High interest yet low participation in parental support groups by parents in north-eastern Gothenburg

A survey based study

Master thesis in medicine

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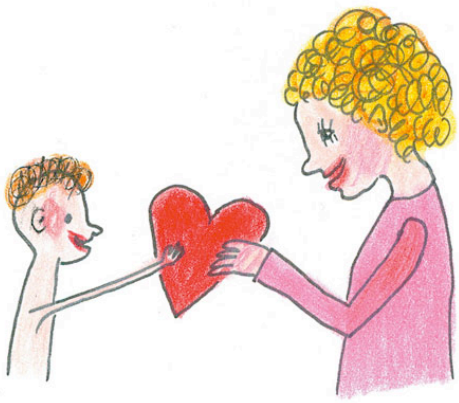

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Cover image: *"Alla barnens rätt. En bilderbok om barnkonventionen"* by Pernilla Stalfelt.

ABSTRACT

Background: The segregation in Gothenburg is accompanied by an inequity in health. The difference in health status amongst children has been studied by a child health index showing clear differences in children's health status in north-eastern Gothenburg compared to other parts of Gothenburg. For the indicator "parental support at child health services", reports show substantially lower participation rates in north-east compared to other parts of the city. Hence, this study investigates the current interest in, knowledge of and potential barriers to participation in parental support groups in this area.

Method: Using a quantitative questionnaire designed by the research team, this cross-sectional study assessed interest in parental support groups, barriers to attend such, and potential relationships between interest and barriers among parents in north-eastern Gothenburg. The questionnaire was translated to three of the most spoken languages in north-east – Arabic, Persian and Somali – as well as English, and was handed out in three different Child Health Centres in the area. Descriptive and Chi-square/Fisher's exact test analyses were made using SPSS. Chi-square/Fisher's exact test analyses were conducted to study potential relationships between variables.

Results: 40 questionnaires were returned (response rate 45%). The majority of respondents had no prior knowledge of parental support groups (n=23, 58%) but perceived parental support groups as interesting (n=26, 65 %) and important (n=27, 68 %). The most frequently reported barriers were, not having time to attend parental support groups (n=7, 50%), having good support in parenting from elsewhere (n=6, 43%) and finding it difficult to arrange babysitting (n= 4, 29%), although a majority of respondents did not find the presented potential barriers as applicable.

Conclusion: In this study, a lack of interest in parental support groups was not the major barrier to participation in parental support groups among parents in north-eastern Gothenburg. The findings rather suggest that poor knowledge in parental support groups as a form of support and practical concerns related to lack of time and child care are more likely to constitute barriers to participation. Future research should further explore such barriers in order to develop effective interventions to improve parental supports groups in north-eastern Gothenburg.

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1. INTRODUCTION

In this paper I explore parental support in north-eastern Gothenburg, Sweden. In doing so, I review the literature on health inequity and utilisation of health care before addressing the issue of parental support in a local context.

Health inequity

Health equity is the desire and goal to achieve highest and equal levels of health for all groups in a community despite social, economic or ethnical disparities (1). Globally and within countries, health equity is an important concern as suggested by the World Health Organization (WHO). The overall recommendation from WHO emphasises the acknowledgment of the problem and the ensuring of health inequity to be measured, within countries and globally (1).

In Sweden, which is a relatively equal country, the phenomenon of health inequity is still seen (2). Inequity in health has been studied in Sweden and wider Europe and results show a clear association between socio-economic status and health (2, 3). This correlation is seen not only with cause-specific mortality but also with overall mortality risk, with results favouring patients with higher socio-economic status (3). A review comparing 111 studies of health inequity in children and youth in Sweden also shows markedly clear results. One example illustrates that psychiatric illness is 70% more frequent among children in socio-economically unprivileged areas (4). This is noteworthy due to the fact that every citizen in Sweden should have equal access to health care.

To enhance equity and efficiency in health care one has to consider the health care utilisation. Previous studies in Sweden show a lower utilisation of health care among low income groups (5). In Sweden, a new mandatory primary health care reform was initiated in

2010. This reform would enable the choice of health care provider and the freedom of establishment for private primary care providers with the expectation to increase the efficiency in utilisation. A recent study done in the region of Skåne of visits to general practitioners (GPs) following the reform shows that the utilisation of primary health care has increased overall with improved access, yet more so for higher income groups. This suggests that even after the reform, higher income groups tend to visit a GP more frequently compared to low income groups, resulting in a remaining inequity in utilisation in relation to socio-economic status (6).

Gothenburg is considered a socially, economically and ethnically segregated city (7). The segregation also reflects an inequity in health, a matter receiving increased attention by politicians and policymakers in Gothenburg, resulting in investments aimed at social, economic and health promotion developments. One example is Angered Hospital. The hospital's catchment area, north-eastern Gothenburg, consists of a population of which almost 50% were born outside of Scandinavia, which speaks over 40 languages, and is socio-economically disadvantaged. When planning to initiate the hospital, the area was studied with different needs analyses and health index reports (7-10) showing clear differences in the health status of the population when compared to other parts of Gothenburg. As a result, in contrast to traditional hospitals, Angered Hospital has a health promoting approach, and provides specialised care and primary care based on local needs identified through close dialogue with the residents. In 2010, professor Lennart Köhler was assigned to develop a child health index for the purpose of providing an overview of children's health status (7). The child health index is composed of a number of indicators that enable the comparison of children's situation in north-east over time and with other regions of Gothenburg. Health indicators must be defined and usually quantitatively measurable, representing an important part of health, health care system and related factors (7). In this child health index, indicators

are part of index domains divided into socioeconomic, health status and well-being, determinants (risk factors, health factors) and community service and support. Indicators for the domain "health status and wellbeing", for example, are "obesity in children" and "mental ill-health in children". For the domain "community service and support" two indicators were chosen: participation in parental support group by child health services and children's participation in preschool (8). In 2013, Köhler updated the index (8). For the indicator "parental support at child health services", both reports showed substantially lower participation rates in north-east compared to other parts of the city (Figure 1).

