



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



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ABSTRACT

Objectives: To provide in-depth understanding of parents' beliefs about the causes of parenting problems, and the perceived relevance of parenting support in a sample of ethnic minority and low socioeconomic status (SES) families.

Methods: Cross-comparative analyses were performed on qualitative data from 61 parents (age child: 0–15 years) of two ethnic minority groups (Antillean-Dutch and Moroccan-Dutch) and one ethnic majority group (native Dutch) in the Netherlands. Methodology included in-depth qualitative interviews followed by focus groups. Atlas.ti software was used to manage and analyse data inductively.

Results: Parenting support was perceived to be less relevant if parents related the cause of parenting problems to stress and external factors. Low-SES and ethnic minority parents more often emphasised unfavourable living conditions and living in two cultures as causes for parenting problems. Parents considered parenting support most relevant during periods of rapid change in their children, or in their parenting role.

Conclusion: Results indicate that beliefs regarding the cause and controllability of problems are important to understand parents' motivation to participate in parenting support. Notable differences were found regarding the period during the child's life that parenting support was perceived as most relevant. Motivation to participate was higher during various stages of transition, which ranged from the transition to parenthood, to toddlerhood, the age of seven, and adolescence.

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1. Introduction

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

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

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

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

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

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

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

2. Methods

2.1. Ethnic minorities in the Netherlands

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

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

2.2. Data collection

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

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

interviews and focus groups were held until no additional themes were identified that were informative to the focus of this study.

2.3. Sample

Data were collected from 61 participants, consisting primarily of mothers ($n = 58$). Interviews were held with fourteen Antillean-Dutch, eleven Moroccan-Dutch and thirteen native Dutch parents with a child of 15 years and younger. Two focus groups were conducted with Antillean-Dutch parents and three focus groups with Moroccan-Dutch parents. Individual interviews and focus groups had a mean duration of 59 min.

Children of interviewed participants had a mean age of five years, compared with a mean age of thirteen years in focus groups participants. This difference is related to the higher age of the parents and a higher number of children in the households of the focus group participants, which yielded a larger age range for the children. The majority of parents of Antillean-Dutch and Moroccan-Dutch descent were born outside the Netherlands ($n = 40$). Antillean-Dutch parents frequently formed single-parent households. The mean SES of the resident neighbourhood of all three ethnic groups was lower than the average SES in the Netherlands. Additional information on the demographics of participants is available in the supplementary data.

2.4. Data analysis

Data analysis was facilitated by Atlas.ti 6.2 software. A selection of four interviews was independently and inductively coded by KM, RR and MC. The meaning of the codes was compared and discussed until consensus was obtained. Subsequently, other interviews were coded by KM and refinement of the coding and a thematic content analysis was performed in close cooperation with RR and MC. A constant comparative method was used to identify relations in the data, and analyses were conducted between and within cases. Data were analysed with attention paid to parent and family characteristics, such as migration history and SES. Additional information on the methods used is included in the supplementary data.

3. Results

The results of the study are presented below. First, an overview is given of the concerns expressed by the parents. This overview represents the context for the main theme, i.e.: parents' beliefs about the cause of parenting problems and parents' motivation to participate in parenting support.

3.1. Parental concerns

Parental concerns were highly comparable between the ethnic groups. Concerns about children were expressed in relation to the child's behaviour, health and development, the parent-child relationship, and the child's school performance. Concerns were mainly related to the child's behaviour, as parents found it difficult to cope with undesirable behaviour. Concerns about the family context were expressed in relation to finances, maternal mental health, and partner relationships. In addition, ethnic minorities expressed concerns about the cultural alienation of their children due to living in the Netherlands, and Moroccan-Dutch parents were concerned about discrimination against their children.

Feelings of insecurity were reflected in parents' expressed concerns about their competence as a parent. Insecurity was attributed to single parenthood, lack of experience (i.e., being a 'first-time' parent), the parenting style of one's own parents (i.e., lack of a good example), and unsolicited advice from family members and in-laws. Feelings of insecurity were intensified when parents experienced minimal social support.

