The role of parental self-efficacy: The voices of mothers with low-income navigating supports, services, and obstacles

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THE ROLE OF PARENTAL SELF-EFFICACY: THE VOICES OF MOTHERS
WITH LOW-INCOME NAVIGATING SUPPORTS, SERVICES, AND
OBSTACLES

BY

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ABSTRACT

THE ROLE OF PARENTAL SELF-EFFICACY: THE VOICES OF MOTHERS WITH LOW-INCOME NAVIGATING SUPPORTS, SERVICES, AND OBSTACLES

by

Sarah M. Bond

University of New Hampshire, May 2013

Through semi-structured interviews, the current study examined the role of parental self-efficacy as mothers with low-income navigated challenging contexts and experiences while receiving formal and informal supports. Mothers shared their unique experiences, which provided insight into their lives and how contextual variables influenced parental self-efficacy. As a result of this study, four themes emerged: 1) the function of mental health, 2) sense of community, 3) stability, and 4) the perceptions of child development and growth. Findings indicated that a sense of stability mediated contextual challenges and increased parental self-efficacy, identified that informal and formal supports contribute to both high and low perceptions of parental self-efficacy, and that mothers' meaning and perception of experiences significantly influenced parental self-efficacy. Implications of these findings extend to future research as well as educational and social policy to better meet the needs of mothers with low-income and support them in their role as parents.
CHAPTER I

INTRODUCTION

Background

This study examined the role of parental self-efficacy in the context of low-income mothers of young children navigating environments, experiences, and informal support networks while receiving formal services and supports. Self-efficacy, defined as "beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" (de Montigny & Lacharite, 2005, p. 1), is a construct that can serve as a protective factor for parents as they navigate challenging contexts and experiences (Raikes & Thompson, 2005). Parents with higher parental self-efficacy may be more likely to successfully navigate challenging contexts and experiences.

Research has shown that in some cases, one's perception or subjective experience holds greater weight than the experience itself (Barnett, 2008). Self-efficacy has been shown to mediate roles between parenting behaviors and emotional distress (Gondoli, 1997) as well as between competence and other psychological factors such as mental well-being (Teti & Gelfand, 1991). Low levels of self-efficacy can be associated with feelings of doubt and can also lead to depression (Crain, 2010; Bandura, 1989). Self-efficacy has also been identified
as a driving force behind motivation (Crain, 2010), which can influence the ways in which individuals respond to challenging experiences. In a familial context, the role of self-efficacy has the potential to greatly influence the experiences of all family members both objectively and subjectively, and ultimately affect child development through direct and indirect mechanisms.

Parents are the first teachers of children and their influence on a young child's development is paramount (Early Childhood Learning & Knowledge Center, 2009). Therefore, examining the construct of self-efficacy in the context of parenting is critical. Implications of this work extend to educational and social policy. Self-efficacy is a situation-specific variable (de Montigny & Lacharite, 2005), meaning that one's self-efficacy is likely to fluctuate depending on context and a complex interaction of factors. Because of this, self-efficacy must be examined from a holistic lens, capturing the contextual variables that work to both enhance and impede it. Since self-efficacy has the potential to affect mental well-being, motivation, and competence, it likely plays a crucial role as mothers with low-income navigate supports, services, and obstacles. Understanding a parent's efficacy regarding their own parenting abilities within various contexts would allow helping professionals to better serve the unique needs of families, and in particular, families with low-income.

Poverty itself has been identified as the greatest threat to a child's well-being and as of 2010, 48% of children under age three were living in low-income families, with 25% of children under age three living in poor families (Addy &
Poverty, in combination with a variety of other protective and risk factors, can be a significant indicator of a young child's success in school (Grossman, 2009) and greatly influence socio-emotional development (Barnett, 2008), health, and behavior (Duncan & Brooks-Gunn, 2000). The longer a child or family is impacted by poverty, the more challenging it can be to transcend poverty. Families with low-income are likely to face great financial strain and instability, something that is often coupled with a wide range of other contextual stressors, all of which have the potential to be detrimental to a child and family's mental well-being, socio-emotional development, and success in navigating future obstacles (Barnett, 2008). Since high levels of self-efficacy also contribute to one's ability to confront and overcome challenging contexts, this construct can serve as a driving mechanism promoting positive adaptation.

Family studies and educational research focusing on the contextual challenges of low-income families and associated affects has been abundant (Barnett, 2008; Evans, 2004). Such research has inspired the development of a wide variety of formal support programs assisting families facing financial strain, aiming to mitigate the potential for negative affects that are associated with poverty (Raikes & Thompson, 2005). However, despite the singular influence of formal supports, families in poverty still face great contextual challenges. Familial challenges are only compounded by the current economic downturn and will likely increase as funding for formal intervention programs continues to be limited. Poverty is multi-directional, neither the result, nor cause of contextual
stressors, but rather a more complex, systemic issue and therefore warrants research providing deeper insight into the lives and experiences of those it affects.

The range of stressors associated with poverty is often also affected by the type and amount of access to community resources and formal and informal support networks (Attree, 2005; Barnett, 2008; Jackson, 2000). Families in poverty raising young children often rely on a variety and combination of formal and informal supports and services within their communities. They may rely on informal supports through family and friends, or more extensive kinship networks for emotional support, advice, childcare, or material resources all of which may increase self-efficacy and thus competence and motivation.

Formal assistance programs providing financial assistance such as Food Stamps, WIC, and housing assistance help families with low-income to meet their basic needs. Parents may also access more formal resources and supports within the community including programs that provide educational and health services like Early Head Start. Since families with low-income are more likely to face obstacles that put them at risk for emotional distress and other factors that jeopardize mental well-being, the role of formal and informal recourses becomes especially important (Barnett, 2008). How formal and informal supports are perceived within the context of challenging experiences, determines whether they work to increase or diminish a parent’s self-efficacy (Attree, 2005).
Overview of the Study

Guiding this work is one central question: *What is the role of parental self-efficacy as low-income mothers of young children navigate differing contexts and receive formal resources and supports?* The researcher was also guided by the following sub-questions:

- *How are mothers’ perceptions of their own parenting abilities influenced by the provision of formal resources and supports?*
- *How are mothers’ perceptions of their own parenting abilities influenced by the provision of informal resources and supports?*
- *How are mothers’ perceptions of their parenting abilities influenced by contextual challenges?*

This case study used a sample of six mothers enrolled in the Early Head Start (EHS) home visiting program. Early Head Start is a federally funded program serving low-income families with pregnant mothers and young children from birth to three years of age through home visits designed to promote child development by providing educational services and community resources (Early Head Start National Resource Center at ZERO TO THREE, n.d.). Because the Early Head Start program provides families with considerable supports both directly and by linking families to other resources within the community over a three-year time frame, this setting provided the researcher with a unique opportunity to examine the impact of access to resources and supports on parental self-efficacy while contextual factors in the families' lives continue to
change. This study sought to amplify the voices of these mothers and examine
the complex role of self-efficacy as they navigate challenging experiences while
utilizing formal and informal supports and services. A deeper understanding of
the role of self-efficacy has implications for future research as well as policy
development to better meet the needs of mothers with low-income, helping to
boost their efficacy and more effectively support them in their role as parents.

An initial questionnaire was used to collect demographic and contextual
information from the mothers. The researcher reviewed participant's EHS
program application which provided other demographic information such as
income, other formal supports being received, and identified risk factors that EHS
associates with the need for and potential benefit of their services. Most
importantly, in order to capture the voices of low-income mothers and their
experiences, semi-structured interviews with participants were conducted,
providing more in-depth data focused on the core research question. As a
secondary source of contextual information, two EHS home visitors were also
interviewed after parent interviews were completed. Home visitor interviews
investigated broader contextual themes, serving as both challenges and forms of
support the families with which they worked. Home visitor interviews also
examined how the home visitors perceived the program resources and supports
impacting mothers' beliefs about parenting.

It was expected that the provision of such extensive resources and
supports parents receive would impact parental self-efficacy despite the
continuous changes in contextual factors, both positive and negative, affecting a family. These findings are significant and important as they reinforce the benefit of both formal and informal social support systems for families and young children. Findings from qualitative analysis also yield more personal insight into the lives of parents with low-income and how such supports impact their families. In turn, such research can have a positive impact on children’s development, providing information necessary for consideration in the development of educational and social policy.

As explained in the literature review that follows in Chapter II, the current study was also guided by three theoretical frameworks: ecological systems theory (White & Klein, 2008), family systems theory (Ingoldsby, Smith & Miller, 2003), and symbolic interaction theory (White & Klein, 2008). The literature review examines previous research pertinent to the scope of the current study, establishes the significance of the current research, and describes the role and significance of parental self-efficacy within the context of these three theoretical frameworks.
CHAPTER II

REVIEW OF LITERATURE

This literature review begins by defining the concept of parental self-efficacy and distinguishing this construct from other terms. The significance of self-efficacy will be established in the context of previous research and findings, highlighting the relevance of the current study. The differing contexts mothers navigate are explored by investigating the risk and protective factors families with low-income face, with the potential to mitigate the consequences of poverty, or promote resilience. Three theoretical frameworks guide this research: ecological theory, family systems theory, and symbolic interaction theory. These theories are examined in order to provide a more holistic lens from which to consider the role of self-efficacy as mothers with low-income navigated differing contexts.

Parental Self-efficacy

Parental self-efficacy is defined as beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child (de Montigny & Lacharite, 2005, p. 1). Albert Bandura's social cognitive theory described high self-efficacy as a driving force behind motivation (Crain, 2010), closely linked to optimistic perceptions of success (Bandura, 1989). In contrast, when an individual has low self-efficacy, he or she may be more likely to become depressed and have self-doubts (Crain, 2010; Bandura, 1989). Low
parental self-efficacy in this case has even been identified as a potential risk factor predicting poor outcomes (Salonen, Kaunonen, Astedt-Kurki, Jarvenpaa, Isoaho, & Tarkka, 2009). Parental self-efficacy can also serve as a mediator of other elements that influence parenting quality including child temperament, maternal depression, social support, and poverty (Miller, 2011). For example, if a mother is limited in terms of social support and financial resources, a high level of parental self-efficacy can serve as a protective factor for a mother, helping to maintain and enhance parenting quality despite contextual challenges. Therefore, it is necessary to better understand parental self-efficacy and the mechanisms that both promote and hinder such levels.

A parent with low self-efficacy regarding their own parenting ability, may be less motivated to alter negative circumstances, or engage their child in developmentally appropriate interactions and activities. Lower-income families may already be faced with greater contextual stressors and thus at an even greater disadvantage if parental efficacy levels remain low. While Bandura’s self-efficacy research is widely referred to by researchers as well as professionals in the social science fields, the concept of parental efficacy is surrounded by misinterpretations as it is often closely linked to the notions of parental competence and parental confidence (de Montigny & Lacharite, 2005).

De Montigny & Lacharite (2005) completed an exhaustive literature review to clarify the definition of parental self-efficacy and clarify its contributors. The current study used Montigny & Lacharite’s (2005) definition of parental efficacy,
as "beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" (de Montigny & Lacharite, 2005, p. 1) to explore how the construct of parental efficacy is influenced by contextual factors, including formal supports and interventions. This definition encompasses Bandura's work in that it reflects a parent's personal beliefs, capabilities and power, and ability to organize and execute actions that produce results. Central to this study, this definition of self-efficacy recognizes that it is situation specific, unlike the construct of confidence, which is viewed as a more stable trait (de Montigny & Lacharite, 2005, p.1).

Self-efficacy distinguishes itself from other terms such as confidence and competence, in that it is one's own judgment based on personal capability and involves not only affirmation of belief, but also the strength of the belief (de Montigny & Lacharite, 2005). According to de Montigny & Lacharite (2005), Bandura identified four contributors to perceived parental self-efficacy, which they dissected in their concept analysis as: 1) positive enactive mastery experiences, 2) vicarious experiences, 3) verbal persuasion and 4) an appropriate physiological and affective state (de Montigny & Lacharite, 2005, p. 1) (See Figure 1 below).
Figure 1. Contributors to Parental Self-efficacy

Enactive mastery experiences have been identified as a contributor with the ability to promote both high and low levels of perceived self-efficacy. Contextual factors will impact the extent to which experiences serve as challenges, suppressing higher levels of self-efficacy, or serve as opportunities for success, affirming higher self-efficacy. Vicarious experiences have also been identified as sources influencing parental self-efficacy (de Montigny & Lacharite, 2005). These vicarious experiences are especially pertinent to this study since research has identified that formal intervention services, and other opportunities in which parents can observe others to exchange and compare mastery, affects self-efficacy. Verbal persuasion is another influencing factor. Here, social support systems and community involvement are significant. Finally, a parent's physiological and affective state will affect the level of parental efficacy (de Montigny & Lacharite, 2005).
Research on maternal self-efficacy related to parenting is not exhaustive (Jackson, 2000) and has largely focused on preschool-aged children or older. Research has also been primarily quantitative and focused on individual variables influencing self-efficacy. This highlights a gap in the literature and the importance of exploring self-efficacy of mothers with young children from birth to three years of age and how self-efficacy is affected by contextual factors for mothers with low-income.

Rafferty & Griffin (2010) conducted a study using a sample of mothers with low-income receiving Early Head Start services, and found that mothers with higher parental distress and family conflict engaged in fewer positive parenting behaviors and that social class was a significant predictor of parenting behavior. Similarly, low-income mothers with high self-efficacy had lower levels of parenting stress (Raikes & Thompson, 2005). Other research indicates that maternal self-efficacy could play a mediating role between competence and other psychological factors, thus greatly impacting parenting behaviors (Teti & Gelfand, 1991). Studies also suggest that parental efficacy can mediate roles between parenting behaviors and emotional distress, as higher levels of emotional stress were linked to lower levels of self-efficacy (Gondoli, 1997). Child behaviors have also been linked to parent behavior and stress, with maternal self-efficacy moderating children's behavior and maternal parenting (Jackson, 2000). For example, if a child displays more challenging behaviors, a parent is likely to feel more stress and is more likely to respond to the child's behavior in a negative
way. If a mother has a high sense of parental self-efficacy, it is likely that the child's challenging behaviors do not trigger a stressful response and instead enable the mother to engage in more positive parenting behaviors when addressing her child's behavior.

A higher self-efficacy combined with social support systems have been shown to act as protective factors, helping to mitigate the consequences of contextual challenges and stressors (Jackson, 2000). A bi-directional relationship may exist in that maternal self-efficacy, child behavioral problems, social support, and employment status may influence parenting stress while also being influenced by parenting stress (Jackson, 2000). Such results are indicative of the significance of parental self-efficacy exploration, particularly among low-income populations, as they are more likely to encounter a range of contextual or psychological stressors.

The construct of self-efficacy is not independent. Efficacy is constructed based on factors involving personal characteristics, behavior, and environment (Seefeldt, Denton, Galper, & Younoszai, 1999). Bandura acknowledged that the strength or level of perceived self-efficacy is dependent upon context (Bandura, 1977). Based on this notion, parents may have higher parental self-efficacy at one moment, and in the presence of contextual changes, their sense of efficacy may be altered. For example, a mother may have a high sense of parental self-efficacy but when her child is ill, she may have a lower sense of self-efficacy. If a mother loses her job, she may have low self-efficacy, feeling that she will be
unable to meet her child's basic needs. Similarly, if a mother has a low sense of parental self-efficacy, feeling unable to meet her child's basic needs, social supports or formal interventions may help her to feel more confident in her parenting abilities, perhaps increasing self-efficacy over time.

A parent might not feel as though they are a "good parent" at all times and in all contexts, but can be redefined as a "good enough parent", reflecting these contextual influences. Therefore a more holistic exploration of self-efficacy as a construct is necessary (Bandura, 1977), reinforcing the value of qualitative analysis when exploring the role of parental self-efficacy as low-income mothers of young children navigate differing contexts and receive formal resources and supports. This also emphasizes the need to examine the specific contextual influences and obstacles affecting families with low-income to better understand how the unique contextual stressors often related to poverty may affect a mother's self-efficacy.

**Contextual Challenges & Risk Factors Associated with Poverty**

It is crucial to note that poverty is multi-directional. It is neither the result, nor cause of these contextual stressors, but is a more complex, systemic issue. Economic disadvantage has been linked to a wide range of other contextual disadvantages that may hinder positive child development, specifically in the domain of socio-emotional development (Barnett, 2008). The effects of poverty are far reaching across our nation and make it difficult to meet an individual's and family's most basic needs. The federal poverty level for a family of four in 2011
was $22,350, while $44,700 was the calculated income needed to meet this same family's basic needs, classifying 44 percent of children as living in families with low income (Addy & Wight, 2012). As of 2010, 48% of children under the age of three where characterized as living in low-income families (Addy & Wight, 2012). These staggering statistics highlight this crisis and stresses the need for research to focus on how poverty is affecting our families, parenting, and young children, posing implications for educational and social policy.

