

Adolescents' and Parents' Perception of Parenting: Insights from a Tertiary Care Hospital-Based Study in South India

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ABSTRACT

Background: In the backdrop of continuing economic progress, and changing family structure in India, the current study was done to assess and compare the parents' and adolescents' perceptions of parenting, and evaluate the association between parents' and adolescents' perception on parenting with their demographic variables, in our setting.

Methods: Data was obtained from a systematic random sample of 150 parent and adolescent pairs attending a tertiary care hospital immunization clinic, by means of a validated, 5 subscale, 42 item, self-reporting measure-Alabama Parenting Questionnaire (APQ-42) consisting of a parent form and a child form. APQ-42 subscale-wise and total scores were compared for adolescents and their parents; and the association of sociodemographic factors with total APQ-42 adolescent and parent scores was analysed using student's t-test, independent sample t-test, Levene's test, and One-way ANOVA using Bonferroni as its post hoc test.

Results: For both parents' and adolescents' perceptions, mean individual APQ scores were highest and lowest for the 'involvement' and 'corporal punishment' subscales respectively. Also, mean total APQ scores of parents (121.5±SD15.03) and adolescents (151.2±SD20.83) were significantly different (p<0.001) primarily due to significant difference in mean scores of 7 items included in the APQ-42 as 'other discipline practices', and not due to the 5 main subscales. Among the sociodemographic variables-parental age, educational status, and family structure (joint/nuclear) for parents; and gender and parents' marital status (single/double parent) for adolescents were statistically significant influences (p<0.05) on total APQ-42 scores.

Conclusion: The study highlights the impact of specific demographic factors influencing parents' and adolescents' parenting perceptions in a rapidly transitioning socioeconomic landscape in urban southern India.

Keywords: Adolescent, Parenting, Parent, Perception, Parenting styles, Sociodemographic Influences.

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Introduction

Children share a home with their parents- their primary caregivers, for a long time. A child's development is significantly influenced by the unique bonding with its parents.¹ Parenting is the task of nurturing children by providing them with the necessary care to further their physical,

emotional, cognitive, and social development throughout life. Parenting practices involve a system of dynamically interrelated dimensions that include social cognitions, behaviour management, and monitoring, built principally on the foundation of trust.²

Children, from 6 years of age onwards, tend to start acting autonomously, by choosing their own activities and friends, and, to some extent, recognizing authority other than parental.³ Beginning from this stage, parents are expected to provide good behavioural models, set rules consistently, supervise, and continue to make important decisions, because children cannot always put reasoning and judgment into practice.⁴ In tandem, within these precincts, parents should also allow the child to become increasingly autonomous.

Parenting styles are characterized by attitudes conveyed to the child, thereby fostering an emotional environment that is greatly reflective of parental behaviour.⁵ Four major parenting styles have been recognised; the first three—authoritarian, authoritative, and permissive, identified by psychologist Diana Baumrind in the 1960s, and the fourth—neglectful, later added in the 1980s by Stanford researchers Eleanor Maccoby and John Martin.⁶

As children grow into adolescence, they could experience changes in their concept of parenting; and may possibly view parenting behaviour quite differently from their parents. While a parent may view one's own behaviour as constructive, an adolescent may perceive the same as critical or even rejecting. Such incongruence or discrepancies in parental perspectives could significantly influence adolescent psychology adversely.⁷

In the extreme, harsh parenting like attempts to control a child using verbal violence or physical forms of punishment has been consistently associated with adverse mental health outcomes in children.⁸ A variety of contextual factors, consisting of children's characteristics such as gender or temperament, parents' experiences from their own childhood circumstances, expectations of others including family or friends and other social networks, and cultural systems; all could influence parenting knowledge, attitudes, and practices.⁹

India's transition into a fast-growing economy with rapid urbanization and westernization has led to an increasing shift from the traditional rural Indian joint family structure to the urban nuclear family setup; the perceived authoritarian parenting approach of the former, increasingly giving way to a more permissive and accommodative approach of the latter.^{10,11} Every fifth person is an adolescent (10 to 19 years of age) in India.¹² Yet, there is a relative paucity of published literature on parent-adolescent parenting perceptions and influences in the normative population from India.¹³

This study was conducted to assess parents' and adolescents' perceptions of parenting; to compare the parents' perception with adolescents' perception of parenting and to explore associations of parent-adolescent parenting perceptions with their sociodemographic variables, in our setting.