3.2. Parents beliefs and parenting support

Motivation to participate in parenting support entailed more than reporting having concerns about their parenting situation. The two core components that influenced parents' motivation to seek support were: i) parents beliefs about the cause, and ii) the controllability of parenting problems. Notable differences were observed in beliefs regarding the cause of parenting problems. Our findings are presented according to the main cause that was emphasised per ethnic group, with parents reflecting upon why parenting support would be relevant to resolve or prevent the problems. Because parents' beliefs about adolescence showed less divergence, these results are presented for all groups together.

3.2.1. Children with strong personalities

Native Dutch parents believed that the 'strong personality' of the child was an important cause of parenting problems. This is illustrated by a mother reporting on the behaviour of her youngest daughter:

My oldest, she was so quiet. When I saw children screaming in the grocery shop, I thought ... you know [frowning face]. However, the youngest does it too. She just screams, very loud. You're embarrassed because of the people around you. However, at the same time, this is not something you teach your child. It's her character. That's also beautiful to see, her strong personality, but a bit harder with regard to parenting. Yes, that's... more difficult [native Dutch mother, 48 years old, 2 children].

According to parents, a strong personality was either the result of an inborn quality of the child or experiences during childhood such as illness. Parents with several children emphasised that parenting a child with a strong personality was more challenging than parenting their other child(ren).

To resolve or prevent problems related to undesired child behaviour, parents emphasised the importance of fine-tuning their parenting strategies to be effective for a particular child. As many parents believed that a child's personality was to a large extent unchangeable, they underscored the importance of changing their parenting behaviour to satisfy the needs of their children. Parenting support was considered relevant, as it provided the opportunity to learn a variety of strategies. First-time parents were especially motivated to participate in group-based parenting support, to learn from the experiences of other parents, and to learn about what can be considered 'normal child behaviour'.

Overall, the motivation to participate in parenting support was stronger during the toddler years compared with other ages of the child. This was attributed to experiences in which their child's undesired behaviours were intensified by toddlerhood:

My oldest has a strong temper, especially when he was about 1 ½ years old. He would get really frustrated. Pull his hair, bang his head against the floor. But nothing was the matter. You see that kind of behaviour more often around that age, depending on the temperament of the child. That's why I thought 'a parenting course might be good, then I can learn more about how to deal with him [native Dutch mother, 32 years old, 2 children].

Parents who described their child as having a strong personality were more motivated to participate in parenting support after the toddler years compared to other parents, as they expected challenging parenting situations throughout their child's life. In contrast, parents who experienced recent setbacks with regard to finances, employment, health and relationship quality or divorce, were less motivated to participate in parenting support. This was more often the case in families with low-SES as they more frequently experienced an accumulation of setbacks in several areas of life. The priority of these parents consisted of resolving problems in the family context, as they expected the

parenting situation to improve when other problems had been properly addressed.

3.2.2. *Children's sensitivity and stress*

Antillean-Dutch parents considered parents' stress to be an important cause of parenting problems. Parents emphasised children's sensitivities and believed that children are influenced by parents' experiences of stress from the moment they are conceived:

I believe a child behaves as it does as a result of all of the child's experiences since being a baby. You might laugh every day, but if you're stressed, your child senses this. Your child can feel this from the moment he's in your womb. I believe my son is restless and crying, because of everything that happened [Antillean-Dutch mother, 23 years old, 2 children, 2nd generation]

Parents prioritised managing sources of stress and parents' reactions to stressful situations, as this would minimise the negative effect on their child(ren). As a result, parents were most motivated to participate in support for commonly experienced sources of stress: teenage pregnancy, single parenthood, financial problems, and parents' psychosocial well-being. Other reported causes for parenting problems were a lack of good parenting examples and corporal punishment by their own parents. As a result, parents felt incompetent to respond to their children's needs and had little knowledge of effective discipline strategies.

