort to compare parenting styles, parenting practices (e.g., positive parenting, disciplinary measures, nurturance) among different ethnic groups. Correspondingly, there is a need to attend to the ethno-cultural norms of parenting and examine how culture moderates the relationship between parenting styles and child outcomes.

### **5. Conclusions**

The diversity in the parenting behaviours among Malaysian parents gives rise to different outcomes in their children. The dynamics of the country's social structure indicate that neither authoritative nor authoritarian parenting produces the best outcomes for the future generation. Essentially, culturally-conformed parenting which is responsive to the diverse cultural backgrounds and the collectivistic/individualistic values of parents might be more effective.

41 **Appendix**

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
<i>Parenting styles</i>				
1. Abd Hamid et al. [23]	To examine the relationship between 'parenting practices and styles' and 'child protection and privacy'; to specifically address the issue of paedophilia	900 Malaysian parents in Kuala Lumpur, of children aged 7-13 years	Cross-sectional study	Three 'parenting practices' (involvement, monitoring, and goals, values and aspirations) and two 'parenting styles' (authoritative and permissive) have significantly positive relationships with 'child protection and privacy' to address the issue of paedophilia. Authoritarian parenting has no significant relationship with 'child protection and privacy'.
2. Amran & Basri [24]	To explore the relationship between parenting styles (authoritative, authoritarian, permissive) and delinquent behaviours (verbal, physical, sexual, anti-social)	187 (survey) and 5 (interview sessions) students in juvenile schools	Cross-sectional study and interview	There is a significant relation between authoritarian parenting style and juvenile delinquent behaviour. Authoritative and permissive parenting styles do not show any significant relationship.
3. Basirion et al. [25]	To examine Big Five personality factors and perceived parenting styles in predicting positive and negative perfectionism among academically gifted students	448 aged 16 years old involved particularly those who scored straight As in Penilaian Menengah Rendah examination	Cross-sectional study	Positive perfectionism is significantly predicted by several factors including paternal authoritative style, openness to experiences, maternal authoritative style, and conscientiousness. Negative perfectionism is significantly predicted by maternal authoritarian style, neuroticism, and paternal authoritarian style. Permissive parenting style does not predict positive and negative perfectionism.
4. Chuan et al. [26]	To explore the relationship between parenting styles and factors of demand for private tutoring in the Klang Valley, Malaysia	169 Chinese parents from primary and secondary schools, and private independent high schools in the Klang Valley	Cross-sectional study	Each of the parenting style displayed different relationship with each factor of demand for private tutoring. Authoritative parenting style correlates with lack of family support but authoritarian parenting style shows negative relationship in contrast.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
5. Cong et al. [27]	To investigate the relationship between Malaysian adolescents' perceptions of their parents' parenting styles and their level of social anxiety, including differences by age and race	327 adolescents from international and national secondary schools in Selangor	Cross-sectional study	Parenting style received by Malaysian adolescents is not significantly related to their social anxiety. There are significant racial and age group differences in the categories of parenting style and levels of social anxiety.
6. Ghani et al. [28]	To investigate the relationship between parenting style with <i>akhlak</i> (moral attitude) of Muslim teenagers	92 Form Five students of one Islamic School in Johor Bahru	Cross-sectional study	There is a significant relationship between authoritative parenting with the <i>akhlak</i> towards God and oneself, and between authoritarian parenting style and the adolescent <i>akhlak</i> towards oneself.
7. Hanafi [29]	To assess Malay adolescents' perceptions of parenting styles	146 Malay boys and 284 Malay girls from a secondary school	Cross-sectional study	Both parents are perceived as being low in demandingness but high in responsiveness. Mothers are being rated lower in demandingness and higher in responsiveness compared to fathers. Both parents are perceived as being permissive.
8. Hassan & Sen [30]	To determine the relationship between parenting styles, undergraduates' academic performances and socio-demographic factors (ethnic group and socioeconomic status) among undergraduates at Universiti Putra Malaysia	302 undergraduates from Universiti Putra Malaysia	Cross-sectional study	There is a significant negative relationship between authoritarian parenting style and undergraduates' academic performance ( $r = -0.160$ ), but no significant relationship between academic performance and the other two parenting styles, which were authoritative and permissive parenting style. There is no significant difference in parenting styles among the undergraduates in term of ethnic groups or socioeconomic status.



Author (Year)	Study objective	Sample characteristics	Study design	Key findings
9. Hong et al. [31]	To examine: 1) fathers' parenting styles, and 2) relationships between selected family variables (e.g., father's age, education, work hours, income, and psychological distress, child's age and sex, as well as family income, number of children in the family, and marital quality) and fathers' parenting styles within the Chinese families in Malaysia	100 fathers, with children between the ages of 7 to 10 years from two-parent Chinese families residing in three urban cities in the state of Selangor in Malaysia (Puchong, Subang Jaya, and Klang)	Cross-sectional study	Proportion of the respondents practicing authoritative (37.0%) parenting styles was the highest, followed by authoritarian (34.0%) and permissive (29.0%). Fathers' level of psychological distress and the number of children in the family are significantly and positively related to the authoritarian parenting style. Fathers' level of education and report of marital quality are significantly and positively related to authoritative parenting style. Number of children is significantly and negatively related to the authoritative parenting style.
10. Hong et al. [32]	To examine about the relationship between parenting style and self-esteem among students in a faculty at a Public University in Malaysia	18 males and 102 female university students 20-22 years	Cross-sectional study	Permissive parenting style is the dominant parenting style used. There is a significant relationship between parenting style and self-esteem among university students, and a positive relationship between authoritative and permissive parenting style with self-esteem.
11. Ishak et al. [33]	To test the structural equation model of academic achievement among the students using parenting styles as a moderator	493 students from eight schools in Selangor. Two stages of random sampling	Cross-sectional study	Both authoritative and authoritarian parenting styles are the most common practice of the parents. Parenting styles moderate the effect of academic self-concept on academic achievement. The impact of academic self-concept on academic achievement is greater for the authoritative than the authoritarian parenting style.
12. Keshavarz & Baharudin [34]	To (a) examine linear relationships between three dimensions of paternal parenting styles (authoritative, authoritarian, permissive) and locus of control in adolescents and (b) to determine if the linear relations would be moderated by fathers' education	382 Malaysian adolescents with an average age of 14.27 years	Cross-sectional study	There are significant negative relationships between fathers' authoritative and authoritarian parenting style with adolescents' internal locus of control. Father's high level of education moderated the relationship between perceived paternal authoritarian parenting styles and locus of control.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
13. Khan et al. [35]	To examine the predictors of academic achievement: role of parenting styles, educational encouragement, gender and ethnicity among special education students	200 special education students (105 boys and 95 girls) from age 14 to 19 years of school in Kuala Lumpur with learning disabilities	Cross-sectional study	There is positive relationship of academic achievement with educational encouragement (from mother, father, parents and teachers) and authoritarian parenting styles. Authoritarian parenting styles and educational encouragement playing key roles in academic achievement.
14. Kiadarbandsari et al. [36]	To determine the role of parenting style and educational level of parents in Positive Youth Development (PYD)	496 adolescent students of national secondary schools in Selangor	Cross-sectional study	Authoritative parenting styles, uninvolved parenting styles, and fathers' level of education are significantly correlated to PYD. Authoritative parenting style was found to be the most significant predictor of higher PYD.
15. Mofrad et al. [37]	To examine the impact of parenting style, peer relationship on learned helplessness	120 university students aged 18 to 23 years from Sunway University, Malaysia.	Cross-sectional study	There is no significant relationship between parenting style and learned helplessness behaviour. However, there is a negative and significant relationship between peer relationship and learned helplessness behaviour.
16. Mohamad Nor & Sutan [38]	To examine mothers' roles and its impact towards preventing home injury in preschool children	500 mothers who sought treatment at various government maternal and child health clinics in Kuala Lumpur, Malaysia	Cross-sectional study	Majority of mothers practice laxness-parenting style with higher proportion (84.0 %) of mothers allowed their preschool children to be left alone in the bathroom. Both laxness-parenting styles ( $p = 0.007$ ) and poor injury prevention practices ( $p = 0.003$ ) are significantly associated with home injury occurrence in preschool children.
17. Nubailah et al. [39]	To identify the relationship between parenting styles and the risk of drug abuse among youths	123 students of IKITBN Chembong were	Cross-sectional study	Authoritative parenting style is the highest style used by parents (37.86%) followed by authoritarian parenting style (35.32%) and permissive parenting style (30.01%). There is a significant correlation between permissive parenting style and drug abuse risk. Authoritarian parenting style with drug abuse risks has a weak and positive relationship while for authoritative parenting style with drug abuse risks showed a weak and negative relationship ( $r = .005$ ).

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
18. Salehuddin & Winskel [40]	To compare developmental milestone expectations, parenting style (authoritative and authoritarian) and self-construal (independent and interdependent) in Malay, Chinese, and Indian caregivers	520 Malay (203), Chinese (177), and Indian (140) caregivers between 15 and 40 years old	Cross-sectional study	There are striking commonalities between the three cultural groups, in line with the collectivist characteristics of the three ethnic groups and the common nationality. Scores on independent and interdependent self-construal were not significantly different between the ethnic groups, and between mothers and fathers. Malaysian caregivers do not predominantly endorse an authoritarian parenting style, but more likely to display an authoritative style.
19. Sulaiman & Hassan [41]	To investigate the relationship between the motivational aspects of parenting style and academic procrastination among undergraduates	148 university students	Cross-sectional study	There is no significant relationship between gender and parenting styles to academic procrastination.
20. Talib & Yunos [42]	To investigate relationship between socioeconomic status (SES) and parenting styles, specifically on relationship between fathers' work on children' school achievement	400 fathers ( 200 = Malay, 200 = Chinese) 400 primary school children	Cross-sectional study	SES is positively related to parents' authoritative style but negatively related to parental authoritarian and permissive style suggesting that the parenting style adopted at higher SES levels is characterized by greater authoritative interaction which partly mediate the children's task-engagement behaviour and school achievement.
21. Woon & Chin [43]	To determine the association between socio- demographic characteristics, parenting style, and self-esteem among early adolescents	716 early adolescents aged 10–11 years attending primary schools in Selangor state, Malaysia were	Cross-sectional study	Predominant parenting style practiced by respondents' fathers is authoritarian (44.4%), while that by respondents' mothers is authoritative (38.2%). Ethnicity, paternal parenting style, and maternal parenting style are significantly associated with self-esteem of the respondents.
22. Yahya et al. [44]	To identify the relationship between adult attachment and parenting styles among staff from the Football Association in the West of Malaysia towards their offspring	43 staff from the Football Association in the West of Malaysia	Cross-sectional study	There is a significant correlation between attachment avoidance and authoritative parenting styles. Attachment avoidant and permissive parenting style has a significant correlation and there is a significant correlation between attachment anxiety and authoritarian parenting style.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
23. Yu et al. [45]	To examine the relationships among authoritarian, permissive, authoritative mothers and fathers, and adolescents' emotional abuse and the predicting effect of parenting styles on adolescents' emotional abuse	120 adolescents aged 15 to 18 years old from Kuala Lumpur, Malaysia	Cross-sectional study	The higher the level of authoritarian or permissive parenting style, the greater the tendency of presence and intensity of emotional abuse experienced by adolescents. However, authoritative parenting style has a negative relationship with the presence and degree of emotional abuse among adolescents. Authoritative parenting style is a protective factor of emotional abuse among adolescents.
24. Yunos & Talib [46]	To investigate the effects of Malay and Chinese mothers' work conditions (socioeconomic status, SES) on parenting styles, children behaviour and school achievement	400 mothers (200 = Malay, 200 = Chinese) who work full-time and 400 primary school children	Cross-sectional study	In both ethnics there are significant positive relationships between SES and authoritarianism, but significant negative relationship between SES and authoritarianism. Authoritarianism is also related negatively both to task engagement and to achievement, while authoritarianism is positively related to this variable.
<i>Parenting practices</i>				
25. Cheah et al. [47]	To examine the mediating role of perceived parental warmth and support in predicting Chinese Malaysian adolescents' filial behaviours from their age, perceived parental investments, and positive filial emotions toward their parents	122 Chinese adolescents	Cross-sectional study	Adolescents' perceived parental investments, filial emotions, and warmth and support from each parent are positively, and age was negatively associated with their filial behaviours. Perceived maternal warmth and support significantly mediate the effect of age, perceived investments from, and filial emotions toward mothers on adolescents' filial behaviours, but perceived paternal warmth and support does not have a mediating role.
26. Cheah et al. [48]	To examine the social-cognitive reasoning in resolving filial dilemmas within the personal and moral domain	52 Chinese Malaysian preadolescents aged 9–12 years old; and 68 adolescents aged 13–18 years old	Cross-sectional study	Preadolescents defer to parental authority, whereas adolescents endorsed filial obligation reasoning to justify compliance in the personal domain. the majority of Chinese Malaysian preadolescents and adolescents decided to pursue their own interest in the personal domain but adhere to their parent's request in the moral domain.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
27. Gan et al. [49]	To examine the relations between parental autonomy support and coercion with total difficulties of children in Malaysia	502 children aged between 9 and 12 years were	Cross-sectional study	There is a negative association between parental autonomy support and total difficulties. The higher level of parental coercion was correlated with a higher level of total difficulties.
28. Hanafi [50]	To identify maternal childrearing practices (achievement values, monitoring, and discussion) among employed and unemployed Malaysian mothers	535 students aged 16-17 years, studying in three different secondary schools in Kedah (173 employed, 359 unemployed mothers)	Cross-sectional study	Generally, mothers instill high achievement values, conduct consistent monitoring and regular discussions with children, but differ in terms of monitoring. Children in this study perceive their mothers to have high achievement values, conduct consistent monitoring, and discussions with them. Mothers (employed or unemployed) are aware of the importance of education. This study supports the belief that Asian parents are generally achievement oriented.
29. Kaur et al. [51]	To determine the prevalence of and factors associated with depressive symptoms in a representative sample of school-going adolescents in Malaysia	234 schools and 28 738 respondents were selected to participate in the survey	Cross-sectional study – from Global School-Based Student Health Survey (GSHS) data	Lack of parental supervision, alcohol use, and tobacco use were also significant risk factors. associated with depressive symptoms
30. Low et al. [52]	To examine the relationships between poor parental monitoring, peer rejection, and antisocial behaviour of Malaysian juvenile offenders.	360 juvenile offenders recruited from three randomly selected Tunas Baktri schools (TBS)	Cross-sectional study	There is a significant positive relationship between poor parental monitoring, peer rejection, and antisocial behaviour. Parental monitoring was the strongest predictor of antisocial behaviour among Malaysian juvenile offenders, followed by peer rejection.
31. Mansor et al. [53]	To determine the parental barrier toward the reduction of excessive child screen time and its predictors among parents of children aged younger than 5 years in the Petaling District, Selangor, Malaysia	Malaysian 789 parent-child dyads attending children aged younger than 5 years attending the child health clinics in the Petaling District	Cross-sectional study	The strongest predictor of parental barriers to reduce excessive child screen time is the positive parental attitude on screen time which could contribute to their abilities to limit child screen time

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
32. Mat Hussin et al. [54]	To investigate the prevalence of physical fighting among school-going adolescents in Malaysia and its risk factors (smoking, alcohol and drug use, bullying, parental supervision)	Cross-sectional study - GSHS data	Parental supervision showed no significant association with physical fighting.	
33. Mousavi & Yun Low [55]	To examine the influence of parental behaviour rearing and cognitive schemas on the development of anxiety in Malaysian adolescents	612 non-clinical adolescents (226 girls and 386 boys) aged 13-18 years (mean age = 15.48 years)	Cross-sectional study	There are positive correlations among adverse parenting behaviour styles, EMs and anxiety. Relationship between negative parental rearing behaviours and anxiety is explained by maladaptive cognitive schemas.
34. Muhammad et al. [56]	To examine the differences in family interaction and parenting behaviours and their influence on sexual intention among male and female youths aged 18 to 22 years	422 male and 566 female college students	Cross-sectional study	The influence of family interaction and parenting behaviours on youth sexual decision varies across gender. In male youths, having high maternal control and family modelling behaviour increases their odds of having sexual intention while having high parent-youth communication on sex reduces their odds of having sexual intention. For female youths, having a high level of family connectedness is a protective factor against sexual intention.
35. Shin & Ismail [57]	To investigate the role of parental and peer mediation in young adolescents' engagement in risk-taking in social networking sites (SNSs)	469 SNS users aged 13-14 years old	Cross-sectional study	Control-based parental mediation can make young adolescents more inclined to taking risks in SNSs. While discussion-based parental mediation is negatively related to young adolescents' befriending strangers in SNSs, it does not reduce privacy risks. Adolescents who received higher levels of parental restrictive mediation are more inclined to engage in risk-taking behaviours in SNSs.
36. Tam et al. [58]	To examine gender difference in public perceptions on various reasons for and methods used in suicidal attempts among teenagers	90 college students	Cross-sectional study	Secularism, poor parent-child relationship and atheism are associated with suicidal attempts. Female subjects viewed secularism as a less frequent reason used by male suicide attempters than male subjects do. Female subjects viewed poor parent-child relationship as a less important or less often reason as to why females commit suicide.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
37. Yusoff et al. [59]	To determine the prevalence of and factors associated with illicit drug use among school-going adolescents in Malaysia	25 507 students aged 12 to 17 years	Cross-sectional study - GSHS data	Adolescents who ever used illicit drugs are associated with current smoking, current alcohol use, ever having sex, truancy, lack of peer support, and lack of parental monitoring.
<i>Parent-child interactions</i>				
38. Ahmad et al. [60]	To identify risk and protective factors associated with sexual activity among Malaysian adolescents	23 645 students aged 12 to 17 years	Cross-sectional study - GSHS data	Protective factors against ever-had sex are having a close friend, parental bonding, supportive peers, and parental connectedness.
39. Aw et al. [61]	To examine the communication techniques between parents and children in the context of parenting and giving advice (sharenting) for the prevention of delinquency	students, teachers, parents, and community leaders from two countries (Indonesia and Malaysia)	Qualitative method - focus group discussion via Zoom platform	Parenting and sharenting communication are strategic forums to guide adolescents to avoid various forms of deviant behaviour, especially delinquency.
40. Baharudin et al. [62]	To examine the relationships between family process variables, i.e., parenting, family values and family competency, and antisocial behaviours among Malaysian early adolescents from urban single-mother families	240 mother-early adolescent dyads from single-mother families (divorce or death) from Selangor, Johore, Terengganu and Penang	Cross-sectional study	Only two family-process variables, i.e., parenting behaviour and family competency, are unique predictors of adolescent anti-social behaviour. No associations exist between the family characteristic variables such as family income and adolescent behaviour.
41. Chiah & Baharudin [63]	To determine the relationship between parenting behaviour of mothers and social emotional adjustments of adolescents in intact and non-intact Malay families	213 mothers (166 intact families; 47 non-intact families), with at least one adolescent child between 13-17 years, in Kuala Lumpur	Cross-sectional study	Better parenting behaviour is positively related to adolescents' strengths in non-intact family, and negatively related to adolescent's difficulties in both family types. Family functioning rather than parenting behaviour is a better predictor of adolescents' social emotional adjustments. Parents and families in any structure are important contributors of adolescents' social emotional adjustments.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
42. Hassan et al. [64]	To advance the understanding of both directions of work- family conflict (WFC), work interference with family (WIF) and family interference with work (FIW) in an Eastern culture	506 employees in three public and three private sector organizations.	Cross-sectional study	The importance of family in an individual's life in Eastern cultures is different than in Western cultures. Malaysians are significantly lower on WIF than Westerners but significantly higher on FIW than all Western samples. Within the Malaysian sample, FIW also has a stronger negative relationship with all facets of satisfaction and WIF has a positive relationship with family satisfaction.
43. Jo-Pei [65]	To explore whether ethnically-mixed children are less well psychologically adjusted when compared to children from mono-ethnic families	218 inter- ethnic Malay-Chinese and 214 mono-ethnic Malay and Chinese families in Malaysia	Cross-sectional study	Parental ethnicity mix, the quality of their marital relationships, and parenting behaviour predict whether or not the children were emotionally and behaviourally adjusted. Overall, children from mixed parentage reported fewer emotional and behavioural problems than those from mono-ethnic minority families.
44. Krauss et al. [66]	To explore the effects of three dimensions of developmental assets (positive parenting, community support, and religiosity) on risk, prosocial, and thriving behaviours among Muslim adolescents	Muslim adolescents (N = 895) from Malaysia	Cross-sectional study	Positive parenting is the greatest protective factor against risk behaviour; religiosity as the most significant promotive factor of prosocial behaviours, and community support as the greatest contributor to adolescent thriving.
45. Krauss et al. [67]	To explore the contribution of parenting (direct socialization) and community engagement (indirect socialization) factors on religiosity among Malaysian Muslim adolescents	895 Malaysian Muslim high school students from single-/ non-parent and two-parent families	Cross-sectional study	Parents and community play as contributors to religiosity among Muslim youth, above and beyond family structure. Youth from two-parent families are higher in religiosity than those from single-parent families. Parenting factors significantly predict adolescent religiosity.
46. Krauss et al. [68]	To investigate the influence of community engagement and parenting factors on religiosity among adolescents	596 Malaysian Muslim secondary school students	Cross-sectional study	Parental monitoring, mosque involvement, and school engagement significantly predicted religious worldview, whereas parental religious socialization, parental monitoring, mosque involvement, school engagement, and youth organization involvement account for a significant amount of the variance in religious personality.



Author (Year)	Study objective	Sample characteristics	Study design	Key findings
47. Le et al. [69]	To examine the relationship between culture and alexithymia	104 European American and 102 Asian American college students in the United States, and 94 Asian college students attending a public/private university in Malaysia	Cross-sectional study	Parental emotion socialization mediates the relations among culture, gender, and alexithymia
48. Manap & Hamzah [70]	To explore the principles of parenting from the Muslim family perspectives	Four Ibu Mithali (model mother) and eight children of Ibu Mithali	Qualitative - grounded theory approach	Nine principles: positive role model, cultivate knowledge culture, strong religiosity, high responsibility, balance act between mutual love and discipline, building child resistance, optimize child potential, parenting as a collective effort and the destiny is with Allah. The parenting principles are fundamental for the parents as a clear guideline for child development and empowerment.
49. Sumari, Baharudin, et al. [71]	To explore and understand family functioning in a collectivist society and focused on Malaysia as a case example	11 family practitioners from different settings	Qualitative - focus group discussions in a three-series discussion	Six themes of family functioning in a collectivist society:  (1) Family role (2) Parenting styles (3) Family rule (4) Communication (5) Value orientation (6) Cohesiveness
50. Sumari, Sarada, et al. [72]	To explore how adolescents cope with parental divorce	15 participants aged 16 to 17 years old	Qualitative - phenomenological approach	Six themes on the characteristics of adolescents in divorced families:  (1) Forgiving of parents (2) Accepting parental divorce

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
				(3) Maintaining contact with both parents (4) Emotional support from others (5) Letting it go and moving forward with life (6) Appreciating the parent-child relationship
51. Sutan & Mahat [73]	To determine predictors of parenting skills in preventing adolescents' sexual health risk behaviour	386 adolescents' parents who attended government health clinics in a semi-urban district	Cross sectional study	Older parent, lower parental education, being comfortable in discussing sexual issues, having good parent-adolescent communication and having higher knowledge on HIV/AIDS are significant predictors for appropriate parenting skills in preventing adolescent sexual health risk behaviour.
52. Winskel et al. [74]	To examine the developmental milestone expectations, parenting styles and self-construal of Malaysian and Anglo-Australian caregivers	42 Anglo-Australian parents/caregivers and 42 Malaysian parents/caregivers	Cross-sectional study	Malaysian caregivers have significantly higher interdependent self-construal and authoritarian parenting style than Anglo-Australian caregivers. They also expect a later age of attainment for peer interaction and verbal skills.
53. Wu & Yaacob [75]	To investigate the relationships between parental closeness, self-efficacy and suicidal ideation among adolescents in Malaysia	684 school-going adolescents aged 14-17 years old were recruited via multistage cluster sampling	Cross-sectional study	Mother closeness, father closeness and adolescents' self-efficacy have significant negative correlation with suicidal ideation. Specifically, self-efficacy is a partial mediator in the relation between mother closeness and suicidal ideation. Self-efficacy also fully mediated the relationship between father closeness and suicidal ideation.
54. Yan-Li et al. [76]	To investigate the relationships among family environment, parental care, parental readiness, and adolescent externalizing problems and school performance among commuter families	434 respondents (dyadic-relation) from commuter families in Peninsular Malaysia	Cross-sectional study	Parental readiness, parental care, family environment, and adolescent externalizing problems are predictors of adolescent academic performance among commuter family in Malaysia.

Author (Year)	Study objective	Sample characteristics	Study design	Key findings
55. Yap & Baharudin [77]	To examine the mediation roles of academic self- efficacy, social self- efficacy, and emotional self- efficacy on the relationships between parental involvement (i.e., paternal involvement and maternal involvement) and subjective well-being (i.e., positive affect, negative affect, and life satisfaction) in Malaysian adolescents	802 Malaysian high school students from 14 public schools, with an age range of 15–17 years	Cross-sectional study	Academic self- efficacy and social self- efficacy are unique mediators in the relationships between parental involvement (both paternal involvement and maternal involvement) and adolescent positive affect. This suggests that paternal involvement is just as crucial to adolescent positive development as maternal involvement.
56. Yunus & Dahlan [78]	To investigate the connection between parents' socioeconomic status (SES) and beliefs about parenting practices in two major domains of development, i.e. stimulation of cognitive functions and socio-emotional development	331 parents of children enrolled in 20 selected kindergartens and preschools in several towns in Peninsular Malaysia	Cross-sectional study	There are significant differences in child- rearing practices and parental beliefs among the three groups, i.e. high, middle and low SES parents. This may explain the different cognitive functioning and socialisation among children from different socio-economic backgrounds.

	N (%)	Denominator
<b>Year of publication</b>		56
2002	1 (1.79)	
2003	0 (0)	
2004	1 (1.79)	
2005	0 (0)	
2006	0 (0)	
2007	0 (0)	
2008	0 (0)	
2009	1 (1.79)	
2010	2 (3.57)	
2011	3 (5.36)	
2012	5 (8.93)	
2013	6 (10.71)	
2014	9 (16.07)	
2015	2 (3.57)	
2016	3 (5.36)	
2017	4 (7.14)	
2018	4 (7.14)	
2019	4 (7.14)	
2020	10 (17.86)	
2021	1 (1.79)	
<b>Type of publication</b>		56
<i>Journal</i>		53
Behaviour	2 (3.77)	
Business	4 (7.55)	
Child/adolescent/youth	4 (7.55)	
Community/Family	4 (7.55)	
Critical review	1 (1.89)	
Cultural	1 (1.89)	
Cyberpsychology	1 (1.89)	
Divorce	1 (1.89)	
Education/learning	4 (7.55)	
Genetic	1 (1.89)	
Information/medical internet	2 (3.77)	
Management	1 (1.89)	
Mental health	3 (5.66)	
Preventive medicine	1 (1.89)	
Public health	6 (11.32)	
Religion	2 (3.77)	
Science	1 (1.89)	


	N (%)	Denominator
Social sciences	13 (24.52)	
Technology	1 (1.89)	
<i>Proceeding</i>		3
Social/behaviour	2 (66.67)	
Counselling	1 (33.33)	
<i>Type of research</i>		56
Quantitative	51 (91.07)	
Qualitative	4 (7.14)	
Mixed	1 (1.79)	

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# The Caregivers' Perspective in Coping with the Challenges Faced by Orphans and Vulnerable Children at the Household Level in Zimbabwe

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## Abstract

Notwithstanding the psychosocial support interventions by the government and its stakeholders in 'orphans' and 'vulnerable' children (OVC) care and support in Zimbabwe in the past two decades, the challenges faced by caregivers in coping with OVC has unabatedly escalated. Whilst many studies have been carried out in Zimbabwe about the challenges faced by OVC, little has been directly written about the traumatic and psychosocial challenges faced by the caregivers in coping with the escalating challenges of OVC in Zimbabwe. This phenomenological qualitative study examines the challenges faced by caregivers in coping with the OVC burden at the household level within the Gutu rural community of Zimbabwe. In-depth interviews were used to gather data about the perceptions and lived experiences of the 15 caregivers and 5 OVCs who were purposively sampled within the Gutu District of Zimbabwe. The findings reveal that despite the willingness of the caregivers to absorb the OVCs, the care and support at the household level is fraught with several socio-economic challenges whose scale and complexity often exceed the capacity of caregivers to effectively mitigate. The study, therefore, recommends multi-stakeholder interventions which are aimed at economic empowerment of the caregivers at the household level.

**Keywords:** orphans, vulnerable children, caregivers, household-level, Zimbabwe

## 1. Introduction

Zimbabwe is one of the Southern African countries that attained its independence from the British colony through a very vicious and protracted liberation struggle [1]. According to Zimbabwe National Statistics Agency ([2], p. 18), Zimbabwe has an estimated population of 13 million people with approximately three to four million currently living in foreign countries due to the socio-economic and political challenges that have rocked the country from the early 2000s to date unabated. The population composition of the Zimbabwean population comprises 98% Africans (Shona 82%, Ndebele 14%, and others 2%), Asian 1% and Whites less than 1% ([2], p. 19). Zimbabwe's socio-economic glory was celebrated in the first

10 years of its attainment of independence, despite the tribal-ethnic war between the Ndebele and the Korean-trained Fifth Brigade Mugabe military wing, which ruthlessly claimed the lives of more than 20000 civilians in the Matabeleland province of Zimbabwe ([1], p. 1). The foregoing genocidal incidence, compounded with other socio-economic and politically motivated policies and events which were subsequently introduced to extricate the colonial legacy tainted the image of the political leaders of Zimbabwe at the international level.

According to Makina [1], a typical example of some of the socio-economic incidence that fast-tracked the deterioration or collapse of the once-celebrated economy of Zimbabwe include the Black Friday of 14 November 1997. This is the day when Mugabe the former president of Zimbabwe unilaterally declared that the Reserve Bank of Zimbabwe gives all the war veterans \$50,000 each as compensation for their involvement in the liberation struggle. This was followed 2 years later by a gross infringement of the rule of law in 2000 precipitated by the state-sanctioned White farm invasion, which saw most of the Whites people brutally killed while others left the country. These unfortunate events coupled with the 2008 electorate malpractice, human rights violations, succession battles in the ruling Zimbabwe African National Union-Patriotic Front (ZANU-PF) political part, which culminated in the November 2017 coup that removed Mugabe from power, global pandemics such as HIV/AIDS ushered Zimbabwe in an unprecedented socio-economic melt-down. As such, these events affected more the rural communities and the vulnerable people than the urban communities and the working class in Zimbabwe.

In the past three decades, Zimbabwe, like other developing countries, has been severely affected by the HIV and AIDS pandemic which has exceeded wars in terms of cumulative deaths, morbidity, and social disintegration of families at the household level [3]. Statistically, the number of children in Zimbabwe has been estimated to be approximately 5.6 million, of which 1.3 million are orphans ([4], p. 2). The National AIDS Council ([4], p. 1) further estimated that there are approximately 48,000 child-headed households in Zimbabwe, housing approximately 100,000 children. In addition to the foregoing statistics, UNAIDS [5] indicates that there is approximately 165 'orphans' and 'vulnerable' children living with HIV and AIDS in Zimbabwe which aggravate the challenges of the caregivers to cope with the 'orphans' and 'vulnerable' children's problems at the household level. The studies carried out recently in Zimbabwe on the care and support of 'orphans' and 'vulnerable' children by Mugumbate & Chereni [6] and Ringson [3] show that whilst there are several residential care centres in Zimbabwe, the rural communities are predominantly espousing the extended safety nets and other traditional 'orphans' and 'vulnerable' children care and support systems.

Zimbabwe as a signatory to the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) promulgated governing policies and blueprints for child care and support which include the Zimbabwe Orphan Care Policy, the Zimbabwe National AIDS Strategic Policy, National Action Plan for Orphans and Vulnerable Children (NAP for OVC) and National Gender Policy (NGP) to mitigate the challenges of 'orphans' and 'vulnerable' children. However, despite the presence of these governing policies of childcare and support, there remains a gap regarding the capacitating and empowerment of caregivers at the household level. Chizororo [7] argues that the government policies are putting more emphasis on 'orphans' and 'vulnerable' children relegating the caregivers who are also vulnerable due to the increased number of 'orphans' and 'vulnerable' children. The government of Zimbabwe in partnership with non-governmental organisations is directing extensive resources towards the care and upbringing of 'orphans' and 'vulnerable' children and not towards the economic empowerment of the caregivers. The same effort is not being



made towards capacitating caregivers of 'orphans' and 'vulnerable' children at the household level, especially in rural areas.

The absence of these socio-economic empowerment programmes for the caregivers, not only in Zimbabwe but around the world, has contributed to the complexities found in 'orphans' and 'vulnerable' children care and support [6]. The studies conducted by Chizororo [7], Hove [8] and Ringson [9] revealed that the economic meltdown and unemployment in Zimbabwe have significantly contributed to the caregivers' burden of 'orphans' and 'vulnerable' children needing care and support in the rural communities. Although, these studies were carried out at different times, there is convergency of the findings that unemployment and the socio-economic exclusion of the rural communities have posed serious challenges to the caregivers in their endeavour to support 'orphans' and 'vulnerable' children in Zimbabwe. Premised in the foregoing, this study seeks to examine the challenges faced by the caregivers in coping with the challenges concerning 'orphans' and 'vulnerable' children at the household level with special emphasis on caregivers in the Gutu District of Zimbabwe.

Gutu District was consciously considered for this study because it is one of the marginalised rural communities that has been affected by HIV/AIDS and political polarisation. The Gutu District is a tribal-based community predominantly with people of the same dynasty except for the minority that migrated based on different socio-economic and political factors. A study conducted by Ringson in 2017 showed that the Gutu District is one of the most poverty and HIV/AIDS-stricken rural community [9]. This finding was predominantly evidenced with several child-headed households, rampant OVC under the guardian of their relatives and grandparents. The study, therefore, focuses only on the household level. In this context, the household level refers to a family or social unit of people living together as relatives. These households of families absorb their deceased's relatives' orphans according to their cultural values that upon the demise of the family member, the remaining relatives took over the custodianship of their relative's children. Similarly, these households also absorb their incapacitated relative's vulnerable children due to chronic illness, disability and living in abject poverty. Thus, the vulnerable children can either be children of the caregivers deceased relative (s) or of their incapacitated relatives. This study focuses on the vulnerable children within the purposively sampled household and not those outside the households. Within that context, this study was guided by the following two objectives:

- To assess the challenges faced by caregivers in the care and support of 'orphans' and 'vulnerable' children at the household level.
- To identify strategies adopted by caregivers to mitigate the challenges they face in caring for and supporting 'orphans' and 'vulnerable' children at the household level.

The paper commences with the context of the study, and the conceptualization of orphans and vulnerable children based on traditional and contemporary understanding. The study also examines the conceptualization of caregivers within the context of the 'orphans' and 'vulnerable' children in the rural communities of Zimbabwe. Subsequently, a thorough review of the ubuntu child-care model and the ACRWC and its dichotomous conflicting mandate stipulates that child have independence rights as well as emphasising that these rights must be executed in respect of the African culture and tradition. These fundamental stages were followed by the methodology, presentation, and discussion of findings, concluding with the implications of the study for social work and the recommendations.

## **2. Conceptualising orphans and vulnerable children**

The UNAIDS [10] defines orphans as children under the age of 18 years whose parent(s) have died, while vulnerable children are children with unfulfilled rights. This definition is in line with the Zimbabwe National Orphan Care Policy (ZNOCP) [11] which defines orphans as those aged 0–18 whose parent(s) have died. Vulnerable children are defined as children with unfulfilled rights and mainly identified as children with one parent deceased, children with disabilities and affected and/or infected by HIV and AIDS. Concurrently, the National Action Plan ([12], p. 8) adds that vulnerable children may also include abused children (sexually, physically, and emotionally), abandoned children, children living in the streets and married children. In addition, the National Action Plan [12] included neglected children, children with chronically ill parent(s), child parents and the destitute as vulnerable children in need of care and support in Zimbabwe, to cite but a few.

This definition, though widely adopted, has inherent limitations, especially in the context of resource-constrained environments in which many ‘orphans’ and ‘vulnerable’ children live. For instance, the use of the chronological age ignores many young persons above the age of 18 years whose parents are deceased and who are exposed to intense vulnerability contexts devoid of any family or external support. As noted by Killian [13], the definition implies that by merely attaining the age of 18 years, one is automatically weaned from the ‘orphans’ and ‘vulnerable’ children category to the non-orphan-hood and vulnerability regime. As a result, this transition renders ‘orphans’ and ‘vulnerable’ children as individuals no longer needing care and support. However, his/her plight may not be any different from those below the age of 18 who live with him/her in a similar environment. Put simply, while the secondary caregivers who include the government, close friends or extended families and NGOs, to mention but a few, presume that the post-18 years of age era means that a young person can look after himself and herself, in real terms, this is very often not the case. This assertion was further supported in the Situational Analysis of ‘orphans’ and ‘vulnerable’ children (SAOVC) in Zimbabwe by UNICEF [14] which revealed that the use of age as a criterion in aiding for education was penalising teenagers who started school late by excluding them from continued educational support once they turned 18 years of age. This poses more challenges to household caregivers who will mandatorily oblige to support and care for them through their limited resources.

## **3. Conceptualization of the caregivers and household level**

Ringson [15] defined a caregiver as the person above the 18 who is either employed with an organisation or voluntarily offers his/her services to an organisation to take care of the elderly or children in residential care or ‘orphans’ and ‘vulnerable’ children. Hermanns and Smith-Mastel [16] in Ringson ([15], p. 504) assert that “the act of caregiving is not unfamiliar, but the term ‘caregiving’ is relatively new, with the first recorded use of the word in 1966.” Caregiving is a hybridised compound word where caring and giving were combined to bring about a new meaning. Etymologically, the term “care” was derived from an Old English term “wicim” which means mental suffering, mourning, sorrow, or trouble. The term “give” was also derived from an Old English term which means to “bestow gratuitously”. Premised on the etymological analysis of caregiving as a concept, the Oxford English Dictionary defines caregiving as an act characterised by attention being given to the needs of others, especially those who are unable to look after themselves adequately, such as children under the age of 18 and elderly persons.

Further to the foregoing conceptualization of caregiving, it is important to note that caregiving is multidimensional. It involves caring for children under the age of 18 with special needs (i.e., orphans and vulnerable children), elderly care, and parental care (referring to caring for parents with special needs). In this context, caregiving is focusing on the care of 'orphans' and 'vulnerable' children. The caregivers, in this case, are the extended family which entail the father, mother, grandparents, sisters/brothers, and uncles/aunts. Within the African indigenous 'orphans' and 'vulnerable' children care and support approach, Chizororo [7] argues that it is the right of 'orphans' and 'vulnerable' children to be absorbed by an immediate family when both parents are deceased or when their biological parents are living in poverty. However, in the case of losing one parent, the orphaned children are to be rightfully placed under the guardianship of the living parents. Thus, Ringson [15] defined a household as a family and social unit of people of the same lineage. A household is therefore a family unit of the closest relatives of the orphans' deceased parents and the vulnerable children's parents. This paper, therefore, examines the challenges faced by bringing up 'orphans' and 'vulnerable' children in the Gutu District of Zimbabwe with special emphasis on the caregivers' experiences, feelings and views.

#### **4. Ubuntu 'orphans' and 'vulnerable' children care, model**

Traditionally, within the Zimbabwean context orphans were absorbed with the extended families that would carry the responsibility to care for and support them. Similarly, vulnerable children would also be absorbed by the extended families and the community care and support networks [9]. According to Mugumbate and Chereni [6], ubuntu serves as the spiritual foundation of many African communities and cultures. It is a multidimensional concept that represents the core value of African ontology—such as respect for human beings, human dignity and human life, collective sharedness, obedience, humility, solidarity, caring, hospitality, interdependence, and communalism. The ubuntu version can be translated as “I am human because I belong”. Thus, ubuntu is a radical reflection of shared humanity and has a universal appeal of traditional community values ([17], p. 1). Premised in the foregoing, ubuntu as a socio-economic framework can be analogically interpreted as the veins of the society that uphold human solidarity.

The recent study carried out by Ringson [15] asserts that most of the African communities and especially rural communities are holding on to their cultural ways of childcare, and as a result, there is a collision course with the contemporary human rights approaches. Notwithstanding the efficacy of the child rights approaches promulgated by the UNCRC, Van Breda [18] contentiously argues that ubuntu childcare modelling has somehow been submerged by Western models. Thus, a plethora of challenges faced by the caregivers within the rural communities in upbringing their OVCs is because of their reluctance to transform from their traditional ways of caring for children embedded in ubuntu philosophy.

The ubuntu model of childcare would be seen in the willingness of the community and extended families to take care of and support the deceased's children and other vulnerable children in the community. As such, the terms 'orphans' and 'vulnerable' children in many parts of African communities are regarded as a distortion of the traditional values in childcare and parenthood entrenched in the ubuntu childcare model [19]. In the context of the above argument, Van Doore [20] avers that the problem of the commodification of children being manufactured as 'orphans' and 'vulnerable' and used to generate profit in orphanages and by other non-governmental organisations is global. Whilst it is commonplace in a Western

model for an 'orphan' or 'vulnerable' child to be taken to an orphanage or residential care where they are being commodified, the ubuntu parenthood model of childcare absorbs a child within his/her relatives, families, and communities for the preservation of dignity, cultural values, and posterity.

Based on the ubuntu childcare model and parenthood, a child despite his/her status is valued as the symbol of posterity and wealth. Concurrently, Tigere [21] exhibited that a child within an African context— be it an 'orphan' or 'vulnerable'— is the central focus of the community and the families. In this context, in a situation where the uncle, aunt or any other close relative of a child is alive and is willing to take care of the child, the child was not considered to be an 'orphan' or 'vulnerable'. Instead, from the ubuntu parenthood model of childcare, the nomenclature 'orphan' and 'vulnerable' in this milieu becomes discriminatory and creates a negative social image of a child. However, in some exceptional cases, that have been rare in African communities, where an 'orphan' and 'vulnerable' child has no living relatives, then the nomenclature would suffice [22]. In her assertion, Pillay was complemented by Tigere [21] who argues that labelling of a child as an 'orphan' and 'vulnerable' in the African context is not only stigmatising of the child but a direct insult to those participants in the social network providing care and support to the child.

In this case, the predominant form of extended families in Zimbabwe is that of kinship including the frontline relatives such as paternal uncles and aunts, including the paternal and maternal grandparents. These frontline relatives are traditionally responsible for assuming the care and support of orphans upon the death of one or both parents and vulnerable children in cases of abandonment or otherwise. Ordinarily, one member of the extended family network assumes the primary caregiver role while others may periodically contribute resources as secondary caregivers. Despite the shortcomings of the ubuntu childcare model due to the depletion of the African social fabric because of Western expansionism, they continue to espouse and uphold traditional approaches in childcare [23]. According to Ringson [15], these shortcomings of ubuntu childcare and support include but are not limited to child labour, mutilation of sexual organs in the name of culture, child pledging in marriage, usurpation of the orphans' right to the deceased parents' estate, beating as a form of punishment and religious or culture sexual abuse tantamount to gross infringement of child rights.

