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The pattern of Parental Handling in Children with Emotional and Behavioural Disorders - A Cross-Sectional Study

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Introduction: This study is to determine patterns of parental handling in children with emotional and behavioural disorders, and to determine the correlation of parental handling patterns to the child's behavioural and emotional symptoms. **Methods:** A cross-sectional study was conducted over one year among the parents of children and adolescents aged 4 to 17 years diagnosed with emotional and behavioural disorders and consulting a tertiary care centre in Kerala, South India, for the first time. **Results:** Most parents showed low care and low control patterns, while a majority of the children were at high risk for clinically significant problems. Approximately 62% of the children were at high risk due to hyperactivity/inattention, 45% for issues with peers, and 33% for poor prosocial behavior. There was a significant negative correlation between the control and conduct symptoms (ρ=-.232, p=0.020) and between control and hyperactivity (ρ-.221, p=0.027). A significant positive correlation was observed between emotional symptoms and the educational status of the parent (ρ=.265, p=0.008), and between peer problems and the age of the child (ρ=.232, p=0.020). There was also a significant correlation between externalising disorders and control scores. **Conclusion:** The population was found to predominantly have low care and low control patterns, i.e., less optimal parenting styles. Parental control was found to positively influence conduct symptoms and hyperactivity symptoms. There was no relation between socio-demographic factors and the pattern of parental handling or between parental handling patterns and other emotional and behavioural symptoms in the child.

Keywords: Parental handling, Pattern, Emotional and Behavioural Disorders, Children

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Introduction

Parenthood is a multi-faceted role which involves the implementation of several specific behaviours which individually and collectively mould and influence the development of children [1,3]. The role of biological and social parents in shaping the mental and physical health of a child has been well-documented [2.3]. From the 1950s and 60s, parenting styles have been considered predictive of child attributes [4]. The domains used to describe parenting styles differed only in their emphasis on nurturance and control [5–9]. Several typologies have been developed typologies that categorize adult control into prototypes [10,12,13] and also examine their influence on the developmental outcome [11].

Later studies indicate that both parenting behaviour and parenting styles affect child outcomes. Parenting styles are often considered a characteristic of the parent which is independent of the characteristics of the developing child. Parenting behaviour, by contrast, is considered bidirectional and influenced by early childhood or infant behaviour [14] Parenting styles and behaviours have been analyzed from a variety of standpoints. Some of these are physiology and hormonal interactions [15–18], parental mental health [19,20], cultural differences [21], ethnicity [22,23], and societal characteristics including support [24]. Even with the influence of such modifying factors, parenting styles have a considerable impact on the development and outcome of children [23, 25–28]. There is compelling evidence for the relationship between parenting and childhood behaviour and outcome. Considering the association between parenting styles and childhood behavioural problems as well as their influence on the developing behaviour of adolescents, identification of parenting styles would be useful in managing children with emotional and behavioural disorders. Several cross-cultural studies have found significant differences in parenting behaviours among parents of different cultural backgrounds [29]. However, there is a paucity of studies related to developing countries, and among the few based in India, the state of Kerala has largely not been addressed. Hence, the present study aims to determine the parenting pattern among parents of children utilizing psychiatric services at a tertiary care centre in Kerala, South India.

Materials and Methods

Study Design: Cross-sectional study.

Study Setting: Child & Adolescent Psychiatry Clinic, Govt. Medical College, Thiruvananthapuram which is a tertiary care centre.

Study Population: Parents of children and adolescents attending the Child & Adolescent Psychiatry Clinic in a tertiary care centre.

Study Period: One year.

Inclusion Criteria:

1. Parents of children and adolescents aged 4 to 17 years diagnosed with emotional and behavioural disorders consult the Child & Adolescent Psychiatry clinic for the first time.

2. Parents of children and adolescents who give written informed consent to participate in the study.

Exclusion Criteria:

1. Parents of children with clinical evidence of mental retardation, psychosis, and autism spectrum disorders.

2. Parents who are not staying with the child.

Sample Size :

The sample size was calculated using the formula

$N=4pq/L2$,

Where p is taken as 50% = 0.5 (since p is not known due to lack of prior prevalence studies), q= 1-p = 0.5, and L= 20% of p=0.1, resulting in a value of n = 100

Sampling Technique: A consecutive sampling of parents of children attending the Child & Adolescent Psychiatry Clinic at Government Medical College, Thiruvananthapuram during the study period.