Although parents frequently felt unprepared for and overwhelmed during the transition to parenthood, this situation did not always motivate them to seek support. This was especially the case for young parents with negative views about the parenting behaviour of their own parents. They expressed a desire to raise their child independently from formal or informal support in order to prove their competence as a parent:

I did it my way, and I didn't want anybody to tell me how to do it. I experienced a lot in the past and, as a result, you want to prove yourself so that nobody can say ... You want to show that you're capable of doing it [Antillean-Dutch father, 41 years old, 2 children, 2nd generation]

When children displayed undesirable behaviour, parents were sometimes sceptical about the ability to change this behaviour as they believed that the negative influence of stress could not be reversed. Therefore, in retrospect, some parents regretted not having participated in parenting support when confronted with parental stress early in the life of the child. Parents who were motivated to participate in parenting support believed that their children's behaviour could be improved once they learned how to effectively implement parenting strategies in stressful or emotional situations.

3.2.3. *Children living in two cultures*

Moroccan-Dutch parents considered that living in two cultures was an important cause of parenting problems. First-generation immigrants who recently migrated to the Netherlands, felt that problems could be prevented when they improved their Dutch language proficiency, which would facilitate a good parent-child relationship. This was less often found in second-generation immigrants, as they generally had better Dutch language proficiency:

Different society, different culture. He lives between two cultures. I need to integrate, I want to learn the language properly. If your understanding of the Dutch language is better, you can parent your child better. Otherwise, there will be a lack of contact between parent and child and parents may not understand their child, their needs [Moroccan-Dutch mother, 25 years old, 1 child, 1st generation]

Parents emphasised the negative external influence of peers and the media, especially in relation to alcohol use and (sexual) relationships. It

was felt that children's misbehaviours could be prevented by limiting exposure to negative external influences. This was considered important as parents believed that the effects would otherwise accumulate and create problems when their children grew older.

Parents had concerns about how to appraise and incorporate the values of the 'new country' in their child-rearing behaviour. Especially second-generation Moroccan parents emphasised the importance of incorporating Dutch child-rearing behaviours, as they were of the opinion that the parenting style of their own parents was not sufficient or appropriate for the task they faced in raising their child 'between two cultures'. Parents who held these beliefs, considered parenting support relevant as it provided them with an opportunity to learn new parenting strategies and learn from the experience of other (immigrant or non-immigrant) parents in the Netherlands.

Parents were more motivated to participate in parenting support when they felt challenged in their parenting role. This was especially felt by first-generation immigrants when their child turned age seven and fourteen years. The emphasis placed on these ages was related to beliefs regarding the development of a child as specified by three separate stages and appropriate parenting behaviour related to these stages (0–6 years, play with them; 7–13 years, discipline them; 14–20 years, befriend them):

From the age of seven, you should teach them good behaviour. A child can be parented from this age on. As in my son of seven I notice that if he does something, he reacts differently than before. You notice a change in his mind. And beyond the age of seven, when they turn fourteen years old, you need to be their comrade. When a child reaches puberty, he is exploring, he will position himself, he will choose his friends from the age of fourteen. At that time, their father or mother should take the role of... not his role model... but his friend [Moroccan-Dutch father, 36 year old, 2 children, 1st generation]

The above mentioned stages of transition were less often mentioned by second-generation parents, and these parents more often expressed the need for support during the toddler years and puberty.

3.3. *Beliefs about adolescence*

Irrespective of their children's ages, all parents were concerned about problems in their children's behaviour during adolescence, especially in relation to the influence of the media and peers. This anxiety was triggered by stories from other parents and information in the media regarding "misbehaving" youth. Although parents frequently expressed the importance of preventing their children from misbehaving during (pre-)adolescence, their ideas about how to succeed varied. The majority of parents felt that significant changes in their parenting behaviour were not necessary as they believed that satisfactory parenting behaviour throughout their children's lives formed a basis for preventing problems during adolescence. Moroccan-Dutch parents also emphasised the role of the father and social control by neighbours and family members, which should become more prominent. Parents who were motivated to participate in parenting support during (pre-)adolescence of their child were often triggered by concrete (mis)behaviour of their children or poor school performance.

