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Research Paper

A Study on Parenting of School-Going Children, Adolescents with Behavioural and Emotional Disorders

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ABSTRACT

Background: Parents play a crucial role in the psychosocial development of their children either as a liability or as protection against mental health disorders. The study aimed to assess the parenting of children and adolescents with behavioral and emotional disorders (BED) in the Kolhapur region. **Material and methods:** This study was conducted in Kolhapur district, involved 376 subjects, aged 6 to 16, free from medical conditions, known to their instructors for at least three months, and excluded children outside this age range or with less instructor familiarity or residing in institutions. Authorization from the Z.P. office's education division was obtained, followed by the distribution of written parent consent forms to students. Basic student data was collected, and teachers engaged in Child and Adolescent Mental Health discussions. Screening tools were provided to instructors, and students meeting the criteria underwent preliminary screening. Parents were approached during Parent-Teacher Meetings for informed consent and assessed using the Parental Handling Questionnaire and Childhood Psychopathology Measurement Schedule for evaluating children's mental symptoms. **Results:** The mean age of the children was 9.80±1.85 years and predominantly were male (52.93%). A total of n=175 (46.67%) children were found to have BED. The majority of parents of children with BED were unable to handle their children. A significant association was found between parents unable to handle children and BED in children ($P<0.05$). A significant negative correlation was observed between parent handling and BED ($r=0.78$, $P=0.000$). **Conclusion:** Parents unable to handle their children show more behavioral and emotional symptoms.

Keywords: *Mental Health, Emotional Disorder, Behavioral Disorder, Family, Parents*

One of the most important stages of a person's lifespan is adolescence, characterized by rapid physical and psychological growth.[1] Adolescence is characterized by intense emotional and behavioral upheaval. According to the WHO, adolescence is the time between the ages of 10 and 19 years. The teenager fights to express his uniqueness while yet fitting in with society's expectations. Their rapid development and urbanization have exposed

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them to societal changes. The resulting collapse in family structure and excessive or insufficient control perplexes the adolescent, making him or her more susceptible to dysfunctional thought and behavior patterns.[2] Nearly 90% of the world's population, or 2.2 billion people, are children and adolescents, and they can make up to 50% of the population in low- and middle-income countries (LMIC). A mental condition affects one in every five children and adolescents worldwide, and two out of every five people who need mental health treatments do not get them. [3] The introduction and maintenance of essential health-related information and abilities throughout this time period are crucial for maintaining mental health. In recent years, emotional and behavioral problems have become more prevalent, particularly among children and adolescents in low- and middle-income nations. An individual develops behavioral tendencies throughout adolescence that endure a lifetime. These mental health issues frequently manifest themselves more clearly in a learning environment, which may affect students' functional and cognitive abilities. Conduct disorder, attention-deficit/hyperactivity disorder, and depressive or anxiety disorders are the emotional and behavioral issues that are most frequently seen in adolescents. [1]

When examining behavioral disorders in children and adolescents, the tendency towards nuclear families and the neglect of children as a result of parents' jobs need to be front and center. Children's activities are not being watched over by the parents, which encourages their aberrant behaviors.[4] Childhood behavioral and emotional issues, together with their associated disorders, may have a considerable detrimental influence on the person, the family, and the overall development of the children. Children with behavioral disorders exhibit a pattern of bothersome behaviors that might endure for months and cause issues at home, at school, and in social settings. Although almost everyone occasionally demonstrates some of these behaviors, behavior disorders are more problematic.[5] Inattention, hyperactivity, impulsivity, defiant behavior, drug use, and criminal activity are only a few examples of behavioral problems. Children who attend school should be carefully monitored for behavioral issues, and teachers and parents should be included in this serious conversation. These illnesses could have detrimental effects on society both now and in the future.[4]

In the fast-paced world of today, practically every mother believes that their children are trying to hit them, fight with them, aren't eating right, or are acting in a grating way. This is actually not the truth. When raising a child, one must deal with fundamental issues. However, these issues are widespread among parents and are not always signs of a behavioral illness that calls for therapy or other forms of treatment.[4] There is a lack of data regarding the association of behavioral and emotional disorders (BED) in children and adolescents with parenting. Therefore, the study aimed to assess the parenting of children and adolescents with BED in the Kolhapur region.

MATERIALS AND METHOD

Study Setting

The present investigation was conducted within the educational institutions of the Kolhapur district in India. Out of the 3,750 primary and secondary schools in the region, 517 schools provided education from the first to the tenth grade. Among these, 312 were situated in rural areas, while 205 were in urban settings. A stratified sampling approach was employed, with 1% of the schools selected from each category, resulting in a total of 5 schools chosen for the research, comprising 2 urban and 3 rural schools. The study enrolled a total of 376 subjects, aged 6 to 16 years, who were devoid of any known medical or surgical conditions and had a minimum of three months of familiarity with their instructors. Children falling outside this

specified age range, those who hadn't been known to their instructors for at least three months, as well as those who were homeless or residing in institutional settings, were excluded from the research.

