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*Published in:*  
Journal of Child Health Care

*DOI:*  
[10.1177/1367493514544344](https://doi.org/10.1177/1367493514544344)

2014

*Document Version:*  
Peer reviewed version (aka post-print)

[Link to publication](#)

*Citation for published version (APA):*

Lefevre, Å., Lundqvist, P., Drevenhorn, E., & Hallström, I. (2014). Parents' experiences of parental groups in Swedish child health-care: Do they get what they want? *Journal of Child Health Care*, 20(1), 46-54.  
<https://doi.org/10.1177/1367493514544344>

*Total number of authors:*  
4

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**“Parents’ experiences of parental groups in Swedish child health-care**

**– do they get what they want?”**

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## **Abstract:**

Almost all parents in Sweden are invited to parental groups organized by the child health service (CHS) during their child's first year, but only 40 % choose to attend. The aim of this study was to describe parents' experiences of participating in these parental groups. A total of 143 parents from 71 different parental groups at 27 child health care (CHC) centres in one Swedish county completed an online questionnaire. A majority of the parents found the parental groups to be meaningful and more than 60 % met someone in the group who they socialized with outside the meetings. Parents wanted a greater focus on child-related community information, existential questions, relationships and parenting in general. Group leadership seems to be of significance to how parents in a group connect and whether the parental role is affected. Making CHC nurses more aware of the topics parents desire could help them meet parents' needs. Education and training in group dynamics and group leadership could be of value in further improving the high quality service CHC nurses already offer parents. More knowledge is needed about what would attract those parents who do not already participate.

## Background

Parental groups organised by the child health service (CHS) during the child's first year are shown to serve as an important social support to parents. Besides information about children's health and parenting, they also gain self-confidence and develop their social network (Nolan et al., 2012). Almost all parents in Sweden are invited to parental groups organised by the CHS during their child's first year, but only 40 % chose to attend (Wallby, 2008).

Becoming a parent is a major life transition and is often described as a stressful time involving lifestyle changes, with parents attempting to shape their parental roles (Nolan et al., 2012). New mothers have reported that they sometimes feel isolated and that social support is important (Feinberg and Kan, 2008; Nolan et al., 2012). The Scandinavian model of a universal nurse-led child healthcare (CHC) program involving parental groups seems to be rather unique in Europe (Wolfe et al., 2013), where targeting parental support groups at at-risk families or those with existing problems appears to be more common (Blair and Hall, 2006; Bellman and Vijeratnam, 2012).

The Swedish CHC program includes health surveillance, immunizations and individual and group-based parental support (Swedish Children Medical Association, 2013). The parental group aims to provide knowledge of children's needs and rights and strengthen parents' social networks (Swedish National board of health and welfare, 2008). The groups meet eight to ten times in fixed groups at the CHC centres and discuss different topics such as child development, nutrition and parent and child interaction, according to the parents' wishes (Swedish Children Medical Association, 2013). During 2012 46 % of all parents, 61 % of all first-time parents and 33 % of parents with more than one child attended parental groups in southern Sweden where the study was performed. The spread was large and the

participation varied from 8 % at some CHC centres to 91 % at others. Fathers' participation was 3 % varying between 0 and 20 % at the different CHC centres (Centre of Excellence for CHS, 2013).

Earlier studies indicate that the form and content of parental groups primarily appeal to white well-educated middleclass mothers (Petersson et al., 2004; Bremberg, 2004) while it is harder to attract fathers, immigrants less well-educated, single and unemployed parents (Lagerberg et al., 2008; Fabian et al., 2006). Parents who participate in parental groups are mostly satisfied and consider such groups an important parenting support (Guest and Keatinge, 2009; Nolan et al., 2012). Parents sometimes suggest that the groups should be more homogeneous with, for example, first-time parents in separate groups, and that the antenatal care groups should remain together in order to retain the sense of security established prior to delivery (Petersson et al., 2004).

Parental groups in Sweden have had a similar format since their introduction in 1978 (Swedish department of health, 1978; Swedish medical Association, 2013) and it can be questioned whether these groups offer what the parents of today desire. Therefore the aim of this study was to describe parent's experiences of participating in parental groups at the CHC centres during their child's first year with focus on content, management and experience.

## **Method**

### *Settings*

The study was conducted in southern Sweden, an area with 1.2 million inhabitants (Statistics Sweden, 2011) and about 16.000 children born every year. At the time of the study there were 138 CHC centres with about 95.000 children aged between 0 and 6 years registered (Centre of Excellence for CHS, 2012).

