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Understanding Parenting Practices and Parents' Views of Parenting Programs: A Survey Among Indonesian Parents Residing in Indonesia and Australia

Agnes Sumargi · Kate Sofronoff · Alina Morawska

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Abstract Parenting practices have been studied extensively in developed countries, but there are only limited parenting studies conducted in developing countries, such as Indonesia, the fourth most populated country in the world. Additionally, evidence-based parenting programs that aim to reduce parenting risks and child emotional and behavioral problems are not available for Indonesian families. It is, therefore, important to understand Indonesian parents' parenting practices and needs for accessing parenting programs in order to contribute to the development of culturally relevant parenting programs for Indonesian families. In this study, a survey was conducted to explore different aspects of parenting practices and parents' views of parenting programs within an Indonesian population. Participants were 273 Indonesian parents residing in Indonesia and Australia who had a child aged 2–12 years old. Results indicate that most parents showed a high level of parental self-efficacy, parental adjustment, family relationships, and parental team work. They also reported low levels of dysfunctional parenting practices and child emotional and behavioral problems. No statistical differences were found in parenting practices and child emotional and behavioral problems between parents residing in Indonesia and Australia. Further investigation showed that many parents still used ineffective parenting strategies (e.g., shouting) when dealing with child misbehavior. Most parents were not familiar with existing parenting programs, but they indicated a moderate to high level of interest in participating in a parenting program, and noted several preferences for the delivery of such a

program. Parents showed a preference for having an evidence-based parenting program, particularly a 'light touch intervention' that is affordable and conducted in an accessible place. Limitations of the study are also discussed, along with suggestions for future research and implications of findings.

Keywords Parenting practices · Parenting risk and protective factors · Child emotional and behavioral problems · Parenting program · Indonesian parents

Introduction

Research has indicated that the quality of parenting that children receive has an impact on overall child development, including social and emotional development. Parenting factors that have been found to increase the risk of child emotional and behavioral problems include the lack of a warm, positive relationship with parents, insecure attachment, inflexible or inconsistent discipline, inadequate supervision of and involvement with children, marital conflict and break down, and parental psychopathology such as maternal depression and parenting stress (Anthony et al. 2005; Miller et al. 1993; Patterson et al. 1989). In contrast, protective factors that have been shown to reduce children's risk of developing emotional and behavioral problems include supportive family relationships, access to professional supports for child emotional and behavioral problems, and participation in an evidence-based parenting program (Armistead et al. 2002; Belsky 1984; Sanders 2003).

Parenting risk and protective factors have been studied extensively in developed countries (e.g., Nelson et al. 2007; Whittaker et al. 2011). However, there are only

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limited studies that focus on these issues in developing countries such as in Indonesia, which is the fourth most populated country in the world (United States Census Bureau 2012). The focus of parenting studies in Indonesia to date has been limited to parenting style and social adjustment in adolescents (Hanif 2005; Mahmud 2003; Rahmania and Putra 2006), and emotional and behavioral problems at school among children in kindergarten (Izzaty and Nuryoto 2006). Anthropological studies from Central Java have anecdotally shown that Indonesian parents and their children had warm relationships but parents used potentially ineffective strategies in managing child problem behavior (Geertz 1961; Koentjaraningrat 1985). For example, Indonesian-Javanese mothers used permissive approaches in disciplining their young children, including strategies such as distraction, frightening the child with threats of strangers or evil spirits, and promising children a reward if they stopped their misbehavior (Koentjaraningrat 1985). As the children grew older, parents used a threatening look and a sharp remark to shame their children in front of other people. Physical punishment was limited to tiny pinches and quick slaps (Geertz 1961). These studies have limitations as they are relatively old, they use a non-objective measure that possibly includes subjective bias in the results, and the studies were conducted only in certain areas of Indonesia. Additionally, these studies describe parenting practices of Indonesian parents without explaining the effect of parenting behavior on child emotional and behavioral problems, or how parents need to be supported. Thus, a study exploring Indonesian parents' current parenting practices using a broader sample and objective measures is needed. As research has documented that children's social competence is positively associated with parent-child relationships (Arshat et al. 2009) and parental self-efficacy (Jones and Prinz 2005), but negatively related with marital conflict and over reactive parenting style (O'Leary and Vidair 2005), as well as parenting stress (Anthony et al. 2005), it is necessary to examine the relationships between parenting factors and child emotional and behavioral problems within an Indonesian population.

Research clearly links the impact of evidence-based parenting programs that modify risk and protective factors to decreases in child emotional and behavioral problems and dysfunctional parenting and improvements in parent-child relationships. Thomas and Zimmer-Gembeck (2007) conducted a meta-analytic review of two widely disseminated evidence-based parenting programs, Parent-Child Interaction Therapy and the Positive Parenting Program (Triple P), and found that both programs were effective in reducing child behavior and parenting problems. In addition, a meta-analysis by de Graaf et al. (2008) revealed that parents who voluntarily attend an evidence-based parenting program do increase their parenting efficacy in managing

child misbehavior and reduce their use of ineffective parenting strategies. The program has also been found effective in decreasing parental stress and improving family relationships (Sanders and McFarland 2000; Wiggins et al. 2009). There is also evidence that dissemination of an evidence-based parenting program to parents in a developing country resulted in positive parenting skills and reduction in child behavioral problems (Fayyad et al. 2010).

Despite the importance of evidence-based parenting programs in preventing and reducing child emotional and behavioral problems, Indonesia as a country that has a substantial number of families (i.e., 61 million; Badan Koordinasi Keluarga Berencana Nasional 2009) does not have a large-scale parenting program that specifically aims to improve parenting competence in managing children's misbehavior. Bina Keluarga Balita (BKB), a parenting program established by the Indonesian government, has a main focus on promoting the developmental milestones of children below the age of 6 (Badan Koordinasi Keluarga Berencana Nasional 2006), and does not specifically address the issue of parenting practices to reduce child emotional and behavioral problems. Other existing parenting programs in the Indonesian community, such as Sekolah Orangtua, pay attention to the parent-child relationships issue (SekolahOrangtua.com 2009), but the program has not been evaluated. Although no known published data is available on rates of child emotional and behavioral problems in Indonesia, it has been reported that 2.3 million children or 3 % of the total number of children in 2006 experienced violence (Ministry of Women Empowerment and Child Protection 2011). The National Commission for Child Protection in Indonesia (2011) has also indicated that reported child abuse rates increased from 1,998 cases in 2009 to 2,413 cases in 2010 and 2,508 cases in 2011. These data further support the need for an evidence-based parenting program in Indonesia.

Meanwhile, in Australia, evidence-based parenting programs, such as the Triple P, are widely available. Triple P is a behavioral family intervention that aims to prevent child emotional and behavioral problems by enhancing parenting competence (Sanders 2008). A large-scale population trial in Australia using the Triple P multi-level intervention system showed that the program significantly reduced levels of child emotional and behavioral problems, dysfunctional parenting practices, and parenting stress (Sanders et al. 2008). The efficacy of Triple P has also been shown in several countries in Asia, such as Hong Kong and Japan (Leung et al. 2003; Matsumoto et al. 2010), however, an evaluation for Indonesian parents either in Australia or Indonesia has not yet been conducted.

The survey conducted in the present study had two aims. Firstly, it explored different aspects of parenting practices

among Indonesians residing in Indonesia and Australia. This included risk and protective parenting factors, such as parental self-efficacy, dysfunctional parenting practices, parental stress, family relationships, and parental teamwork, as well as the prevalence of child emotional and behavioral problems. The relationships between parenting factors and child emotional and behavioral problem were also examined. It was expected that there would be significant relationships between each parenting factor and child emotional and behavioral problems reported by Indonesian parents.

Secondly, the survey explored Indonesian parents' views about parenting programs, particularly parent familiarity with the existing parenting programs, their level of participation in these programs, and any barriers to their participation in the programs. Parents' interest in participating in a parenting program, parents' preferred delivery formats and parents' preferred features of a parenting program were also examined as these determine how such an intervention should be designed. The present study contributes to the evaluation of the existing parenting programs and to the development of new programs or trials by considering the perspective of the consumers—Indonesian parents.

The targeted population in the present study was Indonesian parents residing in Indonesia and Australia. Indonesian parents in Australia were included because there is a growing number of Indonesians who stay both permanently and temporarily in Australia. The Department of Immigration and Citizenship (2012) reported that Indonesia was the 18th largest migrant community in Australia and the ninth largest provider of overseas students to Australia in 2010. To date, there is no study investigating parenting practices of Indonesian migrants in Australia, it is thus interesting to examine whether the parenting practices of Indonesians residing in Australia are similar or different from those in Indonesia. Migration is a stressful experience that can influence the mental health of parents and their children (Bhugra 2004; Masaud et al. 2010). The family may experience a loss of familiar environment and well-established relationships to the home country. Migrant parents from collectivist cultures, which emphasize obedience in parent–child relationships, have reported difficulties in rearing their children in individualistic cultures, which place high values on egalitarian relationships (Renzaho et al. 2011; Sims and Omaji 1999). A higher level of stress experienced by migrant parents might trigger a more punitive parenting style (Su and Hynie 2011) and put children at risk for developing emotional and behavioral problems (Siantz et al. 2010). Understanding similarities and differences in parenting practices and concerns between Indonesians residing in Indonesia and Australia provides a strong basis for designing culturally-appropriate

programs and services to promote the well-being of parents and children in Indonesia as well as in Australia.