Stadsdelar	Föräldrastöd BVC	Förskola 1-5 år
Gunnared	2	91
Lärjedalen	7	87
Kortedala	26	77
Bergsjön	14	82
Härlanda	56	76
Örgryte	71	81
Centrum	50	81
Linnéstaden	64	83
Majorna	88	81
Högsbo	56	78
Älvsborg	29	92
Frölunda	28	77
Askim	22	81
Tynnered	38	83
Södra Skärgården	92	81
Torslanda	22	90
Biskopsgården	63	90
Lundby	40	87
Tuve-Säve	38	87
Backa	43	91
Kärra-Rödbo	44	77
Göteborg	44	83
VGR	nd	81
Riket	nd	83

Figure 1. Percentage of first-time parents participating in parental support groups and percentage of preschool registration by area (8).

Figure 1 illustrates the percentage of registered first-time parents, by district, who in 2011 participated in support groups provided by the child health services. The north-eastern districts Gunnared, Lärjedalen and Bergsjön are the three areas with the lowest participation – 2, 7 and 15 percent respectively – compared to the three areas S Skärgården, Majorna and Örgryte representing the highest participation with 92, 88 and 71 percent respectively (8). (Note that north-eastern Gothenburg currently consists of the two districts Angered and East Gothenburg. Prior to 2011, however, there were four districts: Bergsjön, Gunnared, Kortedala and Lärjedalen. Today, Bergsjön and Kortedala are included in East Gothenburg while Lärjedalen and Gunnared belong to the district of Angered.)

Parental support

Pregnant women in Sweden are offered free of charge regular visits at maternal health care centres (Swedish abbreviation MVC, "mödravårdscentral"). Through this care, parents are offered regular controls of the baby and the mother's health during pregnancy as well as parental support groups for (both) parents to attend together. The parental support at MVCs aim to prepare the parents for the coming delivery and strengthen their ability to meet their new-born child (11). Once the child is born, the parents are transferred to the child health care centre (Swedish abbreviation BVC, "barnavårdscentral"). In Sweden, child health care is provided free of charge for every parent with children up to 6 years of age. The health care providers are mostly specialized as GPs, district nurses or paediatric nurses and doctors. Information and education targeted to parents are given individually and through groups and is offered by most child health care services. The form of parental support greatly varies throughout the country (12) but, as an example, a group of parents meet at a number of occasions to learn about child-related topics such as diet, sleep, infections and child safety precautions. The information is provided by professionals such as dieticians, psychologists and doctors.

Already in the 1980s, the Swedish government proposed an introduction to parent education, as it was called, and emphasised that it should be included in all maternal and child health care centres as a mandatory activity (12). There have been several investigations and reports since for the advancement of this cause (12-16). Internationally, parenting programs and their efficiency have been studied (17-19) including reviews showing positive effects and health outcomes of parenting programmes for both the parent and the child. Results of these studies have found reductions in unintentional injuries in children and improvement in the short-term psychosocial well-being of parents, although long term effects are yet to be studied. These results are of relevance to this study although the set-up of parental support examined in these studies differs somewhat from the parental support given in Sweden.

A national strategy by the Swedish government regarding parental support (15) suggests that the support in the child health care centres should contribute to deepening the knowledge and understanding of children's needs and rights, increasing the connection with health care providers within BVC, enhancing the fellowship with other parents in the area and strengthening parents in their parenting role. The report further suggests that parental support is not only needed for a positive development of the child but also as a long-term socio-economic profit.

In 2011, the central child health care unit in Gothenburg released a report with guidance regarding parental support in groups for child health care centres. This report contains a requirement that 70% of first time parents attend at minimum three occasions. The report also suggests that in multicultural areas, different approaches to parental support may be considered with consultation from the central child health care unit (20).

Other forms of support are available in Sweden, such as the Family Support Centre, where different professions are combined for health promotion, early prevention and support

to parents and their children up to 12 years of age. The centres include maternal health care, child health care, open preschool and social services. The open preschool is directed to parents with children 0 to 6 years, is free of charge and without the requirement to be registered before attending. The children can play and the parents are able to socialise, having the opportunity to ask the educated staff if having questions regarding their children (21).

A strong factor in children's health is the socio-economic status of the parent(s) (16). Because of the appearance of low participation in parental support groups within north-eastern Gothenburg, as outlined above, it is of particular interest to investigate the current interest in and potential barriers to parental support in this area. Determining the interest and trying to exclude it as a barrier for participation in parental support can play a key role for further investments in this matter.

Such an investigation is not only of great value in order to facilitate the parents' and children's adaption to the new family situation, but also for families from other countries as an introduction to and understanding of the Swedish society (8). The goal of Swedish health care, as outlined by the health care law (22), is health care on equal terms for the entire population, and this is elementary to this project. To achieve equal opportunities, the different needs and preconditions of different populations need to be taken into consideration.

Study aims

Thus, the primary aim of this study is to investigate whether there is an interest amongst parents in north-east of Gothenburg for parental support provided by the child health centres.

Secondary aim of this study is to explore current knowledge of parental support groups by parents in the area. If having knowledge of this form of support the study further explores potential barriers for participation in parental support groups.

2. METHOD

Data collection

The present study was a cross-sectional study based on self-reported questionnaire data. Questionnaires were administered by the student conducting this research and staff at three BVCs (Läkarhuset, Nötkärnan Bergsjön and Närhälsan Angered) in north-eastern Gothenburg during April 2014. At five occasions, the student was present in waiting rooms, asking parents to participate and being available to answer parents' questions. At all other times, receptionists at the BVCs were instructed to ask all visiting parents (no exclusion criteria) to complete the questionnaire while awaiting their appointment. Completed questionnaires were collected immediately by the student or the staff (and, in the case of staff, subsequently collected by the student) and stored securely. Parents were given written and verbal information about the study before agreeing to participate; completion of the questionnaire constituted consent to participate. The study was approved by the University of Gothenburg course management for medical dissertation projects, which in accordance with Swedish laws on research ethics entailed ethical approval.

The questions were designed by the research team and influenced by questions from similar studies conducted elsewhere in Sweden (see appendix A) (12,23). As north-eastern Gothenburg is a multicultural area (9, 10) the potential language barrier was taken into consideration. Thus, the questionnaire was translated from Swedish into English as well as three of the most commonly spoken languages in the area: Arabic, Persian, and Somali (9, 10). The research team carried out the English translation. For Arabic and Persian, translations were carried out by students on the interpreter training program at Katrineberg folk high school and confirmed by the teachers. The Somali translation was performed by a

professional translation agency. Due to limited resources, back translations were not made for any of the translated questionnaires.