### *Population/data collection*

Addresses to all CHC-nurses were obtained from the centre for support and knowledge for CHS, called Centre of Excellence for CHS, in the area. The nurses were asked to inform all parents participating in parental groups from March 2012 to May 2013 about the study by reading standardized information about the study in their parental groups. Parents wishing to participate provided their e-mail addresses to the CHC nurse, who forwarded them to the first author (ÅL). An e-mail with information about the study was sent to all interested parents followed by a study participation number and the link to the online questionnaire. Three reminders were sent to parents during the study period. The questionnaire consisted of 34 questions concerning the content of their parental group, how the group was managed and the parents' overall experiences of the parental group. Except for one open question, all questions were multiple choice and included questions about the parents' background. The questionnaire had been validated and tested in another part of the country (Friberg, 2001). The questionnaire was adapted into an online form for this study, and a pilot study involving 14 parents were conducted in 2011 to test the questionnaire and the technical procedures. Minor corrections were made concerning technical issues.

### **Statistics**

Descriptive and comparative statistical analyses were performed using IBM Statistical Package for Social Sciences version 20.0. Mann-Whitney-U and Fishers' exact test were used to compare different variables. The significance level was set to  $p < 0.05$ .

### **Ethical considerations**

The study was planned and performed in accordance with the WMA Declaration of Helsinki 2008 (WMA, 2008). To maintain confidentiality, a code number was assigned to all

participating parents. Written informed consent was obtained before access was given to the on-line questionnaire. The potential inconveniences to the participants was considered to be small and counteracted by the benefits of the study results. The study was approved by the Regional Ethical Review Board (2011/3).

## **Result**

The questionnaire was completed by 143 parents (53 %) from 71 parental groups at 27 different CHC centres (see Figure 1). Background data on the participating parents are described in Table 1.

The parents stated that 5-8 meetings were offered by the CHC centres and that they attended 3-6 meetings. It was most common that only the mother attended the parental groups (64 %), but of the eight fathers who responded, they all reported joint attendance with the mother ( $p < 0.001$ ).

Most parents thought that the CHC nurse was well prepared (82 %), was committed (82 %) and had good knowledge about the topics addressed (85 %). Parents who reported the nurse to be prepared, committed and knowledgeable also reported that they had gained more confidence and had become more secure in their parental role due to the parental group ( $p=0.04$ ). The parents felt that they had the opportunity to express their opinions as much as they wished (82 %) and that they had as much opportunity to talk to other parents as they needed (78 %).

In all, 73 % of the parents found parental groups to be meaningful and 52 % responded that they felt safer and more secure in their parental role due to their participation. Of all parents, 62 % stated that they had met someone with whom they socialised outside the parental group.

Furthermore 29 % of the parents said that they had made contact with someone who gave them emotional support. Several parents commented parental groups to be a good way to meet other parents in the area and to discuss parenthood with people in the same situation. One expressed this as "...very good to have a parental group and be able to discuss with people that are in the same situation and might have come across the same joy or problem" (code number 187), another stated "...very important meetings. As a first-time-parent who just moved here, lots of support and new friends" (code number 008). However, 23 % responded that they had not met anyone to socialize with and two people reported having become less safe and secure in their parental role; "I felt incredibly alone, being a step-parent having my first biological child. Where do we fit in? My group was for first-time parents and their situation was nothing like mine, they were always walking in pairs and I was always walking alone" (code number 075).

Differences were found between what topics the parents wanted and what they felt was raised in the parental groups (Table 2). For example, parents found topics like "child related community information", "tobacco, alcohol and drugs" and "parenting" to be important, but did not find that they were raised much in their groups, while topics like "the joy and difficulties of being a parent", "children's health and development" and "child safety" were found to be important and were also addressed. Parents with a non-academic education were found to be more interested in raising children's health and child diseases ( $p = 0.026$ ), immunizations ( $p = 0.003$ ) and child accident prevention ( $p = 0.015$ ) than parents with a higher education.

By participating in parental groups, 69 % of the participating parents felt that they had accomplished knowledge about children's development and needs and in all, 41 % of the parents thought that they had gained knowledge and deeper understanding about relationships



in general. The majority of the parents (60 %) had not gained further knowledge about the community and community support for families with children.

## **Discussion**

The majority of the parents found the parental groups to be meaningful and more than 60 % had met someone in the group who they socialized with outside the meetings. Our findings are consistent with other studies showing that parents are content with parental groups and that new supportive friendships are formed (Guest and Keatinge, 2009; Nolan et al., 2012). Identification seems to be important, and parents look for other parents with the same background and thoughts as themselves (Hanna et al., 2002; Nolan et al., 2012; Wissö, 2012). A few parents in our study reported to feel less safe and secure in their parental role due to feeling different from the others in the group. While the support is supposed to strengthen the parents by meeting others confirming the normality in most parental problems, the feeling of being different might create a feeling of exclusion rather than promoting self-esteem (Fabian et al., 2005; Wissö, 2012). Parents who do not attend parental groups or report to be dissatisfied when they do, for example, young and single parents and parents with short education often represent a minority in parental groups (Fabian et al., 2005) and could thus be less likely to identify with other group members. There are however studies suggesting that group-based support is beneficial for these groups (Feinberg and Kan, 2008, Lipman et al., 2010, Hägglöf et al., 2013) and special groups might be a good idea but the availability varies considerably across the country (Fabian et al., 2006; Lefèvre et al., 2013).