To date, studies on parenting practices, particularly parenting risks and protective factors within an Indonesian population, are still limited. Although there is a report on child abuse rates in Indonesia, no published data is currently available on the rates of child emotional and behavioral problems. This indicates the need for a study to estimate the prevalence rates of child emotional and behavioral problems and explore the relationships between parenting factors and child emotional and behavioral problems. Furthermore, no evidence-based parenting program is available currently for Indonesian families. There is also a lack of evaluation on the existing parenting programs from the consumers' perspective. The present study addresses these gaps in the parenting literature as it describes the current parenting practices of a sample of Indonesian parents and shows patterns of relationships between parenting factors and child emotional and behavioral problems. The survey conducted included a broader sample of Indonesian parents residing in Indonesia and Australia. It assessed the needs for parenting programs identified by parents themselves. The results of this study could contribute to the design of a parenting program that is appropriate and relevant for Indonesian families.

Method

Participants

This study was cleared in accordance with the ethical review processes of the University of Queensland and the National Statement on Ethical Conduct in Human Research guidelines. Participation in this study was voluntary and anonymous. All participants provided consent after receiving information about the study.

Participants both in Indonesia and Australia were recruited mostly from a social networking website (i.e., Facebook), mailing lists of Indonesian community organizations, and e-mail. Invitation to participate in the study was posted on the Facebook page of the first author and colleagues that agreed to disseminate the survey to prospective parents. This included a short description of the study, eligibility criteria for participation (i.e., parents of children aged 2–12 years that currently live with their child in Indonesia or Australia), and a hyperlink to the survey. A similar invitation was posted on Indonesian community mailing lists in Australia (e.g., Indonesian Islamic Society in Brisbane, Western Australia Indonesian Catholic Community, University of Queensland Indonesia Student Association) and Indonesia (e.g., Sekolah Rumah, AusAid Alumni, Parenting Indonesia), after receiving consent from

the moderators of the mailing lists. An e-mail about the survey was also sent to the acquaintances of the first author that met the eligibility criteria, or to those that agreed to pass the information to prospective participants.

In addition to online recruitment, personal approach was used to recruit parents in Indonesia who did not have internet access. The participants were recruited using incidental sampling from three work places, one religious group, and two neighborhoods in Surabaya and Denpasar, Indonesia. Data collectors in Indonesia approached prospective participants who met the eligibility criteria and told them about the study using the information sheet provided. A paper version of the questionnaire was then distributed to the parents who agreed to participate. Similarly, incidental sampling method was used to recruit a few participants in Australia. The first author distributed half-page flyers consisting of information about the study and the survey link to prospective participants in Indonesian community events. Parents were also informed that a paper-based questionnaire was available if they preferred to complete this rather than the online questionnaire.

Participants involved in this study were 273 Indonesian parents residing in Indonesia and Australia who had at least one child aged 2–12 years old that lived with them. Parents who had more than one child in this age range were asked to select one of their children whose behavior they perceived as being the most difficult as the target child in order to complete child-related questions in the survey. In two-parent families, only one parent completed the survey.

Of the 273 participating parents, 210 resided in Indonesia (77 %) and 63 resided in Australia (23 %) at the time of this study. Of the participants who resided in Australia, 43 % had been living in Australia for 1–3 years with 27 % for less than a year, 11 % for 4–6 years, and 19 % for more than 6 years. Participants currently or previously lived in various parts of Indonesia, including Jakarta (11 %) and Surabaya (36 %), the biggest cities of Indonesia.

Demographic characteristics of participating parents residing in Indonesia and Australia are summarized in Table 1. There were more mothers in Indonesia (73 %) and Australia (86 %) than fathers who participated in this study. The mean ages of mothers and fathers residing in Indonesia were 34.74 ($SD = 4.75$) and 38.42 ($SD = 7.11$) respectively, which is comparable to the mean ages of mothers and fathers residing in Australia, 34.37 ($SD = 3.51$) and 38.67 ($SD = 4.90$) respectively. Parents in Indonesia came from more diverse ethnic backgrounds and have different levels of education than parents in Australia. More than a half of parents in both samples were Javanese (59 % in Indonesia and 35 % in Australia) and Chinese descendants (20 % in Indonesia and 27 % in Australia). Approximately 70 % of parents in Indonesia and 90 % of parents in Australia had completed an

undergraduate degree or postgraduate degree at university. Data revealed that the sample in the present study did not represent a typical Indonesian population in either Indonesia or Australia. For example, only 18 % of the total Indonesian population was enrolled in tertiary education (United Nations Development Programme 2010) and approximately 37 % of Indonesian residents in Australia had a higher education qualification (Department of Immigration and Citizenship 2006).

Most parents in Indonesia (92 %) and in Australia (66 %) were working, with the most frequent type of work for parents in Indonesia being full-time (71 %), whereas most parents in Australia worked part-time (35 %). Most parents in Indonesia (67 %) and Australia (89 %) also reported that they were able to meet their essential expenses in the past 12 months and had extra money to purchase some of the things they wanted (63 % in Indonesia and 69 % in Australia). Only 29 % of parents in Indonesia indicated financial difficulties. Employment in the sample was slightly overrepresented as the employment rate of the total Indonesian population both in Indonesia and in Australia was 62 % (Department of Immigration and Citizenship 2006; United Nations Development Programme 2010) and approximately 31 % of Indonesians in the last decades had a lower level of living standard (United Nations Development Programme 2010).

With respect to the target child, the number of boys in Indonesia (51 %) and Australia (65 %) was slightly higher than girls. The child mean age in Indonesia and Australia was 5.81 ($SD = 2.77$) and 6.08 ($SD = 2.64$), respectively. Approximately 60 % of the children in Indonesia, in contrast to only 39 % of the children in Australia, had no siblings. Most children in Indonesia (72 %) and Australia (90 %) lived in nuclear families, however, there was a slightly higher number of children in Indonesia (27 %) living in extended families. The other caregivers of the children that were reported by most participants in Indonesia ($n = 168$) were grandparents (37 %) and housemaids (37 %), whereas parents in Australia ($n = 30$) nominated caregivers at child care centers (66 %). No children in this study had any physical or intellectual disability. Only a few children had health problems (6 %) or developmental disorders (2 %).

Measures

The survey questions were based on four measures assessing child and parenting factors. The measures were translated into Indonesian by the first author. The translation was checked by an Indonesian bilingual postgraduate student and was pilot-tested by three Indonesian parents to ensure that the questions were understandable. Some words in the translation version were refined according to the feedback received.

Table 1 Demographic characteristics of families residing in Indonesia and Australia

Characteristics	Subgroup	Indonesia ^a		Australia ^b		Total	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender of parent	Female	153	72.86	54	85.71	207	75.82
	Male	57	27.14	9	14.29	66	24.18
Ethnic group	Javanese	123	58.57	22	34.92	145	53.11
	Sundanese	4	1.90	8	12.70	12	4.40
	Malay	2	0.95	1	1.59	3	1.10
	Madurese	3	1.43	0	0.00	3	1.10
	Batak	5	2.38	0	0.00	5	1.83
	Minangkabau	4	1.90	4	6.35	8	2.93
	Buginese	1	0.48	3	4.76	4	1.47
	Indonesian Chinese	42	20.00	17	26.98	59	21.61
	Others	26	12.38	8	12.70	34	12.45
Marital status	Single	1	0.48	1	1.59	2	0.73
	Married	206	98.10	61	96.83	267	97.80
	Divorced or separated	2	0.95	1	1.59	3	1.10
	Widow or widower	1	0.48	0	0.00	1	0.37
Education level	Primary school or lower	1	0.48	0	0.00	1	0.37
	Junior high school	5	2.38	0	0.00	5	1.83
	Senior high school	35	16.67	2	3.17	37	13.55
	Diploma	16	7.62	3	4.76	19	6.96
	Undergraduate degree	79	37.62	26	41.27	105	38.46
	Postgraduate degree	74	35.24	32	50.79	106	38.83
Employment status	Full-time	146	71.22	16	25.81	162	60.67
	Part-time	20	9.76	22	35.48	42	15.73
	Not working, looking for a job	2	0.98	6	9.68	8	3.00
	Home-based paid work	23	11.22	3	4.84	26	9.74
	Not working (e.g., home parent, student)	14	6.83	15	24.19	29	10.86
	Meeting household expenses	Yes	137	66.83	56	88.89	193
	No	59	28.78	3	4.76	62	23.13
	Not sure	9	4.39	4	6.35	13	4.85
Left-over money	Yes, can purchase most of the things they want	17	8.25	7	11.48	24	8.79
	Yes, can purchase some of the things they want	129	62.62	42	68.85	171	62.64
	Not enough to purchase much of the things they want	60	29.13	12	19.67	72	26.37
Gender of the child	Male	108	51.43	41	65.08	149	54.58
	Female	102	48.57	22	34.92	124	45.42
Family structure	Original family	151	71.90	56	90.32	207	76.10
	Step family	1	0.48	0	0.00	1	0.37
	Sole parent family	2	0.95	2	3.24	4	1.47
	Extended family	56	26.67	4	6.45	60	22.06

^a *n* = 210, except for employment status (*N* = 205), meeting household needs (*n* = 205), and left-over money (*n* = 206)

^b *n* = 63, except for employment status (*n* = 62), left-over money (*n* = 61), and family structure (*n* = 62)

The Family Background Questionnaire (FBQ; Turner et al. 2002) was used to gather information on demographic characteristics of participants and their family. This included

parent and child age and gender, marital status, ethnic background, education level and employment, financial status, family structure, child health and developmental status.

