

Parenting Practices and Behaviour of School Children in Dhaka, Bangladesh

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Abstract

Introduction: Behavior problem in children is alarmingly high. Parenting practices has a critical role that contributes to child behavior. The aim of this study was to assess parenting practices and its relationship to behavior of their children.

Methods: A total of 278 mothers of school children aged 6-8 years were interviewed using semi-structured Bangla questionnaires based on the Alabama Parenting Practices Questionnaire (parent form) and Strength and Difficulty Questionnaire (parent-rated version). Parenting practices were categorized as positive and negative. Two branches of South Point School and College in Dhaka city were visited for data collection. Descriptive statistics were applied to analyze all demographic information of the participants, and correlation coefficients were obtained to examine the association between parenting practices and children's behaviors.

Results: Average positive parenting practices score (67.32±8.28) obtained by the mothers was at the higher level whereas average negative parenting practices score (41.71±7.25) was at the lower level of possible ranges of scores representing better parenting practices. Average pro-social behavior score (7.54±1.90) obtained by the children was at the higher level whereas average total difficulty behaviour score (11.49±4.71) was at the lower level of possible ranges of scores representing better child behaviour. Positive parenting practices of mother is positively correlated ($r = 0.197, p = 0.001$) with pro social behavior and negatively correlated ($r = -0.192, p = 0.001$) with total difficulty behavior of the children. Negative parenting practice is positively correlated ($r = 0.212, p < 0.001$) with total difficulty behavior and negatively correlated ($r = -0.193, p = 0.001$) with pro social behavior of the children.

Conclusion: Our research provides an insight about possible links between parenting practices and behavioural problems among school children. Further large-scale study research is recommended to explore the relationship between different subscales of positive and negative parenting practices and different subscales of child behavior in context of Bangladesh.

Key words: Parenting practice, Behavior of children, Alabama Parenting practices Questionnaire, Strength and Difficulty Questionnaire

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Introduction:

Emotional and behavioural disorders are defined as a condition wherein a child's behavioral or emotional responses deviate significantly from the generally

accepted age-appropriate norms observed in children with a similar ethnic or cultural background, leading to notable impairment in social relationships, self-care, educational advancement, or classroom conduct.¹ Some examples include aggression, disobedience, sleeping problems and anxiety. Disruptive behaviors in early childhood are predictive of negative mental health outcomes in later life, ranging from school failure to substance abuse and criminality.²

Numerous studies have investigated the prevalence of child psychiatric disorders worldwide over the years. However, there is considerable variability in the demographics of the study populations and the

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methodologies employed. A meta-analysis conducted in 2010 across 51 Asian countries revealed a prevalence of child and adolescent mental health problems/ disorders ranging from 10% to 20%.³ A study among school children aged 6–16 in Pakistan indicated a prevalence of 15.9% for behavior problems and 22.5% for emotional problems.⁴ In Sri Lanka, a study reported a prevalence of 13.8% for emotional and behavioral problems in 7-11 year old school children.⁵ A study among Nepali school aged children, 6-20 years, revealed adjusted prevalence of emotional and behavioral problems was 18.3%.⁶

Research on emotional and behavioural problems among young children in Bangladesh are scarce. In a systematic review conducted in 2014 in Bangladesh, the prevalence of mental disorders among urban and rural children aged 2–16 was identified to range from 13.4% to 22.9%.⁷ However, the recruitment of study participants in those studies were largely hospital-based.⁷ A recent study among school going children aged 5-11 years in Dhaka, Bangladesh reported the prevalence of emotional and behavioral disorders was 20.9%.⁸ However, none of these studies reported on parental practices and their correlations with the emotional and behavioral problems of young children in Bangladesh.