The parents found the CHC nurses to be knowledgeable and well prepared and were content with the opportunities to express their opinions and talk to the other parents in the group.

Parents who expressed that they had good experiences of the nurses' knowledge and

commitment also reported that they felt more secure and confident in their parental role due to the parental group. The attitudes and actions of the CHC nurse in the parental groups seem to be important to group interaction and how the parental role is affected, which is supported by other studies (Hanna et al., 2002; Nolan et al., 2012). Parents associate good parental group leadership with the nurse's ability to create a relaxed and trusting climate in the group, consider the parents' wishes and let all parents speak; whereas poorly planned sessions, unanswered questions and leaving group members on their own were considered deficient (Petersson et al., 2004; Nolan et al., 2012). A recent study showed that CHC nurses feel insecure in their role as group leader and that additional skills and knowledge in group facilitation and group dynamics are needed (Lefèvre et al., 2013). The Western world rapidly changes with new ways to communicate and socialize where media and internet plays an important role (Plantin and Daneback, 2009). Increased exposure to a vast amount of parental information and social contacts being easily accessed at all times through the internet creates new parental requirements (Plantin and Daneback, 2009; Sarkadi, 2005) for example guidance to distinguish between opinions and facts.

Few fathers attend parental groups and those who participated in the present study attended the groups together with the mother. It is well known that the fathers' involvement in their young child's upbringing is important for the child's development and wellbeing (Wilson and Prior, 2011; Premberg et al., 2008). Fathers report sometimes feeling alone in their transition to fatherhood (Deave et al., 2008; Premberg et al., 2008) and CHC personnel have been criticized for being mother-centric (Hallberg et al., 2010; Deave et al., 2008). Little action is taken to make fathers attend (Lefèvre et al., 2013) and an increased awareness is needed among CHC nurses (Hallberg et al., 2010; Deave et al., 2008; Premberg et al., 2008) in order to provide parental groups adapted to father's needs.

Consistency was seen between the topics most desired and the topics most parents found were addressed in their parental groups, although some discrepancies were found (Table 2).

For example the parents wanted more focus on child-related community information and existential questions, relationships with their own parents and parenting in general.

Traditionally, medical topics are reported to be more frequently addressed in parental groups while more relationship-oriented issues have been overlooked (Petersson et al., 2004) and community-related issues are found to be less prioritised (Wallby, 2008; Lefèvre et al., 2013).

### ***Strengths and limitations***

The relatively low participation rate (53 %) is a limitation and several nurses seem to have chosen not to inform the parents in their groups. To recruit respondents through caregivers is delicate as an involuntary selection could be made (Fenner et al., 2012; Fletcher et al., 2012).

There is a risk that only nurses with a high interest in parental groups chose to ask the parents in their parental groups to participate in the study which might have affected the result in a positive direction. Interviewing parents invited from a birth register may have provided a broader study population. The results are however consistent with earlier studies that have used alternative recruitment methods (Petersson et al., 2004; Nolan et al., 2012). The under-representation of, for example, fathers, non-Swedish speaking parents, single or young parents and the study population being a rather homogeneous group is a limitation, although understandable as this reflects the parents who normally attend parental groups. It is a strength that parents from rural and urban areas, large and small towns have participated in the study.

Satisfaction is difficult to measure and the results of such studies should be used with caution as they are criticised for all too often turning out more positive than is actually the case (Ortenstrand and Waldenstrom, 2005; Tiitinen et al., 2013; van Teijlingen et al., 2003).

## Conclusions

- Parental groups seem to be a good way to break isolation and build new networks among new parents.
- Nurses' group leadership skills appear to be important to the outcome of parental groups and CHC nurses feeling insecure might benefit from education and training in group dynamics and group leadership.
- Parents want more focus on child related community information, existential questions and parenting in general and CHC nurses need to be informed about these opinions in order to adjust their agenda.
- More knowledge is needed about what would attract parents who do not participate in parental groups to contribute to the development of future parental groups.

