THE EFFECT OF PARENTAL EDUCATION ON TRADITIONAL RROMA FAMILIES IN ROMANIA

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Abstract

After the fall of communism in Romania, the situation of the Rroma community became dramatic. Massive unemployment, the loss of traditional crafts of this ethnic group, the preservation of early marriage customs resulted in large families facing extreme poverty, dysfunctional relationships and domestic violence. The purpose of the research was to determine the degree to which a parental education module, adapted to Rroma families, may result in increased family cohesion and adaptability, increased emotional warmth exhibited in the parent-child relationship, reduced rejection and overprotectiveness of children by their parents. The lot of 20 subjects consists of children from Rroma families from a village in the Northern part of Romania.

Keywords: parental education; Rroma; vulnerable population; child-parent relationship; tradition.

1. PROBLEM STATEMENT

Studies about family relationships and, implicitly, parental ones within the Rroma community are still in their infancy in Romania, data available on this community coming mainly from the field of sociology. Faced with a high birth rate and with precarious economic resources, Rroma people often find it materially impossible to satisfy the vital needs of all family members (Preoteasa, 2013). Studies conducted in recent years on this ethnic group have emphasized the fact that the Rroma family guides itself by certain similar norms and values and respects the same social patterns regardless of the country of residence. Some other studies pointed the connection between low IQ values achieved by mothers when applying Raven's Progressive Matrices and infant mortality (Čvorović, Rushton, Tenjevic, 2008), Rroma people were described as having “a life history pattern of the sort 'grow fast and die young’”, characterized by parental strategies of low emotional investment, early marriages, first pregnancies at early ages, high birth and death rates. Rroma usually obtain lower IQ averages than other European populations.” Another study highlights a number of external factors that favour dropping out of school, including peer pressure from members of other Rroma communities that reject school, extreme parental anxiety regarding children's security and wellbeing, or the Rroma community's expectations of youth to engage in business rather than in the academic sector. Community norms and values also weigh heavily on the decision to abandon one's studies (Cace et al, 2012). In the present research, more than a third of the subjects who abandoned school at the age of 14 could predict they would do so, with great precision, both themselves and their parents, since the age of 11 (Derrington, 2007). Our intervention was designed to challenge participating parents to make behavioral changes in their relationships with their children, the ultimate goal being to make these relationships as functional as possible.

2. PURPOSE OF STUDY

The purpose of the research was to determine the degree to which a parental education module, adapted to Rroma families, may result in increased family cohesion and adaptability, increased emotional warmth exhibited in the parent-child relationship, reduced rejection and overprotectiveness of children by their parents.
3. RESEARCH METHODS

The research sets out to determine to what extent a parental education module adapted to Rroma families may result in an increase in family cohesion and adaptability, in the emotional warmth shown in the parent-child relationship, in a decrease in parents' rejection and over protectiveness of their children. The hypotheses tested in the present research were: participating in the parental education module will increase the degree of cohesion and adaptability of the family and participating in the parental education module will increase the degree of emotional warmth shown in the parent-child relationship and diminish the rejection and over protectiveness attitudes shown within the relationship. The (therapeutic and control) group and the time of measurement (before and after the intervention) were considered independent variables, while family cohesion, family adaptability, emotional warmth, rejection and over protectiveness were considered dependent variables. The lot of 20 subjects was extracted by random sampling from the target population, and consisted of children from Rroma families from a village in northern Romania. Independent samples were used for the group variable and paired samples were used for the 'time of measurement' variable. By group variable, the sample consisted of 10 Rroma children aged 9 to 12, whose parents participated in the parental education module, and 10 children aged 9 to 12 whose parents did not participate in the intervention. All 20 subjects attended a social center, where they did their homework every day and participated in leisure activities. All subjects came from large Rroma families of precarious material circumstances. They all showed hetero-aggressiveness toward their equals and all came from families with experiences of domestic violence. Intelligence levels for all subjects were at the lower limits of normality. Their parents had very low levels of education and came from a community where religion played a major role, its main effect being a drastic reduction in alcohol consumption, which led to a decrease in violent criminal offenses.

