



RESEARCH PAPER

Influence of parental self-efficacy on behavioural problems of pre-school children

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Abstract : Parental self efficacy is the parent's conviction about being capable in influencing their children's behaviour. A correlation research design was employed to study the influence of parental self-efficacy on behavioral problems of pre-school children in both rural and urban locality. Multistage random sampling was employed where rural sample formed 213 pre-school children from ten Anganwadi's and urban sample formed 121 pre-school children from six Anganwadi's from the selected villages of Dharwad district. The influence of parental self-efficacy on behavioural problems was studied on a dichotomized sample of 206 children falling in normal and borderline/clinical range for behavioural problems which were assessed by administering the Child Behavior Checklist. The self efficacy among parents was assessed by administering Cooper Parental Self-Efficacy Scale-Child Health Behavior by Cooper (2013). The results revealed that, 47% of pre-schoolers were in the borderline while 13.8 % were in clinical range for behavioural problems. Parents from urban locality had higher self efficacy than rural parents. Parental self efficacy was not found to be significantly influencing behavioural problems among rural pre-schoolers than urban pre-schoolers. To manage the behavioural problems among pre-schoolers, self efficacy skills of parents can be enhanced by adopting individualized intervention programmes.

Key Words : Self-efficacy, Parenting, Behavioral problems, Externalizing, Internalizing

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INTRODUCTION

Parents are integral in shaping the child's physical, social and emotional environment. According to Waldfogel and Washbrook (2011), parental behaviours play a significant role in a child's psychosocial development. In first years of life, children are developed in the social and emotional capacities so as to prepare them to experience confidence, to be intellectually inquisitive and

capable of relating well to others.

When parents take care of their children, they also develop beliefs about their own role. They judge if their educational efforts will have any chance of success in nurturing and comforting the child or in shaping child's socially desirable behaviours (Benedetto and Ingrassia, 2018). Studies suggest that the first-three years of children's lives are the bases of development in subsequent

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developmental life stages and any disruption in the development of this period could dramatically influence other stages of lifespan (Cohen and Clothier, 2005). However, one study showed that 7% of children aged 3-4 years have serious behavioral problems (Charlton *et al.*, 1995).

Lack of positive attention from parents paired with inconsistent and inappropriate discipline has been found to be predictive of anti-social behaviour, conduct disorder and criminality in later life (Farrington, 2005). Conversely, positive reinforcement, responsiveness, warmth and positive effect are associated with positive child developmental outcomes (Zhou *et al.*, 2008).

The relationship between parenting and children's problem behaviour has been well documented (Dishion and Patterson, 2006). Given the principle of hierarchical integration, it is generally true that successful parenting in early childhood sets the stage for the same in middle childhood and adolescence, to the beneficence of the developing young person. Research on parenting in early childhood confirms that parents play a more prominent role in children's socialization process relative to older ages (Deater-Deckard, 2000).

An important component of human behaviour and change and adaptation of behaviour, is the sense of efficacy to complete tasks or execute complex skills (Bandura, 2006) is the principle that has been applied to parenting, with the development of measures and studies of parenting self-efficacy (PSE). A particular set of individual's beliefs about the role as parent is parental self-efficacy. Bandura (1977) said, "an efficacy expectation is the conviction that one can successfully execute the behaviour required to produce the outcomes" that he or she wants to achieve. Applied to parenting, the parent's conviction about being capable in influencing their children's behaviour is what is commonly called as parental self efficacy.

Considering parental role, the stressful situations during parenting are often represented by children with particular needs, that is, difficult temperamental qualities, ADHD or severe oppositional-deviant behaviours, autism and developmental disabilities (Bandura, 2006). Having a child with behavioural problems is considered another stressor that impacts family adjustment and parental self efficacy. Children especially during pre-school years often refuse or actively defy adult's requests, lose temper, have conflicts, appear angry or resentful, argue and blame others for their mistakes. Mostly parents are

frustrated for repeated conflicting episodes, often they feel responsible for failures in regulating child's behaviour.