4. Discussion

From the inductive analyses, two core components that structured parents' beliefs on parenting problems emerged that can be described as cause and controllability. Differences were found between ethnic groups in the perceived cause of the undesired parenting situation, in which parents emphasised the importance of the child's sensitivity, personality, and living in two cultures. Parents also held beliefs about

whether and when the problem could be solved or prevented and the degree to which parenting support could play a role in achieving this.

The qualitative methods used in this study aim to provide a comprehensive and contextualised understanding of parents' beliefs. Striking similarities were found between the components that emerged from our inductive analysis, and the components of the self-regulation framework developed by Leventhal, Brissette, and Leventhal (2003); 1992), i.e.: the Common-Sense Model of Self-Regulation (CSM). According to the CSM, an individual's response to illness is based on how (s)he perceives and interprets symptoms in terms of what has caused them and of opportunities to bring about change, which impacts whether help-seeking is initiated. Cause and controllability are two of the five components of the CSM which strongly emerged from our data. Our study also includes information on other components of the CSM, i.e. the timeline (i.e. beliefs about how long a problem might last and whether it is acute, cyclic or chronic), consequence (e.g. beliefs about the consequence of the problem) and, to lesser extent identity (i.e. the name given to a problem and symptoms that appear to go with it). Although the CSM was developed to explore self-regulation in relation to health and illness (Leventhal, Diefenbach, & Leventhal, 1992; Leventhal et al., 2003), our findings indicate that the model can also be used to study parenting problems. The results also support the cultural salience of the model as it can be used to investigate and compare lay beliefs of ethnic groups. We recommend that future research incorporates the CSM in the study design, as a deductive approach to this topic may help to elucidate individual perceptions of parenting problems and the related help-seeking behaviours.

Although detail differed, parents considered parenting support more relevant during periods of rapid change in their children, or in their parenting role. This finding is consistent with previous studies indicating that caregivers are more likely to be responsive to new information and motivated to learn skills when addressing emerging challenges prompted by rapid changes in their children's development (Gardner, Shaw, Dishion, Burton, & Supplee, 2007; Power et al., 2013). This would explain the emphasis placed on the toddler years by native Dutch parents and on adolescence by all parents, as these are stages in which rapid changes occur related to the cognitive and social development of children, as well as changes in schooling and social relationships in adolescence (Collins & Steinberg, 2007; Erikson, 1963; Montemayor et al., 1990). Studies on child development indicate that the general idea of development change is always an interchange between the person and environment (Bronfenbrenner, 1979; Kessen, 1979; Super & Harkness, 1986). This underlines the importance of the social context when considering the different stages emphasised by ethnic groups in the present study.

Antillean-Dutch parents emphasise the transition to parenthood and the enduring influence of stress on the child's behaviour, in which stress is transmitted from the parent to the child. An analogy can be found in a study on the impact of maternal emotions on infant health in Bolivia (Tapias, 2006); this study explains how emotions generated by social suffering (e.g. economic hardship, domestic violence) played a role in how women perceived their children's health, in which maternal emotions are seen as the vector through which babies and infants develop enduring problems. Antillean-Dutch parents also emphasised the social suffering they experience resulting in strong emotions, especially during the transition to parenthood, with a significant proportion of the mothers experiencing young motherhood, financial hardship and single-parenthood.

The beliefs of first-generation Moroccan-Dutch parents seem salient as they discerned three stages in their children's development which they associated with specific parenting behaviour (0–6 years, 'play with them'; 7–13 years, 'discipline them'; 14–20 years, 'befriend them'). First, emphasis on the age of seven years is comparable to results from cross-cultural research on the 'five to seven year old shift' (Mounoud, 1996; Rogoff, Sellers, Pirrotta, Fox, & White, 1975; Weisner, 1996). Studies revealed a universal conceptualisation of

