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Breaking the Bonds of Isolation: Can Home-Based Education Increase Social Support Levels?

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Abstract

Historically, Extension educators have used home-based education to teach people. Studies have suggested that emotional connectedness between the individual and home visitor can reduce isolation, build social support, and increase resources (Green & Rodgers, 2001). The study reported here investigated the influence of a home-based parent education program on perceived social support levels of 122 parents involved in a treatment or control group. Analysis showed that post-test scores for the treatment group were significantly better than the control group. The results suggest that home-based education can be a way for Extension educators to increase social support for clientele.

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Introduction

Historically, Extension educators have used home-based education to teach people about a variety of topics, including nutrition education, parenting, and financial management. This type of education is appealing because it allows educators to reach individuals who may be unable or unwilling to receive education outside of the home. Once inside the home, educators are often able to form a trusting relationship with the individuals and encourage them to engage in additional external sources of social support. Studies suggest that emotional connectedness between the individual and home visitor can reduce stress and isolation, build social support networks, and increase family resources (Green & Rodgers, 2001).

Social support is particularly important for parents. Research shows that perceived social support predicts increased parental feelings of competence, decreased punitiveness, and greater sensitivity (Conley, Caldwell, Flynn, Dupre, & Rudolph, 2004). Availability of adequate social support can also enhance parental coping skills and provide relief from daily burdens that might otherwise accumulate and lead to maladaptive parenting behaviors (Bishop & Leadbeater, 1999; Conley, et al., 2004; Kotchick, Dorsey, & Heller, 2005; Ostberg & Hagekull, 2000).

However, social support is only beneficial to parents when they are satisfied with the type and amount of support they are receiving. For example, a parent who receives large amounts of unwanted parenting advice may become emotionally distressed and potentially exhibit harsh parenting behavior (Deater-Deckard, 2004). Research shows that social support is perceived as most helpful when the support is requested by the recipient and the type of support offered matches the need (Conley, et al., 2004; Lakey & Cohen, 2000; Wills & Shinar, 2000). Home-based education is a venue that allows the educator to customize the education and make referrals that match the specified needs of the parent.

The study reported here examined the influence of Michigan State University Extension's home-based parent education program (Building Strong Families) on perceived social support levels of parents. Specifically the study assessed how "helpful" diverse sources of social support were to parents of children ages birth to 36 months.

Methods

Sample

The sample for the study consisted of 122 parents of children ages birth to 36 months, selected from six counties in Michigan. The research sites were a mixture of urban and rural counties that had ongoing Building Strong Families (BSF) parent education programs and indicated a desire to be in the study. All parents who expressed interest in the BSF program were invited to participate in the study. The first 12 families in each county who agreed to become part of the study were assigned to the treatment group and began parenting classes immediately. All other parents who agreed to become part of the study were assigned to the control group and put on a waiting list to begin parenting classes. One hundred and sixty-one parents were asked to join the study, of which 139 parents agreed. Seventeen parents (8 treatment; 9 control) left the study prior to completion.

Descriptive statistics for all key demographic variables are listed in Tables 1 and 2. Average ages of the parents in the study were 23 years (treatment group) and 26 years (control group). A majority of the parents were Caucasian (79%, n=96), had a 12th-grade education or less (66%, n=81), lived in two-parent households (65%, n=79), and earned \$1,000 or less a month (75%, n=91).

Table 1.
Independent T-Test Comparisons for Demographic Variables

Variable	Treatment Group Participants	Control Groups Participants	T-Value (P-Value)
Total Number	62	60	
Participants' Age			
Mean Age	23 years	26 years	-3.426 (.001)
Standard Deviation	5.04 years	5.21 years	
Years of Education			
Mean Education	11.63	11.98	-1.988 (.279)
Standard Deviation	2.03	1.22	

Table 2.
Pearson Chi Square Analysis of Interval and Nominal Demographic Variables