The Child Adjustment and Parent Efficacy Scale (CAPES; Morawska et al. 2012) has two scales, the Child Adjustment scale assesses children's emotional and behavioral problems over the past 4 weeks and the Parent Efficacy scale assesses parents' level of confidence in managing this problem behavior. The Child Adjustment scale consists of 30 items measuring behavior concerns (e.g., "My child yells, shouts or screams") and behavioral competencies (e.g., "My child accepts rules and limits"), as well as emotional adjustment (e.g., "My child worries"). Each item is rated on a 4-point scale, ranging from *not true of my child at all* (0) to *true of my child very much, or most of the time* (3). The total score (range of 0–90) was calculated to indicate child emotional and behavioral problems where higher scores on this sub-scale indicate higher levels of child emotional and behavioral problems. The Parent Efficacy scale consists of 20 items rated on a 10-point scale, ranging from *certain I can't do it* (1) to *certain I can do it* (10). The items in the Parent Efficacy scale are exactly the same as the items in the Child Adjustment scale excluding 10 items that measure behavioral competencies. The total score (range of 20–200) indicates parenting confidence where higher scores indicate a greater level of confidence. Morawska et al. (2012) reported that the CAPES had satisfactory convergent and discriminant validity, as well as good internal consistencies ($\alpha = .90$ for the Child Adjustment scale and $\alpha = .96$ for the Parent Efficacy scale) within an Australian population. In this present study, the internal consistencies for the Indonesian version of Child Adjustment and Parent Efficacy scale were .86 and .97, respectively. The total scores of the Child Adjustment scale and Parent Efficacy scale were used for analyses, except for calculating the prevalence of child emotional and behavioral problems. Due to the lack of normative values in the Child Adjustment scale, the following method was used to estimate the rate of child emotional and behavioral problems. The total scores of the Child Adjustment scale were averaged and the numerical anchors of the scale used to interpret the level of emotional and behavioral problems, where the score approaching 0 indicates no problems were observed (*very low*), 1 the problems were observed some of the time (*low*), 2 the problems were observed a good part of the time (*high*), and 3 the problems were observed most of the time (*very high*).

Parenting and Family Adjustment Scale (PAFAS; Sanders et al. 2012) assesses various aspects of parenting and family adjustment over the past 4 weeks. It is based on 4-point scale from *not true of me at all* (0) to *true of me very much, or most of the time* (3). The instrument consists of four scales, each yielding a separate score. The Parenting Practices scale consists of 28 items indicating effective and ineffective strategies that parents commonly use with their children (e.g., "I shout or become angry with my child when

he/she misbehaves" and "I enjoy spending time with my child"). The total score (range of 0–84) was calculated where higher scores indicate higher levels of dysfunctional parenting practices. The Parental Adjustment scale consists of five items assessing difficulty in parental mood or adjustment (e.g., "I feel stressed or worried") with the possible score ranging from 0 to 15, and a higher score indicating elevated parental stress. The Family Relationship scale (four items) assesses the quality of family support (e.g., "Our family members criticize each other") and the Parental Teamwork scale (three items) assesses the quality of teamwork between parents (e.g., "I work as a team with my partner in parenting"). Total scores were calculated with a possible range of 0–12 for the Family Relationship scale and 0–9 for the Parental Teamwork scale. Higher scores in both scales reflect problems in the relationships or teamwork. Sanders et al. (2012) reported that the PAFAS had satisfactory construct and predictive validity, as well as good internal consistencies ($\alpha = .83$ for the Parenting Practice scale, $\alpha = .85$ for the Parent Adjustment scale, $\alpha = .78$ for the Family Relationship scale, and $\alpha = .77$ for the Parental Teamwork scale) within an Australian population. In this study, the internal consistencies of the scales were adequate. The Parental Teamwork scale showed the lowest consistency ($\alpha = .59$) and the Parental Adjustment scale showed the highest consistency ($\alpha = .78$). The internal consistencies for the Parenting Practice scale and Family Relationship scale were .67 and .75 respectively. The total scores in each scale of the PAFAS were used for the analyses.

The Parenting Program Questionnaire (PPQ), modified from the International Parent Survey (Morawska et al. 2009), was used to indicate parents' views of a parenting program. It includes three items of *Yes/No* format about parents' familiarity with parenting programs in Indonesia and Australia (i.e., BKB, Sekolah Orangtua, and Triple P-Positive Parenting Program) and one item about parents' participation in a parenting program over the past 12 months. A question on the barriers to participating in a parenting program was asked to parents who did not participate in any parenting program. Parents could choose more than one answer provided (e.g., "It was held at a time that was not convenient for me" and "I wasn't aware of any programs") and they could write other barriers in responding to the question. Parents' interest to participate in a parenting program was asked in one item of a 4-point scale ranging from *not at all likely* (1) to *extremely likely* (4). The questionnaire also contains parents' rating on a variety of delivery formats and features of a parenting program that would influence parents' decision to participate in a parenting program. Twelve items in 4-point scale ranging from *not at all useful* (1) to *extremely useful* (4) were used to represent a variety of delivery formats, such as newspaper article and television program. For the

features of a parenting program, nine items in 5-point scale ranging from *no influence* (1) to *a lot of influence* (5), such as convenient location and effective program, were included. Parents' preferences of the topics of a parenting program were asked in one question. The answer choice of various program topics suggested by parents in Sanders' and Morawska's study (2011), such as "balancing work and family", "how to deal with obedience", and "coping with stress" was provided. Parents could select more than one topic listed and added other topics they would like to have. The reliabilities of the PPQ were not calculated as the questions in the measure represented different concepts and separate analyses were conducted for each part of the questionnaire.

The measures used in this study were presented in the same order (i.e., FBQ, CAPES, PAFAS, and PPQ) in paper- and online-based questionnaire. For the online version, a reminder system was set up such that when a participant skipped a question they were reminded and asked if they did in fact want to complete the item. Participants could either complete the question or move to the next question. A back button was provided so participants could revisit previous answers.

Procedure

Most parents (68 %) in this study completed the survey via the Internet. The online data collection software, Qualtrics, was used for the survey. Participants' data were automatically downloaded into a database for statistical analyses.

A paper version of the questionnaire was made available to participants that did not have access to Internet or preferred to complete a paper-based version. Nine of 63 parents (14 %) in Australia requested a paper version of the questionnaire. The questionnaires were sent to their homes and collected by the first author. All parents that received paper-based questionnaires completed the survey. Their responses were then entered online using the same survey program as the online version. No statistical difference was found between paper-based and on-line participants in Australia on any demographic variables.

There were 87 participants (41 %) in Indonesia who completed a hardcopy version of the questionnaire. Parents received the questionnaire from data collectors at their office, at home, or during a religious event. They completed the questionnaires in their own time and returned them to data collectors who then input the questionnaire online. All parents that received the paper-based questionnaire completed the survey. The paper-based and on-line participants in Indonesia had similarities in several demographic characteristics, such as the age of participants, marital status, work status, the type of family, child

gender, and the health status of the child. The differences of the participants' characteristics were found particularly in educational level and financial status. More on-line-based participants (53 %) had post-graduate degree whereas paper-based participants (39 %) had completed secondary education. The majority of on-line participants indicated that they were able to meet their essential expenses in the past 12 months (79 %) and had extra money to purchase some of the things they wanted (70 %), whereas almost a half of paper-based participants had difficulties in meeting their essential needs (49 %) and had not enough money to purchase the things they wanted (48 %).

Statistical Analyses

Descriptive statistics were computed for demographic characteristics of participants, parenting risk and protective factors, child emotional and behavioral problems, and parents' views about parenting programs. Frequency distributions were generated to indicate the prevalence of child emotional and behavioral problems. Four categories (*very low*, *low*, *high*, and *very high*) that were based on the numerical anchors in the Child Adjustment scale were used to represent the levels of child emotional and behavioral problems.

A series of *t*-tests was carried out to indicate whether there were differences in child and parenting related variables between the groups of Indonesians residing in Indonesia and Australia. Pearson's correlations were used to investigate the relationships between parenting practices, family adjustment, and child emotional and behavioral problems. To further explore the nature of relationships, two groups of parent reported child emotional and behavioral problems were formed based on the median (i.e., low and high levels of child emotional and behavioral problems) and a series of *t*-tests was conducted for each parenting-related variable. A series of *t*-tests was also conducted for nine of 28 PAFAS items that indicate ineffective strategies, such as making the child apologize for his or her misbehavior and shouting at their child. The nine items were chosen to describe ineffective strategies that Indonesian parents commonly reported using. Chi square analyses were used to explore the association between parent residential status and barriers to participation in parenting program and desired topic of a parenting program. Differences in participation interest and preferred program design (i.e., delivery format, program features) between parents residing in Indonesia and Australia were tested using *t*-tests.