Tools:

1. A proforma for obtaining the socio-demographic data of the parents and children.

2. Parental handling questionnaire[28]

3. Strengths & Difficulties Questionnaire [54] – parent-rated version in Malayalam.

Variables Studied:

- The pattern of parental handling was assessed using the Parental handling questionnaire (PHQ)

- Socio-demographic variables :

1. Age of parent

2. Gender of parent

3. Education of parent

4. Occupation of parent

5. Socio economic status

6. Marital status of the parent

7. Age of child

8. Gender of child

- Clinical variables :

1. Types of emotional and behavioural symptoms (emotional symptoms, conduct symptoms, hyperactivity/inattention symptoms, peer problems, prosocial behaviour) assessed using the Strengths and difficulties questionnaire (SDQ)

2. The severity of emotional and behavioural symptoms was assessed using the Strengths and difficulties questionnaire (SDQ)

Data Analysis: The data collected was entered into a Microsoft excel sheet and descriptive analysis was done to describe the pattern of parental handling. The data collected was analysed using SPSS version 17 and the results were interpreted accordingly. The correlation of the pattern of parental handling with emotional and behavioural symptoms of children was tested using Spearman's rank correlation coefficient.

Ethics

- Clearance was obtained from the institutional ethics committee before the study.
- Written informed consent was obtained from the parents of the children and adolescents who participated in the study.
- No cost was incurred on part of the study subjects.
- Those found to have defective parenting pattern was offered an appropriate intervention from the child & adolescent psychiatry clinic.

Results

The majority of the parents belonged to the age group of 30–40 years, with most of the parents who participated in the study being mothers.

Approximately 90 percent of those who sought treatment had at least high-school education. The majority of the parents who participated in the survey were unemployed/ homemakers, and an overwhelming majority of the participants in the survey are married. Considering the socioeconomic status of the families, most of the participants belonged to typical middle-class families

The majority of the children were boys in the age group of 11–17 years. From Tables 1–4, it was observed that a majority of the subjects were associated with low care and low control patterns. From the total difficulties and emotional symptoms score in the SDQ, the majority of the children fell into the category of high risk for clinically significant problems, with approximately half of the children being at high risk for clinically significant problems due to emotional symptoms or conduct symptoms. From the hyperactivity/inattention scores measured by the SDQ and tabulated in Table 5, it can be seen that 62% of the children were at high risk for clinically significant problems due to hyperactivity/inattention. The scoring for the risk of clinically significant problems due to issues with peers is tabulated in Table 6, and almost 45% of the children were assessed to be at high risk. Scores related to prosocial behaviour are indicated in Table 7 and about one-third of the children were assumed to be at high risk for clinically significant problems due to poor prosocial behaviour.

Fig. 2 gives an overview of the pattern of scores for different risk factors assessed by the SDQ, and it indicates that hyperactivity is the greatest factor that may result in clinically significant problems for the children.

When statistical correlations were considered, there was a significant negative correlation between the scores of the control and conduct symptoms (ρ=-.232, p=0.020). A similar statistically significant negative correlation was found between scores of control and hyperactivity symptoms as well (ρ-.221, p=0.027).

A significant positive correlation was observed between emotional symptoms and the educational status of the parent (ρ=.265, p=0.008), as well as between peer problems and the age of the child (ρ=.232, p=0.020). There was also a significant correlation between externalising disorders and control scores.

Table 1: Pattern of care and control.

The pattern of care and control	Frequency	Percent
Low care low control	37	37.0
High care low control	25	25.0
Low care high control	22	22.0
High care high control	16	16.0
Total	100	100.0

Table 2: Distribution of total difficulties scores in SDQ.

Total difficulties	Frequency	Percent
Unlikely	19	19.0
Significant problems	12	12.0
High risk	69	69.0
Total	100	100.0

Table 3: Distribution of emotional symptoms score in SDQ.

Emotional symptoms	Frequency	Percent
Unlikely	40	40.0
Significant problems	15	15.0
High risk	45	45.0
Total	100	100.0

Table 4: Distribution of conduct symptoms score in SDQ.