An abundance of literature has affirmed the potentially harmful effects poverty can have on the physical, socio-emotional, and cognitive development and well-being of children and their families (Evans, 2004). Families with low-income are likely to face a range of challenges associated with instability in terms of both relationships and environment (Barnett, 2008). Since research has shown that children's early experiences before preschool years are crucial in setting a foundation for positive development (Zero to Three, 2009), this fact further reaffirms the importance of examining the experiences of families with low-income during this time period and assessing how resources and interventions are working to meet the needs of not only the children, but the parents and family as a whole as they navigate challenging contexts.

Mothers with low-income are likely to face challenges with regard to adequate housing and role strain (Belle & Doucet, 2003; Pearlin & Johnson, 1997). According to the National Center for Children in Poverty, 61 percent of children in low-income families live with a family that is renting a home and 22
percent of children in low-income families have moved within the past year, resulting in residential instability (Addy & Wight, 2012). Research has shown that people in poverty are more likely to reside in places that pose environmental dangers to physical, mental, and emotional health (Lott, 2002), risk factors likely to influence mental well-being and parental efficacy.

Issues of employment also pose risks to mothers with low-income, as 6.4 million children in low-income families do not have an employed parent (Addy & Wight, 2012). Families may often turn to welfare and other social support services to meet their needs. The longer a family must rely on welfare supports, the more likely their self-efficacy will decrease. As self-efficacy decreases, the less likely a parent is to believe they can change their circumstances and get off welfare, in which case attempts to seek employment may be futile (Contolini & Richiardi, 2012). In other cases, parents may seek employment successfully, yet wages are typically insufficient to meet the family's basic needs, therefore rarely being adequate to subsidize other necessities like childcare and healthcare (Belle & Doucet, 2003).

While healthcare reform is at the forefront of current political discussion, access to adequate healthcare services remains a greater struggle for those living in poverty. According to the National Center for Children in Poverty, 65 percent of children in low-income families are covered by public healthcare (Addy & Wight, 2012). This means that most families with low-income must turn to clinics to receive necessary medical services or seek providers that accept such
healthcare plans. Access to information regarding legal rights in educational, judicial, and social contexts may also be limited for families with low-income (Lott, 2002). These feelings of dependency could contribute to a lower sense of parental efficacy.

The risk of poverty by itself does not account for changes in self-efficacy or other psychological stressors, but is related to an increased economic pressure on families (Raikes & Thompson, 2005), which in turn is consistently associated with depression and can have far-reaching affects on a parent's mental well-being (Belle & Doucet, 2003). As previously stated, families in poverty are more likely to experience instability in terms of spousal relationships, other familial and peer relationships, as well as instability in their physical environments (Barnett, 2008). Due to the increased economic pressures and contextual challenges families with low-income face, the home environment may be more chaotic, and families may lack routines (Evans, 2004). This is likely to increase parental stress even more. Raikes and Thompson (2005) found self-efficacy and family risk to be significant in predicting parenting stress levels. Therefore examining a mother's protective and risk factors is crucial to understand the foundations of her self-efficacy and mental well-being.

Families with low incomes may be prohibited from engaging in community activities due to the lack of financial and material resources, which affect one's perception of social isolation and a sense of belonging in the community (Stewart, Makwarimba, Reutter, Veenstra, Raphael, & Love, 2009). In addition to
the vulnerabilities these families face due to limited financial resources, they may also face challenges when interacting with individuals who have higher incomes. Individuals of higher socio-economic status may have a harder time relating to and understanding poverty-stricken individuals, thus responding to such individuals and their struggles with ignorance and a lack of compassion (Lott, 2002). Social distancing has also been identified as a factor related to greater perceptions of social isolation, with supports mediating feelings of isolation and sense of belonging. Stewart and colleagues (2009) identified that individuals with low-income were affected by lack of resources, educational and employment opportunities, as well as stereotyping and social distancing.

Social capital is a concept describing interactions existing in relationships among people that lead to collective or shared actions, resulting in productive outcomes (Coleman, 1988). Access to social capital improves one's potential for positive outcomes, essentially serving as an important resource. When mothers with low-income make efforts to access or acquire information through informal and formal supports, then the newly acquired information, or social capital, leads to more productive choices and actions, which results in higher levels of self-efficacy (Coleman, 1988). Social capital is negatively associated with family poverty (Ranjith & Rupasingha, 2012). Central to the notion of acquiring social capital is developing trusting relationships with people who can access social supports and resources on one’s behalf. By accessing formal and informal supports, a parent maximizes their chances of achieving a higher level of social
capital, which in turn leads to a higher level of self-efficacy in multiple contexts (Coleman, 1988).

**Formal Supports & Services**

Formal intervention services as well as informal resources have been shown to mitigate the negative consequences often associated with poverty (Raikes & Thompson, 2005). According to Edin & Kissane (2010), studies show that higher self-efficacy is related to reduced welfare reliance as well as improved employment outcomes. Low-income families and those living in poverty often must rely on welfare support systems to help meet their family's needs and in many cases includes food and housing assistance (Contini & Richiardi, 2012).

Society in the United States places a high value on self-reliance and hard work. Therefore many people associate welfare recipients as lacking these desired characteristics, which can often result in the discrimination of individuals accessing welfare support systems (Contini & Richardi, 2012). Due to the societal stigma surrounding welfare supports, many welfare recipients may have a lack of self-respect, viewing themselves in a negative light, often a result of their perception of how others and society may view them (Contini & Richiardi, 2012). As previously noted, perceived stigma affects self-efficacy and confidence, while efficacy and confidence affect the employability of an individual (Contini & Richardi, 2012), highlighting the importance of understanding the meaning families ascribe to their experiences.
Families with low-income may also access a wide range of other formal supports and services. Research has shown that families may value programs that focus on parenting, health, or provide parents with other practical support and resources (Attree, 2005); however, ethnic minorities are less likely to utilize formal services (Attree, 2005) because the services and personnel providing the support often do not reflect the culture. The nature of how formal services are delivered is crucial to how the support is perceived by parents as well as whether it works to increase social capital (Attre, 2005; Coleman, 1988). Attree (2005) completed a literature review, examining qualitative studies that focus on low-income families and informal and formal supports. Within this review, it is concluded that parents value formal services and supports when the professionals offering the services treat them with respect and when the delivery of support is informal and more personal (Attree, 2005). Attree (2005) also cites Ghate & Hazel’s 2002 study in which parents reported that professionals lacked understanding and made them feel like “bad parents”. Early Head Start’s services align with Attree’s findings in that they provide services to families and young children in their homes, while developing positive, trusting relationships with families and seeking to empower families in their roles as caregivers.

Families enrolled in Early Head Start typically access and receive assistance from different combinations of monetary or other supplementary support programs, which may include TANF, SSI, WIC, Medicaid, Food Stamps, the Child Care Scholarship, Social Security, Unemployment Benefits, Workers
Compensation, and the Family Assistance Program. Other formal supports families may access include parent education programs, child developmental services, and other community programs that offer mental-health services.

**Informal Supports**

Families exhibit a variety of strengths serving as protective factors, some of which may be internal resources or characteristics of an individual’s personality, which has allowed them to be resilient in spite of adversity (White & Klein, 2008). Often times, families rely on external informal resources that serve as protective factors. As a result of the multitude of contextual factors families with low-income may face, mothers often turn to the community for help. Social support systems act as informal resources for parents, comprised of extended family, friends, and neighbors; all of which can help to reduce stress, role strain, and the potential for depression (Belle & Doucet, 2003). Research shows that social support systems may be especially crucial for families in poverty since they may have otherwise limited resources to access other forms of support (Barnett, 2008). Emotional support as well as material resources provided by social support networks help to lessen parenting stress and challenges (Attree, 2005).

Social support can manifest itself in many ways and may vary by ethnic group. Kinship networks, comprised of multiple adults and caregivers, are especially important for ethnic minorities, who may utilize these resources to a greater extent (Barnett, 2008). These kinship networks may serve as a protective
factor for ethnic minorities, buffering against negative contextual influences (Barnett, 2008). Barnett (2008) asserted that intergenerational childrearing strategies and extended kinship networks are often crucial supports that serve as protective factors for families, encouraging resilience. This suggests that research models must examine a family’s support network beyond the immediate family.

Other social supports include having a supportive and understanding friend to talk to about worries or concerns, which can help to mitigate negative consequences. Families or neighbors that are able to provide free or low-cost childcare also help to eliminate these risk factors for mothers. Raikes and Thompson (2005) found that social support was not significantly related to parenting stress. However, both positively and negatively perceived forms of social support were not accounted for (Raikes & Thompson, 2005). Proximity and the emotional-connectedness to those who provide social support is related to parents’ perceptions of whether or not they feel supported (Attree, 2005). Poverty has been shown to have intergenerational effects. This means that while family members may be willing to provide support to parents, they may also lack material resources necessary to provide the required support (Attree, 2005) and low-income families in the United States have fewer social networks when compared with those of higher incomes (Evans, 2004).

Those living in poverty often lack certain material resources that allow them to access both formal and informal supports. In some cases this can
include limited access to reliable transportation, no access to available transportation, or the lack of financial means to fuel available transportation (Attree, 2005). This lack of transportation, in combination with limited financial resources acted as a barrier prohibiting families from accessing activities within the community (Stewart et al., 2009).

It is also important to note that parents may not always perceive informal social supports positively (Attree, 2005; Barnett, 2008; Raikes & Thompson, 2005). Some mothers may still feel dependent upon others for support even though it may not be a formal form of intervention or support. In some cases, mothers may be criticized by members of their social support networks (Raikes & Thompson, 2005). Several studies have found that parents with the most challenges were the parents that had more negative support perceptions (Attree, 2005). Another factor influencing perceptions of negative support is that parents may feel the need to reciprocate such support and not feel they have the ability to do so (Attree, 2005). It is crucial to understand the meaning that mothers ascribe to both contextual challenges they face as well as the supports and intervention services they receive. Therefore, research examining family support networks, must account for both negative and positive perceptions associated with such support.
Theoretical Framework

Ecological Systems Theory

This study draws on the ecological model, family systems theory, and symbolic interaction as guiding frameworks. Bronfenbrenner's ecological model, presented in his book, *The Ecology of Human Development: Experiments by Nature and Design* (1979), is unique in its focus on the interaction between the individual or family and the environment (See Figure 1 below). Ecological Systems Theory postulates that individual and family development and behavior occurs through a complex interaction between characteristics of the individual or family and experiences and settings in the environment. Environment is comprised of various systems that interact with one another to affect the individual or family both directly and indirectly (White & Klein, 2008). This complex interaction of contextual factors is likely to influence the strength of a mothers' self-efficacy.
Figure 2. Based on Urie Bronfenbrenner’s Ecological Model (1979); Figure obtained from Nielson (2011).

The microsystem is comprised of all elements immediately impacting an individual, such as immediate family and one’s home environment. The mesosystem includes the interactions among elements within the microsystem. The exosystem includes aspects of the environment that influence individuals and families, although direct interaction does not occur. The exosystem includes facets like the media, social service programs, friends, and even a parent’s work environment (Ingoldsby, Smith, & Miller, 2003). The macrosystem encompasses
an individual's customs, values, laws, and attitudes (Ingoldsby, Smith, & Miller, 2003), all of which can amplify or lessen the contextual factors a parent with low income faces, and were also examined in the current study. Finally, the chronosystem accounts for changes in the environment over time (Ingoldsby, Smith & Miller, 2003). This theoretical framework acknowledges that the evolving zeitgeist impacts an individual and his or her experiences throughout the life course.

It is vital that researchers understand that one system has the ability to affect another, both positively and negatively. Grossman (2009) indicates that an exploration of these contextual influences through an ecological lens for a multi-level analysis emphasizes that there are multiple approaches to lessening risk factors and promoting resilience for family, parent, and child. Therefore, this study dissects these complex interactions within the lives of low-income mothers as it relates to a sense of parental efficacy. The current study examined the elements of a mother's microsystem, with focus primarily on the role of informal and formal resources. This research places a heavy emphasis on exploring and understanding the functions of mothers' microsystems, mesosystems, and exosystems, and the complex interactions among them. While this research examines self-efficacy and its influences within and across larger environmental systems, it is also crucial to examine parental self-efficacy within a familial context, recognizing the interdependency of family members. Family systems
theory is closely linked to ecological systems and therefore also has implications for the current study.

**Family Systems Theory**

Family systems theory is also guiding the current research. This framework was influenced by Burgess' characterization of integrated and unintegrated families (Ingoldsby, Smith & Miller, 2003). Family systems theory emphasizes the importance of the roles of each family member and that members are interdependent, implying the substantial impact parents have on their children. While family is recognized as having the greatest influence on a child, this theory acknowledges that a child's personality also affects parents (Ingoldsby, Smith & Miller, 2003), highlighting the significance of viewing young child development within the context of the whole family and across systems in order to better understand the complex, multidirectional interactions that occur.

A key concept central to family systems theory is that family experiences are repetitive in nature and are determined by sustained patterns of interaction (Ingoldsby, Smith, & Miller, 2003). This study examines how the provision of resources may alter beliefs and such patterns of interaction. Closely linked to Bronfenbrenner's ecological model, family systems theory examines the impact of an individual's surrounding "systems". Family systems theory assumes that the family is a unique social system, governed by its own rules, communication patterns, and power structure. It assumes that problems do not stem solely from
the individual, but from an interaction of various factors connecting the individual across various "systems" (Ingoldsby, Smith & Miller, 2003).

Since the role of parental self-efficacy must be examined within and across various contexts, it is also vital that researchers explore how mothers interpret the experiences that ultimately work to influence and shape their parental self-efficacy and therefore Symbolic Interaction Framework also informs the methodology of this study as well as the findings. Through the lens of these three theoretical frameworks, this research examines the complex interaction of contextual factors that may affect mothers with low-income.

**Symbolic Interaction Framework**

Symbolic interactionism is a framework that views human behavior and action through the lens of the actor and how he or she interprets and assigns meaning to events and things (White & Klein, 2008). These meanings are derived from social interactions with others and from the social structure of one's own environment. Symbolic interaction theorists look at understanding human behavior within the context of what meaning humans assign to their own interactions or socializations. The work of George Mead, grounded in pragmatism, is widely accepted as the most influential approach to understanding how humans share common symbols, and the idea that individuals and the environments they live in are inseparable in terms of cause and effect (White & Klein, 2008). Symbols are signs that are agreed upon in terms of meaning (White & Klein, 2008). Symbolic interactionism is much broader than motivational theory
perspective, in that it assumes individual motivation for behavior, as well as connection to a greater social culture of agreed upon symbols and shared meaning for those symbols, which informs human behavior and interaction.

Behavior is understood by how an individual defines the meaning of context and situation (White & Klein, 2008). The meaning of parental efficacy may be interpreted or defined differently among mothers. Humans not only absorb information or react to others, but also respond to others based on the meanings they ascribe to actions and behavior. Therefore understanding human behavior requires individuals to look at the meaning an actor or individual applies to a situation (White & Klein, 2008). In the current study, the researcher examined the meaning that mothers ascribed to both parental efficacy as well as their interpretations of the contextual factors they are faced with. Cultural beliefs that could impact interpretations, and thus responses, were also examined.

An interesting concept central to this theoretical framework is “self”. According to Mead, the idea of “self” is based upon the formation of symbols and consciousness (White & Klein, 2008). The “looking glass self” describes this ability of the mind to look at the self within interactions, as well as the ability to see ourselves as others would see us (White & Klein, 2008). This dual perspective has ramifications in terms of role and identity. Through the process of socialization, humans acquire symbols, attitudes, belief systems, and an understanding of roles. With roles come rules, and humans learn to behave in accordance with the expected behaviors of their roles (White & Klein, 2008).
Social structure defines roles and assumes certain norms or expectations for such roles. Role conflict arises when humans cannot define clarity of role, or when there is too much role strain due to inability to perform effectively within the given role (White & Klein, 2008).

Mothers with low-income are more likely to be faced with an abundance of contextual stressors like inadequate healthcare, underemployment, housing instability, lack of accessible resources such as high-quality childcare (Belle & Doucet, 2003), all of which have the potential to lead to role strain. Since humans ultimately take on identities in accordance with the extent to which the meanings of that identity have relevance for them as individuals (White & Klein, 2008), it is crucial to examine the meanings mothers ascribe to their familial roles, and in relation to parental efficacy, how they view themselves as parents versus how society may view them.