A variety of child- and family-related factors have been implicated in the aetiology and maintenance of disordered behavior in early childhood. Sociologists and public health researchers have concentrated their efforts on the mother's social circumstances (socioeconomic and marital status, mother's lifestyle), while psychologists have had a greater interest in the mother's marital relationships, her mental health and pattern of parenting.¹ Other researchers have focused upon the mother's (or child's) health as a cause of child behavior problems.⁹

Parenting practices are crucial for child behavior. Parenting practice is a specific behavior that a parent uses in raising a child.¹⁰ These can refer to the imposing and use of schedules, rules, expectations, punishments, rewards, etc. Basically, parenting practices can refer to any type of regular interaction that a parent has with their children. For example, when socializing their children to succeed in school, parents might enact certain practices such as doing homework with their children, providing their children with time to read, and attending their children's school functions. Parenting practices reflect the cultural understanding of children.¹¹ In the

current era marked by continuous technological advancements, growing expectations for children to excel, the breakdown of families, and swiftly changing socio-cultural paradigms, there is a notable and disruptive increase in behavior problems among children.¹²

Previous studies documented how various parenting practices influence child behavior and development of either pro-social behavior or psychosocial maladjustment.^{13,14} Research focusing on the early development of disruptive behavior problems is crucial to understand the etiology and developmental course of these behaviors, and to design appropriate interventions. However, little is known about the parenting practices and factors associated with behaviour of their young children in Bangladesh. This study aimed to assess the parenting practices of Bangladeshi mothers and their potential association with the behavior of their children. By contributing to the existing knowledge on parenting practices and child behavior, this study is anticipated to contribute to the development of a knowledge base for improved parenting that could aid in mitigating problem behavior among children.

Methods:

A cross-sectional study was conducted with an aim to assess the parenting practice of mothers having 6 - 8 years old children of Dhaka city and its relationship with their child's behavior.

Two branches of South Point School and College of Dhaka city were visited for data collection. The study was conducted for a period of 12 months from 1st July 2014 to 30th June 2015. A total of 278 mothers having children aged 6 to 8 years were interviewed based on their availability at the time of data collection using semi-structured Bangla questionnaires based on Alabama Parenting practices Questionnaire (parent form) and Strength and Difficulty Questionnaire.

Alabama Parenting Questionnaire (APQ – parent form) documents the five characteristics of parenting practices, namely: involvement (parent participating in the educational processes and experiences of their children), positive parenting (parent being loving, understanding, reasonable and protective), poor monitoring/supervision (parent does not know or supervise the child's academic and social schedule), inconsistent discipline (parent is inconsistent in disciplinary practices) and corporal

punishment (parent spank or hits the child as punishment)¹⁵. Parenting practices were viewed as positive and negative parenting practices. Positive parenting practices score was calculated by summing the scores of involvement (IN) and positive parenting (PP) subscales and negative parenting practices score was calculated by summing the scores of poor monitoring and supervision (PMS), inconsistent discipline (ID) and corporal punishment (CP) subscales. Higher positive parenting score and lower negative parenting score indicate better parenting practice.¹⁵ APQ questionnaire was translated into Bangla and used in this study.

Strength and Difficulty Questionnaire (SDQ - parent rated version) contains five clinical sub- scales e.g., emotional symptoms, conduct problems, hyperactivity, peer problems and pro-social behavior. Pro social behavior score ranges from 0 - 10 and the sum of scores on subscales of emotional symptoms, conduct problems, hyperactivity and peer problems usually account for total difficulty behavior score. Higher the pro social score and lower the total difficulty score indicate better child behavior. Several versions of SDQ in Bangla were applied and validated elsewhere.¹⁶

Entry of data and all the statistical analysis and interpretation of the data were carried out using the statistical software program SPSS version 17.

Range, means, and standard deviations were obtained for all demographic information of the participants relevant to the present study. Parenting practices scores of mothers were compared. Correlations were used to examine the association between parenting practices and behaviors of children. The protocol was approved by the Ethical Committee of National Institute of Preventive and Social Medicine.

Results:

The boy girl ratio of the study population was 1.2:1. The majority of the children were 7 years old (70%), studying in KG – II (54.4%) and English version of national board (50.7%). Fathers were, on average, 7 years older (40.28 ± 4.81 years) than mothers (33.21 ± 4.73 years). More than half (55.4%) of the mothers were between 31 – 40 years; about a third (32%) were below 30 years. On the other hand, more than half of the fathers (55%) were above 40 years old and 43.5% were of 31- 40 years.