Studies conducted within the different contexts of Africa such as by Ringson [15]; Pillay [22] and Shanalingigwa [23] confirm that these abuses continue in some African communities despite prevailing child rights enforcements. Thus, many caregivers with the traditional arrangements and within the rural communities are failing to uphold child rights and absolve their cultural tendencies. As a result, this presents numerous challenges to caregivers in their attempts to provide care and support to 'orphans' and 'vulnerable' children as prescribed by the UNCRC framework.

## **5. African Charter on the Rights and Welfare of Children**

The shortcomings previously explained of the unregulated ubuntu childcare model precipitated the adoption of the UNCRC by the General Assembly of the United Nations in 1989, signalling the establishment of concrete contemporary measures to address child maltreatment and abuse at the international level [22]. Whilst the UNCRC's requirements appear to be sound in principle, its shortcomings were evident in the lack of holistically embracing and respecting the wealth of Africanism in childcare and support. As such, the ACRWC was adopted by the

Assembly of the Heads of State and Government of the Organisation of African Unity in July 1990 and was brought into force in November 1999 ([24], p. 1).

Arguably, the adoption of an ACRWC in place of the UNCRC was not meant to change the objectives but appropriate and facilitate the execution of the rights of children in an African context without abrogating its norms and traditions. Put simply, Olowu [24] points out that African member states were of the view that the UNCRC missed the important socio-cultural and economic realities of African experiences in childcare. Thus, in the analysis of these two pieces of legislation, it may be seen that they are complementary, and both seek to provide the framework through which the children's needs are met within the cultural settings.

The main challenge of the ACRWC is that it stipulates those children who are independent subjects and have rights while it simultaneously emphasises the need to include African cultural values and experience in considering issues about the rights of children in Africa [25]. Closely looking into the aspects of upholding the independence of the child's rights and respecting African values and experiences in childcare encounters a conflict of interest between an African caregiver in the rural areas and a contemporary human rights protagonist. In further review of the foregoing statement, the caregivers in the rural communities of Zimbabwe might experience challenges to balance respect for the independence of the child's rights apart from their cultural dictates and experiences in childcare and support.

Ringson [15] in his study on child rights cultural contestations in Zimbabwe found that the traditional and contemporary approaches in childcare within the rural communities contributed to a disconnect within the conscience of the rural communities that always want to espouse their indigenous cultural values in the provision of care and support to their children. Olowu [24] and Pillay [22] posit that instead of the ACRWC explaining the difference in the culturally-based rights and experiences to be upheld by the caregivers in caring for their 'orphans' and 'vulnerable' children, it was left in the provision of child rights which include but are not limited to the right to life, participation, food, identity and shelter. The way these rights are implemented in the perspective of African culture differs from the contemporary western approach. In trying to uphold their culture and tradition as stipulated by the ACRWC, the caregivers encroach and infringe on the rights of children as stipulated by the UNCRC. This article, therefore, examines the caregivers' lived experiences in trying to balance the two contentious clauses of the ACRWC and the UNCRC in providing care and support to 'orphans' and 'vulnerable' children within the Gutu rural community of Zimbabwe.

## **6. Methodology**

This phenomenological qualitative study seeks to gather in-depth information about the perceptions and lived experiences of the caregivers in coping with orphans and vulnerable children in Zimbabwe. The phenomenological methodology was considered appropriate in this study because it draws on the lived experiences, perceptions, feelings, and views of the participants [26]. According to Husserl [27], in the process of developing the concept of phenomenological philosophy, phenomenology was defined as a philosophy of experience and hence this study is an examination of the lived experiences of the community leaders, caregivers and 'orphans' and 'vulnerable' children within the local rural community of the Gutu District of Zimbabwe. Gutu District is one of the largest, most marginalised, and poverty-stricken rural communities in Zimbabwe.

A total number of 20 participants, which included 15 caregivers and 5 'orphans' and 'vulnerable' children, was purposively selected to participate in this study.

In-depth information was obtained through in-depth interviews about their experiences, feelings, perceptions, and views of the challenges they face in the care and support of 'orphans' and 'vulnerable' children in Zimbabwe. Purposive sampling was used to select the most appropriate information-rich sources for this study. Patton [28] posits that purposive sampling is the most appropriate method of selecting information-rich sources with small numbers of individuals or groups in a qualitative study.

Tongco [29] similarly observes that through purposive sampling, it is the researcher who decides the individual participants or groups that provide the study with enough information on the human perceptions concerning the social phenomenon under investigation. The criteria used in selecting the caregivers was that they were people living in the Gutu District, taking care of 'orphans' and 'vulnerable' children and members of Batanai HIV/AIDS Service Organisation. Similarly, the 'orphans' and 'vulnerable' children were chosen on the condition that they were either orphans or vulnerable children under the age of 18 living with a caregiver within the Gutu District of Zimbabwe. On that premise, a typical example of the questions which were posed to the participants include the following:

- In your own experience as a caregiver or 'orphans' and 'vulnerable' children, what are the main challenges you are facing in 'orphans' and 'vulnerable' children care and support in food and nutrition, education, shelter, psychosocial support, and health?
- In your view as a caregiver or 'orphans' and 'vulnerable' children, what can your stakeholders in 'orphans' and 'vulnerable' children care and support do to help you to deal with the challenges of food and nutrition, shelter, psychosocial support, and health?

To mitigate the challenge related to language use, the indigenous language was used to collect data and was then translated into English by linguistic experts for accuracy. The data transcripts were anonymised first before the data were coded and analysed, to make sure that the readers of the papers will not be able to identify the interviewees. Braun and Clarke's [30] thematic data analysis was used to present and analyse data in this study. Thematic analysis was used because it provides an accessible and flexible approach to analysing qualitative data. Braun and Clarke [30] indicated that the thematic analysis process involves the researcher's familiarisation with the data, reviewing themes and defining themes. As such, an inductive method of theme development was undertaken based on the content of the data. Lincoln and Guba [31] explain that the trustworthiness of the study is enhanced by triangulation of sites and sources, using purposive sampling, and providing a detailed description of the methods used.

Regarding ethics, pertinent ethical issues were considered and resolved before the commencement of the study. In this case, ethical approval from the relevant department such as the National University of Science and Technology and the Social Welfare Department was required. Furthermore, the proxy consents and approvals for the minor 'orphans' and 'vulnerable' children were established and consent for the adult caregivers was also sought before the study commenced. The information leaflet about the researcher and purpose of the study was written and comprehensively explained to the participants to assist them to understand their position about issues of voluntarism, confidentiality, and anonymity.

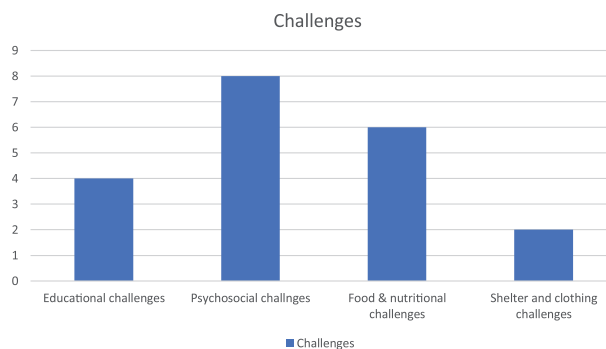
Since this study touches on sensitive issues, precautions were taken to ensure that the focus was on eliciting information about coping strategies and avoiding as much as possible discussing emotional issues such as the loss of parents or other loved

ones. In addition, prior arrangements for the services of a professional psychologist and a social worker were made in case of any emotional and traumatic challenges during the research. Legal guardians of minors accompanied their minors to the hospital if the need for psychological counselling arose. Before the interview session of the OVC, the social worker was requested to give counselling to the children, and it contributed to the commendable outcome of the interview sessions. All costs related to travel, accommodation and food incurred during such trips to the hospital would be provided for by the researcher. However, during this study, there was no incidence regarding the emotional challenges of the OVC happened, despite the supportive measures put in place. Thus, no costs were incurred towards the hospitalisation of any of the participants as was anticipated. It is also important to mention that since the study purposively sampled caregivers from Batanai HIV/AIDS Service Organisation Support groups, the participants were requested to meet at a central place in the Gutu Mpandawana growth point where the interviews were to be conducted. This environment was very conducive for the interviews because all the participants were used to hold their meetings and support group workshops. Lastly, questions in the study tools were focused on the topic and as far as possible, nothing outside the scope of the study was discussed.

## 7. Presentation of the findings

This section presents the findings from the study regarding challenges that families are facing in providing care to 'orphans' and 'vulnerable' children. The findings from both the caregivers and 'orphans' and 'vulnerable' children predominantly revealed food and nutrition and psychosocial support as the main challenges faced by caregivers in their endeavours to support 'orphans' and 'vulnerable' children within their households in Zimbabwe. Although, this research is predominantly qualitative, for this data presentation, the views of the participants were quantitatively presented. This exercise was informed by Sandelowski [32] who argues that frequency rate reporting and counting are integral to the analysis process and numbers in qualitative studies are used to establish the significance of findings. They are also used to recognise patterns and to make analytic generalisations from data. **Figure 1** below shows the distribution of the views of the 20 participants who participated in this study.

As illustrated in the figure above, the distribution of the views of the participants shows that 40% of the participants indicated that the caregivers are exposed to the psychosocial related challenges of themselves and the OVC under their



**Figure 1.**  
*Distribution of views of the participants on caregivers' challenges.*

custodianship. This was followed by 30% of the participants who said the caregivers often face the food and nutritional-related challenges of themselves and the OVC their jurisdiction. Furthermore, 20% of the participants emphasised that the caregivers are more exposed to the educational related challenges of themselves and their OVCs. Lastly, 10% of the participants indicated that the caregivers are often facing shelter and clothing-related challenges. Whilst all the above challenges are a true reflection of the challenges that the caregivers are facing in the Gutu District of Zimbabwe in their commitment to sustain the livelihood of the OVC within their custodianship, the findings predominantly show that the psychosocial support and the food and nutritional related challenges are more outstanding than the other challenges. Thus, for analysis and discussion of these findings, the two predominant themes (psychosocial challenges, and food nutritional challenges) have been subsequently analysed and discussed.

### 7.1 Food and nutrition-related challenges

Food and nutrition emerged as one of the critical challenges that the caregivers face in attempting to adequately care for and support the 'orphans' and 'vulnerable' children in the Gutu District of Zimbabwe. The findings show that despite the efforts made by caregivers in the care and support of 'orphans' and 'vulnerable' children, the food and nutrition-related challenges constantly affect both their 'orphans' and 'vulnerable' children and their household livelihoods. Regarding the challenges of food and nutrition, one of the participants from the Department of Health remarked:

*Most children especially between the ages of one to ten years often suffer from malnourishment due to a lack of a balanced diet. Some of them are even dying at that age due to diseases associated with malnourishment. This is of course a sign that caregivers at the household level are unable to adequately provide their children and not only 'orphans' and 'vulnerable' children with enough survival food.*

What the health official implies here is that in the case of food and nutrition, the caregivers in their capacity within the rural communities are not able to meet this critical basic right of 'orphans' and 'vulnerable' children and their children, respectively. This assertion from the health official was corroborated by most of the caregivers who predominantly indicated that they are not satisfied with the care and support they provide to their 'orphans' and 'vulnerable' children and their biological children. Both from a right-based approach and the African traditional view, food and nutrition are basic rights that should be provided by the caregivers to the children and its scarcity traumatises both the caregiver and the children. In addition to that, another community-based health worker explained:

*We have appealed to the non-governmental organisations through our social welfare department to help us with food packs so that our children can be prepared nutritious food at school or within their villages to supplement what their caregivers give them at the household level. Whilst such request is taken heed of, they do not last for even two months consistently. Thus, our children constantly suffer from malnutrition-related diseases. We also have a lot of primary and secondary school dropouts because of a lack of food.*

The quotes from the two health workers show that even the assistance that the caregivers receive from other 'orphans' and 'vulnerable' children's stakeholders such as the non-governmental organisation operating in the said community is not



sustainable. This is commensurate with the reality that the Gutu District is one of the rural areas in Zimbabwe that consistently experiences poverty more than other rural communities in Zimbabwe. This view was clarified by one of the traditional leader participants who observed:

*As a village head, year-in and year-out as traditional leaders we face challenges of the poor families within our communities coming begging for assistance. We try within our capacity because of roles and the resources at our disposal to give them or referring them to social welfare for further assistance. However, from my experience, it is a reality that the caregivers are overwhelmingly overburdened with the food and nutrition-related challenges of their 'orphans' and 'vulnerable' children.*

In the foregoing sentiment, the traditional leader as steward and custodian of the local rural communities is affirming that food and nutrition is one of the critical challenges that caregivers face in their support of the 'orphans' and 'vulnerable' children within their jurisdiction. In addition, the caregivers revealed that due to chronic poverty they could not afford to buy food to supplement the local food they grow in their fields to the World Health Organisation's food standards. It was interesting to note, however, that although caregivers were experiencing difficulties in meeting the feeding and dietary needs of their children including the 'orphans' and 'vulnerable' children under their guardianship, they did not blame themselves but the community leaders who failed to stand with them. One of the grandparents explained:

*How can we feed the orphans on our own? We are not working neither are pensioners nor able to do any business. We thought the government would help or assist with food so that we can be able to feed these children. I have sold all my cattle to bring these children up.*

One of the grandparents had this to say when asked how they are coping with the burden:

*Yes, they must work very hard during the weekends to compensate for the days when they are at school. They go to work in the gardens or fields from morning till evening because our fields are not close to our homes.*

Overworking of children was confirmed by local leaders as a prevalent practice. It was noted that children are overworked against their will in a bid to raise the extra resources needed for the well-being of the household. One of the community leaders when interviewed explained that:

*The caregivers have no money, and they make orphans overwork especially during the weekends. They are made to be working in the fields from morning to evening. Some of these children come to report to me about such issues.*

When this question was further explored with the 'orphans' and 'vulnerable' children they corroborated what their caregivers and the community leaders had noted, that to a certain extent they are being used as cheap labour with their caregivers despite their young age. Whilst the caregivers explained that this has provided a form of training to their children to work, the findings indicated that they were infringing the child labour laws. Such exploitation would be done under the pretext of producing food and other material substance for the upkeep of the 'orphans' and 'vulnerable' children within their jurisdiction. Furthermore, it was

also reported that some widows and single mothers were involved in prostitution as a coping strategy. For instance, one of the single mothers indicated that prostitution is one of her coping strategies. She explained that this was her business during the night while her children are asleep and during the day she would buy and sell vegetables in a market. In summary, the coping strategies revealed by respondents included getting the 'orphans' and 'vulnerable' children to work in the gardens, fields and for others to supplement food, buying and selling of vegetables, fruits and cross-border trading and prostitution even though some were not prepared to reveal this as a strategy because of its illegality.

## 7.2 Psychosocial support related challenges

Regarding psychosocial support and emotional care, it was generally acknowledged that caregivers lacked the knowledge and skills to diagnose and effectively address the psychosocial needs of the 'orphans' and 'vulnerable' children in their care. Instead, they considered emotional and psychosocial needs within a broader realm of care that 'orphans' and 'vulnerable' children received. This may have a profound impact on the future of these children since the nature of the response to the psychosocial needs of these 'orphans' and 'vulnerable' children may have a far-reaching impact on their social and emotional development. Caregivers reported great challenges associated with the upbringing of the children. In a household where 'orphans' and 'vulnerable' children were under the care of other relatives, not their biological parents, efforts were made to ensure that they are brought up in the same way as the caregivers' children. In this regard, one of the caregivers remarked that:

*Despite some of the workshops for psychosocial support we attended facilitated by the local non-governmental organisations, we are still facing a lot of challenges in convincingly counselling 'orphans' and 'vulnerable' children at the household level. Our children these days are taught to understand their rights to the extent that any actions from us caregivers which appear to be somehow ill-treatment may create a lot of discontents which requires one to be conversant with the psychosocial approach to help the child to get to normalcy.*

The participant shows that within the rural areas social workers and professional counsellors are not easily accessible to provide their services in case their 'orphans' and 'vulnerable' children develop emotional challenges or in the case of any misunderstandings between the caregivers and the 'orphans' and 'vulnerable' children at the household level. This was further confirmed by one of the caregivers who observed that:

*I had an experience with my deceased sister's daughter who was assaulted at school and emotionally disturbed. She could not eat for quite some time and developed moods and sometimes crying. This disturbed us a lot and no one at home had the psychosocial know-how to help until we outsourced the help from a local pastor who had to talk with her until she opens on what was emotionally bothering her. She also revealed that she was discriminated and assaulted with our biological children.*

This participant reveals that the caregivers have challenges in discerning what emotionally and psychologically traumatises their 'orphans' and 'vulnerable' children and hence, they do not have the information to deal with those psychosocial challenges. The 'orphans' and 'vulnerable' children may have shelter, food, school

fees and medication but without the provision of psychosocial services, the other assistance may be rendered useless. When asked why these children behaved in that way, it was discovered that even the caregivers did not know why these children behaved that way. However, when triangulated, one of the 'orphans' and 'vulnerable' children when asked why they feel discriminated against explained that:

*We are always beaten up even for no apparent reason with our aunt and forced to work very hard while her children are seated at home. So, this causes me and my young sister to feel unwanted and discriminated against in the household.*

The study revealed that psychosocial support was a critical need but due to lack of skills to appropriately diagnose and respond to it, it was largely neglected. It was evident from the study that while caregivers were expected to be the main source of psychosocial support for 'orphans' and 'vulnerable' children, they also need emotional support to address challenges in providing care for 'orphans' and 'vulnerable' children in a context of limited resources. In their response, most caregivers indicated that they do nothing in case of an emotional challenge. However, caregivers who had a strong spiritual orientation indicated that they turn to prayer and singing as a way of dealing with stressful situations. This was verified by another respondent who explained:

*When I feel stressed, I just go to my bedroom and pray. I like singing, so I sing church songs and that is how I forget my problems.*

When asked, most of the caregivers indicated that they predominantly pray or go to church as a coping strategy regarding emotional challenges. There was also a significant portion of caregivers who indicated that they do nothing, while others resorted to strategies such as drinking, scolding children, or simply keeping quiet. This could reflect poor access or lack of awareness about psychosocial services in the study area. The ultimate impact could be that caregivers could become burned out which could have severe long-term implications on the welfare of 'orphans' and 'vulnerable' children in their care.

In corroboration of what the 'orphans' and 'vulnerable' children and the caregivers explained above, the community leaders and stakeholders who include the traditional leaders, faith-based organisational leaders and non-governmental organisational representatives, explained that they have had several experiences where 'orphans' and 'vulnerable' children in Gutu District reported cases of abuse, exploitation, and assault by their caregivers. The community leaders within their different roles in the rural communities concerning the 'orphans' and 'vulnerable' children confirmed that there are always conflicts between the 'orphans' and 'vulnerable' children and their caregivers in the district because the caregivers lack the psychosocial support training to help their 'orphans' and 'vulnerable' children and the services of the professional counsellors and social workers are not readily available other than through sporadic visits of the non-governmental organisations' representatives.

## **8. Discussions of the findings**

Evidence from the findings has shown that caregivers were struggling to adequately provide for the needs of their 'orphans' and 'vulnerable' children as stipulated in both the UNCRC and ACRWC. Whilst several challenges were mentioned regarding challenges related to the data, food and nutrition and psychosocial

support predominantly emerged as the major recurring themes of the participants. The findings concurred with Ringson [9] and Chizororo [7] who assert that psychosocial support and material needs recently became the major needs for 'orphans' and 'vulnerable' children. It is also important to be aware that children have the right despite their status to be adequately fed, a right that is supported by the UNCRC. As such, depriving children of nutritious food is an infringement of their rights. Because of the challenge posed by this material need, the caregivers confirmed that they were initially able to feed their 'orphans' and 'vulnerable' children with locally produced food such as wild fruits, vegetables, maize and sweet potatoes. However, the type of food that is recommended by authorities and demanded by children is now different because of modern shifts and improved knowledge of nutrition. Furthermore, due to the high population density in the study area, the land shortage was acute especially for those living in the Gutu rural communities. As a result, involvement in gardening had begun to negatively impact the household capacity to produce adequate food. In some instances, caregivers would pledge their children for marriages in the communities or churches for them to be given a piece of land, cattle, or food in return. This resonates with Ringson [15] who argued that some children's rights as stipulated in both the UNCRC and ACRWC conflict with some African cultural perspectives of child upbringing. The caregivers experienced this as a setback in their attempts to balance the conventional children's rights and the traditional rights in the ubuntu parenthood childcare model.

It was clear from the findings that the 'orphans' and 'vulnerable' children who lack quality food at home do not perform well at school and are susceptible to destructive emotional challenges. In this regard, Pillay [22] emphasises that the lack of food as a fundamental right of the children may influence them to make poor decisions in their lives such as early marriages or being abused sexually, abusing drugs, or stealing. Generally, the community leaders attributed the food shortages to chronic poverty, which grossly affected the people's agricultural activities in Zimbabwe, and which were exacerbated by destructive political decisions as highlighted by Chigora and Guzura [33] and Hove [8]. By implication, these findings converged with the finding that caregivers were generally unable to meet the conventional requirements and standards for feeding the children, especially in most of the developing countries due to chronic poverty. Some strategies were applied by the caregivers of 'orphans' and 'vulnerable' children at the household level to address their food and nutrition needs. To cope with increased family sizes or to accommodate the loss of adult labour, children were found to have assumed greater roles in food production. The need for children to provide agricultural labour was widely reported by caregivers as one of the primary reasons why children were kept in public schools near their homes, despite their reservations on the quality of education offered in those schools. In a traditional African family setting, children constitute a strong source of labour for agriculture. Hence, this was considered predominantly as a legitimate coping strategy, assuming that children are supported to acquire agricultural experience and skills in the long term. However, some respondents indicated that there were instances where children were indeed overworked as a coping strategy to supplement livelihoods at the household level.

Regarding the challenges related to psychosocial support, it was revealed that the caregivers do not have the skills to help their children during their sporadic or protracted times of emotional agony. Evidence from the findings shows that some 'orphans' and 'vulnerable' children have emotional challenges emanating from the loss of their parents, being exposed to discriminatory child labour, stigma and verbal and sexual abuse at the household level, community level and schools. Whilst all these are crimes and infringements of children's rights according to the UNCRC and ACRWC, the children will continue to be victims emotionally and

physically because of the lack of knowledge around psychosocial support of their caregivers. In some instances, the caregivers are now afraid of reprimanding their 'orphans' and 'vulnerable' children fearing that they might have to account to the law enforcement authorities for their actions [9, 21]. By implication, what this means is that if the caregivers continue to implement their culturally based rights in caring for 'orphans' and 'vulnerable' children in contravention of the conventional rights of children, psychosocial support challenges in form of verbal and sexual abuses and child labour in the name of culture will not end, especially within the rural communities of Zimbabwe.

The study further asserts that without proper psychosocial support mechanisms, orphans often spend most of their time and energy trying to create some type of order and security for themselves out of unpredictable situations and struggle with their identity problems. Because of the above, Killian [13] posits that the long-term consequences for children who experience profound loss, grief, hopelessness, fear, and anxiety are psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities, and disturbed social behaviour. This study found that such psychosocial challenges are still rampant within the rural communities and the ignorance and scarcity of the social workers and professional psychologists to help with professional counselling poses a lot of challenges to the caregivers, 'orphans' and 'vulnerable' children and the community at large.

Following the prevalence of these effects, the psychosocial support of caregivers is an acknowledged need because they are often stressed whenever they engage with children who are regularly exposed to painful experiences. From the empirical analysis of this study, it can be determined that grandparents, children caring for younger children, and caregivers who provide care for many children often find it difficult to cope. They may blame themselves for not being able to do enough, even though they must also deal with their grief and sadness. They further indicated that many caregivers struggle to meet their children's needs, such as food, clothes, health care and schooling, and give them love and attention in conditions of financial hardship and without the necessary practical medical and social support, they suffer psychosocial ill-effects. In that context, for critical children's rights to be complied with, especially within the rural communities, there is a need for the caregivers to be regularly trained and empowered to understand the difference between their culturally-oriented approaches in childcare and the conventional approaches. Thus, Ringson [9] asserts that the ubuntu parenthood child-care model alone without being blended with the conventional modern approaches will sufficiently help both the caregivers and their children in attaining sustainable livelihood within their communities.

## **9. Conclusion and implication of the study on social administration and child rights**

This study has established that due to the incapacity of the caregivers to offer sustainable and holistic care and support to OVC, there is a gross infringement of the basic rights of the OVCs in Zimbabwe. These basic rights include, but are not limited to, food and nutrition, shelter, clothing, psychosocial support, and education. The study also revealed that despite the escalating socio-economic challenges and structural transformation, the family remains the strongest and most prominent unit of care and support of OVC. The foregoing view was exhibited by the fact that all the 'orphans' and 'vulnerable' children who participated were living with their blood relatives caregivers. This attests to the strength and resilience of the

extended family and its continued prominence within the overall OVC response in Zimbabwe as explained by Ringson and Chereni [19] in their recent studies. By implication, this may be interpreted to mean that in the foreseeable future, households' families will remain the major asset to be drawn upon in addressing the challenges associated with OVC care and support.

The study further revealed that psychosocial care for both OVC and caregivers was largely an overlooked and limited service in the study area. Due to lack of skills and the preoccupation with survival needs, there was little emphasis on either attempting to diagnose or addressing the psychosocial problems of the OVC and their caregivers. Hence, the long-term impact of psychosocial problems is that children may grow up with low self-esteem, depression and in extreme cases, psychosomatic disorders. Thus, the quality of motivation for caregivers to care for OVC will deteriorate and may in extreme cases translate into various forms of child abuse. In response, caregivers and OVC initiated several strategies to address their needs, particularly raising incomes to meet the extra needs. However, the study indicated that these strategies remained haphazard and reactive to the immediate needs rather than long-term needs and survival of OVC. For instance, selling vegetables and fruits, prostitution and working for others do not generate sustainability of livelihoods in the long term.

In conclusion, this study recommends that if social workers, social administrators, and government continue to empower the children while overlooking and thereby undermining the caregivers, both the caregivers and their children are unlikely to be able to address their challenges.

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## **Conflict of interest**

I would like to declare that this study is my original work, I am the sole author of this study, and I did not receive any funding for this study. Thus, there is no conflict of interest whatsoever in the ownership and copyright of this study.


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Section 2

Parenting in Special  
Situations

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# Online Training for Parents of Individuals with Autism Spectrum Disorders during COVID-19 Pandemic

*Sayyed Ali Samadi*

## Abstract

Caregiving for individuals with autism spectrum disorders (ASDs) during COVID-19 lockdown was a challenge for parents. Daycare centers were closed, and parents had to provide 24-hour caregiving. Parents and children spent more time together during the pandemic. This study aimed to understand the impacts of online systems as parental support and to comprehend the parental perception regarding this type of service. Eight weeks of training were provided for the volunteer daycare centers. The centers covered a sizable group of parents of children with ASD in different age levels. A mixed-method approach for data collection was considered to understand the impacting factors. Telecommunication facilities enable daycare service providers to continue their support from a distance by enabling parents to provide care for a longer period and in a wider range during the pandemic. Parental feedback after the training course was collected. A low dropout rate was reported. Parents, in general, were satisfied with the course. Different contributing factors contributed to this satisfaction. Results also indicate that the use of online parental support is a good choice for parents in emergencies and times of lockdown. To understand the advantage and shortcomings of online parents' training services, further studies are needed.

**Keywords:** autism spectrum disorders, online parental support COVID-19, coronavirus, daycare center, parental training courses

## 1. Introduction

There are different applications for technology in the field of healthcare and training [1]. The electronic technologies as a flexible modality provided different forms of application ranging from ordinary day-to-day applications of messaging, phone calls, emails, voice messages, video recording to high technologies such as programs for special purposes, complex equipment to reduce the likelihood of reducing educational, administrative, and fiscal resources, and extend the coverage of the knowledge with a more reasonable effort. Smartphones and other mobile devices technology are more accessible because of their widespread availability and flexibility for being applied by different groups of people with different levels of knowledge [2]. Using available technologies cost-effectively provides a unique

platform to healthcare, engagement, and intervenes with a different group of individuals such as people with special needs. As Camden et al. [3] concluded in their review, “Available communication technology can be particularly well suited to implementing best practices for children with disabilities when the focus of the therapies is on supporting the children and their families, problem-solving with them to foster the child’s development and functioning.” Hence, the application of telecommunication facilities has rarely been studied for children with developmental disabilities, a promising result has been reported for groups such as children with autism spectrum disorders (ASDs) based on the available data. Additionally, there is evidence for using communication technology for individuals with ASD at different age levels. Pilot findings indicate improved aspects of the services and potential benefits [4]. Parents are deemed active agents in this approach and through accessing proper training and continuous supervision; they can deliver the intervention more effectively [5]. Improving parent knowledge, increasing the level of fidelity in parent intervention, and improving reciprocity and communication abilities for children with ASD are reported in a review on different studies about parent-mediated online training [6, 7]. The term “online parental support services” is a general term to indicate the application of electronic technology in delivering training services to boost parental knowledge in caregiving for their children as a way for delivering professional caregiving services at a distance through connecting the service provider to parents. This type of service is also used for online supervising the activities such as intervention, assessment, and consultation [8].

Different forms of online services have previously been available for parents of children with various types of developmental disabilities; hence, this approach has been brought to attention after the lockdown due to the COVID-19 pandemic and its potential brought to attention from different perspectives. This approach was substituted with the traditional face-to-face approach to provide several services from diagnosis to rehabilitation, training, and caregiving for different types of developmental disabilities. This newly focused approach has advantages over previously practiced methods of service and support provision and might be added to the list of publicly accessible services for individuals with developmental disabilities and their families and parents even after the lockdown.

A part of the finding of this study has already been published in the form of a feasibility study in 2020 [9], but in this chapter, extensive findings of this study will be presented in more detail.

A series of studies from 2010 to 2013 was undertaken in Iran to understand parental knowledge needs and to address these needs [10–12]. The outcome was a tailored parent-focused program [13, 14]. A biopsychosocial model of disability is considered for the program. There were different booklets on different aspects of ASD in a lay language on different issues regarding ASD and a toolkit consisting of a set of practical advice in the printed form to boost parental knowledge through activities of daily living and play. The printed matters offer practical information and applicable advice to improve communication and to extend its levels at different stages of child development. Parents are prepared with basic knowledge on the understanding of their child’s level of abilities and disabilities employing simple self-completed checklists. Modifying environments to address the child’s sensory preferences and various strategies to impact different developmental areas were also considered in the preparation of the booklets. It was also expected that the booklets would enable and empower parents to make decisions about what their child needs to learn.

Based on the WHO [15] and UNESCO [16] recommendation, care providing centers for individuals with ASD similar to all other caregiving centers stopped their routine services and adopted self-induced lockdown. This recommendation was a general obligation for all educational and daycare centers around the world.

Lockdown in Iran lasted over 2 months from March to May 2020. Application of telecommunication facilities to deliver different services at a distance and connecting caregiving centers to parents were the most applicable approach during this time. There are over a hundred caregiving centers for individuals with ASD in Iran that provide daily care for children with ASD in an age range from 3 to 14 years old. These centers are under the umbrella of the Iranian Social Welfare Organization (ISWO). Daily educational and rehabilitation services are provided by these centers and they are active for 4 hours in the morning to provide these services. The government pays for most of the services. Caregiving centers have the right to provide afternoon services that include rehabilitation, vocational and extracurricular services through expenses paid by parents.

### **1.1 Iran profile**

The ISWO and Ministry of Health have been considered as the ASD services providers while the Iranian Special Education Organization (ISEO) is responsible for educational services. Almost 90% of healthcare services for individuals with ASD are provided through governmental services [17]. These services are recently improved to cover a bigger group of this population [18]. ISWO provides clinical and vocational training services to preschoolers with physical and intellectual disabilities and individuals with severe forms of developmental disabilities who are considered by educational services as not being able to benefit special or mainstream schools. While a group of financially able parents pay for parts of the services or the extra needed support, the government pays for most of the individuals' expenses. A group of individuals with developmental disabilities who are registered in mainstream schools also attend these centers after graduation from their schools because of the available services such as vocational or another type of special training or rehabilitation. Families contribute to these costs.

From an electronic and telecommunication services perspective and in terms of numbers, Iran ranked first in the Middle Eastern area concerning satisfactory Internet infrastructures and 43 million users [19], similar to other countries, widespread use of smartphones, social media [20], and computers throughout the country daycare centers was able to provide some aspects of online parental supports through video conference to deliver some types of educational services and providing consults and instructions [21].

Although other studies logically stress the crucial role of different organizational characteristics and processes for providing the support and resources for preparing therapists and practitioners to implement new models of practices, at the COVID-19-imposed situation, it seemed that the only possible way to survive was shortcutting all the previously mentioned factors such as funding the time and cost of consistent and qualified supervision, organizational support for evidence-based practice [22], and starting the training with the minimal necessary factors. One of the most important factors for successful dissemination of the online courses and application of telecommunication for children with ASD was that their parents who were already reluctant in being engaged in direct service provisions for their children were asked the closed daily caregiving centers for a practical solution and have different queries regarding pieces of advice for keeping them active and fruitful for their children with ASD at home. The most important element in the successful dissemination of these newly developing models is to consider training facilities for parents according to their needs [23].

The ISWO decided to provide online services to parents through their daycare centers during the 3-month lockdown in time of pandemic COVID-19. Staying active and being able to service provision for parents who were urgently needed to assist with their continuous caregiving was one of the aims. Assisting parents and

extending their abilities to become active participants in service providing made the different types of training facilities a must for them. This is a difficult aim to attain because of the lack of highly trained professionals in different filed of services for individuals with ASD.

Hence, the most important advantage for children with ASD was the emphasis on the implementation of different strategies in their natural environment, where they spend most of the time, and where strategies can be applied over different available opportunities.

Caregiving centers and parents were not well prepared for the shift of services, but the most practical solution for a potential group of nearly 10,000 children who were registered in these centers and 14,000 staff members who were working in different units of these centers based on ISWO's report. They were all in danger of being negatively impacted due to the unpredictable serious health-threatening situation, which forced them to keep distancing for an unclear period. Telecommunication was an accessible solution. Care-providing centers already used different social media platforms to contact parents. The contacts were on their way and in a passive form of sharing various information.

During the lockdown, parents can use mobile-based technology, to keep in contact with the professional caregiving centers, while interacting with their child under the remote supervision and coaching of the professionals. The information that is provided is interactively based on the need of the individuals, which is filtered by supervisors who are assisting key persons who in turn act under the supervision of a senior consultant in ISWO on ASD research and training courses. Parents receive guidance to be able to provide services for their children at their home using functional daily activities. This approach can save money and time to both caregivers and parents while offering relief to ISWO as the main service provider for individuals with developmental disabilities. To understand the applicability of online services for parent training under the supervision of the caregiving center during the COVID-19 lockdown in an area with limited caregiving centers and professional services for individuals with ASD.

This chapter reports findings of a study that set out to examine the ease with which online training can be implemented in the home setting through the continuous supervision from the daycare centers and the needed levels of engagement that parents need to perceive to find the service satisfactory through their self-rating reports and caregiving centers' judgment.

For the present reported finding, an online model was developed. In this model daily training sessions, for parents, are administered by the caregiving centers, with direct daily remotely supervision and coaching by a professional senior consultant in the field of ASD considered. It was decided to provide information for parents through online sources, which cover different areas of caregiving with the main focus on play as a modality to facilitate communication and to understand behavioral challenges and the way they could be managed and considering functional daily living skills using different types of play, exercises, and tasks. For each part, there were separate tutorial video clips along with written and oral information and rubrics that parents might find useful. (See the following link)

سامانه-غریبالگری-تشخیص-و-مداخلات-در-اختلال-طیف-اتیسم  
<http://www.behzisti.ir/news/12221/>

The main aim for developing an online parental training under the supervision of the daycare centers was to act with parents of children with ASD based on the following finding reports from Schmidt and Taylor [24]: (a) freeing up time from



other clinical work for training; (b) access to reading materials; (c) high-quality supervision and comprehensive training; (d) peer-learning working groups; and (e) program evaluation support adoption of empirically supported interventions. All these items are considered as factors that identified to be critical for therapists and practitioners to adopt a model for intervention into practical usage. Parsons et al., [6] in a review suggest that compared with the texts and written information, video-based parental training intervention was reported to be more effective. Furthermore, answering parental questions by professional and coaching provision based on a daily or weekly schedule compared with a self-directed program proved to be more effective in the following areas: (1) intervention appropriateness, (2) program completion, (3) parent intervention fidelity, (4) parent engagement, and (5) parent's positive perception of their child condition.

To understand the daycare service providers' ideas about the possible parental information needs, five 1-hour online group sessions are held. The focus group consisted of the head of the 50 selected active daycare centers based on their experience and ISWO's criteria. The final output of the session was to recruit active and eager centers and to answer the following questions:

- Is it possible to provide a parental support program through the online system for parents of individuals with ASD in developing countries?
- How the contributing factors of parents' positive attitudes toward the online service provision for them and their children with ASD in the absence of in-person daycare center services are understood?
- How the implication and effectiveness of online training courses for parents could be increased?

This study aims to determine the uptake by daycare centers and parents in an online course and understand the reason for any negative attitudes and possible dropouts of the parents. The impacts of online parental training on the center staff, their reactions to the program and monitoring the work undertaken by parents and center staff are focused as well.

## **2. Methods and materials**

To allow for a more thorough understanding of the variables, a mixed-methods approach for data collection and analysis was used. A critical and necessary step that prepares bases for collaborative problem-solving, which allows for regarding supports to enhance a health innovation's perceived fit within community settings, is to adopt a mixed approach to data collection and analysis [25]. Currently, the available wealth of data focuses on quantitative aspects of impacts of online training for parents and parent-mediated intervention, parents and practitioners' perceptions as the main stakeholders of this service delivery model have yet to be examined as a primary outcome variable [26], which is possible to understand concerning the qualitative aspect of the programs. This study used both parents and online training provider centers personnel as key stakeholders and a mixed-methods approach to examine their perceptions of the presented online course. Overall, the parents and staff involved in the 30 daycare centers were volunteered to participate in 2 months of online service provision for parents in which the provided information is used. The withdrawn centers were reluctant to participate

and mostly preferred to standby and wait for the center reopening and going back to their usual routine of face-to-face services.

The following resources are made available to the centers who then share with parents.

- Preparing the child and environment (scales to check to evaluate parents, children, and environment) consisting of general rules regarding items they should check with their children before the session and one 12-item checklist for considering the environment. Over a hundred pictures and video clips were shared from parents before considering the items and right after they re-ordered, it was checked as the first step of the process with the center key persons sending feedback to each parent. They had one 11-item checklist to consider while checking parental clips and pictures.
- Evaluating the child (different easy to administer checklists for different purposes). Parents had 12 checklists to evaluate the different abilities of their children based on the training domain that caregivers wish to consider their child's abilities (attention, play, preferred reinforcement, sensory issues, ...). They had all the checklists but were supervised by the key person during the evaluation.
- Considering a task to follow (activity, exercise, play). Based on different booklets and online sources, parents are encouraged to make different activities, exercises, play suitable for their children.
- Making easy-to-use tools, toys, and content. To attain the desired goal in different sensory/motor, cognitive, and communicational domains, parents are encouraged to make suitable tools
- Evaluating the attainment of the goal (evaluating the child and parental task administration), which is done online for each aim based on parental impression and the centers tracking system (graphs)

The main source for all the above activities was the Omid program [13, 14] for parents and caregivers. Each center prepared one special individual schedule for each individual with two daily 45 minutes virtual meeting sessions (one in the morning, one in the evening).

General data regarding each step were shared in each center's parental group, and each individual was tracked by the key person individually through daily contacts that each center had with the caregivers.

Data were shared from each center with the course coordinator, each center received feedback and suggestions based on the information they provided.

A key person's level of activities in the group based on meeting the deadlines, providing the requested information, and the number of shared documents (videos, voices, and pictures) from their centers was also rated.

The present data were collected over 8 weeks of consecutive daily service provision for 30 centers for children with ASD in different geographical areas of the country. In the beginning, parents were asked about their main challenges regarding their child's caregiving at the time of lockdown. They also rated parental perception of the severity of ASD symptoms from the parents to understand the way that parental understanding regarding the ASD severity in their child by using self-rated scales also considered. Online training provider centers were also tried to

rate parental engagement in the caregiving process through their online activities, attained objectives, shared data, and provided the demanded documents. Parental satisfaction with caregiving was also evaluated. Parents' and daycare centers' attitudes on the online course were also evaluated before the course.

During the training sessions, centers were trying to improve interaction among child and parent in a modified home setting employing behavioral techniques and structured teaching strategies by pictures and objects and considering daily routines. The sessions were developed considering a weekly curriculum focusing on communication, sensory, and cognitive domains. Parents were coached through sharing short video clips, pictures, and online sources and encouraged to imitate a similar approach and video application of the information at home. All the home-based session was monitored by the centers' key person, and the biweekly data were prepared and transferred by the key person to the course supervisor. Telecommunication facilities such as mobile phones and tablets or similar devices, home Internet access, the freeware program (in this study, WhatsApp version 4.0.0 with the free calling feature applied) for document and link sharing, online video callings, observing the home session, and coaching the parent were used. The centers' key person provided feedback, prompts, and training for proper application of the recommended strategies. Besides, there was a virtual meeting place for sharing information and contacting the ASD professionals to answer questions. Entire sessions were video-recorded by centers for understanding the parental question and to help with updating the training.

Pre- and post-measures design employed to understand the quantitative impacts of online training and all measurements applied twice over the study period. Assessment measures administered at pre and post-course were as follows:

- Gilliam Autism Rating Scale- 2 (GARS 2), [27]
- Parental Satisfaction with Caring for a Child with Developmental Disability Index (PSCDDI) [28]
- Hiva screening scale [29]
- Demographic questionnaire to collect data on parents and children's data and associated challenges with caregiving, online course, provision style, and the quality of information and provided support.
- A fidelity rubric was also devised to analyze videos considering 10 items that were the most important factor and the most ignored items, which might happen in an online training program; environment modification and consistency with arranging areas that need to be considered for training different subjects, stimulus control, using a visual warning to notify about the presence of the uncontrolled stimulus, giving the choice for the individual and time pausing between the request repetition, flexibility with the places that the individual prefers to stay in time of training, interpretation of the individual's responses, visually notifying the starting point, flexibility and creativity in play, tool application and toy making, temper control in time of training, applying visual icon to indicate the end of a task or training session.
- Parents were asked to rate the course and also caregiving centers tried to score parental engagement in the course using a Likert Scale, the centers and their key persons were also evaluated at the end of the course.

### 3. Results

#### 3.1 Quantitative results

##### 3.1.1 Caregiving centers' key persons' findings

There were 30 active daycare centers in this study located in 19 (61%) provinces out of 31 provinces across the country. Each center introduced a key person as the main person who supervises parents' daily activities and collects information. The key persons' demographic information is presented in **Table 1**.

Twenty-one (70%) participants of the daycare centers who were acting as the key person already participated in the professional training courses that ISWO had for its under supervision ASD centers [26, 30], while nine (30%) centers key persons did not participate in these courses previously. A significant statistical relationship was reported between the parental fidelity score and the key persons' previous participation in ASD professional training course presented by ISWO ( $df = 2, N = 336$ ) = 8.32,  $p = .016$ . While a similar level of significance was not reported between parental fidelity level and key persons' participation in the professional training courses on ASD.

##### 3.1.2 Parents' findings

Out of 417 parents, data of 336 who finishes 8 weeks of the online training course were considered for the final analysis. A dropout rate of 19% (81 parents) was reported. The demographic information of this group is cited in **Table 2**.