Methods

The study was conducted from April to June 2019 among adolescents 10 to 18 years of age visiting the Well Baby Clinic, Department of Pediatrics, Christian Medical College and Hospital (CMCH), Vellore, a not-for-profit institution. The Well Baby Clinic caters to child and adolescent subjects predominantly residing within a radius of about 50 km from CMCH, comprising parts of three districts from two states (Tamil Nadu and Andhra Pradesh), providing both Expanded Program on Immunization (EPI) recommended and Indian Academy of Pediatrics (IAP) recommended vaccines. Despite the availability of free immunization services with EPI vaccines, public demand for EPI, as well as newer IAP-recommended vaccines, is high, with a willingness to pay reasonable user fees for vaccines and services. The clinic therefore caters to varied socio-economic strata, with the majority of clients belonging to the middle-income group.¹⁴⁻¹⁶

A descriptive study design was adopted. Parents and their adolescent children were selected using systematic random sampling technique.

Inclusion Criteria included adolescents between the age group of 10 to 18 years, visiting the Well Baby Immunisation Clinic for their routine vaccination and proficient in either English or Tamil, and their parents willing to participate in the study. Among twins, the first was included.

Exclusion Criteria included adolescents with known chronic illnesses including cardiac, neurological, respiratory, gastrointestinal, psychiatric, and psychological disorders, immunodeficiency, and those adolescents or their parents unwilling to participate in the study. Adopted children were also excluded.

Demographic details of the participants were obtained. Data was collected through a self-administered Alabama Parenting Questionnaire (APQ-42), a copyright-protected 42-item questionnaire consisting of parent form and child form given to parent and child respectively, developed by Dr. Paul Frick, to assess parents' parenting practices with school-age children (5–18 years).¹⁷

The APQ-42 in the regional languages of the enrolled study cohort has been validated to be appropriate for use for either parent in the Indian cultural context, using measurement invariance analysis in previously published studies from South India.^{18,19}

Scoring

The items on the adult and adolescent child form are categorized into five subscales with question numbers as follows:

- Involvement: 1, 4, 7, 9, 11, 14, 15, 20, 23, 26 = 10 items.
- Positive Parenting: 2, 5, 13, 16, 18, 27 = 6 items.
- Poor Monitoring/Supervision: 6, 10, 17, 19, 21, 24, 28, 29, 30, 32 = 10 items.
- Inconsistent Discipline: 3, 8, 12, 22, 25, 31 = 6 items.
- Corporal Punishment: 33, 35, 39 = 3 items.
- Sum of all items in the scale obtains the total scale score.

- 'Other Discipline Practices' is not a subscale, but provides information on an item-by-item basis. Numbers for these items are: 34, 36, 37, 39, 40, 41, 42 = 7 items.²⁰

Instruments

The instrument consisted of two parts. **Part I** included demographic variables of parents -such as age, gender, type of family, locality, education, occupation, family income, child's birth order, and demographic details of adolescents -such as age, gender, education, and single parent. **Part II** included the Alabama Parenting Questionnaire (APQ-42) parent form and child form. APQ-42 was designed to assess parenting practices most related to child and adolescent conduct problems. It consists of 42 items that measure parental involvement (10 items), positive parenting (6 items), inconsistent discipline (6 items), poor monitoring/supervision (9 items), and corporal punishment (3 items); the former two subscales consisting of positively framed questions unlike the latter three. The APQ-42 may be rated by parents and children aged 6 to 18 years. The reliability of both parent and child scales is $\alpha = 0.67$ to 0.80 . APQ-42 sub-scale reliability ranging from $0.61 - 0.79$ and for the positive parenting composite and negative parenting composite, 0.86 and 0.71 have been obtained respectively, in previous studies.²¹

APQ-42 scoring uses the five-point Likert scale options: 'never', 'almost never', 'sometimes', 'often', and 'always', with a score of 0 for 'never', 1 for 'almost never', 2 for 'sometimes', 3 for 'often', and 4 for 'always'.