Examination of the missing data found that the percentage of missing values was below 9 %, except for the Parent Efficacy scale (11 %). However, there were no

differences in demographic variables between parents that completed the Parent Efficacy scale and those who did not complete the scale. Thus, no imputation method was carried out and the statistical analyses were performed using SPSS pairwise exclusion of missing data.

Results

Parenting Practices and Child Emotional and Behavioral Problems

Means and standard deviations were calculated for parenting and child variables (see Table 2). Overall, parents had a high level of confidence in managing child misbehavior ($M = 163.64$, $SD = 25.47$), and showed low levels of dysfunctional parenting practice ($M = 25.46$, $SD = 6.67$), parental stress ($M = 3.34$, $SD = 2.59$), family relationship problems ($M = 2.22$, $SD = 2.07$), and parental teamwork problems ($M = 1.57$, $SD = 1.53$). Parents in the total sample also reported low levels of child emotional and behavioral problems ($M = 26.24$, $SD = 10.50$). As shown in Table 2, t -tests revealed parents residing in Indonesia and Australia were similar in all parenting and child variables.

With respect to paper-based and online participants, no statistical difference was found in parenting and child variables between the two groups for parents residing in Australia. For parents residing in Indonesia, paper-based participants displayed more dysfunctional parenting practices than online

participants, $t(201) = 3.70$, $p < .001$. Because there was only a slight difference on parenting variables and no statistical difference was found in child emotional and behavioral problems between paper-based and online participants, no further analysis was conducted to contrast paper-based from online-based participants.

Table 3 describes the percentage of parental reports of the levels of child emotional and behavioral problems. Overall, the majority of parents (84 %) reported low numbers of child emotional and behavioral problems. Approximately 6 % parents reported that their children displayed emotional and behavioral problems a good part of the time over the past 4 weeks. No significant association was found between parental residential status and the levels of child emotional and behavioral problems, $\chi^2(2, n = 250) = 3.51$, $p = .173$. Nevertheless, 5 % ($n = 9$) of parents in Indonesia and 11 % ($n = 7$) of parents in Australia reported that their child was in the high range of emotional and behavioral problems.

The relationships between parenting and child variables were explored using Pearson's correlations. The correlational analysis was based on the total sample as there were no significant differences in parenting and child variables between parents residing in Indonesia and Australia. The results showed that all parenting and child variables were significantly related (see Table 4). Positive correlations were found between dysfunctional parenting practices and child emotional and behavioral problems, $r(243) = .44$, $p < .001$; parental stress and child emotional and behavioral problems, $r(244) = .41$, $p < .001$; family relationship

Table 2 Mean and standard deviation of reported child behavior problems and parenting factors

Child and parenting factors	Range score	Indonesia			Australia			t	p	Total	
		n	M	SD	n	M	SD			M	SD
Child emotional and behavioral problems											
CAPES (child adjustment-total score) ^a	0–90	187	25.96	10.12	63	27.06	3.16	−0.72	.473	26.24	10.50
Parental self-efficacy											
CAPES (parent efficacy) ^a	20–200	181	164.39	25.59	63	161.51	25.19	0.77	.441	163.64	25.47
Dysfunctional parenting											
PAFAS (parenting practices) ^b	0–84	203	25.49	6.73	61	25.38	6.53	0.11	.910	25.46	6.67
Parental stress											
PAFAS (parent adjustment) ^b	0–15	204	3.22	2.39	62	3.74	3.16	−1.20	.233	3.34	2.59
Family relationship problem											
PAFAS (family relationships) ^b	0–12	206	2.28	2.04	61	2.02	2.16	0.86	.390	2.22	2.07
Parental teamwork problem											
PAFAS (parental teamwork) ^b	0–9	203	1.60	1.56	61	1.48	1.46	0.56	.576	1.57	1.53

^a CAPES: Child Adjustment and Parent Efficacy Scale. A higher score in the Child Adjustment scale (total score) indicates a higher level of child emotional and behavioral problems, whereas a higher score in the Parent Efficacy scale indicates a greater level of parental confidence

^b PAFAS: Parenting and Family Adjustment Scale. A higher score in the Parenting Practice scale, Parent Adjustment scale, Family Relationship scale, and Parental teamwork scale indicates a higher level of dysfunctional parenting practice, parenting stress, family relationship problem, and parental teamwork problem, respectively

Table 3 The percentage of reported child emotional and behavior problems

Score ^a	Category ^b	Indonesia ^c		Australia ^c		Total	
		n	%	n	%	n	%
0	Very low	17	9.09	7	11.11	24	9.60
1	Low	161	86.10	49	77.78	210	84.00
2	High	9	4.81	7	11.11	16	6.40
3	Very high	0	0.00	0	0.00	0	0.00
	Total	187	100.00	63	100.00	250	100.00

^a The score was derived from the mean total score of parental rating of children’s emotional and behavioral problems over the past 4 weeks using Child Adjustment and Parent Efficacy Scale (CAPES), Child Adjustment scale

^b The category followed the interpretation of the numerical anchors of the CAPES, Child Adjustment scale. *Very low* indicates that the problem behavior was not observed, *low* indicates that the problem behavior was observed some of the time, *high* indicates that the problem behavior was observed a good part of the time, and *very high* indicates that the problem behavior was observed most of the time

^c No significant association was found between parental residential status and levels of child emotional and behavioral problems, $\chi^2(2, n = 250) = 3.51, p = .173$

problems and child emotional and behavioral problems, $r(245) = .33, p < .001$; and parental team work problems and child emotional and behavioral problems, $r(242) = .33, p < .001$, whereas a negative relationship was found between parental self-efficacy and child emotional and behavioral problems, $r(235) = -.51, p < .001$.

To further explore the nature of relationships between parenting factors and child emotional and behavioral problems, two groups of parents from the total sample that reported low and high levels of child emotional and behavioral problems was formed using a median split. A series of *t*-tests was carried out to compare the two groups

of parents on parenting variables. The results revealed significant differences in parenting factors between parents that reported high (above median) and low (below median) levels of child emotional and behavioral problems (see Table 5). Parents who reported low levels of child emotional and behavioral problems had greater self-efficacy ($M = 174.18$), fewer dysfunctional parenting practices ($M = 22.90$), less parental stress ($M = 2.52$), less family relationship problems ($M = 1.63$), and less parental teamwork problems ($M = 1.21$) than parents who reported high levels of child emotional and behavioral problems ($M = 153.78, t(200) = -6.70, p < .001; M = 27.94, t(243) = 6.28, p < .001; M = 4.18, t(236) = 5.24, p < .001; M = 2.83, t(240) = 4.79, p < .001; and M = 1.91, t(242) = 3.77, p < .001$, respectively). This further supports the suggestion that parenting practices and parent adjustment are related to child emotional and behavioral problems.

Further analysis of the mean rating scores of the nine selected PAFAS items from the Parenting Practice scale indicated that parents used different types of ineffective parenting strategies at varying frequencies when dealing with their child’s misbehavior (see Table 6). For the total sample, the most frequent strategies were making the child apologize for his or her misbehavior ($M = 2.66, SD = 0.59$), giving the child a lecture about his or her misbehavior ($M = 2.11, SD = 0.82$), shouting or becoming angry with their child ($M = 1.72, SD = 0.87$), and making the child feel bad or guilty for misbehaving ($M = 1.43, SD = 0.91$). Physical punishment, such as spanking, was rarely reported by parents ($M = 0.86, SD = 0.86$).

No significant differences were found in the use of each strategy between parents in Indonesia and Australia, except for giving the child a lecture about his or her misbehavior, $t(268) = -2.12, p = .035$ and arguing with the child about

Table 4 Correlational matrix of parenting practices, parental adjustment, and child emotional and behavioral problems

Variables	1	2	3	4	5	6
1 Child emotional and behavioral problems (CAPES-child adjustment)	1.00 (<i>N</i> = 250)					
2 Parental self-efficacy (CAPES-parent efficacy)	-.51*** (<i>N</i> = 237)	1.00 (<i>N</i> = 244)				
3 Dysfunctional parenting practices (PAFAS-parenting practices)	.44*** (<i>N</i> = 245)	-.40*** (<i>N</i> = 238)	1.00 (<i>N</i> = 264)			
4 Parental stress (PAFAS-parent adjustment)	.41*** (<i>N</i> = 246)	-.31*** (<i>N</i> = 240)	.50*** (<i>N</i> = 261)	1.00 (<i>N</i> = 266)		
5 Family relationship problems (PAFAS-family relationships)	.33*** (<i>N</i> = 247)	-.34*** (<i>N</i> = 241)	.37*** (<i>N</i> = 262)	.44*** (<i>N</i> = 265)	1.00 (<i>N</i> = 267)	
6 Parental teamwork problems (PAFAS-parental teamwork)	.33*** (<i>N</i> = 244)	-.29*** (<i>N</i> = 238)	.25*** (<i>N</i> = 259)	.43*** (<i>N</i> = 262)	.45*** (<i>N</i> = 263)	1.00 (<i>N</i> = 264)