The parent-child relationship was operationalized in the following variables: family cohesion, family adaptability, emotional warmth, rejection, over protectiveness; it was assessed by means of two tools. The first of them is “The Family Adaptability and Cohesion Evaluation Scale” (Olson, Portner & Lavee, 1985). “Family Adaptability and Cohesion Evaluation” (FACES III) was built on two dimensions: cohesion and adaptability. FACES III is based on the Circumplex Model of family functioning, according to which there are three central dimensions of family behavior: cohesion, adaptability (capacity to change) and communication. Family cohesion is defined as the emotional connection that members of the family have with each other. Adaptability reflects the linear dimension of flexibility, which is the ability of the system to change its structure (roles and relations) over time. The child must assess which statements are true for his family at present and then decide on the portrait of his ideal family. Answers are given on a 5-step Likert scale, where 1 means “almost never” and 5 means “almost always”. The internal consistency coefficient for this study was 0.79 for cohesion and 0.53 for adaptability. The second tool used is s-EMBU (the Swedish acronym for Egna Minnen Beträffande Uppfostran), which consists of 23 items and is built on three dimensions: emotional warmth, rejection and over protectiveness (Arrindell et al, 2005) Emotional warmth is defined as high affectivity, stimulation, praise. Rejection is defined as penalty enforcement, humiliation, favoring siblings at the subject's expense. Over protectiveness is defined as fear and anxiety about the subject's security, high intrusiveness, and excessive involvement. Answers are given on a 4-step Likert scale where 1 means “never” and 4 means “most often”. The internal consistency coefficient for this study was 0.70 for emotional warmth, 0.68 for rejection and 0.65 for over protectiveness. The tools were applied to the children right before and after the intervention, individually, because some of them experienced difficulties in reading the questions. The module was devised starting from the theoretical foundations previously presented, being adapted to the specifics of the targeted group, that is, Rroma parents from a very poor community, with large families and a very low educational level. The set objectives were the acquiring of efficient patterns of communication with children, increased assertiveness, the acquiring of effective strategies for meeting needs and resolving interpersonal conflicts, of abilities efficient for the parent role and of positive approaches of discipline, an increase in family cohesion and adaptability, as well as the building of a support network. The intervention took place over 10 weekly two-hour sessions. The structure of the intervention is summarized in the Table 1:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Moments and techniques used</th>
<th>Description of the session</th>
<th>Achieved effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>information; group formation</td>
<td>exposition and discussions.</td>
<td>A reassuring environment was created, the module sessions were described and the rules of the group were established.</td>
</tr>
<tr>
<td>2</td>
<td>psychoeducation; valorization of parents; group consolidation.</td>
<td>exposition and discussions; group consolidation exercises.</td>
<td>The importance of meeting one's own needs in order to then take care of others was discussed. In order to consolidate the group, parents talked about experiences in their childhood.</td>
</tr>
</tbody>
</table>
relationship, it turned out that there was one main effect of the intervention, the score average obtained by assessing the effect of the intervention on the degree of expression of emotional warmth within the parent-child relationship, though \( F(1,18) = 7.576; p = 0.013 < 0.05; \) \( X_{\text{therapy}} = 78.050; X_{\text{control}} = 61.600 \). After the intervention, the scores obtained by subjects in the therapy group for family cohesion are significantly higher than those obtained by subjects in the control group. \( F(1,18) = 6.503; p = 0.020 < 0.05. \) At the same time, there is no main effect of the group variable on the scores obtained for the family cohesion variable after the intervention \( F (1,18) = 6.50; p = 0.020 < 0.05; \) \( X_{\text{cohesion.i}} = 99.20; X_{\text{cohesion.f.}} = 110.75 \). At the same time, there is no main effect of the group variable on the scores obtained for the family adaptability variable after the intervention \( F(1,18) = 2.255; p = 0.15 > 0.05. \) However, there is one main effect of the “time of measurement” variable, in that the average of the subjects’ scores obtained for family cohesion before the start of the intervention took place and the scores obtained after the intervention, in that scores rose \( 99,20; 110,75 \). It has been noted that the score average obtained by subjects for the family adaptability variable before the start of therapy does not differ significantly from the score average obtained by subjects at the family cohesion variable \( F(1,18) = 6.503; p = 0.020 < 0.05 \). After the intervention, the scores obtained by subjects in the therapy group for family cohesion are significantly higher than those obtained by subjects for this variable \( F(1,18) = 6.503; p = 0.020 < 0.05 \). Moreover, there are significant differences between the scores obtained for cohesion by subjects in the therapy group before the intervention took place and the scores obtained after the intervention, in that scores rose following the intervention (Table 3).