Ethical Considerations

Permission for the study was obtained from the CMCH College of Nursing Research Committee (IRB Min No 349/31.07.2019). Written Informed Consent and assent were obtained, as appropriate, from parents and adolescents who fulfilled the inclusion criteria respectively, per CMCH-IRB regulations, prior to study participation. Confidentiality and anonymity of respondents were maintained.

Data Collection

Data was collected for a period of 3 months from parents and their adolescent children. Every 2nd sample (2nd, 4th, 6th, 8th...) was selected. The standardized validated APQ-42 questionnaire was administered after explaining in detail to them. The parent and their adolescent child duly filled in their respective questionnaires separately, following which the completed questionnaires were handed over individually, back to the principal investigator. The approximate time for each subject was 30 to 40 minutes.

Sample Size

Based on adolescent and parent APQ-42 questionnaire pilot study data, with a mean difference of 1.8, and Standard Deviation (SD) of 4.14 and 6.61, respectively; and 95% Confidence interval and 80% power, the sample size was calculated as 147 for each group.²² Hence, 150 parent and 150 adolescent pairs were studied.

Statistical Analysis

SPSS 21.0 was used for statistical analysis. Descriptive statistics was reported using Mean±SD for continuous variables, Frequency, and percentage for categorical variables. A comparison of parents' parenting practices and

the adolescents' perception of it was assessed using two independent sample t-tests after checking for normality. A comparison across the socio-demographic variables was reported using One-way ANOVA and Bonferroni as its post hoc test. P value <0.05 was considered statistically significant.

Results

The present study found that among the parents, the maximum number of participants belonged to the age group of >35 years of age (68.0%), and were female participants (82.7%). Most respondents were graduates (62.0%) or had completed secondary education (26.7%). Although professionals constituted 46.0%, a sizeable proportion were housewives (40.7%). The majority belonged to an urban locality (68.7%). Almost equal (48.7 and 47.3%) numbers lived in the joint (parents, children, and grandparents or grandparents only) and nuclear families. Only 4 % lived in extended families, in which at least 3 generations-grandparents, families of parents, and parents' siblings, lived in the same house. Most of them were first born (56.7%) with a monthly family income of >20000 (57.3%) thus falling in the middle-income group. (Table 1)

Socio-demographic factor	Number	Percentage (%)
Age		
<25 yrs.	4	2.7%
26 -35 yrs.	44	29.3%
>35yrs	102	68.0%
Gender		
Male	26	17.3%
Female	124	82.7%
Education		
Illiterate	7	4.7%
Primary	10	6.7%
Secondary	40	26.7%
Graduate	93	62.0%
Occupation		
House Wife	61	40.7%
Unskilled worker	4	2.7%
Skilled worker	16	10.7%
Professional	69	46.0%
Locality		
Urban	103	68.7%

Rural	47	31.3%
Type of family		
Joint family	73	48.7%
Nuclear family	71	47.3%
Expanded family	6	4%
Child birth order		
First child	85	56.7%
Second child	51	34%
Third and above	14	9.3%
Family Income		
<5000/month	20	13.3%
5000-20000	44	29.3%
>20000	86	57.3%
Adolescent age group		
10-15 years	121	80.6%
15-18 years	29	19.4%
Adolescent age group and gender		
Male		
10-15	59	39.3%
15-18	8	5.3%
Female		
10-15	62	41%
15-18	21	14%

Table 1: Socio-demographic profile of parents & adolescents.

The total parental score of parents derived from the APQ-42 among the 150 parents was 121.5±15.03 (Figure 1).