Thus, parental self-efficacy (the belief that one will be able to perform parenting tasks successfully) has been shown to be a critical factor in parenting quality. The parental characteristics may in turn act as protective factors that reduce the likelihood of child and adolescent anxiety, depression and behaviour problems, while promoting higher self-esteem, school performance and social functioning.

Research has shown that parental self-efficacy may be changed through intervention programmes. Parental self efficacy can be incorporated as a core component within family based interventions and as a variable of applied research projects. To minimize the problem behaviours among children during early years and to improve the parent child relationship, self efficacy among parents, individualized intervention and counseling programmes can be adopted. Parental counseling and intervention helps to enhance self efficacy, their confidence and also help in promoting quality assurance and minimize behaviour problems among children. In this context, the present study was undertaken to study the influence of parental self efficacy on behavioural problems among pre-school children in the Dharwad district.

MATERIAL AND METHODS

A correlation research design was used to know the relationship between parental self-efficacy with the behavioural problems of children in both rural and urban locality. Multi stage random sampling method was employed where, from the Dharwad district, out of five talukas, three talukas were randomly selected. From these talukas, two villages with atleast two Anganwadi's were selected randomly. The rural sample comprised of 213 children from ten Anganwadi's out of five villages while the urban sample formed 121 pre-schoolers selected from the two Anganwadi's of one city from the selected talukas.

To study the influence of parental self-efficacy on behavioural problems, a dichotomized sample was selected. Anganwadi teachers were administered with The ASEBA Child Behavior Checklist (1½-5 years) developed by Achenbach and Rescorla (2000) to assess the behavioural problems among pre-school children. Home visits were made to collect the general information

about the children by administering socio-economic status scale of Aggrawal (2000). Sociometry was employed on the regular pre-schoolers to obtain the peer accepted and rejected children while teacher nominations on positive and negative behaviours were obtained by administering the Hart et al's (1995) 'teacher nomination questionnaire'. The sub sample comprised of 206 children selected from peer and teacher nominations as well as children in the borderline and clinical range for behavioural problems where 126 were from rural areas and 80 children from urban areas. The self efficacy among parents was assessed by administering Cooper Parental Self-Efficacy Scale-Child Health Behaviour (CPSS-CHB) developed by Cooper (2013). Frequency and percentages were used to assess the behavioural problems of the pre-school children. Modified chi-square analysis was employed to know the association between the parental self efficacy and problem behaviour of children among both rural and urban locality. Further independent *t* test was used to compare the pre-schoolers of rural and urban locality.

RESULTS AND DISCUSSION

The prevalence of behavioural problems Table 1 among rural and urban pre-school children revealed that, 47 per cent of the pre-school children were in the borderline followed by 39.2 per cent in the normal and 13.8 per cent in the clinical level. The similar trend was observed when pre-school children were distributed by locality. Among both rural and urban areas, majority of pre-school children were in the borderline (46.0 % and 48.8 %, respectively) followed by normal level (41.8 % and 11.7 %, respectively) and clinical range (12.2 % and

16.5 %, respectively). The findings also connoted no significant association between behavioural problems among children belonged to rural and urban locality. Though there was some difference in the family background mainly with the socio-economic status of the family and employment of mother and father, children in both rural and urban areas displayed almost equal number of behaviour problems. The findings also suggested that, the frequency of behavioural problems in both borderline and clinical range may be due to the poor parenting practices and negative parenting style adopted by the parents in rearing their children. These results are in line with the study conducted by Khan *et al.* (2009), wherein, he reported the prevalence of behaviour problems was 14.6 per cent among 2 to 9 year old children in rural Bangladesh. Similarly, Teekavnich *et al.* (2017), reported 11.9 per cent of pre-school children at Thailand were in the clinical range of total behavioural and emotional problems where parental divorce and severe conflicts in the family were identified as the risk factors. Santos *et al.* (2016) identified 23.5 per cent prevalence of behaviour problems among Brazilian and reported maternal mental health as an important risk factor.