Conduct symptoms	Frequency	Percent
Unlikely	26	26.0
Significant problems	22	22.0
High risk	52	52.0
Total	100	100.0

Table 5: Distribution of hyperactivity/inattention score in SDQ.

Hyperactivity/ inattention	Frequency	Percent
Unlikely	28	28.0
Significant problems	10	10.0
High risk	62	62.0
Total	100	100.0

Table 6: Distribution of peer problems score in SDQ.

Peer problems	Frequency	Percent
Unlikely	42	42.0
Significant problems	13	13.0
High risk	45	45.0
Total	100	100.0

Table 7: Distribution of prosocial behaviour scores in SDQ.

Prosocial behaviuor	Frequency	Percent
Unlikely	58	58.0
Significant problems	11	11.0
High risk	31	31.0
Total	100	100.0

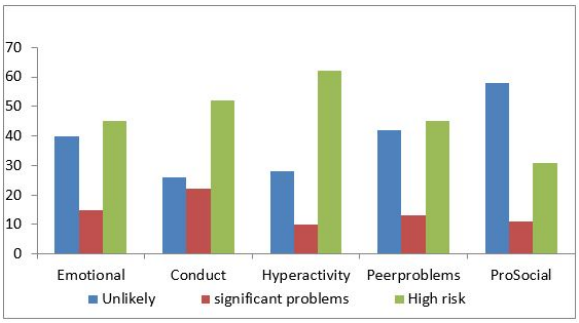

Figure 1: Pattern of scores of SDQ.

Discussion

From the results given above, the majority of the parents were mothers (87.0%) and the majority of the children were boys (74%). All parents had at least primary school education and 88% had completed at least high school educated. However, 56% were unemployed/homemakers. Among the parents, 91% were married and 9% were separated/widowed. In the sample, 58% belonged to the middle of the socioeconomic class spectrum, 42% from low socioeconomic class and none from high socioeconomic class.

The mean score of care in the parental handling questionnaire was found to be 3.99 (SD 2.09) and that of the control was 3.16 (SD 1.84). The mean score for care items was less than the mean scores reported by the authors of the scale for care (6.32 with SD 2.73) and the mean score for control was higher than the mean score for control (2.40 with SD 1.65) reported by the authors of the scale in a study done among a group of 100 emotionally disturbed children in Chandigarh [28]. The difference may be due to the cultural and environmental factors that modify the parenting styles as well as the reporting by parents.

The mean score was used to divide the parents into two groups in care and control domains parents having low care (score of 4 and above) and high care (score less than 4); parents having low control (score of 3 and above) and high control (score less than 3). Of the 100 parents, 41% had high care patterns & 59% had low care patterns. In the control domain, 62% had low control pattern and 38% had high control pattern.

This pattern could be directly obtained parental handling questionnaire is used.

This finding that a larger proportion of parents had low care pattern in this sample of parents having children with emotional and behavioural disorders is corresponding to the results reported by the author of the scale that the scores of care in the emotionally disturbed group depicted lower care compared to the normal control group. Another finding that is, the higher proportion of parents with low care is not conforming with the results of the reports of the author of the scale where the scores of control in the emotionally disturbed group showed higher control compared to the normal control group [28].

The difference in mean scores obtained in this study for the care domain from that reported by the authors may be due to the difference in the concept of care in the socio-cultural context. Another finding is that the higher proportion of parents having low care as well as the higher proportion of parents with low control may not be the accurate representation of the fact; the division of the categories was done based on the mean score of this same population as there was no cut-off score which can be applied to those having children with psychiatric disorders and those who have children without any psychiatric illness.

The authors of the scale have reported a difference in mean scores between the emotionally disturbed group and the normal control group.

The scores of care and control domain were combined to obtain four types of parental handling which approximately corresponds to Baumrind's four parenting styles. In this sample, 37% of parents had low care & low control (corresponding to rejecting neglecting type), 25% had high care & low control (corresponding to permissive type), 22% had low care & high control (corresponding to authoritarian type) and 16% had high care & high control (corresponding to authoritative type).

This shows that the percentage of parents with high care and high control which roughly corresponds to the authoritative parenting style is lesser compared to other types in this sample of parents having children with emotional and behavioural disorders. This is similar to the results of earlier studies like that done by Dwairy in Palestinian adolescents which showed a positive relationship between authoritative parenting and adolescent mental health.