*** $p < .001$

Table 5 Parenting factors by level of child emotional and behavioral problems

Parenting factors	Child emotional and behavioral problems (CAPES-Child Adjustment Scale) ^a						<i>t</i>	<i>p</i>
	High			Low				
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
Parental self-efficacy								
CAPES (parent efficacy) ^b	118	153.78	27.77	119	174.18	18.01	−6.70	<.001***
Dysfunctional parenting								
PAFAS (parenting practices) ^c	125	27.94	6.46	120	22.90	6.10	6.28	<.001***
Parental stress								
PAFAS (parent adjustment) ^c	125	4.18	2.74	121	2.52	2.21	5.24	<.001***
Family relationship problems								
PAFAS (family relationships) ^c	125	2.83	2.13	122	1.63	1.80	4.79	<.001***
Parental teamwork problems								
PAFAS (parental teamwork) ^c	125	1.91	1.54	119	1.21	1.36	3.77	<.001***

*** $p < .001$

^a Child emotional and behavioral problems were based on the parental report of children's emotional and behavioral problems over the past 4 weeks, as indicated in the Child Adjustment and Parent Efficacy Scale (CAPES), Child Adjustment scale. Median split was used to form the two groups: high and low level of child emotional and behavioral problems

^b CAPES: Child Adjustment and Parent Efficacy Scale. A higher score in the Parent Efficacy scale indicates a greater level of parental confidence

^c PAFAS: Parenting and Family Adjustment Scale. A higher score in the Parenting Practice scale, Parent Adjustment scale, Family Relationship scale, and Parental teamwork scale indicates a higher level of dysfunctional parenting practice, parenting stress, family relationship problem, and parental teamwork problem, respectively

Table 6 Parents' use of ineffective strategies for dealing with children's misbehavior over the past 4 weeks by residential status

Scale items of dysfunctional parenting practices (PAFAS-parenting practice) ^a	Indonesia			Australia			<i>t</i>	<i>p</i>	Total	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>			<i>N</i>	<i>M (SD)</i>
Making the child apologize for his/her misbehavior	208	2.63	0.60	63	2.75	0.57	−1.31	.191	271	2.66 (0.59)
Giving the child a lecture for his or her misbehavior	208	2.06	0.82	62	2.31	0.78	−2.12	.035*	270	2.11 (0.82)
Shouting or becoming angry	208	1.70	0.90	63	1.79	0.77	−0.80	.426	271	1.72 (0.87)
Making the child feel bad or guilty	207	1.41	0.89	63	1.52	0.98	−0.90	.370	270	1.43 (0.91)
Arguing with the child about his or her misbehavior	207	1.28	0.91	63	1.65	0.90	−2.88	.004**	270	1.36 (0.92)
Giving in and doing the child's tasks	208	1.29	0.90	63	1.24	0.76	0.40	.687	271	1.28 (0.87)
Threatening but not following through	207	1.18	0.95	63	1.29	1.05	−0.77	.445	270	1.20 (0.97)
Spanking	206	0.85	0.87	63	0.89	0.83	−0.32	.751	269	0.86 (0.86)
Giving into the child's demands	207	0.69	0.76	63	0.71	0.75	−0.26	.795	270	0.69 (0.76)

* $p < .05$ ** $p < .01$

^a Parents rated in a 4-point scale, ranging from *not true of me at all* (0) to *true of me very much or most of the time* (3)

his or her misbehavior, $t(268) = -2.88$, $p = .004$ (see Table 6). Parents in Australia endorsed the lecturing strategy ($M = 2.31$, $SD = 0.78$) and arguing strategy ($M = 1.65$, $SD = 0.90$) more frequently than parents in Indonesia ($M = 2.06$, $SD = 0.82$ for the lecturing strategy and $M = 1.28$, $SD = 0.91$ for the arguing strategy).

As shown in Table 7, *t*-tests revealed significant differences in frequency for seven of the nine dysfunctional parenting practices between parents grouped by reported level of child emotional and behavioral problems. Parents

who reported high levels of child emotional and behavioral problems shouted or became angry ($M = 1.96$), made the child feel bad or guilty ($M = 1.65$), argued with the child about his/her misbehavior ($M = 1.54$), gave in and did the child's tasks ($M = 1.50$), threatened but did not follow through ($M = 1.36$), spanked the child ($M = 1.06$), and gave into the child's demands ($M = 0.83$) more often than parents who reported low levels of child emotional and behavioral problems ($M = 1.51$, $t(247) = 4.21$, $p < .001$; $M = 1.30$, $t(247) = 3.21$, $p < .001$; $M = 1.25$,

$t(247) = 2.50, p = .013; M = 1.08, t(247) = 3.93, p < .001; M = 1.02, t(247) = 2.80, p = .006; M = 0.61, t(247) = 4.31, p < .001; M = 0.54, t(247) = 3.12, p < .001$, respectively). The two groups of parents did not differ in how often they made the child apologize or gave the child a lecture for his or her misbehavior.

Parents’ Views of Parenting Programs

Familiarity with Existing Parenting Programs

To measure familiarity with the existing parenting programs, parents were asked if they had heard of parenting programs in Indonesia (i.e., BKB and Sekolah Orangtua), and a parenting program in Australia (i.e., Triple P). As shown in Table 8, most parents in Indonesia (62 %) and Australia (67 %) were not familiar with the BKB program, and only 22 % of parents in Indonesia and 20 % of parents in Australia recognized the program. Similarly, most parents in Indonesia (54 %) and Australia (67 %) were not familiar with the Sekolah Orangtua program, and only 27 % of parents in Indonesia and 16 % of parents in Australia were familiar with the program. For Triple P, a significant association between parents’ residential status and familiarity with parenting programs was found, $\chi^2(2, n = 241) = 10.12, p = .006$. Parents in Australia were more likely to have heard about the program (26 %) and less likely to feel unsure if they were familiar with the program or not (15 %) than parents in

Indonesia (10 and 21 % of parents knew about and felt unsure about the program, respectively). Nevertheless, more than half of the parents in Australia (59 %), as well as in Indonesia (69 %) had never heard of Triple P.

Participation in Existing Parenting Programs

The majority of parents in Indonesia (80 %) and Australia (83 %) had not participated in any parenting program in the past 12 months (see Table 8). Only small proportions of parents indicated their participation in the BKB program (2 % parents in each country), Sekolah Orangtua program (2 % parents in Indonesia only), and Triple P (1 % parents in Indonesia and 5 % parents in Australia). Approximately 11 % parents in Indonesia and 5 % parents in Australia reported that they participated in other parenting or child development program running at school or community (e.g., Posyandu or Integrated Health Service Post). A small number of parents in Indonesia (7 %) and Australia (8 %) could not recall the name of the program they had attended.

Parents who had not participated in any parenting program in the past 12 months identified several barriers to participation (see Table 9). Overall, the four most frequently reported barriers were parents having no concern about their children’s behavior (48 %), parents not aware of the program (44 %), the program not being held at a convenient time (32 %), and parents having competing work commitments (28 %). Chi square analyses revealed

Table 7 Parents’ use of ineffective strategies for dealing with children’s misbehavior over the past 4 weeks by level of child emotional and behavioral problems

Scale items of dysfunctional parenting practices (PAFAS-Parenting Practice) ^a	Child emotional and behavioral problems (CAPES-Child Adjustment Scale) ^b				<i>t</i>	<i>p</i>
	High (<i>n</i> = 127)		Low (<i>n</i> = 122) ^c			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Making the child apologize for his or her misbehavior	2.64	0.61	2.70	0.59	−0.77	.440
Giving the child a lecture for his or her misbehavior	2.12	0.78	2.13	0.86	−0.14	.892
Shouting or becoming angry	1.96	0.85	1.51	0.85	4.21	<.001***
Making the child feel bad or guilty	1.65	0.84	1.30	0.92	3.21	<.001***
Arguing with the child about his/her misbehavior	1.54	0.94	1.25	0.88	2.50	.013*
Giving in and doing the child’s tasks	1.50	0.91	1.08	0.75	3.93	<.001***
Threatening but not following through	1.36	0.97	1.02	0.94	2.80	.006**
Spanking	1.06	0.94	0.61	0.71	4.31	<.001***
Giving into the child’s demands	0.83	0.79	0.54	0.68	3.12	<.001***

* $p < .05$

** $p < .01$

*** $p < .001$

^a Parents rated in a 4-point scale, ranging from *not true of me at all* (0) to *true of me very much or most of the time* (3)

^b Median score of the Child Adjustment and Parent Efficacy Scale (CAPES), Child Adjustment scale, was used to form the two groups: high and low level of child emotional and behavioral problems

^c $n = 122$, except for giving the child a lecture for his or her misbehavior ($n = 121$)

Table 8 Percentage of parents reporting familiarity with parenting programs and participation in parenting programs