Ethical Approval and Participant Consent

Institutional ethical approval was obtained before the initiation of the study. Authorization for the research was obtained from the education division of the Zilla Parishad (Z.P.) office, which was subsequently forwarded to the respective school authorities. In the initial stage, written parental consent forms were distributed to every student, providing information about the study's objectives, necessity, advantages, and the permissions required for data sharing with researchers. The schools were also contacted to obtain basic demographic data about the participating students. Prior to the screening process, teachers were engaged in a discussion about Child and Adolescent Mental Health (CAMH) to orient them and generate enthusiasm for the study. Subsequently, the screening tools were introduced to the school instructors. After meeting the specified criteria, teachers aided students in undergoing a preliminary screening utilizing tools such as the Paediatric Symptom Checklist (PSC) for children aged 6 to 12 and the Youth Self-Report (Y-PSE) for children aged 12 and under. Specific instructions were provided to class instructors in the 8th, 9th, and 10th standards to complete the proforma for children who scored high (≥10) on the initial screening, indicating a potential concern.

Parental Involvement

All parents of participating students were contacted during Parent-Teacher Meetings (PTM) held at the school. After establishing rapport, parents were briefed about the study's objectives and provided with assurances that their responses would remain confidential. Informed consent for participation in the study was obtained from all parents. Parental mental health and the handling of children were assessed through a parental handling questionnaire (PHQ) and interviews using the Childhood Psychopathology Measurement Schedule (CPMS) to evaluate mental symptoms in children. PHQ questionnaire typically consists of several statements or items related to parenting behaviors. Each response option is assigned a numerical value such as strongly disagree: 1, disagree: 2, neutral: 3, agree: 4, and strongly agree: 5. The total score provides an overall assessment of the parenting style or behaviors. A higher total score may suggest a more permissive or indulgent parenting style, while a lower score may indicate a more authoritarian or controlling style.

Statistical Analysis

Data collected in the study was analyzed using SPSS version 26.0 and MS Excel sheet. Univariate analysis was done to check the quality of data entry. For the quantitative variables, mean ± SD was used for data presentation. For categorical variables, frequencies along with their respective percentages were used. The chi-square test was used to find the association between variables, and the Pearson correlation coefficient was used to assess correlation. $P<0.05$ was considered as statistically significant.

RESULTS

The mean age of the children was 9.80±1.85 years, ranging from 6 to 13 years. The maximum number of children were male (52.93%). The distribution of children based on socio-demographical variables is shown in Table 1.

Table 1. Demographic variables of the study subjects.

Variables	Subcategory	Percentage (%)
Sex	Male	52.93
	Female	47.07
Residence	Urban	98.94
	Rural	1.06
Socioeconomic status	Middle	98.40
	Lower	1.6
Past medical/psychologic history	Yes	0.80
	No	99.20
Type of family	Joint	30.05
	Nuclear	69.95
Number of siblings	1	33.78
	2	52.66
	3	13.56
Birth order	1	55.59
	2	38.56
	3	5.85

Out of n=376 children, n=175 (46.67%) children were found to have BED. The examination of the BED pattern in children indicated that external problems were the most prevalent, with attention problems and internalizing problems following as the next most common issues (table 2).

Table 2. Patterns of emotional and behavioural problems among children

Pattern	Factors	Percentage (%)
Internalizing problems (anxiety or depression)	Feel sad, unhappy	46.15
	Worry a lot	37.91
	Feel hopeless	43.41
	Seem to be having less fun	35.16
	Down on yourself	25.82
Attention problems (ADHD)	Fidgety, unable to sit still	51.10
	Distract easily	53.30
	Act as if driven by a motor	27.47
	Daydream too much	59.34
	Have trouble concentrating	50
Externalizing problems (conduct, disorder, oppositional, defiant disorder)	Fight with other children	58.24
	Tease others	56.59
	Do not listen to rules	67.58
	Do not understand other people's feelings	56.59
	Blame others for your trouble	39.01
	Take things that do not belong to you	20.88

The parent response on the CPMS scale is illustrated in Table 3.

Table 3. Distribution of subjects according to parent response on CPMS scale

Variables	Frequency (n)	Percentage (%)
A low intellectual with an emotional problem	192	51.06
Conduct disorder	232	61.70
Anxiety	181	48.14
Depression	189	50.26
Psychotic symptoms	117	31.11
Special symptoms	104	27.66
Physical disorder with emotional problem	121	32.18
Somatization	97	25.80

The parenting of children with BED is depicted in Table 4. A significant association was found between parenting style and BED in children ($P<0.05$).