Parents before and after the course were requested to rate their ideas regarding the online training course in choosing one of the three choices of having no ideas, negative, and positive. A comparison of the parents' attitudes toward the online course using the Pearson product-moment correlations test yield  $r = -0.261$ ,  $p < .00$ . This indicates a low negative correlation, which might impact parental mainly negative attitudes at the beginning of the course changed to a positive. Meanwhile, there were changes in attitudes of parents who had no ideas or showed negative attitudes toward online courses.

Variable	
Gender	Male 5 (17%) Female 25 (83%)
Age	Mean (37.10) SD (6.32) (Max 55, Min 25)
Education	Undergraduate 5 (17%) Graduate 22 (73%) Postgraduate 3 (10%)
Profession	Psychologist 19 (63%) Occupational Therapist 5 (18%) Speech and Language Therapist 2 (7%) Educational Science 3 (10%) General Health 1 (3%)
Experience with ASD in years	Mean (8.26) SD (3.23) (Max 15, Min 1)

**Table 1.**  
*The key persons' demographic data.*

Variable	
Relation to the child with ASD	Mother: 279 (83%) Father: 17 (5%) Sibling: 9 (3%) Grate parent: 1 (0.3%) Both Parents: 30 (9%)
Parents age	Mean (35.79) SD (6.51) (Max 70, Min 18)
Parents education in years	Non-university education: 210 (62.5%) University Education: 126 (37.7%)
Parents Profession	Housewife: 216 (64%) Public work: 60 (18%) Technician: 26 (8%) Education: 16 (5%) Medical and Health: 14 (4%) Unemployed: 4 (1%)
assistance with caregiving	Yes: 192 (57%) No: 144 (43%)

**Table 2.**  
*Demographic data of parents.*

There was a statistically significant relationship between the child's age and level of satisfaction with the online course and younger children's parents were more satisfied with the online support  $X^2 (df = 2, N = 336) = 1.17, p < .00$ . Similar statistically significant relationship found between parental age and their satisfaction with the online course before course  $X^2 (df = 2, N = 336) = 10.53, p = .005$  and after the course  $X^2 (df = 2, N = 336) = 10.61, p < .00$ . Younger parents were more satisfied with the course compared with the older ones.

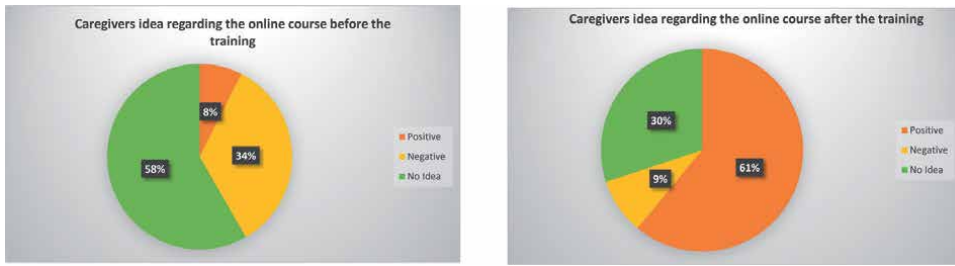
Parents of children with double-diagnosis attitudes toward the online course before ( $X^2 "df = 2 N = 336" = 8.43 p = .015$ ) and after the course ( $X^2 "df = 2 N = 336" = 9.72 p = .007$ ) were significantly different, and parents of children who had another accompanying diagnosis along with ASD were less satisfied with the online support.

Parents who speculate to have a family member as the assistant were statistically more satisfied with the online course before  $X^2 (df = 2, N = 336) = 1.07, p < .00$  and after the course  $X^2 (df = 2, N = 336) = 23.57, p < .00$ .

The key persons' and parents' fidelity in applying the recommended practices was observed using two different rubrics. A comparison of the Chi-square test showed that there is a significant relationship between the two variables of the level of fidelity of key persons and parents. Key persons who gained higher scores in the fidelity rubric are more likely to supervise parents with higher scores of fidelities in the implementation of the suggested items in a different session with their children,  $X^2 (df = 6, N = 336) = 32.46, p < .00$ .

Regarding parents' fidelity level and their final attitudes toward the online course (having a positive or negative attitude), the finding indicated a statistically significant relationship ( $X^2 "df = 6, N = 336" = 74.18, p < .00$ ). This means that parents who received a higher score for their fidelity in the program administration were more satisfied with the online support. While parents who were less considered the presented information (received a lower score of fidelity) were less satisfied with the program.

**Figure 1** shows the parents' attitudes regarding the course after 8 weeks of the online training course that was in a range from 25 (7.4%) positive to 205 (61%).



**Figure 1.** Parents attitude regarding the online course before and after the course.

A comparison of the parents' attitudes toward the online course yield  $r = -0.261$ ,  $p < .00$ . This indicates a low negative correlation, which might impact parental mainly negative attitudes at the beginning of the course changed to a positive. Meanwhile, there were changes in attitudes of parents who had no ideas or showed negative attitudes toward online courses.

Parents' main complaint about caregiving during the lockdown before and after the online course changed, and the percentage of the items they pointed to as the main problem in continuous caregiving was altered. There was a significant difference between parents' main complaints about caregiving during the lockdown before and after the online course based on the results of the Pearson product-moment correlations test ( $r = .36$ ,  $p = .00$ ).

Each caregiver's biweekly objectives were considered for the child under the observation and guidance of the key person from the center in which he/she was registered. They also followed the number of attained objectives on a biweekly time interval (this number was in a range between 0 and a maximum of 7). **Table 3** shows the objective considered through parents' suggestion in all for each round of biweekly reporting (the maximum and minimum in each domain are mentioned). Meanwhile, unattained objectives, which were less considered in each round of reporting, are shown in **Table 4**.

Analysis indicated that attaining cognitive (learning about color, shape, numbers, and other academic items) objectives were more possible to attain for parents, and the number of unattained cognitive objectives was lower than 15%

Objective domain	Reporting period	Max.	Min.	Sum	Mean	SD
Cognitive	1st Biweekly	5	0	1153	3.43	0.98
Communication	1st Biweekly	4	0	940	2.79	1.20
Sensory/Motor	1st Biweekly	5	0	1101	3.27	1.42
Cognitive	2nd Biweekly	6	0	1284	3.82	1.42
Communication	2nd Biweekly	5	0	976	2.90	1.42
Sensory/Motor	2nd Biweekly	5	0	1137	3.38	1.51
Cognitive	3rd Biweekly	7	0	1324	3.94	1.52
Communication	3rd Biweekly	6	0	971	2.88	1.54
Sensory/Motor	3rd Biweekly	6	0	1213	3.61	1.64
Cognitive	4th Biweekly	7	0	1496	4.45	1.40
Communication	4th Biweekly	7	0	1154	3.43	1.78
Sensory/Motor	4th Biweekly	7	0	1320	3.92	1.77

**Table 3.** Number and range of parents' considered objectives in each domain based on biweekly reports ( $N = 336$ ).

Objective domain	Reporting period	Sum	Percentage (%)
Cognitive	1st Biweekly	47	14
Communication	1st Biweekly	168	50
Sensory/Motor	1st Biweekly	121	36
Number of parents with no unattained objectives	1st Biweekly	0	—
Sum		336	
Communication	2nd Biweekly	159	47
Sensory/Motor	2nd Biweekly	105	31
Number of parents with no unattained objectives	2nd Biweekly	15	5
Sum		279	
Cognitive	3rd Biweekly	57	17
Communication	3rd Biweekly	172	51
Sensory/Motor	3rd Biweekly	103	30
Number of parents with no unattained objectives	3rd Biweekly	4	3
Sum		332	
Cognitive	4th Biweekly	38	11
Communication	4th Biweekly	154	46
Sensory/Motor	4th Biweekly	101	30
Number of parents with no unattained objectives	4th Biweekly	43	13
Sum		293	

**Table 4.**  
*Number of parents' unattained objectives in each domain based on biweekly reports (N = 336).*

each biweekly. While attaining communicational objectives through exercises, play, and activities was the most challenging item to attain. Tasks with a sensory-motor nature were at a mid-level of difficulty to attain for parents.

To assess parents' impression of children's symptoms severity before and after the online course, they were asked to score the child's basic ASD features using the screening scale. The correlation between two scorings was  $r = 0.919$ ,  $p < .00$ . Similar comparisons have been done regarding parental impression on their child's behavioral ( $r = 0.931$ ,  $p < .00$ ), communication ( $r = 0.975$ ,  $p < .00$ ), and social ( $r = 0.813$ ,  $p < .00$ ) aspects using GARS2 scale. Parents were asked to score their satisfaction with caregiving before and after the online course, and the results from the pretest ( $M = 27.18$ ,  $SD = 9.05$ ) and posttest ( $M = 42.72$ ,  $SD = 14.27$ ) PSCS indicate that caregiving under the supervision of the daycare center for a child with ASD resulted in an improvement in satisfaction with caregiving ( $t = 21.87$ ,  $df = 335$ ,  $p < .000$ ).

Finally, to assess parents' effectiveness in their children's engagement in the daily caregiving, their final videos (provided for the final biweekly reporting) were scored by the centers' key person using a fidelity scale. Ten videos were rescored by the author and the number of agreements/number of agreements plus disagreements were considered and inter-rater reliability was reported as 85%.

Findings indicated that there is a significant and strong correlation between parental satisfaction with caregiving at time two and after the online course and their fidelity score ( $r = 0.85$ ,  $p < .00$ ) while this correlation for time 1 was very low ( $r = .27$ ).

### 3.2 Qualitative results

This part of the chapter is a descriptive qualitative approach that utilized semistructured online interviews and in-depth content analysis. This is done to

assess parents' attitudes and perceptions of the effectiveness of the online course and using social media and telecommunication technology, after the study they were requested to give feedback. Both groups of parents who participated completely and parents who dropout invited and 50 (eight from parents who dropped out and 42 from parents who finished the online course) responses were sent (20 voice messages and 30 written comments). In a closed question regarding the parental ideas all parents give admitted (ticked yes as their answer) to the question regarding their agreement with parental engagement in the daily caregiving for children with ASD. Parents found the telecommunication application easy and user-friendly. Hence, among 41 parents who continued online course, only three parents (7%) did not want to continue online support; because of the additional financial demands, which this newly developing service forced them to pay for; or the technical issues such as the wideness of the internet band and limitation of the data transferring speed, the rest 38 (93%) parents thought that because they found the online support, they continue to stay tuned for similar opportunities, recommend it to other parents, and consider as a useful service choice.

Nevertheless, all eight dropout parents who agreed to give feedback regarding the online services said that they do not persuade those online services are a sufficient service for children with ASD and their parents. Based on the topics presented in the current literature on online parental training courses, specific but open-ended online interview questions were devised that met the project aim of understanding the entire course participants' perspective. These were categorized into three main themes: (a) interfering with the duties, (b) extra demands, and (c) lack of understanding parenting (Table 5).

They raised different issues such as putting extra pressure on parents, advantageous for the center because regardless of being closed, using online services caused them to receive governmental financial aid while the responsibilities of child caregiving will remain on parents.

Parents in both satisfied and dissatisfied groups indicated some negative aspects of an online prenatal training program such as videos and pictures sharing of their child although they are guaranteed that documents will be protected and used for this study will not be used or seen by the others.

Parents who did not finish the course were asked about any proposals about the other desired training opportunities for them. They generally requested for centers reopening, or some of them asked for private home teaching services for their children.

Those parents stayed with the online course and finished 8 weeks of support invited to answer an online questionnaire consisting of six open questions: 1. Leading advantages of the online training support, 2. The main shortcoming of the program, 3. Your suggestions for improving the online training opportunity, 4. What part was the most useful for you? 5. What part was less useful for you? 6. Any further comments and suggestions.

Parents mostly said that the greatest advantage of the course was assisting them while they were under pressure for continuous caregiving. A mother said: [No.12] "We got the opportunity of testing our abilities in managing our child and acting as the trainers for the first time."

Nearly all of them considered entire parts of the online support useful, and some of them mentioned special functional ideas for fine and gross motor improvement or parts of the behavioral suggestions for educating children as the most appropriate part for them. They suggested various issues for improving the online support but mostly recommended receiving hard copies and different video audio resources in the form of training packages. A father said: [No.27] "I do recommend the preparation of parents for similar situations. To supply us with some special packages



Theme	Subtheme	Definition	Quotation	Category
Interfering of the duties	Distribution of duties	Different stakeholders should have different duties	[Mother no.1]. "I could not find any advantages in this training course. Difficult to say because we had no one to give us a hand and we found it very difficult to get along with our son so we hardly found any advantage in this online service. This is not our job; we are not trainers or therapists."	Issues with the professional caregiving
	Quality of professional caregiving	Parental professional support is not as effective as the therapists	[Father no.2]. "This is not good I am against this approach children with autism do not learn at home. We cannot do what the trainers do. This is why we bring our children to the centers and do not keep them at home."	
Extra demands	Learning new tasks	Parents have different commitments and lack of time	[Mother no.5]. "My son has a sleeping problem. He rarely sleeps. I have to handle different duties and during the lockdown, they have been doubled, I have no extra time to do what has been told to me. If I had more time or assistance at home it would have been more manageable."	Extending the range of caregiving duties
	Financial pressure	Internet expenses	[Father no. 7]. "The internet was a big problem for us. We had to pay extra expenses to top up the system every week. This is important for us to be cautious about the extra expenses in this economically difficult time. I am unemployed because of the various now."	
Lack of understanding parenting	Asking for sharing voice recording, video taking, and picture sharing	Social stigma	[Mother no.5]. "I am reluctant to take a personal video of my child and to share it with others. I wish we could have more substituted ways of getting advice and recommendation instead of asking for videos or pictures."	Boosting levels of parent understanding Among service providers
	limited vision on caregiving	Having no sympathy with parents and caregivers	[Father no.2] "You do not know about being a parent for these children. Have a look at your new style of support, it should cover a wide range of children. What was offered was not suitable for all. We accept the responsibility of sending our children to daycare centers again. This is better for all. We know that you are doing your best but this is not going to be useful and does not work out." [Mother no.8] "Try to understand our situation. Just make safe places at school and reopen the centers as before."	

**Table 5.** Parents who dropped out of the program and their interview extracted themes.

such as internet access multipurpose training and educational tools.” Similar suggestions and recommendations were repeated in response to the final question. A mother said: [No. 34] “Since most of our children are fascinated by the gadgets it’s better to have some apps and computer software to help us. I recommend the preparation of parents for similar situations. To supply us with some special packages such as internet access multipurpose training and educational tools. It was a perfect opportunity. Thank you very much, but it can be improved.”

#### **4. Discussion**

In recent years, the availability of online training courses and usage of technologies in service provision and also its impacts on consumers and the level of the acceptance of its application by regulatory agencies alike received attention from the developed societies. It has rarely been studied and developed in developing countries. At present with the forceful lockdown due to the pandemic COVID-19, the only available services seem to be the application of accessible technology to address the growing needs of children with ASD and their families. In addition to reviewing the experience of the developed countries and adopting the research summaries, policymakers in the developing countries are encouraged to understand and to determine what may be useful to them in practice. Results indicate that online training courses for parents training supervised by daycare centers for parents of individuals with ASD could be listed as applicable support for parents of children with ASD as assistance for facilitating continuous caregiving due to conditions such as the imposed lockdown due to pandemic.

Regarding the first question of this study and asking about the feasibility of the online training course, finding indicating that online training course might be a feasible approach and worth developing in developing countries with the lack of professional and restriction of accessible services and supports in distant geographical areas especially the rural parts [31] and for ASD in particular [32]. Findings indicated that prepared and qualified daycare centers’ staff through utilizing telecommunication facilities can enter the parents’ living places virtually and assist them while caring for their offspring in their natural setting. The practice environment is under professional observation without any extra time and expenses. The presented finding indicated that the imposed new online training course-based treatment models in which parents are acting as the main program administrators under the supervisor of the daycare centers might be considered as a feasible approach to consider [33].

Parents are known to be the best and the easiest to access, influential factors in both human and animal child’s development trajectory [34]. For children with an ASD, extensive weekly hours have been recommended for working in most of the approved and recommended approaches of early intervention services [35]. After the pandemic COVID-19 and the forceful shutdown of the daycare centers for children with ASD in most of the countries around the world and the necessity of continuous service provision and round-the-clock service provision from the parents, a new aspect of parents (parental)-based services emerged. The role of parents as the main base in intervention has already been stressed because the care providers are the ones who know the child best and know about his/her needs. On the other hand, children and parents were forcefully kept in the lockdown and parent skill updating and service providing for caregiving are essential in assisting children with ASD to continue their progress toward the highest level of potential functionality during the lockdown period. Parents’ available mobile-based technology enables daycare service providers to continue their services via engaging them more effectively than

ever before through the facilities this system offered most of the time free of charge and to promote their child's development every day [35]. Parents' general approval of the online support and positive attitudes with the online course and having a low level of dropout might also indicate the viability of this service. They provided an opportunity for information provision boosted parental knowledge regarding the main challenges of caretaking for their children helped them to attribute their child most challenging features to the core symptoms of ASD (communication) and pointed to it as their main source of complaining, which might help them to focus on increasing their augmentative communication approaches and nonverbal-communication skills [36].

The second question of this study regarding the contributing factors for developing successful online support, findings indicate that several factors might contribute to parents' satisfaction with online services. Factors such as the age of the child, when children with ASD are younger parents, are more optimistic about the course and its impact. This is a reason for the focusing of the present studies of online training and ASD on young children [37]. Younger parents also were more positive regarding the online course, which has been reported in other services for individuals with ASD in a comparable cultural situation to present sample such as Saudi Arabia [38]. It also found that receiving help at home is a powerful predictor of parental satisfaction with online support [26]. It was also found that parents were more successful in attaining academic objectives for their children with ASD, similar findings reported in other studies when regular training opportunities were offered to parents of children with ASD [39]. This is an indicator of the difficulty of gaining and training the communication aims and objectives for individuals with ASD. The online service providers should consider the bases of communication to motivate individuals with ASD to start the collective attention that is a basic skill for social attention and social interaction [40]. Techniques such as Picture Exchange Communication System (PECS) [41] could be a very applicable strategy to consider in developing similar online courses.

Finally, in answering the third question of this study regarding increasing the implication of online training course services and boosting their affectivity, some elements needed to be considered. Parental feedback indicated mostly positive findings regarding the level of comfort using the technology and the perceived benefits of this approach, with some reservations regarding preference for online training course sessions at home versus daycare sessions.

It is of interest to note that the parents differed regarding the perceived benefit of the online session as compared with the face-to-face daycare sessions, and that this difference was correlated with the parents' fidelity score in administering the suggested activities a finding, which is previously reported [42]. Follow-up study is needed to carefully monitor the level of fidelity of implementation of the strategies used by the parents at home after the round of the online course and data collection period. Regarding the increasing of the implication of online training courses although ISWO admitted that its daycare ASD centers survived and children received their needed services, there are some cost-benefit analyses of the present finding that are needed to conduct in terms of financial, time, and general health system to prove the applicability of this approach. The child with ASD educational setting extension is another benefit of this model. Internet technology has its limitations as well, and not all parents are likely candidates for this type of technology as some of them were seriously commented against and left the course and had their justifications about this. Besides providing a service provision system in the time of emergency remotely, daycare centers might be able to appoint children and parents who might be beneficial candidates to use online training courses.

There are some serious limitations with the present finding first of all the course was prepared in an emergency in which no other services or choices were available. Therefore, the lack of a control group to receive comparable services in a face-to-face setting was a problem that was out of control and could not be addressed. Although online training course applications hold promise as a way of addressing some of the parents' challenges during a time of continuous caregiving situation, hence, there is still a lack of enough evidence for understanding the probable shortcoming and limitations of the online training course and the way that various rehabilitation, other interventions, assessments, and training protocols may be used through the online training course. Further studies are needed to identify the parents and type of services in which the online training course delivery system is appropriate or is not. Such comparative studies will contribute service providers to selecting an online training course delivery model for the appropriate group who might get more benefit. The versatility of online training courses allows daycare centers and parents to survive during a difficult time, but there are some other interventions or practices that are not compatible with this newly developing modality.

## **5. Conclusions**

However, with present evidence obtained from a sizable group of parents and increasing the prevalence rate of ASD globally and in developing countries, the service system in the developing countries faces increasing barriers to meet the needs of parents and individuals with ASD. Of all available support and service delivery approaches, the online training course model has provided some basic evidence to support its potential to address many challenges associated with caregiving for people with ASD. Although parents who dropped provide valuable insights regarding financial, technical, and ethical challenges facing online training courses. Application of the online training course and using telecommunication and mobile-based similar services should be strengthened via supervision and guidance of approved ethical considerations and protocols.

For families in the most rural parts of the country, we need a better understanding of whether provider or caregiver training is feasible or effective when delivered entirely through the online training course. Specifically, we need to know whether such families have access to smartphones, computers, webcams, and Internet or clinical sites equipped with such video-conferencing technology to facilitate online training course encounters. Nevertheless, parents should be notified that online training course is not considered to be substituted with the in-person daycare services as it is echoed in the ideas of some parents who dropped out from the course; however, at present addressing parents concerned regarding meeting children with ASD rehabilitation and educational needs in a safe and healthy environment is the main focus of the service providers. The described model for care provision has the purpose of being considered as an effective choice and does not have the purpose of replacing all aspects of the services in which some of them are preferable in-person.

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### **Conflict of interest**

The author declare no conflict of interest.

### **Notes/thanks/other declarations**

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# Exploring the Quality of “Quality Time”: A Temporal View on Mothers’ Experiences during COVID-19

*Ortal Slobodin*

## Abstract

The COVID-19 pandemic forced many parents, especially mothers, to juggle paid work and supervise home-schooled children for extended periods. While educators, mental health professionals, and the popular media often constructed this forced family time as a unique opportunity for “quality time,” studies are increasingly recognizing its adverse effects on mothers’ well-being. Integrating sociology of time theories with feminist criticism of the intensive mothering ideology, this chapter links idealized cultural representations of mother-child time to the dominant ideologies of “intensive mothering.” According to these ideologies, mothers’ time with children is irreplaceable and crucial for children’s optimal development. Therefore, mothers should devote more and more time to their children’s physical and mental needs. Based on content analysis of text data from parenting online advice columns, blogs written by mothers, and mothers’ Facebook groups, this chapter examines whether and how notions of time and temporality create, maintain, and challenge intensive mothering ideologies during the pandemic.

**Keywords:** COVID-19, intensive mothering, quality time, time experiences

## 1. Introduction

The outbreak of the COVID-19 resulted in significant changes in the lives of many families around the globe. School closure and social distance have taken a particular toll on parents who have had to navigate between family and work demands [1, 2]. Previous studies showed that parents experienced increased anxiety, stress, depression, and burnout resulting from the pandemic. Moreover, parental psychological distress was associated with parental neglect and the use of harsh discipline practices [3]. The adverse effects of the pandemic were exacerbated for women, as they are the ones who typically negotiate the double burden of paid work while simultaneously providing care for children, the sick, and the elderly [4].

Although empirical studies have consistently linked increased time at home with heightened levels of parental stress and conflict [5, 6], cultural representations of this forced family time portrayed it as the desired situation and an opportunity for “quality time” [7]. These representations are rooted in the dominant ideology of “intensive mothering” [8, 9] that encourages mothers to devote more and more time to their children’s physical and mental well-being.

Integrating sociology of time theories with feminist criticism of the intensive mothering ideology, this chapter examines whether and how notions of time and temporality create, maintain, and challenge intensive mothering ideologies during the pandemic.

### **1.1 Mothering during a pandemic**

Women are on the frontline of coronavirus. Women compose not only the majority of the planet's healthcare and social care workers but also 75% of all of the world's unpaid work at home [10]. Recent studies documenting the effects of the COVID-19 outbreak on parents' labor force participation showed that working mothers were disproportionately affected by the COVID-19, especially if they were single mothers, had a low socioeconomic status, or were affiliated with racial or ethnic minority groups [11, 12]. According to the U.S. Census Bureau data [13], 3.5 million mothers living with school-age children left active work during March and April 2020, either shifting into paid or unpaid leave, losing their job, or exiting the labor market altogether. Almost a year later, in January 2021 still, 1.6 million fewer mothers were working than in January 2020. The vulnerability of working mothers to the adverse effects of the pandemic was associated with their increased representation in service and other jobs heavily impacted by pandemic closures and the heavier burden of unpaid domestic household chores that disrupted their ability to work for pay [13]. Even the promising flexibility of homeworking that allows people to work "anytime and anyplace" poses a further obstacle in mothers' careers due to their reduced access to time and space resources [14]. While a similar number of men and women are now working from home, homeworking is four times more likely to damage a woman's career [15].

Research focusing on maternal experiences during the COVID-19 is still scarce. However, previous studies proposed that the increased time at home was one of the major difficulties of mothers during the pandemic [5, 6]. For example, Whiley et al. [5] found that mothers who have greatly increased their time caring for their children disproportionately reported increased stress, anxiety, and frustrations with their children. The negative impact of increased parenting time on mothers' well-being was intensified when disruptions in childcare arrangements were coupled with intensive work or intensive parenting pressures. However, other mothers have experienced increased parenting time as a source of joy in otherwise difficult times [6].

Importantly, these findings suggest that mothers' experiences of the time at home were deeply rooted in the cultural ideals of "perfect" mothering [16]. Intensive mothering ideologies, which became the dominant mothering discourses in the west [8], describe a model of motherhood that asks women to always give fully of themselves, physically, emotionally, psychologically, and intellectually. Mothers are also expected to approach motherhood joyfully while sacrificing themselves to the demands of motherhood [17, 18].

Concepts of time are central to the intensive mothering ideologies that underscore the irreplaceable nature of mothers' time for children's optimal development [19, 20]. According to this view, the proper development of children requires mothers lavishing large amounts of time and energy on offspring. As a result, mothers who ascribe to intensive mothering ideologies are more likely to experience higher levels of anxiety, guilt, and shame for not spending enough time with their children [21, 22].

The social construction of mothers' time as irreplaceable and crucial to children's well-being is even more pronounced during stressful situations, such as the

current pandemic. Clearly, the COVID-19 outbreak has forced parents, particularly mothers, to spend much more time caring for their children [23, 24]. However, cultural representations of the intensive mothering ideologies portrayed the pandemic as an opportunity for “family time”, compensating for the chronic time deficits reported by working mothers. Therefore, examining mothers’ time notions during the pandemic offers a unique perspective on how practices of intensive mothering are produced and maintained.

## 1.2 The current chapter

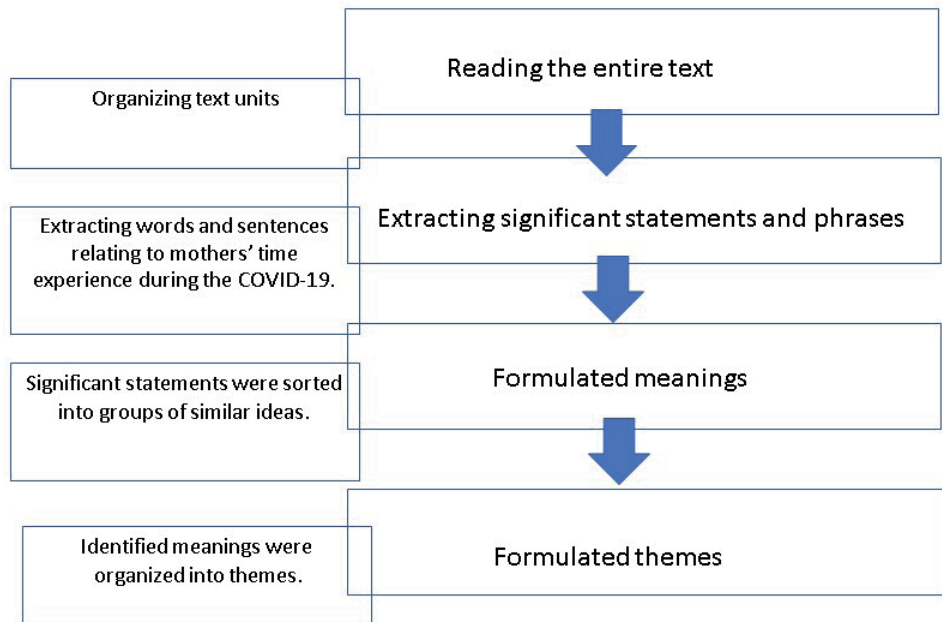
Previous studies showed that notions of time govern, inform, and interpret social meanings [25, 26]. These studies showed that socio-temporal dimensions create and maintain hierarchical relations and constitute discursive positioning of different social categories, such as single persons [27], immigrants [28, 29], and the elderly [30]. Building on the key role of time and temporality in mothers’ lives [31], the objective of the current study was to consider mothers’ experiences during the pandemic in socio-temporal terms. Specifically, the study examines whether and how do notions of time and temporality create and maintain intensive mothering ideologies during the pandemic and whether they may also challenge them.

## 2. Method

This study employs a qualitative content-analysis-based approach to explore how socio-temporal norms are linked to intensive mothering ideologies. The methodology and choice of materials are guided by the view that new media technologies not only reflect but also constitute the discursive practice of motherhood today. Since I am specifically interested in the mechanisms through which social truths and meanings about motherhood are produced, the study is based on content analysis of online materials written for parents. As many studies suggested, parents in Western, high-resource sociocultural contexts are preoccupied with fear and confusion about the future of their children in a changing world [32]. In this climate, online advice columns, blogs, social media, and news items flourish [33]. During the pandemic, online spaces provided mothers a platform to engage with their maternal identity and share some of their difficulties. At the same time, these online spaces enabled the prosperity of ideal parenting images [5]. Therefore, online sources are considered key cultural sites for understanding some of the truths and discursive means through which the ideology of intensive motherhood is constituted, represented, and interpreted.

To locate time-related notions of mothers during the pandemic, parenting online advice columns published in popular media, blogs written by mothers, and mothers’ Facebook groups were analyzed. The current research views all these sources as cultural artifacts affecting and maintaining current representations of the “good mother.” The keywords “motherhood”/“parenthood” with “time,” and COVID-19/lockdown in English and Hebrew were used in the “google” search engine to locate relevant items. The data chosen for this analysis were selected from a large variety of texts published since the outbreak of the pandemic.

The data were analyzed using a thematic analysis approach, involving interpretative processes that were based on deconstructing data into thematic categories and relinking them into a holistic sequence of meanings to provide complex answers to the questions at scrutiny. The analysis process included several stages, as presented in **Figure 1** [34]. First, the entire content of each publication was read to obtain a



**Figure 1.**  
*Schematic summary of Colaizzi's [34] method for content data analysis.*

general sense of the content as a whole. A text unit was defined as an article, advice, quote, and question and answer column. The unit of analysis was defined at the unit level, not the entire publication because we were interested in an in-depth analysis of the meaning of individual messages. In the second step, text units were read and reread to extract words and sentences relating to mothers' time experience, and segments of text were given the descriptive label of "significant statements and phrases." In the third step, highlighted significant statements were sorted into groups of similar ideas that were pasted together to begin to formulate meanings [34]. In the fourth step, the meanings from the significant statements and phrases were formulated and organized into themes. Finally, the meanings and themes that were formed in previous stages were integrated with theoretical concepts, to create an array of theoretical categories.

### 3. Finding and discussion

Data analysis revealed three independent, interrelated themes relating to mothers' time experiences during the COVID-19: idealization of the time spent at home, gendered perceptions of time, and alternative narratives of "quality time."

#### 3.1 Idealization of the time spent at home

Popular media publications as well as professional educational and mental health parental guides pervasively focused on the benefits of the increased time at home as a precious opportunity for quality time [34, 35]. Consistent with the intensive mothering ideologies, time spent with children is idealized and romanticized [8]. For example, a guideline for parents published in the popular media in March 2020 encouraged parents to use their time at home to improve their parenting by investing more time and effort in their children [36]:

*“Use this enforced situation as a possibility to spend quality time with your children...time that we usually don’t have enough. You cannot leave the house, so this is the time to share your household with your children...make them feel valuable... play cards with your children, domino or memory games, look at your old albums, bake cookies, build a blanket tent, and after they go to sleep listen to a podcast that makes you think differently about your parenting, instead of your usual ‘automatic pilot’. Because you can be a different parent, you just never had the chance to think about it.”*

In a similar vein, a married mother to a 16-year-old son interviewed in the USA today [37] said:

*“We’ve loved the time together, .... Before, life pulled us in 1 million different directions. But since the pandemic, we’ve been spending much more time together at meals, especially at breakfast and dinner.”*

In line with ideologies of intensive mothering that underscore the importance of mothers’ time for children’s optimal development [8], the above examples present an idealized and romanticized picture of the time spent at home. Moreover, they encourage parents to dedicate their increased time at home, almost exclusively, to children’s emotional and educational needs. Furthermore, these cultural representations imply that the current pandemic should be used by parents to compensate for their “pre-COVID-19” practices and beliefs that were not thoughtful enough.

A critical reading of such a perspective may uncover another important component of the intensive mothering ideologies, according to which mothers are blamed for not spending enough time with children due to other obligations, especially paid work [38]. A clear illustration of this mother blame can be found in the following text, published on the popular media in March 2020 [39].

*“The social media is full of frustrated parents complaining about the COVID-19. It seems that everyone has something to complain about. Parents are complaining about the prolonged time they must spend with their children, the lack of assistance from grandparents, on the distance learning system. Parents even describe how spending so much time with their children makes them want to end their lives. On the other hand, prior to the pandemic, all we wanted was to spend a little more time with our children, to play games, talk to them or just be with them, and finally, when the opportunity arrives, we cannot see its bright sides.”*

Like the previous text, this publication illustrates how notions of time and temporality are used to produce and maintain a sense of guilt among mothers who question the social expectation of the intensive mothering ideologies. This text, entitled “Why it is so difficult to stay at home with our children?” portrays parents as selfish and egocentric because of their refusal or difficulty in fully dedicating themselves to their children’s needs. By doing so, these perspectives may not only contribute to child-centered parenting but also undermine a mother’s well-being [40].

### **3.2 Gendered perceptions of time**

Analyzing mothers’ notions of time use during the COVID-19 pandemic revealed that their time perceptions were highly patterned by gender [41]. Consistent with the traditional gendered role of being a primary caregiver, mothers found

themselves taking on more and more duties in the domestic sphere, including childcaring, home-schooling, cooking, and cleaning. Like others' findings on women who had to give up their work for staying with their children due to child-birth or immigration [22, 42, 43], the COVID-19 sharpened the distinction between women's and men's identities and tightens the ties that bind women to the home. Despite the accompanying stress and anxiety inherent to this re-domestication process, many women found themselves calmer and more peaceful [5]. For example, a post published in a Facebook group for mothers showed how mothers' choice of activities corresponded to the traditional construction of gender identities.

*"Everyone who knows me knows that I am not a 'stay at home' person. I love being outdoors, meeting people, interacting. Suddenly, my biggest fear of not being a good mother or a good wife due to the endless time at home was replaced by a feeling that I was changed. First, my daughters now have a 'full time' mother, and I have a chance to know them better, be more relaxed and present. We have a deeper and a more secure attachment. My husband now has a wife that cooks every day, and he is very happy."*

Similar to previous findings on professional women who left their work for staying with their children [42, 43], such dedication to maternal roles was justified by the ideologies of intensive mothering. Inherent to these ideologies is the tenet that mothers are best suited to comprehend their children's needs and can interpret and respond to those needs intuitively [44, 45]. Consequently, mothering becomes a career in itself that needs a strong commitment for one to be "successful" [46].

Furthermore, I argue here that although increased time with children may be detrimental for mothers who hold themselves to the standards of intensive mothering [5], the opportunity to immerse in the domestic sphere completely may also provide some relief from the guilt, stress, and anxiety inherent to the struggle between work and family demands. As one mother, who lost her job a few months after the pandemic outbreak described in a Facebook group:

*"I miss my job tremendously, but this is the first time in the 10 last years that I don't feel guilty towards my children and husband. This is the first time that I can enjoy being the mother I always wanted to be; totally available for my children, highly involved in their lives, knows everything about the difficulties. Even my house looks better, and we eat fresh food everyday."*

Qualitative and quantitative research has demonstrated that when women feel as though they have not lived up to the standards, they have internalized for being an ideal mother, they experience guilt and shame [47, 48]. This guilt, however, is exacerbated for mothers who hold a more traditional maternal role stereotype [49]. Therefore, the intensification of time with children during a pandemic provides mothers a unique opportunity to reduce the painful self-discrepancy between the ideal mother they want to be and the actual mother they are [40].

### 3.3 Alternative narratives of "quality time"

Our findings suggest that the increased time at home and the collapse of work-home boundaries opened up an alternative maternal narrative that challenges some of the taken-for-granted meanings of intensive mothering. These narratives use the notions of time and temporality to question the unrealistic and persecutory nature of the cultural, moral standards of "good" motherhood.

Two mothers, interviewed for an Israeli online advice column, targeted the assumptions that women can “have it all” and that family time during a pandemic could be dedicated to children’s needs [50].

*“Before lockdown, we had an organized timetable hanging on the refrigerator, so we could monitor the assignments and schedules of different family members. Now? We have just given everything up. Time is not relevant anymore.”*

Another mother has recognized the impossibility of struggling between working from home and taking care of her small children:

*“I am not apologizing for missing a job meeting or two because I fell asleep with my child at 2 PM. I am just too tired.”*

An interesting perspective on how parents use notions of time to challenge social truths about parenting during the COVID-19 can be found in parents’ use of humor. In their analysis of humor circulating on Israeli social networks during the COVID-19 lockdown, Lamish and Elias [33] revealed that humor played as an outlet for parents’, especially mothers’, anxieties and distress. In contrast to the idealized and romanticized perspective of mothers’ time, mothers in their study took a cynical approach to their time at home in order to uncover the “real” quality of their family life during the pandemic. By targeting concepts of “leisure” and “quality time” [33], mothers struggled to resist the social construction of time at home as optimal for children’s well-being. The following example, published by an artistic mother in August 2020, shows how parent-child “quality time” was ridiculed:

*“Do you Remember the times when August arrived and you asked yourself: Ho no, what are going to do with the children the whole month of school vacation? Wow, that was a fantastic time.”*

Other mothers used cynical descriptions of children’s timetables, admitting that children were mainly busy with food and screen consumption [33]. As one mother posted on Facebook during December 2020:

*“My children’s C.V: 12 years of school. Of them, one year on Netflix.”*

Realistic notions of time allowed mothers to re-consider the social construction of motherhood that expects women to be constantly available to nurture the success of their children while being constantly available as highly productive workers. As Whiley et al. [5] suggested, the impossibility of being the perfect mother and the perfect worker became more pronounced during the COVID-19 as the fragile boundaries between home and work collapsed, and mothers found themselves more and more immersed in the domestic sphere. Paradoxically, the additional burden on mothers’ shoulders and the complex reality of raising children during a global crisis allowed mothers to challenge some of the social truths about mothering that appear natural and unquestionable, including why women still shoulder the parenting burden and what are the effects of this burden on women’s mental health.

#### **4. Limitations**

This research serves as an exploratory step in understanding how notions of time inform, and interpret, but also challenges the social construction of being a

mother during a pandemic. As such, several limitations must be considered. First, analyzed data is limited to Western mothers from high-resource sociocultural contexts. Therefore, certain ideologies and practices observed here might not appeal to mothers from diverse sociocultural and economic backgrounds. Second, data selection and analysis were conducted solely by the author, thus limiting the reliability of the reported findings. Finally, the study did not consider time-related dynamics in mothers' experiences of the COVID-19. Future research should explore how intensive mothering ideologies are further modified during recurrent waves of the pandemic.

## **5. Conclusions**

The above findings indicate that notions of time and temporality play a significant role in shaping mothers' experiences during the pandemic. Time-related notions of motherhood, including the idealization of childcare time, the devaluation of time dedicated to other obligations (especially paid work), and the gendered perceptions of time, produce and maintain culturally constructed prescriptions of intensive mothering [8, 9]. At the same time, mothers also struggled to present more realistic notions of time in order to challenge idealized representations of the mother-child relationship.

## **Conflict of interests**

The author declares no conflict of interest.


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# Between Home and School: Exploring Parents' Experiences of Educating in a Pandemic

*Helen Ross*

## Abstract

Drawing on open ended survey data constructed during the Spring-Summer of 2020 at the height of COVID-19 related lockdowns, this chapter explores parents' experiences of parenting young people with specific learning difficulties during a pandemic using a theoretical model based on the work of Bourdieu, previously developed by Ross. Bourdieusien principles underpin this study of parents' individual sense-making of home-schooling their children. This sense-making is highlighted as framing parents' interactions with professionals working with their children. There is a particular focus on parents' attempts to procure and engage with appropriate support for their children with specific learning difficulties. Systemic expectations relating to home-schooling and parents' roles in this are delineated and clarified. The intersection of systemic expectations on parents and their interactions with professionals is deconstructed to highlight the difficulties parents encountered with their ever-shifting roles during the course of home-schooling their children. Recommendations for practice are then drawn out.

**Keywords:** send, parent voice, Bourdieu, specific learning difficulties, inclusion

## 1. Introduction

During 2020 and 2021, education worldwide underwent a seismic shift. Universities moved online at short notice [1, 2], school districts and local authorities shifted overnight to remote learning, teachers altered curricula and families had to adapt to the new way of working imposed as a result of COVID-19. In the United Kingdom, the terms 'home-schooling' and 'remote learning' were often used to refer to education delivery following lockdown in March 2020 [3]. However, it is important to consider the immediacy and temporality of this type of learning in contrast with education which is planned as remote/online. As noted in [4], 'Emergency remote teaching is a temporary teaching solution to an emergent problem.' This was the case with the first wave of lockdowns in England, where schools moved to 'emergency remote teaching' over one weekend in March 2020.

Time to consider pedagogy and delivery of learning was limited; changes were made in special educational needs (SEN) legislation to allow for this. The legal duty in England for schools to implement all provision for young people with an Education, Health and Care Plan (EHCP) was relaxed. Thus, where proscribed provision was not in place, local authorities had used 'reasonable endeavors to discharge the duty,' [3] to source provision, they were protected somewhat from adverse legal

proceedings. Pragmatically, this meant that young people with EHCPs did not have full, statutory provision to support their curricular access. The effects of lockdowns and ‘emergency remote teaching’ on young people with ‘special educational needs and/or disability’ (SEND), without EHCP-defined provision remains poorly studied in an English context. While dyslexic young people’s experiences of ‘emergency remote teaching’ have been explored in higher education [1, 5] and amongst school children in Spain [6], Italian children’s progress in reading over lockdowns has been evaluated [7] and parental views of effects of remote learning have been explored in several national contexts [4, 5, 8, 9], little-to-no research exists in an English context. Parental conceptualization and navigation of systems to deliver ‘emergency remote teaching’ for children with dyslexia and/or other specific learning difficulties (SpLD) due to COVID-19 within the English context is lacking.

This study aims to fill that gap in knowledge and presents results of an ‘online social survey’ [10] in the form of a ‘web survey’ [10] administered between April and June 2020. Data analysis used a framework developed by Ross [11, 12], informed by Jenkins ‘orders of interaction’ [13], and underpinned by Bourdieu’s concepts of habitus, field and practice [14, 15]. Technology and infrastructure implicated in ‘emergency remote teaching’ is considered both in terms of effective use and access to appropriate devices. The survey aimed to explore the following areas of parental experience through both closed and open-ended questions:

- parents’ internal conceptualization of ‘emergency remote teaching’ and their role in its implementation, drawing on their own experiences and sense-making.
- How parents’ conceptualization of ‘emergency remote teaching’ informed and/or prompted their interactions with others, such as their children and their children’s educators.
- Parents’ capacity to meaningfully navigate institutional expectations, barriers and roles related to ‘emergency remote teaching’ based on their internal sense-making, interactions with others and own agentic capacities.