Raikes & Thompson (2005) indicate that low-income parents are likely to have their self-efficacy challenged not only with regard to their parenting abilities, but in all contexts (Raikes & Thompson, 2005). Lott (2002) references a 1999 study conducted by Fiske, Xu, Cuddy, and Glick, which found individuals receiving welfare to be disliked and disrespected among other peoples. Two studies also indicated that even in hypothetical situations, a woman’s social class was related to less desirable, prestigious, or intellectually rigorous role expectations (Lott, 2002). Based on symbolic interactionism, humans have the ability to view themselves as others see them (White & Klein, 2008); therefore, it
is crucial to explore how these prescribed role expectations defined by other individuals impact a low-income parent’s perception of self, and thus how they define their roles within society and as a parent. As a result, the elements in a mother’s various ecological systems have the ability to dictate how she will ascribe meaning to events and how she will form beliefs, illustrating the interdependency of these elements. Ecological theory, family systems theory, and symbolic interaction theory intertwine in this proposed research, working together to widen the scope of exploration and expand data obtained. This interaction among theoretical frameworks also emphasizes the need to critically examine a mother’s risk and protective factors and how these elements promote or hinder a higher sense of self-efficacy.
CHAPTER III

METHODOLOGY

This study was guided by the following research question: What is the role of parental self-efficacy as low-income mothers of young children navigate differing contexts and receive formal resources and supports? In addition, the following sub-questions were developed:

- How are mothers’ perceptions of their own parenting abilities influenced by the provision of formal resources and supports?
- How are mothers’ perceptions of their own parenting abilities influenced by the provision of informal resources and supports?
- How are mothers’ perceptions of their parenting abilities influenced by contextual challenges?

According to Jackson (2011), research on maternal self-efficacy and parenting has not been extensively studied. Much of previous research focuses on preschool-aged or older children, therefore highlighting a gap in the research
focusing on maternal self-efficacy of children from birth to three years of age. Early Head Start specifically tailors their program to this age group due to the positive developmental outcomes it can produce for children and families. A review of the literature supported the use of qualitative methods to gain a more holistic understanding of the complex role of parental self-efficacy in various contexts. Self-efficacy has been identified as a situation specific variable (Bandura, 1977; de Montigny & Lacharite, 2005). Since this study is examining the role of self-efficacy as low-income mothers navigate various contexts, while receiving the formal supports and services provided by Early Head Start, a qualitative approach allows for more in-depth analysis of the mechanisms influencing parental self-efficacy within and across contexts. Vicarious experiences, mastery experiences, verbal persuasion, and a parent's physiological and affective state can impact levels of self-efficacy (de Montigny & Lacharite, 2005). Therefore a more comprehensive approach including a semi-structured interview allows the researcher to explore how a parent's self-efficacy varies based on complex contextual influences.

In order to address the complexity of this construct in these various contexts, the current study used qualitative methods in addition to examination of a demographic questionnaire, as well as access to participants' Early Head Start (EHS) program applications, which provided additional demographic information and identified risk factors that influenced EHS acceptance and approval of the application. The core of this study focused on data gleaned from semi-structured
interviews with a sample of six mothers whose children were currently receiving Early Head Start Services. These interviews focused on the main research question, which allowed the researcher to capture the voices of mothers with low-income and their experiences.

**Setting**

In order to protect the identity of the research site and participants, an Early Head Start manager provided the researcher with a brief demographic description of the research setting. This research was conducted in a semi-rural New England county, comprised of a city and several smaller towns with a 2010 population of less than 130,000 people. The racial and ethnic makeup of this county is approximately 95% White/Caucasian. Median income for this county was under $60,000. More families in this county were living below poverty levels as compared to the amount of families living in poverty state-wide. However, this number was still lower than national levels.

**Research Site**

An established relationship with an Early Head Start (EHS) Center was used to contact willing participants and conduct the current research. The researcher was a former intern at this site and therefore had a trusting relationship with EHS staff and some of the parents receiving services from the organization. While this presents as a potential bias, it also serves the researcher with an advantage. The researcher's prior knowledge of organizational practices and an understanding of the challenges that many EHS families face may have
allowed participants to feel more comfortable with their involvement in the study, and trusting the researcher enough to allow interviews to take place at their homes as they shared personal experiences.

Two Early Head Start home visitors were interviewed more broadly about the range of contextual challenges families they work with face, as well as what supports are being utilized by the families. In this study, information gleaned from home visitor interviews was considered a secondary source of information.

Overview Of Early Head Start Program

Early Head Start is a federally funded and community-based program that serves low-income families with infants and toddlers as well as pregnant women. EHS evolved out of the existence of Head Start, which serves low-income families of preschool-aged children through both home and center based options. The mission of EHS is to “promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children, and to promote healthy family functioning” (Early Head Start National Resource Center at ZERO TO THREE, n.d.), and with a focus on competence (Masten & Coatsworth, 1998). EHS centers its services on child development, family development, and community building through weekly home visits conducted by EHS home visitors who have bachelor degrees in education, social work, and related fields. Eligibility for enrollment in EHS is largely determined by income level based on federal poverty guidelines. However, each EHS center has its own eligibility
criteria based on community needs (Early Head Start National Resource Center at ZERO TO THREE, n.d.).

The Early Head Start Program is a home-visiting program in which a home visitor visits an enrolled family once a week for 90 minutes. Home visitors and parents typically work together to plan these visits, which include completing developmentally appropriate activities with the child and discussing how that activity promotes their child's positive development. Home visitors then encourage the parents to continue to do the activities throughout the following week. The goal of this collaboration is to empower parents and support them in their role as primary caregivers (Early Head Start National Resource Center at ZERO TO THREE, n.d.). Home visitors also conduct developmental assessments and make referrals to other developmental service programs when necessary.

In addition to educational services, home visitors also monitor and educate parents with respect to their child's health status, including medical follow-up, physical health, dental health, mental health, and nutritional intake. Each visit includes at least one activity or discussion in four domains including education and development, social services, health and mental health, and nutrition. Home visitors serve as both liaisons and advocates between the families that they work with and other community resources, providing management, crisis intervention, and resource referral services as necessary. When appropriate, home visitors
even aid families with transportation to and from EHS related activities or other community resources.

Early Head Start programs are required to provide at least two socialization experiences a month to families. Each home visitor has a number of families that he or she sees on a weekly basis and plans their own socialization for only their families. During weekly socializations at this research site, families come to the Head Start Center for a few hours and partake in activities within a developmentally appropriate classroom. This allows families and children to explore a different environment and materials that they otherwise might not be exposed to. During this time, families also eat lunch together, which is provided by the center. For part of the socialization, children remain in the classroom with a Head Start teacher and parents go to a meeting room with the home visitor and discuss various topics related to parenting, EHS, or other topics the home visitor deems appropriate. Other events are also offered to all EHS families throughout the year, some of which take place at the center, while others take place at locations within the larger community like local children’s museums or parks.

Participants

Mothers Receiving EHS Services

Nonprobability sampling methods of convenience were used due to the fact that the target population of mothers currently receiving EHS services is comprised of a small, select group within the population (Monette, Sullivan, & DeJong, 2001), whose identity is protected under the ethical and confidentiality
guidelines of the organization. Participants were contacted through an established relationship with a local Early Head Start. Two home visitors, serving part of the county population, including more rural areas, presented the researcher's informational letter (See appendix A) to the mothers with whom they worked. This informational letter introduced parents to the researcher and the topic, asking mothers to provide the researcher with their contact information if they were interested in learning more. Home visitors then returned the bottom half of this form to the researcher and participants were connected to set up an initial meeting. During this meeting the researcher discussed the project further.

The sampling frame consisted of six mothers drawn from a broader population of mothers with low-income currently receiving formal supports and services from an Early Head Start Program. The researcher had previously conducted home visits with one of the mothers who agreed to participate during the researcher's internship at Early Head Start. Based on the researcher's experiences as a former intern at the research site and information provided by EHS home visitors, mothers tend to be more directly involved than fathers in the home visit services that they and their children are receiving. Since the study examines parental self-efficacy within various contexts, examining the provisions of informal and formal resources, involvement in the program and home visits was essential. Due to the small sample size and nature of this study, a sample of mothers would lessen the potential gender differences among response and
beliefs about parenting. The researcher emphasizes that research focusing on fathers is also important, but outside the scope of the current study.

A smaller sample size of six participants was sufficient for the purpose of this case study to gain more personal insight into the range and complex interaction of contextual factors that may influence each mother’s perception of self-efficacy. All of the participating mothers were receiving formal supports and services intended to mitigate the identified risk factors for their children through Early Head Start, while many mothers also received some other form of formal support. One risk factor for all mothers and children enrolled is the fact that they fell into the poverty threshold based on their income and size of family, or were close enough to the income threshold and were given priority enrollment due to greater risk factors. However, each family is impacted by a range of other contextual factors that serve as both challenges and protective factors likely to influence parental self-efficacy. This sample is not very generalizable to the population of mothers receiving Early Head Start or similar formal supports and services as it consists of members from a small and select group of individuals within this population (Monette, Sullivan, & DeJong, 2001). However, the aim of this research was to gain and provide a better understanding of the experiences of these mothers and offer guidance for future research and policy discussions around the construct of parental self-efficacy and its role in various contexts.
Home Visitors

Home visitors were also given informational letters, asking them to contact the researcher if they were interested in participating in an interview (See appendix B). Two home visitors were interviewed as secondary sources after parent interviews had been completed. Home visitors also completed an informed consent form outlining all risks, benefits, and all other information that could influence participation. These interviews focused on a broader context addressing the range of contextual challenges families faced as well as the protective factors that families accessed for support. Similarities and differences between parent responses and how the home visitor perceived a mother’s parental self-efficacy to be affected by the formal resources and supports they provide was also explored.

Procedures

Prior to any data collection, the researcher obtained formal approval from the EHS Educational Manager to use EHS as the research site. The researcher also obtained formal approval from the Institutional Review Board (IRB) at the University of New Hampshire (UNH) (See Appendix C). This protocol ensured that the researcher met all ethical standards necessary to conduct the current study. Interested mothers were presented with an active informed consent form, outlining all aspects of the study that could influence their participation and the researcher discussed any questions or concerns they raised. By signing the
consent form, participants understood all potential risks and benefits related to the study and that their information would remain confidential.

This study involved some risk to participants. Some people feel self-conscious when interviewed, audio-taped, or when notes are being taken. This is usually a minor level of discomfort and most people forget that they are being recorded once the interviewing begins. Participants discussed their own personal experiences, which can elicit emotional responses. The researcher consulted the EHS Education Manager and agreed that EHS staff would provide extra support to participants, should they need it at any time during the course of this research project. Participants were reminded that their involvement is strictly voluntary and that should they feel uncomfortable in any way, they could refuse to answer a question or discontinue the interview, and/or study at any time. Participants were also reassured all information would remain confidential. Participants were made aware of the fact that although the researcher seeks to maintain confidentiality, due to the small number of participants in this study and relatively small organization, they could potentially be identified based on their responses.

Potential benefits for participants included the satisfaction of sharing their experiences about what is both helpful and challenging with regard to parenting. By sharing these experiences for the purpose of research, it poses implications for future research and educational policy and practice to better meet support and meet the needs of other mothers with young children can be realized.
A document linking participant's identity to numerical codes was used to organize and analyze data from questionnaires, interviews, and applications. This document was destroyed upon the completion of data analysis and thesis preparation. No other identifiable information related to the research setting and location was used in data collection. Participants also consented to the researcher audio recording the interviews and to allowing the researcher access to their Early Head Start application. All documentation related to the study was also stored in a locked drawer and computer files were password protected and stored on an external hard drive, inaccessible to others. Any names of people or places in transcripts were given pseudonyms. Audio recordings were destroyed at the end of the study. Original copies of application forms did not leave the EHS center. The agency manager reviewed what information would be accessible to the researcher and EHS staff removed all sensitive information prior to giving the application forms to the researcher. Participants were compensated, with each mother receiving a $5 coffee gift card after completing their interview.

**Methods**

This study examined the role of parental self-efficacy as mothers with low-income navigated varying contexts and received formal resources and supports through a questionnaire, information gleaned from participant EHS applications, and central to the study, semi-structured interviews. This study primarily utilized qualitative research methods to obtain data. Quantitative methods were also used to provide basic descriptive statistics. An initial questionnaire and
information from mothers' EHS applications were used to collect demographic and contextual information, while a semi-structured interview provided more in-depth data focused on the core research question.

This qualitative approach was appropriate given that the aim of this study was to gain a richer understanding of the role of self efficacy while mothers with low-income navigate various contexts and receive formal supports and services. Qualitative approaches, especially interviews, provide this rich context of information and include some knowledge of participants' subjective experiences (Monette et al., 2011). This approach is also suitable for the exploratory nature of the complex research questions since the interviews allowed the researcher to clarify or expand upon information gathered in questionnaires and participants' applications (Monette et al., 2011). Due to the nature of qualitative research, it is crucial to recognize that the researcher also serves as an instrument drawing upon personal experiences and other internal and external sources to sort, organize, and interpret data (McCracken, 1988). A quantitative approach to examining this topic would likely ignore the subjective and personal meanings of participant's experiences, something necessary to understand when examining the role of self-efficacy in low-income populations (Monette et al., 2011).

Demographic Questionnaire

A questionnaire examining the demographic and contextual characteristics of each mother was used to obtain data (See Appendix D). The demographic questionnaire was used to provide the researcher with more information about
participants. It was also used to qualitatively examine changes in mothers' experiences as compared with data presented in their initial EHS application. All participants chose to complete the questionnaire immediately after signing the consent form, rather than meet a second time prior to the interview. Participants were instructed to skip items that they did not feel comfortable answering, but each participant completed all items. Items on this questionnaire included basic demographic information and other questions that would help the researcher identify changes in their lives since applying to EHS. Participants provided information such as how often they had moved in the past year, what forms of assistance they were currently receiving, educational attainment, and job status. The researcher was present when the participants completed the questionnaire and answered any questions they had fielded.

The initial informed consent meeting and questionnaire were completed in a place the participant chose based on their own convenience – either her home, the EHS center, or a public coffee shop. Of these initial meetings, one was conducted in a local coffee shop, one was conducted at the center while the mother and her children attended a socialization, one was conducted at a participant’s home during part of their weekly home visit while the home visitor engaged the children in an activity, and three were conducted at the participant’s home during an individually scheduled meeting with the researcher.
Early Head Start Applications

Access to each mother’s Early Head Start application provided the researcher with a broad overview of the different contextual factors impacting the sample upon enrollment of EHS. It also allowed for a greater understanding of the identified risks each family was facing. EHS applications identify a series of risk factors including age of the parents, histories of substance abuse, and environmental risk factors. The overall risk score that EHS assigned to the family served as a reference for comparison among participants upon data analysis as well as provided the researcher with a greater understanding of the range of contextual challenges facing each family. The more risk factors a family has on their center application, the more likely they are to be accepted into the program based on the notion that they are in greater need of the formal supports and services the program offers. In some cases, a family may be slightly over the income eligibility threshold for EHS services, but a combination of other risk factors may make them eligible.

Finally, information from participant EHS applications helped the researcher to better analyze the data and emerging themes by providing more contextual information, enabling the researcher to examine changes in their experiences since enrolling and beginning to receive EHS services. The researcher predicted that mothers have likely had another child since enrolling their oldest, had a change in employment, or have been impacted by change in some way. Therefore the researcher was able to qualitatively assess contextual
changes between the time of enrollment and the present. It also allowed the researcher to reflect on this information during interviews to gain a more holistic understanding. Application information was analyzed and interpreted in conjunction with information gleaned from questionnaires, interviews, and codes, as presented in the results and discussion.

Parent Interviews

All interviews were as unobtrusive and as non-direct as possible, aiming to be conversational, encouraging participants to tell their own stories (McCracken, 1988), and allowed participants to construct their own answers in ways that were meaningful to them (Riessman, 1993). Six mothers were individually interviewed one time, for approximately one hour each in an environment they felt was comfortable and convenient. Consideration was given to work schedules, transportation, and childcare. The researcher offered to conduct interviews in a private space at the EHS center, or come to participants' homes.

Three participants came to the EHS center for their interviews. Two of these participants had family members willing and able to provide childcare during this time. A third participant came to the center for socialization with her child. The researcher and parent discussed options with EHS staff and arranged for the parent to leave socialization for an hour to conduct the interview, while the child continued to participate in his socialization experience with EHS staff and other families in a nearby classroom. The other three interviews were conducted
at participant’s homes. In each case, children were home and the audio-tape recorder was paused as necessary for mothers to tend to their children’s needs.

Mothers were asked a set of predetermined questions (See appendix E). The researcher followed the interview protocol; however, additional probing questions also emerged during data collection based on interview responses. While this flexibility allowed the researcher to gather more in-depth data related to each participants’ individual experiences, which was the goal of this study, variation in wording of interview questions and probing questions is a potential limitation in the current study affecting the reliability and validity of responses. The researcher asked participants various questions about parenting as well as challenges they faced and resources and supports they accessed. The researcher also asked participants about how they felt EHS services affected their parenting.