Wolfradt et al. who examined the relationship between parenting and anxiety symptoms in Germany found a significant association between other parenting styles and anxiety and depersonalization symptoms than the authoritative style. Another study by Williams et al. found authoritative parenting was related to less internalizing disorders in children. Lipps et al. reported fewer depressive symptoms among adolescents who got authoritative parenting. Calafat et al. reported lesser substance use among adolescents who got authoritative parenting.

The correlation between parental handling pattern and a child's emotional and behavioural symptoms was assessed using Spearman's rank correlation coefficient. Significant correlations were found between the scores of conduct symptoms and scores of the control domain and also between scores of hyperactivity symptoms and scores of the control domain. There was a negative correlation between the scores of conduct symptoms and scores in the control domain (ρ= -.232, p= 0.02). Since parental control is inversely related to the control scores, this means that conduct symptoms increase as control increases. This is in contrast with the study done in Israel among 431 children showed the permissive style of parenting (low control) was associated with higher scores in conduct disorder. But a study done in the USA by Hoeve et al. revealed that authoritarian parenting (high control and low care) is linked to serious persistent delinquent behaviour.

There was a negative correlation between scores of hyperactivity symptoms and scores in the control domain. This meant that as parental control increases, hyperactivity symptoms increase (since parental control is inversely related to scores in the control domain).

A study done on 113 children in the USA by Williams et al. found that an authoritarian (high control, low care) parenting style was significantly related to externalizing disorders including hyperactivity. 46

No significant correlation between scores of parental care and control was found with other symptoms in children. The correlation between scores in the parenting dimensions (care & control) and socio-demographic details of parents and children were also assessed. The results did not show any significant correlations.

Conclusion

This study concludes that the proportion of parents having low care and low control is more in this population. Lesser optimal parenting styles were predominant in this sample. There was no relation between socio-demographic factors and the pattern of parental handling. Parental control was found to positively influence conduct symptoms and hyperactivity symptoms. No significant relation was found between parental handling patterns and other emotional and behavioural symptoms in the child.

This study has several limitations, viz.,

- The possibility of bias in reporting as parenting styles and child psychopathology is assessed based on self-reporting by parents. This increases the likelihood of more attention being paid to externalising disorders.
- Limitation of assessment to one parent. Child development is influenced by the parenting styles of both parents and assessing only one parent cannot give the actual picture of parental handling to which the child is being exposed.
- One-time evaluation of parenting styles and child's symptoms, leading to lack of information about the causal association of parental handling patterns with emotional and behavioural symptoms in children.
- Highly specific setting as the study was conducted in a tertiary care hospital setting where most of the subjects had severe emotional and behavioural symptoms. Hence, the results cannot be generalized.

Based on the study it is recommended that

- As the parenting styles predominant in parents of children with emotional and behavioural disorders are the less-optimal ones, the assessment of parenting styles during the evaluation of children & adolescents with psychiatric symptoms, and providing proper intervention is needed. This can help in the overall management and outcome for the child.
- The findings of this study cannot be generalised to the community as it was done in a tertiary care centre and hence, further community-based studies that compare the parenting styles of children with psychiatric symptoms and those who do not have psychiatric symptoms should be planned.
- Despite the evidence that parenting styles influence child outcomes, there is not much literature about the exact processes or mechanisms through which parenting influences child outcomes.
- This study delineates the broad effect of parenting styles on child outcomes, although in a tertiary care setting. Further research focusing on this area needs to be planned.

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Reference

1. Couperus JW, Nelson CA. Early Brain Development and Plasticity. doi: 10.1002/9780470757703.ch5

2. Bornstein MH. Parenting and child mental health: a cross-cultural perspective. World Psychiatry. 2013 Oct;12(3):258-65. doi: 10.1002/wps.20071

3. Darling N, Steinberg L. Parenting style as context: An integrative model (pp. 487-496). Washington, DC: American Psychiatric Association. 1993.

4. Symonds PW. The psychology of parent-child relationships.

5. Baldwin AL. Behavior and development in childhood.

6. Sears RR, Maccoby EE, Levin H. Patterns of child rearing.

7. Schaefer ES. A circumplex model for maternal behavior. The Journal of Abnormal and Social Psychology.1959; 59(2):226.

8. Becker WC. Consequences of different kinds of parental discipline. Review of child development research. 1964 May;1(4):169-208.