Familiarity with or participation in parenting programs (Parenting Program Questionnaire)	Indonesia		Australia		χ^2	<i>p</i>	Total	
	<i>n</i>	%	<i>n</i>	%			<i>n</i>	%
Familiarity with parenting programs								
BKB—Bina Keluarga Balita	(<i>n</i> = 191)		(<i>n</i> = 61)		0.67	.714	(<i>N</i> = 252)	
Yes	41	21.47	12	19.67			53	21.03
No	118	61.78	41	67.21			159	63.10
Not sure	32	16.75	8	13.11			40	15.87
Sekolah Orangtua	(<i>n</i> = 185)		(<i>n</i> = 63)		3.63	.163	(<i>N</i> = 248)	
Yes	49	26.49	10	15.87			59	23.79
No	100	54.05	42	66.67			142	57.26
Not sure	36	19.46	11	17.46			47	18.95
Triple P-Positive Parenting Program	(<i>n</i> = 180)		(<i>n</i> = 61)		10.12	.006**	(<i>N</i> = 241)	
Yes	18	10.00	16	26.23			34	14.11
No	124	68.89	36	59.02			160	66.39
Not sure	38	21.11	9	14.75			47	19.50
Participation in parenting programs in the past 12 months ^a	(<i>n</i> = 208)		(<i>n</i> = 63)				(<i>N</i> = 271)	
No participation	167	80.29	52	82.54	0.05	.830	219	80.82
Participation in BKB—Bina Keluarga Balita	4	1.92	1	1.59	0.00	1.000	5	1.85
Participation in Sekolah Orangtua	5	2.40	0	0.00	0.50	.479	5	1.85
Participation in Triple P-Positive Parenting Program	1	0.48	3	4.76	3.51	.061	4	1.48
Participation in other parenting programs ^b	22	10.58	3	4.76	1.32	.251	25	9.23
Participation in other parenting programs but cannot recall program name	15	7.21	5	7.94	0.00	1.000	20	

** *p* < .01

^a Participants could provide more than one answer

^b Other parenting programs parents identified were Posyandu—Pos Pelayanan Terpadu (Integrated Health Service Post; *n* = 4), PAUD—Program Pendidikan Anak Usia Dini (Early Childhood Education Program; *n* = 11), Hypnoparenting (*n* = 2), Smart parenting (*n* = 2), ESQ—Emotional Spiritual Quotient parenting class (*n* = 1), Program Edukasi Sehat Bagi Orangtua (Health Education Program for Parents; *n* = 1), Parenting Islami (Islamic Parenting; *n* = 1), Behaviour Tonics (*n* = 1), Cool Kids Program (*n* = 1), MOPS—Mothers of Preschoolers (*n* = 1), parenting seminar (*n* = 3), and parenting groups at schools and in the community (*n* = 8)

parents in Indonesia and Australia reported similar frequencies of barriers to participation except in three instances: program time, program cost, and child care facilities. The proportion of parents in Indonesia reporting that a program was too expensive (24 %) and held at an inconvenient time (36 %) was significantly higher than parents in Australia (6 % and 19 % respectively), χ^2 (1, *n* = 217) = 7.37, *p* = .007 and χ^2 (1, *n* = 217) = 4.56, *p* = .033, respectively. Conversely, parents in Australia (14 %) were more likely than parents in Indonesia (3 %) to report difficulties in finding child care as a barrier to participating in a parenting program, χ^2 (1, *n* = 217) = 0.28, *p* = .009.

Interest in Participating in a Parenting Program

Of the 269 parents that responded to this question, most indicated that they were somewhat likely (49 %) or very likely (29 %) to participate in a parenting program in the future if one were available. The mean response for parents

in Indonesia and Australia were 2.49 (*SD* = 0.81, *n* = 206) and 2.62 (*SD* = 0.94, *n* = 63), respectively. Hence, there was no significant difference in the interest in participating in a parenting program between parents in Indonesia and Australia, *t*(92) = -1.02, *p* = .311.

Participants in this study identified several topics of a program that were relevant to their needs (see Table 10). The most relevant topics identified by the total sample were balancing work and family (59 %), teaching children to accept failure (43 %), how to deal with disobedience (41 %), how to boost children's self-esteem (37 %), and coping with stress (31 %). Chi square analyses revealed that for each topic of a parenting program, the proportions of parents in Indonesia were not statistically different from those in Australia, except for the topic of coping with stress, χ^2 (1, *n* = 81) = 6.31, *p* = .012. Parents in Australia (44 %) were more likely than parents in Indonesia (27 %) to indicate that coping with stress was a relevant topic for a parenting program.

Table 9 Percentage of parents reporting barriers to participation in parenting programs

Barriers ^a (Parenting Program Questionnaire)	Indonesia (n = 165)		Australia (n = 52)		χ^2	p	Total (N = 217)	
	n	%	n	%			n	%
No concern about child’s behavior	75	45.45	29	55.77	1.30	.255	104	47.93
Not aware of the program	68	41.21	27	51.92	1.43	.231	95	43.78
Held at a time that was not convenient	60	36.36	10	19.23	4.56	.033*	70	32.26
Work commitment	51	30.91	10	19.23	2.12	.145	61	28.11
Too expensive	40	24.24	3	5.77	7.37	.007**	43	19.82
Held in a place that was hard to get to	17	10.30	4	7.69	0.08	.775	21	9.68
Others ^b	13	7.88	6	11.54	6.36	.408	19	8.76
Not able to find a child care	5	3.03	7	13.46	0.28	.009**	12	5.53
Not culturally acceptable	6	3.64	0	0.00	0.83	.340	6	2.77
Transport difficulties	4	2.42	2	3.85	0.00	.631	6	2.77
Not feel needed because other person takes care the child	6	3.64	0	0.00	0.83	.340	6	2.77
Uncomfortable accessing a program	3	1.82	2	3.85	0.10	.596	5	2.30
Family members were not supportive	3	1.82	1	1.92	0.00	1.000	4	1.84
Not recommended by friends	2	1.21	0	0.00	0.00	1.000	2	0.92

* $p < .05$

** $p < .01$

^a Only parents that did not participate in a parenting program in the last 12 months answered the question. Parents could choose more than one barrier

^b Other barriers participants listed were lack of trust and lack of interest to the existing parenting programs ($n = 6$), and having a preference to access parenting information from books and online resources ($n = 2$)

Preference for the Delivery Formats of a Parenting Program

Most parents in Indonesia and Australia indicated that all delivery formats of a parenting program are somewhat or very useful. Overall, newspaper articles were the most preferred delivery format for a parenting program ($M = 2.72$, $SD = 0.71$), followed by individually tailored program ($M = 2.62$, $SD = 0.83$), and parent seminar ($M = 2.61$, $SD = 0.71$) (Table 11). Parents in both countries reported that delivering a parenting program in religious and work places was useful ($M = 2.68$, $SD = 0.80$ and $M = 2.61$, $SD = 0.77$, respectively). *T*-tests revealed there were no statistical differences in preferences for delivery format or point-of-access to a parenting program between parents in Indonesia and Australia, except for home visits, $t(264) = -2.00$, $p = .047$, and self-directed with telephone assistance, $t(265) = -2.27$, $p = .031$. Parents in Australia preferred home visits ($M = 2.76$, $SD = 0.86$) and self-directed with telephone assistance ($M = 2.35$, $SD = 0.72$) more than parents in Indonesia ($M = 2.51$, $SD = 0.87$ and $M = 2.11$, $SD = 0.79$, respectively).

Preference on the Features of a Parenting Program

The feature of a parenting program that was rated most influential by parents in both countries was convenient

location ($M = 3.75$, $SD = 1.00$). Overall, parents rated all nine program features as having at least some influence on their decision to participate in a parenting program with mean scores ranging from 3.03 to 3.75 on a 5-point rating scale. *T*-tests revealed parents in Australia provided higher ratings on all nine features of a parenting program than parents in Indonesia. However, the mean rating scores for all program features were only slightly different between groups, and this difference was significant for only four features: program effectiveness, $t(261) = -2.05$, $p = .042$; program cost, $t(263) = -2.26$, $p = .025$; tailored program, $t(263) = -2.65$, $p = .008$; and different delivery formats, $t(260) = -2.60$, $p = .010$.