Interview questions were designed to elicit responses that demonstrated parent’s beliefs about parenting, ultimately reflecting how their self-efficacy levels change based on contextual influences. Open-ended questions targeted parent perceptions of formal and informal supports that research has shown to influence parental self-efficacy. Interview questions were also designed to be as unobtrusive and as non-direct as possible, aiming to be conversational, encouraging participants to tell their own stories (McCracken, 1988), and allowed participants to construct their own answers in ways that were meaningful to them (Riessman, 1993, p. 54). This approach also limited participant reactivity and
thus increased validity in responses since the researcher encouraged participants to share what they felt comfortable sharing, rather than asking direct and intrusive questions (Monette, Sullivan, & Dejong, 2011).

**Analysis**

Demographic and contextual characteristics identified in the questionnaire are considered in the findings and discussion in conjunction with data from participant applications and interviews. Qualitative methods were primarily used to analyze data throughout this study. Quantitative methods utilizing basic descriptive statistics were used to examine demographic data from both questionnaires and program applications (Monette, Sullivan, & DeJong, 2011).

As previously noted, due to the nature of qualitative research, it is crucial to recognize that the researcher also serves as an instrument drawing upon personal experiences and other internal and external sources to sort, organize, and interpret data (McCracken, 1988; Monette, et al., 2011). The researcher unveils meaning within the data during the process of data collection and analysis to provide description rather than a generalization (Monette et al., 2011). Therefore the researcher demonstrates trustworthiness in both methodology and analytical process by explicitly describing the utilized processes used to inform the research questions.

Excel spreadsheets were created to organize and examine data from demographic questionnaires and Early Head Start applications. This allowed the researcher to examine differences among participants both demographically and
in reference to their Early Head Start eligibility and identified risk factors. Basic
descriptive statistical methods were used to identify mean ages and incomes. All
interviews were recorded and transcribed using InQscribe Transcription Software.
The researcher read through each transcript multiple times and transcripts were
content analyzed. The researcher then used grounded analysis to do initial open
coding in order to find themes. Some interview codes were predetermined from a
larger list, while other codes were emergent (Monette et al., 2011). Once initial
coding was completed, the researcher completed a second stage of focused
coding to develop more concrete codes, themes, and categories, which were
used to inform the research questions. Home visitor interviews were also
transcribed using InQscribe Transcription Software and content analyzed for
themes, providing more contextual understanding of parent interviews and
allowing the researcher to examine the role of parental self-efficacy from a more
holistic lens.

This study examined the complex and contextually influenced role of
parental self-efficacy as mothers navigated supports, services, and obstacles.
Montigny & Lacharite (2005) highlighted Bandura’s four mechanisms that
contribute to self-efficacy, including 1) Positive enactive mastery experiences, 2)
vicarious experiences, 3) verbal persuasion, and 4) an appropriate physiological
and affective state (see p. 10, 54). These four sources of self-efficacy served as
a guide for analysis of parent interviews. Initial content analysis identified codes
for both high and low self-efficacy, which were labeled and grouped into one of
these four categories or sources of self-efficacy. Focused coding allowed for more concrete codes, categories, and themes to emerge from the data. This enabled the researcher to examine the role of self-efficacy within the complex context of parental experience.
CHAPTER IV

FINDINGS

This study was guided by the following research question: What is the role of parental self-efficacy as low-income mothers of young children navigate differing contexts and receive formal resources and supports? In addition, the following sub-questions were developed:

- How are mothers’ perceptions of their own parenting abilities influenced by the provision of formal resources and supports?
- How are mothers’ perceptions of their own parenting abilities influenced by the provision of informal resources and supports?
- How are mothers’ perceptions of their parenting abilities influenced by contextual challenges?

Findings from qualitative analysis of parent interviews are central to the current study. These findings will be presented, informing the central research question as well as the more specific sub-questions. In order to protect the identity of participants, findings are presented as composites around themes that
emerged from the data, and do not identify or provide profiles of individual participants. Prior to describing findings generated from parent interviews, participant demographic information is examined and discussed based on information gleaned from demographic questionnaires and participant Early Head Start applications, providing a context for better understanding participants and their interview responses.

Demographics

All six participants identified as White/Caucasian, and while this is representative of the research setting and community, the sample is not ethnically or racially diverse. Participants' ages were 22, 23, 24, 25, 27, and 35. Families were diverse in terms of family structure. Four of the participating mothers were married. One co-habited with her boyfriend/father of her children, and one mother was single. Five participants had two children and one had three. Children ranged in age from four months to eight years old, but each mother had at least one child currently enrolled in Early Head Start, which serves pregnant women and children until age three. The mean age of mothers when they gave birth to their first child was 21, with five out of six participants being young, under the age of 22. Educational experiences of mothers varied, slightly. However all mothers had at least a twelfth grade education. All mothers had graduated from high school, with two earning a GED. Three mothers had taken at least one college class, with one mother currently working toward her college degree. Only three mothers indicated religious affiliations on the questionnaire. Of these three,
only two referred to their religious affiliation either as form of institutional support from the church or a more personal spiritual experience that affirmed their values.

All mothers’ current work situations differed. One mother worked full time (35 hours a week or more). One identified as being unemployed and not looking for work, listing “stay at home mom” as her current occupation, while another mother identified as being “unemployed/laid off and looking for work.” Two mothers listed that they work occasionally in temporary jobs, while one of these mothers also identified as a student pursuing a college degree. Some of the occupations participating mothers identified included a licensed nurse’s assistant, substitute teacher, literary aid, and test scorer. Only one mother identified herself solely as a homemaker.

All six mothers received some type of assistance from other formal programs. Five out of six mothers received food stamps. Five mothers also received assistance through Women, Infants, and Children Food and Nutrition Service (WIC), and Medicaid. Two mothers received Supplemental Security Income (SSI) and one received Social Security benefits (SS).

The table below illustrates the income eligibility threshold for Early Head Start services at the research site as of the date participants applied to the program, as identified on participants’ Early Head Start applications.
Table 1.

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Income Guideline to Receive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>$19,090</td>
</tr>
<tr>
<td>4</td>
<td>$22,350</td>
</tr>
<tr>
<td>5</td>
<td>$27,010</td>
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All participants had between three to five members living in a household. As shown, the annual income for Early Head Start eligibility for a three person household is $19,090 a year or less. For a family of four, annual income must be $22,350 or less and for a family of 5, annual income must be $27,010 or less. As previously stated in the literature review, the federal poverty level for a family of four in 2011 was $22,350 while $44,700 was the calculated income needed to meet this same family's basic needs.

The mean family income of participants was $13,754. When compared with the federal poverty statistic calculating that a family of four would need $44,700 to sufficiently meet their basic needs, an average participant income of $13,754 highlights the financial strain that these mothers are likely facing. This number is an average of only four participants' incomes since two mothers received SSI and this was indicated on their application in place of family income.
One of the four families included in this average made less than $5,000 annually, dramatically less than necessary to adequately meet basic needs.

If a family’s income is higher than the income threshold, they may be put on a waiting list or given priority due to other “risk factors” identified in their application. One of the three families included in this numerical income average was making roughly $12,000 more than the indicated income guideline based on their family size. However, the mother was pregnant at the time of application, giving priority enrollment in addition to identified environmental risk factors to which the children were exposed.

While EHS serves low-income populations and the income threshold is the primary basis of enrollment, other factors are also considered. Due to the large body of research demonstrating the crucial impact that early intervention services can have on the development of a child, EHS gives priority enrollment to pregnant mothers. Home visitors can begin to work with mothers throughout the pregnancy and ideally have greater influence on the child’s development. On EHS applications, a currently pregnant mother is considered to be a high scoring “risk factor”, boosting their chances of acceptance into the program. Five of the six families in this study had several risk factors identified on EHS applications. Participant risk factors included being pregnant at the time of application, being a single parent, having previously been involved with the Department of Children, Youth, and their Families (DCYF), exposure to environmental risks, if the family had developmental concerns for their child regarding disability, and if their child
had no or limited socialization opportunities. Only one mother had a single risk factor of having low-income and meeting EHS's income eligibility threshold.

Information from demographic questionnaires and EHS applications provided more information about how mothers’ family structures, roles, and risk factors differed. Five mothers were young when they had their first children, some only teenagers, which can be a challenge in itself. A brief analysis of the range of family income revealed the great financial strain these six mothers and their families faced. Mothers were either not working, or were employed in positions that tended to be somewhat transient. These factors only increased the vulnerability of these families when linked to the fact that their income levels were far below thresholds identified as necessary to sustain their family's needs. This financial disconnect demonstrates why many families with low-income must rely so heavily on informal and formal supports in order to be successful in navigating contexts and experiences.

**Interview Findings**

Qualitative analysis of data from the interviews with the six mothers identified four themes: 1) the function of mental health, 2) sense of community, 3) the influence of child development and growth, and 4) stability. In addition, data from interviews with two Early Head Start home visitors were used to provide background to the findings (See appendix F for the home visitor interview protocol). Each of these themes is examined within the context of the four contributors to efficacy previously discussed in the literature review: enactive
mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state.

An individual's self-efficacy levels are influenced by successes and failures. Therefore, success at a task or overcoming a challenge serves as an enactive mastery experience strengthening a parent's beliefs about their capabilities as a parent. According to de Montigny & Lacharite (2005), contextual factors will impact the extent to which experiences serve as challenges, suppressing higher levels of self-efficacy, or serve as opportunities for success, affirming higher self-efficacy. Self-efficacy levels are affected by vicarious experiences when parents have the opportunity to observe or learn from others. Verbal persuasion influences self-efficacy levels through positive or negative reinforcement from other people or society. Finally, a parent's physiological and affective state will affect the level of parental efficacy depending on levels of perceived stress, mental well-being, and one's emotional responses to a given experience (de Montigny & Lacharite, 2005).

In order to differentiate levels of efficacy that were associated with individual themes, the analysis used the following classification: High self-efficacy was identified when parents reflected on experiences with positivity. Key terms included "confident", "optimistic", "positive" or "good feelings" and "happy." Key phrases included "I feel good when", "It makes me feel good", "I feel like an effective parent", and "I feel confident". Low self-efficacy was identified when parents reflected on challenging experiences, expressing feelings of doubt. Key
terms included “challenging”, “difficult”, and “hard”. Key phrases included “doesn’t make me feel good”, “makes me feel like a bad parent”, and “makes me feel ineffective.”

Theme 1: The Function of Mental Health

Findings highlight that the function of mental health is significant with regard to parental self-efficacy as mothers navigated various contexts and received formal supports and resources. All six mothers identified factors associated with mental health that influenced levels of parental self-efficacy. Focused coding identified four categories related to mental health or physiological and affective state that influenced self-efficacy. These categories included role strain, abuse and neglect, depression, and optimistic attitudes, all of which had bi-directional relationships associated with mothers’ mental health. These elements of mental health or physiological and affective state influenced mothers’ perceptions of their abilities as parents as well as their perceptions of challenging experiences.

The impact of role strain. All six mothers identified characteristics of role strain, which was linked to lower levels of self-efficacy. Role strain was identified when parents expressed feelings of being stressed due to multiple roles and contextual stressors. Key terms included “stressed”, “overwhelmed”, “challenging”, and “tired.”

One mother reported that having to work so much (35-40 hours a week) between two jobs and making sure that her children had everything they wanted
and needed was a challenge. Most parents reported feelings of being tired, exhausted, and overwhelmed, with one parent saying “I just feel like I’m never rested”. One mother also had a great desire to be a stay at home mom. She described that when she has a day off, "even though I’m at home with 10 piles of dishes and 5 buckets full of laundry and I know I have to get that done, I don’t care. I’m home with my kids... I’m not stressed, I’m happy because that’s what I want to be doing." Due to the financial needs of her family, this mother was forced to accept her role as a full-time employee while her spouse also rejected his role as a primary caregiver, which resulted in role strain, relationship strain, lower mental well-being, and a lower sense of self-efficacy. Therefore role dissatisfaction was linked to lower levels of parental self-efficacy.

Another parent reported a similar experience when describing that her husband works hard all day, and needs a mental break and personal time when he gets home. She stated, “then I get annoyed because I’m like ‘I’ve been home with the kids all day and I know that you’ve been at work trying to put on a fake smile for clients, but now I need a break too’.” Work related stress and strain significantly impacted feelings of role strain within the spousal relationship, increasing stress and tension.

One parent reported that stresses of managing and maintaining relationships among family and friends in addition to the daily stressors, “pile up”. Another mother reiterated those feelings by saying:

All of those things add up. And they make you feel like you don’t have the energy or the time to spend with your kids playing a game or coloring with
them. You may just want to sleep. And that can make you feel even worse and it kind of just snowballs.

Competence, the result of a mastery experience, was shown to reduce role strain and increase self-efficacy. Parents reported “feeling good” and “less stress” when they “accomplished” daily tasks such as getting to appointments on time, grocery shopping, doing laundry, and doing dishes.

Mechanisms identified to reduce role strain included meditation, deep breaths, listening to music, a need for more personal time and most significantly, informal and formal supports. All six mothers identified a lack of personal “me” time. Mothers reported rarely having the opportunity to do things for themselves that would reduce role strain, increase levels of mental well-being, and increase self-efficacy due to a lack of financial resources as well as time. Organization, routines, and schedules were also identified as mechanisms reducing role strain and serving as the “glue” to hold things together. One mother stated “I feel less confident in EVERYTHING when I’m disorganized. I feel like my life is falling apart if I’m not organized”. Another mother stated “support systems make it easier. Because when you need those things it’s not... it doesn’t become so overwhelming when you’re like there is no way I can get the help that I need."

Experiences of abuse and neglect. Abuse and neglect was identified as parents shared experiences of witnessing abuse, being the victim of child abuse and neglect, or being part of an abusive or neglectful environment. Three of the six mothers participating in the study identified experiences of abuse and neglect that were linked to mastery and vicarious experiences impacting perceived
parental self-efficacy. One mother identified being placed in foster care at a young age. Another mother described growing up in a household with domestic violence and substance abuse. A third mother identified as coming from an abusive household. She described the process throughout many years of receiving therapy that enabled her to realize that her own parent’s discipline was inappropriate and that she must look to outside sources for positive vicarious parenting influences. These experiences of childhood adversity, specifically related to exposure of abuse and neglect, influenced parental self-efficacy.

Despite facing adversity, one mother reflected on her childhood experiences saying, "I had my own drive to succeed and I went to church." She noted that when her parents became less involved, she "just kept doing it on my own. I got involved in my community". This mother’s internal resources as well as community involvement provided her with resilience despite the lack of external resources and family support while growing up.

**Depression.** All six interviews indicated mental-health concerns. Challenges associated with depression were prevalent throughout interviews. Four mothers indicated that they suffered from depression or that a family member did. Mothers expressed that this took a toll on familial relationships and was also linked to lower levels of parental self-efficacy. A mother described feelings of having to "walk on egg shells" due to the mental and emotional fragility of a family member. One mother described her experiences with receiving mental health services as being effective and helpful, while another mother described
having a difficult time accessing services. Even though her depression was diagnosed, she could not locate a provider for mental health services that either had openings, or would accept state insurance. One mother indicated that the depression her significant other was dealing with directly affected each member of the family stating, “When he is having a good day, the rest of us are having a good day”.

This raises concerns regarding availability and accessibility of mental health-services to meet the needs of families, which was reaffirmed in home visitor interviews in which both home visitors described access to adequate mental-health services as one of the biggest challenges they see families facing. Financial strain was associated with greater stressors, affecting mental well-being, and lowering self-efficacy. Without access to adequate mental health resources, a family’s challenges are only compounded.

Optimistic attitudes. Optimistic attitudes were identified when parents described experiences with positivity regarding future events or experiences, reflected on past experiences with positivity despite exposure to adversity. All six mothers identified with the constant “ups and downs” of parenting. Parents described their experiences of these ups and downs in a variety of ways. One parent said, “You feel like you’re doing everything right one second and then the next second you feel like you’re doing everything wrong. If parents say they don’t go through that, then they are lying because they definitely do!” Other parents described these experiences as “It’s the extreme of both worlds”, “Parenting in
general is definitely a roller coaster!” and “Have you seen the movie Twister? That would be my life.” These responses vividly illustrate the complex and wide range of experiences affecting parents. While all six parents described a multitude of contextual obstacles they faced, optimistic attitudes were also evident.