Table 4. Distribution of subjects according to parenting style

Parenting style	Frequency (n)	Percentage (%)
Authoritarian Parenting	80	45.71
Permissive Parenting	52	29.71
Neglectful or Uninvolved Parenting	34	19.43
Authoritative Parenting	9	5.14
Total	175	100

A significant correlation was observed between parent handling and BED ($P<0.05$).(Table 4)

Table 5. Correlation between parenting handling and BED

Parental handling	R value	P value
Strict discipline strategies	0.82	0.00001
Communication	0.74	0.00012
Emotional support	0.78	0.00014
Parental involvement	0.75	0.00013
Coping with challenges	0.69	0.00021
Parental perceptions	0.78	0.00014
Cultural and contextual factors	0.65	0.00025

Different p values (Table 5)

DISCUSSION

The assessment of mental health in children and adolescents who may be at risk of emotional or behavioral disorders is an area of interest for research globally. In our earlier study, conducted to determine the prevalence, pattern, and correlation of emotional or behavioral disorders in school-going early adolescent children, we found a 46.67% incidence of BED.[6] The increased incidences of BED in children and adolescents may be due to alteration and adaptation processes during this stage of development can be emotionally distressing and expressed as behavioral problems, affecting personal well-being and relationships with other people.[7] The family's flexibility to adapt itself to the changes required by the adolescent, as well as the quality of communication among family members and their emotional bonds, have effects on the adolescent's degree of vulnerability.[8] Moreover, parents play a crucial role in the psychosocial development of their children either as a liability or as protection against

mental health disorders. This study was conducted to find out the association between parent handling and BED in children and adolescents.

In this study, authoritarian parenting, characterized by strict discipline and low emotional support, appeared to be the most prevalent style among parents of children with BED. This suggests that an overly controlling and rule-driven parenting approach may contribute to emotional and behavioral difficulties in children. Permissive parenting was the second most common parenting style in BED children which is characterized by high warmth but low discipline, and is associated with increased behavioral problems in children. These children might struggle with impulse control and exhibit more behavioral challenges. Whereas, neglectful or uninvolved parenting, where parents are disengaged and unresponsive to their children's needs, is often linked to the highest risk of behavioral and emotional problems in children. These children may struggle with attachment issues and emotional regulation. The significant association between parenting styles and BED suggests that the way parents interact with their children and establish boundaries and expectations can influence children's emotional and behavioral well-being.

On the other hand, authoritative parenting, characterized by high levels of support and reasonable discipline, was less common among parents of children with BED. This parenting style is typically associated with positive outcomes in children, including better self-regulation and emotional well-being.

Furthermore, the significant correlation between specific aspects of parental handling and BED underscores the importance of parental behavior in children's emotional and behavioral development. In this study, strict discipline strategies, lack of emotional support, difficulties in communication, parental involvement, lack of coping with challenges, parental perceptions, and cultural contextual factors were positively associated with BED.

Studies on the association between parent handling and psychopathology during childhood and adolescence suggested that minors are well-adjusted and adaptable when parent-child relationships are characterized by a warm family climate, where communication is possible and rules are established and enforced using flexibility. On the other hand, lack of affection and communication, rigid family rules, negative perception of parents towards children, and conflict between parents and child can adversely affect an adolescent’s personal and socio-emotional development.[9] Furthermore, the literature suggested an association between internalizing problems and authoritative parenting style.[10] Inadequate levels of affection and the predominance of aggression and rejection toward children are associated with the expression of behavioral problems of aggressiveness, hostility, and delinquency.[11, 12]

Similarly, León-del-Barco B et al. suggested that minors who think that their psychological control by parents is high are 6 times more likely to suffer from internalizing disorders and 4.8 times more likely to develop externalizing disorders. The probability of suffering externalizing disorders is higher among males who perceive a high degree of psychological control.[13] Berg-Nielsen TS et al. showed that parents of minors with BED showed problems with appreciation, involvement, setting limits, consistency, monitoring contact, parenting priority, and negative attributions.[14] Finkenauer C. et al. in their study reported that BEDs were directly negatively related to adaptive parenting behavior (high parental acceptance, strict control and monitoring, and little use of manipulative psychological control).[15]

It's essential to recognize that this study offers valuable insights into the associations between parenting styles, parental handling, and BED, but it does not establish causation. Multiple factors can influence children's emotional and behavioral development, including genetics, peer influences, and social environments. Moreover, each child is unique, and the impact of parenting styles may vary.

These findings have implications for both research and clinical practice. Understanding the role of parenting styles and parental behavior in children's emotional and behavioral well-being can inform interventions aimed at supporting parents and addressing BED in children. Further research is needed to explore these relationships in greater depth and to develop effective strategies for promoting positive parenting practices and healthy child development.

CONCLUSION

Parent style was found to be significantly associated with BED. Moreover, aspects of parental handling are related to behavioral and emotional symptoms. Preventive intervention programs for parents can help to develop protective mechanisms for the minor's development.

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Conflict of Interest

The author(s) declared no conflict of interest.

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