More than half of the mothers (60.8%) and fathers (66.9%) were educated up to master's level. Fathers having professional degree such as MBBS/BDS, Engineering, LLB were more common (10%) than mothers (6.1%) (Table I).

Table-I
Demographic and family characteristics of study participants in Dhaka city, Bangladesh

Characteristics	n (%)
Total	278
Mother's Education	
Below SSC	4 (1.4)
SSC	16 (5.8)
HSC	46 (16.5)
Bachelor	26 (9.4)
Master's	169 (60.8)
Professional degree	17 (6.1)
Father's Education	
Below SSC	6 (2.2)
SSC	7 (2.5)
HSC	21 (7.6)
Bachelor	30 (10.8)
Master's	186 (66.9)
Professional degree	28 (10.0)
Mother's occupation	
Homemaker/ Unemployed	224 (80.6)
Business	4 (1.4)
Service	39 (14.0)
Physician	10 (3.6)
Engineer	1 (0.4)
Lawyer	0 (0)
Father's occupation	
Homemaker/ Unemployed	1 (0.4)
Business	126 (45.3)
Service	123 (44.3)
Physician	16 (5.6)
Engineer	11 (4.0)
Lawyer	1 (0.4)
Type of family	
Nuclear	176 (63.3)
Joint	102 (36.7)
Family size	
3	74 (26.6)
4-5	129 (46.4)
≥ 6	75 (27.0)
Number of children	
Only child	137 (49.3)
2	112 (40.3)
3	29 (10.4)
Monthly expenditure for the families (in taka) ^a	
<30,000	29 (10.4)
30,000 – 40,000	42 (15.1)
40,000 – 50,000	89 (32.0)
50,000 – 60,000	40 (14.4)
> 60,000	78 (28.1)
Monthly expenditure for the children (in taka) ^a	
<5,000	117 (42.1)
5,000 – 10,000	113 (40.6)
>10,000	48 (17.3)

^a Monthly expenditure was categorized based on actual income reported by study participants

Majority of the mothers (80.6%) were housewives. In the distribution of the employment status of the fathers, majority of them were businessman (45.3%) (Table I).

More than half (63.3%) of the respondents were living in nuclear family. Number of family member ranged from 3 to 14 with an average family size of 4.8. Highest proportion (46.4%) of the respondents had family size 4 - 5. About half (49.3%) of the respondents had only one child, 40.3% had two children and the rest had more than two children (Table I).

Parenting practices of the mothers

Mean positive parenting practices score obtained by the mothers were 67.32 ± 8.28 with a range from 35 to 80 and mean negative parenting practices score obtained by the mothers were 41.71 ± 7.25 with a range from 23 to 62. Among parenting practices positive parenting score were at the higher level of possible range (16-80) of score whereas negative parenting score were at the lower level of possible range (19-95) of score. In positive parenting, average involvement score (41.00 ± 5.45) and average positive parenting score (26.32 ± 3.78) both were at the higher level of possible range of scores, respectively. The average inconsistent discipline score (18.33 ± 3.43) was at higher level than the score in other dimensions of negative parenting scale (Table II).

Behaviours of children of study mothers

Mean scores obtained by children was 7.54 ± 1.90 with a range from 1 - 10 on pro social behaviors scale and 11.49 ± 4.71 with a range from 1 - 26 on total difficulty behaviors scale. Among behaviors of children, average pro social behavior score was at the higher level of possible range (0 - 10) of score whereas average total difficulty behavior score was at the lower level of possible range (0 - 40) of score. Children, on average scored higher (3.66 ± 2.16) in hyperactivity subscale than in other subscales of total difficulty behaviors subscale (Table III).

Association of parenting practices and behaviors of children

To find out the association of parenting practices score of mothers and behaviors score of children Pearson's correlation was carried out. Parenting practices were viewed as positive and negative parenting practices and behaviors of the children were viewed as pro social behaviors and total difficulty behaviors.