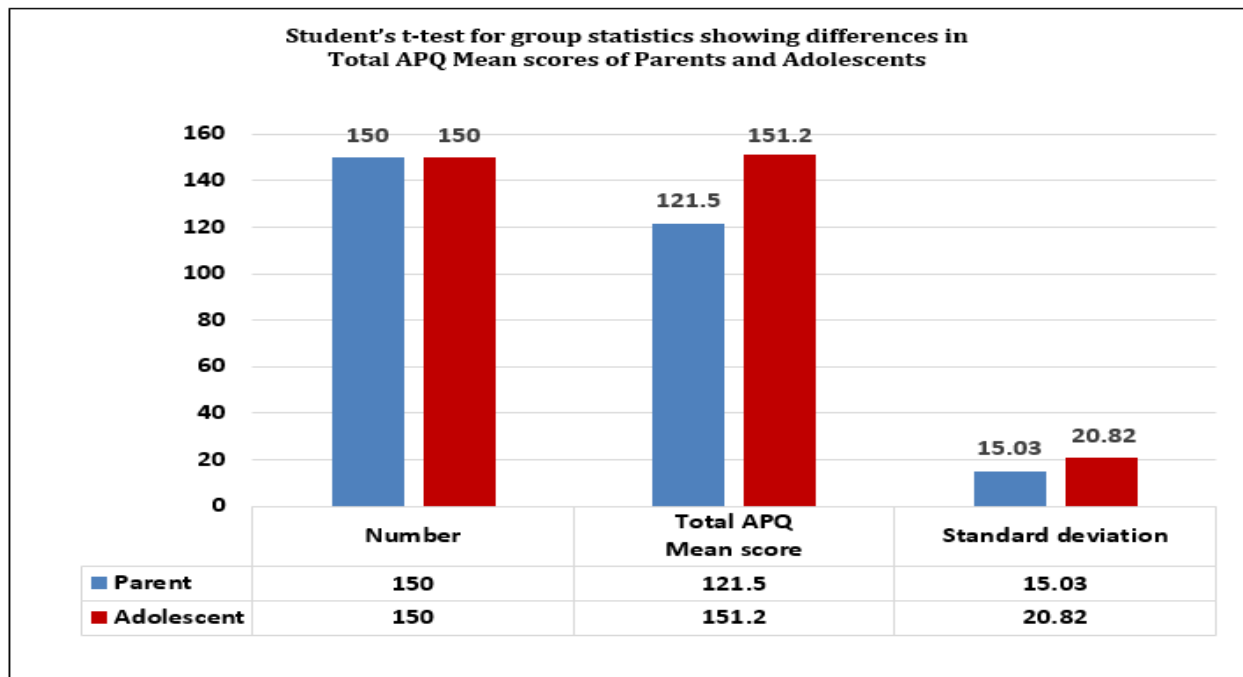


Figure 1: Student's t-test for group statistics showing differences in Total Score of Parents and Adolescents.

The highest was observed in the involvement subscale 38.95±(6.37) and the lowest in the corporal punishment subscale 8.24±(2.49). (Figure 2 and Table 2)