9. Baumrind D. Effects of authoritative parental control on child behavior. Child development. 1966 Dec 1:887-907.

10. Lewis CC. The effects of parental firm control: A reinterpretation of findings. Psychological bulletin. 1981 Nov;90(3):547.

11. McCoby EE. Socialization in the context of the family: Parent-child interaction. Handbook of child psychology. 1983;4:1-01.

12. Baumrind D. The influence of parenting style on adolescent competence and substance use. The journal of early adolescence. 1991 Feb;11(1):56-95.

13. Crockenberg S, McCluskey K. Change in maternal behavior during the baby's first year of life. Child Development. 1986 Jun 1:746-53.

14. Feldman R, Weller A, Zagoory-Sharon O, Levine A. Evidence for a neuroendocrinological foundation of human affiliation: plasma oxytocin levels across pregnancy and the postpartum period predict mother-infant bonding. Psychological science. 2007 Nov;18(11):965-70. doi: 10.1111/j.1467-9280.2007.02010.x

15. Insel TR. A neurobiological basis of social attachment. American Journal of Psychiatry. 1997 Jun 6;154(6):726-35.

16. Gordon I, Zagoory-Sharon O, Leckman JF, Feldman R. Oxytocin and the development of parenting in humans. Biological psychiatry. 2010 Aug 15;68(4):377-82. doi: 10.1016/j.biopsych.2010.02.005

17. Feldman R, Zagoory-Sharon O, Weisman O, Schneiderman I, Gordon I, Maoz R, Shalev I, Ebstein RP. Sensitive parenting is associated with plasma oxytocin and polymorphisms in the OXTR and CD38 genes. Biological psychiatry. 2012 Aug 1;72(3):175-81. doi:10.1016/j.biopsych.2011.12.025

18. Byford M, Abbott RA, Maughan B, Richards M, Kuh D. Adolescent mental health and subsequent parenting: a longitudinal birth cohort study. J Epidemiol Community Health. 2014 May 1;68(5):396-402. doi: 10.1136/jech-2013-202997

19. Pelaez M, Field T, Pickens JN, Hart S. Disengaged and authoritarian parenting behavior of depressed mothers with their toddlers. Infant Behavior and Development. 2008 Jan 1;31(1):145-8. doi: 10.1016/j.infbeh.2007.06.002

20. Baumrind D. An exploratory study of socialization effects on black children: Some black-white comparisons. Child development. 1972 Mar 1:261-7.

21. Dornbusch SM, Ritter PL, Leiderman PH, Roberts DF, Fraleigh MJ. The relation of parenting style to adolescent school performance. Child development. 1987 Oct 1:1244-57.

22. Steinberg L. Authoritative parenting and adolescent adjustment across varied ecological niches.

23. Byrnes HF, Miller BA. The relationship between neighborhood characteristics and effective parenting behaviors: The role of social support. Journal of family issues. 2012 Dec;33(12):1658-87. doi: 10.1177/0192513X12437693

24. Rutter M. Nature, nurture, and development: From evangelism through science toward policy and practice. Child development. 2002 Jan;73(1):1-21. doi: 10.1111/1467-8624.00388

25. O'Connor TG, Scott SB. Parenting and outcomes for children. cid: 20.500.12592/7t9hv6

26. Turner EA, Chandler M, Heffer RW. The influence of parenting styles, achievement motivation, and self-efficacy on academic performance in college students. Journal of college student development. 2009;50(3):337-46. doi: 10.1353/csd.0.0073

27. Malhotra S. A parental handling questionnaire. Indian journal of psychiatry. 1990 Jul;32(3):265.

28. Balda S, Irving K, Berthelsen D, Catherwood D. Parental control and style in Australia and India: A cross-cultural study. Journal of Human Ecology. 2001 Mar 1;12(2):133-9. doi: 10.1080/09709274.2001.11907593

29. Russell A, Hart C, Robinson C, Olsen S. Children's sociable and aggressive behaviour with peers: A comparison of the US and Australia, and contributions of temperament and parenting styles. International journal of behavioral development. 2003 Jan 1;27(1):74-86. doi: 10.1080/01650250244000038