Variable	Treatment Group		Control Group		χ ² -Value (DF) (P-Value)
	%	N	%	N	
Household Composition					
Single Parent	25%	16	20%	12	4.92 (3) (.177)
Two-Parent	58%	36	73%	43	
Extended Family	17%	10	7%	5	
Monthly Income					
\$800 or less	43%	27	46%	28	3.50 (3) (.321)
\$801-\$1,000	29%	18	27%	18	
\$1,001-1,200	11%	7	20%	10	
\$1,200 or more	17%	10	7%	4	
Ethnicity					
Caucasian	76%	47	82%	49	10.98 (4) (.027)
African-American	8%	5	2%	1	
Hispanic	6%	4	16%	10	
Asian	8%	5	0%	0	
Multi-Cultural	2%	1	0%	0	

Comparison of Treatment Group and Control Group Participants

Analysis using independent t-tests and Pearson Chi Square showed equivalency for education, household composition, and monthly income (Tables 1 and 2). Both groups of parents tended to

live in two-parent households and reported lower levels of income and education. Statistically significant differences were found between the two groups of parents for age and ethnicity. The treatment group was slightly younger than the control group and had a higher percentage of African-American and Asian parents, whereas the control group had a higher percentage of Hispanic parents.

However, the two groups showed equivalency when comparing numbers of white and nonwhite participants ($X^2=3.89(2)$, $p=.143$). This is important to note because research shows that social support variations among ethnic groups may exist due to past socio-historical experiences and cultural differences. African-American and Hispanic parents often have social support systems that reflect greater numbers of close and distant kin and the godparents of children in the family (Dilworth-Anderson & Marshall, 1996). In the study reported here there were statistically equivalent numbers of nonwhites in the two groups.

Pre- and Post-test Instruments

A Family Support Scale (Dunst, Trivette, & Deal, 1994) was used to collect data for the study. The Family Support Scale (FSS) is a list of 18 people or groups who are often helpful to parents of young children. The list includes such items as, "my parents," "my relatives/kin," "my friends," "co-workers," "social groups," "my family physician," and "school/day care center." Parents are asked to rate how helpful each source of social support has been to them within the past 3 to 6 months. Ratings are made on a five-point Likert scale, with answers ranging from (1) "Not-At-All-Helpful" to (5) "Extremely Helpful." The scoring form also has a "not available" option for any sources of support that are not accessible to the parent.

Previous studies have shown that the coefficient alpha computed for the 18 scale items is .79 (Dunst et al., 1994). Reliability analyses were also conducted for the sample involved in the study. The Cronbach's Alpha for the study was .71. The FSS was selected to measure parental ratings of social support "helpfulness" because it is a relatively short standardized instrument that deals specifically with sources of social support related to parenting.

The FSS was administered twice to the participants. It was administered as a pre-test on the first visit to both the treatment and the control group participants. Following the pre-test, parents in the treatment group participated in 12 parent education classes. During this time the control group did not receive any education or services. The FSS was given to the treatment group parents as a post-test following the 12th and final lesson. It was also administered to the control group participants through a home visit conducted 12 weeks following completion of the pre-tests. The pre-test and post-test were identical, except that the pre-test also contained demographic items, such as age, ethnicity, household composition, and income.

Informed consent procedures for the educational treatment study were approved by the appropriate university committee on research involving human subjects.

Treatment

The treatment used in the study was the Building Strong Families (BSF) parent education curriculum (Michigan State University Extension, 1989). The curriculum has four units covering the topics of child development, positive discipline, parent-child interaction, and parental problem solving and goal setting. Each unit lasted 3 weeks, for a total of 12 sessions. The target audience was limited income parents of children ages birth to 36 months. Lessons lasted approximately 1 hour and were presented in the participant's home. Instructors for the BSF program were paraprofessional staff members employed by Michigan State University Extension. All instructors held a high school diploma or a GED, received 40 hours of training in parenting and home visitation skills, and had daily supervision from a county Extension educator.