Optimistic attitudes were associated with higher levels of parental self-efficacy, yet the occurrence of optimism fluctuated based on context; specifically, if a mother was describing optimism regarding a specific experience, the immediate future, or the distant future. Findings aligned with the literature, regarding self-efficacy as a driving force behind motivation and linked to optimistic perceptions of success (Bandura, 1999). Another mother described taking things “day by day” and “seeing where everything lies when you wake up in the morning and hoping that things work out”. When asked if that means being optimistic, the mother replied

Yeah (being) optimistic helps, but you also have to prepare yourself for what is today going to bring. I’ve gotten to a point in my life where I honestly don’t expect every day to be a good day. I know wrenches are going to be thrown into the mix and how do you handle it… I don’t have to prepare for it because I expect it… If I don’t get the wrench that day then cool, this works.

One mother identified self-reflection as a tool that allowed her and her family to be successful day-to-day. “Whatever we did, I’ll look back on it the next day and I’m like okay, yesterday there was no arguing, reminding them to do things… everything just went peacefully, what did we do?” She stated that it
made her feel good and she demonstrated optimism by focusing on the
successes rather than solely on the challenges.

One mother began her interview by sharing her experiences as a mother
stating, "We have our first steps, our first smiles...you know...it's expensive, it's
stressful, and it's very rewarding and happy. I love it. That's my experience as a
mom." As a mother reflected on her overall experience as a parent she said, "I
wouldn't change a thing". At the end of an interview when a mother was asked to
share anything else about her experiences, she replied,

Well I think just trying to stay positive...that's what I strive to do is just stay
positive no matter what and believe that everything happens for a reason,
and that it's going to work out. I've definitely been through rough times and
everything does seem to work out in the end. Even if it takes a long time or
you know, things work out for a little while then it goes back to being
complete crap. Things tend to work themselves out... Trying to look at the
glass half full rather than half empty.

Another mother described optimism and motivation stemming from feelings of
obligation and need to provide a better life for her children. She discussed that all
of the stressors in life can result in a lack of energy to do things, but that follow
through is critical to sustained optimism.

For yourself and you have to do those things for your kids. You have to get
an education if you... or have a good job somehow if you want to provide
more for them as they get older and you have to... you can't run out of
energy. You can't just give up. You always have to keep going... I think
the biggest most important thing to remember is that no matter what is
going on in your life, they are still children and they don't have anybody
else to advocate for them. So you have to work through it. It's tough, but
it's rewarding to know that after you overcome the hard situations in your
life, if you ever overcome them, it's good to see them succeed. Because if
I had given up, then life wouldn't have been as good for them.
Other examples of optimistic attitudes were present throughout interviews. In some cases, short-term contextually based optimistic attitudes were related to informal and social supports. One instance of long-term optimistic attitudes was linked to feelings of support from both informal and formal supports. However, in many instances, optimistic attitudes appeared to be linked to internal resources and resiliencies. One mother stated:

It could be my personality. I've always wanted to help people. I've always wanted to help myself. When I was growing up, my life was... I faced a lot of adversity. And I was always "when I grow up, things aren't going to be like this for me"... but then I had my (child) when I was (a teenager) and I have my (other child) now. And I just don't want their lives to be like mine and I feel like it's important to do anything, even if it may hurt my pride to ask for help or to say you know, I don't know how to do this... can you show me?

Home visitors also discussed the role of "inherent or internal self-drive" for the families that they feel are successful. One home visitor described helping families in crisis by affirming their struggles, helping them to see how much progress was being made, identifying what they were being successful with prior to the crisis, and helping them to make that link. She also described that some families simply lack an internal sense of resiliency and instead have learned to live with the chaos in their lives. Home visitors attributed some of these attitudes to parents' own experiences in life, while stating that other biological, innate factors play a role.

Theme 2: A Sense of Community

This study examined how mothers' perceptions of their own parenting abilities were influenced by the provision of formal resources and supports.
Focused coding led to three emergent categories that influencing a parent's sense of support and community: informal social support networks, formal supports and services, and role models. First, mothers' informal social support networks are examined. Then, findings related to the role of formal supports and services are presented. Lastly, findings related to the emergent category of role models are examined, which link together the role of informal and formal support mechanisms.

**Informal social support networks.** Mothers were asked whether they have others they can turn to when they need help or support in any way. Specifically, they were asked to identify these people and describe their relationships with them. Responses to these questions were used to analyze the informal social support networks mothers utilized as well as the meaning they ascribed to these supports. Informal social support networks were identified when parents referenced the types of informal supports they accessed, and whether they regarded them positively or negatively. Two main forms of informal social support networks were identified. The main form of informal social support that mothers utilized was family and friends. However, mothers also identified media resources as another form of informal support.

**Family and friends as informal support systems.** Five mothers reported that family members served as an informal support system for them in some way and six mothers reported that they had at least one friend or family member they could turn to for support. In response to whether or not they had
people they could turn to when they needed help or support, many mothers referenced their own parents serving as significant supports. However, extensive informal support from family and friends for all six mothers was limited. Five mothers were limited in terms of social support by either physical proximity or the ability of one's social network to provide the support a mother needed. One mother simply stated, "family is out of the question."

When asked where a mother goes for help when needed or who she seeks out, one mother described how she calls her parents, who usually help her "with anything I need help with, if they can". When asked how they help, she stated that they help with "advice...babysitting...pretty must just anything that I need. I know I have support with my parents and my best friend and (boyfriend)". She goes on to say "I don't even know what I would do or what I would turn to if I didn't have the supportive parents or supportive best friend. I can't even imagine what I would resort to." This mother was especially grateful for her supportive network as she described seeking them out to talk to whenever she felt stressed.

While some mothers' own parents were able to provide support, other mothers reported that while their parents were willing to provide support in the form of advice and babysitting, their parent had their own health and financial stresses, limiting their ability to provide extensive support, especially regarding material resources. Other mothers had family members that lived great distances away and therefore were unable to provide support requiring close physical proximity. One mother described her mother as being of great support, but that her own
mother’s health concerns greatly impacted the level of support she was able to provide. The mother then stated, “other than that, we don’t really have anyone that is family, so it’s nice to have the community.”

Many parents indicated that who they turn to for help is dependent upon the situation. One mother indicated that “anything having to do with parenting...probably my mom, I would go to her and ask what she did with me or would she have done in the same situation with me or my brothers”. One mother reported that she called her out-of-state aunt for support, stating, “But me and my aunt laugh a lot, she’s like oh my gosh that just happened with my daughter”, highlighting a vicarious source of parental self-efficacy through the notion of shared experiences with members of one’s informal support network.

Despite the many positive meanings mothers ascribed to social support, specifically provided by family and friends, some parents’ perceptions of social support were linked to lower perceptions of self-efficacy due to feelings of guilt and reliance. One mother described that her family must rely on others for transportation and stated:

Sometimes we will run out of milk and we have to call somebody who lives (across town) to come give us a ride to the store to get milk and that makes you feel bad as a person because you have to rely on other people and inconvenience them like that... even if it's not inconveniencing them because they say it’s not... it's still... it is something that you feel like... if I was more independent. You get down on yourself a little because of that.

She continued to discuss the role of a family member in providing support by saying:
He will do anything, which is great, it's just... sometimes he does so much where I just don't know what to think, like we could never pay him back or anything other than loving him and being respectful. Sometimes I feel like that's not enough, even though that's all we have. Other than him, in our community, we don't really have much support.

In another instance, a mother described relying on her own mother for a lot of support when she was pregnant stating, “I still kind of felt bad, like this is MY child, I should know how to take care of him, but you just don't always know.” One mother who faced childhood adversity described her family as being very private, stating, “It's very much... it's sort of... used, abused, and thrown away. People come into our lives, they use us for what they need, they abuse us to the point we no longer have what they need and then they leave”. When asked if she would define this as a trust issue, she replied “Yes. Trust is a big thing for us and especially for me. I don't trust everybody and I'm not willing to just open up”. Here the concept of “trust” greatly impacted a mother’s perceptions and accessibility of social support, another theme central to the notion of social capital (Coleman, 1988).

Spousal or significant other support was also linked to maternal self-efficacy. One mother described her husband as being supportive, encouraging her to take care of herself more, buying something small that is a treat for herself once in a while, in addition to when she is constantly buying things for the children. The mother indicated that her children are her priority and that perhaps she does neglect to take care of her own mental well-being. Her husband was
also a significant supporter of her goal to go back to school and earn a degree. However, not all perceptions of spousal support were positive.

One mother said, "I can't imagine being a single mom. It would really suck. Even though sometimes I say I am. I don't say I am... just like 'you go to work all day, you come home and you don't help, I might as well be a single mom.'" She went on to describe the fact that it is an unfair statement to make since her husband cooks and does other tasks that help to reduce her maternal stress. However, this statement illustrates how perceived spousal support and thus maternal self-efficacy constantly fluctuates.

Two mothers reported arguing with significant others regarding parenting styles and roles. A mother described how her significant other made her feel guilty, causing role strain, which led to a lower sense of self-efficacy. She described being frequently tired, and wanting a nap especially after working. She stated, "He says you're always at work, don't you want to spend time with the kids? And I'm like yeah I do, but I also need to rest". She described a sense of conflict between having to choose to take care of herself, resting now and then, and taking care of the kids. While she noted that the guilt she feels is placed on her is not perceived to be intentional, it makes her feel bad in her role as a parent. A mother also described that she and her significant other each have supportive friends that provide advice and emotional support. However, with regard to relationship issues, she noted that their informal support networks
clashed, since each parent's friend would provide biased advice, in some cases fueling the fire.

Another mother described relationship strain with her spouse due to differing parenting beliefs. Coming from two different cultural backgrounds, she and her spouse held very different views regarding behavioral management. She described this as a stress and strain in their personal relationship as well as the familial relationship and indicated that they had both sought out formal services to help them with their parenting. In some cases, parenting roles were determined based on employment opportunities and these roles were rejected by one or both partners, causing strain on the relationship and family unit, all of which impacted parental self-efficacy.

In addition to feelings of reliance and guilt, informal social supports were associated with more negative connotations at a larger community level. One mother reported that while she and her family had been living in the area for a few years now, they had few friends, naming one person as a significant friend, who also lived a distance away. She stated that people invite her family over for social engagements and they go, but "we never go back". She described an experience in which they went to a cook-out and a man talked about going to court most of the time, which she stated was "not what we had in mind". This mother elaborated by saying "That's what my husband and I were talking about, is that we'd rather have good friends than have friends that we just don't click with or don't want our kids around". This illustrates the impact of the larger
neighborhood and community context in which low-income families often reside and how this also affects the amount, quality, and proximity of informal social supports families may have, all of which affect mental well-being and parental self-efficacy.

Members of social support networks also may criticize parents. A home visitor confirmed this during an interview stating that she has had a lot of families tell her that their families are “very judgmental of them for their life choices or lifestyle... having kids before getting married... whatever the family’s moral values are.” She went on to describe that since many of the families they work with are already feeling judged, they are much more critical of their own parenting. Parents then frequently seek out the home visitor to reaffirm what they are thinking in regard to parenting and the home visitor often supports them in their role as parents giving them the little boost of confidence they need. One parent reported that her parents were “supportive, but not supportive” since she had children and was not married, something they did not approve of.

**Media resources.** Four mothers referenced ways in which they accessed media for support or information. One mother reported frequently utilizing library resources, specifically for support regarding parenting. Two mothers referenced utilizing internet search engines and other internet sites to locate additional supportive resources within the community. One mother stated that she used internet search engines to look up how to cook certain foods. Two mothers indicated that they use the internet for information and advice regarding parenting
techniques, specifically behavioral management. In reference to utilizing this as a support and resource, one mother stated, "You can read so and so did this, and so and so didn’t do that, does not recommend that, but it worked for 30 other people, and then there’s this method". Here, media resources, specifically the internet, served as a vicarious experience boosting parental self-efficacy.

One mother reported that she frequently goes to the library and seeks out helpful resources related to parenting. She even emails back and forth frequently with a family member who lives far away. They share parenting tips and research that they find both on the internet and at local libraries, noting that she “then applies it the way it works better for her kids”. Throughout her interview, this mother expressed that managing child behavior was a particular challenge for her. She discussed how she checks out educational videos from the local library and watches them when she can.

For one mother, the internet served as a very different kind of support. This mother experienced a very traumatic life event. In order to cope, she described relying on a combination of supports. First, she relied on the support of a family member who had also experienced the same event years earlier. It was through the verbal persuasion of this family member and shared experience, that this mother described experiencing a gradual increase in parental self-efficacy. This mother also relied on the internet for support. She was able to find internet sites and blogs where other women also shared their experiences of this traumatic event with one another. Media as a form of support also increased her
self-efficacy through vicariously experiencing other mothers' paths from grief
toward resilience. She was able to directly engage in conversation with these
mothers, and through mechanisms of verbal persuasion, was also able to cope
and restore her sense of self-efficacy.

The role of formal supports and services. Formal supports were
identified when parents referenced formal programs they accessed for support,
and whether they were viewed positively or negatively depending on context. All
six mothers indicated that the role of formal supports was a crucial support for
them and was linked to higher self-efficacy. First, general forms of formal
supports and services that mothers utilized are discussed. Then, findings related
to Early Head Start supports and services are examined.

The most common formal supports and services that were mentioned
during interviews were Early Head Start, Head Start, and a type of Community
Action Program. Other formal supports and services included assistance
programs such as Food Stamps, Women, Infants, and Children Food and
Nutrition Service (WIC), Medicaid, Supplemental Security Income (SSI) and
Social Security (SS). Parents also talked about supports received from other
educational organizations focusing on child development and one mother
discussed utilizing a formal support service to help her advocate for her child with
special needs in the public school system when she felt that her voice was not
being heard. All six mothers indicated that either they, their children, or their
significant others had previously or were currently receiving mental health services within the community as previously discussed.

Only three participants indicated religious affiliations on demographic questionnaires. However, only two participants referred to their affiliations as either a form of institutional support from the church or a more personal spiritual experience that affirmed their values. Given that religious institutions are often viewed as a critical form of support in communities dealing with stressors such as poverty and/or racism, it is notable that these mothers did not reference these supports more frequently and again highlights how significant other formal and informal supports can be for mothers that have a limited sense of community belonging.

Mothers reported that many formal services reduced their stress, specifically financial strain, which allowed them to better meet their children's needs in an appropriate way, both physically and emotionally. Mothers that had limited social support in the forms of friends and family, reported more significant utilization of formal supports within the community, relying on them to meet more of their basic needs in the form of general financial assistance including housing assistance, and food and nutritional assistance.

Parental perceptions on receiving formal supports and services varied but were generally regarded with positivity. In some cases, perceptions were linked to past mastery experiences. If a parent had utilized a resource that helped them, then they were likely to utilize it again. Likewise, if parents personally had
negative experiences with certain formal services or family and friends had perceived an experience negatively, a mother was less likely to access that service or associate it with positivity. One participant stated:

...I know over the years I've developed a list of resources... I know now that even if they can't help me, I can probably call someone from one of these organizations and they can point me in the right direction. And it feels really good to know that because my first thought when something goes wrong isn't oh my god this is going to be horrible, it's let me see if I can do something about this, if somebody can help me... not do it for me, but help me figure out what my options are.

This statement highlights the positive influence formal resources have had on this mother, helping her to have greater parental self-efficacy, a sense of independence, and competence. This mother later stated, "And if it wasn't for seeking out community resources, I never would have gotten that far", signifying the crucial role that formal supports play in helping these low-income mothers succeed. Other perceptions of formal supports and resources were deeply rooted with the perceptions of larger society. One parent stated:

With the whole welfare system, some people feel that they are too good to get food stamps or healthcare and it's like, if you qualify and it's going to help you, why not? If they are going to help you put food on your table and you can go put that money and put it toward something else... you had a baby at a young age and it is hard.

Another mother stated, "Any program to help out is great". She described the fact that she was ineligible for a particular formal assistance program, citing that she would truly benefit from it. She went on to vent her frustration at the fact that she believes many people receive and unfairly take advantage of formal assistance
programs when people like herself would utilize the assistance for their basic needs such as diapers and toilet paper.

One mother associated access to formal resources as a reflection of herself as a parent stating, “I just thought this is what I should do. This is what I should be doing for my children. If I have this resource available to me and I don’t take advantage of it, what does that mean? What does that say about me if I didn’t give my kids those options?” In reference to how people may perceive formal supports, a mother responded by describing that some people may just feel like they are being criticized, pushing them away. She noted that EHS and HS staff spend a lot of time trying to let parents know that they just want to help. She states, “I think it’s sad they have to say those things as often actually, because people are just so prone to thinking that people are putting them down.”

This statement reflects an understanding that home visitors have with regard to the likelihood that many parents have low self-efficacy due to the range of contextual stressors and experiences they have had, especially the result of judgment, stereotyping, and discrimination that people in poverty may often encounter.

**Early head start.** Five mothers mentioned that at the time of their EHS applications, they were previously unaware of EHS, while several mothers were familiar with the Head Start for preschool-aged children. Three mothers described being in Head Start programs when they were children and having very positive memories of it. All six mothers described being present for home
visits. Three mothers described that if husbands or significant others are physically present at the time of the home visits, they are only occasionally actively involved and engaged.