## **2. Education: the COVID-19 changes**

In this section, practices to support young people with SpLD are briefly discussed, with reference to the changes that took place following COVID-19 school closures in England. The roles of parents within school-based support systems for young people with SpLD are outlined. An overview of shifts in these roles due to COVID-19 and ‘emergency remote learning’ is given, drawing on existent literature. Finally access to resources is discussed and the use of technology in supporting young people is outlined, drawing on pre- and post-COVID-19 experiences. Importantly, barriers to engagement with education and ‘emergency remote teaching’ are also discussed here.

### **2.1 Supporting young people with SpLD**

#### *2.1.1 Legal frameworks*

Frameworks for supporting young people with SEN in England were updated in 2014 [16]. Formerly, the tiered system of support categorized young people’s needs by the amount/type of additional or specialized input they received in

school [17]. The current framework does not differentiate between young people's levels of need when considering non-statutory support/intervention. However, where statutory provision is in place, young people's EHCPs detail their needs and the provision which must be in place. Dyslexia and other SpLD are the principal need for many young people: 14.85 of young people with non-statutory provision and 3.8% of those with EHCPs [18]. Few young people with SpLD have an EHCP, as it is expected within policy that their needs are met in mainstream settings, through high quality teaching and school-based intervention packages. The nature of the package or support program for young people largely depends on the school. There is a paucity of robust evidence detailing what works to support learners with SpLDs [19]. Policy stipulates that young people and their families should be meaningfully engaged in support processes. However, this is not always the case [20, 21], particularly for young people who do not have statutory protection for their provision.

### *2.1.2 COVID-19 and young people*

COVID-19 and the swift change to 'emergency remote teaching' did not allow adequate space or time for consideration of the pedagogical needs of different groups of students whether in higher education [1, 2, 4] or in the school systems [7, 22, 23] of various countries. In England, the picture was much the same, to the extent that statutory provisions for young people were 'relaxed' [3] and young people without statutory provision were not supported in school at all. Places were only available for those with an EHCP or fulfilling other criteria (see [3]). As such, schools supporting young people with additional needs such as SpLDs were left to fend for themselves and to design their own curricular provision.

Despite legal frameworks and guidance necessitating 'reasonable adjustments' for young people with SEN, COVID-19 appeared to erase protections written into law and policy. 'Best endeavors' were sufficient even for those with statutory documentation [3]. There was little protection afforded for young people with SEND such as SpLD within COVID-19 legislation.

## **2.2 Parents within their children's education**

### *2.2.1 Roles in policy frameworks*

Within policy, according to Bourdieu, certain categories are defined and formally recognized within certain fields [14, 24]. In education in England, teachers are granted 'Qualified Teacher Status' following completion of formally accredited training [25]. The roles of teachers such as Special Educational Needs and Disability Coordinators (SENDCos) [26] or Specialist Dyslexia/SpLD teachers [27] are clearly defined within policy and practice through legislation or professional accreditation. Others working in schools may also have certain statuses dependent on their respective qualifications and professional pathways. However, the role of 'parent' is less clear both within policy and practice.

Largely parents advocate for their children within policy and proactively seek to secure appropriate support, through their relationships and interactions with professionals [28]. Policy frameworks [16, 26] expect parents to be meaningfully engaged in the organization of support provision for their children. However, the reality of this may be different. Steps taken to engage parents/carers in processes differ at local level but are largely controlled by Local Authorities in England. As such parents'/carers' capacity to engage fully and effectively alongside their families through these sometimes-complex processes is limited [20, 21]. This has changed

little since governmental evaluations of pilot studies, undertaken before the introduction of new policy frameworks [29], particularly for those without statutory provision, such as those with SpLD.

### *2.2.2 COVID and parental support for young people*

Despite little research on ‘emergency remote teaching’ experiences of young people with SpLDs and their families in an English context, there is substantial evidence that the roles of parents differ substantially from those they embody in a non-COVID world. Parents were largely in a supporting role that saw them oversee technical difficulties in online teaching [4]. At other times, whether engaging in remote learning online or through paper-based materials, parents/carers found themselves in the position of teachers and supporting their children to engage, access and undertake their learning. Young people’s ‘parents became their teachers, their tutors and advocates’ [28]. Parents reported in several studies that online learning was particularly burdensome for them because they did not have the technical knowledge to support their children (or themselves where applicable) to access the relevant websites, applications or conferencing software [4, 5]. The support processes in place provided asynchronous text-based support, as well as some video or live sessions with real-time instruction. However, there was little evidence of specific differentiation to support young people with SEN, even within Higher Educational settings, where students were overall more self-sufficient [2]. As such, it is likely that provision to support young people with SpLD in England, was patchy at best and somewhat inconsistent. The lack of research, however, makes it difficult to draw meaningful conclusions about support/adjustments for learners during COVID-19 lockdowns and parents’ related roles.

## **2.3 Resourcing and supporting education for young people with SpLD**

### *2.3.1 In-school and using tech*

There is some work on the use of different assistive technologies to support young people with SpLD, in UK education settings. However, much of the research uses incomparable metrics, epistemologies and methodologies, making it impossible to draw robust conclusions on what technology is best-suited to different learners [19]. Young people may have access to different technologies according to their statutory EHCP support measures. However, a substantial barrier to the use of assistive technology in schools is the cost; even for technology, this cost factor has a high impact on both well-being and academic outcomes [30–34]. The same can be said of 1:1 or small-group instruction [35]. Thus, we can see that some effective support interventions are prohibitively costly and therefore, many young people do not have sufficient access to them.

### *2.3.2 COVID and remote learning: using tech*

Much of the work relating to COVID-19 shows that most instruction moved online [4, 5, 8], with some paper-based work delivered where digital infrastructure was lacking [8, 36]. However, moves were made to secure access to appropriate technology and internet access for families who did not have those resources in place. Literature shows that access to paper-based materials required parents to support their children’s learning; this was problematic for working parents. Access to printers or devices to submit work for marking/feedback was also noted as problematic for some families [4, 9]. The overall themes arising in studies undertaken in



other national settings were that lack of access to appropriate devices and reliable internet connections made accessing 'emergency remote learning' very problematic for families. Cost of technologies and internet access were a barrier to families to access online learning. Many families in England did not have the resources in place at home and subsequently could not access online teaching [37].

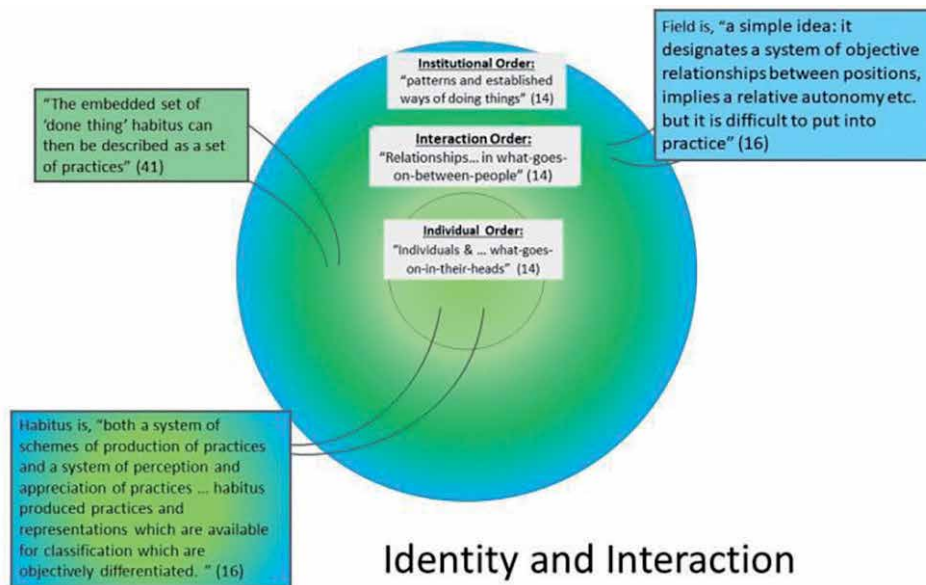
### 3. Theorizing 'sense-making' and interactions in education

Theories underpinning the Jenkins-Bourdieu analysis framework are discussed here, with reference to prior work undertaken by the author, addressing strengths in the framework. Visual representation of the connections is also given.

#### 3.1 Jenkins and Bourdieu: a united framework

The unifying concept between Jenkins' and Bourdieu's social projects is the notion to which they both ascribe: the inseparability of social actors and the social context in which they operate. The connections made between Jenkins' and Bourdieu's frameworks are shown in **Figure 1** [38].

Parents and young peoples' sense-making in education has been explored through the knitting together of Jenkins' 'levels of interaction' with Bourdieu's concepts of 'field', 'habitus' and 'practice' into a single theoretical framework [11, 12]. This framework provides a robust and effective way of bridging the subjectivist-objectivist gap perceived by Jenkins in Bourdieu's theoretical project [39], and allows for a thorough consideration of objective, external social structures as well as those (re)produced internally [40]. It also gives insight into how identity is constructed and how individuals make sense of the world around them. However, analysis of data for this project and other work undertaken in the COVID world have shown how challenging it is to apply this framework to static social settings without consideration of the wider social world outside a particular field. Here and



**Figure 1.**  
*Identity and interaction- a visualization.*

in previous work [11, 12], education has been the field under consideration. While policy, schools and family settings have all been considered effectively, there has been little exploration of the effect on education of changes in other 'fields.'

## **4. Methodology**

### **4.1 Research aims**

This research explores the experiences of parents/carers of young people with dyslexia arising from schools' rapid switch to 'emergency remote teaching.' This was undertaken via an online survey, with closed, Likert scale and open-ended questions. This report focuses on responses to open-ended questions but occasionally draws upon closed questions to provide context for participants' responses. The questionnaire explored use of technology and other strategies implemented during initial COVID-19 lockdowns. This chapter investigates parents'/carers' experiences of 'emergency remote teaching' during 2020.

### **4.2 Data construction and participants**

All work was undertaken in line with BERA ethical guidelines [41] and in full consideration of the Teachers' Standards for England [42], due to the researcher's part-time position in a mainstream secondary school. Data was constructed between April and June 2020 via an online survey. In line with Bryman [10], this small-scale survey took the form of a structured interview and a self-completion questionnaire. Some elements were ranked responses, some used a Likert Scale, and others were closed questions, which is similar to a self-completion questionnaire. In addition to these questions, there were items on this survey where participants could provide open-ended responses in a text box. This was done to gain understanding of frequencies of response as well as reasons for those responses.

The survey was built using MS Forms and was disseminated through the researchers' personal network, as well as via social media, specifically through the researcher's Facebook, Twitter and LinkedIn platforms throughout this time. The researcher's own network was approached personally with an overview of the research purposes via WhatsApp. The survey form was also accessible via the researcher's business website. The call for participants was presented alongside a small introduction on social media and was open to all. The initial page of the survey then gave full information on the project's purpose and aims. This survey was part of a larger project where parents, teachers and other educators, and students were asked about their experiences of accessing education during the initial wave of COVID-19 lockdowns [43]. The survey garnered 123 responses. A total of 47 parents/carers responded to the survey, of which five responses were not usable: the parents/carers did not have children with SEN. This exclusion criterion was built into the survey design: parents were asked whether they had children with SEN and where they did not, they were thanked for their time and the survey ceased. The overall response rate for the survey was relatively low, given that there were 155,825 children with documented SpLD within English education in 2019–2020 [18]. However, there are various factors, which may account for this. It is unclear how many young people have formal diagnoses of SpLD; there may be other young people whose needs are not formally identified or are such that they are not on school SEN registers as noted by the British Dyslexia Association [44]. While there is substantial data available relating to young people in England such as the National Pupil Database [45], there is no capacity built into it; this allows researchers to

contact students, their parents/carers or teachers individually. Subsequently, researchers are dependent on professional networks, personal contacts and paid-for survey promotion tools to connect with the target population. Even within targeted sampling, there are often high non-response rates [10]. As such, where parents/carers are in a time-poor, high-stress situation often with relatively poor access to the internet, it is unsurprising that the response rate was not as high as might be hoped. That said, this study does not attempt to capture large-scale, reproducible and generalizable data. Rather this survey aims to take a snapshot of people's experiences of supporting their children through learning during COVID-19 lockdowns to gain understanding of what barriers and facilitators to learning they experienced.

**Table 1** shows school-types attended by participants' children. Participating parents, teachers/educators and students were assigned a participant number according to the timestamp on their response to the survey. As such, parents here are numbered in the order they participated in the wider survey rather than parents having a separate identification number system from other respondents.

All data was cleaned and identifying features removed for analysis. Files containing participants' personal details are encrypted and password protected. Information is also stored on password protected hardware and is process/stored in line with the Data Protection Act 2018 [46]. The Researcher and their organization are also registered with the Information Commissioner's Office [47].

### 4.3 Data processing and analysis

Data was saved to MS Excel files on exportation from the survey in MS Forms, and was password protected. Categorical and ranked responses were explored using MS Excel and graphing functions in MS Forms to provide some context for findings. This aims to help improve transferability of conclusions by adding to the thick description sought in qualitative research [48]. Qualitative responses to open-ended questions were then manually exported from the Excel data files and pasted into word documents for each participant. These word documents were saved under each participant's identifier number and later imported in to QDA Data Miner Lite [49] for analysis.

A framework for analysis based in Jenkins' and Bourdieu's work was in place for data analysis. However, very little research had been undertaken into COVID-19 and 'emergency remote teaching' at the start of this project. As such, initial open coding was undertaken using a grounded theory approach [50]. On initial reading of documentation, core categories were identified. These related to parents' experiences of remote learning versus expectations, roles and technology. Following initial reading, a further reading of each parent's responses was undertaken and the coding framework was refined further until data saturation was reached [50]. For data-triangulation, initial findings from analysis were shared, in the form of a report, with

School type	Number of parents
Mainstream secondary	15
Mainstream primary	13
Independent secondary	3
Independent primary	0
Other	11

**Table 1.**  
*Participant overview.*

participants who had provided email addresses. They were offered the opportunity to comment on findings and address any inconsistencies. There was no feedback that suggested findings were erroneous; several participants did write positively in response to the report. The potential for further triangulation and deeper understanding of data was also built into the project design. The survey sought participants for further interviews as a further phase of the project where outcomes from the survey would inform real-time interviews with participants. These interviews were undertaken in Summer 2021 and analysis is ongoing at the time of writing.

The Jenkins-Bourdieu framework then underpinned data analysis using core-categories to address research questions. This was done through the exploration of coding intersections in QDA Data Miner Lite. The researcher explored code-intersections which related to each of the three levels of interaction separately by exporting them to MS Word files and reading them. Nine code-intersections were produced: 3 for each 'levels of interaction' [13]. The coding-intersection outputs were then read by the researcher and coded by hand with specific consideration of the research objectives. Each output was read at least 3 times and coding was undertaken until data saturation was reached. The grounded theory approach, followed by the Jenkins-Bourdieu coding process highlighted the need for a more sophisticated model, capable of addressing the complex dynamics of field-field interactions, and their effects on individual actors and inter-actor dialog. Fields' interdependent natures also needed 'space' to be adequately addressed. Foundations for this model are laid in sections 5 and 6. The model is discussed in Section 7.

## **5. Results**

Here, findings from Jenkins-Bourdieu-based data analysis are presented. Data is drawn from open-ended responses to questions and contextualized with reference to participants' responses to quantitative questions. First, parents' individual sense-making of 'emergency remote teaching' is discussed. Parents' conceptualization of it versus the reality, and how they are implicated is explored. Finally, institutional barriers and facilitators affecting parents during 'emergency remote teaching' are discussed. Where participants are quoted, square brackets indicate editing by the researcher; all spelling is as written in the survey.

### **5.1 Individually**

#### *5.1.1 What is remote learning/teaching?*

Of all 42 respondents, only three families did not have work set online. Thus, for almost all parents, 'emergency remote teaching' meant online teaching, although 7 parents reported schools did also provide paper-based work-packs.

Parental conceptualization of remote teaching differed in some areas, but an area of agreement was that there should be an interactive element. One parent's (55-mainstream secondary) role within a remote learning provider led them to state that, 'Merely setting task and research to complete is not teaching. There also needs to be an interactive element ... built into teaching material.' Parent 107 (Mainstream secondary) also felt that 'Face to face learning is essential especially in subjects like maths & sciences.' A lack of interaction in real time appeared to cause concern that there would be gaps in learning, according to parent 12 (Mainstream secondary). While only three families did make reference explicitly to a connection between interactive teaching and lost learning, those that did appeared to feel strongly about its importance.

Some parents felt that because work was set online, schools were, 'Not providing online learning just suggested links,' (parent 42 – mainstream primary) and that their children, 'didn't feel that the teachers are communicating or supporting ... learning' (parent 73). However, being given links and choice over what was undertaken was positive for parent 52 (mainstream primary) who noted that, 'They are providing many different ideas and allowing parents to set appropriate tasks and timings.' This was echoed by the 10 parents who noted that there was no pressure on them to complete everything or for work to be handed in.

### *5.1.2 How is remote learning/teaching delivered?*

Parental experiences of remote learning were largely unified in that work was delivered online, with the exception of three families. A substantial proportion of parents reported that they could submit work on paper (nine families) or that there was no expectation to submit any work (10 families) upon completion. This was in addition to the 23 families who could submit work online. Most parents did not specify the platforms used but some did use MSTeams, Class Dojo or Google Classrooms at the start of lockdowns. The platform for dissemination was not cited as problematic by any parents; rather the practicalities of online learning were the barrier for some, with parents not having the capacity to support their children. In this survey, 35 children had access to their own devices. The switch to online instruction is within a context where two-thirds of parents reported that their children used no assistive technology in school. Thus, there has been a substantial culture and experience change for most families.

Twenty-four families reported that work took more time to complete at home than in school, which suggests that the volume of work set was substantial. As noted by parent 60 (mainstream secondary), schools had 'given far too much work for the time available' and were 'determined to work their way through the curriculum with little account of how online learning is very different.' Only five families found that time spent on remote-learning was in line with in-school working. One family (parent 91), whose independent secondary school routinely used iPads found 'Remote working no different to that when in school.' This differs substantially from others' experiences of online learning, who felt that 'reliance on technology has made it significantly more difficult,' (parent 57 – mainstream secondary). Having said that, only 9 families reported that accessing technology was harder at home, versus 17 who found it easier and 18 who found it in line with school access. As such, we can see that remote/online working was not a straight 'switch' for parents/carers and their children, but there were variations in experiences.

### *5.1.3 What does remote learning/teaching mean for me?*

Delivery of teaching materials relied heavily on technology and on parents. With parents working at home, time/availability to support children was a pressure point for families. As noted by parent 113 (mainstream primary), 'I don't have the time to encourage him or help him when he's struggling.' They felt that 'work has clearly been set on the basis that the children will have access to computers to compete the work, or at least a printer with an unlimited ink supply!'

It is of note that 27 parents (64%) felt that work was pitched at the right level; with only 30% finding it too complex, they still felt work took longer at home. This suggests then, that there was too much work set and/or that the work needed substantial differentiation by parents. This echoes parental views of 'normal' lesson delivery, where two-thirds of parents were unaware of differentiation for their children or felt that teachers did not adapt their children's work.

Differentiation was minimal and parents were key in addressing this: parent 57 (mainstream secondary) reported that they, 'have had to adapt [work] for our daughter, which has taken a lot of time.' Other parents reported that work was set but that they as parents were expected to ensure that work was done, either through choosing a daily program of study for their children and/or through adapting work set so that their children could access it. Differentiation of work and adjustments for young people with SpLD was a point of contention for many families. Parent 55 (mainstream secondary) noted that there was 'a huge amount of 'project work' set which I expect is perceived as self-differentiating.' They felt that the school was not adjusting work, as did parent 73 (mainstream secondary) who noted, 'My son says that the school is not adapting work for him,' and parent 101 (mainstream primary) who said that 'nothing had been adapted for SEN' until the week that the survey was taken in mid-May.

## **5.2 Interactionally**

### *5.2.1 Home-school communication: paper versus reality*

Some families believed that lack of interaction would lead to knowledge gaps irrespective of young people's needs and capacity to engage with remote learning. Of respondents, 29 families were not confident or neutral in respect to teachers' ability to deliver online learning, with most families reporting that learning was not interactive or real-time. This lack of confidence may underpin families' concerns around gaps in learning.

However, this view was not universal. Some families felt that online/remote teaching was very successful for their children; 13 families reported high confidence in teachers' ability to deliver remote learning. Parent 39 (mainstream secondary) noted that, 'teachers have been emailing C and marking all his work online. Feedback has been excellent. As they are not dealing with bad behaviours, the focus is all on teaching and learning.' Parent 91 (independent secondary) found remote learning effective and noted that, 'Contact with subject staff and learning support staff is always available.' Other parents experienced contact with staff differently. Parent 99 (other) found that, 'not all tutors are chasing him for the work he is supposed to have done' and that understanding what was expected work-wise was challenging.

Parent 119 (mainstream secondary) perceived a difference in delivery dependent on teachers noting that 'some teachers have adapted better than others. Some subjects [are] being taught by the teams' platform; other subjects there has just been work set by email.'

Where delivery of lessons was problematic, it was largely attributed to difficulties in accessing platforms or loss of routine for learners, as found elsewhere [51, 52]. Parent 109 (mainstream secondary) found that 'work isn't user friendly. Platforms used like 'show my homework' is inconsistent and not very user friendly.' Parent 60 (mainstream secondary) found that their daughter, 'misses the routine, and her friends, and her timetable.' Despite some difficulties in sequencing and organizing work, some parents did appreciate flexibility and feedback from teachers. As parent 42 (mainstream primary) noted, 'They are reassuring all parents not to stress about it. Explaining all children are different. Learn in different ways.' This appeared to provide comfort emotionally and pragmatically, allowing for responsive management of children's workloads.

### *5.2.2 Home-school: communication prompters*

Although some parents found communication from school efficient and accessible, and prompted by positive experiences, others disagreed. This theme arose from

qualitative responses from some parents around communication and the forms it took; it was not a specifically structured question. However, communication between families and professionals was described in several extended answers. The issues raised were useful for consideration when addressing pragmatic outcomes from remote learning.

Lack of differentiation prompted parents to contact schools to request appropriate work. Some parental communication did result in adapted work for children. Parent 60 (mainstream secondary) noted that for her daughter, 'Some of the teachers have thankfully responded to her need for 'private' questions and I would like to see that continued as it really helps with her social anxiety.' Parent 110 (mainstream primary) found that following contact with her child's schools, the 'Teacher has emailed me more appropriate work.' Other parents found contacting teachers was less fruitful.

Parent 12 (mainstream secondary) did not have clear communication with their child's school stating, 'I'm not clear how he is at school... he says he finds things popping up on the screen distracting.' This suggests that delivery of learning was not adapted for their son. Parent 119 (mainstream secondary) found that individual contact with the school was less effective than collective action reporting. They felt the need to work alongside other parents to contact the school and request differentiated learning materials. Parent 119 (mainstream secondary) commented, 'At the start of the situation there was no adjustments in place for my child... we had to make a complaint to get this changed... all the students of one subject have complained too.' Parent 113 (mainstream primary) had 'spoken with the SENCO Manager at the school 3 times now and each time I am told they are not putting on any additional resources or remote teaching for children with SEN.' Despite contact, the school made no concessions during the first lockdown for her child and others with SEN. These themes were present in a large number of responses: schools did not differentiate work appropriately. However, given other work on SEN and the difficulties expected in relation to provision (see changes in policy highlighted in sections 2.1.2 and 2.2.2), the lack of differentiation was unsurprising.

### *5.2.3 Home versus school: parents' shifting roles*

Some parents have found their new roles as 'teachers' a positive experience, as noted by parent 35 (mainstream primary): 'We can discuss on a one-to-one level, make connections across subjects easier because I don't have to stick to lesson plans.' Other parents had less positive experiences: 'I don't have the time to encourage him or help him when he's struggling' (parent 35 – mainstream primary). Others described an expectation for them to step in to teach (parent 123 – mainstream primary), 'there is assumption and agreement that parents will intervene (and I do).' The shift in roles was a theme in over half of extended answers. Parents experienced changes in how they supported their children. Parents were key in actors as facilitating young people's ability to access their work through remote learning. This finding echoes outcomes in other studies undertaken during COVID-19 related remote learning.

## **5.3 Institutionally**

### *5.3.1 Home setup: expectations versus realities*

Parents had substantial expectations placed on their resourcing and capacity at home as a result of COVID-19 lockdowns. Most parents responding to this survey had appropriate technology and devices to access learning (37 families). However,

five families did not have sufficient devices. Parents also had to manage competing demands of work and supporting their children at home.

Parent 113 (mainstream primary) reported that school was, ‘not adapting the work at all. Both my husband and I are working full time... I am working full time at home whilst home-schooling 2 children.’ Parent 52 (mainstream primary) also noted that at home ‘he has the attention of an adult to help and keep him on track.’ Parents reported that they intervened to support their children’s learning despite their work commitments. This echoes findings from elsewhere and demonstrates the structural barriers in place [4, 5]; what if parents are not available to work with their children, or what should parents do, where they are without access to appropriate technology to facilitate their children’s remote teaching?

Parent 57 (mainstream secondary) noted that, ‘The reliance on technology has made it significantly more difficult’ to access remote learning. Parents and children simultaneously working from home caused substantial difficulties for some families: they did not have sufficient access to devices. Parent 58 (mainstream primary) said, ‘We only have one tablet with a small screen.’ Other parents noted the importance of having access to a device: ‘He has he own device [which] enables access. Technology is very important’ (parent 26-other). Other families with limited devices had to prioritize which child could use it and when. This caused substantial difficulties for them.

### *5.3.2 School setup: curricular burdens*

Parents felt that ‘emergency remote teaching’ highlighted their children’s difficulties, particularly with literacy; 18 families (43%) reported that their children found learning harder at home than at school. Parent 55 (mainstream secondary) asserted that, ‘It has really highlighted my child’s struggle with reading and being independent.’ Parent 35 (mainstream primary) also found this, stating, ‘the reading required for online learning (it can be text heavy) emphasizes his difficulties with literacy and memory. However, multimedia like YouTube ... make it easier for him.’ This shows that families could to some extent ‘bypass’ reading to access class learning by using other learning strategies. However, parent 35 (mainstream primary) ultimately settled on ‘purposefully decid[ing] not to follow the curriculum.’ No other parent in this study actively chose to go ‘off plan’ for their children, which although not high frequency, is highly important as an apparent outlier within survey respondents.

### *5.3.3 Resources and systems*

As discussed above, parents viewed access to ICT as essential for engagement with remote teaching. There was also the expectation within parents’ sense-making/conceptualization of remote learning that they would be ‘available’ to support their children at home with learning, despite their own professional demands/roles. Lack of resources has been noted as problematic by parents, both within the home-sphere and within school. Parent 109 (mainstream school) felt that their child would benefit from technology, ‘but I canning [can’t] afford it.’ Conversely, parent 108 (mainstream primary) noted that, ‘School can’t afford a device for every child.’ There was reference made to free/integrated software addons, accessible to schools. Other parents asserted the importance of read-aloud software, touch typing, and dictation/speech-to-text capacities to support their children’s learning.

Some parents found that remote learning was beneficial, as access to technology facilitated their children’s learning (parent 109 – mainstream secondary;



parent 39 – mainstream secondary). The freedom to use different technologies such as readers, Google searches and touch-typing, facilitated access to learning for some learners, according to their parents. Other parents noted that use of ICT and the systems implemented for 'emergency remote teaching' exacerbated their children's difficulties, with children's social needs not being considered initially (parent 60- mainstream secondary). 'Screen use exacerbates... issues with attention and concentration' (parent 102- mainstream primary) and some young people may be '... vile if [they have] been on technology too long' (parent 105- mainstream secondary). Difficulties interpreting pop-up information were also reported; it is likely that 'chat' functions were the reason for these difficulties, given that many software packages have that feature.

## **6. Discussion**

In this section, how parental conceptualization of 'emergency remote teaching' underpins home-school communication, and the resulting roles adopted by parents during remote teaching is discussed. Connections between parents' understandings of 'emergency remote teaching' and their engagement with institutional processes are made. Reference is made to resourcing, structural expectations on them and their capacity to navigate them, and links are made with existent literature.

### **6.1 Individual sense-making**

Parental sense-making of home-schooling tended to focus on what they hoped for – interaction in real time with specific and personalized instruction for their children – in contrast with the reality. The reality encountered tended to be remote digital delivery through written instruction and/or some video resources. Parents found themselves in the position of facilitator of learning, which took place online for the most part, which echoes other work undertaken in the COVID-19 climate [4, 5]. While some parents felt that their children could complete more work than in school (parent 39-mainstream secondary), others' feelings are summarized clearly by parent 96 (other), who said of their son's experiences, 'He needs a teacher.' Time to support their children and (lack of) access to devices/internet were recurring themes in parents' sense-making of emergency remote teaching, which again chimes with other work on parents' and learner's experiences during COVID-19 [4, 5]. As noted elsewhere, personal sense-making (of parents in this case) underpins their interactions with other individuals [13, 14]. Parental views and experiences of 'emergency remote teaching' influenced interactions substantially due to the gap in expectations versus reality of their experiences.

### **6.2 Interaction and exchanges**

Parental conceptualization of 'emergency remote teaching' showed that some parents felt that interaction – ideally in real time – was a crucial element of teaching. This chimes with work undertaken elsewhere that found many students had difficulties accessing asynchronous learning [2, 36]. Lack of consistency in provision was noted in other studies on COVID-19 instruction [37]. Parents in this study reported different levels of satisfaction and confidence in their children's teachers' ability to deliver lessons. There was also considerable variation in how work was delivered across and within institutions. Some teachers were better able to adapt than others, which had been noted by parents. This suggests

that even within individual schools, variation in implementation of ‘emergency remote learning’ policy is substantial, leading to notable differences in what is on paper versus the reality of remote lesson delivery. This echoes work relating to both school [36] and higher education [1, 6], where provision was developed in the first instance by educators independently according to their strengths, with institutional policies following later.

While parental advocacy has been discussed elsewhere [28], here parental roles have been developed from advocacy for their children towards ‘parents-as-teachers.’ Where young people had SpLD, parental knowledge of technology was not always secure; they felt that schools were not providing sufficient support and training, which echoes work on higher-education by Gould [2]. However, parents’ own tacit knowledge of technology was implicitly relied on, due to structural expectations placed on them during COVID-19 related lockdowns. How work was set also impacted parental roles; remote work which needed printing; if access to specific websites/resources was necessary; work being too difficult for children and so on meant that parents often adjusted work in place of teachers. Other studies also highlight the demands placed on parents, and their construction as parents-as-teachers by both pragmatic, personal actions and through systemic expectations [4, 5, 8].

In this study, access to devices was unproblematic, with a substantial majority of families having sufficient devices for their children. This is in contrast with other work [5, 36]. Nevertheless, systemic processes and expectations had a substantial influence on parents’ sense-making of what ‘remote teaching’ should be. We can see that parents’ sense-making of teaching depends on systemic decisions on provision strategies (particularly for those with dyslexia and specific learning difficulties [22] who are without formalized, statutory provision [3]) as well as their own resources and tacit knowledge.

### **6.3 Institutional issues**

Families’ difficulties in accessing devices echo in the work by Misirli and Ergulec [4] and Kaiper-Marquez et al. [5], where access to technology was vital for accessing work, and the ‘expected’ know-how associated with that technology was not always realistic for families. Given that statutory provision implementation required only ‘best endeavors’ [3], it is unsurprising that work was often unsuitably differentiated for learners without statutory provision; a substantial proportion of those learners have SpLD [18] and find accessing learning problematic even when they are in school under ‘normal’ circumstances [28]. Parents felt the ‘reading burden’ of the curriculum was substantial, reporting that where their children had no access to multi-sensory learning and/or reader-technology, their ability to engage well with remote learning was limited. Structures that already disadvantaged those with SpLD have been replaced (through ‘emergency remote teaching’) by structural expectations, such that learners with SpLD are substantially disadvantaged and their curricular access is limited where those expectations are not met – either by parents or their schools.

As asserted by Bourdieu [14], education is a site of production and re-production of practices and social relations. Consciously or otherwise, all but one parent in this study acted to propagate systems in place. They all tried to follow the curriculum delivered by professionals and so doing, acted to propagate oppressive systems which impeded their children’s ability to access the curriculum. Only one parent felt able to act agentically and remove systemic, curricular burdens from themselves and their child. This shows the power of parental hopes for their children to ‘fit

in' with social systems (SEN provision), even when those systems act to oppress children due to their SpLD.

## **6.4 Interdependence and interaction between levels**

The findings from this study demonstrate an overlap and interdependence between the levels of interaction. While this is not new and has been shown elsewhere [12, 40], this analysis demonstrates the interdependence between levels both from individual towards institutional and vice versa. The levels are mutually constituting and self-(re)producing, which echoes Bourdieu's view of the self-propagation of social worlds [15]. For example, parents' sense-making of 'emergency remote teaching' was based in systemic decisions/practices by their children's schools as to how it would be undertaken. Parents had little influence over initial decisions relating to provision designed. Rather they conceptualized 'emergency remote teaching' through their own experiences of it systemically, and via their interactions with their children and professionals. Interactions sometimes prompted changes in systemic practice (for example, private messaging or emailing of more appropriate work); at other times no change occurred. The power and capacity to engage with systems through interactions and effect change in those systems influenced parental sense-making. Constant, cyclic (re)conceptualization of parents' experiences of remote teaching and their positions/roles within that took place. Consideration of this was not fully possible within the Jenkins-Bourdieu framework as cyclic reciprocity and interdependence between all levels was not fully addressed. As such, further theorization was necessary and prompted by findings in this study.

## **7. 'Circles of interaction'**

### **7.1 Habitus clash: a dynamic process**

COVID-19 caused waves across entire legal and social frameworks. Education was a field hit particularly strongly in the process. Many of the embedded practices, expectations and roles were upended through changes in other social fields such as health, law and politics. A model that addressed the dynamism connected to such a seismic and rapid shift in a systemic social practices was necessary. The model had to allow for consideration of individuals' sense-making and agency in a framework that connects those to interactions between social agents in a field. The structures and boundaries of that field must also be considered to address expectations, roles and practices which (re)construct the field, its habitus and associated practices. However, as demonstrated in national, local and individual responses to COVID-19, fields rarely (if ever) exist in isolation, and responses to external events occurring in one sector of society are likely to impact other areas. Within a Jenkins-Bourdieu-based theoretical model, as described above, there is not sufficient and explicit capacity to these inter-field effects. As such, consideration of 'habitus clashes' [53], derived from Ingram's [54] interpretation and use of Bourdieu's concept of 'dialectical confrontation' [55] are useful here.

'Habitus clash' is a simple phrase used to explain the time and space within which habituses, practices and values from different (and sometimes opposing) fields intersect [53]. The intersection is then a site where a social actor must process and make sense of the clash. They will then determine how (and if) the different

systems are to be embodied into their own habitus, practice and values. Much as snooker balls respond to impact in demonstrations of Newton's law of Conservation of Momentum – they are repelled instantly or may move together with a change of direction and speed – so also social actors upon experiencing a 'habitus clash' may change their direction, their views and the way that they interact with others implicated in the clash. As such, a dynamic, moving model where interactions between fields can be easily visualized is necessary.

## 7.2 Circles of interaction: conceptualizing the dynamics of the social world

In the early COVID-19 world, the clash of habitus connected to lockdowns and national responses to the crisis instigated shifts in practice and socially determined values across various sectors. These shifts then impacted education. Within education itself, different actors' experiences, interactions and roles were upended with very little time to make sense of those changes. The 'Circles of Interaction' model has been developed as a framework, which actively considers the impacts of changes in one sector of the social world on, and in, other sectors. **Figure 2** shows the 'Circles of Interaction,' which are explained and defined below.

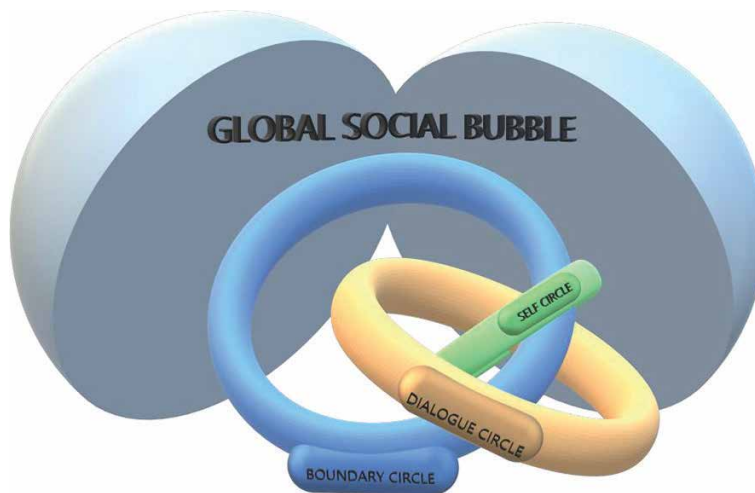
The 'Circles of Interaction' comprise three interconnected but mobile rings, which are free to move within the 'Global Social Bubble.' The three circles represent different levels of the social world and are described below:

The 'Boundary Circle' represents and encapsulates institutional practices that create and define objective social structures. Its large size demonstrates its power-capacity (arising from institutional agency), relative to other elements of the social world.

The 'Dialog Circle' is the space where interactions between social actors are considered, and the changes made through those interactions are delineated. The relative-power held in those interactions, through the roles individuals embody, is explored and its connection to changes in the 'Boundary' and 'Self' Circles is addressed.

The 'Self Circle' is the internal space where social actors make sense of the world around them and enact agency within their own experiences. Their sense-making and agentic capacity is informed by structures and institutions in the 'Boundary' and 'Dialog' Circles and is considered within this space.

Many 'Circles of Interaction,' representing different sectors of the social world exist within the 'Global Social Bubble.' These sets of circles then move around and



**Figure 2.**  
*Circles of Interaction.*

interact. As they interact and shift their balance, the balance of sense-making, interaction and social structures of those inhabiting the circles is upset and altered. This shift is represented by the changes in physical points of contact between the circles; where the contact points alter due to changes external to the circle or changes within the circle, so a 'habitus clash' occurs. New habitus emerges at the points of contact caused by those clashes. COVID-19 has instigated habitus change in the education 'Circles of Interaction' through changes in other sectors' 'Circles of Interaction.' These changes have then impacted education. Parents' sense-making of 'emergency remote instruction' is inextricably linked to its structural implementation by schools and educators. This conceptualization and sense-making underpin interactions with educators; parent-teacher interactions are connected to potential systemic changes to remove barriers to learning for children. Where systemic barriers are then removed (or not), sense-making of remote learning must be re-visited. Changes in other social sectors such as health, employment and the economy affect other sectors and those sectors' 'Circles of Interaction' collide, move and instigate new habitus and practice. COVID-19 and this project have shown how the interdependence of social sectors can be modeled dynamically and robustly through the 'Circles of Interaction.'

## **8. Conclusions**

Although this is a small-scale study, the fact that it chimes with so much of the body of work relating to COVID-19 remote-teaching suggests that the findings are important. The voices of those who support young children with specific learning difficulties are missing from much discourse, and as a group, their needs often go unidentified and unmet. COVID-19 has highlighted and brought to the fore the difficulty families face when supporting their children with SpLD. Families are untrained, often lacking the material and time resources in a pre-COVID-19 world [11, 40]. COVID-19 has exacerbated these pre-existent difficulties and added to the burdens experienced by already-overstretched families. Parents lack training to support their children and often lack the physical devices needed to support children in remote learning. These devices and training would also be useful in regular schooling [19]. Investment in technology to support children and their families by central government is crucial to meeting their needs and would be beneficial in the event of future school-closures/remote teaching. Systemic expectations on parents must be grounded in families' realities and resources. Flexibility is key and empowerment through constructive communication edifies all parties and improves practice.

Teachers need training and consistent expectations from their schools, local authorities and ultimately, the Department of Education in the implementation of remote teaching, with a particular focus on online learning. That way the needs of those with SpLD can be met through 'friendly' practices, which will ultimately benefit all learners [28].

This study has prompted the development of a new theoretical framework 'Circles of Interaction,' grounded in Bourdieusien principles and drawing on Jenkins' sociology of identity. Further development through careful application of this framework is necessary to consolidate its principles and transposability to sectors other than education.

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# Parental Education, Ethnicity, and Functional Connectivity between Nucleus Accumbens and Frontoparietal Network

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## Abstract

While studies have indicated an association between socioeconomic status (SES) and neuroimaging measures, weaker SES effects are shown for Blacks than Whites. This is, in part, due to processes such as stratification, racism, minoritization, and othering of Black people in the United States. However, less is known about Latino youth. This study had two aims: First, to test the association between parental education and the right and left nucleus accumbens (NAcc) resting-state functional connectivity with the frontoparietal network (FPN) in children; and second, to investigate ethnic heterogeneity in this association. This cross-sectional study used data from the Adolescent Brain Cognitive Development (ABCD) study. We analyzed the resting-state functional connectivity data (rsFC) of 10,840 US preadolescents who were between 9 and 10 years old. The main outcomes were the NAcc resting-state functional connectivity with FPN separately calculated for right and left hemispheres. Parental education was our independent variable. Family structure, sex, and age were covariates. Furthermore, ethnicity (Latino vs. non-Latino) was regarded as the moderator. We used mixed-effects regression for data analysis with and without interaction terms between parental education and ethnicity. Most participants ( $n = 8690$ ; 80.2%) were non-Latino and 2150 (19.8%) were Latino. Parental education was associated with higher right and left NAcc resting-state functional connectivity with FPN. Ethnicity showed statistically significant interactions with parental education, suggesting that the positive associations between parental education and right and left NAcc resting-state functional connectivity with FPN were different in non-Latino and Latino children. For right hemisphere, we found significantly stronger and for left hemisphere, we found significantly weaker association for Latino compared with non-Latino preadolescents. Preadolescents' NAcc resting-state functional connectivity with FPN depends on the intersections of ethnicity, parental education, and laterality.

**Keywords:** ethnic groups, nucleus accumbens (NAcc), reward system, socioeconomic status, parental education, brain development, preadolescents, MRI, functional MRI, functional connectivity

## **1. Introduction**

The right and left nucleus accumbens (NAcc) are subcortical brain structures, located within the ventral striatum, that serve as a key limbic-motor interface, and have an important role in Pavlovian learning [1, 2]. This means that the right and left NAcc contribute to the regulation of emotional and motivation processing [3], incentive salience [4], pleasure, reward, and reinforcement [5]. In addition, neural reactivity to food- and/or drug-related reward cues evokes robust dopamine responses in the right and left NAcc [1]. This suggests that as parts of the brain reward system, the right and left NAcc function reflects how individuals respond to cues that signal a potential reward [1]. The right and left NAcc have also been implicated in obesity [2, 6], food addiction [7], tobacco, alcohol, and drug-seeking behaviors [8–10], obsessive-compulsive disorder [11, 12], depression [13], and anxiety [12].

To fulfill their functions, the right and left NAcc communicate with a number of large-scale brain networks such as the frontoparietal network (FPN) [14–16]. Neuroimaging studies have revealed some alterations of the connectivity between the NAcc and FPN as an indicator of altered NAcc function [15]. The FPN, also known as the central executive network (CEN), is a large-scale brain network that works with the NAcc, striatum, and basal ganglia [17]. FPN is implicated in the cognitive control [18], attention [19], problem-solving [19], and working memory [19]. Altered FPN function is linked to attention-deficit/hyperactivity disorder (ADHD) [18, 20], cocaine addiction [21], and several mental disorders [22] in children and adolescents. Disruption in the FPN during cognitive control tasks is a common element of schizophrenia, bipolar disorder, unipolar depression, anxiety, and substance use disorders [23].