The distribution of rural and urban pre-school children by parental self efficacy is presented in the Table 2. The results revealed that, majority of parents of children from rural and urban locality had medium level of self efficacy (59.5 % and 52.5 %, respectively) followed by higher self efficacy (24.6 % and 30.0 %, respectively) and lower self efficacy (15.9 % and 17.5 %, respectively). Fauziah *et al.* (2019) in her cross sectional study reported that, 85.4 per cent of parents

Levels	Rural (n1=213)	Urban (n2=121)	Total (n=334)	Modified χ^2
Normal	89 (41.8)	42 (34.7)	131 (39.2)	
Borderline	98 (46.0)	59 (48.8)	157 (47.0)	2.15 ^{NS}
Clinical	26 (12.2)	20 (16.5)	46 (13.8)	

NS= Non-significant

Categories of self efficacy	Rural	Urban	Total	Modified χ^2
Low	20 (15.9)	14 (17.5)	34 (16.5)	
Medium	75 (59.5)	42 (52.5)	117 (56.8)	
High	31 (24.6)	24 (30.0)	55 (26.7)	89.320*
Total	126 (100.0)	80 (100.0)	206 (100.0)	
Mean (SD)	89.53 (1.87)	88.36 (1.74)	89.08 (1.82)	
t-value				0.451 ^{NS}

Figures in parenthesis indicates percentages

* indicate significance of value at P=0.05

NS= Non-significant

had medium level of parental self efficacy. It was also apparent from the results (Table 1) that, the parental self efficacy had a significant association with the locality where urban parents were highly efficacious than rural parents. The findings are supported by Murdock (2013) who identified a significant positive association between parental self efficacy among both mothers and fathers of pre-school children aged 3 to 6 years. Parents with higher levels of self efficacy are more likely to use parenting practices that support their children’s skills, talents and interests as well as to act in ways that reduce the likelihood of negative child adjustment than are

parents with lower levels of parental self efficacy (Glatz and Buchanan, 2021).

The results of the Table 2 depicted the influence of parental self efficacy on behavioral problems of rural and urban preschool children. Looking into rural locality, majority of parents of children under normal category had medium level of self efficacy (59.5 %) while 28.6 per cent had higher self efficacy and 11.9 per cent had lower self efficacy. With regard to children under borderline, majority of parents of children had medium self efficacy (63.1 %) followed by equal number had lower and higher self efficacy whereas among parents

Table 3: Association of parental self efficacy with behavioral problems of rural and urban children (n=206)

Locality	Categories of parental self efficacy	Categories of total behavioral problems			Total	Modified χ^2
		Normal	Borderline	Clinical		
Rural	Low	5 (11.9)	12 (18.5)	3 (15.8)	20 (15.9)	2.782 ^{NS}
	Medium	25 (59.5)	41 (63.1)	9 (47.4)	75 (59.5)	
	High	12 (28.6)	12 (18.5)	7 (36.8)	31 (24.6)	
	Total	42 (100.0)	65 (100.0)	19 (100.0)	126 (100.0)	
Urban	Low	3 (21.4)	7 (14.6)	4 (22.2)	14 (17.5)	1.560*
	Medium	6 (42.9)	27 (56.2)	9 (50.0)	42 (52.5)	
	High	5 (35.7)	14 (29.2)	5 (27.8)	24 (30.0)	
	Total	14 (100.0)	48 (100.0)	18 (100.0)	80 (100.0)	

Figures in parenthesis indicates percentages NS= Non-significant

Table 4: Association of parental self efficacy with internalizing and externalizing behavioural problems of rural and urban children (n=206)