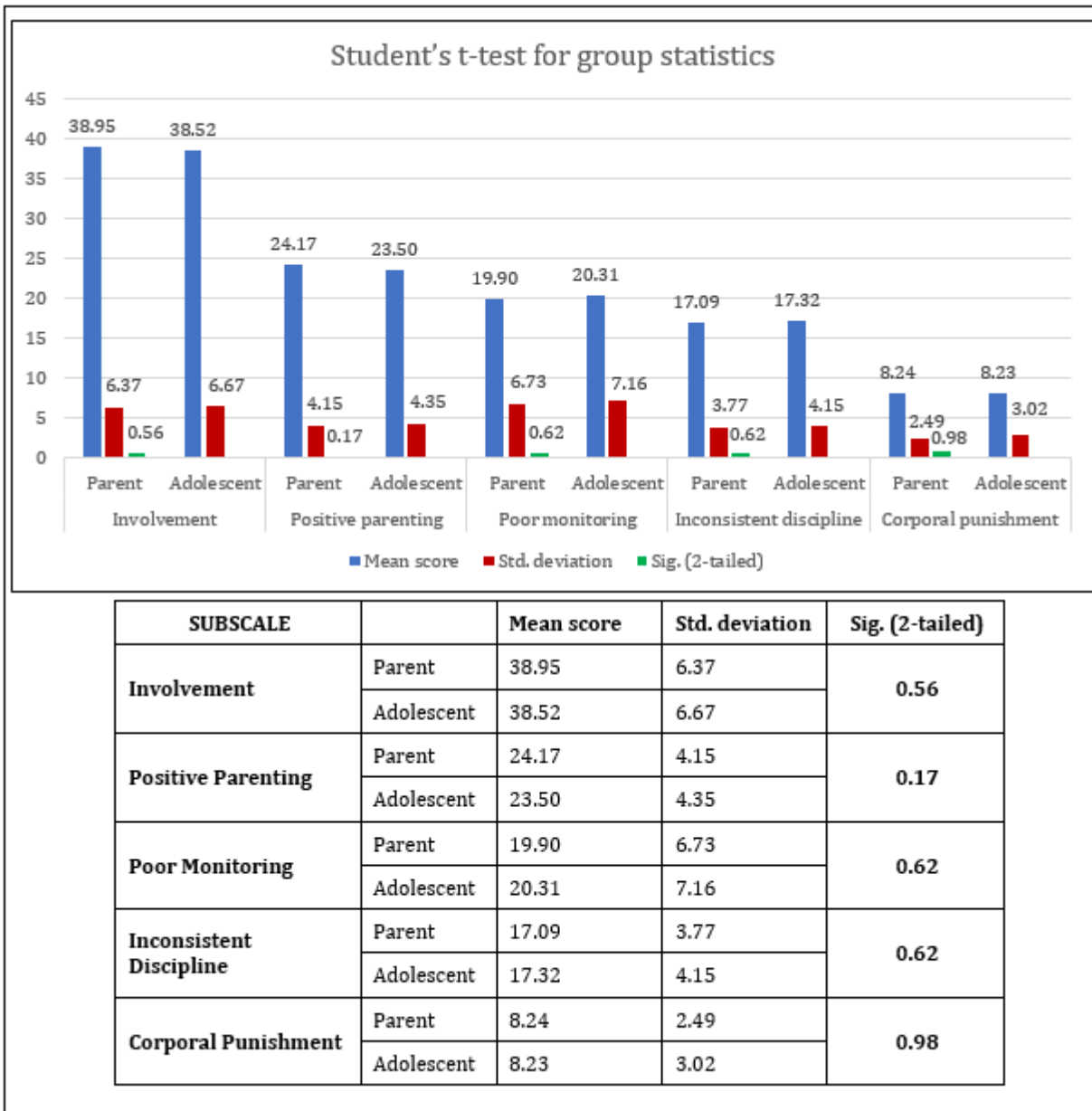


Figure 2 and Table 2: Mean and standard deviations of parents' and adolescents' parenting perception scores.

In comparison, among 150 adolescents, the total APQ-42 mean score was 151.2 ± 20.82. (Figure 1) The highest and lowest were seen in the involvement 38.5±6.7 and corporal punishment subscales 8.23±3.02 respectively. (Figure 2 and Table 2)

The 5 main subscales in the APQ-42 viz Involvement, Positive parenting, Poor monitoring, Inconsistent discipline, and Corporal punishment showed a downward gradient in mean scores for both parent and adolescent APQ-42 mean scores (Figure 2 and Table 2), but subscale-wise differences in individual mean scores for parents

in comparison to adolescent were not statistically significant.

Yet, the overall scores between the parent and adolescent groups were 121.5±15.03 and 151.2±20.83, with a significant p-value of <0.001. (Figure 1) This significant difference in total mean score for parents and adolescents could be attributed to differences in parent and adolescent mean scores in 'Other discipline practices' Viz. Question numbers- 34, 36, 37, 39, 40, 41, 42. (Suppl. Table 1)

Next, the sociodemographic factors of parents and adolescents and their influence on the adolescent and parental total APQ-42 scores were analysed and are presented in Table 3.

The results showed that age, educational status, and family structure (joint/nuclear) for parents; and gender and parents' marital status (single/double parent) for adolescents were statistically significant influences (p<0.05) on total APQ-42 scores. Other sociodemographic variables were not found to be statistically significant.

