

Research Paper

## A Comparative Study on Parenting Sense of Competence and Perceived Social Support among Mothers of Single Child – Girls and Boys

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### ABSTRACT

This study aims to explore the maternal experiences of parental competence and perceived social support in mothers of a single child. We delve into a detailed understanding of parenting stress, its effects on parental sense of competence, perception of available support from spouse and family. Data were collected from mothers of children aged between 5 and 10 years of age. Two scales were used for the purpose of the study- Parenting Sense of Competence Scale (PSOC) and the Multidimensional Scale of Perceived Social Support (MSPSS). Through the results, the study also brings forth differences in these experiences based on the gender of the child. Multiple previous studies have produced contrasting results regarding the relationship between gender of the child and perceived social support for the mother. This study makes an attempt to discuss a combination of societal and interpersonal factors interweaving between these concepts. The study underscores the importance of addressing support disparities in parenting interventions.

**Keywords:** Mothers, Parental competence, Perceived social support, Parenting stress, Gender

Entering the phase of parenthood is an intensely demanding role in an individual's life (Vance and Brandon, 2017). For women, this is a time of both physical and psychological change, wherein they must learn new behaviours and adapt accordingly to care for infants and achieve satisfaction in parenting (Mendes, 2007). These changes and new demands on the parents are in itself stressful (Deater-Deckard, 1998, 2004). Parenting stress is experienced as negative feelings towards the self and the child, which are directly attributable to the demands of parenthood (Deater-Deckard, 1998).

Parenting stress often arises when parents' perceptions of available resources, such as knowledge and competence for various tasks of parenting, do not match their expectations. Mothers who feel they lack the ability to quiet a crying baby, for example, are less likely to make legitimate attempts to placate the child and are more likely to give up quickly if the child does not soothe immediately (Haslam et al., 2006). Consequently, when failure results, their low self-efficacy beliefs are perceived to be confirmed, resulting in negative affect and depression (Coleman & Karraker, 1997). According to Lazarus and Folkman, women's

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Received: May 19, 2025; Revision Received: July 23, 2025; Accepted: July 28, 2025

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adjustment to new motherhood depends not only on the personal resources that they bring to deal with the unique challenges of motherhood, but also her social environmental contexts. Mothers' parenting stress has been inversely related to levels of parenting self-efficacy (Raikes & Thompson, 2005; Scheel & Rieckmann, 1998).

Depending on the level of maternal self-efficacy, parenting can result in positive or negative affect (Haslam et al., 2006). When faced with stressful situations, mothers with low self-efficacy give up more readily and make internal attributions for failure resulting in negative affect (Cutrona & Troutman, 1986). In contrast, mothers high in self-efficacy are more confident, make internal attributions of success, and therefore experience less negative affect (Bandura, 1982; Cutrona & Troutman, 1986). Maternal feelings of efficacy are associated with a smoother transition to motherhood (Williams et al., 1987). A parental sense of competence arises from a parent's perception of their ability to manage or achieve competence in parenting (Vance and Brandon, 2017). Personal beliefs, capabilities, power and executing result-oriented actions are some attributes of parental competence.

From an ecological perspective, parents' behaviour is influenced by the presence of other adults (Parke, 1976; Bronfenbrenner, 1977). Motherhood being a social role, it is largely influenced by social support. Social support can be influenced by a combination of social structures and social functions (House, 1981; Leahy-Warren et al., 2011) such as family composition, emotional concern and instrumental aid. Perceived social support refers to the cognitive appraisal of being reliably connected to others (Barrera, 1986). It indicates the confidence of an individual that adequate support would be available if required.