The questionnaire contained 23 forced-choice questions and one free-text question (see Appendix A). The questions primarily targeted parents' interest in parental support groups, barriers to attend such, and potential relationships between interest and barriers. The first section of the questionnaire enquired about socio-demographic data such as sex, age, educational level, employment, marital status and number of children. Subsequent questions aimed to understand where parents turned to for support when difficulties arose in the parenting role, the importance of various sources of support, domains where they perceived a lack of support and their knowledge of, participation in and interest in parental support in group. The final section was reserved for parents not currently participating in parental support groups at BVC and the questions aimed to understand possible barriers. Questions covered areas such as lack of interest, time and language barriers.

Data analysis

In addition to descriptive analyses, we conducted chi-square analyses/Fisher's exact test to study potential relationships between demographic variables and knowledge of, interest in, and perceived importance of parental support groups as well as to whom respondents turned for advice regarding parenting and what kind of support parents would like to have more of. We also studied potential relationships between prior knowledge of parental support groups (heard of/not heard of) and interest in and perceived importance of parental support groups as well as potential barriers. To do so, response options were combined to create binary variables: 15 to 25 years versus 26 years and above, college/university education (completed or not completed) versus less than college/university education and 1 child versus more than 1 child. The demographic variables occupation and marital status were excluded when analysing relationships because of too homogenous responses – an overwhelming majority

were women, on parental leave, and married, respectively – which precluded the testing of any group differences. We used SPSS (Statistical Package for Social Sciences) for all analyses and a *p*-value of 0.05 was set for statistical significance.

3. RESULTS

Of the 90 questionnaires handed out to the three BVCs, 40 questionnaires were returned (response rate of 45%). Twenty-seven were returned from BVC Angered Närhälsan, 6 from BVC Angered Läkarhuset and 7 from BVC Nötkärnan Bergsjön. Twenty-eight Swedish questionnaires were completed, as well as 5 English, 4 Arabic and 3 Somali. Respondent demographics are presented in Table 1.

As Table 1 illustrates, a majority of respondents were women, 21 to 30 years old and married or cohabitated. Furthermore, most of the parents had an educational level of upper secondary school or higher and were currently on parental leave. The mean number of children was 1.8 per respondent. Moreover, the majority of the respondents had not heard of parental support groups. Only one respondent was currently attending a parental support group. Some of the respondents not currently attending a parental support group expressed the possibility of future attendance. Chi square tests showed that the demographic variables age, education and number of children were not significantly related to knowledge of parental support groups.

Perceived interest in and importance of parental support groups

As Figure 2 and 3 illustrate, none of the parents reported perceiving parental support groups as not at all interesting or important. The majority perceived parental support groups to be interesting and important, although a relatively large proportion were unable to grade perceived interest or importance.

Table 1. Demographic of respondents

Characteristic	*% (n)*
Sex	
Women	87.5% (35)
Men	12.5% (5)
Don't want to be defined by sex	0% (0)
Marital status	
Married/Cohabitation	87.5% (35)
Single parent	10% (4)
Live-apart	2.5% (1)
Widow/Widower	0% (0)
Other	0% (0)
Age	
15-20 years	0% (0)
21-25 years	40% (16)
26-30 years	32% (13)
31-35 years	2.5% (1)
36-40 years	20% (8)
41-45 years	5% (2)
Over 45 years	0% (0)
Education	
No education	2.5% (1)
Primary school	5% (2)
Upper secondary school	37% (15)
Uncompleted college/university	15% (6)
Completed college/university	37.5% (15)
Occupation	
Full-time work	17.50% (7)
Part-time work	2.50% (1)
Parental leave	65% (26)
Unemployed	10% (4)
Student	5% (2)
Other	0% (0)
Number of children	
1 child	37.5% (15)
2 children	37.5% (15)
3 children	20% (8)
4 children	2.5% (1)
More than 5 children	0% (0)
Participation in parental support group	
Attending	2,5% (1)
Not attending	55% (22)
Not attending, but have previously attended	7.5% (3)
Not attending, but want to/will attend in the future	30% (12)
Knowledge of parental support groups	
Have heard of parental support groups	37.5% (15)
Have not heard of parental support groups	57.5% (23)

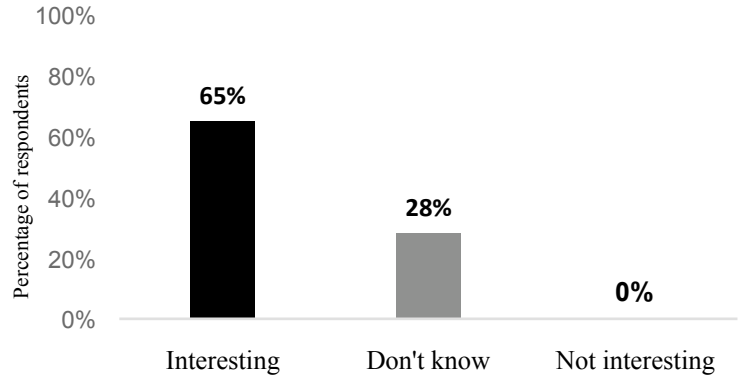

Figure 2. Respondents' perceived interest in parental support groups (n=37)

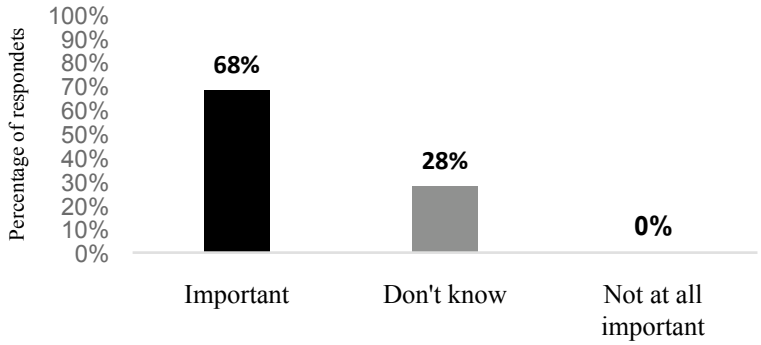

Figure 3. Respodents' perceived importance of parental support groups (n=38)

Demographic variables age, education and number of children were not significantly related to respondents' interest in parental support groups or to their perceived importance of parental support groups. Also, knowledge of parental support was not significantly related to the perceived interest in or importance of parental support groups.

Potential barriers to participation in parental support groups

Figure 4 illustrates the reasons for non-participation reported by those who had heard of parental support groups but were not participating.