Discussion

The first aim of this study was to describe different aspects of parenting practices among Indonesian parents residing in Indonesia and Australia. The results of the survey showed that overall, Indonesian parents had a high level of parental self-efficacy and low levels of parental stress, dysfunctional parenting practices, family relationship and parental teamwork problems. No significant differences were found in parenting risk and protective factors and child emotional and behavioral problems between Indonesian parents in Indonesia and Australia. The finding of no

Table 10 Percentage of parents endorsing desired topics of a parenting program

Program topics ^a (Parenting Program Questionnaire)	Indonesia (<i>n</i> = 205)		Australia (<i>n</i> = 61)		χ^2	<i>p</i>	Total (<i>N</i> = 266)	
	<i>n</i>	%	<i>n</i>	%			<i>n</i>	%
Balancing work and family	121	59.61	35	57.38	0.01	.935	156	58.65
Teaching children to accept failure	81	39.90	32	52.46	2.71	.099	113	42.48
How to deal with disobedience	85	41.87	23	37.70	0.14	.707	108	40.60
How to boost children's self-esteem	71	34.98	28	45.90	2.10	.148	99	37.22
Coping with stress	54	26.60	27	44.26	6.31	.012*	81	30.45
How to deal with whining	52	25.62	17	27.87	0.05	.822	69	25.94
Television use	45	22.17	21	34.43	3.28	.070	66	24.81
Encouraging children to do homework	46	22.66	17	27.87	0.50	.481	63	23.68
Children's fears and anxiety	47	23.15	15	24.59	0.01	.923	62	23.31
Tidying up	45	22.17	17	27.87	0.62	.431	62	23.31
Mealtime problems	44	21.67	18	29.51	1.23	.258	62	23.31
Sibling rivalry	41	20.20	17	27.87	1.28	.258	58	21.81
Taking care of yourself as a parent	39	19.21	19	31.15	3.37	.066	58	21.81
Assigning household chores to children	33	16.26	15	24.59	1.76	.185	48	18.05
Spending time as a couple	30	14.78	8	13.11	0.01	.929	38	14.29
Others ^b	25	12.20	10	16.39	0.40	.457	35	13.16
Encouraging children to make friends	24	11.82	10	16.39	0.55	.525	34	12.78

* *p* < .05^a Participants could choose more than one topic^b Other topics parents listed were disciplining children (*n* = 2), encouraging children to be independent and responsible (*n* = 7), maintaining effective communication with children (*n* = 2), developing good manner in children (morality, ethics, religious behavior) (*n* = 5), teaching children life skills (*n* = 1), preventing negative impact of video or computer games (*n* = 1), child development (*n* = 1), teaching children to choose and evaluate friends (*n* = 1), internet use (*n* = 1), household management (*n* = 2), how to develop teamwork in parenting (*n* = 1), managing emotion when dealing with children (*n* = 1), how to motivate children to learn (*n* = 4), bullying (*n* = 2), how to know children's talents (*n* = 1), and developing entrepreneurship in children (*n* = 1)

significant differences between parent groups, particularly in parental stress, is not consistent with immigrant studies that have highlighted the stressful experiences in raising children in a new cultural environment (Renzaho et al. 2011). This is perhaps related to less adverse circumstances that most Indonesian migrants experience before, during, and after the migration process in Australia. Most Indonesians have come to Australia not for political reasons (e.g., being refugees), but for work or educational purposes (Department of Immigration and Citizenship 2012). Those who reside in Australia have completed a tertiary education (48 %), are employed (62 %), and are proficient in English (90 %) (Department of Immigration and Citizenship 2006). These circumstances may facilitate Indonesian migrants in Australia immersing into western culture and help alleviate their life stress. Research suggests that parents with lower stress and more social support, regardless of their residential and cultural differences, display less authoritarian parenting. They were more responsive to their child's needs and used less punitive discipline strategies (Su and Hynie 2011). It should be noted, however, that the sample size of parents in Indonesia (210 parents) in this present study was not equal to parents in Australia (63 parents),

and this possibly influences the ability to detect reliable significant differences between parent groups.

The present study provides a general description of the prevalence of child emotional and behavioral problems among Indonesian population in Indonesia and Australia. Unlike other countries in Asia Pacific, such as Singapore (Woo et al. 2007), Japan and Korea (Matsuura et al. 1993), and Australia (Sanders et al. 2007), Indonesia has no published data on the prevalence of child emotional and behavioral problems. The results in this study show that approximately 6 % of children in this sample had a high range of emotional and behavioral problem. Five percent of Indonesian parents in Indonesia and 11 % of Indonesian parents in Australia reported that they had children in the high range of emotional and behavioral problems. The percentages were smaller than the prevalence rates reported by parents of school aged children in Singapore (12.5 %; Woo et al. 2007), Japan (12 %) and Korea (19 %) (Matsuura et al. 1993), and parents of children under 12 years old in Australia (29 %; Sanders et al. 2007). Differences in the rates might reflect differences in the demographic characteristics of participants, sample size, and measures used. For example, the Australian survey

Table 11 Mean and Standard Deviation of Parent Preferred Program Design

Program design (Parenting Program Questionnaire)	Indonesia			Australia			<i>t</i>	<i>p</i>	Total		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>			<i>N</i>	<i>M</i>	<i>SD</i>
Delivery methods^a											
Newspaper article	205	2.68	0.69	63	2.84	0.75	-1.56	.121	268	2.72	0.71
Individually tailored programs	204	2.57	0.83	63	2.78	0.85	-1.75	.082	267	2.62	0.83
Parent seminar	204	2.59	0.70	63	2.67	0.76	-0.76	.447	267	2.61	0.71
Self-directed	205	2.60	0.75	63	2.54	0.80	0.59	.553	268	2.59	0.76
Home visits	203	2.51	0.87	63	2.76	0.86	-2.00	.047*	266	2.57	0.87
Television program	207	2.52	0.74	63	2.62	0.71	-0.92	.358	270	2.54	0.73
Radio segment	206	2.47	0.81	63	2.59	0.80	-1.01	.315	269	2.50	0.80
Group program	204	2.43	0.72	63	2.57	0.82	-1.30	.194	267	2.46	0.75
Web-based program	206	2.41	0.72	63	2.60	0.75	-1.87	.063	269	2.45	0.73
Self-directed with telephone assistance	204	2.11	0.79	63	2.35	0.72	-2.27	.031*	267	2.16	0.78
Point-of-access^a											
Religious organisation access	202	2.64	0.79	63	2.79	0.83	-1.34	.181	265	2.68	0.80
Workplace access	202	2.57	0.76	63	2.75	0.80	-1.59	.112	265	2.61	0.77
Program features^b											
Convenient location	201	3.71	1.02	63	3.87	0.93	-1.13	.260	263	3.75	1.00
Personally relevant issues	200	3.61	0.95	63	3.83	0.94	-1.61	.109	263	3.66	0.95
Effective program	200	3.56	0.89	63	3.83	0.85	-2.05	.042*	263	3.63	0.89
Professional resources	200	3.60	0.90	63	3.75	0.93	-1.11	.267	263	3.63	0.91
Trained practitioners	201	3.57	0.94	63	3.78	0.91	-1.53	.128	264	3.62	0.94
Free or low cost	202	3.53	1.22	63	3.87	0.99	-2.26	.025*	265	3.61	1.18
Tailored program	202	3.51	0.92	63	3.86	0.86	-2.65	.008**	265	3.59	0.92
Setting individual goal	201	3.39	0.90	63	3.62	1.02	-1.72	.087	264	3.44	0.93
Different delivery formats	199	2.95	0.88	63	3.87	0.93	-2.60	.010*	262	3.03	0.91

* *p* < .05

** *p* < .01

^a Parents rated their preferred delivery methods and point-of-access to a parenting program in a 4-point scale, ranging from *not at all useful* (1) to *extremely useful* (4)

^b Parents rated their preferred program features in a 5-point scale, ranging from *no influence* (1) to *a lot of influence* (5)

involved more than 4,000 parents with various levels of education (Sanders et al. 2007), the Japan and Korean study (Matsuura et al. 1993) involved more than 2,000 parents, and the Singaporean study (Woo et al. 2007) involved 2,139 parents with most participants completed secondary education, whereas this study involved only a smaller number of parents with a higher level of education. The Australian survey measured the rates of child emotional and behavioral problems using only one question directed to parents over the telephone (Sanders et al. 2007), whereas the present survey used a multi-item scale that required parents to report their child’s behavior in various contexts. Nonetheless, the prevalence rates found in this study indicate that children at-risk exist even in a very high functioning cohort. Although it was not significant, the prevalence of child emotional and behavioral problems among the Indonesian sample residing in Australia was double that in Indonesia. This suggests that living in a new

culture with different language and expectations may be difficult for some parents and children. Migrant parents and their children often have to change their behavior patterns to be acceptable in a new setting (Berry 1997). The children may experience difficulty in the process of adjustment, such as having a language barrier (Mohammadi et al. 2006). A future study should investigate the possibilities that migration issues influence child emotional and behavioral problems using a larger sample.

It is worthy to note that the Indonesian sample was not representative in this study and this may limit the generalizability of the findings. Most participating parents (70 % of parents in Indonesia and 90 % of parents in Australia) had university qualifications, in comparison to general population in Indonesia (18 %; United Nations Development Programme 2010) and Australia (37 %; Department of Immigration and Citizenship 2006). The percentage of parents participating in the work force (92 % of parents in

Indonesia and 66 % of parents in Australia) are also higher than the employment rate of the general population in Indonesia and Australia (both 62 %; Department of Immigration and Citizenship 2006; United Nations Development Programme 2010). Only a small number of parents in this present study (24 %) reported having financial difficulties in comparison to the percentage of Indonesian people living in poverty (31 %; United Nations Development Programme 2010). The nature of the sample may be related to the recruitment method that was used. Online recruitment (i.e., social networking website, mailing lists, and e-mails) may not reach the whole population, particularly families with low income status. Although this study attempted to include parents that did not have access to internet (i.e., parents completing paper-based questionnaire in Indonesia), and these groups of parents had relatively lower educational backgrounds and financial status than parents that were recruited online, the sample size of these parent groups (87 parents) was still considered small. Additionally, the sample was biased as the parents were recruited using incidental sampling method. It is recommended that future study includes heterogeneous samples of parents recruited from schools and child care centers in more diverse areas in Indonesia. Cluster or stratified random sampling method should be employed as it may reach families who live in poverty and experience a greater level of parental stress and difficulties with children's behavior.