Item No:	Parent form	Child form	Likert Scoring
Q.34	You ignore your child when he/she is misbehaving	Your Parents ignore you when you are misbehaving	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.36	You take away privileges or money from your child as a punishment	Your parents take away a privilege or money from you as a punishment	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.37	You send your child to his/her room as a punishment	Your parents send you to your room as a punishment	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.39	You yell or scream at your child when he/she has done something wrong	Your parents yell or scream at you when you have done something wrong.	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.40	You calmly explain to your child why his/her behavior is wrong when he/she misbehaves	Your parents calmly explain to you why your behavior is wrong when you misbehave.	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.41	You use time out (make him/her sit or stand in a corner) as a punishment	Your parents use timeout (make him/her sit or stand in a corner) as a punishment	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5
Q.42	You give your child extra chores as a punishment	Your parents give you extra chores as a punishment	Never-1, Almost Never -2, Sometimes-3, Often-4, Always -5

Supplementary table 1: List of questions included under 'Other discipline practices' in the Alabama Parenting Questionnaire (APQ-42)

Parental factors	Variables	Number	Mean score	Standard deviation	Significance
Gender	Male	26	121.73	13.39	.591 ^c
	Female	124	121.46	15.41	.934 ^b
Age	<25yrs	4	144.25	12.82	.002 ^{a*}
	26-35yrs	44	123.89	15.37	
	>35yrs	102	119.59	14.19	
Education	Illiterate	7	136.86	14.32	.035 ^{a*}
	Primary	10	123.20	10.52	
	Secondary	40	119.05	18.63	
	graduate	93	121.26	13.18	
Occupation	House Wife	61	119.82	15.92	.147 ^a
	Unskilled worker	4	127.25	7.04	
	Skilled worker	16	128.94	15.58	
	Professional	69	120.94	14.08	
Childbirth order	First child	85	122.14	16.88	.366 ^a
	Second child	51	119.41	12.73	
	Third and above	14	125.29	9.48	
Income	<5000/month	20	118.55	22.71	.374 ^a
	5000-20000	44	123.89	15.40	
	>20000	86	120.98	12.47	
Type of family	Joint family	73	120.37	12.61	.032 ^{a*}
	Nuclear family	71	123.80	15.32	
	Expanded family	6	108.17	29.14	
Adolescent factors	Variables	Number	Mean score	Standard deviation	Significance
Gender	Male	67	118.81	14.97	.048 ^{b*}
	Female	83	123.69	14.82	.859 ^c
Education	Primary Education	53	119.66	17.44	.345 ^c
	Secondary Education	97	122.52	13.53	.268 ^b
	Education				
Parents	Single	13	114.15	25.77	.002 ^{c*}
	Both	137	122.20	13.54	.065 ^b

Table 3: Socio-demographic factors of parents and adolescents and their influence on the adolescent and parental total APQ scores.

^aOne way ANOVA post hoc test, ^bIndependent sample t-test, ^cLevene's Test,

*P value significant.

Discussion

In this study among 150 parents and adolescents, conducted in the immunization clinic of a tertiary care hospital in South India, the APQ-42 total

mean scores of parents were significantly different from that of their adolescent children. The difference was not due to the five main subscales in the 42-item questionnaire, but was

due to the difference in mean scores of 7 questions designated as 'other discipline practices.' Among the sociodemographic factors, parental age, educational status, and family structure (joint/nuclear) significantly influenced parental APQ-42 mean scores, while gender and parents' marital status (single/double parent) were significant influences in adolescent APQ-42 mean scores.

Our study cohort among the parents was comprised most commonly of mothers aged over 35 years from urban middle-income families with a reasonably high educational level, who were graduates or had completed secondary education. Interestingly, despite the high educational levels, over 40% were homemakers. Also, the proportion of subjects hailing from joint families and from nuclear families was almost equal. Most adolescent subjects were younger adolescents and firstborn.

This is compatible with the phenomenon of new and emerging family structures in urban India. According to the Registrar General of India (2011)²³, nuclear families have gradually decreased in urban India and increased in its rural parts throughout the past several years. Family generations choose to stay together possibly because of the demands of urban jobs, infrastructure, housing scarcity, and parenting demands. These sociodemographic features of parents are also similar to parents of infants in a previously published study from the same center conducted during the same period¹⁶, but with nearly three-fourths of parents from joint families in the latter compared to half the parents in this study, thus reflecting the transition from joint to nuclear families among parents with older children in this region.