### Table 3.

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Mean</th>
<th>T</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion 1</td>
<td>119</td>
<td>734</td>
<td>18</td>
<td>858</td>
</tr>
<tr>
<td>Cohesion 2</td>
<td>5552</td>
<td>030</td>
<td>18</td>
<td>040</td>
</tr>
</tbody>
</table>

It has been noted that the score average obtained by subjects for the family adaptability variable before the start of therapy does not differ significantly from the score average obtained by subjects at the family adaptability variable after the intervention \( F(1,18) = 7.576; p = 0.013 < 0.05 \). However, there is one main effect of the group variable on scores obtained by subjects for family adaptability, in that subjects in the therapy group obtained higher scores for adaptability than those in the control group, without the time of measurement being taken into account, though \( F(1,18) = 7.576; p = 0.013 < 0.05 \). After assessing the effect of the intervention on the degree of expression of emotional warmth within the parent-child relationship, it turned out that there was one main effect of the intervention, the score average obtained by

### Table 2.

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>F</th>
<th>Sig.</th>
<th>T</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion 1</td>
<td>119</td>
<td>734</td>
<td>18</td>
<td>858</td>
<td></td>
</tr>
<tr>
<td>Cohesion 2</td>
<td>5552</td>
<td>030</td>
<td>18</td>
<td>040</td>
<td></td>
</tr>
</tbody>
</table>

### 4. FINDINGS

With regard to the evolution of the family cohesion degree, it has been noticed that there is one main effect of the “time of measurement” variable, in that the average of the subjects' scores obtained for the family cohesion variable before the start of the intervention is significantly lower than the average of their scores obtained for the family cohesion variable after the intervention \( F(1,18) = 6.50; p = 0.020 < 0.05 \); \( X_{\text{cohesion.i.}} = 99,20; X_{\text{cohesion.f.}} = 110,75 \). At the same time, there is no main effect of the group variable on the scores obtained by subjects for family cohesion, but there is a combined effect of the two variables on the scores obtained by subjects for this variable \( F(1,18) = 6.503; p = 0.020 < 0.05 \). After the intervention, the scores obtained by subjects in the therapy group for family cohesion are significantly higher than those obtained by subjects in the control group.
subjects for the emotional warmth variable before therapy being significantly lower than the score average obtained by subjects for the emotional warmth variable after the intervention (F(1,18) = 67; p = 0.0001 < 0.05; Xemowarmth.i. = 19.20; Xemowarmth.f. = 23.80). What is more, there resulted a combined effect of the two variables on scores obtained by subjects for emotional warmth (F(1,18) = 67.05; p = 0.0001 < 0.05). After the intervention, scores obtained by subjects in the therapy group for emotional warmth were significantly higher than those obtained by subjects in the control group.

Moreover, we found significant differences between scores obtained by subjects in the therapy group before the intervention took place and scores obtained after the intervention, for the emotional warmth variable (Table 5).

Following the evaluation of the degree of expression of rejection within the parental relationship, the score average obtained by subjects for the rejection variable before the start of therapy is significantly higher than the score average obtained by subjects for the rejection variable after the intervention (F(1,18) = 30.57; p = 0.0001 < 0.05; Xrejection.i. = 44.150; Xrejection.f. = 40.200). There is also a combined effect of the two variables on scores obtained by subjects for the rejection variable for rejection are significantly lower than the control group (Table 6).

Significant differences were obtained between scores of the subjects in the therapy group for the rejection variable before the intervention took place and scores obtained after the intervention, in that these dropped. There are no significant differences between initial scores for rejection obtained by subjects in the control group and those obtained by them at the final measurement (Table 7).

5. CONCLUSION

The objectives of the intervention were to increase family cohesion, family adaptability, the quality of the parent-child relationship from an affective point of view and to improve communication between parents and children. The parental education module resulted in a beneficial effect on the affective ties between parents and children, on the degree of family cohesion – in the sense of increasing it, we may state that part of the goals set have been achieved. Increasing family adaptability (understood as the capacity to change relationships when the context demands it) was not an accomplished goal. A more pronounced expression of emotional warmth within the relationship and a decrease in the rejection of children were noticed. The intervention turned out not to have had any effect on diminishing parents’ overprotective behavior, but the intervention did not emphasize this component of the parental relationship, because no problems were noticed from this viewpoint during the initial evaluation of family relations.
6. REFERENCES