Functional magnetic resonance imaging (fMRI) techniques have expanded what we know about functional connectivity across brain regions and networks. Resting-state functional connectivity (rsFC) investigates the temporal correlation of the spatially distributed brain regions' activity at the resting state (i.e., when the participant has not engaged in an explicit task yet) [24]. rsFC allows us to identify spontaneous brain activity patterns, which can provide insight into neural activity patterns [25]. One advantage of rsFC is that it can explore networks not easily assessed during tasks and activities. Finally, rsFC tends to be free from bias in task selection and allows relatively easy data collection [25].

The frontoparietal-accumbal connectivity has a role in motivated behavior, food seeking, emotion regulation, food preference, obesity, eating disorders, and dopaminergic and reward systems of the brain [14, 15, 26, 27]. Decreased functional connectivity between the NAcc and the FPN is seen in depression [28]. An increase in the functional connectivity between the FPN and the NAcc is seen following mindfulness training [29]. Connectivity between the right NAcc and the FPN is also associated with substance use and cognitive control [30].

In comparison to peers with high parental education, children from low parental education have worse brain development [31]. The effects of parental education are well described on brain reward system, inhibitory control, cognitive development [32], language [33], executive function [33], and school achievement [32]. Low parental education is a risk factor for several mental, physical, and behavioral problems [32] including anxiety [34], depression [34], substance use problems [35–37], early initiation of sexual behavior [38], delinquency [39], obesity [40], and high blood pressure [41]. Parental education reduces children's antisocial behaviors [42], externalizing problems [43], anxiety and depression [34], behavioral problems [44], psychiatric disorders [44], mental health problems [45], tobacco dependence and aggression [46], and school problems [47]

in children and adolescents. High parental education is linked to the size and function of the NAcc [48], thalamus [49], hippocampus [50], amygdala [34], and cerebral cortex.

According to the Minorities' Diminished Returns (MDRs) framework, parental education produces unequal outcomes for subpopulations [51, 52]. Additionally, based on the MDRs, ethnic minority children are less likely to have equal opportunities to gain from their parents' education to ensure health outcomes [53, 54]. Stratification, racism, segregation, and marginalization are shown to decrease parental education's effects on developmental outcomes for ethnic minorities [55, 56]. However, most of the MDRs' literature is on Black, rather than Latino, children [49, 57, 58]. While we know about the poor attention [59], low school performance [60], high reward dependence [61], impulsivity [62], suicide [63], aggression [64], depression [65], and problem behaviors [66] of Black children with highly educated parents, very limited knowledge exists on Latino children.

According to Harrist and Criss, influences of parental conditions such as parental education are not additive to the effects of other social and behavioral determinants. There are complex moderated mediational influences of parental conditions that are beyond additive effects and may be sub-additive, synergistic, or multiplicative. These effects also vary across diverse groups of families with different socioeconomic and demographic backgrounds [67]. For example, parental education may have diminished influences on children brain development of Black than White families, in part because structural racism may reduce what parental education can do for a Black child [68]. Thus, there is an interest to test heterogeneity of the effects of parental conditions and to investigate the multiplicative and non-additive effects of parental resources and other factors that impact child development [67]. While these differential effects of parental education are shown for structure and function of some brain regions such as amygdala [69], thalamus [70], hippocampus [71], and cerebral cortex [68, 72, 73], less is known about heterogeneity of the effects of parental education on NAcc.

Previous neuroimaging studies have shown the association between parental education and children's brain function and structure [56, 65]. Different from other socioeconomic status (SES) indicators such as income and poverty, parental education tends to represent an aspect of SES that is not represented by the presence of financial or material resources in the family [74]. Still, there continues to be a lack of studies on the effects of parental education on brain functional connectivity of the NAcc and FPN in group differences at the resting state. Likewise, it is necessary to examine the connectivity between the right and left NAcc and FPN that may reflect reward salience, reward process, cognitive control [75–77], and various cognition, emotions, and psychological problems [75, 76].

## 1.1 Aims

Using a sample of 9/10-year-old preadolescents from the Adolescent Brain Cognitive Development research (ABCD) study [75, 78], the present study had two aims: first, to investigate the correlation between parental education and rsFC between the right and left Nacc and FPN; and second, to examine ethnic heterogeneity in this correlation. We hypothesized that parental education would be positively associated with the functional connectivity of the right and left NAcc and FPN, and that there would be a weaker effect of parental education on the right and left NAcc functional connectivity with FPN for Latino than non-Latino preadolescents.

## **2. Methods**

### **2.1 Design and settings**

Data for this secondary analysis came from baseline (wave 1) of the Adolescent Brain Cognitive Development (ABCD) study. The ABCD is an unprecedented study in the examination of children's brain development [75, 79]. The ABCD study is a longitudinal study of a diverse sample of children from age 9 to 10 to their early adulthood [80]. For more information regarding the ABCD sample, methods, measures, and imaging techniques, please see here [80].

### **2.2 Participants and sampling**

The ABCD study is a multi-site longitudinal study that has recruited 11,875 children aged 9–10, from 21 cities across different states, to characterize their psychological and neurobiological development from early adolescence to early adulthood [78]. Most of the participants were recruited through schools across the 21 study sites [81]. Because of well-designed and performed sampling process, the ABCD study sample has generated a sample that although is not nationally representative, it is a balanced sample that has a strong proxy of US adolescents [81]. Thus, the ABCD sample is a close approximation of US children in terms of distribution of age, SES, ethnicity, sex, and urbanicity [81].

### **2.3 Analytical sample**

For this analysis, we only used the ABCD baseline sample. We included the ABCD study regardless of their race, ethnicity, and psychopathologies [81]. However, we limited the sample to those who had complete data on our variables and met satisfactory imaging quality. Our analytical  $n$  for the analyses \*presented here is 7959.

### **2.4 Process**

#### *2.4.1 Study variables*

The study variables included parental education (independent variable), children's ethnicity (moderator), ethnicity, age, race, sex, parental marital status (confounders), and NAcc functional connectivity with the FPN, separately calculated for the right and left (dependent variables).

##### *2.4.1.1 Independent variables*

*Parental education.* Parental education was considered as a five-level nominal variable: less than high school (HS) diploma, high school (HS) diploma, some college, bachelors' degree, and postgraduate degree.

##### *2.4.1.2 Dependent variables*

*Right and left NAcc resting-state functional connectivity with FPN.* Using resting-state fMRI, the NAcc was defined as the average correlation between the FPN and ASEG ROI right-accumbens area. This is the functional connectivity between the FPN and the NAcc. The resting-state fMRI was measured at baseline at the same time that parental education was measured. These results were separately

calculated for the right and left NAcc. Our outcomes had normal distributions (Appendix Figure).

#### 2.4.1.3 Moderators

*Ethnicity.* It was seen as a dichotomous variable and coded as Latino = 1 and non-Latino = 0.

#### 2.4.1.4 Confounders

*Age.* It was seen as a continuous variable and was reported by the parents as months.

*Sex.* It was considered as a categorical variable with 0 for girls and 1 for boys.

*Race.* Race was reported by the parent. It was considered as a moderator and was treated as a nominal variable: Black, Asian, Other/Mixed, and White (reference group).

*Family structure.* It was a dichotomous variable self-reported by the parent interviewed and coded 1 vs. 0 for married and unmarried or other condition, respectively.

### 2.5 Data analysis

We used the Data Exploration and Analysis Portal (DEAP), a user-friendly online platform for multivariable analysis of the ABCD data. For multivariable analyses, two mixed-effects regression models were estimated (Supplementary Table). *Model 1* tested the additive effects of parental education, ethnicity, and covariates, without interaction terms. *Model 2* also included interaction between parental education and ethnicity on functional connectivity (FC) between the NAcc and FPN. Moreover, we checked the normal distribution of our outcome (Appendix). In all models, the NAcc resting-state functional connectivity with FPN was the outcome. Similar models were performed for the right and left NAcc as well. In total, we ran four models. Also, regression coefficient (b), standard error (SE), and *p*-value were reported.

### 2.6 Ethical aspect

The original ABCD research protocol received Institutional Review Board (IRB) approval in several institutions, including the University of California, San Diego (UCSD). Additionally, we received the ABCD data through an agreement between Charles R. Drew University and NIH/NDA. As the ABCD data were fully de-identified, our study was considered to be a nonhuman subject research. This exempted our study from a full review. Besides, all children in the ABCD study provided verbal assent to the protocol approved by the IRB, and all parents/caregivers signed the written informed consent form [80].

## 3. Result

### 3.1 Sample descriptive data

The present study used data from a large sample of 10,840 preadolescents between 9 and 10 years old ( $M_{Age} = 119$  months,  $SD = 7.5$ , 5194 females). Most participants ( $n = 8690$ ; 80.2%) were non-Latino and 2150 (19.8%) were Latino. In

terms of race, the study included 7071 White, 1654 Black, 256 Asian American, and 1859 other/mixed race. Latino children showed lower parental education in comparison to non-Latino children (**Table 1**).

The fit of the mixed-effects regression model is summarized in **Table 2**. Models with the interaction effects between parental education and ethnicity showed a better fit when compared with main effect models that only included ethnicity and parental education. This shows that interaction between parental education and ethnicity contributes more to explaining the variance of the outcome for both the right and left NAcc with FPN connectivity.

### 3.2 Right

#### 3.2.1 Main effect model

As shown by **Table 3** and **Figure 1**, parental education showed a positive association with the functional connectivity between the right and left NAcc with FPN.

	N	n	n	n
N	10,840	8690	2150	
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Age (month)	119.06 (7.51)	119.18 (7.48)	118.61 (7.58)	0.002
Right NAcc functional connectivity with the FPN	-0.01 (0.15)	-0.01 (0.15)	-0.02 (0.15)	0.043
Left NAcc functional connectivity with the FPN	-0.06 (0.17)	-0.06 (0.17)	-0.06 (0.17)	0.421
Parental education				
<HS diploma	470 (4.3)	184 (2.1)	286 (13.3)	<0.001
HS diploma/GED	970 (8.9)	634 (7.3)	336 (15.6)	
Some college	2815 (26.0)	2071 (23.8)	744 (34.6)	
Bachelor	2791 (25.7)	2393 (27.5)	398 (18.5)	
Postgraduate degree	3794 (35.0)	3408 (39.2)	386 (18.0)	
Race				
White	7071 (65.2)	5798 (66.7)	1273 (59.2)	<0.001
Black	1654 (15.3)	1573 (18.1)	81 (3.8)	
Asian	256 (2.4)	235 (2.7)	21 (1.0)	
Other/mixed	1859 (17.1)	1084 (12.5)	775 (36.0)	
Sex				
Female	5194 (47.9)	4162 (47.9)	1032 (48.0)	0.949
Male	5646 (52.1)	4528 (52.1)	1118 (52.0)	
Marital status				
No	3413 (31.5)	2532 (29.1)	881 (41.0)	<0.001
Yes	7427 (68.5)	6158 (70.9)	1269 (59.0)	

Notes: Source: Adolescent Brain Cognitive Development (ABCD) Study.

**Table 1.**  
Descriptive characteristics overall and by ethnicity (n = 10,840).



	Right		Left	
	Main effect	Interaction effect	Main effect	Interaction effect
N	10,840	10,840	10,856	10,856
R-squared	0.00451	0.00559	0.00347	0.00421
$\Delta$ R-squared	0.00104	0.00241	0.00109	0.00189
$\Delta$ R-squared (%)	0.1%	0.24%	0.11%	0.19%

**Table 2.**  
 Effect sizes and % variance explained by models.

	Right				Left			
	B	SE	p	Sig	b	SE	p	Sig
Parental education								
HS diploma/GED	0.01328	0.00859	0.1223612		0.00119	0.01272	0.925758	
Some college	0.01023	0.00772	0.1855986		-0.00853	0.01186	0.4721566	
Bachelor	0.02173	0.00802	0.0067889	**	0.00371	0.01208	0.7589529	
Graduate degree	0.01789	0.00800	0.0253812	*	0.00292	0.01203	0.8083342	
Hispanic	-0.00353	0.00404	0.3819443		-0.02965	0.01469	0.0436103	*
Race								
Black	-0.01198	0.00471	0.0109603	*	-0.01335	0.00483	0.0056677	**
Asian	-0.01446	0.00967	0.1350259		-0.01465	0.00967	0.1298128	
Other/mixed	-0.00560	0.00411	0.1724601		-0.00572	0.00411	0.1634748	
Age	0.00021	0.00019	0.2671881		0.00022	0.00019	0.2638408	
Sex	0.00111	0.00292	0.7044723		0.00114	0.00292	0.6950323	
Married family	0.00662	0.00362	0.0670059	#	0.00688	0.00362	0.057242	#
Parental education (HS Diploma/ GED) $\times$ hispanic					0.01551	0.01763	0.379094	
Parental education (some college) $\times$ hispanic					0.03629	0.01586	0.0221188	*
Parental education (bachelor) $\times$ hispanic					0.03788	0.01680	0.0241787	*
Parental education (postgraduate degree) $\times$ hispanic					0.01227	0.01677	0.4644527	

Notes: Source: ABCD Study; Mixed-effects regression model is used; all covariates such as race, ethnicity, age, sex, family, and site were controlled.

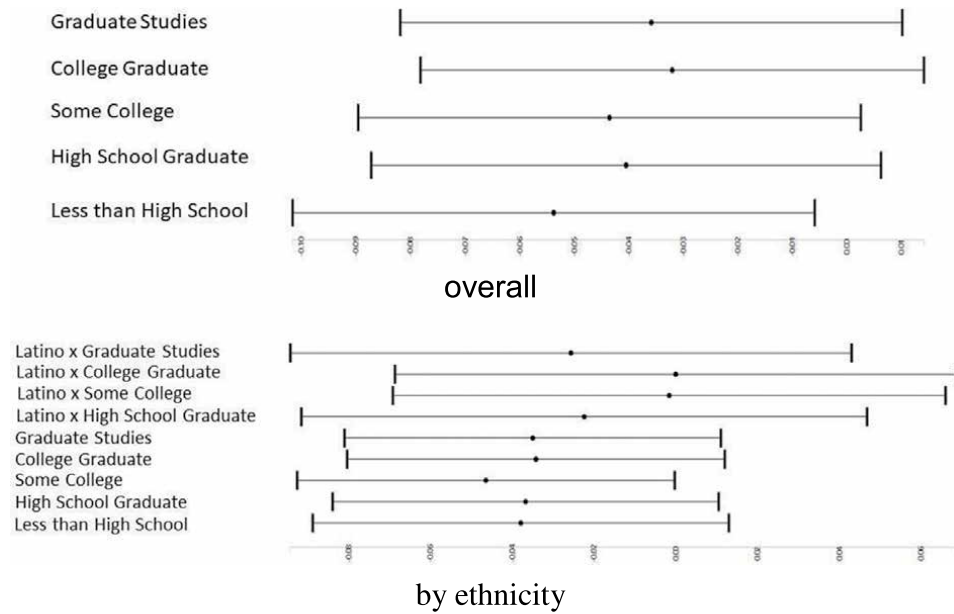
#p < 0.1.

\*p < 0.05.

\*\*p < 0.01.

**Table 3.**  
 Mixed-effects regressions on the effects of parental education and ethnicity on the functional connectivity between the frontoparietal network and nucleus accumbens (right).

This positive correlation suggests that children with higher parental education have a stronger rsFC between the right NAcc and FPN.



**Figure 1.** Association between parental education and functional connectivity between the right NAcc and FPN overall and by ethnicity.

### 3.2.2 Interactive effects model

**Table 4** and **Figure 1** show that parental education had a stronger positive association between parental education and the right FPN resting-state functional connectivity in Hispanic children than non-Hispanic children.

## 3.3 Left

### 3.3.1 Main effects model

As shown by **Table 4** and **Figure 2**, parental education showed a positive association with the functional connectivity between the right and left NAcc with FPN. This positive correlation suggests that children with higher parental education have stronger rsFC between left NAcc and FPN.

### 3.3.2 Interactive effects model

**Table 4** and **Figure 2** show that parental education had a negative interaction with ethnicity on the functional connectivity between the FPN and the left NAcc. This interaction was indicative of a weaker positive association between parental education and the left FPN-NAcc resting-state functional connectivity in Hispanic children than non-Hispanic children.

## 4. Discussion

Our first aim showed a positive correlation between parental education and the NAcc resting-state functional connectivity with the FPN. Our second aim showed ethnic variation in the association between parental education and the right and left NAcc resting-state functional connectivity with the FPN. That is laterality,

	Right			Left			
	B	SE	p	b	SE	p	
Parental education							
HS diploma/GED	0.01432	0.00971	0.00971	0.140307	0.04212	0.01439	0.0034347
Some college	0.02458	0.00873	0.00873	0.0048772	**	0.01341	0.0001636
Bachelor	0.01292	0.00907	0.00907	0.154451		0.01367	0.0076431
Graduate degree	0.01748	0.00905	0.00905	0.053342	#	0.01361	0.0023007
Hispanic	-0.00232	0.00457	0.00457	0.612231		0.01661	0.0257893
Race							
Black	0.01807	0.00533	0.00533	0.0007057	***	0.00546	0.0006308
Asian	-0.00606	0.01091	0.01091	0.578768		0.01091	0.5804568
Other/mixed	0.01120	0.00465	0.00465	0.0159763	*	0.00465	0.0143508
Age	0.00013	0.00022	0.00022	0.541902		0.00022	0.5346076
Sex	0.00767	0.00329	0.00329	0.0195458	*	0.00329	0.020868
Married family	0.00036	0.00409	0.00409	0.9291253		0.00410	0.9418007
Parental education (HS diploma/GED) × Hispanic							
						-0.05046	0.0113542
Parental education (some college) × Hispanic							
						-0.04662	0.01793
Parental education (bachelor) × Hispanic							
						-0.03491	0.01899
Parental education (postgraduate degree) × Hispanic							
						-0.03745	0.01895

Notes: Source: ABCD Study; mixed-effects regression model is used; all covariates such as race, ethnicity, age, sex, family, and site were controlled.

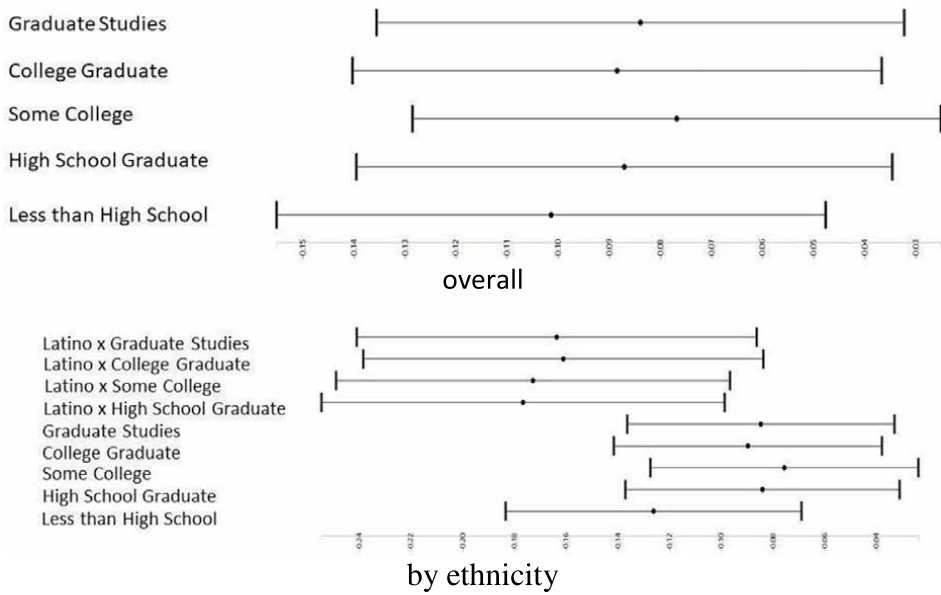
# p < 0.1.

\* p < 0.05.

\*\* p < 0.01.

\*\*\* p < 0.001.

**Table 4.** Mixed-effects regressions on the effects of parental education and ethnicity on the functional connectivity between the frontoparietal network and nucleus accumbens (left).



**Figure 2.** Association between parental education and functional connectivity between the left NAcc and FPN overall and by ethnicity.

ethnicity, and parental education all show multiplicative effects on NAcc resting-state functional connectivity with the FPN. While we found a stronger correlation between parental education and the resting-state FPN’s functional connectivity with the right NAcc in Latino than non-Latino children, parental education showed a weaker association with the same connectivity for the left NAcc. The finding on the right NAcc contrasts with the MDRs, but the finding on the left NAcc supports the MDRs’ theory, which shows a weaker association between SES and brain development for marginalized and minority children than White children.

Our first finding is in agreement with other work showing the effects of parental education on brain structure [33], performance in several cognitive domains [82], and mental health problems, such as anxiety and depression [34]. However, most of what we know about SES effects are limited to specific brain regions [74, 83, 84], rather than rsFC. Past research has established a link between parental education and the size and activity of brain structures, such as the NAcc [48], amygdala [34], hippocampus [50], and thalamus [49]. In a study of examining a sample of 283 children and adolescents aged 4–18, higher parental education significantly predicted greater cortical thickness in the right anterior cingulate and left superior frontal gyrus [85]. Among 9475 children from the ABCD study, parental education was associated with reduced within and between sensorimotor network connectivity and increased sensorimotor network connectivity to frontal functional networks [76]. Furthermore, in line with our finding, higher parental education is shown to be linked to the development of frontoparietal connectivity in children [76]. Neurodevelopmental correlates of parental education may mediate why parental education is linked to behaviors [86], executive functions [33], reading ability [87], spatial skills, and inhibitory control [55]. Importantly, however, no studies to our knowledge have examined the associations between parental education and rsFC within the NAcc and FPN.

The effect of parental education on brain function can be explained by underlying mechanisms [88], such as cognitive stimulation available at home, parent–child interactions, and home learning environment, which all predict brain

development [33, 88]. For example, more educated parents dedicate more time for their children in ways that seem to improve their children's development [89, 90]. Likewise, more educated parents appear to have higher expectations for their children, provide more stimulating learning materials, use more complex language and speech patterns, and engage more with their children's learning [89, 91]. These can help promote children's cognitive development [90]. Furthermore, the skills obtained from formal education appear to enable parents to arrange their activities in ways that allow them to effectively accomplish their parenting goals [88].

The results of the right NAcc-FPN connectivity were not in line with what is shown from the comparison of Black and White children. According to the MDRs' theory, parental education is more protective for White children than Black children. This finding was observed for the left NAcc-FPN connectivity. Similar to our finding on the left side, the effects of SES on attention [59], reward dependence [61], school performance [60], aggression [64], impulsivity [62], suicide [63], anxiety [92], and problem behaviors [66] are shown to be weaker in Black than White adolescents. This is the first study on the MDRs of parental education for NAcc functional connectivity with the FPN in Latino children. Even when MDRs exist, the right and left NAcc findings may vary largely.

Parental education has different and group-specific effects on children and youth brain development. This means that SES resources and ethnicity may have multiplicative, rather than additive, effects on the right NAcc resting-state functional connectivity with FPN. In this study and all the MDRs' literature, ethnic variation in the SES effects is shaped by social rather than biological mechanisms. Thus, in our study, ethnicity is a social rather than biological factor. Consequently, the differential treatment of society, which is preventable, has resulted in the ethnic differences. Importantly, we consider race as a proxy of racism, such as labor market discrimination, low school quality, segregation, and differential policing, that results in reduced effects of parental education, even for more educated people [93].

## 5. Limitations

The present study had some limitations. Firstly, a cross-sectional design limits any inference of causal links between parental education, ethnicity, and NAcc functional connectivity with the FPN. Secondly, we only studied parental education; other SES indicators were not included. Moreover, we did not examine how other factors, such as neighborhood context, stress, and social adversities, mitigate these effects across groups. Thirdly, Latino people are highly diverse. Cuban, Mexican, and Puerto Rican families differ in their history, culture, neighborhoods, SES, and other factors that may alter SES effects.

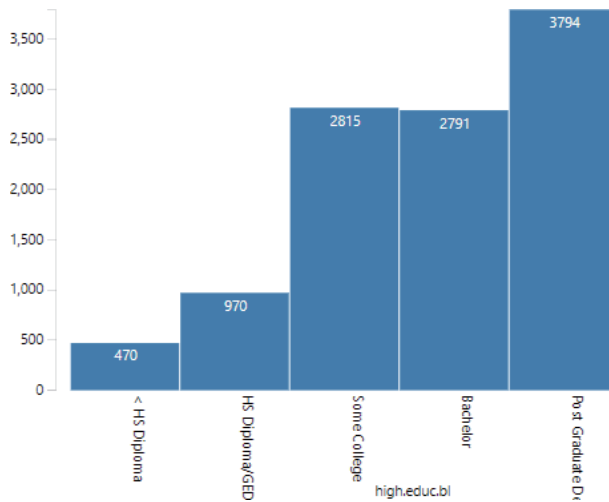
## 6. Conclusions

Although high NAcc resting-state functional connectivity with FPN is under the influence of parental education, ethnicity, and laterality, these effects are multiplicative rather than additive. This means that, while the parental education gradient was stronger for the right NAcc in Latino than non-Latino American preadolescents, the opposite finding was observed for the left NAcc. Due to qualitative differences in the lived conditions of ethnic groups in the United States, various subgroups may show different SES effects on brain development.

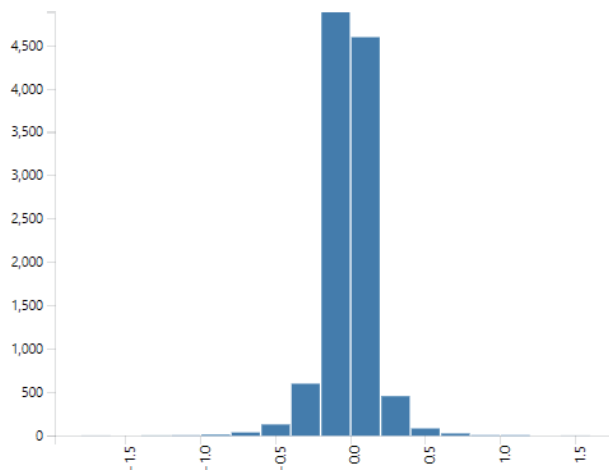
### A. Modeling programs used for data analysis

	Right	Left
Model 1	rsfmri_cor_network. gordon_frontoparietal_subcort. aseg_accumbens.area.rh ~ high.educ. bl + hisp + race.4level + age + sex + married.bl Random: ~(1 rel_family_id)	rsfmri_cor_network. gordon_frontoparietal_subcort. aseg_accumbens.area.lh ~ high.educ. bl + hisp + race.4level + age + sex + married.bl Random: ~(1 rel_family_id)
Model 2	rsfmri_cor_network. gordon_frontoparietal_subcort. aseg_accumbens.area.rh ~ high.educ. bl + hisp + race.4level + age + sex + married.bl + high.educ.bl * hisp Random: ~(1 rel_family_id)	rsfmri_cor_network. gordon_frontoparietal_subcort. aseg_accumbens.area.lh ~ high.educ. bl + hisp + race.4level + age + sex + married.bl + high.educ.bl * hisp Random: ~(1 rel_family_id)

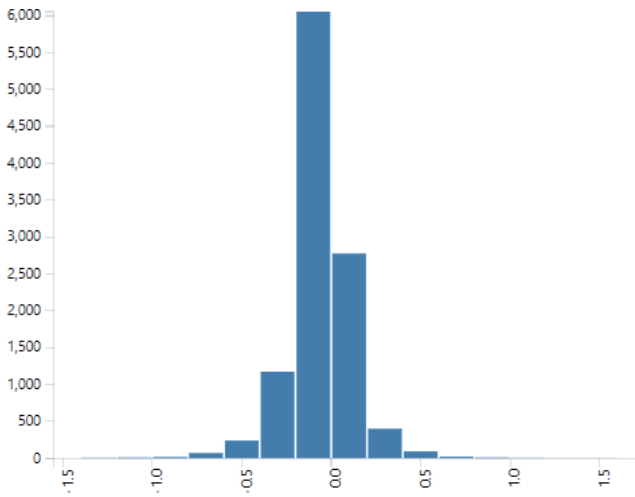
### B. Distribution of parental education



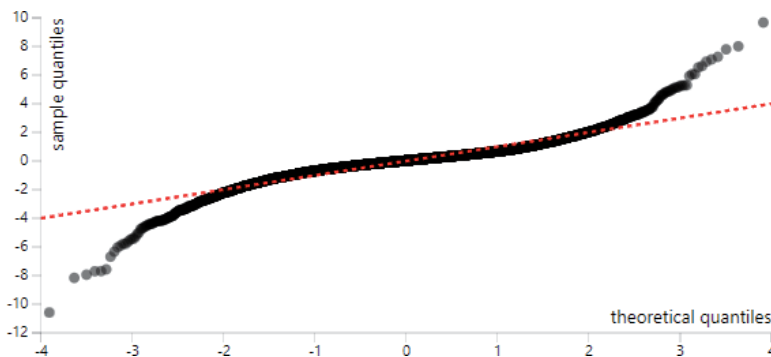
### C. Distribution for the functional connectivity between the right NAcc and frontoparietal network



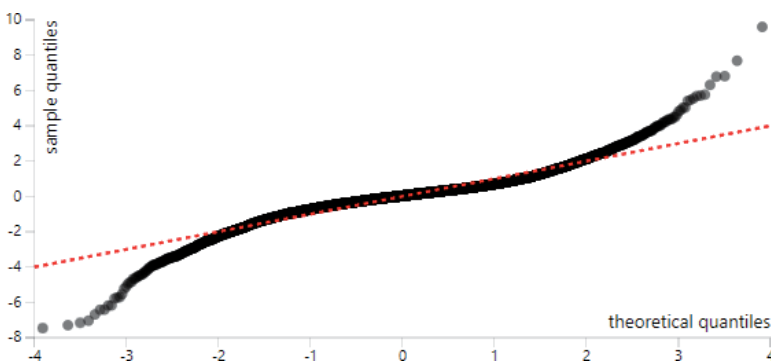
#### D. Distribution for the functional connectivity between the left NAcc and frontoparietal network



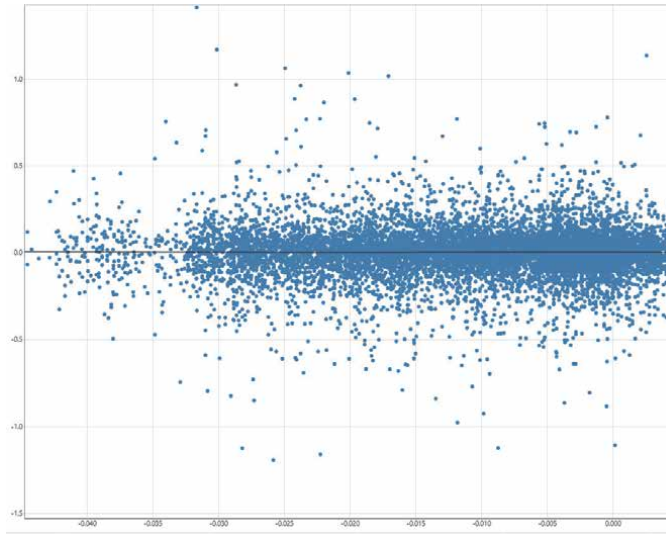
#### E. Quantiles distribution for the association between parental education and functional connectivity between the right NAcc and frontoparietal network



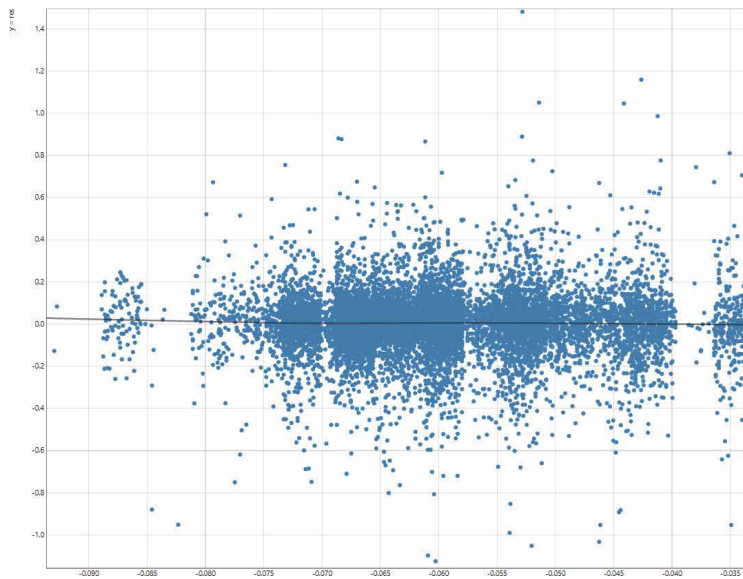
#### F. Quantiles distribution for the association between parental education and functional connectivity between the left NAcc and frontoparietal network



**G. Error terms for the association between parental education and functional connectivity between the right NAcc and frontoparietal network**



**H. Error terms for the association between parental education and functional connectivity between the left NAcc and frontoparietal network**





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## Chapter 9

# Stories of Struggle and Resilience: Parenting in Three Refugee Contexts

*Alia Assali, Manar Younis, Nicole Sager, Marios Dakis, Deborah Young and Rojiina Tatour*

### Abstract

One in four children around the world live in a conflict or disaster zone and crises can last for decades. Globally, refugee situations have become protracted with more children born to refugee parents spending their childhood, and at times their entire lives outside their country of origin. The challenges refugees face before, during, and after being displaced have serious consequences for families. Displacement often occurs multiple times and includes tremendous daily uncertainty. If families resettle, the process of adapting to new cultures requires and fosters remarkable resilience and navigational skills. This chapter tells the stories of how parents navigate challenging circumstances in three contexts: refugees within their own country, refugee camps outside of their country, and refugees who have resettled in a host country.

**Keywords:** refugee, parenting, resettlement, refugee camps, resilience

### 1. Introduction

The aim of this chapter is to provide the reader with a deeper understanding of current realities in refugee contexts and the adversity that children, parents, and families face. We discuss parenting and early childhood protective factors and review factors that cause families to flee from their home. We advocate for the need to consider parenting through an anthropological, cross-cultural, asset-based lens. Based on first-hand accounts of individuals in the Middle East, Europe, and the United States, this chapter explores how parent/caregiver circumstances and well-being impact their ability to parent in emergency settings and the factors and strategies that reduce negative impact and foster resilience. We highlight the voices of parents navigating challenging circumstances in three contexts: refugees within their own country, refugee camps outside of their country, and refugees who have resettled in a host country. While similarities exist across the three groups, it is important to understand how their experiences and challenges differ in order to best meet their needs. The recommendations provided are relevant to policy makers, nonprofit organizations, aid agencies, mental health professionals, educators and educational institutions who can help families foster resilience at various stages of the refugee and/or resettlement process.

## **1.1 The impacts of living in refugee contexts**

Approximately 28 million children are displaced by armed conflicts and violence around the world [1]. Where violent conflicts and unpredictable circumstances and situations are the norm, the lives of young children and their families are significantly disrupted and parents and caregivers report struggling to offer the sensitive and consistent care that young children need for their healthy development [1]. Only about 3% of humanitarian crisis funding goes toward education and a fraction of that to early childhood needs, parenting skills and protective factors [2]. The challenges refugees face before, during, and after displacement have serious consequences for families. Families with children between the ages of 0 and 8 are the largest group affected by today's global emergencies (war, conflict, natural disasters) and often face the most dire consequences [3]. Apart from death and injury, consequences include displacement, malnutrition, increased prenatal and infant mortality, family separation, sexual exploitation and abuse, trafficking, impoverished living conditions, contagious diseases, reduced life expectancy, and adverse psychological, social, and economic impact. Distinguishing between the effects of emergencies, pre-migration stress, separation from family, displacement stress, socio economic hardships, and acculturation difficulties during resettlement is challenging [4]. Adverse prenatal impacts include exposure to prolonged stress, environmental toxins, nutritional deficits, boredom, and depression. These experiences can chemically alter the epigenetics and the genes in the fetus or young child, which may shape the individual temporarily or permanently [5, 6]. Violence and maternal depression can impair child development and mental health [7]. Prolonged stress during pregnancy and/or early childhood can have even greater toxic stress impact and, in the absence of protective parental and caregiving relationships, may result in permanent genetic changes in developing brain cells. Research shows that toxins and stress from pregnant mothers cross the placenta into the umbilical cord [8], leading to premature and low birth weight babies [9] which increases the stress of parents and caregivers with additional parenting requirements. The severity of the impact depends on diverse factors including previous life experiences, coping ability, severity of the trauma, age, gender, poverty, education and support from family, friends, and professionals [10–13]. These negative impacts undermine the physical, emotional, cognitive, and social development of young children. Apart from physical injury, the loss of family, friends, and neighbors can severely disorient parents and caregivers and the loss of home and possessions disrupts daily routines, further undermining the foundation for a healthy and productive life [14, 15]. According to the Palestinian Counseling Centre, Save the Children [16], even 6 months after the demolition of their homes, young Palestinian children suffered from withdrawal, somatic complaints, depression/anxiety, unexplained pain, breathing problems, attention difficulties and violent behavior [16]. Parents and caregivers experience loss of loved ones that can not only cause trauma, but also result in lost caregiver support. Adverse early experiences often stem from inequity between and within populations. The impacts of poverty, inadequate cognitive stimulation, stunting, iodine deficiency, and iron-deficiency anemia prevent millions of young children from attaining their developmental potential. Though Adverse Childhood Experiences (ACEs) and wellness data has become more prevalent, much of the research samples populations from high-income countries. ACEs can and do affect *all* children and gaps in the data exist. However, a few recent studies on ACEs from countries around the world have begun to shed light on methods for measuring ACEs in low-resource settings to begin establishing baselines for the prevalence and burden of ACEs across contexts [17, 18]. A deeper examination of parenting in emergency and conflict situations remains crucial as research suggests

that traumatic events experienced before the age of 11 are three times more likely to result in serious emotional and behavioral difficulties than those experienced later in life [19]. Healthy parenting is extremely challenging when parents, caregivers and children are exposed to violence, uncertainty and lack services and resources to support their wellbeing, [20, 21]. Having a clear understanding of both adverse and protective factors is essential in proactively supporting families who have experienced refugee contexts.

## **1.2 Parenting and Early Childhood protective factors**

Research increasingly focuses on strengths and protective factors that bolster resilience in life [22, 23]. Not all children with emergency situations such as conflict and natural disaster exposure develop post-traumatic stress disorder (PTSD) (Dempsey, [10]) and reactions may vary over the first days or weeks following a crisis; mainly dependent on the parents or caregiver's emotional state and availability to their children. Consistent, predictable, quality care can alleviate the psychosocial impact of conflict and disasters by giving children a sense of normalcy, stability, structure and hope for the future. However, emergency and conflict situations often lack quality services and resources. In most conflicts, care and education infrastructure are often targets of violence because of the stability and support it provides. Pre-schools and schools are often destroyed or closed due to hazardous conditions, depriving families and children the opportunity to learn and socialize in a safe place with a sense of routine [24, 25]. An affectionate family, positive shared emotional interactions, social support, shared ideology/religion, and a sense of community during adversity contribute to the development of family and child coping skills, mental health, and academic achievement, [26]. Zahr [27] found a relationship between the availability of parents and the development of secure attachment in Lebanese kindergarten children exposed to war. Barber [28–30] showed that young Palestinian and Balkan children's emotional well-being and development were protected from the negative impact of military violence by positive and protective relationships with caregivers. Palestinian children whose parents used positive styles of comforting were found to be resilient, and those who had loving, non-rejecting parents were more creative and efficient [31–33]. When exposed to frightening events, resilient children can regain their secure base by bonding and being with loving, protective, and responsive caregivers. Massad et al. [34] studied mental health of young children in Gaza and found that resilience in children was associated with the parents' or caregivers' health and a higher maternal level of formal education. Studies show that children who are supported by a caring and responsive parent and/or caregiver at a young age, cope with stress more effectively [35]. A supportive relationship can reduce a child's reaction to stress and help to build the foundational resilience fundamental to long-term health development [36].

It is essential to understand protective factors to promote strategies and supports that foster resilience and reduce negative consequences. With an increasing number of refugees around the globe, and an ever-deepening understanding of neuroscience of early childhood adverse influences, we argue that more research is needed so policy makers, nonprofit organizations, aid agencies, mental health professionals, educators and educational institutions can make informed and culturally relevant decisions/policies that truly help families be resilient at various stages of the refugee and/or resettlement process. While there may be some aspects of the refugee experience that are universal, we include three populations with different socio-political histories because their challenges and needs can differ. As very few studies have specifically examined parenting in refugee contexts, this exploratory study highlights

the voices of parents navigating difficult circumstances in three contexts: refugees within their own country, refugee camps outside of their country, and refugees who have resettled in a host country.

## **2. Theoretical framework—defining parenting through a cross-cultural lens**

Parenting beliefs and practices vary with roles, familial relationships and expectations influenced by political, social, cultural, economic, religious, and community situations and cosmologies. Constructs that vary across cultures include: the way moral context for parenting is negotiated in families and passed down to the children, definitions of good parenting, reproductive rights and resources, the relationship between intimate family life and the wider culture, and roles for parenting and work outside the home.

“Scholarly” definitions of parenting can differ from that of experienced parents with multi-generational knowledge and skills. In the Western World over the last century, the importance of expert recommendations for parenting practices has been elevated [37]. For example, TV shows and commercials in the 1930s promoted “expert”-informed mothering as a methodological occupation that should be learned [38] whereas previous generations of new mothers learned parenting skills through informal networks within community, and family members. Although current North American parenting discourse elevates experts who prescribe parenting practice, we must critically examine this notion of “expertise” devoid of contextual and cultural considerations.

Anthropological perspectives of parenting see cultural variability as historically and socially situated. As Mead [39, 40] states the tasks of bearing children and parenting have similarities the world over; babies are born and require warmth, nourishment, protection from predators, and an induction into social mores and systems. Yet *how* these fundamental tasks are carried out varies widely. Hays’ [41] and Furedi’s [42] work suggests that the role and meaning of parenthood has changed recently and child rearing involves a growing range of responsibilities and activities not previously considered dimensions of parenting. Contemporary, middle-class parenting in the U.S. experience continuous change, deemphasizing traditional kinship roles and prioritizing children’s academic achievement, extra-curricular, and social activities. Typically, the onus to be apprised of school expectations and scheduling falls on the mother and/or women of the family. Thus, adaptation to new cultural contexts must consider how child rearing tasks shift, especially when many families’ kinship networks are reduced in refugee and resettlement contexts.

Infants everywhere have the same biological needs and must succeed at many of the same developmental tasks. Parents/caregivers guide them in developing their first social bonds, learning to express and read human emotions, and making sense of the physical world. The amount of interaction between parents and offspring is greatest in infancy, a time when we are especially susceptible to the influences of experience, i.e. culture, language, and trauma [43]. Almost all young infants’ worldly knowledge is acquired from interactions they have with their parents/caregivers. Social competence in children has origins in specific socioemotional characteristics of the parent–infant relationship [44]. Refugee children carry these socio-cultural influences long after they leave their country of origin. Factors such as conflict, migration, relocation, and the loss of kinship relationships and community stability have a direct impact on child development. Most contemporary

parenting literature originates from Western, educated, industrialized, rich and democratic countries and the fields of Education, Early Childhood and Human Development sorely lack a global perspective on parenting.

