

Research Paper

## Parenting practice, Matrimonial Instability, and Children's Attention Deficit Hyperactivity Disorders

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### ABSTRACT

The purpose of the present study was to investigate the relationship between marital instability, parenting practice, and Attention Deficit Hyperactivity Disorders in children. Purposive sampling techniques were followed to select 386 parents from Dhaka city as a sample in this research. Bangla version of matrimonial instability scale, the parenting practice four-factor questionnaire was administered to measure the participants' marital instability and parenting style. Bangla version of the ADHD rating scale was also applied to the same respondents to identify their children's attention deficit hyperactivity symptoms. Obtained data were analyzed by employing descriptive statistics, correlation, and stepwise multiple regression methods. The findings of this study revealed that matrimonial instability of parents (59.9%), involvement in parenting style (16.6%), and authoritarian parenting (0.8%) are the best predictors of developing attention deficit hyperactivity symptoms among the children. The results of this research have been interpreted in the light of past studies.

**Keywords:** Parenting, ADHD

In today's society, perhaps one of the most common childhood neurobehavioral or neurobiological disorders is attention-deficit hyperactivity disorder worldwide (Sayal *et al.*, 2018). Children with this disorder are often characterized by excessive symptoms of inattention, hyperactivity, and impulsivity (APA, 2013). Attention-deficit hyperactivity disorder children may act without thinking about the consequences of their behavior or being overly active and have difficulty paying attention and controlling impulsive behaviors (Faraone *et al.*, 2021). Only in the United States, attention deficit hyperactivity disorder is the most diagnosed form of psychopathology in the preschool years (Armstrong & Nettleton, 2004). ADHD affects approximately 5% of children worldwide (Polanczyk *et al.*,

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2014). The prevalence rate of ADHD has increased significantly due to the outbreak of COVID-19 (Zhang *et al.*, 2020). ADHD is diagnosed in about 10 to 20% (Shaywitz & Shaywitz, 1988) and 2% to 16% of school-aged children (Rader, 2009). It is usually first diagnosed early and often lasts into adulthood. Although ADHD is viewed as a biological (Biederman, Faraone, Knee, & Tsuang, 1990; Hauser *et al.*, 1993), or neurological disorder (Barkley, 1982; Hallowell & Ratey, 1994), the importance of the family, the technological environment should not be ignored to understand Children's attention deficit hyperactivity disorder. Especially when ADHD is perceived as a reciprocal process (Hinshaw, 1994), family parameters such as parenting, marital instability, and technology become more significant. In this view, we are interested in figuring out how parenting practice, marital instability, and advanced technology influence children's behaviors.

ADHD is characterized by persistent hyperactivity, impulsivity, and inattention inconsistent with the patient's developmental stage (Moran, 2016). The empirical literature suggests that gender differences are evident in ADHD, e.g., girls having less disruptive symptoms than boys (Gaub & Carlson, 1997; Gershon, 2002) and referral bias (Rucklidge, 2008, 2010; Ohan & Visser, 2009). Having a child with ADHD has a disruptive effect on parenting compared to children without ADHD (Teixeira *et al.*, 2015). The parenting practice concept is one of the most fundamental approaches to understanding parental influences on human development (Baumrind, 1967). Parenting is the process where children grow up and supports their physical, social, emotional, and intellectual development from infancy to adulthood. In the early stages, Maccoby and Martin (1983) offered two categories of parenting, and Baumrind (1967) indicated only three types. At present, some researchers suggest four types of parenting styles (Shyn's, 2017) and namely, authoritative, authoritarian, neglectful, and indulgent. Four parenting practices are characterized by authoritarian or power asserting disciplinarians, authoritative or warm giving protectors, permissive or lenient freedom givers, and uninvolved or selfish autonomy givers to their children. The scientist noticed that distinct domains of parenting are related to particular types of behavior, such as inattention, hyperactivity, and disruptive behaviors (Ellis & Nigg, 2009). Many researchers recognized the importance of researching the role of parenting practice in child development (Schaffer *al.*, 2009; Kaufmann *et al.*, 2000). Parenting practice shows the parents' overall feelings about the child through tone of voice, emotional display, quality of attention, parental attachment (Shahinuzzaman *et al.*, 2012), and even body language (Bornstein & Zlotnik, 2009). Some findings also suggested that inter-parental conflict can lead to adolescents' impulsive behavior (Shahinuzzaman *et al.*, 2019), psychological distress (Shahinuzzaman *et al.*, 2016), bullying behavior (Shahinuzzaman & Ferdushi, 2017) as well. It is thought to provide the emotional climate for interaction between parents and their children (Williams *et al.*, 2009) and significantly impacts the family's quality of life.