All six mothers reported positive feelings associated with EHS services and with their home visitors. Since the program is voluntary in nature, this was expected, as parents likely find some part of the program to be worthwhile. All six mothers reported that they found themselves repeating activities that the home visitor showed them, or adapted them in some way. One mother reported already implementing activities similar to the ones the home visitor brings during visits. All mothers reported that they enjoyed learning new things they could do with their children. Six mothers shared that routines and schedules were crucial aspects of their experiences, with four mothers reporting that Early Head Start was responsible for helping them to understand the importance of routines and schedules as well as child developmental milestones.

Mothers frequently reported positive feelings when reflecting on child development, another identified theme of this study, which will be discussed further, later in this chapter as related to the theme of child development and growth. When one mother was asked if learning new activities to do with her child made her feel more confident she replied, “It does! I think so, because whenever I see her struggling, I can use like oh yeah, yeah, yeah, I just learned this! I can do this!” In response to how she felt EHS had influenced her parenting, one mother stated:
Well they definitely do a lot of teaching about how to... educational ways to play and what not... ways to play that teach the kids. That's good. I like that. I like learning new educational activities to do with the kids.

Another mother described how EHS services impacted her parenting by saying:

It (EHS and HS) teaches you to do things for yourself. It's not just using community resources and being able to rely on them forever. These are things that show you who to go to, what steps you can take. They give you papers that you can hang up in your house that you can refer back to. They teach you strategies that if this isn't working for you, then you could try this. It's not doing everything for you, it's teaching you. And I love that about Head Start.

Perceptions of parenting were also evident within the context of formal supports and services. When one parent was asked about whether she finds herself repeating some of the activities the home visitor demonstrates and whether or not she felt that she learned new things to do with her children, she replied:

Definitely. That's the one thing I really like. I'm constantly asking questions like what can I do to help him stay on this and get better on this or at home... I love hearing suggestions on how to better parent because you are never the best. There is always room for improvement.

Mothers frequently illustrated supportive relationships with the home visitors by describing EHS, home visitors, and home visits positively. Mothers also frequently referenced how home visitors provided a link to other resources in the community, all of which were affiliated with higher levels of parental self-efficacy, closely linked to Coleman's (1988) definition of social capital in that having relationships with people you trust, and who can access social supports and resources for you, is crucial. In reference to how EHS influenced her parenting, one mother is quoted saying,
It has helped me to have a positive outlook and see that I am doing an okay job and that even if I'm not doing an okay job, there are people who are willing to take the time and help. Also, people that are listening and paying attention to the struggles. ... If they see something or they read something that is helpful, they think of you and they make sure you get those resources.

All six mothers were able to reflect upon EHS services and indicated how EHS services influenced them to change or adapt some aspect regarding their parenting, helping them to feel more successful in their role as parents and increasing parental self-efficacy. Home visitors did this through positive reinforcement, encouragement, and affirmation, which served as verbal persuasion. Home visitors also provided parents with resources and modeled developmentally appropriate activities parents could do with their children, serving as a vicarious source boosting parental self-efficacy. All of these mechanisms better equipped parents with the tools for success in their roles as parents, which eventually led to a parent's high self-efficacy through their own enactive mastery experience. In reference to Early Head Start services, one mother stated, "I do learn new techniques on how to help (her child)." With specific reference to EHS, one mother described how the element of time and the effects of EHS services influenced self-efficacy and learning. "Before I just imagined you know, this is what I should do and now I know that was definitely the right decision because they've learned so much and I've learned so much and we've all grown together". Another mother stated,

It makes me feel proud of her accomplishments. When they do the ASQ's (Ages and Stages Questionnaire) or whatever. And they say this is what she should be doing and she can get excellent on all of them it makes me
feel good. I never really would have known unless I researched it, like what are they supposed to be doing... I like being able to see where she should be and where she really is... I love it!

**Role models.** The influence formal supports and services had on parental self-efficacy was evident throughout mother interviews, especially since mothers reported limited social support networks. Parents described home visitors and other professionals as being influential figures in their lives, suggesting that parents may blend perceptions of the traditional professional role and formal services, instead perceiving them as informal supports and role models.

All six mothers in this study reported limited informal or formal support in some way. While community was highlighted as an important support, a larger sense of community was absent from participants' experiences. Due to the semi-rural nature of the study setting, families were limited in proximity to a wide-range of resources. The “sense of community” families reported was not related to a strong social capital and "belonging", but rather linked to a few, select informal support persons and primarily, support from formal resource personnel. Several mothers reported the absence of role models within their personal lives and indicated that this absence forced them to look elsewhere for vicarious parenting influences, leading them to look to professionals for a greater sense of formal support and informally serve as role models and positive, personal influences.

The two participants that reported the most limited informal support networks indicated that EHS home visitors and other intervention service providers served as role models for them and seemed to encourage a sense of
informal support, just as much as a formal support. Four mothers indicated their beliefs that parents typically model their parenting styles based on how they were raised. In one mother’s case, she viewed this with positivity, reflecting on her own childhood experiences and saying she had an “easy childhood”. Therefore she modeled her parenting style after her own mother’s since she believed that her mother had been effective.

Two other mothers also noted that how individuals are raised often influences their own parenting. However, their childhood experiences were not as positive. One mother specifically described this conflict, “I didn’t have the best role model as a mother, so when it comes to learning how to be a mother, I have to look to outside sources.” She identified a former home visitor from another program she had been involved with as being influential to her parenting. She described that her role model had experienced a wide range of challenges and triumphs throughout her life. She was able to respect and relate to this woman and it was through vicarious experience that the role model influenced this mother’s parental self-efficacy.

A third participant also described that a woman at a formal assistance program for nutrition, became a supportive figure in her life. She mentioned that while she no longer sees this person directly for services, whenever she goes to that organization, they catch-up and enjoy conversing with one another. Similarly, one mother reported utilizing professional relationships as a means for informal support and advice.
These findings on the element of role models are significant in the field of parental self-efficacy among low-income populations. In many rural areas, a "sense of community" and social capital may be limited or appear non-existent. This study highlights informal supports as important. However, many families may also lack informal supports and services that can provide families with the adequate and necessary support due to other constraints. Therefore, the role of formal support programs serves a dual purpose, as a means of both professional and informal support. A mother's sense of community may be comprised of these factors, highlighting the greater significance of these programs and services.

**Theme 3: Reflections on Child Development and Growth**

Five participants identified the meaning of being an effective parent in similar ways and highlighted that it is important to make parenting a priority. They identified emotional responses such as showing love and empathy toward their children. Participants also identified "being there" for their children as an important concept as well as teaching their children and helping them grow. One parent described providing a "nurturing place" for children, one that is "clean" and "warm", but that the positive emotional relationship established with children and meeting their basic needs was central to being an effective parent. Another mother described that the role of a parent is to also be a teacher saying, "It takes a community to raise a child and I definitely see that and completely agree with that. But if you're not reinforcing things at home, they're never going to learn it."

Therefore, building upon a child's educational resources provided to them within
the larger community and promoting child development and growth was identified as a parental responsibility and role.

The theme of child development and growth was identified when parents referenced the ways in which they reflected on, observed, recognized, or learned more about their child’s development, skills, milestones, behavior, and knowledge. Heightened levels of parental self-efficacy were linked to observation and recognition of child development, growth, adaptation of skills, and learning. Some mothers specifically attributed the ability to recognize this growth and development to Early Head Start and the influence of their home visitor. Low levels of parental self-efficacy were also associated with negative perceptions of a child’s perceived experiences. If a mother believed that her child viewed their family’s experiences as being negative, it resulted in lower parental self-efficacy. Vicarious experiences were also significant in examining mothers’ perceptions of their child’s subjective experiences with the outside world. If a mother perceived her child to view their family’s experiences or circumstances in a negative light because they compare themselves to other families who have more resources, or are receiving messages from others in the community, a mother’s efficacy was lowered. A child’s successful enactive mastery experience contributed to high levels of parental self-efficacy through mothers’ observed vicarious experiences. If a child was successful at a task or in overcoming an obstacle, a mother’s observation of the child’s success resulted in higher parental self-efficacy.
All six parents described child behaviors in discussion about effective parents. When asked what an effective parent looks like, one participant said, "it's not what the parent looks like, it's what the children look like." She went on to describe that to her, a child's behavior and knowledge is a direct reflection of a parent's efficacy. She stated that to her, teachers having respect for both her and her husband was "the biggest accomplishment... the biggest power-up or whatever... the biggest self-esteem... the biggest pride to have teachers love us and it's not like we're putting on an act to do it. We're just being us and they can see that." Child behaviors, skills, growth, and development was significantly linked to perceptions of higher parental self-efficacy as well as social reinforcement from verbal persuasion. However, another mother did not feel supported by her older child's teachers, stating, "I just feel like the teachers are not as warm and caring," as opposed to the EHS program she enjoys being a part of with her younger child.

Mothers' self-efficacy was also heightened by child accomplishments or the development and demonstration of new skills. One mother stated that when she hears her older daughter counting over 100, "it makes me feel so excited... It makes me feel really well-accomplished when she does things and she can count by 5, 10, 15 in like 2 seconds!" She also indicated that her youngest child's development boosts self-efficacy: "hearing things like mama, dada, baba, just her making noises back at me, I love that".
Other mothers described being confident and effective parents when their child was behaving. Regarding child behavior, parent's self-efficacy was often the result of vicarious experiences. Parents reported comparing their child’s behavior to that of other children within school settings and in public. Verbal persuasion in the form of reinforcement and compliments about their child also boosted perceptions of self-efficacy. One mother reported feeling guilty when disciplining her children, but reflected on how her self-efficacy was heightened and parenting methods reinforced through a vicarious comparison of her own child’s behavior to the behavior of other children.

I kind of feel like a better parent when you see other kids and your kids might... I don't want to sound conceited or whatever, but your kids might behave better... and I realize I do those things because... it helps them learn the ways of the world and then they don't get in trouble when they're outside of the house and they are respectful.

In this case, parental self-efficacy was lowered due to feelings of guilt. Self-efficacy was then heightened due to the vicarious experience of comparing her own child’s behavior to others in a public environment, reinforcing her overall sense of parental self-efficacy.

Child perceptions of experience. Child perceptions of experience were identified when parents referenced how they believed their children felt about a given experience, or the ways in which their child talked about experiences. Parental perceptions of how their own children perceived vicarious experiences impacted levels of parental self-efficacy. One parent stated, “My kids, they see their friends’ parents and they see that they are older and they see that they have
more. They see it on TV... So it just makes them think that this situation is not good." Parent concerns regarding how their child perceived their family's experiences was directly related to parental perceptions of self-efficacy. In this instance, the parent expressed a sense of lower self-efficacy.

Parental perceptions of how their children perceive experiences were also shown to increase parental self-efficacy. One mother described an event that did make her feel confident in her parenting. When she and her daughter were in a professional setting seeking a formal service, her daughter stated that the place she feels best is at her house and the mother said, "I never would have expected her to say that. But she feels comfortable and secure there, so I guess I'm doing a good job." Below is another passage illustrating a parent's beliefs and influence of social perception while allowing this mother's voice to truly be heard.

I'm really young. I think that's my biggest fear is that because of my age, it affects my ability to parent and provide for my kids I guess. Sometimes I feel like I just can't possibly have enough experience to know that I'm doing the right thing. But then we go into public and see that my kids are behaving or that other people tell me "you're doing a really good job". So I just hope that they are right. But I think at my age, even my daughter... she will bring up how everyone else's parents are older, how they have a house or a car and how come we don't have those things. And those things make me feel bad about myself. They do. But I just explain to her that I'm younger than everyone else. She's even said to me once you know... (Grandma) said that because you had me, you never had a childhood. That makes me feel bad because I can never take those things away that people have said to her.

This powerful passage encapsulates the deeper emotional struggles that these mothers face as they navigate various contexts on a daily basis. It illustrates how a mother's self-efficacy is influenced by all sources including mastery.
experiences, vicarious experiences, verbal persuasion, and physiological and affective state. It demonstrates how the contextual challenges often associated with poverty, such as housing instability and transportation, influence not only parental self-efficacy, but a child's perception of him or herself within society, which has even greater ability to affect a parent's self-efficacy and mental well-being.

Theme 4: Stability

Stability was identified in this study when parents described feelings of or experiences related to reliability, consistency, and calm. Key terms included schedule, routine, stable, and reliable. Instability was identified when parents described feelings of or experiences related to unreliability, inconsistencies, and chaos. Key terms included chaotic, instable, unreliable, and worry. Stability was a theme prevalent throughout this study, emerging as an element that bridged the role of parental self-efficacy with informal supports, formal supports, and contextual variables. All six mothers described experiences of instability related to the contextual factors that families with low-income are likely to encounter including a lack of financial resources, a lack of material resources, housing instability, limited transportation, and instability regarding dependable social support networks. Stability was also linked to perceptions of higher self-efficacy originating from mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state.
Stability in mother’s lives regarding contextual challenges, informal support, and formal services worked to directly influence parental self-efficacy originating from a physiological and affective state. Findings suggest that the more stable a mother’s support systems were, the more likely that a mother would express optimism in negotiating challenging contexts. In addition, the more stability exists, the more likely it is that a mother will experience less role strain and thus higher self-efficacy.

The lack of stability regarding financial and material resources was evident in all interviews. Mothers reported lacking basic material resources that people may often take for granted. One mother stated,

> When I moved here, I thought it came with a microwave. I thought apartments came with microwaves. I was wrong. So for a year I didn’t have a microwave. I can’t tell you, when I saved up enough money to get a 90 dollar microwave...It was a luxury. I was making a big deal out of it. Like people came over and I was like ‘look I’m heating food up in my microwave!’

She also mentioned that she did not own a vacuum cleaner and frequently sweeps her carpet to keep her apartment clean. In addition to financial instability limiting mothers’ access to routine household goods and basic material necessities, effects of financial instability are far reaching in terms of determining mothers’ access to community resources and supports. At the time of their interviews, two mothers had no form of transportation. One mother had transportation, but it was both unreliable and expensive to use. The lack of reliable and stable transportation, in combination with unreliable social support, limited participants’ abilities to access vital resources within the community and
lowered self-efficacy. One mother described occasionally relying on a neighbor for transportation, noting that the local bus system was both unreliable and inconvenient, especially to get her children to medical appointments located in another town. She described relying on taxis, and cited the devastating challenge of transportation in a medical emergency with her child. As previously noted, this lack of reliable transportation was linked to feelings of reliance and guilt as well as a lower sense of self-efficacy and independence.

Housing instability was significant for three families. One family owned their own house and four lived in apartments. Three families reported moving in the past year and two families reported being homeless, or in transition within the past three years. One family was in transition, reported living out of a car for a year, eventually turning to a homeless shelter for support, but was told to leave since the mother’s work shift ran late into the night/early morning hours. She was unable to get another shift at her place of employment and thus decided she must leave, relying on various friends to give her a place to stay. Another family described living in motels, until they were kicked out and also turned to a homeless shelter for support. When asked how she knew things were going well on a larger week to week, month to month, or long-term scale, one parent responded by saying,

To know that bills are paid. We managed to stabilize ourselves in the same apartment for just about a year and a half now. That for us, that’s how we know things are going well. We haven’t had the stresses of being evicted or getting electricity shut off or… from here, we came from a shelter so yeah, life is good.
In this case, repeated successful enactive mastery experiences were related to a sense of stability, which also influenced levels of self-efficacy. Home visitor interviews revealed that housing instability is also a community-wide challenge with a wait list for housing years long. One mother reported applying for income-based housing and being on the wait list for four years before she was accepted.

At the time of the interviews, all participants had been living in their current residence for at least a year. Three participants had lived in their current residence for just over a year and another mother for lived at her residence for two years. One mother had lived in her current residence for almost four years, and another for five. Mothers reported positive feelings that they had been able to provide a stable home for their families, which was related to increased levels of self-efficacy.

One mother lived in an especially rural area, and described feelings of isolation in terms of access to community resources, especially for children. In order to take her children to areas that offered entertainment spaces, parks, or any other places developmentally appropriate for children, she would need to drive at least 20 to 45 minutes to another town. Another mother reported similar concerns since she lived at least 20 minutes away from the Head Start Center. The element of semi-rural isolation in combination with work schedules was also a contextual factor influencing whether families were able to attend their child's weekly Early Head Start socialization. Environmental factors including children's exposure to lead and a lack of green space or other play environments conducive
to positive child development were reported. Parents frequently reported
dissatisfaction with their residence due to the surrounding neighborhood
environment. One mother stated:

There's a lot of unsafe activity that goes on in this neighborhood, that... the
kids don't go play in the yard. We have the back deck. They will go play on
the back deck, but I don't allow them to go play downstairs in the back
yard, because I don't trust the other people that are around here.