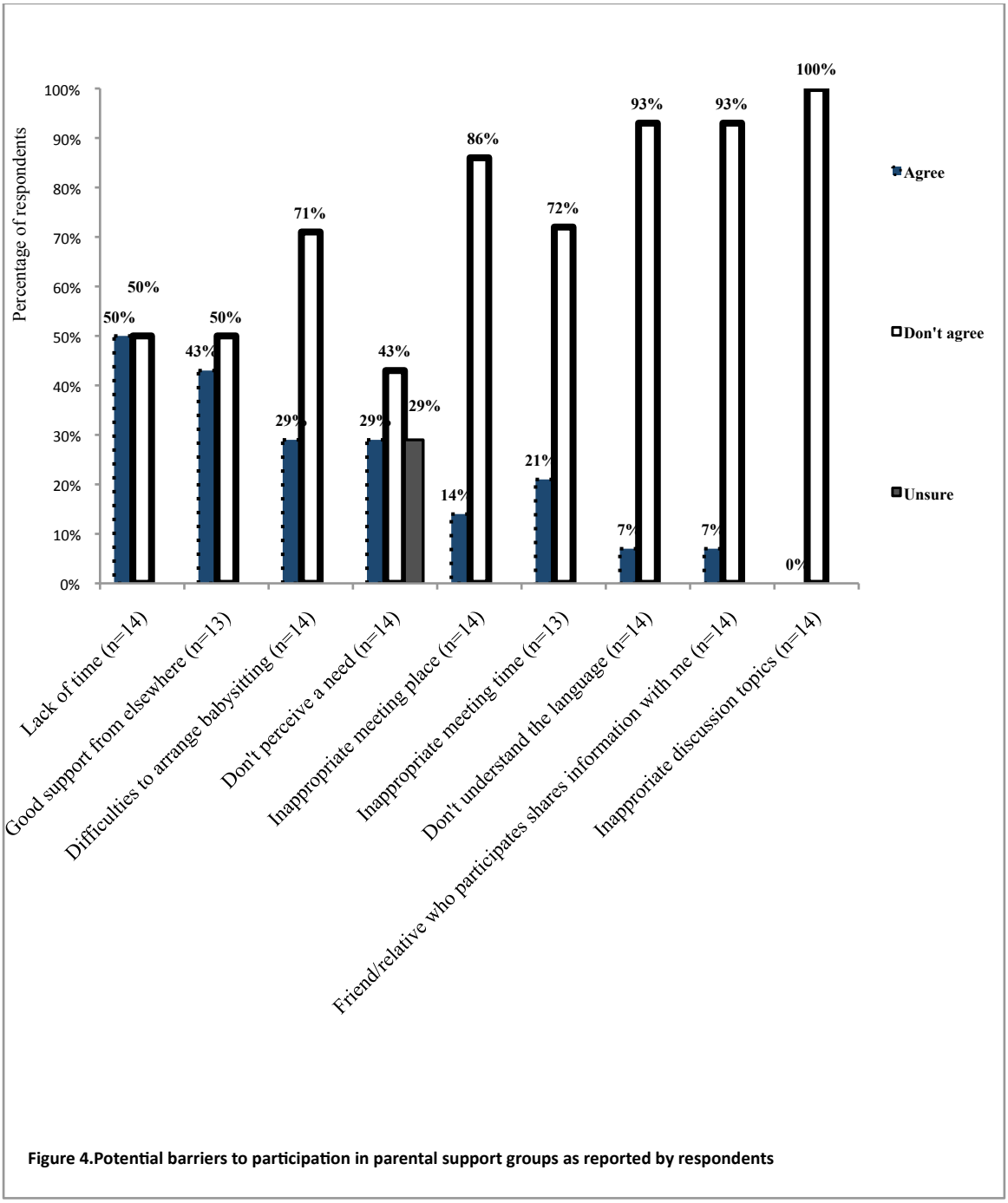

Figure 4.Potential barriers to participation in parental support groups as reported by respondents

Most respondents did not perceive the presented potential barriers to be applicable. The most frequently reported reasons for not participating in parental support groups were not having time to attend parental support groups (n=7, 50%), having good support in parenting from elsewhere (n=6, 43%), finding it difficult to arrange babysitting (n=4, 29%) and not perceiving a need for parental support groups (n=4, 29%). While one third reported disagreement with the statement "I don't participate in parental support in group because I don't think that I need it", an equal proportion was unsure in this respect. Most of the respondents did not perceive language as a barrier and also disagreed with barriers such as the location and time arrangements of the parental group meetings being inappropriate. A minority reported having a participating friend/relative who shared the information with them. None of the respondents perceived the content of parental support to be a potential barrier. Relationships between knowledge of parental support groups and potential barriers were not significant.

General support in parenting

When experiencing difficulties in parenting, most respondents turned to their partner (n=30, 75%), child health care centre (n=27, 68%), a relative (n=25, 63%) or the internet (n= 22, 55%) for advice, as illustrated in Figure 5. Age and number of children were significantly related to respondents' choice of general support. The younger age group, 15 to 25 years, was more likely to turn to a partner (p = 0.020, Figure 7) or a relative (p = 0.008, Figure 7) than were older respondents (over the age of 25 years). Furthermore, respondents with only one child were more likely to turn to a relative (p = 0.020, Figure 8) for support than were respondents with more than one child.

As illustrated in Figure 6, most of the parents wanted more support from the child health care centre (n=14, 35%), their partner (n=12, 30%) relative (n=7, 18%) or a friend

(n=5, 13%). Age and level of education were significantly related to sources from which respondents wanted more support. Older respondents were more likely to want more support from a relative (p = 0.029, Figure 9) than younger respondents. Also, those without a college/university education were more likely to want more support from child health care centres (p = 0.041, Figure 10) than were respondents with a college/university education.