In the US, many parenting practices align with how children will succeed according to the standards held by public schools and other state institutions. The standards typically reify a Caucasian, middle-class values and ways of life. U.S. Media, schools, and public institutions reinforce these norms of child behaviors. When parents resettle in the US, many enrichment programs are provided for parents, with an underlying agenda to reprogram families' childrearing practices. Such programs can alienate refugee families if they are pressured to adopt different parenting norms for discipline and guidance and different cultural norms regarding ethnic identity and individualism.

When these external forces (rather than familial, community and historical practices) shape parenting expectations, a mismatch and/or tension can arise. Parents may resist these influences that will change their parenting practices and strive to keep their values, beliefs and cultural and linguistic identities alive. Cultural bias and discrimination can occur, which adds to social alienation. However, some families adopt new modes of parenting and readily apply new knowledge in their home lives. This often requires a shift in childrearing priorities and poses challenges for families. Our understanding of enculturation and acculturation as a multidimensional family and community-level construct is key to understanding the diversity of refugee and immigrant groups.

A global perspective of parenting recognizes the impact of globalization and global power inequities. As people migrate around the world, localized constructs reveal great diversity in what is considered "good parenting". As refugees navigate new realities, they do so within the context of a host country with greater global dominance. Thus, parents' ideas of values, priorities, belief systems, kinship and the roles of kinship, are challenged. Evidence suggests that parenting is becoming more child-centered, resource intensive, and focused on the maximization of individual achievement potential in countries with rising or strong capitalist economies such as Chile [45], Brasil [46], the US, Canada, Europe, and Australia. Schooling in these contexts often focuses on cultivating workforce readiness, citizens who embody individualism, and economic social mobility [47]. As parents/caregivers remake themselves and their families through processes of crossing borders, they contend with the hegemony of national and state visions of "best parenting practices" that can position them as deficient and "at risk" of not succeeding.

### **3. Methodology**

The authors (the term authors and interviewers are used interchangeably in this section) used purposeful sampling, selecting parents from refugee populations where they lived. Purposive sampling is a non-probability sampling method when the respondents are limited. The respondents were from a homogeneous sample, and shared a refugee status, similar context (same camp or relocation community), and shared language. The respondents volunteered to be interviewed and freely agreed to share their stories and opinions. Purposeful sampling was used to select parents who were knowledgeable about and experienced in parenting in a refugee context. The criteria for respondents was that they were parents, refugees, and have moved from the home or origin.

An unstructured focused interview was used as the data collection format. Interviews were used to collect the data and parents were encouraged to reflect on

their experiences and offer their opinions. The authors first jointly developed guiding interview questions, taking care to phrase the questions to reduce the feeling of intrusion and to recognize the resilience families have.

The interviews started by the author reading a confidentiality statement. Not all respondents were literate so oral agreement was taken. Due to the sensitive nature of the settings, no names were ever used in the notes. The interviews were conversational and respondents were able to express in their own way and pace, with minimal interruptions from the interviewers. Interviewers respectfully listened to respondents and if respondent deviated from the main topic, the interviewer gently refocused the respondent through the use of probing questions. Interviewers were experienced professionals well versed in contingent follow-up during the interview. By using guiding questions, interviewers at each site had flexibility to be responsive to the various contexts and to avoid interview fatigue. People living in adverse conditions are often asked to share their stories which can be re-traumatizing and does not provide them with any particular benefit.

The guiding questions included topics of: family makeup and structures in the place people left, shifts required due to family movement or relocation, major influences in parenting practices, parenting experiences in place of origin compared to the new place, willingness to ask for help, coping mechanisms, persistence, and attitudes. An asset-based lens was used to center resilience and parents were asked about what parenting support or resources would be beneficial. Parents were also invited to share their feelings about their decisions to make a move.

Interviewers took short field notes that were shared with the interviewees who had opportunities to expand their notes within 24 hours of the interviews. We did not record the interviews, as the respondents in all three contexts had concerns about safety and local authorities. Stories were collected in the respondents first language and in the case of Colorado, interpreters from the parent group and chosen by the parent respondents themselves were used. The use of semi-structured interviews allowed us to collect stories and expand our understanding of parenting in three different refugee settings. The authors wanted to glean insights to increase refugee service providers' (NGOs, INGOs, policy makers, community resource services, educators) knowledge and efficacy. **Table 1** outlines the demographic data for the interviewees.

The interviewers knew the respondents and lived in or near the same geographical areas as the respondents. In Palestine, the interviewers had known the respondents through previous work or through friends of friends. A number of respondents also sent out a request to parents in their community to include other community members. In Greece, the interviewer worked with the refugees in the camps. The interviewer asked for volunteers and 16 families agreed to share their stories. The 16 families interviewed had at least 3 family members in each family. The families were also asylum seekers living in the camps. The parents and children were involved in the conversation, with the parents responding over 80% of the questions. In Colorado, the interviewers were working with a group of 85 refugee

Country	Gender		Age range of interviewees		
	Female	Male	Age 15–23	Age 24–44	Age 45–60
Palestine	7	4		3 = F   1 MM	4 = F   3 = M
Greece (16 families)	42	16	22 16 = F   6 = M	20 14 = F   6 = M	16 12 = F   4 = M
Colorado	66	8	8 = F	46 = F   4 = M	12 = F   4 = M

**Table 1.** Respondents' demographic information by country, age, and gender.

parents, and 74 parents volunteered to share their stories. There were eight males and sixty-six females. The age range was from 27 to 52. All interviews were conducted in an informal setting, interviewers went to the respondent location.

The interviewers were the authors of the chapter. The interview data were first compiled and coded by the in-country authors, going line by line of the interview notes. They created and inductively assigned codes to categorize the data from their country. They then categorized the codes. Subsequently, all the authors met to discuss the codes and categories and agreed upon three major themes based on the patterns that emerged. Authors outside of the country depended on cultural interpretation from in-country authors for clarification when needed by the.

Authors noted similarities and differences in the stories of individuals in the three contexts with some themes cutting across cultural and contextual variations and others being unique. In the case of Colorado there were three groups with different countries of origin. The authors in Colorado returned to the respondents to reflect on their understanding and interpretation of the data sets to ensure their stories were represented correctly. At the end of the interviews in Colorado, representatives from each of the three groups came together to discuss the similarities and differences found in their stories. The respondents shared (using interpreters) that even though there were great cultural differences between the three countries of origin, that their experiences in resettling in Colorado were quite similar.

#### **4. Types of conditions that cause people to flee**

Though not the specific focus of this chapter, we believe that from a social justice and human rights stance, the multiple reasons people are forced to or choose to leave their homes must be named. It is highly problematic to only center narratives of the refugee experience and *where* people go without highlighting *why* they flee. Refugee contexts are symptoms of a global humanitarian problem with historical, economic and socio-political roots that must be analyzed and researched if we wish to mitigate the problem. Persecution comes in many forms and include religious, political, gender, sexual orientation, internal unrest, and gang violence in addition to an increase in climate change refugees [48]. People often make the difficult choice to leave their home in dire economic situations that induce hardship and limit their opportunities for the future. War, civil unrest, and occupation are major impetuses for fleeing and the communities described in this chapter fall into this latter category. Regardless of the reason, making the decision to leave is high-risk and a significant stressor on families and parenting. The following sections outline three distinct contexts of displacement (In-Country Refugee Camps, Out-of-Country Refugee Camps, and Resettlement to and New Country) followed by a findings section. The chapter concludes by comparing and contrasting the three contexts and recommendations.

### **5. Context**

#### **5.1 Palestine context**

In Palestine the refugee population continues to grow, and some families have lived in a refugee camp for over 70 years. There are 58 Palestinian refugee camps in the West Bank, Gaza, Jordan, Syria and Lebanon. Palestinian refugee children and families are especially at risk with most living in refugee camps rife with ongoing conflict, violence, and discrimination. Palestinian families lack representation of

their rights, experience overcrowding and lack resources and basic services such as education and health care [49]. UNHCR estimates that the average length of major protracted refugee situations has increased from 9 years in 1993 to 17 years at the end of 2003 to [50]. Until the recent Syrian crisis, one in three refugees in the world are Palestinian. The Syrian refugee situation echoes much of the Palestinian plight. Identifying both successes and gaps can provide information to better support the unique needs of families living in refugee camps throughout the world.

Many of the camps were created in 1948. More were added after the wars in 1967 and 1973 and more recently after the war in Syria for Syrian Palestinians. Palestinians are in a unique situation as United Nations Relief and Works agency for Palestinian refugees [49] was created just for refugees from Palestine. They define a refugee from Palestine as “persons whose normal place of residence was Palestine during the period of June 1st 1946, to May 15th 1948, and who lost both home and means of livelihood as a result of the 1948 conflict [49].” The descendants of Palestinian refugee males, including adopted children, are also eligible for registration. The Agency began operations in 1950 to address the needs of about 750,000 Palestine refugees. Today, some 5 million Palestinian refugees are eligible for UNRWA services. The 1951 Convention for Refugees focused on people who had lost their homes and livelihoods because of World War II. The revised 1967 Protocol eliminated time limits and geographical boundaries. Though the definition of a Palestinian refugee was originally a stopgap measure for a temporary problem, laws have not been changed in this protracted situation.

The stories in this section come from camps in the West Bank, where about 775,000 refugees live. The camps are overcrowded, lack basic infrastructures such as roads or sanitation, and often during times of crisis, can go months without electricity. Even when electricity is available, it is inconsistent. Unemployment and under employment levels are high and typically half of a family’s income goes just to food. Many families depend on the income of family and friends working in Israel. The frequent raids on Palestinian towns, refugee camps, and villages result in no predictability or security for people in the West Bank and Gaza. Despite the lack of infrastructure, trained teachers, and access to school, the Palestinians in Palestine have one of the highest literacy rates in the Middle East [51]. This resilience is even more remarkable considering that Israeli Military can block children from attending school at any time and have entered schools and taken children to prison. UNRWA provides educational resources for half a million children in the various Palestinian refugee camps. The insufficiency of international donations became starkly clear when the US cut \$300 million from UNRWA’s budget and many schools in the camps were closed, classes were combined and teachers were laid off [52].

## **5.2 Greece context**

Greece has been struggling to deal with the massive influx of migrants from war-torn nations of the Middle East and Africa who are experiencing deplorable conditions in detention centers [53, 54]. Greece currently hosts approximately 60,000 refugees with about 40,000 on the mainland and 20,000 on the islands of Lesbos, Chios, Kos, Samos and Leros. Since 2015, people fleeing conflict in the Middle East and South and Central Asia viewed Greece as a possible entry point to safety and Europe. Today, Greece has become a place to hold people seeking asylum. The European Union currently has adopted border restrictions and other edicts that prevent people seeking sanctuary from entering Europe. For various political and COVID-related reasons, the refugees in Greece can no longer legally travel to other parts of Europe. Therefore, many of the refugees are likely to remain in the country resulting in Greece shouldering much of the responsibility for those seeking refuge and safety.



The camps are overcrowded conditions and lack basic amenities. In cold months, refugees have built fires in their tents which lead to fatalities as well as health conditions. Moria camp on Lesbos was built for 2200 people, however, until the fire in September 2020, 18,300 people were living in the camp. In addition, unaccompanied minors, women traveling with young children are especially vulnerated and need protection from discrimination, inadequate medical care, violence, gender-based violence, and trafficking.

Those seeking asylum and not living in camps are held in detention centers or have moved to urban areas. Those in the urban areas rarely find work to support their families [55, 56]. Integration is key to ensuring refugees and asylees build successful lives in their new home. This is a big challenge in any country and exacerbated in Greece because of its ongoing economic difficulties. The detention centers are overcrowded and lack sanitary conditions, “all significantly below international and national standards and may amount to inhuman or degrading treatment” according to the 2021 Amnesty International Greece 2020 report. Almost all the refugees have witnessed or directly experienced violence, have been traumatized and require psychosocial support, medical aid and other human services. Greece and Italy cannot be expected to bear this responsibility on their own.

### **5.3 US resettlement context**

Resettlement is not a decision that families make lightly, as a refugee typically cannot return to their home country for years, or sometimes forever. Resettlement often entails permanent separation from friends and relatives. Parents make tremendous sacrifices to escape war and violence, and to seek a safe place to raise their family. More than 3 million refugees have been resettled in the United States since 1975 [57]. Refugees arriving in a new country face a multitude of changes. Often highly educated professionals such as doctors end up driving taxis, or professors work in retail. Working these temporary, low-paying jobs adversely impacts individuals’ professional identity. Being resettled, people come with hope and perhaps dreams, but loss of family, friends, and homes bring challenges even among that hope. Refugee families have often survived atrocities beyond imagination and their oppression does not end with the initial flight.

Family adjustment in a country of resettlement can be quite difficult. Family members are often reluctant to discuss assaults and other harmful acts, as they can face ostracism from their family, other refugees, and host communities.

To survive and ‘fit in’, parents/caregivers who are resettling may adopt and adapt superficially to the messages of institutional and state agents, but at the same time remake these messages and transform them into ideas that are more culturally comfortable [58]. Due to the economic stress refugees and asylees face, women report finding themselves in a particularly stressful position. The families typically need both parents to work outside the home to pay for their bills.

Refugees who resettle in the U.S. have a wide range of experiences. No matter where refugees land, it is best if they are met at the airport when they arrive and are oriented and welcomed to their new home. Families must start over where life is completely different. They have left their family and friends behind, and many families have witnessed and/or experienced violence, war, unsanitary conditions, and food insecurity. Unfortunately, many people in the U.S. see refugees as people who pose a threat to: national security, jobs and economic stability, their children’s exposure to diversity. Additionally, negative media portrayal of immigrants contribute to deficit stereotypes and religion discrimination toward Muslims was fomented in the US’s last administration [59].

Some refugees have special immigrant visas, such as offered to Afghans and Iraqis who assisted the U.S. military forces in their home countries and who now face retribution. Refugees without special immigrant visas are subject to intense scrutiny, including multiple interviews, ongoing background checks and biometric checks run through Interpol's international police databases. Refugees must do interviews with U.S. Homeland Security agents who often apply arbitrary criteria. (For example, if the agent does not like the way you talk or the way you dress, you can be denied entry) [60]. Each refugee receives a one-time payment of \$1125 to set up their new life in a new country and aid agencies provide acclimation support for the first 90 days in the country. Employment assistance lasts 180 days, or until a refugee is offered the first available job. Refugees are required to pay back the airfare for the flight to the United States, and few airlines provide discounts.

## 6. Findings

We hope our findings will inform future research on how to best meet the needs of refugees. Considered. The authors first coded the data individually and then worked together to reconcile differences. From that phase of data reduction, three main themes emerged.

Each of the three themes were a type of stressor for which there were subthemes. The first theme, infrastructure, refers to the external factors such as the dearth of or limited access to services. Second, cultural differences emerged as a theme and encompasses factors such as language, discrimination, values, norms, and roles. The third theme of mental health consists of the different intra and interpersonal socio-emotional stressors of various refugee and resettlement experiences. **Table 2** provides an overview of findings for which kinds of stressors impacted each context.

### 6.1 Palestine findings

Through interviews with 11 parents (seven females and four males aged 24–60 years) the patterns that emerged included some overlap with the other two field sites and some that were unique to Palestine. Regarding the infrastructure theme, all parents mentioned overcrowded conditions. As for cultural differences, respondents reported that their children were losing respect for their parents as they did not obey them as they obeyed their parents when growing up. In terms of the mental health theme, six of the seven women felt isolated as their husbands worked all day and many times outside the camp. All parents reported that their situation felt uncontrollable, they were fatigued and struggled to be patient with their children. Nine of the 11 parents reported that they faced boredom and lack of meaningful ways to spend time. All three respondent groups reported the need for social and mental health support.

The unique pattern that emerged from all in Palestine was the impact of occupation. They expressed daily fear of not knowing if everyone in the family would return home from work or school, or if they would be woken in the middle of the night by soldiers and family members taken. Ongoing uncertainty of daily life and dwindling hope of returning to their homes permeated the stories. All parents in the Palestine groups believe that education is the most important thing in the lives of the children. One of the respondents was from a family that has lived in the camp for five generations, still holding the keys from their home as a sign of hope. He stated:

*I am a 34 years man, married for 10 years, I have 5 daughters and a son, the eldest has 9 years, and the youngest children are one-month old twins. I live inside Askar camp, to which I feel so proud, despite its bad details, such as overcrowdedness,*

*small apartments with lack of privacy. We are the grandsons of the generation who were forced to leave their houses and lands, where they used to live happy and in peace, to camp life with all its challenges, suffering and limited potential.*

A different parent reported what provided them the resilience to continue to move forward. “My life inside the camp is special, safe, and warm. I had never thought that my life out of it would be better than it is, I have nice neighbors and relations that make me very privileged and lucky woman ... my life inside the camps gave me an evidence that the good people are being good regardless where they live. I learned a lot from my friends in the women’s center, who taught me how to spend my time doing useful things that make life valuable.”

Mental Health	Context	Cultural Differences	Context	Infrastructure	Context
ACES	P, C	Differences in acceptable behavioral norms	P, G, C	Accessing education	P, G, C
Boredom	P, G, C	Knowing cultural norms for accessing services	P, G, C	Accessing health services	P, G, C
Camp conditions	P, G	Child rearing challenges	P, G, C	No or few basic services	P, G
Chronic pain/somatic complaints	P, G, C	Gender role shifts	P, G, C	No or few education services	P, G
Coping strategies	P, G, C	Health practices unfamiliarity	P, G, C	No or few health, dental, mental health services	P, G
Depression	P, G, C	Education levels	P, G, C	Noises	P, G, C
Discrimination	P, G, C	Host country animosity	G, C,	Occupation - soldiers and settler	P
Economic instability	P, G, C	Language barriers	P, G, C	Overcrowding	P, G, C
Fatigue	P, G, C	Loss of respect for elders	P, G, C	Safety	P, G, C
Fear (Occupation and raids)	P	Religious differences	G, C	Sanitation	P, G
Isolation	P, G, C	Social Networking	P, G, C	—	—
Lack of purpose	P, G, C	—	—	—	—
Not enough time to complete daily tasks	P, G, C	—	—	—	—
Unpredictability/ uncertainty	P, G, C	—	—	—	—

**Table 2.** Major themes, patterns within the theme, identified within country, P = Palestine, G = Greece, C = Colorado.

When asked to share more about this response, the respondent stated it was very important to do purposeful things. From this response, the interviewers ask other parents about how they filled their time. People who felt they had purposeful work showed more ability to adapt to adversity and increased resilience. In addition, having at least 2 close friends outside the family was positively correlated to increase resilience. Three women reported how their attitude toward more conventional gender roles had changed due to the challenges of the occupation, and had helped in terms of their ability to address the adverse situation they live in. One woman reported

*After my daughters had finished their universities and started working, I changed my attitude towards women's work outside her home, as I started to realize the work's positive impact on their characters, and lives, opposite to the past, as I was afraid of leaving home.*

Another woman responded joining a women's center activities positively impacted their physical and mental health and helped them overcome challenges. We see changes in terms of gender roles, and also the impact of having purposeful work to reduce the fears that align with occupation.

## 6.2 Greece findings

In Greece, the interviewer worked with the refugees in the camps. The camps are a temporary holding place until the families have been provided permission to move on. People typically stay in the camps anywhere from one to 3 years. The interviewer spoke with 16 asylum-seeking families. The parents and children were involved in the conversation, with the parents responding over 80% of the questions. The theme of infrastructure issues was prevalent in the Greece context with lack of basic services exacerbating mental health issues.

One parent reported:

*My son has been eating his nails since our arrival to the camp. We try to explain to our children with patience and calmness but then we get tired and we release our frustration on them. There are no schools and playgrounds for children to spend their time and they get bored. The camp is dirty and full of risks, the children need someone to supervise them all the time. They fall and get injured and get infections.*

All the respondents reported they wanted their children to have educational experiences, yet in the camp there were very few educational opportunities and most of those were informal. All reported unsanitary conditions, overcrowding, and lack of health care. Currently, food is being withheld with children comprising 40% of the camp population. This lack of infrastructure exacerbates mental health challenges [61, 62].

In terms of the theme of cultural differences, one pattern unique to Greece was how the conflict the families tried to escape seemed to follow them in the camps. There are people from other areas of conflict, many fled the same conflict, but on different sides, continuing the violence and fear from which they fled. Additionally, respondents reported high hostility between local Greeks and the refugees. Accessing benefits and sustaining hope of resettlement is challenging. Changes in gender roles due to the loss of family members and deteriorating respect for elders and parents contributed to familial stress. Over 90% of the adults reported that the children do not obey and listen to parents as was expected of them when they were

young. Few social networks exist in the camps in Greece, leaving families feeling isolated and lacking a sense of belonging.

As for the mental health theme, the main patterns that emerged included parents being tired and worn out from being on the move and the uncertainty of their future. There is nothing to do in the camp, the children were very bored and the adults did not have the ability to engage and have patience with the children and were worried about the long-term impact on their children. One family reported:

*Look at my wife, she is 25 years old but from all this condition she has grey hair growing and became depressed. We decided to bring one more child but the conditions are becoming even worse for children. I just want a peaceful life and a ceiling above my head to protect my children, I want them to go to school and to feel safe. There was however a positive exception to this from one of the fathers.*

*We are both from Afghanistan. I am 27 and my wife is 24. We have one child. First, we do not have a safe space to take our children and no kindergarten. We are both young and not experienced to work with children and to teach them. We need support on how to improve children's educational and social skills. We have a child who is sensitive to sounds and when she hears children screaming and yelling this affects her and she becomes aggressive and starts yelling. The noises in this camp are disturbing her. We used to live with another family in the same tent. We did not have privacy and my child did not have a space to play. When the other children were speaking loudly she was behaving aggressively and started fighting and hitting them. We as parents try to calm her and hug her. I built this (showed the interviewer) room outside of the tent especially for her in order to calm and play. In Afghanistan I was a construction worker and I used to make statues. I built this safe space for my child in order to feel safe and be calm. Many times I gather other children in order to play together and learn. I enjoy gardening. I would have built a garden near the tent but I would need a lot of material to prepare something that is nice for my family.*

A family from the Democratic Republic of the Congo reported:

*Being a parent here is really difficult, we came all this way in order to secure a good future for our children. We want them to go to school and feel secure. We want our children to feel safe. I thought the EU was safe! All families reported boredom and how stressful it was to stay calm in the camp. They reported losing their patience and taking the situation out on their children. Parents varied in using coping mechanisms successfully, though they realized the need for them. A family from the Democratic Republic of the Congo shared, "I need help and support, so I tried to go to a psychologist. When I think of all of the things I get a headache. I have the capacity to calm. My wife releases her anger on our children and she needs support".*

All families reported they wanted mental health and parenting support and felt a lack of safety. One woman reported that "Children and women are afraid of going to the toilet at night, it is dangerous here."

*I am 29 and my wife is 23. We have 2 children and a newborn baby. We are from Syria. We had family support in Syria. Here we are alone and we need support. We do not know what to do with our children all day. They get bored and tired and we get tired as well. The father: I try to talk calmly with my children and to support*

*them and play. Take them for a walk. The wife: I do not have patience for the children. I get upset and I yell at them when they do not listen to me. The conditions here cannot keep you calm. We get tired and we do not know how to support our children alone.*

### 6.3 US resettlement findings

Unsurprisingly, the theme of infrastructure in resettlement pertains less to the existence of resources and services and more to the ability to navigate systems and *access* resources. Overcrowding is another infrastructure issue as often large families are resettled in small apartments.

The theme of cultural differences appeared frequently, provoking and/or interacting with mental health stressors. Parents and children face language barriers that impact their occupational and educational opportunities and experiences. Families' religious beliefs and values differ from those of these new societal and educational contexts. Children face bullying in schools and must navigate the mismatch between their home country's values and beliefs and the new cultural norms of schools. As one father stated, "The children begin to learn new ideas from being part of the community around them. We try and make meaning of what they are learning with our own ideas of how to be parents and what children should or should not do. It is so hard, as what they learn is not always what we believe is good."

One parent from Myanmar shared, "Our kids are learning things from kids born in the US and are not showing respect to us. This is important in our culture. They begin acting like American kids and calling people by their name rather than their title. They say they cannot share their food, when we always share our food together. They start doing things like other kids and rejecting us. Our language is being lost". An Arab Muslim parent commented,

*We live dual lives: one filled with tradition and culture at home — watching Mom make fresh bread over hot stones and learning our country of origin's national anthem along with other daily and cultural routines. The other life is filled with constraint: tries to blend in, make and maintain friends at a school, and try to find a job which pays a livable wage. In addition, language differences lead to systemic barriers everywhere we go. We know that speaking many languages is really a talent, however, the systems of education, health, and employment look at it as a deficit and many times correlate our English language ability to our intelligence. We are also grouped together with other ethnicities as people try to make sense of who we are and why we are here. Some people take pity on us due to the situation we come from. This is not helpful either. There are little ways we can culturally bridge our lives and people who live in Colorado typically want us to be like them.*

These quotes exemplify a common conflict for refugee and immigrant parents raising children in a new country. Refugee and immigrant families show resilience and adaptability as they bridge two cultures and languages while often facing racial and/or religious discrimination. Balancing traditional and new ways of being in healthy ways requires tremendous navigational capital [63].

That U.S. culture values independence over interdependence impacts families. As one parent stated, "When children learn to take care of themselves, that is good. But when it undermines the parents' authority it is not good. We are not used to having a family separated. We lived close together. Now when children are grown, they think about where to move, move away. How will our language and culture be remembered? In our culture, decisions are made based on what will happen to everyone, not just one person. We believe we take care of children and when we get

old, they take care of us. That is not what happens here in the US". An Afghani parent stated, "Many times children talk back to their parents, that would not happen back home".

Many parents reflected upon differences in how children are disciplined and supported in their learning. As with the other two contexts, parents lament not being able to control their children and the lack of respect and honor toward elders. Many have previously used corporal punishment to teach children right and wrong yet in the US that is viewed as wrong and ineffective. Families shared that they see advantages and disadvantages of raising children in a new culture. One example includes the shift in gender roles. Roles within the family change as women go out to work for the first time while men assume tasks such as chores in the home, child rearing and greater involvement in children's education. While the expanded options for women could be seen as a beneficial change, one challenge is the negative impact it can have on men's identity. This shift results in men feeling alienated and depressed as these shifts cause them to question their self-worth. About 60% of the women reported their husbands resent their employment. "My husband cannot find a good paying job, so I bring the money home into the family. He is depressed and cannot get out of it, so he drinks. He is always drunk and abusive. But if I leave him, I think he will not make it." Women working outside of the home face time constraints in fulfilling their traditional roles of caring for the home and child rearing expectations.

Another cultural difference is the accelerated pace of life in the U.S. which alters priorities of how families spend their time. "When we come here – we have so much to do and no time. We do not get to sit with our families and talk and tell stories. Our values are being lost as our stories are lost. We lose ourselves when we cannot take care of our family as we want. My children have to help with the cooking, sons and daughters, but back home sons do not cook."

Parents also reported concerns that their children are moving away from traditional religious beliefs. Many children try to keep their religious identity private due to discrimination. Palestinian refugees reported the negative impacts that discrimination had on their mental health [64]. Discrimination is not only religious as refugees and asylees systemically face inequities in housing, education, and health care. Parents reported that the laws and rules are not clear. One parent reported fear of taking their child who has special needs to the doctors, as they thought the doctor would report them for child abuse. Several families reported not seeking mental health services for fear of being accused of child abuse and losing custody of their children.

In schools, parents report that language is associated with intelligence. Parents feel ignored or treated in an 'unfriendly' manner. One mother reported, "The teacher calls me almost every day to say my 4 year-old is hitting others in her preschool/kindergarten class. Last year in her preschool she was loved, cared for, and she was happy and played with all the children. They spoke Arabic in her other preschool. Now the teachers only speak English, and they think she is a bad girl. I do not know what to do." The teacher also stated that she did not have the time nor the knowledge to address the needs of the girl and suggested the girl change schools. Schools can be spaces where racial, ethnic, religious, gender, socio-economic and language discrimination and xenophobia intersect. School personnel who hold these biases tend to view refugees' parenting through a deficit lens.

Additionally, the sense of belonging and identity impact resettlement. As one Arab Muslim father shared, "My family and I often feel like outsiders growing up in the US. We struggle to find balance between our Arab Muslim, identity and our US American identities. Some of our children still struggle even thought they were born and raised here. They should not have to struggle with their identity

in school but unfortunately, they do. It is very sad as a parent to watch your child try to be something someone else wants them to be...When we find other families from our home country, we tend to stay together. At least there is an understanding of what we are going through, as we try to make Colorado our new home. Now we live in a community that is very limited in access, resources, services, and our children are many times blamed for mistakes or inappropriate behavior at school. Our families and children continue to live under stress, this makes parenting so difficult as we do not always have patience with our children when we cannot afford to pay our rent or we lost our jobs due to COVID. Many of us are the first to go when it comes to being laid off at work. Then the children feel bad about themselves. This is not what we want. We want to be proud of our culture, our history and we want to make our home good in the US. We live between two worlds, and it is very hard”.

Finally, several refugees discussed the significant trauma women and children experienced due to assault in transit, and in their country of asylum. Even in refugee camps, they are sometimes forced to provide sexual favors just to obtain the aid to which they are entitled.

## **7. Discussion**

In all three contexts, individuals face the chronic stress that comes with great daily uncertainty. Lack of resources and capacity to earn a living were challenges in all three contexts. One difference is that in Palestine, there is a constant imminent threat of violence, mostly from the Israeli armed forces. This leads to extremely high stress levels and challenges to parenting.

Similar in all contexts are parents’ desire to make the best choices for their children and their families along with seeing the importance of education. Parents want their children to learn and have greater opportunities in the future. Resettled individuals face unique challenges, yet often have more choices about how to lead their lives than those in the camps. For individuals in the camps in Greece, they are in a state of perpetual limbo, not knowing their prospects for relocation. This poses unique challenges to parenting as it is extremely difficult to sustain a future orientation/vision. In Palestine, the camps have been established for such a long time, that it can be difficult to have much hope for their circumstances to change. Greece and Palestine respondents are still living in camps whereas the U.S context is one of final resettlement.

In the US, parents shared stories of how they had to contend with the hegemony of what best parenting is. The refugees resettled in the US shared feelings about being seen as deficient and having to hide their parenting values. Societal hidden agendas wield power in determining what is “best” for their children and felt pressure to assimilate to US culture. In all the field sites, reports that children did not obey their parents as the parents obeyed their parents were reported. However, in the US, children felt pressure to be accepted by school and society. Parents reported their children came home with ideas contradictory to their home culture (regarding things such as tattoos, piercings, talking about reproductive health and displays of intimate relationships in public).

A common theme in the Greece and Palestine camps is boredom and lack of purposeful play or work. Children do not have spaces to play and run and be children and camps lack infrastructure to provide enriching childhood experiences. Families resettled in the US sometimes, but not always had more opportunity to find purposeful work. Unemployment and underemployment were common themes in all three sites. The camps however, pose a greater challenge to establishing



and maintaining the predictable routines that can be a protective factor in child development. In contrast, resettled individuals can establish routines, but feel the fast pace of U.S. life does not leave time for more traditional familial activities.

In Greece and the U.S. individuals carry a greater sense of guilt as they have left loved ones behind. Additionally, many individuals in the Greece camps expressed a sense of self-doubt and guilt, wondering if they had made the right choice for their family. As their lives are in limbo, it becomes impossible to determine whether the sacrifices they made were worth it. A unique challenge parents in Greek camps discussed is the tension with host countries and local resentment of resource allocation. In the US, refugees feel social isolation and National reports suggest that 50% of the people in the US are resentful and empathetic at the same time [65]. In all three cases, the feelings of social isolation, the need for mental health, parenting support, and purposeful work were reported as strong patterns.

While ample literature documenting refugee experiences exists, work explicitly focusing on parenting in refugee contexts is scarce. Our work is an initial contribution to the fields of Early Childhood Education and Parenting. By understanding the nuances of different refugee experiences, we can develop evidence-based policies and procedures to foster resilience in future generations.

## **8. Resilience and recommendations**

### **8.1 Understanding and removing barriers**

Marope and Kaga [66] assert that disadvantaged families generally require multi sectoral support to cope with sudden changes in their circumstances. Such support is made possible through the collaboration of various agencies addressing inequities which cause diverse vulnerated situations related to housing, health, welfare, family support, employment, and education. Key supports include: overcoming language and communication barriers, mental health, access to education, purposeful work, access to professional development, and learning English. In the US, a main recommendation is providing pathways to education and career advancement that is not contingent on immediate mastery of English. For example, bridging opportunities in the U.S where access to higher education is scaffolded to include the use of the parents' home language have shown to be extremely beneficial. To make a more significant impact, agencies must provide more opportunities and pathways for purposeful work.

“Having the opportunity from the Pamoja program has given me the chance to make friends with other refugees from the Arab world. Also to enter education where I can learn in my own language. I feel like no one understands me and thinks I do not know anything because I do not speak English well. But now I am learning how to take care of children as a teacher and learning English. I can now work in a job that my husband thinks is okay and can bring some money home to pay our bills.” (Mother resettled in the U.S.) Ideally refugees' short-term and long-term outcomes are achieved in solidarity, free from discrimination, and with support of language access and justice.

### **8.2 Mental health support**

Healing-focused interventions help children and parents develop the ability to express and regulate their emotions, improve self-control and self-esteem, recover and build resilience so that they are ready to learn. Building parent and caregiver capacity to assist children appropriately during the early stages of crisis response

and emotional recovery is essential. Refugee families often need support to implement positive parenting practices because they are also managing their *own* crisis responses. Building capacity within the community, social networking, and positive interactions aids healing. Psychosocial intervention programs for young children and their families are vital. Programs that offer storytelling, singing, jumping rope, role-play activities, activities in nature such as gardening and hiking, team sports, music, and the arts, writing and drawing exercises have been shown to reduce psychological distress associated with exposure to conflict-related violence in Sierra Leone for children aged 8 to 18 and their families [67]. Studies in Eritrea and Sierra Leone revealed that children's psychosocial well-being was improved by well-designed educational interventions for the children and for the adults [67]. One author saw how community-led psychosocial services empower the community through capacity building.

Classes in camps that provide purposeful active learning and engagement for both the children and the parents are beneficial. For example, holding classes outdoors where young children and parents can work and learn together in activities such as weaving, gardening, and storytelling, connect families and strengthen the connections between parents and children. Parents and caregivers benefit from learning about positive child interaction, 'shared and sustained thinking' [68], 'serve and return' [69], and 'sensitive responsiveness' [70]. These strategies nurture self-worth and wellbeing and promote successful learning and socialization. Parents and caregivers affected by emergencies and conflicts, can recover and thrive when supported in offering routine, structure, a sense of normality and a safe space to express feelings. We must acknowledge and value how parents/caregivers are children's first educators and constitute a major influence on the family and child's development.

Britto and Engle, [71] refer to five, interdependent domains of parenting: caregiving (health, hygiene and nutrition-related practice), stimulation (interactions, learning activities, modeling), support and responsiveness (trust, attachment, sense of security), structure (discipline, supervision, protection from harm) and socialization. Importantly, research shows that the quality of parenting and home environment is predictive of later social emotional health, academic achievement, and overall life success. Informal education, adult literacy, primary healthcare, and wellbeing structures are key. Welcoming, culturally sensitive programs that value parents/caregivers are essential to build positive family relationships. In the authors' experience, these are the kinds of services are the least likely to be funded/prioritized despite their immense potential for impact.

### **8.3 Adequate resources**

Parents and caregivers impacted by war, conflict, and disaster require support systems specifically targeting parenting and caregiving as a public good. This requires public investment, commitment, and leadership. Appropriate policy and program designs informed by refugee parents/caregivers voices are crucial to ensure their unique needs are addressed. Consistent, predictable, quality education can alleviate the psychosocial impact of conflict and disasters, but emergency situations undermine the quality of educational services available to refugees. Shortages of materials, resources, and personnel limit families' access to quality education. In most conflicts, education infrastructure is typically a target for destruction because of the stability and support it provides. Pre-schools and schools are often destroyed or closed due to hazardous conditions, depriving families and children of the opportunity to learn and socialize in a safe place with a sense of routine [1, 25]. "The programs offered in the camp are not enough. They help but we need more.

My children and I are bored. The teachers who give classes here do not teach like they do at home, but at least there is somewhere my children go. I also learn ways to help myself and how to take care of my own stress. This means I can be a better parent.” (Mother in camp in Greece)

Individuals working in the camps described the extensive efforts of all stakeholders (charities, athletic clubs, social and cultural centers, public figures) to eradicate negative phenomena, and apply reforms. While these stakeholders are typically under-resourced, one aid worker stated, “We couldn’t see the impact yet, but we hope the next generations will. We believe that psychological support for all population segments should always be on the top of the list for any support provided to refugees. We must not underestimate this type of support and its role in supporting our efforts to combat negative phenomena in the camp, and try to overcome the bad demographic, socio-economic reality inside the camp”.

Our final recommendation shifts the focus away from the refugees and toward those working alongside refugee population. Teachers must be trained to be culturally responsive and implement culturally sustaining pedagogy [72–74]. Culturally-responsive programs that enact a culturally humble approach can support resilience, cultivate bi-multicultural, bi-multilingual communities and reduce the negative impacts of discrimination and invisibility. Service providers, (health, education, social services etc.) must approach their work with genuine curiosity, humility, and reciprocity if they wish to support healthy family structures where parents impacted by violence, war, and conflict can heal and thrive. As one teacher in Greece stated, “I really like being a teacher in the camp, but the parents want me to teach like they were taught. This makes it hard for me. I need to learn more, I need more support of how to teach, I want to be able to go to school so when I leave the camp, I can teach somewhere else.” In resettlement contexts, there is a great need to provide professional development to educators to understand diverse cultures and the lived experiences of immigrants. There is also a tremendous need for highly qualified providers and educators from *within* the refugee communities as well as from host communities. Additionally, these professionals must receive adequate, ongoing support to work in these unpredictable contexts. It is imperative that stakeholders supporting refugees in camps and in resettlement contexts adopt a mindset of cultural humility in which we marvel at the resilience and commitment these parents have to the betterment of their families’ lives. Host communities must embrace newcomers with the lens of respect and admiration for all they have experienced. Cultural humility entails internalizing the belief that often host communities have much more to learn than to teach newcomers.

## 9. Study limitations

The authors recognize the limitations of purposive sampling and interviews as they are susceptible to interviewer judgment errors, low levels of reliability and limited generalizability of findings. The interviews are subject to bias as they are subjective in nature and do not provide an exhaustive view of the families’ experiences. Another limit of using semi-structured interviews, is they are time consuming and thus the sample size is smaller but do allow for more in-depth sharing/understanding of lived experiences which can provide a strong baseline for further study.

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Section 3

Qualities of Parenting

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# Communication in Healthy Parenting: The Interplay of Positive Parenting Strategies and Parents' Communication Styles

*Amarachi Ijeoma Dooshima Simon*

## Abstract

This chapter intends to review theory and research in parenting studies from the family communication perspective. This will include discourse on the interaction between parenting and communication and how these influence child-rearing outputs. Evaluating healthy parenting on the criteria of effective communication, the chapter shall focus on how communication mitigates diverse parenting challenges to bring about positive child-rearing outcomes in parent–child relationships. To do this successfully, efforts shall be made in the chapter to interrogate diverse parenting strategies recommended in the research literature and parents' communication styles to see how these impact child-rearing in a changing society. From the foregoing, the chapter shall illustrate the contributions of positive parenting strategies and communication styles in mitigating challenges of child-rearing in a changing society.

**Keywords:** family communication, positive parenting strategies, parents' communication styles, healthy parenting

## 1. Introduction

Parenting can be examined in different ways. We could focus on how parenting strategies are shaped within diverse cultural contexts. We could also ask questions about how parenting is influenced by parents' personalities and parental upbringing, or investigate the effects of lifespan development on parenting. While the above questions drive investigations into parenting from both the sociological and psychological perspectives, our perspective in this chapter shall be communicative. Thus, in this chapter, we review the literature to find out how parenting is shaped by family conversations. Our primary interest, therefore, is in the communication processes and topics that enact parent–child relationships to see how these influence child-rearing outcomes.

Communication is a process through which meanings are created [1] in all human relationships. Bochner [2] posits that communication is fundamental to all family processes. Parenting, being the chief of these processes, utilizes communication in all of its endeavors. Adapting to parenting, Turner and West [1] submission on the instrumentality of communication to family life, family relations and family

functioning, we say in this chapter that parenting is not doable without communication. Thus, while parenting involves interpersonal skills and places emotional demands on parents [3–5], we propose in this chapter that communication drives all parenting processes.

At the center of parenting are the diverse strategies parents engage in nurturing their children. Literature [6, 7] has defined these strategies as all the behaviors, attitudes and values utilized by parents in interacting with their children. This is done to influence their physical, emotional, social and intellectual development. Underlining the central role of communication in all of these, Darling and Steinberg [6] point out that parents ‘communicate’ these attitudes to create an emotional atmosphere within which their parenting behaviors seek expression. This chapter thus seeks to explore communication as both a socialization tool in the art of parenting and the medium for the expression of all parenting behaviors and attitudes. We will also see how these influence child-rearing outcomes.

Family communication literature [8, 9] posit that understanding the nature of theory is the only way to fully understand the nature of families and the communication dynamics within them. Consequently, for over five decades [10], scholars have engaged diverse theories in their bid to conceptualize and expand the boundaries of family communication research. Having established the central role of family communication in parenting, we seek to interrogate a few out of the most utilized theories in parenting drawn from family communication research. Our aim in this is to seek out connections between these theories and the strategies parents engage in raising their children to see how they influence each other and consequently impact child-rearing outcomes. Our theories of focus in this chapter shall be *family systems theory*, *family communications theory* and *social constructionist theory*. We choose them because of their preoccupation with our subjects of interest.

### 1.1 Purpose

The purpose of this chapter is therefore to review theory and research in parenting studies from the family communication perspective. This will include discourse on the interactions between parenting and communication and how these influence child rearing outputs. Evaluating healthy parenting on the criteria of effective communication, the chapter shall focus on how communication mitigates diverse parenting challenges to bring about positive child-rearing outcomes in parent–child relationships. To do this successfully, efforts shall be made in the chapter to interrogate diverse parenting strategies recommended in the research literature and parents’ communication styles to see how these impact child-rearing in a changing society.

### 1.2 Significance

Over the last five decades, parenting as a domain of study has gained grounds in family communication scholarship [11]. The focus, however, in most of the studies has been purely sociological and psychological [1]. Thus, so much has been written on parenting without much emphasis on communication as the context within which most parenting behaviors and attitudes are expressed. This chapter seeks to engage parenting through the medium of communication. It hopes to do this by examining the interactions between positive parenting strategies and parents’ communication styles to see how these influence child-rearing outcomes.

Topics that shall be discussed in this chapter about how communication mediates between positive parenting strategies and parents’ communication styles to bring about positive child-rearing outputs include:

- Parenting and communication
- Theory in parenting studies
- Parenting strategies as parents' communication styles
- Implication
- Recommendations

## **2. Parenting and communication**

While definitions of parenting abound, we define parenting in this chapter from O'Connor and Scott [12] perspective as the various ways that parents shape their children's development. This definition for us encompasses covertly all the processes that parents engage to arrive at producing well-developed children: processes that involve parents' efforts at attending to both the physical and psychological needs of their children. Over the years, parents have deployed many styles across cultures to achieve their goals towards raising well-developed children who become responsible citizens in society. Diana Baumrind's 1971 multidimensional model of parenting summarizes these parenting styles under four different headings: authoritarian, authoritative, permissive and uninvolved parenting styles. While all these styles have their implication on parenting and child-rearing outcomes, our preoccupation in this chapter is to see how parents' engagement of any of these styles translate into their communication styles with their children.