According to the self-efficacy theory of Bandura (1989), social support may influence maternal sense of competence through processes involving social persuasion, verbal encouragement, and opportunities to observe others' parenting, that is, vicarious experience. Verbal encouragement can come in the form of information, such as parenting advice, or relational support, such as empathy. Watching others function successfully in their parenting role, receiving instructional support, and receiving verbal encouragement serve to increase perceptions of self-efficacy (Haslam et al., 2006). Additionally, appraisal and informational support from family members and healthcare professionals increased women's sense of competence in the maternal role (Leahy-Warren, 2005). Cutrona and Troutman (1986) found that social support exerts a protective function indirectly by enhancing parenting efficacy beliefs. Marital support (Teti and Gefland, 1991), peer support and support from own mothers are both related to higher maternal competence (Leahy-Warren et al., 2011). Social support plays a protective role in the postpartum period by reducing the stress associated with the transition to motherhood.

### **METHODOLOGY**

#### ***Sample***

The study was conducted on a diverse sample of 116 women, out of which 60 were mothers of single girl child while the remaining 56 were mothers of single boy child. These women belonged to urban and semi-urban demographic from Pune city. Most of these mothers were not planning for a second child, while 10 mothers wanted a second child. Throughout the sample, data were collected from women irrespective of variables like the pregnancy type, birth type and health of the child.

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### *Variables*

#### **Independent Variables:**

1. Gender of the child: Boy and Girl
  2. Age of the child: 5 – 10-year-olds
- Dependent Variable:
- a. Parenting Sense of Competence
  - b. Perceived Social Support

### *Hypotheses*

#### **Null hypotheses:**

1. Parenting sense of competence does not differ among mothers of only girl child and only boy child.
2. Perceived social support does not differ among mothers of only girl child and only boy child.

### *Instruments*

Two measures were used in this study:

#### **1. Parenting Sense of Competence (PSOC) Scale**

**Overview:** The Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978) is used extensively as a self-report measure for parental competence.

It assesses two dimensions:

- Parental Efficacy – A parent's belief in their ability to manage their child's behaviour.
- Parental Satisfaction – The emotional fulfilment and enjoyment derived from parenting.

**Reliability:** Internal consistency of the scale was found to be Cronbach's  $\alpha = 0.75$ – $0.85$  (acceptable to good reliability). Using test-retest reliability, the scale has moderate to high stability over time.

**Validity:** The scale involves 3 key aspects of validity. Construct Validity correlates with parenting behaviours, levels of stress, and outcomes in the child. Convergent Validity shows a positive relationship between self-efficacy of parents, active parental involvement, and positive parenting practices. Discriminant Validity distinguishes between parents who experience high vs. low stress along with varying confidence levels.

**Factor Structure:** Originally, the scale was presented as a two-factor model along the dimensions of Efficacy & Satisfaction. Some studies also suggested a three-factor model by adding "Interest/Motivation."

**Cultural Adaptations:** The scale has been adapted in several languages with the items modified to enhance the relevance of the scale according to the context.

#### **2. Psychometric Properties of the Multidimensional Scale of Perceived Social Support (MSPSS)**

**Overview:** The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet et al. (1988) to evaluate the perceived social support experienced by individuals on three key sources: Family, Friends, and Significant Others. Its wide use in research and clinical settings is because of its strong psychometric properties. The scale has

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12 items. It records responses on the 7-point Likert scale (1 = "Very Strongly Disagree" to 7 = "Very Strongly Agree").

It has the following subscales (Each with 4 items):

- Family Support – Perceived support from family members.
- Friends Support – Perceived support from friends.
- Significant Other Support – Perceived support from a close individual (e.g., spouse, mentor).

**Reliability:** Internal Consistency of the overall scale was found to be Cronbach's  $\alpha = 0.85$ – $0.95$  (excellent reliability). The reliability of the subscales are:

- Family:  $\alpha = 0.85$ – $0.91$
- Friends:  $\alpha = 0.88$ – $0.92$
- Significant Others:  $\alpha = 0.85$ – $0.93$

According to Test-Retest Reliability, studies report stability over 2 to 3 months with correlations between  $r = 0.72$ – $0.85$ . This is an indication that perceived social support is relatively stable but can change over time.