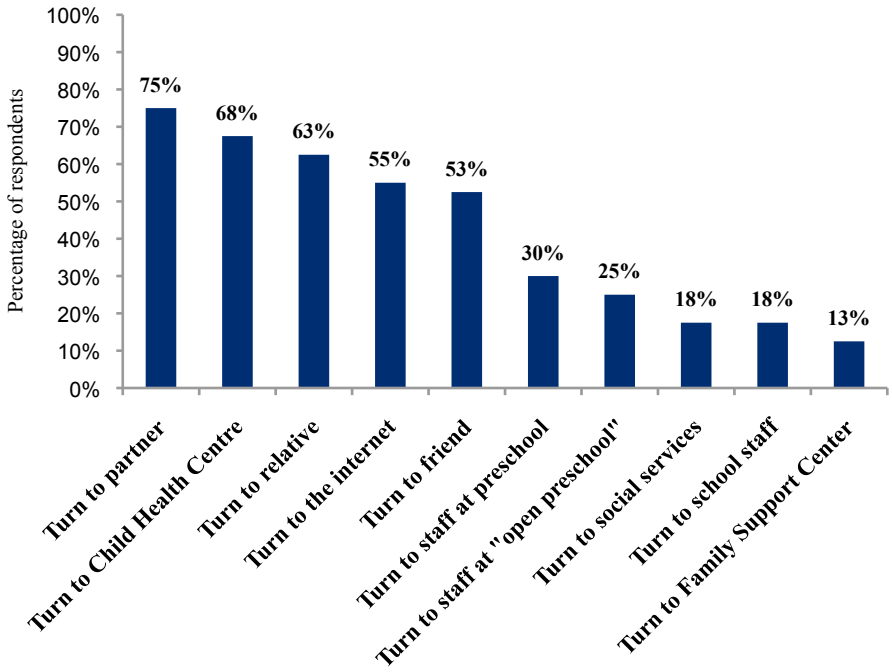

Figure 5. Respondents sources of support (n=40)

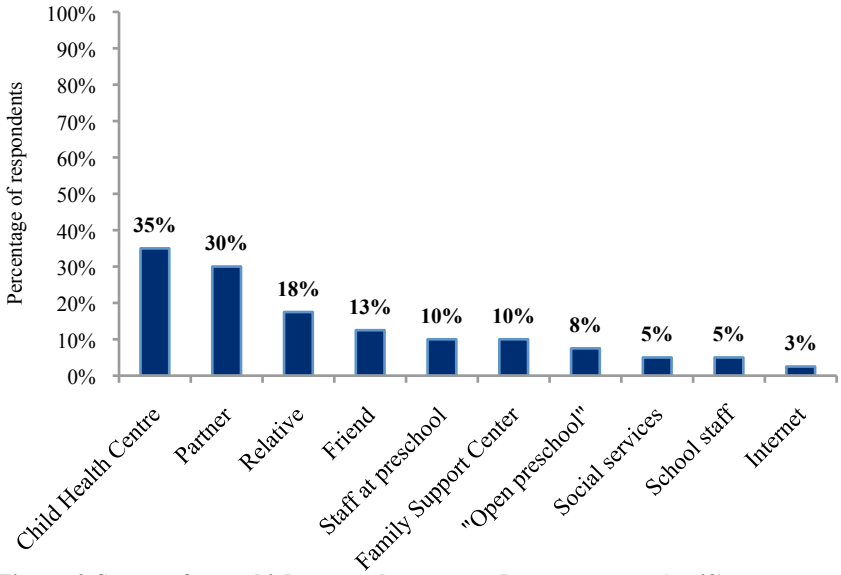

Figure 6. Sources from which respondents wanted more support (n=40)

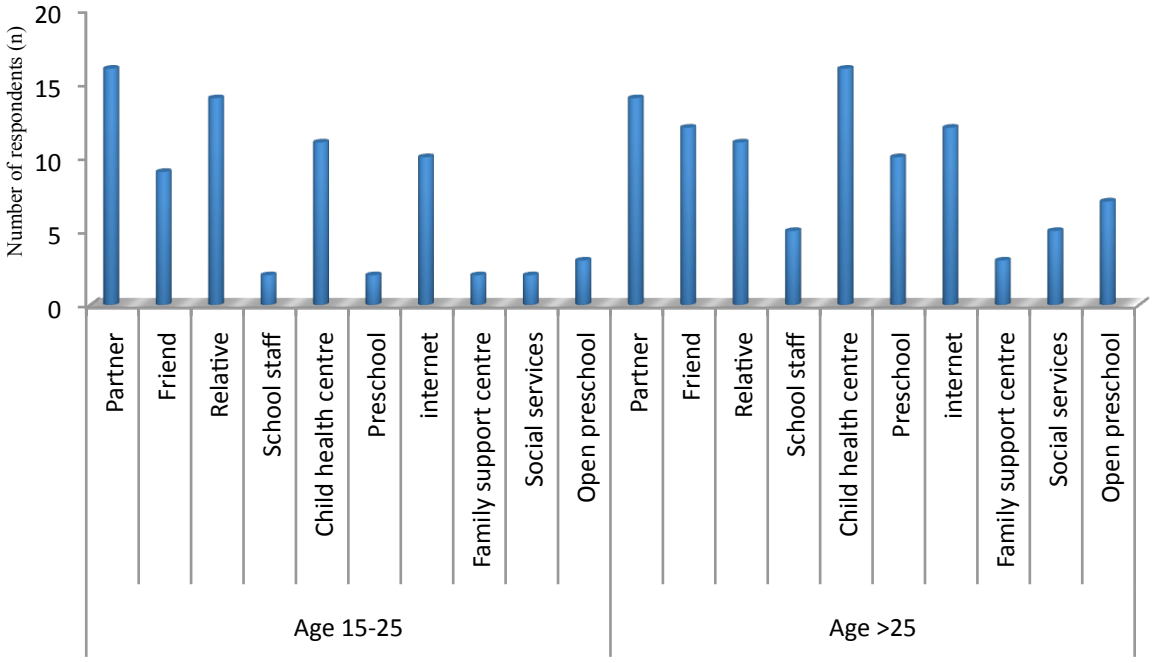

Figure 7. Age of respondents in relation to choice of support (n=40)