Communication, on the other hand, has been defined as the process of meaning-making between people [1]. Apart from the biological foundation that originates the connections between parents and children, the processes involved in creating and maintaining parent-child relationships are captured in the interactions between them. Zolten and Long [13] predicates healthy parent-child relationship on positive communication. Through positive communication, parents forge strong bonds with their children. The nature of these bonds determines how parents fare with the various developmental challenges children go through and their impact on their parenting [14]. While healthy parenting involves appropriate behavioral standards and expectations and verbal expression of maturity demands, parents who positively communicate these behavioral standards and expectations to their children succeed at achieving healthy levels of aspiration, independence, and attitudes in their children [15].

## **3. Theory in parenting studies**

Theories give us a mechanism for understanding phenomena, and parenting is one such phenomenon. While several attempts have been made by scholars to locate parenting within specific theoretical frameworks, there is no comprehensive theory of parenting [16]. We review therefore three theories of family communication research that have found relevance in parenting studies: family systems theory, family communication patterns theory and social constructionist theory. Our preference for these three theories is informed by their ability to isolate the communication patterns within a family system and to deploy them for meaning-making purposes. We seek to identify aspects of these theories that inform parenting orientations, otherwise known in the literature as parenting styles [17] or parenting

strategies [11]. We hope to make connections between these theories and the strategies parents engage in raising their children to see how they influence each other to bring about child-rearing outcomes.

### 3.1 Family systems theory

Family systems theory emerged as a result of Bowen's early research at the Menninger Foundation. It assumes that a system is characterized by the interaction of its interdependent elements, with each element mutually influencing every component in the system [9]. Utilizing the family as an interaction system, it attempts to explain social behavior and patterns of social interactions [16]. Looking at the family as the basic emotional unit, the theory upholds the view that families can be understood not through individual members' experiences (which can vary widely from one another) but, rather, through the unique dynamics and overall climate achieved in a family. This suggests that any change in the emotional functioning of one member of the family is compensated for by changes in the emotional functioning of other members of that family.

Examining parenting through the lens of the systems theory, parents derive their different parenting behaviors from their interactions with other subsystems in the entire family system. Holden [16] supports this with the view that to fully understand behavior in the family, one cannot simply focus on an individual child in isolation or only on the parent-child dyad. Rather, relationships among all members of the family must be recognized to understand how the behavior of individuals is supported by, encouraged, or reacted to by other family members. Thus, as parents interact with other interdependent elements at the different sub-systems in the family, they come off from such interactions with notions about parenting that eventually influence their parenting. Their social context thus casts a shadow on the relationships each member of the family eventually develops [18]. We discover from this, parents' effort to parent their children in ways not too different from how they were parented. In doing this, they struggle to transmit to their child's values, attitudes and norms imbibed from their upbringing. This process contributes immensely to the diverse parenting strategies that parents deploy in raising their children.

### 3.2 Family communication patterns theory

Family communication patterns theory, proceeding from the works of McLeod and Chaffe in the early 70s and Ritchie and Fitzpatrick in the early 90s, has been used by scholars in the family communication field to articulate the diverse ways parents communicate with children and the implication of such communication styles on the parent-child relationship [19]. The two major patterns emerging from the literature that either grow or shrink family conversations are *conversation* and *conformity* orientations. The conversation orientation refers to the degree to which family communication patterns are characterized by an open and unrestrained exchange of ideas while the conformity orientation refers to the degree to which family interactions are characterized by an emphasis on the homogeneity of attitudes, values, and beliefs.

Reuter and Koerner [20] further opine that families create their shared reality through these two communication orientations-the conversation orientation and the conformity orientation. Conversation orientation, characterized by frequent, spontaneous, unrestrained interactions allow family members to co-discover the meaning of symbols and objects in their relationship systems and thus encourage them to participate in the definition of their social reality. Conformity orientation, on the other hand,



characterized by the uniformity of beliefs and attitudes, direct family interactions to focus on maintaining harmonious relationships that emphasize obedience to parents. These often manifest in the pressure on family members, mostly children, to agree and maintain the family hierarchy, thus placing the power to define social reality in the hands of family members in the authority roles (mostly parents) [20, 21].

Examining parenting strategies through the lens of these twin theoretical models presupposes that both models will have implications on child-rearing outcomes. Parents who engage conversational strategies are more likely to produce children who are psychologically balanced and can engage life's issues from a balanced perspective. Communication for such parents is not a tool for control, rather it is utilized for forging connections that stabilize parent-child relationships during the storm and stress of adolescence [14, 22]. On the other hand, parents who engage in conformity-oriented strategies focus more on control than on cultivating a relationship that produces psychologically balanced children. Children from such parenting backgrounds develop more delinquent and deviant tendencies as their response to authoritarian parenting. We discuss this further in the section on Positive parenting strategies as parents' communication style.

### 3.3 Social constructionist theory

Social constructionism is a theory used to construct man's attempt to come to terms with the nature of reality [5]. Traced to the works of sociologists, Peter L. Berger and Thomas Luckman in 1966 whose ideas were inspired by the thinking of Karl Marx, Emile Durkheim, and George Herbert Mead, Social Constructionism asserts that all meanings are socially constructed. It proposes that people make sense of the world by constructing their model of the social world and how it works through social interactions and language. Harach and Kuczynski [23] in their study identified the role of language in the construction of parent-child relationships.

By asking parents to describe the relationship with their children within a framework of questions concerning the nature of the relationship, questions such as how parents and children strengthen the relationship, how they damage the relationship, and how they make repairs to the relationship after interactional missteps, they sought to discover the categories and concepts that parents use to *talk* (emphasis mine) about their relationships with children, thus gaining insight into the insider's views (meanings) of parent-child relationships through the language of interaction. Thus, as parents talk to (communicate with) their children and vice versa, both parties in the relationship can derive meanings which give rise to whatever knowledge of each other, and of the relationship they possess. These derived meanings and knowledge determine each other's response to the relationship.

Thus, in parenting research, while the relationship between parents and their children is enacted through communication, parents' language use in the communication process has implications on what knowledge or understanding of the relationship gained by the children which directly or indirectly impacts their response in the relationship. Dunkeley [24] in her phenomenological study of parenting adolescents from both parents' and adolescents' perspectives, also identifies language as not just a vehicle for the expression or representation. Rather she reiterates that without language, higher functions of thought and imagination cannot develop. According to her, it is from language that children build concepts which make it possible for them to begin to direct their actions thus shaping the course of their own and other lives. Dunkeley [24] shares Vygotsky's view which encourages the idea that "personalities are constituted by language from an early age in a process which continues throughout life allowing continual change and growth to take place at a higher cognitive level" (p. 44).

Thus, children and adolescents through the use of language in parent–child interaction settings can be seen as active agents, intimately involved in constructing meanings about events in their lives. These meanings contribute to shaping who they become, what notion of parenting they have and will perpetuate and what views they will hold about their own lives and other interpersonal relationships. On the other hand, parents through their parenting teach children what to think about the world, what is important or unimportant, and about their self-worth [25]. Directly or indirectly, parents mirror for child's notions about life. These have implications on their child-rearing outcomes.

The three theoretical frameworks examined in the context above highlight the role of theory in deepening the understanding of parenting from the family communication perspective. The family systems theory highlights the interdependent relationships between parents and children as members of a family system. It also highlights how parents' interactions with other elements at the various sub-systems in the family influence their parenting strategies, which consequently influence child outcomes. The family communication patterns theory identifies the specific communication patterns in the different parenting strategies deployed by parents in raising their children and also deepens an understanding of their impact on child-rearing outcomes. Lastly, the social constructionist theory highlights the meaning-making functions of language in parent–child interactions and their implications on child outcomes as well.

#### **4. Parenting strategies as parents' communication styles**

Having defined parenting strategies in this chapter as all the behaviors, attitudes and values utilized by parents in raising their children, we propose also that these strategies are parents' communication styles because they serve as channels for all parenting activities and also provide platforms on which parents connect with their children. Without these connections, parenting becomes a struggle. Parenting research literature has tried to group these strategies according to the philosophical perspectives of their proponents. We review some of these strategies to identify elements of family communication in them and to highlight how they function as parents' communication styles.

##### **4.1 Positive parenting**

Eanes [26] describes positive parenting as an entirely different way of relating to children that allow parents to maintain a strong bond with them through the ages and stages of childhood while still raising kind and responsible people. Its philosophy is rooted in connection and not just a method of discipline. This strategy, according to her is directly opposed to conventional parenting methods which often pits parents against children. The goal of this strategy is to achieve more strong connection, cooperation, and joy and peace in the family. The five principles that inform positive parenting include attachment, respect, proactive parenting, empathetic leadership and positive discipline [26]. These are principles that are relationship-oriented and powered by communication. Summarizing the role of communication in positive parenting, Eanes [26] opines that:

*Effective communication is more than just an exchange of information. It helps us to understand our partners and our children better. It helps us to connect, solve problems, and convey emotions. Understanding the emotion behind the exchange of information is really what effective communication is all about; it's tuning in*

*to our partners (and others) to hear the meaning behind the words. That brings us a deeper understanding of the ones we share our lives with and leads to more fulfilling relationships overall (Chapter 4, pp. 2–3).*

The above submission is quite different from what most of us experienced with our parents while growing up. I see efforts on the part of parents in the above context to, not just control with instructions, but to establish connections that will produce lasting bonds between them and their children. The communication pattern adopted by parents in this context is conversational. Parents in the above context talk to their children differently [22]. Communication for them is a tool for fostering connection, and not control. They seem to have transformed notions of parenting that have shifted the way they perceive and respond to their children. Children from such parenting backgrounds are happier more emotionally balanced and readier to seek out and establish healthier relationships than their peers for the conventional parenting background.

#### **4.2 Scream-free parenting**

Scream-free parenting is built on the principle that parents can 'keep their cool' even when events in the parenting experience get hot [27]. Its philosophy is hinged on the notion that parents can relate with children in a calm, cool, and connected way, taking hold of their emotional responses no matter how children choose to behave. The dominating principle in this school of thought is that for parents to be able to parent in a calm, cooperative and peaceful environment, they need to focus on themselves instead of the children. By focusing on themselves, they can get a handle on their 'emotional reactivity', which is usually the 'greatest enemy of great relationships' [27].

To combat emotional reactivity, parents are tasked with the duty of regulating their own emotions so they do not get in the way of calm and peaceful parenting. By getting a handle on their own emotions, parents are better disposed to respond to issues in their relationship with their children, thereby modeling for them the calmness and good behavior which they expect in return. Markham [22] describes this as "self-regulation." Since parenting, for her, is not about what a child does, but more about how a parent responds, staying calm enough to respond constructively to all childish behavior and the stormy emotions behind it requires growth on the side of the parents. Achieving this 'growth' is the hardest part of parenting but the only key to positioning parents/the more peaceful parent that our children deserve.

Engaging 'response' as a phenomenon in scream-free parenting, scholars [22, 27] opine that an adult's peaceful presence has a more powerful influence on a child than yelling ever could. This promotes emotional regulation as a communication strategy for achieving positive child-rearing outcomes. This also directs attention to parents' use of language in parent-child relationships. The language of communication in such contexts is usually conformity-oriented rather than conversational. While yelling at children may force them to cower into obedience to parents' instructions, it disregards respect for their tiny personalities and produces emotionally imbalanced children, with lots of externalizing and internalizing symptoms [28, 29].

#### **4.3 Poisonous parenting**

Dermer et al. [25] define a poisonous parent as one whose ways of teaching children about life and styles of interaction damage children's abilities to form healthy connections with family members, friends, and eventually romantic partners and offspring. In a nutshell, poisonous parenting addresses how destructive

relationships with parents will lead to unhealthy relationships throughout the lifespan if they are not effectively addressed [25]. It hinges its philosophy on the notion that people who have destructive parenting styles often were the victims of malevolent parenting themselves.

Coming from such backgrounds, parents cannot help but play out their insecurities, deficiencies, and fears from childhood in their relationships with their children. Thus, when attachment anxieties are triggered in the relationship, parents resort to abusive behaviors to control children and to force emotional and physical proximity [25]. Such abusive behaviors are manifested in harsh criticisms, shaming, labelling and the use of words too big for a child's developing emotions to handle—words that are not age-appropriate [30–32]. This suggests that the communication environment in which poisonous parenting occurs is overly conformity-oriented. Parents here strive through their communication to achieve strict obedience to parental authority and the maintenance of family hierarchy without paying attention to the sensibilities of the children in the relationship. Children from such parent–child relationships very often carry their unresolved trauma into future relationships and are incapable of emotional regulation, emotional awareness, emotional responsiveness, making an accurate assessment of people's behaviors, and interpersonal connectedness [22, 25, 26].

#### 4.4 Unconditional parenting

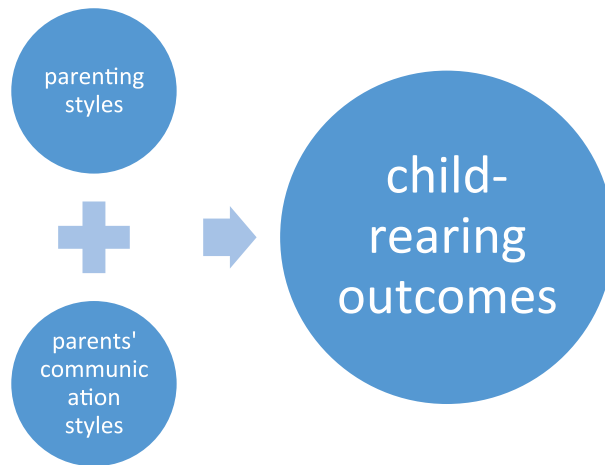
Unconditional parenting is founded on the notion of lovingly parenting children without attaching the conditional strings of 'good behavior' and 'achievement' [30]. It pushes forward the idea of parents loving their kids not for *what they do* but for *who they are*. Contrasting the two ideas, Kohn [30] opines that while the first sort of love is conditional, demanding that children must earn their parents' love by acting in ways they deem appropriate, or by performing up to their standards, the second sort of love is unconditional and does not depend on how children act, whether they are successful or well behaved. Parents in this tradition parent with the consciousness that children do not have to struggle to earn their parents' approval. Rather they are to be loved by their parents for 'no good reason' [30]. This consciousness is further informed by the idea that loving children unconditionally will help them to accept themselves as fundamentally good people, even when they make mistakes or misbehave.

Research has shown that children raised in this kind of atmosphere come off with a healthy assessment of their personalities, can regulate their emotions and become responsible citizens of the society [17, 22, 33, 34] and are also capable of forming healthy and balanced relationships later in life. Meeting this need of acceptance for children positions them to also accept and help other people in their present and future relationships. It is noteworthy to say that the communication environment in this parenting style is conversational and makes way for frequent, spontaneous, unrestrained interactions which allow children to co-discover the meaning of symbols and objects in the parent–child relationship systems and thus encourage them to participate in the definition of their social reality [20].

### 5. Implications

From the parenting styles outlined in the chapter, two patterns of communication are identified: the conformity-oriented and the conversation-oriented communication patterns. While the conformity-oriented communication pattern is unsupportive of children's psychosocial development because it is concerned with hierarchy and strict submission to parents' authority, the conversation-oriented

communication pattern, on the other hand, is supportive because of its preoccupation with relationship cultivation and children's overall psychosocial development. Thus, engaging parenting from the two communication perspectives has implications on the parenting atmosphere and ultimately on child outcomes. The overarching role of communication in helping parents articulate the different values, norms and attitudes they hope to transmit through their chosen parenting styles cannot be over-emphasized. While a chosen parenting style can be supportive or unsupportive of children's psychosocial development, an ability to identify the communication patterns inherent in them and to demonstrate their dual roles as parenting styles and parents' communication patterns has been the preoccupation of this chapter. We make this statement in the diagram below:



## 6. Conclusion

While both parenting styles and parents' communication patterns have been articulated differently by various scholars of family communication and parenting education with both having implications on child-rearing outcomes, we propose that the interconnections between them qualify them to be used interchangeably in the parenting process. We also say that the role of parents' communication styles as platforms without which parenting styles cannot be appropriately expressed gives credence to our claim that parenting is not doable without communication. Thus, all parents' efforts at transmitting norms and values through their chosen styles of parenting are their way of communicating with their children. The outcome from such parenting communication is indicated in the children produced from such combinations.

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# Parental Alienation: *In the Child's Worst Interest*

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## Abstract

Parental alienation (PA) is a form of childhood emotional abuse in which one parent instrumentally uses the child to inflict psychological harm on the other parent for revenge. The consequences of parental alienating behaviours range from mild (e.g., the child shows a certain resistance towards visiting the targeted parent but warm parenting is still possible) to severe, where the positive affective parent–child bond is severed and extremely difficult to reinstate under family therapy. In PA processes, parenting is disrupted with the targeted parent and dysfunctional with the alienating parent. Consequently, the child is at a high risk of developing internalising (e.g., depression, anxiety) and externalising (e.g., use of drugs/alcohol, violence) problems during later developmental stages and through the lifespan. Although the prevalence and severity of PA cases in our societies are largely unknown, in part because the construct is still an ongoing debate among academics, practitioners and family justice professionals, different authors defend that it should be treated as a public health problem. Early prevention should be the primary objective and family justice, child protection and mental health services must coordinate efforts to support the families and promote the best conditions for the development of affected children.

**Keywords:** parental alienation, parenting, family violence, family justice

## 1. Introduction

“It has been a terrible time [...] In some way worse than losing your children by death, because they hurt you over, and over, and over again. Of course, you understand that it’s not what they really think, and I remember all the good times we had together [...], but it’s very hard to handle that sorrow.” (Göran<sup>1</sup>, targeted parent of parental alienation).

Göran is a Swedish physician and father of two who was alienated from his children over the course of a high-conflict divorce. At the time of his interview, 10 months had passed since the last time he had been together with his children, although they lived nearby. The children strongly refused to visit Göran, and during the few contacts they had, the older child repeatedly engaged in hostile and rude behaviour against him, tearing apart their previously positive relationship. Göran’s story is the same drama of many parents who had been through the ordeal of parental alienation (PA), each a story of pain and suffering and, behind all of them,

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<sup>1</sup> The name is fictitious in order to protect the identity of the research participant.

a wounded child. As a society, it is imperious that we find solutions to this problem that, most likely, is more prevalent than the statistics of the family justice system and child protective services indicate.

PA is the process of sabotaging the relationship between a child and one parent, caused by the behaviour of the other parent [1]. What leads the alienating parent (AP) to use the child against the targeted parent (TP) instrumentally is revenge [2], which often occurs when the aggrieved parents engage in high-conflict separation or divorce. The objective of the alienating behaviour is to hurt the TP without concern about its impact on the child. The AP's behaviour causes a pattern of verbal and potentially physical aggression by the child towards the TP and strong resistance towards having contact with them.

PA is a construct that emerged in the scientific literature during the early '80s when researchers described the alignment of a child with one parent against the other parent who wished to maintain contact and an overt relationship [3]. In 1985, Gardner [4] introduced the concept of *Parental Alienation Syndrome*, in which he focused on the AP's behaviour. Gardner highlighted the process of brainwashing the child by the AP to denigrate the other parent and force estrangement. During the '90s, several scholars concentrated on the children and found that the presence of psychological adjustment problems in a child increases their vulnerability for alienation [5, 6]. Following this new perspective, PA was considered a serious childhood mental health condition [7]. More recently, using a systemic framework, some researchers proposed that PA must be considered a problem of the family system rather than a disorder of any of its members [8, 9]. There has been a movement among academics to introduce PA as a diagnostic entity on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) with the belief that it would facilitate the admission of PA by family courts and therefore would lead to prescribing measures to protect the best interest of the child. However, a consensus has not been reached about the construct's definition, or whether it meets the criteria for a syndrome. This lack of a general agreement makes it difficult to determine its frequency, and the outcomes of research studies diverge. In a revision of the literature, Drozd and Olensen [1] estimated an incidence between 11% and 27%, while Meier [10] reported that less than 2% of divorcing parents required court intervention because of PA. In 2014, Howe and Covell [11] estimated the incidence may be as high as 25–29% among divorcing families, while a study drawn from a representative pool in the US found that 13.4% of parents have been alienated from at least one of their children [12]. Although researchers have been studying PA for more than 40 years and therefore it cannot be considered a new challenge in our society, the increasing number of divorce rates in the past two decades [13] makes it likely that the number of children at high risk for PA has increased as well.

In advancing the definition of PA, some scholars have remarked that the AP's behaviour must be intentional, instrumental, strategic, and bind the child in a way that drives them to reject the TP [14]. Furthermore, there must be a disruption in the relationship between the child and the TP that was previously characterised by positive bonding and more or less adjusted parenting. A previously affective and warm relationship marks the distinction between PA and similar constructs such as parental estrangement (i.e., the child has good reason to reject a bond or have a close relationship with a parent due to that parent's conduct, for example, due to maltreatment or neglect) or counterproductive parenting (i.e., to protect the child a parent behaves in ways that produce the rejection of the other parent, usually in the context of domestic violence) [1, 15, 16]. Therefore, to determine whether a child who is rejecting a parent has been alienated, it is necessary to consider: (1) the quality of the prior relationship between the child and the rejected parent, (2) the absence of abuse, neglect or serious dysfunctional parenting on the part of the

rejected parent, (3) the adoption of alienating strategies by the favoured parent, and (4) the demonstration of alienating behaviours by the child [17, 18].

Some authors claim PA can only occur in high-conflict divorces [15, 19], while others claim that although divorce and post-divorce parental disputes are the most common scenario, PA can also occur within intact and separated families [20, 21]. Regardless of the divorce status, it is commonly accepted that PA results from the strain that a family system endures because of the pathological dynamics born from impaired relationships between its members [19, 22].

The strategies used by the AP to alienate the child vary in type, number, and severity. In accordance, the harshness of the behaviour displayed by the child against the TP also varies. In fact, PA is considered a dimensional construct rather than a dichotomous diagnostic entity [1], can range from mild to extreme forms, and not all children are affected in the same way. Alienation seems to be less likely among young children since the mechanism of persuasion, indoctrination, and brainwashing require a certain level of cognitive ability to process the cognitive biases and distortions transferred by the AP. The typical age range among children who display alienating behaviours is 8–9 to 15–18 years old [15, 23], and this is found in both male and female children, and it can affect either parent [23].

PA can be conceptualised as a type of family violence perpetrated by the AP against the child, in which the parenting processes from both parents are severely disturbed. Besides the dysfunctional bond established between the child and the AP, the bond with the TP is disrupted and may eventually dissipate in extreme cases. The child will not adequately mourn the loss of the TP, who, furthermore, will possibly be substituted by the AP's new partner in an unhealthy way. Since the consequences of PA for the child's physical and mental health are often devastating, it is urgent to develop institutional mechanisms that efficiently identify, treat and support families and the individuals affected. Given the complexity of the problem, the variation in the type of families nowadays far from the traditional two biological parents living together with biological children and the fact that each alienation process differs from family to family, individual-based assessment and intervention are highly recommended.

In this chapter, I present the grounds to defend that PA is a form of family violence and should be considered as such by the family justice system. What are the consequences? How is parenting affected? How should social institutions proceed to prevent major harm and protect the children? These questions are addressed in the following pages. The text aims to contribute to the current discussion about the PA concept among scholars, practitioners, and other professionals, but technicalities were avoided so that it is possible to be understood by a broader audience as well.

## **2. Parental alienation is a form of family violence**

PA is a poorly understood form of violence [24]. The behavioural strategies used by the AP during alienation constitute emotional abuse of the child and may include tactics such as ignoring (e.g., denying effective response to the child's emotional requests), rejecting (e.g., spurning, constant criticism), isolating (e.g., preventing the child from spending time with family and friends), terrorising (e.g., threatening the child with abandonment or harm), exploiting (e.g., making the child responsible for the care of the parent or other children), and corrupting (e.g., involving the child in immoral or illegal activities) the child [15, 25–29]. Haines, Matthewson, and Turnbull [2] found similarities between PA behaviours and the brainwashing stratagems seen in cults. The AP may inflict abuse directly or indirectly, saying to the child that the TP has done or will do any of these actions.

Consequently, the child develops a sense of worthlessness and of being unloved and endangered [30]. Fostering and encouraging cognitive biases and attitudes in the child that promote denigration and estrangement of the TP is itself a form of emotional abuse [18]. Common PA behaviours by the AP are listed in **Table 1**. In PA processes, the child is victimised [32] and should receive the same attention as other children victims of parental maltreatment. Prioritising the wellbeing of the child requires urgent legal and clinical intervention. In this regard, it is necessary to develop competencies within the family justice system, child protection, and mental health services to evaluate and prescribe this indispensable family intervention efficiently.

PA is a process that generally starts with the deterioration of the relationship between both parents, and evolves over time. Emotional or physical abuse between the parents can occur but not necessarily. A common first step of PA, and a form of coercive control often seen in high-conflict divorces, is the threat to prevent the other parent to see and spending time with the child. During his interview, Göran revealed, “When I said ‘I’m going to separate’, she told me twice, ‘You can forget your kids’, I think she said that to make me stay. Otherwise, why would she act like that if we had such a terrible relationship at the end?” Because of this manipulative strategy from his partner, Göran accepted staying and, in this way, guaranteed access to the children for some time, although the relationship between the couple continue to crumble.

Frequently, a power imbalance between both parents precedes PA, and the AP increasingly overpowers the TP in family relations. Among the personality traits found in APs is a wish to control and dominate others [33, 34]. Göran reported, “At the beginning, there were a lot of hassles, and usually she refused to stop the discussions. She would demand me to realise how stupid I was or that I was wrong. But each time she undermined my authority towards the children more.” Recent research suggested that we must better understand the abusive power dynamics between the couple if we aim to be more effective in our intervention methods [35]. The deterioration of the parents’ relationship deepens over time and extends first

Insulting, badmouthing, or belittling the TP
Undermining TP’s authority
Rewarding disrespectful behaviour or rejection of the TP
Making it appear as if the TP despises or rejects the child
Interfering with parenting time for visitation or completely preventing visits
Interfering, limiting, or preventing phone, messaging, mail, or any other form of contact
Interfering in the symbolic contact between the child and the TP (e.g., throwing out gifts)
Requesting the child to spy on the TP
Interrogating the child after visits to the TP
Interfering or failing to give the TP information about the child (school, health visits, social activities)
Making decisions regarding the child without consulting the TP
Seeking caregivers for the child alternative to the TP
Sharing manipulatively judicial information with the child
Seeking allies (e.g., extended family, new partner) to alienate the child

**Table 1.**  
*Common PA behaviours by the AP [19, 31].*

to the children and eventually to the extended family. Often the AP openly displays verbal aggressive behaviours towards the TP in the presence of the child. APs justify their aggressiveness in their manipulative strategies, arguing that the TP is dangerous and therefore they need to protect the child and themselves [26]. This creates fear in the child that they might be harmed by the TP or are not secure in their presence.

The scientific literature identifies personality features among APs characteristic of the DSM's cluster B personality disorders, including narcissistic, antisocial, and borderline, besides other mental problems and substance abuse [19, 36–38]. Among the narcissistic traits, a sense of entitlement produces strong confidence when making decisions regarding the child and makes APs feel they are right and superior to others. As a result, they likely disregard court orders if they are against their wishes [2].

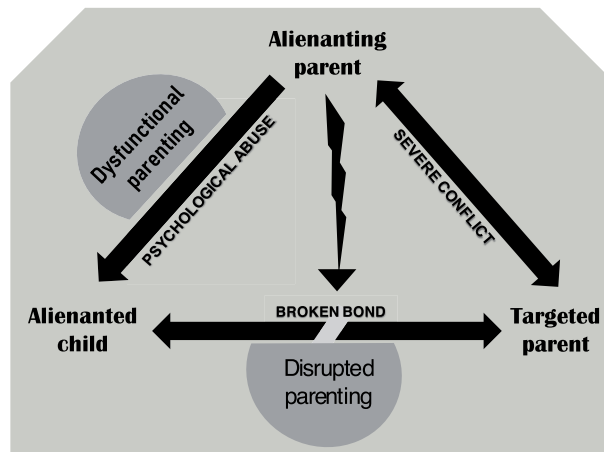
The alienating strategies have dire consequences and long-term effects on the child's mental health and wellbeing [9]. The alliance established between the AP and the child during alienating processes is in many ways similar to the trauma bonding victims of maltreatment create with their abusers [39]. The child feels physically and emotionally distressed when the AP is not present because of the manufactured belief that the AP is the only person they can trust and with whom they are safe. The child, then, defends the AP in every circumstance, even when the AP treats them harshly or rudely. In such cases, the child changes their behaviour to please the AP as much as possible. Subsequently, the AP positively reinforces the child and creates a behavioural pattern by conditioning.

In extreme cases, the AP can manipulate the child's beliefs to the extent they create false memories and the idea that the TP has physically or sexually abused them. In consequence, the child deploys a range of alienating behaviours against the TP. Common PA behaviours by the child are listed in **Table 2**.

In sum, PA is a form of family violence in which the AP uses the child instrumentally through a set of emotionally abusive behavioural strategies to harm the TP. Revenge is the primary emotion fuelling the AP's alienating behaviour. The traumatic bond between the AP and the child is reflected in the alienating behaviours displayed by the child against the TP, and parenting is severely disturbed (see **Figure 1**).

A campaign of denigration against the TP
Weak, absurd, or frivolous rationalisations for the deprecation
Lack of ambivalence (the child is consistent in their opinion about the TP)
The “independent-thinker” phenomenon (the child asserts that the negative thoughts and feelings they express against the TP are their own)
Reflexive support of the AP in the parental conflict
Absence of guilt over cruelty to and/or exploitation of the TP
The presence of borrowed scenarios (words, expressions, and phrases are common to both the AP and the child)
Spread of the animosity to the friends and/or extended family of the TP
The child resists or refuses visits with the TP
The child will singly express the wish to terminate the relationship with the TP

**Table 2.**  
*PA behavioural manifestations by the alienated child [19, 40].*



**Figure 1.**  
Parenting is highly dysfunctional in parenting alienation.

### 3. Parenting by the targeted parent is disrupted

Parent–child interactions determine to a great extent the child’s behaviour during childhood and adolescence. As Silva and Sandström [41] noted, “the child’s psychological wellbeing and mental health, the behavioral adjustment in different situations, and the capability to establish positive relationships with others are closely related to the level of parental competence during early stages of maturation” (p. 60). In PA processes, the TP-child interaction is seriously compromised, and the positive affective bonds are broken. Under such circumstances, the TP’s parenting role is disrupted and eventually completely ceases. If the AP does not succeed in suppressing the input of the TP in the life of the child and the TP is somehow able to maintain contact with the child, the objective of the AP will then turn towards sabotaging the TP’s attempts at parenting by forcing negative parenting practices. For example, encouraging the child’s defiant behaviour and aggression towards the TP makes a harsh response by the TP to control the child’s behaviour more likely. On the other hand, the TP may find it more suitable to withdraw from conflict in an attempt to satisfy the child, which gives the AP an argument to say that they are irresponsible or uncaring.

Responses elicited in the TP by the child’s behaviour vary depending on multiple factors, such as the parent’s personality characteristics, mental health status, the psychological and economic strain they sustain because of the legal battle, their capability to cope with it, the presence of a supportive social network, and the parent’s previous parenting style. Regarding their parenting role, many TPs experience an identity loss [42–44]. Göran reported, “My children said they didn’t want to have any contact with me, they had never had a good time with me and that I had never been interested in them. So, they showed that they felt awful when they were with me”. The loss of the parenting role may be particularly difficult to cope with when the AP chooses a new partner, who will serve as a replacement. The new partner ends up making parenting choices while any attempt by the TP is invalidated. It is only natural for the TP to become extremely distressed due to the alienating process, as it affects every aspect of their life, influencing how they interact with the child. As the alienating process evolves, TP’s find themselves in a helpless situation; whatever they do, the child will fight against it. The gap in the relationship grows, and the TP is unsuccessful in their attempts to restore the affective bonds.

Any positive attempts at parenting the child (e.g., assertive control, demonstrations of acceptance, and warmth, autonomy support) are futile.

It is difficult for TPs to assert themselves in the face of the alienating strategies [45], especially if the starting point is a partner relationship characterised by a power imbalance favouring the AP who consistently undermines their authority as a parent. TPs have been reported to behave passively in the face of conflict, being less involved with the child and becoming progressively more distant [9, 19]. During the legal battle, they are likely to reach a point where they are too overwhelmed and may seem to have withdrawn from the fight over communicating, spending time, or reconstructing the affective relationship with the child. However, their outwardly apathetic posture may well be an extension of the pattern of interpersonal interaction developed during the marriage [2]. Furthermore, the economic burden of paying for legal proceedings, the uncertainty that justice will be delivered if they litigate, and the fear that fighting back with the AP will further compromise their relationship with the child may deter the TP from being more active and seeking closeness [46]. Avoiding upsetting the AP is a possible strategy adopted by TPs to control their behaviour [2].

In a non-quantified number of cases, TPs have faced false accusations of physical or sexual abuse of the child, which almost automatically severs free access to the child and the possibility of spontaneous interactions. If the court determines that contact with the child must be supervised, the parent's behaviour is extremely conditioned, further preventing normal parenting mechanisms. The TP will then avoid any confrontation with the child for fear of worsening their odds of recovering the free access to them. Nevertheless, even in the absence of false accusations, the TP may feel compelled to change their parenting approach to a more permissive style (e.g., lax-control, non-directive, indulgent). The TP is just too afraid of further alienating the child and, consequently, will restrain from disciplining them [2]. To avoid upsetting the child and deepening the deterioration of the relationship, the TP may avoid normal parenting actions they otherwise would take. The child then perceives the TP as not having authority or significant influence in their lives, and the opportunity to parent the child is lost. Further, the AP instrumentally uses this to remark and reinforce the notion that the TP does not care, does not love the child, and is not worthy of the child's love.

In contrast to a passive attitude, in some cases, the TP adopts a rigid approach. Because, in general, the time they spend with the child is limited, the TP sets harsh rules while they are together. For example, the TP may restrict or obstruct the child's socialisation with peers, interaction with the AP or AP's family in special events (e.g., birthday parties, celebration of special dates), or involvement in physical or cultural activities not scheduled by them. While it is easier to enforce rules with younger children despite the child's opposition, this could ignite a war in the case of adolescents. For the TP, the disrespect and defiance displayed by the child add to the continuous conflict with the AP. The child's repeated aggression and rejection possibly elicit anger in the TP and an urge to retaliate, although the TP eventually understands that the child's behaviour emerges as a consequence of the alienation tactics, rather than the child itself. With older children, the TP may blame the child instead of the true source of the problem, which triggers negative parenting practices (e.g., inflexible discipline, derogation, coercion, hostility). This creates more retaliation and rejection by the child and reinforces the image of a bad parent that the AP instilled in them. Under such circumstances, the terrain is fertile to grow coercive exchanges between the child and the TP. The parent's actions reinforce problematic behaviour in the child, which reinforces the parent's coercive behaviour [41]. The TP retaliates by criticising the child, emphasising weaknesses, frailties, and exploiting weak points, thus generating hurt feelings. In the child's mind, the

TP becomes the culprit of every difficult dark moment they experience, reinforcing that parent's hideous image imbued by the AP. At this point, the relationship is almost irreversibly damaged, and any parenting attempt by the TP is unsuccessful. The psychological adjustment of both child and TP is seriously compromised and family therapy, if pursued, will only achieve modest results.

#### **4. Parenting by the alienating parent is dysfunctional**

PA processes are pathological in nature. Individuals with features such as those classified by the DSM's cluster B personality disorders do not react to the end of their intimate relationship with sadness or sense of loss. Instead, they are likely to ruminate about past grievances, remain enraged, and seek vengeance [47, 48]. If they experience the separation or divorce as shameful or humiliating, they will probably retaliate quite negatively towards the other parent [19].

The AP cannot stand different or oppositional opinions in the TP, and they will manipulate and force the child to acquire their point of view. APs are prone to disrespect and violate court orders that do not align with their perspective or serve their purposes. Their narcissistic sense of entitlement gives them the mentality that they have the right to decide the course of the relationship between the child and the other parent above everyone else, including the justice system.

APs despise everyone who opposes their alienating attitudes, including the TP, the TP's extended family, the child (if the child resists being alienated), and whoever confronts them (e.g., school personnel, child protection services, and court personnel). They talk incessantly about the TP's flaws, shortcomings, and weaknesses to thwart the good image that others, including the child, have and undermine the child's confidence in the TP's love and capacity to keep them safe. At the same time, APs present themselves as devoted, protective, and stable parent, giving the child a false sense of security. However, despite the image of protector of the child's best interest that the AP likes to sell, in reality, they lack empathy and concern about the child's feelings and needs. They play with the child's affection and may threaten to withdraw their love if the child does not comply with the alienation. They do not hesitate to disavow or show their coldness to the child if it fails to comply with their expectations. In this climate, the child learns that the AP's affection is contingent on their rejection of the TP.

Borderline personality features include affective instability due to a marked reactive mood. Such cases usually swing between intense episodic dysphoria, irritability, or anxiety that confuses their social environment. In an alienating context, the dysphoria and irritability are possibly contingent on the child's alienating behaviours. The AP may show intense anger and have difficulty controlling it if they perceive that the child fails to reject the TP. Therefore, the child learns to please the AP to avoid triggering their intense negative moods.

Certain antisocial personality characteristics such as deceitfulness and conning others, the use of manipulative tactics, and repeatedly lying to serve the purpose of getting the TP out of the child's life have also been found among APs. The APs take advantage of any information to falsely demonstrate that the TP has mental health, substance abuse, or anger management problems. Anything may be used to vilify the TP and make them seem threatening to the child. APs with such personality features feel no remorse in distorting information and biasing the child's cognitive and belief system against the TP. In extreme cases, the AP may risk the child's safety, act recklessly, or abduct the child to antagonise the TP without any regret.

If authoritarian parenting was the AP's dominant parenting style before the PA process, harsh parenting might worsen as the alienation evolves. Authoritarian



parents place high expectations on their children, force obedience, and punish non-compliance, sometimes in a psychologically brutal way. Authoritarian APs may use the expression “you are like your father/mother (the TP)” to criticise the child when they do not meet their expectations. This sends a powerful message to the child; they have the same weaknesses, flaws, and negative features as the TP and are not worthy of the AP's love and affection. The frequent derogation, high demands, and low responsiveness characteristic of authoritarian parents create on the child the necessity to demonstrate that they are worthy of their love. Accordingly, an alienated child will fight the TP in every way possible. Paradoxically, the child fights against a parent with whom they once had a warm relationship while trying to earn the attention of a parent who, most likely, was never as effective as the TP and will never be. Less affection is the price of feeling safe since the alienating process makes the child consider the TP a hazard. The door to trauma bonding is then open.

Controlling and coercive behaviour are also characteristic of authoritarian APs, in line with narcissistic personality features. APs with such characteristics will demand that the child report details of their time spent with the TP. It is not unusual for such APs to demand that the child spy on the TP, such as searching for clues about whether the TP has a new partner, is buying expensive new goods, or places the TP visits. The AP will want to have as much information as possible to use in the legal battle against the TP. For this purpose, they do not hesitate in using the child. They may coerce the child by saying that it does not comply with their requests, the consequences will be severe, and the child will be to blame. This behaviour gives the child no choice, and if for any reason it cannot comply, the AP will show anger, coldness, inflexibility, and will criticise and punish the child.

On the opposite extreme, we find APs that present dependent personality features such as separation anxiety and feeling helpless when alone because of an exaggerated fear of being unable to care for themselves. Dependent APs have difficulty making everyday decisions without an excessive amount of advice, need others to assume responsibilities for most major areas of their lives, and go to excessive lengths to obtain nurturance and support from others. In such cases, the alienating process arises from other persons in their environment like the extended family (e.g., the child's grandparents, aunts, uncles). Parenting is further seriously compromised in these situations because parents with dependent personalities are very likely to have permissive parenting styles with lax-control and non-directive discipline. The child ends up being parented by those who actively encourage the alienating practices. In such cases, the child is submitted to different parenting approaches from several people, creating even more confusion. They will not know whom they can trust and will probably feel insecure with everyone. Insecure attachment in future close relationships is then almost guaranteed.

Garber [49] reported that three dynamics in the child-AP relationship can develop in the context of an alienating process. First, the AP may use the child as a confidant and disclose information about themselves and their thoughts and feelings, forcing the role of an ally on the child. In this case, the child is provided with information inappropriate for their age, when they still lack the emotional maturity to handle it, in interactions more proper for an adult-adult than a parent-child relationship. Garber called this *adultification*. A superior level of this dynamic is called *parentification*. In such cases, the child-parent role is exchanged, and the child is encouraged to care for and look after the parent due to the parent's dependency. When this happens, parenting by the AP is inexistent, which added to the disrupted parenting by the TP, leaves the child without any guidelines during critical developmental stages. Child development may then be more a matter of survival with a considerable cost for the child emotional and potentially physical wellbeing.

On the other hand, Garber also described a dynamic called *infantilisation*, when the child is treated as much younger than their chronological age. The AP gives the child no space for independence and restricts the child's emotional and social development. Moreover, in their demands during a legal custody battle, these parents appear concerned for safety issues for the child that are not age-appropriate.

Each of these dynamics comes at a cost to the child. *Adultification* has been related to symptoms of depression, anxiety, and impact on academic achievement [49], while *parentification* has been associated with suicidal ideation, negative emotionality, psychosomatic symptoms, and isolation from peers [50]. Likewise, infantilised children are at risk of developing different internalising and externalising problems [2].

## 5. Consequences of PA for the child

During the alienation process, the child is manipulated into believing the TP does not love them, possibly never did, disregards their safeness, and is a threat. As a result, feelings of abandonment, loss, and fear grow inside the child, who will then interpret any of TP's behaviours through these cognitive biases, and will consistently express unreasonable anger, hatred, and rejection [15]. On the other hand, the child seems not to regret their hateful behaviour against the TP [11], but paradoxically a sense of betrayal and loss is likely to develop, leading to feelings of guilt and shame [51]. In her retrospective study of adults who experienced PA as a child, Baker [51] reported that most individuals in her sample recalled claiming they hated and feared the parent they rejected. However, they did not want that parent to disappear from their lives and hoped someone would realise their words and acts were not truthful.

The child's alignment with the AP has many characteristics of traumatic bonding, like the emotional response described in Stockholm syndrome. The child mimics the AP to survive their harassment and psychological pressure. Having effectively lost one parent, the child is compelled to do all the possible to be worthy of the AP's affection and to avoid the AP's coldness when they fail to show rejection of the TP.

Through their alienating manipulation strategies, the AP succeeds in transforming the emotional climate generated during interactions of the child with the TP into a negative experience. Soon the child will generalise the negative emotionality to anything that relates to the TP. The consequences of this are severe in the medium- to long-term. School-related difficulties, depression, anxiety, alcohol and drug abuse, and low self-esteem have been found in adults victims of PA during childhood [9, 25, 51], leading to the conclusion that turn a child against a parent is to turn a child against itself [30]. The child's belief that a parent does not love them has a significant impact on their self-esteem [52]. In addition, due to the alienating process, the child loses the capacity to trust itself or anyone else [51]. As a result, the child becomes angry, resentful, and permanently alert and afraid of being emotionally manipulated and controlled.