All mothers relied on formal assistance programs to provide any sense of
financial stability to meet all of their needs. Mothers reported success of meeting
their child's needs independently, by utilizing formal resources, or by utilizing
informal supports networks, all of which was linked to a higher sense of parental
self-efficacy. Stability of mothers' social support networks was fragile, and
successful mastery experiences of parents engaging in these social relationships
was variable, working to both enhance and inhibit a parent's self-efficacy across
all contexts. Contextual challenges mothers faced also provided opportunities for
mastery experiences strengthening self-efficacy. However, the outcomes of these
experiences were also variable.

Mothers frequently described opportunities for vicarious experiences that
came from observing others in public, observing others that are perceived as role
models, and from formal supports and services provided to them and their
families. Here the stability and quality of relationships with members of informal
and formal support networks plays a crucial role. This also impacts sources of
mastery experiences as well as verbal persuasion. In interviews, home visitor
described how many families' support networks can be limited and unreliable.
One home visitor described that she sees families struggling to maintain healthy friendships stating, "they don’t always have a stable person" to provide the necessary support.

On a more micro-level, stability was most significant with regard to daily routines and schedules. All six mothers identified either a routine or schedule as being important in mitigating the contextual stressors they faced and increasing parental self-efficacy. Findings suggest that the stability of routines and schedules can serve as the mediating role between calm and chaos among all contexts.

Mothers described routines and schedules as mechanisms helping to minimize stresses related to child behavior. One mother indicated that if she is stressed out, then her children are stressed out, a combination that undermines a family routine, compounding the stress felt by all family members. Throughout all participant interviews, parents described the absence of routines and schedules as being associated with lower self-efficacy, higher parental distress, and higher role strain. When routines and schedules were stable, parents reported feelings of higher self-efficacy and confidence.

Qualitative findings related to 1) the function of mental health, 2) sense of community, 3) the influence of child development and growth, and 4) stability provided a better understanding of the role of parental self-efficacy as parents navigated various contexts and received formal supports and services. Contextual factors greatly impacted perceived self-efficacy. The diverse roles of
informal and formal supports were significant mechanisms that worked to influence levels of self-efficacy. Finally, parental self-efficacy was shown to fluctuate across contexts and experiences based on a mother's enactive mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state.
CHAPTER V

DISCUSSION & CONCLUSIONS

Discussion

The purpose of this study was to examine the role of parental self-efficacy as mothers with low-income navigated formal supports, services, and obstacles. Through qualitative methodology, specifically in-depth interviews with six mothers receiving Early Head Start services, the voices of low-income mothers and their experiences were expressed. It was expected that despite extensive formal supports and services provided to mothers, levels of parental self-efficacy would still fluctuate greatly due to contextual challenges. Previous research identified perceived parental self-efficacy as a construct that was situation-specific and therefore required more holistic examination of how it fluctuates across contexts and parental experiences (Bandura, 1977; de Montigny & Lacharite, 2005).

This study found that parental self-efficacy was influenced by the role of informal supports, formal supports and services, and contextual challenges. Evidence of parental self-efficacy stemming from enactive mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state was also demonstrated when examining contextual challenges, the role of informal supports, and the role of formal supports and services. Findings of this study add to the body of existing research on parental self-efficacy, specifically
regarding the experiences of mothers with low-income. Findings also provide deeper insight into the lives and experiences of six mothers with low income, a better understanding of the obstacles they face, and the role of self-efficacy as they navigate these obstacles, which will facilitate professionals in meeting the needs of low income mothers and families more effectively.

Findings reinforced previous literature in that the role of parental self-efficacy varied across contexts and served a significant purpose in helping families to acquire a greater sense of motivation and competence when faced with adversity (Bandura, 1989; Crain, 2010; Gondoli, 1997; Teti & Gelfand, 1991). Additionally, findings provided deeper insight into the personal lives of six mothers with low-income and their experiences. Analysis identified four themes including 1) the function of mental health, 2) sense of community, 3) the influence of child development and growth and 4) stability. Within these four themes, three primary findings emerged that contribute to existing research including, stability as a mediator of contextual challenges, the role of formal and informal supports, and the meaning and perception of experience.

While stability was an overarching theme within this study, the individual element of stability was identified as an important mechanism that mediated contextual challenges and thus is discussed further. The role of formal and informal supports was central to this study and worked to inform the research questions, and also emerged as a main finding. Finally, the meaning and perception mothers ascribed to their experiences, was significant in influencing
the role of parental self-efficacy. Each of these three findings are discussed in relation to the three theoretical frameworks guiding the research including ecological systems theory, family systems theory, and symbolic interaction framework (White & Klein, 2008).

Stability as a Mediator of Contextual Challenges

The central finding of this study was that stability across contexts served as the “glue” mediating calm and chaos in the lives of these mothers. Chaos was associated with lower self-efficacy, motivation, competence, and the perception of greater contextual obstacles. Calm was linked with higher self-efficacy, motivation, competence, and perceptions of optimism regarding contextual obstacles. Parents identified instability throughout their experiences and feelings of role strain which lowered levels of parental self-efficacy, and yet instability was shown to be mediated by mechanisms heightening self-efficacy including organization, routines, and schedules. Evans (2004) identified that because of increased economic pressures and contextual challenges families with low-income face, their home environments may be more chaotic, and families may lack routines. In the current study, findings demonstrated that all six families valued routines and schedules, describing it as a necessary mechanism protecting against chaos. This sense of stability provided through routines and schedules was most significant, determining whether or not a family went into “twister” mode, lowering parental self-efficacy or helping to maintain the calm, and increasing parental self-efficacy in the midst of obstacles and challenges.
It was expected that mothers would experience feelings of role strain, since past research identified that mothers with low-income are likely to face a range of contextual challenges that would result in role strain (Belle & Doucet, 2003; Pearlin & Johnson, 1997). Based on symbolic interaction framework, our social structure defines roles and assumes certain norms or expectations for such roles. Role conflict arises when humans cannot define clarity of role, or when there is too much role strain due to inability to perform effectively within the given role (White & Klein, 2008). Sources of mother’s role strain within this study were embedded within societal roles and the roles they had created within their families, frequently the result of financial pressure and employment availability. Role dissatisfaction was linked with lower levels of parental self-efficacy.

Competence, the result of a mastery experience (de Montigny & Lacharite, 2005), was shown to reduce role strain and increase self-efficacy. Parents reported “feeling good” and “less stress” when they “accomplished” daily tasks. This suggests that a mothers’ self-efficacy is heightened as she successfully navigates contexts and experiences that serve as enactive mastery experiences. This successful navigation then reduces feelings of role strain. Feelings of being organized, and the consistency of routines and schedules, served as mechanisms mediating the effects of role strain and contextual instability on perceived self-efficacy in day-to-day contexts.

Mothers attributed the role of formal supports and services, specifically provided by Early Head Start and home visitors, as being important elements in
helping them to understand the importance of routines and schedules, as well as assisting them in the development and implementation of such routines.

Consistent with Attree's (2005) findings, mothers valued the formal services and supports of EHS and informal nature of service delivery within their homes. They also described the nature of their relationship with home visitors as respectful and supportive. The supportive and stable relationship mothers had with home visitors helped them to establish stability in other aspects of their lives and navigate obstacles. Formal supports, services, and resources provided mothers with opportunities to heighten self-efficacy through vicarious experiences and verbal persuasion. Home visitors gave mothers the practical tools, advice, and positive reinforcement that better equipped them to successfully navigate day-to-day contexts, reinforcing the literature that this type of formal support is most valued (Attree, 2005). Successful implementation and management of routines and schedules provided mothers with successful mastery experiences. This success and higher sense of self-efficacy was then reinforced through vicarious experiences or the observation of improved stability and fewer daily challenges.

The Role of Formal and Informal Supports

This study yielded two significant findings regarding how mother's perceptions of their own parenting abilities were influenced by the provision of informal and formal supports. Mothers in this study lacked a larger sense of community and social capital, primarily due to the rural nature of the setting. A large religious or cultural sense of community was also absent. The utilization of
media as an informal support and resource, boosting parental self-efficacy, was a significant finding because it broadened the community mothers had access to and in essence became a virtual community of support and belonging. Media served as a mechanism linked to higher self-efficacy through sources of both vicarious experiences and verbal persuasion. Physiological and affective state was also affected as a secondary source of vicarious experiences and verbal persuasion. The figure below is an application of Bronfenbrenner's ecological model, designed to reflect findings of this study and illustrate the various elements influencing mothers' "systems" and to facilitate discussion.
As demonstrated in Urie Bronfenbrenner's ecological systems model (1979) (Figure 1), mass media is part of an individual's exosystem, as well as their community. For the mothers in this study, aside from formal supports and services, a larger sense of community was often absent. Media supports seemed to absorb some of the role that community typically has for an individual, serving them with educational resources, parenting support, and even emotional support regarding traumatic events. However, one mother communicated with other mothers directly via internet and online support groups which provided her with a sense of community, belonging, and shared experience, all of which worked to enhance mental well-being and self-efficacy. In this case, as demonstrated in Figure 3, media served as a support within a mother's microsystem since she was directly engaging in dialogue and sharing her experiences via online support groups. This sense of community, belonging, and shared experience was otherwise almost non-existent within their lives, an element that is typically prominent within exosystems. Despite the positive influences of media, specifically the internet as a form of informal support, this raises concerns regarding implications for child development and mental-health.

While internet media can serve as a wonderful support and resource for families, especially those with minimal informal and community support networks, it can also provide mothers with inaccurate or misleading information and mothers may or may not be able to effectively evaluate the credibility of certain sites (Bates, Romina, Ahmed, & Hopson, 2006). Mothers may implement
parenting techniques recommended by non-professionals. While this may be effective most of the time and seem harmless, it also has the potential to encourage developmentally or culturally inappropriate practices in the absence of other informal and formal support networks. This reiterates the significant role that formal services such as Early Head Start have as a crucial support within mothers' microsystems. Through positive and trusting relationships with families, they are able to reaffirm a parent's beliefs about parenting and when necessary, give them the tools to change or adapt an aspect of parenting in order to boost their parental self-efficacy and help them to better meet the needs of their child. Home visitors within EHS and similar formal support programs may be able to utilize forms of media as an alternative forum for service delivery and communication. It serves professions with an opportunity to reach out to mothers and other parents, providing more easily accessible, practical, and informal forms of support, and connecting mothers and families to other resources within the community and online, building their social capital.

With regard to providing emotional support for challenging experiences, the utilization of media as an informal support raises the question of if and when this informal form of support blurs the boundary and begins to assume the role of a mental health practitioner. One mother successfully navigated a challenging context, or traumatic event, utilizing support from a family member and shared experiences with other mothers online. While this form of support found online was helpful for this particular mother, some parents may need more formal
support to help navigate and cope with a traumatic experience. This raises questions regarding the implications of parents seeking informal support from strangers online when they may be better served by seeking professional support from a mental-health practitioner.

Home visitor interviews revealed that access to mental health services is becoming more and more challenging for individuals at a community-wide level, and especially for families that must rely on sliding scale fees or a program that accepts state insurance, while both mothers and home visitors identified the need for mental health services as significant. When providing demographic information from this study, the center manager of the research site also indicated that the two biggest challenges for families within this community is adequate public transportation and access to mental health services. Depression can have far-reaching effects on a parent's mental well-being (Belle & Doucet, 2003). Figure 3 illustrates that this lack of funding and available support is the result of larger economic patterns within macrosystems, the effects of which are shaping mothers microsystems, experiences, and parental self-efficacy. Therefore, communities must examine the substantial impact a lack of available mental-health resources can have on individuals, parents, and ultimately child development. If a parent is unable to get professional treatment for mental-health concerns, they are likely to experience more role strain, less motivation, less competence, lower self-efficacy, and more instability, all of which can have a deleterious effect on children, family units, and the greater community.
A second significant finding regarding how mother’s perceptions of their own parenting abilities were influenced by the provision of informal and formal supports focused on the influence of role models. Bronfenbrenner’s ecological systems and the adapted model created from findings in the present study (Figure 2) is used to discuss the contextual challenges mothers faced and illustrate the complex role that informal and formal supports had on the experiences of these mothers.

Mother’s microsystems were generally limited in terms of support (White & Klein, 2008). Parents reported limited or unstable peer and familial relationships. A strong sense of religious community or affiliation was also absent. Findings suggest that the cumulative effect of a mother’s limited microsystem support resulted in an unstable mesosystem. It was evident that the challenge for mothers navigating individual relationships within microsystems was compounded when a holistic lens captured the “pile up” of stressors creating the mesosystem.

Mother’s challenges were exacerbated even further by an exosystem that lacked a larger sense of community, and they reported being inhibited by mass media messages and institutionalized barriers that marginalize the poor. A large religious or cultural sense of community was absent from participant interviews. Much of the greater body of literature examining formal social support services has focused on those living in urban communities including racial and ethnic minorities. While this study’s sample was homogenous, and is later presented as
a great limitation, this sample also exposes the experiences of mothers in a unique location. Not only were mothers located in a semi-rural area, but the northeastern United States seems to be less attached to religion and church (Newport, 2012). This region also has some of the lowest teen pregnancy rates (Matthews, Sutton, Hamilton, & Ventura, 2010). Interviews highlighted mothers' self-perceptions regarding being young parents, indicating that the regional cultural values and social conditions unique to this geographic area affected parental self-efficacy.

Mothers' macrosystems were most significantly impacted by current economic patterns, reducing the formal assistance programs available. Due to a lack of funding for support programs and resources, mothers' macrosystems were most significantly impacted by current economic patterns. The current economic patterns worked to reduce the formal assistance programs available due to lack of funding, specifically in terms of limited mothers' accessibility to mental health services. Interview findings indicated that elements within a mother's macrosystem greatly influence the availability and quality of resources and supports for families with low-income. A lack of such accessibility to necessary services can significantly impact a parent's physiological and affective state, and thus parental self-efficacy. All of the challenges within mothers' "systems" worked to lower parental self-efficacy, essentially putting mothers' ecological systems at risk.
Mothers experienced instability with regard to informal supports and worked to both increase and lower levels of parental self-efficacy. The direct influence of formal supports and services heightened perceived parental self-efficacy. However, findings aligned with previous literature in that the meanings ascribed to these services also had a bi-directional influence on self-efficacy (Raikes & Thompson, 2005). Since mothers were limited in terms of access to a larger sense of community for support, and experienced instability in terms of informal supports available to them, formal supports and services played a crucial role in increasing parental self-efficacy and helping mothers to navigate obstacles.

Mothers identified a lack of appropriate role models in their lives, and frequently described looking to formal support personnel at Early Head Start and other formal programs to serve as parenting role models. Figure 3 illustrates the relationship between formal and informal supports within mothers' microsystems. This finding suggests that formal supports and services serve a dual purpose when a mother is limited in terms of informal support networks and community and aligns with the notion of social capital. Home visitors are able to serve as role models due to the trusting relationship they created. They are then able to help families acquire social capital by linking families to other social supports and resources within the community (Coleman, 1988). This makes the role of formal supports and services a more significant contributor to parental self-efficacy through vicarious experiences and verbal persuasion, suggesting that formal
supports working to enhance a mother’s parental self-efficacy could mediate the risk factors associated with a lack of informal support networks. Formal supports and services are also more significant in contributing to a parent’s sense of mental well-being which is linked to self-efficacy, motivation, and competence. The ability to influence self-efficacy in these ways also allows formal programs to indirectly help a parent achieve a high sense of self-efficacy through enactive mastery experiences.

The Looking-glass self: Examining Meaning and Perception of Experience

Within symbolic interaction framework, the “looking glass self” describes the ability of the mind to look at the self within interactions as well as the ability to see ourselves as others would see us (White & Klein, 2008). Throughout this study mothers identified self-perceptions. Mothers identified the ways in which they perceived themselves to be effective parents as well as the sources of such perceptions and self-efficacy. A key finding was that mothers frequently described sources of vicarious experiences and verbal persuasion regarding their child’s behavior and skills as contributors to their parental self-efficacy. Family Systems Theory postulates that a family is viewed as having the greatest influence on a child, while also recognizing that a child’s personality also affects parents (Ingoldsby, Smith & Miller, 2003). Compliments from strangers regarding their child’s success, behavior, and development, all worked to influence parental self-efficacy. Likewise, mothers’ perceptions of self-efficacy were influenced by
their perceptions of how effective other parents were through vicarious comparison of both parent and child.

Mothers compared their parenting effectiveness to that of others, specifically judging another child's behavior in comparison to their own. If another child displayed socially non-acceptable behaviors, even though that child's parents may have more material resources and utilize less formal supports and resources, mother's parental self-efficacy was increased. It served as confirmation that they were effective parents because their child was more successful either behaviorally or developmentally when compared with others.