Weak positive correlation ($r = 0.197, p = 0.001$) was observed between positive parenting practices score and pro social behavior score of children which indicate pro social behaviors score increased with the increase in positive parenting practices score. Weak negative correlation ($r = -0.192, p = 0.001$) was observed between positive parenting practices score and total difficulty behavior score of

Table-II

Parenting practices scores of the mothers of school children in Dhaka city, Bangladesh

Parenting practices	Possible scores	Range	Mean \pm SD
Positive parenting subscale scores	16 - 80	35 - 80	67.32 ± 8.28
Involvement scores	10 - 50	20 - 50	41.00 ± 5.45
Positive parenting scores	6 - 30	12 - 30	26.32 ± 3.78
Negative parenting subscale scores	19 - 95	23 - 62	41.71 ± 7.25
Poor monitoring and supervision scores	10 - 50	10 - 36	15.60 ± 4.98
Inconsistent discipline scores	6 - 30	6 - 26	18.33 ± 3.43
Corporal punishment scores	3 - 15	3 - 15	7.78 ± 2.60

Table 3 Behavioral scores of school children of study mothers in Dhaka city, Bangladesh

Behaviours of the children	Possible range	Range	Mean \pm SD
Pro social scores	0-10	1 - 10	7.54 ± 1.90
Total difficulty behaviors scores	0 - 40	1 - 26	11.49 ± 4.71
Emotional problem scores	0 - 10	0 - 8	1.99 ± 1.69
Conduct problem scores	0 - 10	0 - 9	2.72 ± 1.82
Hyperactivity scores	0 - 10	0 - 9	3.66 ± 2.16
Peer problem score	0 - 10	0 - 8	3.13 ± 1.50

children indicating total difficulty behavior score decreased with the increase in positive parenting practices score.

Weak negative correlation ($r = -0.193$, $p = 0.001$) was observed between negative parenting practices score and pro social behaviors score of children indicating pro social behaviors score increased with the decrease in negative parenting practices score. Weak positive correlation ($r = 0.212$, $p < 0.001$) was observed between negative parenting practices score and total difficulty behaviors score of children indicating total difficulty behaviors score increased with the increase in negative parenting practices score.

Discussion:

Parenting practices of study mothers

This study documents five dimensions of parenting practices: involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment. Parenting practices are classified as positive and negative. Positive parenting practices include two subscales: involvement and positive parenting. Negative parenting practices include three subscales: poor monitoring/supervision, inconsistent discipline, and corporal punishment. Higher scores on positive parenting and lower scores on negative parenting indicate better parenting practices. The mean positive parenting practices score obtained by the mothers was 67.32 ± 8.28 , ranging from 35 to 80. The mean negative parenting practices score obtained by the mothers was 41.71 ± 7.25 , ranging from 23 to 62. Among parenting practices, positive parenting scores were at the higher end of the possible range (16-80), while negative parenting scores were at the lower end of the possible range (19-95). This suggests that Bangladeshi mothers were practicing positive parenting more and avoiding negative parenting.

In the positive parenting dimensions, the average involvement score (41.00 ± 5.45) and average positive parenting score (26.32 ± 3.78) were both at the higher end of the possible range of scores. This indicates that mothers were practicing their parenting positively with high involvement. For example, they had friendly talks with their child, volunteered to help in the child's special activities, played games together, enquired about the child's day at school, helped with homework, asked about the child's plans, talked about the child's friends, asked the child to help plan family activities, attended parent-teacher meetings, and complimented, hugged, or kissed the child when he/she did something well. They also

praised or rewarded the child for obeying or behaving well and appreciated the child when he/she helped with housework. The average inconsistent discipline score (18.33 ± 3.43) was at a higher level than the score in other dimensions of the negative parenting scale (Table 2). This indicates that among the negative dimensions of parenting practices, mothers were more likely to practice inconsistent discipline, such as not carrying out the punishment that had been threatened, avoiding punishing the child when required, getting manipulated by the errant child to avoid punishment, and lifting restrictions earlier than originally stated, more than poor monitoring and supervision and corporal punishment. Examples of poor monitoring and supervision included not knowing or forgetting the child's schedule, not checking whether the child had returned home from school on time, not checking whether the child kept company with "known" friends, not ensuring that the child was not alone at home without adult supervision, and not ensuring that when the child went out after dark, he/she was accompanied by an adult. Examples of corporal punishment included spanking the child with a hand, slapping, or hitting with a belt when he/she had done something wrong.