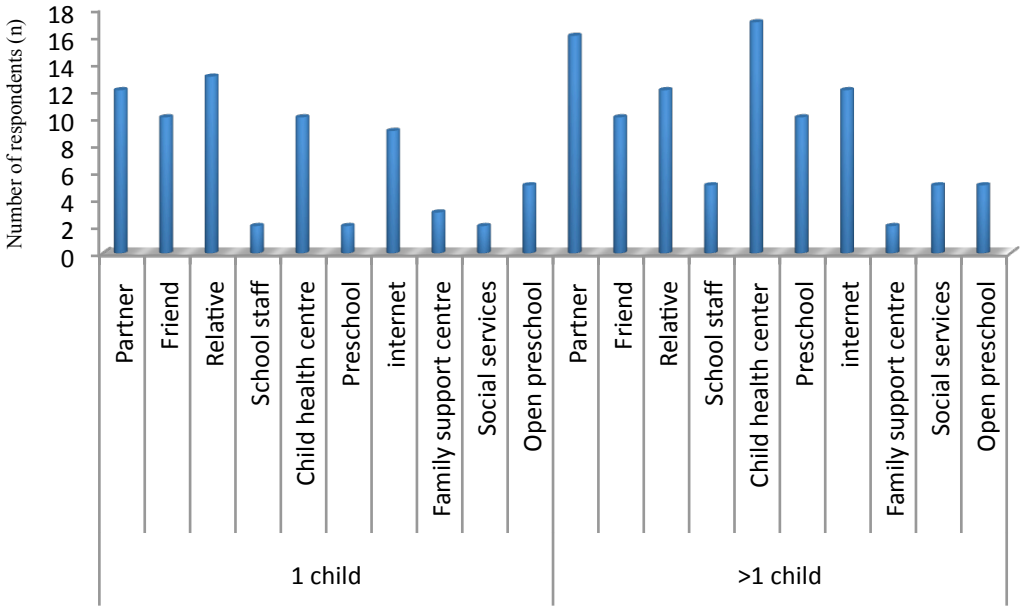

Figure 8. Number of children in relation to choice of support (n=40)

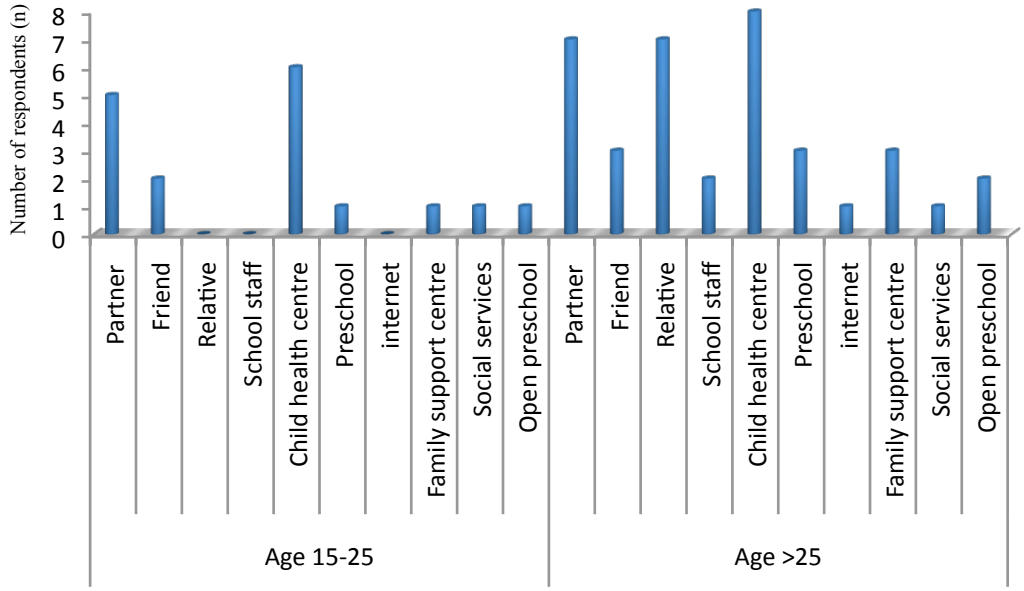

Figure 9. Age of respondents in relation to wanting further support (n=40)

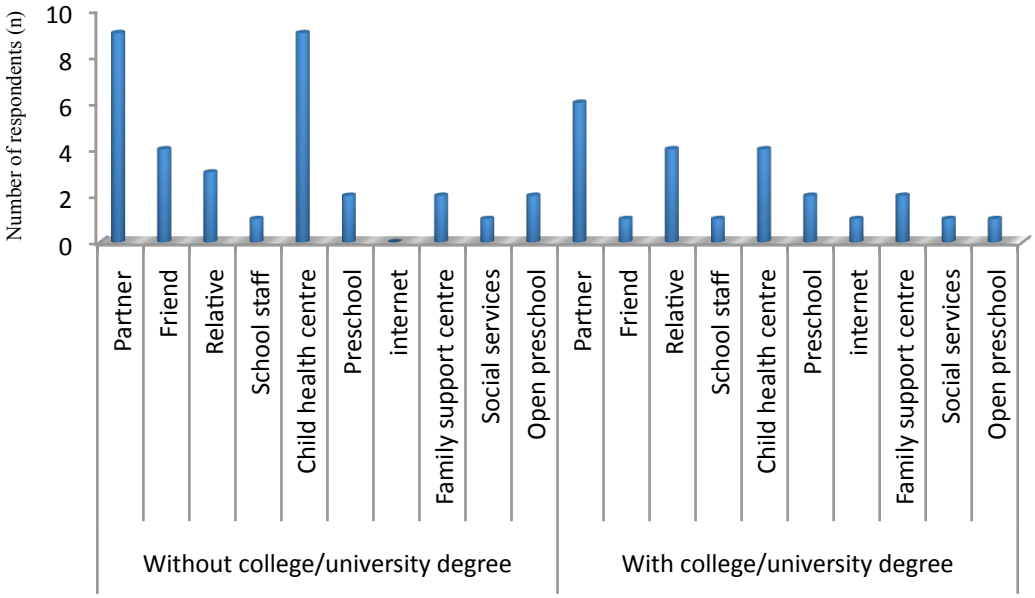

Figure 10. Educational level of respondents in relation to wanting further support (n=40)

4. DISCUSSION

In this study we assessed interest in, participation in, knowledge of and potential barriers to participation in parental support groups among parents in north-eastern Gothenburg. In addition, we studied where to parents turned for advice in their parenting role.

As a main finding of this study and consistent with previous studies (11-16, 23) we found a majority of respondents to perceive parental support groups as interesting and important. This suggests that a perceived lack of interest in or a perceived unimportance of parental support groups is less likely to be a potential barrier to participation by parents in north-eastern Gothenburg.

A substantial portion of the respondents, however, reported not being able to grade interest or importance, which could be related to poor prior knowledge of and low participation in parental support groups. The latter, low participation, was consistent with previous reports (7, 8) and an expected finding, as it constituted the fundamental origin of this study: only one of the respondents was participating, and only 10% had experience of participating in parental support groups. The former, knowledge, however, was a notable finding, as the majority had not even heard of parental support groups prior to the questionnaire. Perhaps parents found it difficult to express perceived interest in and importance of parental support groups due to poor knowledge of parental support groups.