childhood development during this period, in which new roles and responsibilities are assigned to both the child and the caregiver during or after this stage (Mounoud, 1996; Rogoff et al., 1975). Second, although previous studies on Moroccan-Dutch families also organised age-appropriate parenting in intervals, the three stages as described by parents in the present study were not yet specified (Pels, 1991, 63; Pels, 1998, 73–75). Research among Turkish families show a comparable pattern, in which young children are treated with indulgence (i.e. not expected to follow rules and misbehaviour is met with great tolerance) until the age of 5 to 7 years, and this is then replaced by a parenting style that is more demanding and strict (Citlak, Leyendecker, Schölmerich, Driessen, & Harwood, 2008; Khounani, 2000; Leyendecker, 2003; Pluger-Schindelbecki, 1989). We postulate that the three stages in this study resemble Islamic views on child development; a literature review of Islamic websites and Internet forums identified a quote from an Islamic authority that is consistent with our findings: 'Play with them for seven [years], teach them manners for seven [years] and let them enjoy your companionship for seven [years]' (additional information is available in the supplementary data). To our knowledge, no studies have identified Islamic views on child development and related parenting behaviour according to these seven-year intervals, which might be related to the increased influence of religious sources among Muslim immigrant families (Distelbrink & Pels, 2015). More research is required on this topic, also examining the beliefs of first- and second-generation immigrant Muslim parents and the influence of religious identity and religious sources.

Second-generation migrants felt that the child-rearing behaviours of their own parents were not sufficient for raising their child 'between two cultures'. They therefore considered parenting support relevant as it enables them to learn new strategies and to incorporate Dutch child-rearing behaviours. Although results indicate an integration orientation among second-generation migrants, this may result in the false assumption that acculturation can be explained by the length of residence or generational status (Tardif-Williams & Fisher, 2009; Yagmurlu & Sanson, 2009). Acculturation is a complex and dynamic process, and was not the main focus of this study. Future research on this topic may provide valuable information on the link between acculturation and development expectations and the use of parenting support (Coll, Meyer, & Brillion, 1995). We would advise the use of qualitative methods as they enable a person-centred analysis and can reveal fluctuations in acculturation experiences within a family context (Tardif-Williams & Fisher, 2009).

4.1. Strengths and limitations

This study aimed to provide an in-depth understanding of what motivates parents to participate in parenting support. Parents that did not report any concerns were not included; this might be a limitation of this study as it is incorrect to assume that these parents do not experience any problems. It is known that ethnic minority and low-SES parents are more likely to have frequent concerns, but often express these concerns to a lesser extent (Reijneveld et al., 2008). There are many barriers that can prohibit parents from expressing their concerns, e.g. psychological barriers related to fear of being judged, and distrust of professionals (Koerting et al., 2013). Also, parents may have difficulty in recognising problems, as ethnic minority parents seem to be less able to detect mental health problems in their children and may have a tendency to apply higher thresholds when identifying problems (Roberts, Alegria, Roberts, & Chen, 2005; Verhulp, Stevens, van de Schoot, & Vollebergh, 2013). The present study elucidates parents' beliefs on the causes of parenting problems and the relevance of parenting support. However, it is important to note that recognition, as well as expression of the problems, is an important first step in the process of seeking support (Cauce et al., 2015; Srebnik, Cauce, & Baydar, 1996).

Comparison of ethnic minority and majority groups may confound cultural and educational differences, as the latter group is often better

educated (Durgel et al., 2012). We attempted to overcome this by means of purposive sampling, which resulted in recruitment of low-SES parents in both the ethnic minority groups and the majority group. When studying groups, there is a risk of stereotyping by treating a large and diverse group of people as being of the same kind. When interpreting the results of this study it is important to be aware of intersecting factors, and the fact that ethnic minority groups are not static entities (Harwood, Handwerker, Schoelmerich, & Leyendecker, 2009). For example, there may be within-group differences related to migration history (first- and second-generation immigrants), gender, and religious orientations.