Behaviors of the children of study mothers

This study assesses problem behaviors related to emotional symptoms, conduct problems, hyperactivity-inattention symptoms, and peer relationship problems, with the fifth assessing pro-social behaviors. The behaviors of the children were categorized as pro-social behaviors and total difficulty behaviors. Higher scores on the pro-social subscale and lower scores on total difficulty subscales indicate better child behavior. The mean scores obtained by children were 7.54 ± 1.90 , ranging from 1 to 10 on the pro-social behavior scale, and 11.49 ± 4.71 , ranging from 1 to 26 on the total difficulty behavior scale. Among these behaviors, the average pro-social score was at the higher level of the possible range (1 - 10) of the score, while the average total difficulty behavior score was at the lower level of the possible range (0 - 40) of the score. This suggests that children of study mothers were more considerate of other people's feelings, shared readily with other children, were helpful if someone was hurt, kind to younger children, and often volunteered to help others. On the other hand, the average total behavior score was at the lower level of the possible range (0 - 40) of the score, indicating that children were restless, had temper tantrums, felt downhearted, got on better with adults than with other children, etc.

On average, children scored higher (3.66 ± 2.16) on the hyperactivity subscale than in other subscales of total difficulty behaviors, indicating that children of study mothers showed restlessness, were overactive, constantly fidgeting or squirming, easily distracted, their concentration wandered, and they did not think things out before acting and did not see tasks through to the end. This was higher compared to behaviors such as temper tantrums, feeling downhearted, and getting on better with adults than with other children.

Association between parenting practices and behaviors of children

Parenting practices were categorized as positive and negative, while children's behaviors were classified as prosocial and total difficulty behaviors.

A weak positive correlation was observed between the scores of positive parenting practices and prosocial behavior in children, indicating that prosocial behavior increased with higher positive parenting scores. Conversely, a negative correlation was found between positive parenting scores and total difficulty behavior scores in children, suggesting a decrease in total difficulty behaviors with an increase in positive parenting practices.

A weak negative correlation was identified between negative parenting practices scores and prosocial behavior scores in children, suggesting an increase in prosocial behaviors with lower negative parenting practices scores. Conversely, a positive correlation was observed between negative parenting practices scores and total difficulty behavior scores in children, indicating an increase in total difficulty behaviors with higher negative parenting practices scores.

This study's strength lies in the accurate depiction of parenting practices, as data were gathered through interviews, minimizing non-response and social desirability biases. The quality and nature of parental nurturance significantly shape a child's future development. Given the limited knowledge about parenting practices and their relationship with child behavior in Bangladesh, this study's results contribute to understanding parenting practices in the Bangladeshi context, highlighting the need for improved parenting strategies to reduce problematic behaviors in children.

There are several limitations of this research. The study findings may not be generalizable as data was collected from one school of Dhaka city. Since this study relied only on information obtained from parent, rather than from the children themselves, it is possible that the perceptions of

these children might have differed from those of their parents. The findings of relationship between parenting practices and behavior of children might not be sufficient to measure the causal association as this was a cross-sectional study. Although the study was conducted several years back, the study provides a comprehensive overview of parenting practices and their correlations with behaviours of children and findings are still relevant in the current context.

Conclusion:

This study sheds light on the relationship between parenting practices and behavioral issues among school children in Bangladesh. The findings suggest that positive parenting practices are correlated with favorable child behaviors, while negative parenting practices exhibit associations with challenging behaviors. The study emphasizes the need for a more extensive investigation, encompassing different dimensions of parenting practices and child behavior. Such comprehensive research will contribute to a nuanced understanding of these dynamics in the unique cultural and social context of Bangladesh. Ultimately, our insights underscore the significance of cultivating positive parenting strategies to foster the well-being of children and reduce behavioral challenges in the local context.

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