That many respondents had not heard of parental support groups and thus had no knowledge of its existence could on one hand be a signal of poor communication between health care providers and parents in this area, and, on the other hand, it could be that not all BVCs offer parental support groups and thus health care providers at centres where this is not offered do not inform parents of these groups. This argument could also be applied to the

reported low participation. The poor knowledge and low participation could further be related to the findings of previous studies (5-6) that show that lower income groups utilise the health care system less compared to higher income groups.

Moreover, this study identified some potential barriers to participation in parental support groups for those who had heard of parental support groups (having good support from elsewhere, not having time to attend and difficulties arranging babysitting); however, a majority of the respondents did not find the presented barriers as applicable. Although influenced by questions from other studies conducted in Sweden, this finding could still be explained by preconceptions held by the research team. This means that what could be a potential barrier elsewhere in Sweden is not applicable to parents in north-eastern Gothenburg. In previous reports (12), within immigrant-dense areas, language difficulties were perceived as a potential barrier. However, this was not quite the case in this study, presumably as most questionnaires were returned in Swedish (*n*=28). A possible explanation could be a preference of parents who had good comprehension of the Swedish language to participate in the study.

The majority of respondents reported turning to a partner/relative for advice in parenting which probably is a common phenomenon for all parents, as seen in previous reports (11-16); however, as a majority also turned to the BVC and the internet, these findings suggest that the respondents perceive BVC and the internet as trustworthy sources of support. Assuming the BVC as a trustworthy support strengthens the motive for further development in this arena. The latter, internet, is also an important finding, enabling future studies to further explore the internet as an important source of support for parents. In relation to demographic variables, we found that the younger respondents (15 to 25 years) were more likely to *turn* to their partner or a relative than were older respondents (above 25 years old). Interestingly, we found that the older respondents (over 25 years) were more likely to *want* to

have more support from a relative. Also we found that respondents with only one child were more likely to turn to a relative for support than respondents with several children. Taking all of this together, it suggests that regardless of age, the parents seemed to turn to or want more support from their partner/relative. As parents also expressed turning to the BVC/internet as sources of support, this finding may illustrate a wish to have support from various places, rather than one. As parents with more than one child did not show this pattern, this could suggest that first time parents, despite age, are somewhat more in need of support in their parenting role, a finding that is most likely generally common for all first-time parents and consistent with previous reports (11).

We also found that respondents with a college/university education were less likely to want more support from BVC than those without a college/university education. If having a college/university education increases an individual's knowledge of and familiarity with seeking information on their own when in need of advice, then this may explain why parents with a college/university degree were less likely to be in need of support from other sources, such as BVCs. Or it may be that parents with a higher education are already able to make the best use of support offered by BVCs and thus perceive the interaction with BVCs to be optimal, resulting in their not wishing any further support from them.

Limitations and suggestions for future research

The use of a quantitative method in this study had both positive and negative outcomes. One of the positive outcomes was that a larger sample size was collected than would have been possible with a qualitative method, bearing in mind the time restrictions of the study. Still, and similar to other self-reported questionnaires, this study experienced a low response rate. Perhaps the foreign population in north-eastern Gothenburg are less exposed to survey-based research in their countries of origin and thus, because of no habit, are less willing to participate. Another possibility could be a low trust in the community and authorities. Having

a larger sample size could have given the study greater representativeness, facilitating the generalisability. As a result of the small sample size, some responses were relatively homogenous, limiting further analysis such as potential relationships between *all* demographic variables and outcome variables.

A quantitative approach is arguably the best approach for addressing the main aim of the study – the perceived interest. However, to answer other research questions, such as potential barriers, a qualitative method could have had some advantages, facilitating formulations of questions applicable to the local residents and thus avoiding preconceptions by the research team as to what should have been asked. Using a qualitative method also allows respondents with reading difficulties to be included. Thus, further research aimed at the major findings of this study is necessary for greater validation, with the suggestion to use or at least include a qualitative method. To possibly clarify if the poor knowledge was because of low availability or if it was because of poor communication between health care providers and parents, future studies should include a survey of current availability of parental support groups in the area. As mentioned earlier, future studies should also explore the internet as a form of support. Furthermore, future studies should include data from participation rates from parental support groups at MVCs in this area, to explore possibilities for improved transfer from MVC parental support groups to BVC parental support groups.

Conclusions

This study suggests that lack of interest in parental support groups is most likely not a barrier to participation in parental support groups in north-eastern Gothenburg. Rather, poor knowledge of parental support groups as an available form of support in child health centers and practical concerns related to lack of time to attend and difficulties to arrange child care are more likely to constitute barriers to participation. Future research should further explore

such barriers in order to develop effective adaptions to improve parental supports groups in north-eastern Gothenburg.

POPULÄRVETENSKAPLIG SAMMANFATTNING - SVENSKA

Bakgrund

Ojämlikheter i hälsa har studerats såväl globalt som inom Göteborg. I Göteborg har bland annat skillnader i hälsa hos barn studerats i ett barnhälsoindex som visar en tydlig skillnad i hälsa hos barn bosatta i nordöstra Göteborg jämfört med barn från andra delar av staden; indikatorn "delaktighet i föräldrastödsgrupper" i barnhälsoindexet visade ett väsentligt lågt deltagande i nordost jämfört med andra delar av Göteborg. Denna studie syftar primärt till att undersöka huruvida det föreligger intresse av föräldrastöd hos föräldrar i nordost. Sekundära frågeställningar i studien undersöker förkunskaper om föräldrastödsgrupper som tillgänglig stödform samt potentiella barriärer till deltagande hos föräldrar i nordost.

Metod

Med hjälp av tidigare forskning inom området skapades en strukturerad kvantitativ enkät. Enkäten bestod av 24 frågor och översattes till engelska, arabiska, somaliska samt persiska. Frågorna i enkäten omfattade demografi, var/vem föräldrar vänder sig till i samhället för stöd i föräldraskapet, kunskap om, intresse samt barriärer för deltagande i föräldrastödsgrupper. Utdelning av enkäterna skedde på tre olika barnavårdscentraler inom nordöstra Göteborg med en insamlingsperiod under april månad 2014. Analyser som gjordes var deskriptiv statistik samt chi-square/Fisher's exact test.