Most significant to the notion of ascribed meaning and perception, was that mothers most frequently described concerns for how their child was viewed within society, rather than themselves, and how their child's perception of self, greatly impacted their parental self-efficacy. Mothers expressed that their children's vicarious experiences influenced how the child perceived their family's experiences, especially when comparing their material resources to the material resources of families of higher socio-economic status. However, one mother noted that her older child was able to recognize that while some families have more material resources, they may lack a secure attached relationship or emotional support. This heightened a mother's self-efficacy to know that her child was also able to perceive familial strengths. Mothers expressed significant emotional responses when describing these child perceptions, regardless of whether or not positive or negative meanings were ascribed. This suggests that
child perceptions of familial experience have greater strength to influence parental self-efficacy.

In summary, this study expands the body of literature focusing on the complexity of parental self-efficacy. This study identified stability, specifically through routines and schedules, as being a mediator of the contextual challenges families with low-income face. The role of formal and informal supports was shown to be especially significant for these six mothers who were limited in terms of positive and reliable informal support as well as a larger sense of community belonging. Finally, the meaning and perceptions mothers ascribed to their experiences, specifically related to their children's perceived experience, was a notable finding posing implications for further investigation and research.

**Limitations**

It can only be assumed that mothers were honest in sharing their experiences. Interview transcripts were not coded for inter-rater reliability. Instead, trustworthiness was established through explicit descriptions of method and coding analysis, and by identifying the potential bias of the researcher.

While the study sample was reasonably representative of mothers receiving Early Head Start services at the research site, the sample was homogenous in terms of race, ethnicity, sexual orientation, and gender. A small sample size was conducive to the qualitative nature of the study and examination of complex variables and contexts. However, while the goal of this study was not to generalize, but rather describe complex phenomena, the small sample size
limited the conclusions that can be drawn and the transferability to other contexts. A sample of mothers was used primarily because the researcher's experience at this particular Early Head Start site demonstrated that mothers were typically more involved with the direct service of home visits than fathers. The research site was located in a semi-rural area, therefore ignoring elements of more urban settings that would likely impact access to community resources such as transportation. In addition, the lack of cultural and ethnic diversity may have influenced the participants' sense of community and thus parental self-efficacy.

**Implications for Future Research**

The qualitative method of this study allowed for the role of parental self-efficacy to be examined from a holistic lens and captured the broad range of maternal experiences. Findings from this study suggest that more research examining the role of parental self-efficacy across and within various contexts is necessary. Findings reinforced previous literature and highlighted emerging themes that integrated elements of formal supports and services, informal support networks, and contextual challenges. Implications of this study encourage future research examining how a child's perception of subjective experience influences a mother's self-efficacy and the ways in which this may additionally be influenced by the age of the child. Future research could also examine how formal family support and resource programs incorporate methods and interventions that work to enhance parental self-efficacy.
It is recommended that future research include a sample of both mothers and fathers when examining the role of parental self-efficacy and specifically explore potential gender differences. Implications of findings suggest that future research include a more diverse sample in terms of cultural and ethnic diversity, and in more geographically diverse settings, to examine the role of formal and informal resources in rural and urban areas as all of these factors are likely to influence the role of parental self-efficacy.

Other directions for future research include the need for examining alternative sources of informal supports such as media resources, specifically in the absence of a larger sense of community, and how the role of media resources affect perceived parental self-efficacy. Furthermore, longitudinal studies examining parental self-efficacy within and across contexts and time would be beneficial. Findings also highlight the need for research examining the potential intergenerational effects of how informal and formal support networks over time impact both parents' and children's perceived self-efficacy. The current economic and political climate is limiting the amount of funding for crucial formal support programs for families with low-income, specifically regarding mental health-services. Therefore research focusing on the impact of decreased access to formal supports and resources on parental self-efficacy is warranted. Finally, research examining a parent's life course, specifically their childhood experiences, and their internal resources used to heighten self-efficacy and
navigate various contexts and challenges would add to the body of literature, helping professionals to better understand this complex construct.

**Implications for Practice and Conclusion**

The implications of this study extend to educational, social, and family policy development and implementation. Parental self-efficacy has been identified as a crucial construct mediating roles between positive and negative outcomes in a variety of ways. Formal programs providing services and resources to parents, specifically parents with low-income, would benefit greatly from services designed to boost self-efficacy through enactive mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state. The following recommendations for policy and practice relate to 1) Routines and schedules, 2) Media, 3) Positive reinforcement and communication 4) Reciprocity and 5) Community.

1) Routines and schedules: It is recommended that programs and professionals working with families develop goals and strategies to support families in establishing and maintaining routines and schedules. These goals should be simple, realistic, and appropriate for the family. Goals and strategies should also be developed based on the individual needs and characteristics of a given family, since each family is unique in terms of family structure, values, and the contextual stressors they face, all of which will determine the meaning of stability and what stability looks like within their own family. Professionals should aid parents in recognizing the successes and benefits resulting from the
establishment of routines and schedules, specifically encouraging self-reflections on how a routine has influenced their child’s behavior, as parents identified this as a significant influence on parental self-efficacy. Professionals should also help parents to maintain and reestablish routines and schedules in the midst of challenges and crises, and boost their self-efficacy by pointing out the parent’s prior successes related to creating and maintaining a sense of stability.

2) Media: Not all parents will have access, or feel skilled in terms of utilizing media resources. However, this should be a conversation that professionals and families have. Professionals must discuss with parents the ways in which they utilize media as a resource and support. If media is identified as an accessible and preferred source of information, professionals should work with parents to help ensure that they are navigating media supports successfully, receiving accurate and developmentally appropriate information regarding parenting. Professionals should connect parents to media resources related to topics of the parent’s interest that will work to enhance social capital. Professionals often provide handouts and connect families to other resources, but by helping families to successfully navigate and utilize media services themselves, professionals will help to increase a parent’s social capital and parental self-efficacy. It is also recommended that professionals and organizations serving families consider how they can utilize media as a form of service delivery. Parents described seeking online support and engaging in conversations with other mothers. Professionals should consider ways in which
they can utilize media as a forum for professionals to provide direct support to families as well as how media could be used as a tool to connect families to other families that are receiving the same formal support service.

3) Positive Reinforcement and Communication: Educators and other professionals who must frequently communicate with parents regarding a child’s development, face a unique challenge in that their feedback and communication has the ability to weaken a parent’s self-efficacy and put a family’s “system” at risk. Professionals must work to consistently build trusting relationships with families and provide them with necessary resources, serving as advocates for families and increasing their social capital. Professionals must be mindful that certain families may face more contextual challenges and their parental self-efficacy may be at greater risk for fluctuation. Therefore, when discussing child developmental concerns, professionals should work to empower parents in their roles as caregivers and teachers, pointing out specific ways in which they have positively affected their child. Professionals should also consistently help parents to recognize the positive progress their children have made, specifically with developing new skills and knowledge, accomplishing tasks, and displaying positive behaviors. Professionals should provide parents with practical and informal advice and support, always demonstrating respect and understanding.

4) Reciprocity: Organizations and programs providing supports, services, and resources to parents should take advantage of mothers’ abilities to give back to the community by sharing resources and helping to support other mothers.
Parents should be encouraged to share successes related to parenting, which would serve as a vicarious experience to boost parental self-efficacy as well as increase mothers' informal support networks.

5) Community: Formal supports assume the role of community builders and as a source of social capital for families, a role that is important particularly in rural settings. Professionals should understand that a family's support systems may otherwise be limited and that their influence may be even more significant. In addition, implications of a lack of funding for mental-health programs as well as educational programs serving families with low-income are far-reaching. Policy makers must consider the critical role of informal and formal support systems in influencing early child development as well as the collateral effect upon the communities in which they live.

The role of parental self-efficacy as mothers with low-income status navigated various contexts and received formal supports and services is complex and multi-faceted. This study identified that informal and formal supports contribute to both high and low perceptions of parental self-efficacy, and that mothers' meaning and perception of experiences significantly influence parental self-efficacy. The present investigation provided a holistic understanding of the role of parental self-efficacy within and across contexts. By continuing to amplify the voices of mothers with low-income and validate their experiences as parents, professionals and communities will be better equipped to empower and support
them in their role as parents, and ultimately work to positively shape the lives of young children and families.
References


Date: December 5, 2012

Dear Parents,

My name is Sarah Bond. I am a graduate student at the University of New Hampshire in the Family Studies Department. I am also a former Early Head Start intern. I am conducting a research project to find out more about what supports and services mothers of young children find helpful in their parenting and what challenges they face.

I plan to work with about 6 to 10 mothers in this study. Participants will complete a brief questionnaire, participate in one interview conducted by me, and allow me to access to their EHS application. This study is strictly voluntary and participants may withdraw at any time. Upon completion of the study, participants will be compensated and receive a $5 gift card to Dunkin’ Donuts.

If you think you might be interested in participating in this study and would like to learn more about it, please provide your name and contact information below. Your home visitor will give this information back to me so that I may contact you and can discuss it with you further.

I, (your name)________________________ am interested in learning more about this study and Sarah Bond may contact me.

Phone:____________________________________

Email:____________________________________

Signature:_________________________________
Appendix B

UNIVERSITY of NEW HAMPSHIRE

PARTICIPANT INFORMATIONAL LETTER

Date: December 5, 2012

Dear Home Visitors,

My name is Sarah Bond. I am a graduate student at the University of New Hampshire in the Family Studies Department. Many of you may know me from my time as an intern at EHS last Spring. I am in the process of completing my graduate thesis research and (center manager) has been kind enough to give me formal approval to use EHS as my research site. I understand that (center manager) let you know that I would be contacting you regarding my current research project involving your EHS organization as my research site. I truly enjoyed my experience as an intern at EHS and look forward to continuing my relationship with you.

I am currently conducting a research project to find out more about what supports and services mothers of young children find helpful in their parenting and what challenges they face. I would like to interview you about the contextual challenges you see your families facing, as well as the protective factors that your families rely on for support. I am also hoping to learn more about how you think the formal services and supports you provide may impact a parent's beliefs about their parenting.

Your responses are not intended to reflect the experiences of individual families or reflect or critique the services that you provide, but to provide a broader context of emerging themes.

If you agree to participate, you would participate in one interview conducted by me, at your convenience. This study is strictly voluntary and you could withdraw at any time.

I plan to interview 2-3 home visitors and would appreciate your help.

If you think you might be interested in participating in this study and would like to learn more about it, please email me at (email) or call (phone number).

Sincerely,

Sarah Bond
12-Dec-2012

Bond, Sarah  
Family Studies, Pettit Hall  
145A Flagg Road  
Rochester, NH 03839

IRB #: 5613  
Study: Examining the Role of Parental Self-efficacy as Low-Income Mothers of Young Children Navigate Differing Contexts and Receive Formal Resources and Supports  
Approval Date: 11-Dec-2012

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Expedited as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 110.

Approval is granted to conduct your study as described in your protocol for one year from the approval date above. At the end of the approval period, you will be asked to submit a report with regard to the involvement of humansubjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, Responsibilities of Directors of Research Studies Involving Human Subjects. (This document is also available at http://unh.edu/research/irb-application-resources.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson  
Director

cc: File  
Nimmo, John
Appendix D

ID:________

Demographic Questionnaire

Directions: Please answer the following questions to the best of your ability. The more information you provide, the better I can understand you and your experiences and help me with my study. Please remember that all answers will remain confidential. However, if you do not feel comfortable answering a question, you may leave it blank.

1. How old are you? ______________

2. What is your racial or ethnic identity? (Please check one)
   ______ Black/African American
   ______ White/Caucasian
   ______ Asian: What nationality?
       (Example: Chinese, Japanese, Korean) _______________________
   ______ Hispanic: What nationality?
       (Example: Mexican, Puerto Rican) _______________________

3. Marital Status: (Please check one)
   ______ Single
   ______ Married
   ______ Domestic Partner
   ______ Divorced
   ______ Separated
   ______ Widowed

4. Religious or Cultural Affiliations: (Please specify)

5. How many children do you have? ________________________________
6. Please list the ages of each of your children.

7. How long have you been enrolled in Early Head Start?

8. Are you or your children enrolled in any other formal programs? (If yes, please specify which programs)

9. How long have you lived in your current residence?

10. How many times have you moved in the last year?

11. How many people live in your household? What are their relationships to you?

12. What is the highest grade in school you have completed? (Circle one)
   None: 0
   Elementary/Middle School: 1 2 3 4 5 6 7 8
   High School: 9 10 11 12
   College: 13 14 15 16
   Graduate or Professional: 17 or +

13. Please tell me which of these statements best describes your current work situation: (Please circle one)
   a. Working full time, that is, 35 hours or more per week.
   b. Working part-time, less than 35 hours per week.
   c. Work occasionally, in temporary jobs.
   d. Unemployed or laid off and looking for work.
   e. Unemployed and not looking for work.
   f. Student.
   g. Retired.
   h. Homemaker
   i. Other: Please specify: _______________________________________

14. What is your current occupation?

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15. Please check all forms of assistance you are currently receiving.

- TANF
- SSI
- WIC
- Medicaid
- Food Stamps
- Child Care Scholarship
- Social Security
- Unemployment Benefits
- Workers Compensation
- FAP (Family Assistance Program)
- Other (Please Specify):
Appendix E

Parent Interview

Please Note: Clarifying and probing questions may be added or adapted based on participant responses.

Introduction: Thank you again for your participation in this study. As we discussed, I will be recording our interview. Often people may feel self-conscious at first, but usually become more comfortable after only a few minutes. I'd like to remind you that all of your information will remain confidential and that your participation is strictly voluntary. If you feel uncomfortable at any time you may choose not to answer a question or discontinue the interview. In this interview, I really want to hear about your experiences to help me find out more about what you find to be both helpful and challenging in your parenting.

1. Tell me about your experiences as a mother. What are some really important times for you as a parent?

2. How did you learn about being a parent? A lot of people have a huge variety of experiences. One minute you might feel like an effective parent and the next minute you feel like an ineffective I wonder what the ups and downs of parenting have been like for you...

3. What does it mean to you to be an effective parent?

4. Some people may doubt their abilities to parent when things are very challenging. What parts of your life can make parenting feel challenging? What does it look like when things are not going well in your life?

5. Sometimes you might feel really confident in your parenting. Tell me about what’s going on in your life when you feel confident in your parenting. As a parent, how do you know when things are going well?

6. What can make parenting feel easier for you?

7. As a parent, when you need help, how do you find help and where? Can you share a recent experience when you sought out support? How did it go?

8. Everyone has different ways of coping with stress and challenges. What helps you manage the stress of being a parent?

9. Can you talk about a recent success in your parenting, something that made you feel good as a mother?

10. Do you have people that you can turn to when you need help or support in any way? Who are these person(s) and what is their relationship to you?
11. So I noticed that you indicated on the questionnaire that you have been enrolled in EHS since ________. Did someone refer you? How did you find out about EHS and their services? Tell me about why you wanted to enroll.

12. Every home visitor might have a different style of conducting home visits and it might also change based on a family’s preferred style. Tell me about your home visits and how they work for you.

13. How do you feel when it’s time for your home visit each week? What do you look forward to?

14. Every family is unique with different experiences and interests and might like different parts of EHS’s services. How do you feel that EHS services have influenced your parenting?

15. Is there anything else you would like to share about your experiences as a parent?
Appendix F
Home Visitor Interview

Please Note: Clarifying and probing questions may be added or adapted based on participant responses.

Introduction: Thank you again for your participation in this study. As we discussed, I will be recording our interview. Often people may feel self-conscious at first, but usually become more comfortable after only a few minutes. I'd like to remind you that all of your information will remain confidential and that your participation is strictly voluntary. If you feel uncomfortable at any time you may choose not to answer a question or discontinue the interview. In this interview I really want to hear about your perceptions of the challenges families in the program face, as well as what supports they utilize to help mitigate the effects of these challenges. I also want to know more about how you think the services you provide impact a parent's beliefs about their parenting.

1. You know families seem confident in their parenting abilities (or _________ depending on results of parent interview) How have you designed your program to support families?

2. When you see a family that is successful, what do you think the characteristics are of the family and how does that match the program that you are doing?

3. What kinds of informal supports do you see your families accessing? How does this work for them?

4. What do you see as the biggest contextual risk factors or challenges families are facing?

5. What do you see families relying on for support?

6. You know, parenting is really hard. A lot of people have a huge variety of experiences. One minute you might feel like an effective parent and the next minute you feel like an ineffective parent. How do you feel your services impact a parent’s beliefs about their parenting abilities?

7. Are there certain risk factors that you feel trump the impact of your services?

8. Is there anything else that you would like to share about what you have observed in your role as a home visitor?