The relentless goals of psychological inspection are to figure out children's development over time (Papp, 2012). The family environment is vital for children to grow up with happiness, love, and understanding, leading to the complete and harmonious development of the child's personality (Brockington *et al.*, 2011). In this regard, marital issues, such as matrimonial instability and marital dissolution, have a determinantal effect on child development while enhancing the possibility of adjustment issues (Amato, 2010; Kouros *et al.*, 2008) and some extant psychological problems. Marital instability refers to a couple's propensity to dissolve an existing marriage, even though dissolution may not be the outcome (Booth *et al.*, 1983). Researchers suggested that the clinician should consider the

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impact of marital discord on the child or adolescent ADHD, as ADHD may exacerbate underlying family tensions (Whalen *et al.*, 1992). Parents' marital dissolution during childhood increases children's support for cohabitation at age 18, and the influence is most significant when the parents' divorce is followed by remarriage. (Cunningham *et al.*, 2005). The consequences of parents' separation and divorce are very intense (Burman & Margolin, 1992). Children with unstable families are prone to drug addiction, armed robbery, and other forms of criminal activity (i.e., terrorist); naughty, unruly, and rebellious. Parents of children with ADHD reported less marital satisfaction and increased interparental conflict levels than parents of non-affected children (Johnston & Mash, 2001). The permanent outcome of the quality of the relationship between children and their parents' relay on childhood experiences of parental conflict (Amato & Sobolewski, 2007). The risk of problematic behavior is high among children who experience their parents' marital instability; children from intact families have better cognitive, behavioral, and positive health outcomes (Duke-Natrebo, 2014) and higher wellbeing (Sigle-Rushton & McLanahan, 2004); than divorced parents. The intensity of ADHD symptoms was directly related to higher family disturbance (Scahill *et al.*, 1999). However, there are exceptions, and some studies have found no significant difference in marital discord between children with ADHD parents and without ADHD parents (Barkley *et al.*, 1991).

### *The rationale of the study*

Above review indicates that there is no research on parenting practices and matrimonial instability on children's attention and hyperactivity disorders in Bangladesh. Even though it is a burning issue to investigate this human welfare-oriented area: surprisingly, psychologists have paid little attention to this aspect. Having completed a study, we may enable to understand how parenting practice and matrimonial instability influenced the children's neurodevelopment-induced problem behavior. The outcome of the current study may help prevent and relieve the emotional, higher mental process, physical suffering, and child abuse generated by matrimonial instability and parenting practice. Therefore, this research may help the couple and family counselor to help the couple adjust to the family and their children. In addition, family counseling may emphasize the stakeholders, i.e., government, religious leaders, social workers, and policymakers, to minimize family instability and encourage involvement in ineffective parenting; that effort should minimize ADHD. So, the research can bring beneficial and positive changes to aware people and will be more sensible about their marital responsibilities and children rearing. Overall, we have to be mindful that parents behave constructively in developing their children's mental health. Thus, the study is considered very important and timely.

### *Prime objectives of this research*

The present study investigated the relationship between matrimonial instability, parenting practices, and children's attention deficit and hyperactivity disorder.

### *Specific objectives*

- To understand the relationship of authoritative, authoritarian, permissive, and uninvolved parenting practices with children's attention deficit and hyperactivity disorder.
- To explore the relationship of matrimonial instability with children's attention deficit and hyperactivity disorder.

## METHODOLOGY

### *Participants*

The respondents in this study were parents of younger students (studied in KG to Grade-5 aged 6–12 years). Purposive sampling techniques were followed to select 386 parents from Dhaka city as a sample in this research. They were physically, psychologically, and energetically tuned in the study and were affirmed that their cooperation was intentional.

### *Measuring Instruments*

For data collection, the following instruments were used in the present study:

- **Demographic and Personal Information Form (PIF):** The first instrument used for primary data collection was demographic information about the respondents. This PIF involved information about the respondent's self-history. These are respondents' age, gender, educational qualification, socio-economic status, child's age, gender, and class etc.
- **Marital Instability Scale:** The adapted Bengali version of Booth *et al.* (1983) Marital Instability scale was used to assess the marital instability of research participants (Ilyas, 2006). It is a 13-item Likert Type Scale. For each item scale, four options of answering possibilities were available. (1-Never, 2-Occasionally, 3-Often, 4-very often). In the study, the Likert scoring procedure (1, 2, 3, and 4) is applied, and the total scale score range is 13-to 52, with a higher score representing higher marital instability. Significant correlation [ $r(48) = .817, \rho, <.0005$ ] between scores of English and Bengali versions indicated translation reliability of the scale. Cronbach alpha ( $\alpha = .935$ ) revealed the internal consistency reliability of the scale.
- **The Parenting Style Four Factor Questionnaire:** The adapted Bengali version (Shahinuzzaman & Mia, 2019) of Shynny's (2017) parenting style four-factor questionnaires (PSFFQ) were used to measure the parenting styles of parents of adolescents. The scale contains 32 items containing four types of parenting practice (authoritarian, authoritative, permissive, and uninvolved). All items were ranged with 5 points Likert-type. The score for the options was always=5, most of the time=4, sometimes=3, rarely=2, and never=1. The questionnaire was translated into Bangla. Then the English and Bangla version was given to judges to check the correctness of the translation according to the judges' suggestions. Then the English and Bangla versions of the scale were administered to 50 participants at an interval of 7 days. Significant positive correlation [ $r = .832, \rho < .01$ ] was obtained between scores of English and Bangla versions indicating high translation reliability of the scale.
- **The SWAN Rating Scales:** The Bengali version of (Shahinuzzaman *et al.*, 2019) Strengths and Weaknesses of ADHD symptoms and Normal behavior scale (Swanson *et al.*, 2006) consists of 18 items used to evaluate ADHD for children and adolescents (6-17) and derived from the DSM-IV-TR (APA, 2008). Parents are asked to compare their child's behavior in various settings over the past month to other children on a 7-point: -1-Slightly average, -2-Above, -3-Far above, 3-Far below, 2-Below, 1-Slightly below, 0-Average. Higher scores indicate greater symptomology. The English version questionnaire was translated into Bangla. Then the English and Bangla version was given to judges to check the correctness of the translation according to the judges' suggestions. Then the English and Bangla versions of the scale were administered to 50 participants at an interval of 7 days.

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Significant positive correlation [ $r = .850, p < .01$ ] was obtained between scores of English and Bangla versions indicating high translation reliability of the scale.

### **Procedure**

The respondents were informed that their responses were confidential and could not be personally identified in later publications. Standard data collection procedures were followed. Data were collected through personal interviews. Each person was interviewed separately. Each of them was given separate instructions for the questionnaire, and each scale was allowed to ask freely if they had a query regarding any item of each scale. Finally, respondents were encouraged to ask any questions they might have, and they were informed of their right to withdraw from the study. It took 45 to 60 minutes on average to complete the task. After the performance, all the respondents were thanked for their cooperation and participation in the study. Data were edited and processed using the SPSS program (25.0 versions) for the windows package.

## **RESULTS**

The objective of the current study was to investigate the relationship between matrimonial instability, parenting practice, and children's attention problems with hyperactivity disorders. For this purpose, descriptive statistics, correlation, and stepwise multiple regression were calculated. The mean and standard deviation of children's attention problems and hyperactivity disorders (M=32.0, SD =0.568), authoritarian (M=31.84, SD = .782), authoritative, (M=32.03, SD =1.154), permissive (M=31.79, SD =.791) and uninvolved parenting practice (M=32.08, SD=.886) scores indicate that the parent perceives higher marital instability and authoritarian, authoritative, permissive, uninvolved parenting practice, their children display more elevated level of attention problem and hyperactivity in daily life.

**Table 1 Mean and Standard deviation of dependent and independent variables**

Variables	M	SD
Matrimonial Instability	31.78	.722
Authoritarian Parenting	31.84	.782
Authoritative Parenting	32.03	1.154
Permissive Parenting	31.79	.791
Uninvolved Parenting	32.08	.886
Attention deficit hyperactivity disorder	32.00	.568

N= 386. Note. M=Mean, SD=Standard Deviation.

Pearson correlations coefficients illustrate that authoritarian, authoritative, permissive, and uninvolved parenting practices are significantly associated with the children's attention problems and hyperactivity disorders, as presented in Table 2.

**Table 2 The correlation coefficient of dependent and independent variables**

Variables	1	2	3	4	5	6
Hyperactivity and attention problem	1					
Matrimonial Instability	.774**	1				
Authoritarian Parenting	.657**	.774**	1			
Permissive Parenting	.649**	.748**	.666**	1		
Uninvolved Parenting	.719**	.462**	.360**	.384**	1	
Authoritative Parenting	.318**	.386**	.464**	.492**	.217**	1

\*\*  $p < 0.01$ . N=386

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Children's hyperactivity and attention problem are significantly correlated with parents' matrimonial instability and parenting practice. Where, parent's matrimonial instability [(r (386)=0.774,  $\rho < 0.01$ ]; authoritarian parenting [(r (386)=0.657  $\rho < 0.01$ ]; uninvolved parenting [(r(386)=0.719, $\rho < 0.01$ ]and permissive parenting practice [(r(386)=0.649, $\rho < 0.01$ ] are positively and significantly correlated with children's attention problem and hyperactivity. On the other hand, the authoritative parenting practice [(r (386) r=.318,  $\rho < 0.01$ ] showed a minimal correlation between children's attention problems and hyperactivity.