Parenting was the third most published research topic in the last twenty years in the United States, in contrast to the relative paucity of Indian and Indian-origin ethnic studies on parenting.²⁴ Earlier cross-cultural studies on Indian-origin parents in the West on parenting styles have found Indian parents more authoritarian/authoritative

compared to their Western counterparts, while later studies have reported a shift towards permissive parenting.¹³ A recent systematic review comparing 57 Western studies to 30 cross-sectional studies from India on parenting and parenting styles and its outcome concluded that the effect of parenting styles on children appeared to be similar, despite hypothesised differences in culture and parenting styles in India and the West.²⁵ In India, the most optimum long-term development of children was linked to authoritative parenting, followed by permissive parenting. Authoritarian parenting, however, did not generally seem advantageous, despite conflicting results about parental control. Children raised by uninvolved parents appeared to have the poorest outcome. In general, parenting style and child outcomes in India were not moderated by culture.²⁵

While most Indian studies have focused on parental styles and their impact on adolescent behaviour and its psychological ramifications, our study was designed to gain insights into key differences in perceptions of parenting among adolescents and their parents in the normal population and identify socioeconomic factors influencing these perceptions in parents and their adolescent children. Interestingly, our study found significant differences in parental-adolescent parenting perceptions in the 'Other Discipline Practices' of the APQ-42 scale, but not in the five main subscales.

This is not surprising, since some cross-cultural studies have found scolding and beating to be common practice across Asian families, while finding nothing wrong with it and viewing corporal punishment as a means of 'Asian socialisation'^{13,26,27} Few Asian countries have enacted prohibition of all corporal punishment, while it remains largely lawful in the home²⁸, including in India.²⁹ Of note, in our study, for both parents' and adolescents' perceptions, mean individual APQ-42 scores were highest and lowest for the 'involvement' and 'corporal punishment' subscales respectively.

Our study also found that parental age, educational status, and family structure (joint/nuclear) were significant influences in parental APQ-42 mean scores, while gender and parents' marital status (single/double parent) were significant influences in adolescent APQ-42 mean scores. In contrast, maternal occupation, child birth order, family income of parents; and age/educational grade (upper primary versus secondary) in adolescents were not found significant. A South India study on parental and child well-being using different scales found that behavioural control was associated with the age of the child, education, and socioeconomic status of the parents, while psychological control was associated with religion and family structure (nuclear/joint). Mothers, both parents and parents as well as grandparents exercised control in single, nuclear, and joint families respectively.¹³

Our study was a descriptive cross-sectional study using systematic random sampling in a tertiary care hospital, and hence study results are not generalizable across regions. Despite being a hospital setting, the possibility of selection bias in our study was significantly reduced compared to the hospital setting in other studies due to the recruitment of only healthy adolescents availing of routine immunization in an exclusive immunization clinic. Although over ten scales of perceived parenting styles containing fewer items have been developed in the Western context and validated for the Indian context³⁰, the use of APQ-42 for this study could be justified given its comprehensiveness, simultaneous parent-adolescent applicability and comparability, as well as its study-compatible regional and language validation.¹⁹ Measurement invariance studies across informants validate that variations in observed subscale means across informants accurately reflect genuine differences among parents and adolescents, and are not instrumental artifacts; thereby suggesting that it is appropriate to compare parent and adolescent reports on the observed subscale scores of the APQ-42.³¹ In addition, measurement invariance tests have also shown that the factor structure of the APQ-42 was the same across parent gender, race, and ethnicity,

as metric and scalar invariance in comparisons among these groups was not observed.³² Our study was powered only to detect differences in APQ-42 mean total scores. However, our study also found significant differences in total APQ-42 mean scores due to differences in parental-adolescent parenting perceptions in the 'Other Discipline Practices' of the APQ-42 scale, but not in the five main subscales. The total APQ-42 mean and standard deviations of our study were well within sample size estimate calculations based on pilot study data. Also, our sample size was sufficient to identify significant socioeconomic factors influencing total APQ-42 scores in both parents and adolescents.

Conclusion

Our study provides valuable insights into the complex interplay of parent-adolescent interactions and perceptions on parenting while also delineating key demographic variables that significantly influence parenting perceptions in this rapidly transitioning socioeconomic landscape in urban southern India. Future studies with larger sample sizes in more diverse settings could better ascertain and enhance understanding of the factors crucial in inculcating values and fostering adolescent ambitions, for the aspirational India of today and the developed India of tomorrow.

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