Gaining the trust of the participants was crucial as parenting and parental concerns are sensitive topics. We attempted to address this issue by recruiting study participants using key persons. These measures resulted in data from a variety of parents, including those who are often perceived to be difficult to reach (Dingoyan, Schulz, & Mosko, 2012; Hussain-Gambles, Atkin, & Leese, 2004). However, some issues related to trust could not be overcome, e.g. a few parents did not grant permission to audiotape the interview due to their insecurity about their language proficiency, or fear of the misuse of the recorded interviews. Apparently some concerns remained even after thoroughly informing the parents. Although extensive notes were taken, these data lack the details gained with audiotaped interviews. However, this lack of detail did not negatively influence the findings as data for all ethnic groups were collected until data saturation was achieved.

4.2. Implications for policy and practise

Ideas on the causes of parenting problems differ, and ethnic minority and low-SES parents perceive that parenting support is less likely to create change as they emphasised causes related to the family situation and its context. Parents considered it relevant to change their relationship with the social surrounding (e.g., integration and stress management) or to change the family context (e.g., finances and partner relationship). These perspectives may be related to the social reality of ethnic minorities and low-SES families, who often have to raise children in unfavourable living conditions and may be exposed to higher levels of distress due to the accumulation of risk factors (e.g., neighbourhood violence, poverty, teenage motherhood, one-parent families) (Atzaba-Poria, Pike, & Deater-Deckard, 2004; Jäkel & Leyendecker, 2008). Information about and awareness of parents' beliefs and family context are useful for providers of parenting support, because this enables providers to incorporate or demonstrate sensitivity to these elements. This may involve a focus on the sociocultural context of families during parent support, such as discussing coping strategies for stressful situations. We recommend informing parents about the relevance of parenting support during early childhood, as parents sometimes express a need for support in retrospect (e.g. Antillean Dutch parents) or are less motivated to seek support before the age of 7 years (e.g. first-generation Moroccan-Dutch parents) thereby potentially missing chances for preventive parenting support. Also important is the optimal timing for providing parenting support, as many evidence-based interventions focus on infancy, toddlerhood, preschool, or puberty. Our advice for policy makers is to consider whether there are other moments in a child's life for which parenting support can be provided, e.g. preterm, and around the age of seven years.

Parents had divergent ideas regarding the cause and controllability of parenting problems. Professionals will probably bring explanatory models to the treatment context (Kleinman, Eisenberg, & Good, 1978), with influences from the attributes of parenting interventions (e.g. social learning theory, attachment theory). Discrepancies between beliefs of the professionals and parents may result in differences in ideas about how the problems can be prevented or solved. Such a situation may increase the risk of noncompliance and dropout (Foulks, Persons, & Merkel, 1986; Kleinman et al., 1978). It is important to invest in the alliance between parent and professional, as parenting support is most

successful when based on an interactive model of learning which values parents' own ideas and experiences (Statham, 2000). Therefore, we advise policy-makers to invest in both cultural sensitivity training and communication training for providers of parenting support, as this may increase awareness on the influence of divergent explanatory models on treatment success as well as skills to establish an interactive and effective relationship with parents that seek support.

5. Conclusions

The aim of this study was to provide an in-depth understanding of parents' beliefs on parenting problems, and the perceived relevance of parenting support in a sample of ethnic minority and low-SES families. Beliefs regarding the cause and controllability of problems are important to understand parents' motivation to participate in parenting support. The results indicate that ethnic minority and low-SES parents often attribute parenting problems to external family factors and stress (full events). Native Dutch parents more often perceived their children's personalities to be the most important cause of the problems. Parents considered parenting support to be more relevant in periods of rapid change in their children or in their parenting role. Motivation to participate was higher during stages of transition, which ranged from the transition to parenthood, to toddlerhood, the age of seven years, and adolescence. Parents are often asked to be active participants in parenting support, based on the premise that parenting practises are a moderator for desirable changes in the child behaviour (Lundahl, Risser, & Lovejoy, 2006). Therefore, parents' beliefs about the aetiology of parenting problems are important to better understand and potentially influence their motivation to participate in parenting support.

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Supplementary data

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