**Table 3 Regression model of children's attention problem and hyperactivity disorders with a matrimonial instability, uninvolved and authoritarian parenting**

	R	R <sup>2</sup>	R <sup>2</sup> change	$\beta$	SE	t	p	F
<b>Matrimonial instability</b>	.774	.599	.599	.453	.032	11.17	.005	573.211***
<b>Uninvolved parenting</b>	.875	.756	.166	.458	.018	16.65	.005	621.67***
<b>Authoritarian parenting</b>	.879	.773	.008	.141	.028	3.66	.005	432.351***

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\*  $p < 0.001$ ;  $N = 386$ .

The results of stepwise multiple regression methods suggest matrimonial instability ( $\beta = .453$ ,  $p < .005$ ), uninvolved ( $\beta = .458$ ,  $p < .005$ ), and authoritarian parenting ( $\beta = .141$ ,  $p < .005$ ) are significant predictors of children's attention problem and hyperactivity. The results show that matrimonial instability is the most substantial contribution to the variance of children's attention problems and hyperactivity. It contributes 59.9% of the difference in children's attention problems and hyperactivity. Uninvolved and authoritarian parenting contributed to the variation of children's attention problems and hyperactivity by 16.6% and 0.8%. Combined, all three variables contribute to 77.3 % of children's attention problems and hyperactivity disorder.

### DISCUSSION

The present study aimed to investigate the relationship between marital instability, parenting practice, and children's Attention Deficit Hyperactivity Disorders. Here, we were trying to find out how marital instability and parenting style influence children's attention problems and hyperactivity in their daily life. In this study, three of the five objectives were satisfied. The findings on marital instability and children's attention and hyperactivity revealed that matrimonial instability was the substantial predictor of attention deficit and hyperactivity disorder. It explains the 59.9% variance of children's attention and hyperactivity disorder. Significant positive correlation and significant standardized beta have confirmed the research objective. Matrimonial instability is an essential aspect of family life for all humans that shape individuals' health and wellbeing. Marital instability can play a vital role in fostering any children in a family. It can influence the child's mental health and keep them from many health problems. The marital instability affects the family environment where the children get grown-up. For this reason, it is assumed that matrimonial instability creates children's attention problems and hyperactivity disorder.

Results also show that uninvolved parenting was the second contributor to children's attention problems and hyperactivity disorder. It explained 16.6% of the variance in children's attention problems and hyperactivity disorder. The parents who show more uninvolved behaviors to the children may likely have more attention problems and

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hyperactivity. The uninvolved parenting style includes excess restriction or no restriction at all. So, the children usually face many problems with this parenting style. Child of uninvolved parents may feel insecurity, neglect, and threat, which have the inverse effect on their Attention Deficit Hyperactivity Disorder.

Findings on authoritarian parenting and children's attention problems and hyperactivity disorder revealed that authoritarian parenting was the third significant predictor of children's attention problems and hyperactivity disorder. It explains the 0.8% variance of marital instability. But why is authoritarian parenting more influential in making children's attention problems and hyperactivity disorder? The dominance and controlling attitude toward kids may negatively affect and promotes the development of Attention Deficit Hyperactivity Disorder among their children. On the other hand, balancing love, affection, or rules can be founded on an authoritative parenting style; for that, authoritative and permissive parenting has been dropped out from the stepwise regression analysis. It can be said that these variables' have no significant contribution to the variance of Pathfinding suggest that healthy experience, communication, personality factors, i.e., interpersonal dependency, optimism, self-esteem (Shahinuzzaman & Haque, 2008), personal control, trust (Shahinuzzaman and Sraboni, 2014), marital self-disclosure, and locus of control (Shahinuzzaman and Sorcar, 2007) have positive relationships with matrimonial adjustment, which will have protective effects within the matrimonial relations. For this reason, it is thought to be that little inter-spousal contact leads to fewer misunderstandings, which may decrease the likelihood of ADHD symptom-based children under the authoritative and permissive parenting practices.

### *Limitations of this study*

The present study had some limitations, which future researchers in this field should address. The study's sample size was limited to 386, and they were taken from the primary levels in Dhaka city. We could generalize the result if the samples were a bit bigger and taken randomly. Furthermore, some respondents did not give detailed feedback because they were afraid of negative consequences, thus skewing the results.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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