Locality	Categories of parental self efficacy	Child behavioural problems			Total	Modified χ^2
		Normal	Borderline	Clinical		
Internalizing behavioral problems						
Rural	Low	2 (10.5)	2 (5.7)	16 (22.2)	20 (15.9)	1.636 ^{NS}
	Medium	12 (63.2)	28 (80.0)	35 (48.6)	75 (59.5)	
	High	5 (26.3)	5 (14.3)	21 (29.2)	31 (24.6)	
	Total	19 (100.0)	35 (100.0)	72 (100.0)	126 (100.0)	
Urban	Low	1 (11.1)	6 (30.0)	7 (13.7)	14 (17.5)	7.898*
	Medium	8 (88.9)	7 (35.0)	27 (52.9)	42 (52.5)	
	High	0	7 (35.0)	17 (33.3)	24 (30.0)	
	Total	9 (100.0)	20 (100.0)	51 (100.0)	80 (100.0)	
Externalizing behavioral problems						
Rural	Low	1 (2.7)	11 (19.6)	8 (24.2)	20 (15.9)	1.856 ^{NS}
	Medium	26 (70.3)	33 (58.9)	16 (48.5)	75 (59.5)	
	High	10 (27.0)	12 (21.4)	9 (27.3)	31 (24.6)	
	Total	37 (100.0)	56 (100.0)	33 (100.0)	126 (100.0)	
Urban	Low	0	6 (20.0)	8 (22.9)	14 (17.5)	1.029*
	Medium	13 (86.7)	15 (50.0)	14 (40.0)	42 (52.5)	
	High	2 (13.3)	9 (30.0)	13 (37.1)	24 (30.0)	
	Total	15 (100.0)	30 (100.0)	35 (100.0)	80 (100.0)	

Figures in parenthesis indicates percentages NS=Non- significant * indicate significance of value at P0.05

of children under clinical range for behavioural problems had medium self efficacy (47.4 %) followed by higher (36.8 %) and lower (15.8 %) self efficacy. The chi-square analysis found to be non-significant which revealed no significant association between parental self efficacy and behavioural problems of rural pre-school children.

Looking into urban locality, parents of children under normal category had medium level (42.9 %) of self efficacy followed by higher (35.7 %) and lower self efficacy (21.4 %). Among parents of children under both borderline and clinical range for behavioural problems had medium self efficacy (56.2 % and 50.0 %, respectively) followed by higher (29.2 % and 27.8 %) and lower self efficacy (14.6 % and 22.2 %, respectively). There was a significant association found between parental self efficacy and behavioural problems among urban pre-school children. Sometimes, most of the parents feel stressed and frustrated while parenting their kids and distrust their own ability and competence to parent. Parents who are experiencing stressful situations may undergo decreased resources, including physical (ex: lowered immune system), cognitive (ex: decreased attention) and emotional changes (ex: depressed mood) (Wang, 2019). According to, Bloomfield and Kendall (2012) in the urban locality, sometimes parents may experience increase of demands and decrease of resources which may lead to a diminished sense of parenting self-efficacy which in turn leads to decrease in their effectiveness in parenting. Number of empirical studies has shown a negative correlation between parenting stress and relational frustration with parental self efficacy. The effects of antecedent factors like maternal depression, child difficult temperament and parent's perceived stress had a negative association with parental self efficacy, which in turn was associated with lower parental involvement (Giallo *et al.*, 2013).

The influence of parental self efficacy with internalizing and externalizing behavioural problems of rural and urban children are presented in the Table 4.

With regard to internalizing behavioural problems, among rural locality, majority of parents of children under normal and borderline for behavioural problems had medium self efficacy (63.2 % and 80.0 %, respectively) followed by higher (26.3 % and 14.3 %, respectively) and lower self efficacy (10.5 % and 5.7 %, respectively). Among parents of children under clinical range, 48.6 per cent had medium self efficacy while 29.2 per cent had

higher and 22.2 per cent had lower self efficacy. The chi square analysis revealed non-significant association between parental self efficacy and internalizing behavioural problems of rural pre-school children.