Without clinical intervention, the effects of PA may last the lifespan [30]. Among other symptoms, insecure attachment, relationship difficulties and breakdowns, lower self-sufficiency, identity loss, alienation from one's own children, major depression symptoms, and poor health in adulthood have been identified in adults who have suffered PA [9, 25, 51, 53, 54]. In a review of the scientific literature, Filder and Bala [55] discovered that PA impacts four spheres of the child's life and reverberates at later ages. In the cognitive sphere, alienated children demonstrated simplistic and rigid information processing, difficulty in distinguishing

the internal world of thoughts and feelings from the external world, and illogical manipulation of mental representations. Second, in the interpersonal sphere, alienated children show inaccurate or distorted interpersonal perceptions, and disturbed interpersonal functioning. Third, in the personal sphere, low self-esteem, self-hatred, pseudo-maturity, gender identity problems, and poor differentiation of self-have been identified in alienated children. Finally, in the behavioural sphere, alienated children are at risk of developing antisocial personality features such as disregard for social norms and authority, poor impulse control, aggression and conduct disorders, and lack of remorse or guilt.

In PA processes, the child grows in an emotionally hostile environment, without the guidance of parents with whom they feel understood, valued, loved, respected, and protected. If the child cannot trust that parents are open to listening to them with an accepting attitude they will not disclose (or will lie) about their whereabouts, daily activities, relationship with peers, and problems in school. During adolescent years, a child who feels overly controlled by one parent as is the case when the AP demands to know about time spent with the TP and at the same time suffers limitations imposed by the other parent, for example when the TP controls the time they spend together, will naturally rebel and seek the warmth and connectedness that they cannot find with either parent outside the home. The peer group then assumes the primary function of socialisation without parents having any control. The function that parents have in steering the child away from problematic peers, discouraging drug and alcohol use and dissuading rule-breaking behaviours is nullified.

Of course, not all children who suffer alienating processes will develop internalising or externalising problems. This depends on multiple other factors present in their environment during their upbringing. For example, establishing a warm relationship with a positive role model, such as a relative in the extended family, the parent of a friend, or a teacher, can work, to a certain extent, to prevent psychopathology. However, PA must be treated as an important risk factor that multiplies the probability of mental health and behavioural problems similar to other types of child maltreatment.

## **6. Prescriptions for the justice system, child protection, and mental health services**

The construct of PA and its damaging effects is largely misunderstood by the public, the judges, and many professionals who work with children [56, 57], perhaps because of the controversy surrounding the concept. Years of discussion about whether it should be considered a psychiatric syndrome and catalogued within the DSM or whether it complies with the criteria for a mental disorder has distracted and obstructed the development of effective solutions. Problematic situations do not receive the necessary attention to prevent children submitted to PA processes from suffering the consequences. There are no consistent and systematic measures of the prevalence of PA cases within the family justice system. There are no specialised services and personnel to address PA cases effectively. In addition, poor understanding of the relationship dynamics and psychological mechanisms involved in PA leads to mistakenly identifying PA where it does not exist (i.e., false positives) and dismissing legitimate PA cases (i.e., false negatives) [58]. Besides, PA is neither a yes/no construct nor it is a static process. On the contrary, alienating behaviours by the AP and by the child most likely worsen over time [2]. For example, Göran reported, "It got worse when I met another woman who cared for the kids, and they liked her. But after a while, it got bad, and my daughter told me 'I don't want to live with you' [...] somehow, they were getting more and more alienated".

Concurrently to PA, the AP's false allegations of domestic violence and child sexual abuse by the TP causes the immediate interdiction of the TP's visits to the child on many occasions. Allegations of abuse further complicate investigation and intervention. Like PA, false allegations are largely understudied. Some asseverate that is a rare phenomenon [59] but as Silva [46] pointed out, what surfaces might be just the tip of the iceberg. Allegations of abuse take time to investigate, time that the AP has to manipulate and alienate the child further. If the AP further complicates the case by not complying with court orders or by taking actions that purposefully delay court proceedings, any attempt to recover the relationship between the TP and the child will undoubtedly fail.

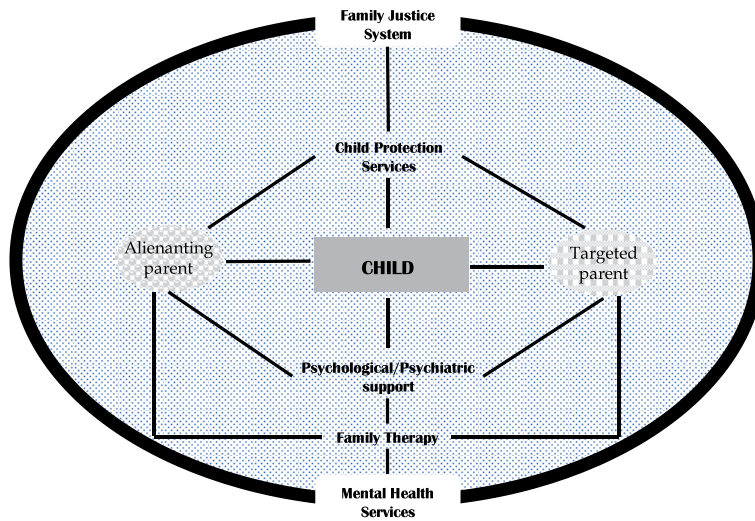
In addition, the lack of economic and psychological resources to continue lengthy litigation possibly drives the TP to desist from pursuing judicial action. Many TPs feel hopeless after their repeated unsuccessful attempts to manage the problem through the family justice system [2]. Eventually, doubts about the best course of action arise in the mind of the TP. Göran reported, "They [child protective services] claimed they would actually argue that the children should live with me and have minimal or no contact with the mother. But they were afraid of how that would work because the children were so against being with me. They didn't have anything to complain about me as a father, neither had the school in their opinion, when they wrote the report. But, on the other hand, they thought the children didn't have enough bad time with the mother that they would require to enforce drawing them away of her. And I was kind of... reflecting... what is the best for my children? [...] Maybe it is better to leave them with the mother and try to manage my life and show them I love them, I want to be with them and that I'm waiting for them to come when they feel like it."

In some cases, TPs feel so powerless due to their repeated fail in getting closer to the child, they may threaten to abduct the child or harm the AP in some way. However, as Haines and colleagues [2] indicated, the threats are the result of the distress and frustration produced by the alienation dynamic rather than a well-formulated plan of action.

Due to the severe short- and long-term consequences PA processes produce in the child, prevention and intervention should be prioritised, and PA should be considered a public health issue [57]. Preventive efforts must be a shared responsibility among professionals, schools, organisations, and the public. At-risk children must be identified as soon as possible so that case-based, individualised interventions with the children and their families can take place during an early stage. Since PA is a dimensional construct, principles of proportionality should apply to case management. Severe cases will require a long time to heal and APs might recidivate in alienating practices when institutional support ends. Therefore, interventions ought to include relapse prevention.

It is essential that children are considered a priority and placed at the centre of institutional actions as plotted in **Figure 2**. To protect the child's wellbeing and mental health is an overriding objective beyond the legal resolution of the conflict between the parents and the parents' rights. The family justice system, child protection, and mental health services must coordinate their efforts to achieve successful results.

The court must monitor whether parents comply with its prescriptions and impose sanctions if they fail, and in coordination with mental health services, must oversee the progress of family therapy and parent-child reconciliation [57]. It is necessary to ensure that mental health support is available for every child who suffers a PA process. Psychiatric care may be essential to treat severe cases. Unfortunately, that is not always the case. As Göran reported, "My daughter hadn't been with me for a few months, and when I told her we should have some contact,



**Figure 2.**  
*The child is at the Centre of coordinated efforts for prevention and intervention.*

she claimed that she didn't want to live. She threatened that she didn't want to live twice. She made scars in her skin although she didn't cut herself. My ex-wife took them [the children] to a child psychologist but with no results. She only tried to give my daughter advice 'When you feel like this it is better to paint. So, yeah... that's how much of psychology she had. I think that's a big shortcoming in the Swedish system that we don't have child psychiatrists or a psychiatrist that could help us parents.' In general, the PA process does not end when the interaction between the TP and the child ceases. The AP continues their alienating dynamics until the child completely demonises the TP. The alienation feeds itself in the absence of the TP, because it distortedly confirms their abandonment and neglect, therefore justifying the alienating behaviour. Therefore, support services must be fast and flexible, primarily when highly dysfunctional parenting by the AP, and complete cessation of the relationship with the TP concurs.

To ameliorate the child's alienating behaviours and prevent the psychological consequences of PA, a change in custody or residential arrangements favouring the TP may prove effective [60]. Family therapy ought to target the relationship dynamics of each node (child-TP, child-AP, AP-TP) and the family as a whole. Re-establishing the bond between the child and the TP is essential, but there is also a great need to restructure the dysfunctional relationship between the child and the AP. If there is more than one child in the family, PA may affect each of them differently. Likewise, PA can involve the stepparent and the extended family (e.g., grandparents, uncles, aunts) who should also take part in family therapy sessions. Clinical intervention with the AP and to prevent them from continuing the alienating practices is crucial, but it is challenging when there are underlying personality disorders.

Although PA has been considered in legal and clinical work for more than 40 years, and there are available some reviews of the scientific literature in the field [20, 60, 61], the phenomenon is still largely unstudied and in need of more research. In this regard: (1) the construct validity explored for example by Baker and colleagues [31, 62, 63] needs to be replicated, (2) whether PA should be defined as a syndrome and introduced as a new diagnostic entity in the DSM [64] or it is better defined as a form of family violence [65, 66] has to be settled, (3) the

implications of PA for judicial outcomes examined by Harman and colleagues [67] calls for more studies, (4) available assessment tools [68, 69] need to be further tested and new ones developed if necessary, (5) more studies that determine the prevalence of PA in different stages of family conflict are also necessary, and (6) more research is required to fully understand how PA affects each of the family members. Only after we completely understand what the PA problem is in all its spheres, we can effectively design, implement, and evaluate programs and interventions to combat it.

## **7. Conclusions**

PA has severe consequences for the child's psychological wellbeing. Even in mildest levels, alienating strategies can potentially cause the child to develop the feeling they are not loved and a sense of abandonment, and neglect by the TP. The AP teaches the child to disparage, reject, and hate the TP while creating traumatic bonds with the AP. Under these circumstances, parenting is highly dysfunctional. Any parenting effort by the TP is rejected by the child and can eventually come to a halt if the AP successfully interrupts the interaction between the TP and the child. At the same time, the AP's emotionally abusive strategies reflect a significant impairment in the relationship with the child. In addition, the APs' authoritarian or permissive parenting styles leave no space for the healthy development of the child, precipitating the development of psychopathologies, such as anxiety, depression, alcohol and drug abuse, and violent behaviour. It is in the child's best interest for the family justice system, child protection, and mental health services to coordinate their efforts to intervene as early as possible. Likewise, for the benefit of society, there should be an investment in research in this field to produce empirical evidence that supports the development of necessary prevention and intervention programs.

## **Conflict of interest**


The author declares no conflict of interest.

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# Creating Communities of Parents

*Ingunn Skjesol*

### Abstract

Norwegian Open Kindergartens facilitate access to professional advice and peer support, supporting parents to take part in collective learnings processes, renegotiate their roles and build social networks. Drawing on a study of five Open Kindergartens located in three Norwegian municipalities, this book chapter discusses how these spaces create opportunities to develop parenting skills and negotiate what it means to be a parent. Open Kindergartens are drop-in meeting places where parents and children take part in everyday activities as part of a diverse group. Open Kindergartens provide a space to learn parenting by doing, in a safe and non-judgmental environment, facilitated and supported by a range of professionals. This approach supports integration in local communities and contrasts with many parenting programs that are professionally led and often highly normative.

**Keywords:** Open Kindergarten, family support services, communities of practice, social networks, relationship, peer support, professional role

### 1. Introduction

There is wide agreement that the early years of life are crucial for both the health and social outcomes of children. Family support services aim to promote children's health and well-being through the provision of holistic support to the whole family. Open Kindergartens are one way of providing support that is not targeted toward a single child, or even one family, but rather an initiative that aims to support families by bringing them together. In this chapter, I present three distinctive characteristics of this form of family support and apply the concept of communities of practice to show how supporting children and families can be understood as a collective learning process.

Norwegian children are entitled to attend kindergarten from the age of one. If they turn one by the end of July they will be accepted in August, or by the end of the month if the child turns 1 year old in the autumn. The municipality is accountable for ensuring sufficient capacity to provide a kindergarten place for all children that are inhabitants in the municipality. In 2020, 92.7% of children 1–5 years old attended publicly funded kindergartens [1]. Despite a strong economy and well-established education and social welfare services health inequalities in Norway are increasing [2, 3]. For the youngest children, the family is the main unit of care. Therefore, universal services that support families are an important aspect of health promotion for the youngest children.

Open Kindergartens are a low threshold service for young children and their caregivers. Parents' education is often organized in individual consultations or group sessions with other parents as a part of reflexive praxis, talking about parenting without the children being present. The family support initiative that

is presented here, the Open Kindergartens, differs from ordinary kindergartens by being a meeting place that children and their caregivers attend together, as opposed to ordinary kindergartens where the children attend while the parents are absent. Open Kindergartens, therefore, are not a replacement or alternative for kindergartens.

Open Kindergartens are not targeted at a specific group of parents or children but rather are open to all. The broad representation of families using Open Kindergartens marks them out as a universal intervention. The families can come and go as it suits them during opening hours and there is no requirement to make an appointment, apply or have a referral. The families that use the service are widely varied in terms of age, gender, ethnicity, level of education, and employment status [4]. From the parents' perspective, attending an Open Kindergarten was experienced as beneficial both for themselves and their child(ren) [5]. Norwegian municipalities have delegated responsibility to provide family support services. While ordinary kindergartens and health care centers for children are a mandatory part of the services that municipalities must offer, Open kindergartens are not, and therefore are not available to all parents and children in Norway. The decision not to provide Open Kindergartens is often justified by limited resources and a desire to prioritize more targeted, rather than universal, interventions.

The Open Kindergartens discussed in this chapter are all part of municipal family centers that provide interdisciplinary services for children, adolescents, and their families. The first family centers were established between 2002 and 2004 in a pilot initiated by the Norwegian Health Authorities, inspired by a Swedish Family Centre Model [6]. Following the pilot, this form of family support was recommended and in 2012, 150 family centers were established throughout the country [7]. The family centers were intended to contribute to strengthening families and supporting children and adolescents in their formative environment. The Open Kindergartens in this study are integrated into the provision of the family centers, as a low threshold service that aims to promote health through providing a setting where families can meet other families with young children, share experiences, build networks as well as meet professionals that specialize in young children and family support. Family centers providing a range of family support services are found in countries throughout the world, including Australia, New Zealand, the United States, Japan, France, Italy, Greece, Belgium, the Netherlands, England, Ireland, Sweden, Finland, and Norway [8–12]. Typically, health and social services are co-located in the family center and provide a range of services. The centers are diverse in the forms of support that they offer and how they are organized but typically provide health-care services for children, pregnancy care, child welfare services, pedagogical-psychological services, and Open Kindergartens. While the centers in this study provided diverse cultural and sociopolitical contexts and different rationales for their creation they shared very similar approaches and provided informal social support to parents with young children [11, 13].

There is no current data on the number of Open Kindergartens provided across Norway. But in 2012, the mapping of Norwegian family centers found that a quarter of the centers had an Open Kindergarten [7]. Being located in the family centers made interdisciplinary collaboration easier [9], although the potential for collaboration was not always fulfilled [14]. The Open Kindergartens were a distinctive space that created opportunities for informal learning between parents and professionals, creating a distinctive community of practice that drew on the diverse cultural resources of the parents who attended and the range of professionals involved.

## 2. Methods

This chapter draws on a study of five Open Kindergartens, located in three Norwegian family centers. The study was part of a doctoral study, exploring family centers—creating accessible and integrated family support [15]. The three sites, one in a rural area, one in a small town, and one in a capital city district were chosen to maximize variation in the populations they served. To ensure comparability, the centers invited to participate in this study met three inclusion criteria—(1) a minimum of three co-located services targeting children and families, (2) a formal setting for interdisciplinary collaboration, and (3) an Open Kindergarten. The fieldwork generated rich data including participant observation and interviews with both users and staff.

For this book chapter, I draw on the analysis of field notes from observations in the Open Kindergartens and transcriptions of focus groups and individual interviews with both professionals working in the Open Kindergartens and parents using the service. Inspired by grounded theory as a constructivist approach [16], analysis and data-generating interchanged throughout the study. Grounded theory is based on an inductive approach to data analysis. It adopts an iterative strategy of going back and forth between data collection and analysis drawing on comparative methods to ensure the researcher continues to interact with both the data and the emerging analysis [16]. This means that the coding process starts early in the research process, labeling segments of data, separating, sorting, and synthesizing them to be able to identify analytical questions that lead to comparing segments of data [16]. Through this process levels of abstraction are built directly from the data followed by gathering additional data to check and refine the emerging analytic categories and theoretical concepts. The inductive approach does not discard the relevance of theory from other scholars. Rather comparing the emerging concepts to other evidence and ideas can illuminate the theoretical categories, and make it clear how the new findings extend, transcend, or challenge dominant ideas in a field [16].

The author had access to the family centers and participated in their various activities, consultations, and meetings with both professionals and families. The fieldwork was conducted in two stages. The first stage involved visiting each of the family centers for eight to 10 working days, generating data through participatory observation and interviews to represent a wide variety of voices including service managers, professionals, caregivers, and children [17]. The interviews were audio-recorded, and the observations were documented through writing field notes and making audio recordings. The audio recordings were transcribed. The interest in the topic of this chapter was sparked in the first stage of fieldwork, noticing that many of the parents' interactions were prompted by children playing, for instance, when a girl was playing with a ball and it landed on the head of a father sitting further away. The man brought the ball back to the child and started talking to her mother about all the things he had to put away in their apartment over the last few weeks because his daughter had started to throw everything she could get her hands on (field note). This inspired further exploration of the interaction between parents and children in the Open Kindergarten during the second stage of the research. In this stage, I revisited the three centres and used theoretical sampling to select activities to attend and participants to talk with [16].

Through participant observation and conversations with both parents and professionals, I aimed to understand more about how the interaction between children and adults was interdependent. The material was organized using NVivo 11 qualitative data analysis software [18]. The program provided a structure that enabled a common analytical framework, searching for commonalities and differences in the material revealing issues prevalent in all three centers. The material was analyzed through coding, memo writing, constructing mind maps as well as discussions with

colleagues, participants in the study, and practitioners to refine the concepts that emerged [16]. The analysis resulted in four main categories—the diversity of the group, community through everyday activity, dynamic language environment, and doing parenting [19]. This chapter focuses on one particular main category *Doing Parenting* with three subcategories *Unlikely friendships*, *Sharing food*, and *Facilitating Peer Support*. The findings were further refined with reference to the concept of communities of practice [20]. The resulting analysis is presented in terms of creating communities of practice illustrating how there were two main types of communities, *Communities of Professionals* and *Communities of Parents*. These two communities overlapped in *Border Communities* where their common engagement in how to do parenting created a setting for collective learning.

There are some limitations to the study reported in this chapter. The five Open Kindergartens included in this study are all part of family centers. In 2012, a mapping of family centers found 24 that had an Open Kindergarten [7]. Even though preliminary findings from this study have been validated through discussions with professionals from Open Kindergartens that are not part of the sample, it is likely that there are variations that this study does not reflect. This study explores perspectives and practices within the five Open Kindergartens; therefore, the voices of the parents that were not in contact or did not attend during the fieldwork are not included in this study.

The study was approved by the Norwegian Social Science Data Service (project nr 40,736) and was conducted in line with the Personal Data Act [21], as well as guidelines from the Norwegian University of Science and Technology [22].

### 3. Doing parenting

The Open Kindergartens in this study provided a space to learn by doing parenting in a safe and non-judgmental environment. Here I present three characteristics that make this setting distinctly different from other family support interventions; building relationships across social boundaries—*unlikely friendships*, doing parenting together in everyday activities—*sharing food*, the professional role in an Open Kindergarten—*facilitating peer support*.

#### 3.1 Unlikely friendships

*I'm sitting on the floor in a room filled to the brim with people; both adults and small children. I close my eyes and hear a myriad of voices, some speak Somali, one speaks German with his daughter, two ladies speak French in a corner, there are several languages I do not recognize. Many speak Norwegian; some with a strong accent. I open my eyes and take in the rest of the room. Through the door comes a man with a newly-ironed shirt and trousers with a sharp crease, he is carrying two cups of coffee. He walks carefully around children playing and parents sitting on the floor, facing a vacant chair that sits in the far corner of the room. In front of the chair, a man wearing a hoodie is sitting on the floor. His sleeves are pulled up to the elbow, revealing arms where every inch is covered in tattoos. "I figured you wanted a coffee too," says the man in the freshly ironed shirt, handing one cup to the man on the floor. New people keep entering the room. Those who have already found a place greet and make space between toys and people (Field note).*

In this crowded room, there was always room for more. Those who looked in from the hallway quickly made eye contact with someone. It seemed to calm them once they arrived. The people that came into the room took different positions. Some made contact with others at once, either with people they knew or someone



they had not talked to before. Others adopted a more withdrawn position. The men with the coffee cups stayed for several hours the day that I first observed them. They could always be seen close together. They did not talk much. Still, it was clear that they knew each other well. They became my inspiration to explore what I later labeled, based on a quote from professionals who had been working in one of the Open Kindergartens for years, as “unlikely friendships.” These types of connections bridge social networks and can, according to Granovetter [23], have an effect at both individual and community levels. When social networks from different parts of a community are connected through these kinds of encounters, new impulses and possibilities emerge. It might be that a person starts considering applying for a job he or she had never thought of applying for or that they become aware of an evening activity that one of their older children could attend. At a community level, such connections might lead to better integration through bringing parts of the community together across predefined boundaries. As one professional explained,

*“I have seen a lot of it, the forming of unlikely friendships, people I would have never thought would connect. And then suddenly they do. You can see it in the way they laugh at the same moment, or who they choose to sit next to. My favorite was the man in full Goth makeup and the accountant in the knitted cardigan and pearl earrings. They were on parental leave during the same time period and always had coffee together while their children were drawing” (Interview Professional).*

The extent of contact between families that met in the Open Kindergartens varied. The families that visit seek different levels of contact. Some are content with short-term interactions constrained by attending the activities in the Open Kindergartens while others wished for more [24]: “It would be nice to meet someone that I could make a play date with” (Interview Father). The professionals working in the Open Kindergartens reported relationships that started as merely following their children to the Open Kindergarten but ended up being important for years to come.

*“There was a woman here a few years back who talked a lot about how she felt lonely after moving back to her hometown. She didn’t really know how to make contact with people when she was no longer studying. After a while I often saw her talking to a father that used to come here on Thursdays. They always cleaned up the kitchen after meals and helped with moving furniture back after we had the singing group. When she came back with her second child a few years later she told me that he was now living next door to her with his wife. The two families used to celebrate birthdays and holidays together. They had become best friends. I would have never guessed” (Interview professional).*

The rooms in the Open Kindergartens are designed to promote interaction between children and their caregivers. There are chairs that fit both adults and children, the floor is covered with playmats and boxes with toys, there are places to sit and read from the book collection in the low bookshelves. The playmats are the children’s domain. It is a safe area to explore. They start close by their caregivers, seeking comfort. But slowly and steadily they expand their range and explore the room, the furniture, the toys, and the people that inhabit it. Because there are so many visitors gathered in the same room, most of the children will come into contact with both children and adults they do not know. Through exploring the room and the people in it, they draw the adults into interaction with each other.

*Two women are sitting quietly side by side on the floor, their children, a boy and a girl, are on the floor next to them. The boy is pulling himself along on his tummy,*

*away from his mother, looking for the colorful toys that are out of reach. The boy's mother picks him up and brings him back to where she sits several times. Then suddenly, he shifts direction towards the woman next to his mother. He pulls himself up onto her knee. She looks him straight into his eyes and says: "Hello. What is your name little one?" Then the conversation is off, leave schemes, developmental milestones and the sale at H&M. During the next hour the women had covered a wide range of topics (Field note).*

The boy changing direction and approaching the woman sitting next to his mother opened new possibilities for interaction between the two women. One of them has moved from Ukraine, the other moved to the city from a rural area on the west coast of Norway. They are both new in town as well as being new mothers, and that was enough. When the first words between them were said, they realized that they had a lot to talk about. They did not need assistance from a professional to find topics for conversation. They needed a catalyst, something that prompted interaction. I have seen this effect many times in different situations but always prompted by the random actions of one of the children. Something happens in the dynamic between the youngest children's physical and verbal communication and the adults' emotional intonation and affirmation [25], it reaches outside the interaction between two adults and creates opportunities for contact between those who have no prior relationship.

The children facilitated contact between adults from when they were just a few months old. Children's form of direct communication and uncompromising presence opened doors for conversations and relationship building between people who did not make contact in other settings. The lack of escape from the room with the playmats can also be perceived as difficult for some parents and this way of being together was not everyone. Still, many parents found it easier to be with their child while interacting with other adults on the floor of the Open Kindergartens than in other settings. "I prefer coming here. Cafés are not suited for children. Here, we both enjoy ourselves."

### 3.2 Sharing food

The days in the Open Kindergartens were to a large extent filled with everyday activities, such as playing, reading, tidying up, or sharing food. The familiarity of the activities meant that the children and the adults brought habits from their daily life into the setting of the Open Kindergarten. While this meant that they had established strategies and developed skills that they could use, taking part in the everyday activities often revealed challenges that families experienced at home.

*"Put the bread into your mouth!" The mother looks dejectedly at her daughter who has carefully placed all the pieces of bread that used to be on her plate on the table on front of her. The daughter looks up at her mother, as if she wonders what she is talking about. Then looks down at the collection of diced bread with liver pate on the table and then carefully picks up one of the pieces and pushes it into her ear (Field note).*

In these situations, no one is by default better prepared than others to master the situation. Having an academic degree is of little help when it comes to responding to liver pate in an ear. The children explored, understood, and tested the world and its boundaries in their own way. The parents tried to guide them. Being together with other children and families in these situations seemed to bring the participants together; they connected through common experiences. The mother's tension when her child put the bread in her ear was released by the other adults' laughter. This

led to conversations around the table about how they all found it challenging not to react too strongly when children did the exact opposite of what you told them to do. The parents' own experiences with parenthood and everyday life was confirmed or supplemented through being connected to other parents' stories and actions. Seeing your own experiences and challenges in connection with others holds the potential to build a sense of belonging [26].

When a situation occurred in the activities in the Open Kindergarten, it was no longer solely a parent's responsibility to find a way forward. The group of parents that were present took on a form of co-responsibility by supporting both the child and the adult. This might be by providing advice, sharing their own experience, defusing the situation with laughter, or simply stepping back to give the child and the adult space to find their way through it without being disturbed. The diversity of the group provided a range of different examples of how to parent those individual parents could choose to use as a model for their own role. This can be understood as social learning, where "patterns of behavior can be acquired through direct experience or by observing the behavior of others" [27].

Sharing food also provided an opportunity to explore the diversity in the group.

*The kitchen is full. Everyone can eat when it fits their own routine. The kitchen is equipped with a kettle, a microwave, a fridge and there are bowls and cutlery they can use as they please. Children and parents are gathered around the table. The selection of food on the table represents a great variety. A Norwegian woman looks interested in the food in the box that belongs to a girl with dark curly hair sitting next to her. The girl is about 18 months old. The box is filled with beans, white fish, and peas. She is clearly enjoying the food, eagerly eating everything using her fingers. "How have you made her eat that?" The woman asks the girl's mother. Her own daughter is eating diced bread. Sometimes reaching for the bag of mashed fruit. "Eat it?" the woman of the girl with the dark curly hair replies. "Shouldn't she eat this? It's leftovers from yesterday's dinner. And she really loves peas!"*

The woman commenting on the meal replies quickly that no, she was not criticizing the lunchbox. She was merely in awe that the girl ate something that she did not expect a child that age would be willing to eat. What was initially meant as a compliment, made the recipient uncertain. Many of the parents from an immigrant background were wary of making mistakes. Most of the children with parents born in Norway brought sandwiches, the youngest ones were often given porridge. Sometimes they also had some fruit, often store-bought pre-mashed in a plastic container. These foods were in stark contrast to the other lunch boxes on the table. Tiny meals that carried traces of other cultures and habits. These were more colorful, smelled of spices, and were often prepared as the meal progressed.

The children were curious about each other's food and were often allowed to taste something another child had brought. This prompted conversations about recipes, nutritional content, meal composition, and traditions. The conversations acknowledged informal knowledge and competence about how to prepare and consume food, as well as how different cultures involved children in preparing meals and their role at the table. The conversations took on another form when they originated from sitting at the table. Where conversations in parent meetings often have a normative character, the conversations around these tables emerged from interest and curiosity. Such discussions change the dynamic, instead of parents being a passive audience receiving a lecture, the parents were engaged and everyone at the table was seen to have knowledge that the others are interested in gaining. Such settings have the potential to shift power, as the situation with the girl eating fish, beans, and peas shows. The immigrant mother was wary about having done

something wrong but ended up being in an empowered position, as the one that had been successful in teaching her child healthy food habits from an early age.

The meals also provided situations that made it easier for parents to interact with someone they did not know. Quite frequently something unexpected would happen, that prompted a response. If, for instance, someone spilled a full glass of juice, and everything became wet and sticky, or if a child reached out and took another child's lunch box, then everyone had to engage with each other to sort out the mess. These small situations lead to discussions about everyday life. The children took part in the conversations in their own way. They interrupted, confirmed statements by doing the exact thing the parents talked about, became impatient, and burst into spontaneous expressions of joy. Many parents talked about the value of being together; that it provided them with a sense of belonging, communities were formed around these tables. The sense of belonging that formed across conventional boundaries was also something they wanted their children to experience. One of the mothers explained that the diversity of the group and the inclusive nature of the interaction were of great value.

*"I appreciate the mix of people in the group. That we all belong here, no matter what kind of background we have. I want my daughter to be a part of this, from the very beginning" (interview with mother).*

### 3.3 Facilitating peer support

The Open Kindergarten was a setting that brought families together and peers support was an essential part of this practice. Facilitating contact between parents was an important part of the professional's work. At the same time, professionals gave advice and provided counseling on topics that parents identified. The professional role in the Open Kindergarten had a different form than was often found in professionals in health and welfare services.

*"At, first I did not understand what she did, but after a while I started to see it; she intervenes at the right time and then she moves to someone else" (Interview Father).*

The family centers aim to offer easily accessed services to support and strengthen parents in their role as caregivers [28]. Norway has a longstanding tradition of offering universal health care services to all children. While health care centers initiate maternity groups including group consultations their services primarily meet with one child at a time. The Open Kindergartens represent a different approach to supporting families, facilitating both access to professional advice and peer support. These Open Kindergartens did not have guidelines that defined the activity or targets that had to be met but instead were perceived as providing a dynamic mechanism to respond to the needs of the involved families [24].

Traditional support services for children and families provide interventions to prevent disease or loss of health or to address a problem that is already present. The Open Kindergartens, by contrast, adopt a broad health promotion approach that contributes to building a supportive environment for children to grow up in [29, 30]. The focus of this approach is on the assets and capabilities that families bring with them. They are welcomed without any requirements to define a purpose or aim for their interaction. The professionals facilitate interaction between the visitors, both children and adults, as they are seen to be assets for each other. The professionals facilitate peer support while still acknowledging their own competence. They follow the pace of the families that visit and take part in the conversations that emerge rather than setting the agenda and providing advice on a general basis.

This approach requires the professionals to take on a different role as they do not know who will attend each day. New people arrive during opening hours requiring them to be attentive to the dynamic of the existing group and at the same time keep an eye on the door and the potential changes.

*People keep coming through the door. Some of the families arriving was clearly well acquainted with the setting, while others were newcomers. The staff was quick to greet the families that were new telling them about routines and activities. Everyone gets a tour of the kitchen, with a special emphasis on the coffeemaker (Field note).*

The introduction does not include questions about how they are keeping up with parenthood or if they sleep well as such topics emerge naturally in this environment. New arrivals are greeted as visitors and seen as capable contributors to the community of parents that gather in the Open Kindergarten. Thus, knowledge of how the coffee machine works and when the singing group is scheduled is far more important than identifying specific issues they need help with. The lack of requirement to formulate an issue and being allowed to come to Open Kindergarten without defining specific outcomes opens the setting to a diverse group of families. Participating families in this study represented all parts of the community and this was seen as an asset, both by the professionals and the parents [24]. All children were assumed to benefit from collective investments and children were not singled out for concern based on a belief that only poor parents required help [31]. Even though every family does not make use of the Open Kindergarten, all families are equally welcome.

*The kitchen is full of children and parents. One of the professionals is emptying the dishwasher. The topic of conversation around the table is sleep patterns. One of the men shares a story that makes the others laugh. They nod, smile, and sigh. Even if it brings laughter, they all know it is deadly serious. One of the parents says: "We are in a good period now, but that is never a good sign." Laughter again. Then a father asks, "But how much sleep does he need, really? It seems like he need far less than me." Pointing toward his son, who is 11 months and sitting next to him. The parents have been talking about sleep for a while, without any interruptions from the professional by the kitchen counter. Without turning around, she says, "It differs a lot. Counting hours seldom helps. Help them to calm down in their bed even if they do not sleep. And give them a nap when they need it. Sometimes you might need a nap in the middle of the day too, if the nights are a bit short right now." And then one of the mothers continues. "I always nap with her. I have to."*

The professionals who attended the Open Kindergarten sometimes gave a short talk on a topic permitting parents that did not feel like making contact directly could be passive recipients of the information. Questions raised by one family were often relevant for other participants. Being together in a group lowered the threshold to access information [32] as it did not require parents to formulate questions individually. Some parents needed more support than could be provided within the setting of the Open Kindergarten. For these parents, professionals advised on where to go or who to contact in other services. The parents often established a special relationship with one or more of the professionals working in the meeting place and therefore allowing themselves to be guided through the system this way felt safe. For the families that needed more extensive support than could be given from one service alone, they felt it easier to accept the referrals when presented by a professional they already had a relationship with [24]. This approach framed the professionals as guides, leading parents to services that could help them.

## **4. Creating communities of practice**

Communities of practice are groups of people informally bound by shared expertise and passion for the same practice and these communities can be work-related or oriented to other parts of our lives [33]. Building a community of practice requires members to negotiate a balance between disagreement and agreement. The participants need to have enough areas of agreement to see it as important for them to commit to the community. At the same time, there has to be sufficient disagreement within the community so that the practices they share do not stagnate. The tensions between different perspectives within a community push the participants to negotiate, and through the negotiation lies the potential for new discoveries and the development of new practices. Communities of practice can be a useful concept to understand the collective learning processes that can emerge in Open Kindergartens. Communities of practice can be formed by professionals or parents and when these communities overlap, they create boundary communities [34] where professionals and parents develop practices together drawing on their collective experience and different perspectives.

### **4.1 Community of professionals**

The professionals working in, and connected to, the Open Kindergartens participate in their own communities of practice. These communities are informal; the members communicate over cups of coffee in the kitchen and interact in hallways on their way to work tasks. However, the ideas that are developed through these conversations are brought to formal settings, including staff meetings, interdisciplinary team meetings, and management meetings. The communities of practice are not the same as formal interdisciplinary teams, rather they are the product of informal alliances entered into by professionals that find low threshold settings interesting and want to develop practices in these settings.

The professional's role in the Open Kindergarten is different from the professional's role in traditional services. Their work is more about facilitating interaction between families than answering questions or providing advice. This requires a different way of working, and professionals visiting from other services often find this practice challenging. When observing the professionals connected to the Open Kindergarten, some were insiders and knew the code while others did not and remained outsiders. This might be explained by Wenger's concept of communities of practice. In communities of practice, the negotiation of what it means to be competent is a collective activity [20]. The participants engage in developing ways to solve issues, as well as considering how they think about issues and approach their practice. The professionals that did not participate in the conversations about the setting, the parent's situation and the professional role did not act as insiders; professionals within the community of practice in the Open Kindergarten. Their professional identity was instead dominantly shaped by a different context, for instance, the children's health care service [19]. Such professionals become outsiders in the meeting place, as they belonged to a different community of practice and they enacted a different professional identity [35].

Working in settings like the Open Kindergarten meant taking on a different role as a professional. Instead of working with one family at a time, there might be six parents around a table taking part in a conversation. It was a challenge to work with a group of families at the same time, and it was the families that set the agenda for such conversations. This meant that if one of the parents asked a question there were often a group of parents that heard the answer. Most of the time parents started talking and thereby set the topic of conversation. This meant that professionals could not prepare for the topics that would be discussed and instead had to

draw on their existing knowledge and admit their shortcomings for topics they did not feel they were competent to discuss or provide advice about. Working in the Open Kindergarten required flexibility and a feel for when to let the parents talk among themselves and when to take an active part in the conversation [19].

Communities of practice are established, developed, and driven by the engagement of the participants. However, how managers tend to them is also important. “Like gardens, they respond to attention that respect their nature” [33]. The communities of practice connected to the Open Kindergarten were affected by management priorities. When the spotlight [36] was focused on the Open Kindergarten the communities grew and the opposite was also true. In the family centers, where the Open Kindergartens were under constant risk of being shut down due to budget cuts the communities of practice shrunk; professionals re-prioritized where they invested their energy. All three family centers had staff that were interested in contributing to developing new ways to support families. Moreover, they believed that there was significant potential in creating spaces where families could meet and interact with professionals in ways that were not predetermined by protocols and manuals. However, when the Open Kindergartens were under constant danger of being closed, the communities of practice connected to these spaces lost members. In such contexts, it was not prudent for professionals to invest their energy in the development and instead they sought the opportunity to make a difference somewhere else, where the spotlight was directed; a context where they were more likely to get the resources they needed to put ideas into practice.

## 4.2 Community of parents

Some of the families that attended an Open Kindergarten had several characteristics that within a deficit model could be defined as risk factors [37, 38]: young single parents, low income, poor living conditions, mental health issues, unemployment, or limited Norwegian language skills. Professionals often struggle to build a relationship with families that fall into these categories [39]. Parents’ prior experience with the service system may undermine their trust in professionals and be a reason for the difficulty in negotiating a relationship that can help [40]. Making a formal request for support can be seen as risky by parents who may be concerned about how the “system” will use such information. The Open Kindergartens represented a totally different way of creating a space where parents could tell their stories, share their experiences, and seek advice. Talking with other parents over a cup of coffee while their children were playing on the floor provided a social setting that enabled many of the parents to talk about both the joys and challenges of parenthood; it provided a holistic experience not explicitly focusing on the most difficult aspects of parenting. However, the conversations in the Open Kindergartens were surprisingly revealing and honest. People from different parts of the community shared experiences and listened with interest to the stories that were shared. The conversations about parenting occurred in the middle of enacting parenting; the children shared the space with the parents.

A group of parents can also be understood as a *community of practice* [20, 35]. They engaged in negotiations about what it meant to be competent in the practice they shared, parenting. Wenger emphasizes that participants in a community of practice are not necessarily in agreement. Rather, Wenger suggests, the tensions between different ways of solving an issue drive the development of new practices and shape the learning process. The parents coming to the Open Kindergarten practice parenting in different ways. Through participating in the setting, children and adults together, the practices of parenting changed from being individual to becoming connected practices that adjusted and changed in relation to each other.

Participating in everyday activities shifted the dynamics of power in the group. The familiarity of the activities ensured that all the parents had some competence they could demonstrate. Even when aspects of parenting within the Open Kindergarten were challenging it was not always predictable who would cope best with the situation. For instance, parents with higher socioeconomic status did not necessarily cope better with a child's tantrum [19]. When faced with real situations parents started to discuss alternative strategies and acknowledge each other's resources as well as identify new approaches that none of them had previously considered. The Open Kindergartens were not normative settings that sought to promote one right answer, rather the parents negotiated a set of different practices and ways to parent. This created the opportunity to change their parenting approach or to gain confidence that their existing practice was acceptable.

### **4.3 Boundary communities**

According to Mørck [19, 34], different communities of practice overlap and in the intersections, boundary communities are created. The boundary communities connect two or more communities of practice and create the possibility of interaction and the re-negotiation of positions and practices [34]. In the space shared by two communities of practice, the participants can negotiate their position from a different perspective than when standing alone. The membership in a community provides them with a sense of competence and established practice that is not dependent on them individually but rather on a collective sense of how things should be done. This does not mean that the practices are fixed, but on the contrary, that collective experience frames an understanding and provides a starting point; a position from where it is possible to negotiate and alter practices if it is appropriate.

Over kitchen tables and on play mats in the Open Kindergartens, communities of parents and professionals overlapped. In the boundary communities, the participants negotiated knowledge and positions. People that would not normally interact connected in the Open Kindergartens. In these boundary communities, parenting practices were negotiated through a collaborative learning process [20] where everyone brought relevant competence to the table. In such conversations, the experience was highly valued and both professionals and parents shared their own stories. Instead of positioning themselves as experts, the professionals exposed aspects of their own experience, revealed shortcomings, and identified strong points.

If we understand both the group of parents and the set of professionals in the Open Kindergartens as communities of practice then both communities are created around the participant's common competence and their commitment to negotiate what it means to be competent. By defining them as communities, we can also describe their boundaries and where the communities overlap. Through the conversations about everyday life, as parents and professionals, the two fields of competence overlapped. The actors shared a common interest in how parenting was practiced and through conversations mapped alternative strategies to meet the identified challenges. Professional competence and the competence produced by experience met in these boundary communities and provided the parents with the opportunity to renegotiate the ways that they thought about parenting. In the boundary communities, cultural practices and different ways of practicing parenting were presented and negotiated in a way that enabled the participants to renegotiate marginalized positions [34] and to create new ways of perceiving themselves and each other. The boundary communities validated both existing practices and acknowledged their expertise, making parents more confident, but also provided opportunities for reflection and the development of new thinking and new ways to enact parenting.



## **5. Conclusions**

The Open Kindergartens facilitated the creation of communities of practice that served to promote collective learning processes and the re-negotiation of roles for both parents and professionals. Open Kindergartens provide family support services that are not targeted toward one child or framed in terms of deficits and risks but instead aim to create supportive systems where parents are seen as assets; their experience and access to different cultural resources are valued. An essential element of these spaces is that they are non-judgmental and not normative but instead recognize the diversity of practice and experience.

Universal services are essential to create a supportive environment for all children [31] and Open Kindergartens are one way of creating such environments. One of the main benefits is that they build on the notion that “all parents have issues and concerns and differ only in the extent to which they have the capacity to address these issues” [31]. From a societal perspective, universal services, such as Open Kindergartens, demonstrate a collective responsibility for taking care of all the children in our society. “Raising children is a collective effort best accomplished when the obligation extends to all adults that touch a child’s life” [31]. Open Kindergartens nurture interaction and value difference to create a dynamic that builds collective responsibility between parents, between professionals, and together as a community of parents and professionals.

Family support initiatives that are similar to the Norwegian Open Kindergartens are located in a range of other countries in Europe including the United Kingdom, Belgium, Slovenia, Sweden, and Finland [41]. Further research that compares traditional parental training and Open Kindergartens or similar initiatives in different countries can shed light on the rationale behind prioritizing one form of family support initiatives over others, and how they might be seen as complementary rather than alternatives.

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## **Conflict of interest**

The author declares no conflict of interest.

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Parenting is a lifelong task and parents are always remaining as a parent. Parenting in the present situation faces many challenges which need to be reviewed and understood with profuse equanimity and alacrity. This book tries to consider the process of parenting in different conditions such as during COVID-19 lockdown, in the refugee camps, and in different cultural structures and economic conditions. Situations that families face due to changing conditions such as global changes which cause lifestyles, immigration patterns, social conflicts, and raising children with developmental disabilities have been discussed. Topics such as professional concern with child care and education, gender roles and caregiving, and father's involvement in parenting, have been covered in different chapters of the book.

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