The treatment used in the study was posited to increase parental ratings of social support "helpfulness" because one of the goals of the BSF program is to decrease perceived isolation of parents and increase availability of appropriate community resources. Throughout the program parents are encouraged to assess their needs related to parenting, develop plans to meet the needs, and implement the plans. Instructors provide one-to-one assistance in the parent's home to support the parents in developing and implementing the plans.

This individual assistance in the natural setting of the parent helps the instructor customize the information being provided to each parent. Additionally, the trusting relationship developed between the parent and instructor allows the instructor to serve as a liaison to various types of support outside the home, including community resources related to employment, education, income assistance, child care support, and health care. At the end of the program parents are asked to report the degree of "helpfulness" of referrals and their progress toward implementing their plans.

Measures and Analysis

The study hypothesized that parents who participate in a parent education program would report higher post-test ratings of social support "helpfulness" than parents in a control group. Hypothesis testing was done through the use of Analysis of Covariance (ANCOVA) tests. In the ANCOVA

computations the pre-test score from the FSS instrument was used as the covariate, the post-test FSS score was the outcome variable, and the groups (treatment group and control group) were used as the factor.

Results

Table 3 presents the means and standard deviations for treatment and control group participants on post-test social support "helpfulness" scores, before and after controlling for pre-test scores. As is evident from the table, differences between the two groups remain after differences in pre-test scores are controlled. The results of this analysis show that parents who completed the BSF program found their social support networks to be more helpful to them in their parenting role than parents in the control group.

Table 3.
Adjusted and Unadjusted Treatment and Control Group Means and Variability
Post-Test Scores Using Pre-Test Scores as Covariates

	N	Social Support "Helpfulness" Post-Test Scores Before Controlling for Pre-Test Scores		Social Support "Helpfulness" Post-Test Scores After Controlling for Pre-Test Scores	
		M	SD	M	SD
Treatment Group	59	1.99	.60	1.91	.60
Control Group	60	1.56	.58	1.65	.60

(Higher mean scores indicate greater levels of perceived helpfulness.)

Table 4 shows the results of analysis that were conducted to assess whether differences between the post-test social support "helpfulness" scores of the two groups were statistically significant. Results indicate that after controlling for pre-test scores, there were significant differences between the treatment group and the control group for perceived "helpfulness" of their social support network $F(1, 116)=10.37, p=.002$. The η^2 of .46 shows a medium effect size, indicating that the differences are of practical value to program planners. Moreover, pre-test scores for social support "helpfulness" were also significantly related to post-test scores $F(1, 116) =99.39, p=.000$.

Table 4.
Analysis of Covariance for Social Support "Helpfulness" as a Function of
Treatment Versus Control Group, Using Pre-test "Helpfulness" Scores as a
Covariate

Source	Df	Ms	F	P	Eta ²
Treatment versus Control Group	1	1.97	10.37	.002	.46
Pre-test Scores for Social Support "Helpfulness"	1	18.85	99.39	.000	.08
Error	116	.190			

Discussion

The results of the study reported here give additional credence to the idea that home-based education can serve to increase social support for parents. As mentioned earlier, post-test scores for the treatment group participants were significantly better than the control group scores. These results remained positive even after adjusting for differences in pre-test scores.

A couple of elements may have contributed to the positive results of the study. First of all, the treatment was conducted in the home. This allowed the instructor to view the parent within the context of his/her typical environment and customize suggestions for additional social support.

The use of "peer educators" may have been another element that contributed to the successful increase in parental ratings of social support "helpfulness" found in the study. Peer educators are instructors who have a similar background to the participants and have been able to overcome comparable challenges. It has been suggested that peer educators are better able to respect the values and needs of the audience, present information in a manner that is nonjudgmental, offer resources that are acceptable to the program recipients, and serve as positive role models for the program recipients (Gomby, Culross, & Behrman, 1999).

While the findings of the study provide some additional support to the idea that home-based education can reduce isolation and increase social support for families, there are still many

questions to be answered. Additional studies that manipulate possible predictors of social support should be conducted with larger samples to test the hypothesis of the study.

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