## Funding

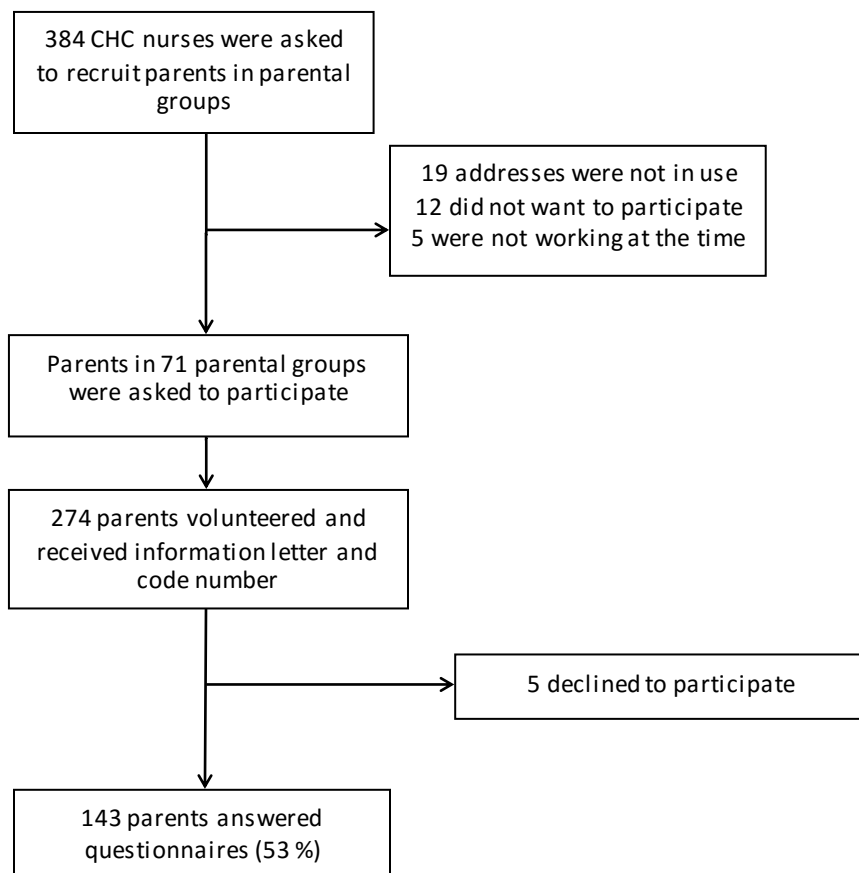
This work was supported by the Swedish Research Council (K2010-70X-21420-01-3) and Swedish Research Council for Health, Workinglife and welfare (2013-2094)

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**Figure 1.** Flow-chart of participating parents.

**Table 1.** Background characteristics of the parents.

<b>Characteristics</b>	
<b>Gender of respondent</b>	<b>(%)</b>
Mother ( <i>n</i> =133)	93
Father ( <i>n</i> =8)	6
<b>Marital status</b>	
Married/ cohabiting ( <i>n</i> =138)	97
Single parent ( <i>n</i> =4)	3
<b>Number of children</b>	
First child ( <i>n</i> =89)	62
More than one child ( <i>n</i> =51)	36
<b>Country of origin</b>	
Sweden ( <i>n</i> =131)	92
Other* ( <i>n</i> =9)	6
<b>Grandparents' country of origin</b>	
Sweden ( <i>n</i> =124)	87
Other** ( <i>n</i> =16)	11
<b>Education</b>	
2-year upper secondary school ( <i>n</i> =2)	1
3-year upper secondary school ( <i>n</i> =36)	25
College/University ( <i>n</i> =97)	68
Other ( <i>n</i> =4)	3
<b>Employment status</b>	
Working ( <i>n</i> =125)	87
Student ( <i>n</i> =5)	4
Unemployed ( <i>n</i> =8)	6
Other ( <i>n</i> =1)	1

\* Turkey, Norway, Syria, Finland, Denmark, Lithuania, Hungary, Iran

\*\* Bangladesh, Croatia, Denmark, Finland, Germany, Hungary, Iran, India, Iran, Iraq, Norway, Poland, Turkey,



*Table 2. Topics reported by the parents to be of importance in parental groups and topics that were actually addressed.*

<b>Themes</b>	<b>Topics of importance in parental groups (%)</b>	<b>Topics addressed in parental groups (%)</b>
Children's' needs and development	89	83
Children's health and diseases	89	81
Child safety	88	78
The joys and challenges of parenthood	87	78
Relations between parent and child	87	71
Children's environment	80	58
Couple relationships	79	65
Parenting	79	53
Vaccination	73	59
Sibling issues	70	48
Child-related community information	67	25
Tobacco, alcohol and drugs	62	34
Relationship to own parents (the child's grandparents)	55	36
Existential questions (the meaning of life)	46	14
Work and finances	36	20