### Validity

Construct Validity:

- Factor analysis verified a three-factor structure, which is also valid for the distinct subscales.
- It shows a strong correlation with life satisfaction, emotional well-being, and ability to cope.

Convergent Validity:

- The scale was found to be positively correlated with self-esteem ( $r = 0.40$ – $0.60$ ) and mental health indicators (e.g., reduced levels of stress, anxiety, and depression).
- Dimensions of social integration and resilience are also correlated with the scale.

Discriminant Validity:

- The scale distinguishes perceived social support from objective social support, which refers to the actual support received.
- Also shows differentiation from instrumental support seeking, that is, asking for tangible help.

Predictive Validity:

- Higher scores on the scale predict lower levels of depression, anxiety, and stress.
- Stronger perceived support is related with better health outcomes in clinical populations.

### Factor Structure

- Confirmatory Factor Analysis (CFA) has consistently confirmed a three-factor model.
- Usage in several cultures have led to different adaptations with slight modifications, with the core three-factor structure remaining the same.

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### RESULTS AND DISCUSSION

*Table 1: Results of PSOC Scale*

Mothers	N	Mean	Std. Deviation	t value (Sig.)
of Girls	50	147.40	14.041	.232 (.817)
of Boys	50	146.74	11.034	

Mothers of only girl child and mothers of only boy child do not differ in their parenting sense of competence. The first hypothesis is thus accepted.

*Table 2: Results of MSPSS*

Mothers	N	Mean	Std. Deviation	t value (Sig.)
of Girls	50	21.32	4.774	2.324 (.022)
of Boys	50	23.22	4.137	

It was found that Mothers of boy child have scored significantly high on Perceived Social Support than Mothers of girl child. Mothers of only girl child believe that they receive lesser social support than necessary, particularly instrumental social support. Thus, the second hypothesis is rejected.

### DISCUSSION

Research specifically focusing on social support or parental competence among Indian mothers of single (only) children is limited. However, several studies provide insights into related aspects of parenting in the Indian context.

Few studies have been conducted on the role that gender of the child plays in the social support received by mothers. Sahithya, Manohari and Vijaya (2019), in their review paper, delve into the gender differences that occur in parenting. In Indian families, there is a tendency for grandparents to be involved in child rearing, especially where husband and wife both are working (Sahithya, Manohari and Vijaya, 2019). Traditional gender roles where girls are taught more household duties with less autonomy, and boys are given more freedom may play a role in the consequent social support provided to mothers. Earlier, Indian parents were assumed to prefer male child, viewing them as eventually continuing the family lineage, whereas daughters are sent to live with in laws (Sahithya, Manohari and Vijaya, 2019). Even in urban families, such notions of gender roles may seep into the lifestyle with grandparents who could continue to hold such traditional notions of gender, presumably making grandparents provide lesser instrumental support for the girl child.

Other studies bring forth the importance of receiving adequate social support for mothers. In a study conducted by Flowers, Schneider and Ludtke (2008), married mothers of single child reported significantly lesser levels of depression and anxiety than single and divorced mothers (Flowers et al., 2008). This study found spousal instrumental support to be an essential component of reduced stress in mothers of single child. Reiss (1988) found that the level of depressive symptomology correlated most significantly with low levels of social support in a study of low-income, single, young mothers. These studies substantiate that social support has stress buffering effects for mothers.

In conclusion, maternal experiences shape mother-child interactions. The significant disparity in perceived social support can make way for a different approach to parenting.

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Practically, the findings of this study can help create an environment where mothers are sufficiently supported according to their needs by family and friends. Interventions to improve parenting should be sensitive to such gender related differences. These findings emphasise the crucial role that social and cultural factors play in parenting and health of mothers.

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### **Acknowledgment**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Naikare, A. & Gupta, D. (2025). A Comparative Study on Parenting Sense of Competence and Perceived Social Support among Mothers of Single Child – Girls and Boys. *International Journal of Indian Psychology*, 13(3), 941-947. DIP:18.01.085.2025 1303, DOI:10.25215/1303.085