Among urban locality, majority of parents of children under normal category had medium self efficacy (88.9 %) followed by only 11.1 per cent had lower self efficacy whereas among parents of children under borderline, equal number (35.0 %) of them had medium and higher self efficacy followed by lower self efficacy (30.0 %). Among parents of children under clinical range, 52.9 per cent had medium self efficacy followed by 33.3 per cent had higher and 13.7 per cent had lower self efficacy. The results also showed the significant association between parental self efficacy and internalizing behavioural problems of urban pre-schoolers.

Regarding, externalizing behavioural problems, among rural locality, majority of parents of children under normal category had medium self efficacy (70.3 %) followed by 27.0 per cent had higher and 2.7 per cent had lower self efficacy. Whereas, among parents of children under both borderline and clinical range for externalizing behavioural problems, majority of them had medium self efficacy (58.9 % and 48.5 %, respectively) followed by higher (21.4 % and 27.3 %, respectively) and lower self efficacy (19.6 % and 24.2 %, respectively). The results also showed the non-significant association between parental self efficacy and externalizing behavioural problems of rural pre-schoolers.

Among urban locality, 86.7 per cent of parents of children under normal category for externalizing behavioural problems had medium level of self efficacy while 13.3 per cent had higher self efficacy. Among parents of children under borderline, 50.0 per cent of them had medium self efficacy followed by higher (30.0 %) and lower (20.0 %) self efficacy. Whereas, among parents of children under clinical range for externalizing behavioural problems, 40.0 per cent of them had medium self efficacy followed by 37.1 per cent had higher and 22.9 per cent had lower self efficacy. The chi square analysis revealed significant association between parental self efficacy with externalizing behavioural problems of urban pre-schoolers.

Children especially during pre-school years often refuse or actively defy adult's requests, lose temper, have conflicts, appear angry or resentful, argue and blame others for their mistakes. Mostly parents are frustrated for repeated conflicting episodes; often they feel

responsible for failures in regulating child's behaviour. Thus, parental self-efficacy has been shown to be a critical factor in parenting quality. Sometimes, parental stress and inconsistent parenting practices, use of harsh disciplinary measures may develop socio-emotional and behavioural problems among young children in the urban locality. Population based studies have suggested that parental self-efficacy can directly and indirectly affect behavioural problems in children (Jones and Prinz, 2005). Parents with higher self-efficacy tend to demonstrate positive attribution (Reichow *et al.*, 2013), less negative parenting strategies and a less strict control environment when facing behavioural problems in children (Batool and Kurshid, 2015).

Consequently, parents with low self-efficacy may give up more quickly and present negative emotions toward life and their children, which may ultimately lead to more unstable behavioural and emotional problems in children. The results of the present study are in contradictory with the study conducted by Scultz *et al.* (2019) who indicated the impact of disruptive child behavior on parental self-efficacy. Similarly, Fauziah *et al.* (2019) and Chen *et al.* (2021) also reported significant and negative correlation between parental self-efficacy with children's behavioural problems and temper tantrums.

Conclusion:

Parenting behaviour is a key factor to target in order to optimize child development during pre-school years. Parental self efficacy is key to behaviour change and should be a consideration in interventions aimed at influencing both child and parenting behaviour. The findings of the study clearly demonstrated that parenting self-efficacy can impact the quality of care provided to the children in urban locality compared to rural locality as it showed a greater influence on behavioural problems and its components *viz.*, internalizing and externalizing behavioural problems among children. Furthermore, parenting self-efficacy should be established as a powerful mediator and have been extended to families with children "at risk" for behavioural, emotional or health problems. Parenting interventions and counseling programmes often assume the form of preventative strategy since they are devoted to support parents in the early years empowering their skills, the family well-being, and enhancing the environment where children live.

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