It is apparent in this study that Indonesian parents used several ineffective parenting strategies for dealing with their child's misbehavior. The most frequently used strategies were making the child apologize for his or her misbehavior, giving the child a lecture for his or her misbehavior, and shouting. Spanking was rarely used, which supports the observation made by anthropologists that Indonesian parents used less physical punishment to discipline their children (Geertz 1961; Koentjaraningrat 1985). However, discipline strategies documented in the literature such as threatening and making the child feel guilty for misbehaving, were only sometimes used by parents in Indonesia and Australia. Compared to parents in Indonesia, parents in Australia were slightly more frequent in exhibiting two strategies: giving the child a lecture for his or her misbehavior and arguing with the child about his or her misbehavior. This may show that Indonesian parents in Australia preferred using verbal strategies to make their children understand that their misbehavior was unacceptable. Similar to this finding, Hulei et al. (2006) found that Chinese American mothers had a higher level of verbosity than European American mothers. Long reprimand was used as a part of their cultural practices to teach their children about moral values, and social norms in the new cultural environment. Thus, it is possible that Indonesian parents in Australia used verbal explanation more

frequently than parents in Indonesia because of the necessity to teach their children about social rules that are relevant to Indonesian and Australian cultures.

The relationships between parenting risk and protective factors and child emotional and behavioral problems have been shown in many studies (Armistead et al. 2002; Kilgore et al. 2000; Miller et al. 1993). The present study supports several findings from these studies. All parenting and child variables were found to be significantly related. Furthermore, Indonesian parents that reported having more problems with their child behavior showed less confidence, felt more stressed, and had less family and partner support in parenting their children. They also used various ineffective strategies more frequently when dealing with children's misbehavior (e.g., shouting) than parents of children with less difficult behavior. Ineffective parenting strategies, such as shouting at a child, have been shown to be significant predictors of child difficult behavior (Sanders et al. 1999, 2007). This finding points to the need to provide parenting programs that teach Indonesian parents effective strategies in dealing with child misbehavior. Behavioral family interventions teach parents to encourage their child's appropriate behavior with praise and rewards and to reduce misbehavior by setting clear and consistent limits and implementing nonviolent punishment such as time out, loss of privileges, and logical consequences (Taylor and Biglan 1998). Further investigation on the effectiveness of this type of intervention for increasing parenting skills of Indonesian parents is necessary.

The second aim of this study was to describe parents' view of parenting programs. It was found that more than 50 % of parents in Indonesia and Australia were not familiar with the existing parenting programs. Some parents (44 %) that had not participated in any parenting program over the past 12 months indicated this was one of the key reasons for not attending a program. The other reasons that were most frequently cited were parents had no concern about their child's behavior (48 %) and the program was held at inconvenient time (32 %). Previous studies showed that time and scheduling difficulties were the main barriers to participation in a parenting program and parents' perception that their child was not problematic was the next (Spath et al. 1996). In contrast, this study found that Indonesian parents cited parent concern and program barriers more often than time-related barriers. This implies the need to advertise the existence of parenting programs to an Indonesian population. Mass media can be used to reach parents from various backgrounds, including those who have children with behavioral difficulties and those who have limited parenting support (Sanders 2003). The promotional materials should highlight the benefits of the program for preventing serious child behavior problems and use simple, straightforward,

and memorable messages (Spoth et al. 1996). In other words, media campaigns can be used as a social marketing strategy to encourage parents to attend a parenting program (Sanders 2008).

The delivery formats and features of parenting program should be taken into account when designing a parenting intervention. Indonesian parents in this sample indicated that various delivery formats were useful. The most preferred delivery format was newspaper article and the least preferred delivery format was self-directed with telephone assistance. The other high-rated programs types were parent seminar and individually tailored program. It is concluded that with the exception of individually tailored programs, Indonesian parents preferred to have a light-touch parenting intervention that includes newspaper article or seminars. A light touch intervention is a brief and non-intensive program that aims to increase parent awareness of parenting issues (Sanders 2008). A few studies have documented the effectiveness of light touch interventions in reducing dysfunctional parenting practices and child behavioral problems (Calam et al. 2008; Sanders et al. 2009), and in raising parenting confidence and parenting support (Joachim et al. 2010; Morawska et al. 2011). It is reasonable to expect that delivering a light touch intervention in a highly populated country such as Indonesia will be efficient in terms of cost and time as its benefits will be received by a large of number of parents simultaneously.

The present study also found that both parents in Indonesia and Australia rated convenient location as the most preferred program features. Indonesian parents as a whole indicated personally relevant issues, effective program, professional resources, trained practitioner, and program cost as important program features that influence their decisions to participate in a parenting program. This, points to the need to have an evidence-based parenting program that is affordable and accessible. Having a parenting program in religious sites or workplaces would somewhat influence parents' decision to participate in a parenting program. Therefore, it may be appropriate to use these places to disseminate parenting programs. Holding a parenting program in community sites, such as in religious sites, could reach families from diverse backgrounds and increase parent participation in the programs (Harachi et al. 1997). It may also be useful to develop a parenting program in the work site as a part of an employee assistance program to help parents balance their work and family life (Sanders 2008). In this case, practical barriers to participate in a parenting program such as time constraints, program cost, and transportation difficulties can be minimized.

The majority of parents in this study (78 %) showed a moderate to a high level of interest in participating in a parenting program. They identified a number of parenting issues that they would like to see included in a parenting program.

Parents in both Indonesia and Australia similarly cited parent-related topics (i.e., balancing work and family) and child emotional and behavioral issues (i.e., teaching children to accept failure, dealing with child disobedience, and promoting child self-esteem) as the most preferred topics. Some parents in Australia (44 %) even indicated their greater need to have the topic of coping with stress. This implies that a parenting program should combine child management topics with parent-related topics to meet parents' needs. Taylor and Biglan (1998) suggested adding adult-oriented issues, such as dealing with stress, to child management training to increase the benefits of the intervention.

There are a number of limitations in this study that should be considered. Selection bias might have occurred in this study as participant recruitment was mostly conducted online and used convenience or incidental sampling method. Consequently, most participating parents came from a higher education level and had better financial status than Indonesian parents in general. This limits the generalizability of the results. A larger sample size that includes a more heterogeneous sample and the use of a random sampling method is suggested for future studies. As this study found that paper-based participants in Indonesia, characterized by a lower level of educational background and financial status, had slightly different pattern in parenting practices, it is necessary that future study continue to investigate this issue, particularly the role of demographic characteristics, such as educational level and socioeconomic status, on parenting risks and protective factors. Another limitation is related to the possibility of subjective bias in the child adjustment measure. This study assessed child emotional and behavioral problems from the perspective of one parent only. In fact, most participants in this present study (76 %) were working either full-time or part-time, and 71 % participants reported that they had been supported by other child caregivers (e.g., grandparent or housemaid). Working parents might not have opportunities as much as other child caregivers or partner to observe their children's behavior at home. Future research should consider including a report from the other parent or child caregiver to obtain a more accurate picture of child emotional and behavioral problems. An objective measure, such as observation, may be used to obtain child behavior data in addition to self-report measures. It is worthy to note that parent and child behavior measures in this study were relatively new, thus there is limitation regarding the reliability of the measures and lack of normative values in determining the severity of the problem. The scores derived from the measures, including the prevalence of child emotional and behavioral problems, should be interpreted cautiously. The method we used to estimate the prevalence of child emotional and behavioral problems that was based on the numerical anchor of the scale requires further

validation. Overall, there is a general need to validate existing measures of child adjustment and parenting in an Indonesian context. Several other methodological limitations that should be acknowledged are unequal sample size between Indonesia and Australia participants that brings a consequence of lack of power to detect significant differences, the use of a median split to differentiate the levels of child emotional and behavior problems, the use of pairwise instead of listwise deletion for missing data, and inability to assess order effects as this study did not counterbalance the sequence of survey questions.

Despite these limitations, this present study provides valuable insights about the current parenting practices of Indonesian parents. Past literature has not explored parenting risk and protective factors within this population. This study inspected the relationships between parenting risk and protective factors and child emotional and behavioral problems using a broader sample of Indonesian parents residing in Indonesia and Australia. It was found that parenting factors and child emotional and behavioral problems were significantly related. Overall, parents with children at a higher level of emotional and behavioral problems were less confident in managing child difficult behavior, displayed dysfunctional parenting practices more frequently, were more stressed, and had more relationship problems in the family. This implies the need for a parenting program that teaches parents child management strategies and parent-related issues. Unfortunately, most Indonesian parents in this present study were not familiar with the existing parenting programs and some of them perceived that their children had no problematic behavior. It is important then to use media campaign to advertise parenting program in non-stigmatized way and emphasize the benefits of the program for parents, children, and the whole community (Sanders 2008). This present study is unique in that it invites parents as the consumers of parenting programs to share their views on the most desirable design of parenting programs. The results lay foundation for developing culturally relevant parenting programs for Indonesian families. This present study informs policy makers and professionals working with Indonesian parents in Australia and Indonesia about the need to have an evidence-based parenting program, particularly in the format of a light touch intervention. Designing a parenting program that is affordable and accessible for all Indonesian parents is challenging, but the benefits received for the whole population may outweigh the cost involved.

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