Resultat

Totalt besvarades 40 enkäter (svarsfrekvens 45%). Endast en respondent deltog i en föräldrastödsgrupp när studien genomfördes. Majoriteten av respondenterna upplevde

föräldragrupper som intressant (n=26, 65 %) och viktigt (n=27, 68 %), dock hade de flesta ingen tidigare kännedom om föräldragrupper (n=23, 58 %). De främsta potentiella barriärerna för deltagande i föräldrastödsgrupper hos föräldrar som hade kännedom om föräldrastödsgrupper som stödform var brist på tid (n=7, 50 %), att man upplevde sig ha bra stöd från annat håll (n=6, 43 %) samt svårigheter med barnpassning (n= 4 ,29 %).

Slutsatser

Denna studie visar att det finns ett intresse hos föräldrar inom nordöstra Göteborg för föräldrastödgrupper. Således utgör brist på intresse sannolikt inte en barriär för deltagande i föräldrastödsgrupper. Bristande kunnighet om föräldrastödsgrupper som stödform tillsammans med praktiska hinder i form av brist på tid och svårigheter med barnpassning är mer sannolika barriärer och bör utforskas i framtida studier för att möjliggöra vidare utveckling av föräldrastödsgrupper i nordöstra Göteborg.

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6. APPENDIX A

The English version of the questionnaire

GÖTEBORGS UNIVERSITET
SAHLGRENSKA AKADEMIN

VÄSTRA GÖTALANDSREGIONEN
ANGERED NÄRSJUKHUS

Parental support in northeastern Gothenburg

This survey addresses the interest for parental support in groups among parents living in the northeastern parts of Gothenburg.

What is parental support in group?

Parental support groups are organized by child health care centers to help expectant parents in their new role. It can, for instance, be a group of 10-12 parents who meet at a child health care center to get informed about nutrition, diseases etc. Moreover, there is an opportunity to get to know other parents in the area. With this survey, we try to improve the support to parents in your area.

Please complete this survey if you agree to participate in this study. It will take about 10-15 minutes. It is optional to complete the survey. Your visit today or your health care in general will not be affected if you wish not to participate in the study. You don't need to write your name or other personal details – the survey is **anonymous.** That means no one will know if you have participated or the response you gave.

We hope that you would like to help us improve future parental support.

Thank you for your time and interest!

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GÖTEBORGS UNIVERSITET
SAHLGRENSKA AKADEMIN

VÄSTRA GÖTALANDSREGIONEN
ANGEREDS NÄRSJUKHUS

Research survey

Parental support in northeast

1) Sex: ☐Woman ☐Man ☐Don't want to define myself by sex

2) Age: ☐15-20 years ☐21-25 years ☐26-30 years ☐31-35 years
☐36-40 years ☐41-45 years ☐45 +

3) Education: ☐No education ☐Primary school ☐Upper secondary school
☐College/university without degree
☐College/university with degree

4) Occupation: ☐Full-time work ☐Part-time work
☐Parental leave ☐Unemployed
☐Student ☐Other

5) Marital status: ☐Married/Cohabitation ☐Single parent
☐Live-apart ☐Widow/Widower ☐Other

6) Number of children? ☐1 ☐ 2 ☐ 3 ☐ 4 ☐5 ☐ 6☐ 7 ☐ More than 7 children

PARENTAL SUPPORT:

7) Whom do you turn to for advice or when you have difficulties in parenting? (Choose one or several options and indicate how important you think each option is).

☐**Partner** ☐Very important support ☐Rather important support
☐Somewhat important support ☐Not at all important support
☐I don't know

☐**Friend** ☐Very important support ☐Rather important support
☐Somewhat important support ☐Not at all important support
☐I don't know

☐**Relative** ☐Very important support ☐Rather important support
☐Somewhat important support ☐Not at all important support
☐I don't know

☐**School staff** ☐Very important support ☐Rather important support
☐Somewhat important support ☐Not at all important support
☐I don't know

☐**Child Health Care** ☐Very important support ☐Rather important support
☐Somewhat important support ☐Not at all important support
☐I don't know

☐**Staff at preschool**	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support
☐**Staff at "öppen förskola" ("open preschool")**	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support
☐**Internet**	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support
☐**Family Support Center**	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support
☐**Social Services**	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support
☐**Other** _____	☐Very important support ☐Somewhat important support ☐I don't know	☐Rather important support ☐Not at all important support

8) I would like to have more support from:

☐Partner	☐Friend	☐Relative
☐School staff	☐Child healthcare Center	☐Staff at preschool
☐Staff at "öppen förskola"	☐Internet	☐Family Support Center
☐Social Services	☐Other	

PARENTAL SUPPORT AT CHILD HEALTH CARE CENTER:

9) Have you heard of parental support in group?

☐Yes ☐No

10) Did you know what parental support in group meant before you took this survey?

☐Yes ☐Yes, a little bit ☐No

11) Are you participating in parental support in group?

☐Yes, right now ☐No ☐No, but I have attended before
☐No, but I want to/am going to participate in the future

12) If you are participating in parental support in group at the moment, please fill in where:

☐Yes, I participate in parental support in group at _____

13) I think that parental support in group appears:

☐Very interesting ☐Rather interesting
☐Somewhat interesting ☐Not at all interesting
☐I don't know

14) I think that parental support in group is: ☐Very important ☐Rather important
☐Somewhat important ☐Not at all important
☐I don't know

<u>Please respond to the following questions if you are currently not participating in parental support in group:</u>

15) I don't participate in parental support in group because I didn't know that it existed:

☐True ☐Not true

16) I don't participate in parental support in group because I don't think that I need it:

☐True ☐Not true ☐Not sure

17) I don't participate in parental support in group because I think that I have good support from elsewhere:

☐True ☐Not true

18) I don't participate in parental support in group but I have a friend/relative who participates and shares the knowledge from the group meetings with me:

☐True ☐Not true

19) I don't participate in parental support in group because I don't understand the language:

☐True ☐Not true

20) I don't participate in parental support in group because I don't have time:

☐True ☐Not true

21) I don't participate in parental support in group because I think the meetings should be at a different time:

☐True ☐Not true

22) I don't participate in parental support in group because I think the meetings should be in another place:

☐True ☐Not true

23) I don't participate in parental support in group because it's hard for me to arrange babysitting:

☐True ☐Not true

24) I don't participate in parental support in group because I think that other issues than those that are being discussed should be discussed:

☐True ☐Not true

Thank you for your time and interest!