RELATION BETWEEN CHILD BEHAVIORAL PROBLEMS AND MATERNAL PARENTING STRESS

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ABSTRACT

Present study aims to study the relation between child behavioral problems and parenting stress in mothers. The study was conducted in 60 mothers of children aged between 5 and 15 years. They were divided into two groups. Group 1 comprised 30 mothers of normal children (SDQ Difficulty Score <14) and group 2 consisted 30 mothers of children diagnosed with ADHD and co-morbid disruptive behavioral problems (SDQ Difficulty score >14). The data was collected using Strength and Difficulty Questionnaire (SDQ) (Goodman, 1997), and Parental Stress Scale (PSS) (Berry & Jones, 1995). Analysis was done using student's 't' test and product moment correlation. The results indicated that the parenting stress in mothers was positively correlated with conduct problems in children. Mothers of normal children reported more stress when their children displayed conduct problems and hyperactivity, while mothers of children diagnosed with ADHD and co-morbid disruptive behavioral problems were reported more stress when their children displayed conduct problems and peer problems.

Keywords: ADHD, Conduct problems, Mothers, Parenting stress.

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Introduction

Behaviors or distressed emotions, common in normal children at some stage of development, that becomes abnormal by virtue of their frequency, severity, or their inappropriateness for a particular child's age, compared to the majority of ordinary children, are termed as emotional and behavioral problems (Hall & Elliman, 2003). Achenbach (1991a) broadly classified emotional and behavioral problems as internalizing and externalizing. Depression, anxiety, withdrawn nature and physical complaints etc are recognized as internalizing problems. On the other hand externalizing behavioral problems include aggression, rebelliousness, disobedience, hyperactivity and drug abuse etc (Phares, 2003).

Strength and difficulty questionnaire is a popular tool used to measure emotional and behavioral problems in children namely; hyperactivity, conduct problems, peer problems and emotional symptoms (Goodman, 1997). Hyperactive children are characterized by fidgety or squirmy behavior, excessive motion, problems in remaining seated and engaging in quiet play. Conduct problems are repetitive and persistent behavioral pattern that involves the violation of social norms or the rights of others, characterized by aggression toward others & animals, bullying, threatening and initiating fights etc (APA, 2000). Peer problems generally include problems with friendship and emotional symptoms include symptoms such as depression, anxiety, social withdrawal etc.

One close correlate of child behavioral problems is parenting stress (Baker and McCal, 1995). Parenting stress is a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood, often experienced as negative feelings and beliefs, towards and about the self and the child, that arise directly from the parenting role" (Deater-Decker, 2004). Mothers are found to be more affected by behavioral problems in children, because up-to middle childhood they spend more than twice as much time alone with their children than do fathers (Russel & Russel, 1987). The present study aims to find out the relation between child behavioral problems and maternal stress.

Objectives

The objectives of current study are to find out

- Whether any significant relation exists between child behavioral problems and maternal parenting stress.
- Whether there is any significant difference between mothers of children diagnosed with behavioral problems and mothers of normal children, in parental stress.

Method

- **Participants**

The sample constituted of a total of 60 mothers of children aged between 5 and 15 years, divided into two groups. Group 1 consisted of 30 mothers of normal children (SDQ Difficulty Score <14) and Group 2 consisted of 30 mothers of children diagnosed with ADHD and co-morbid disruptive behavioral problems (SDQ Difficulty score >14). The samples in group 2 were obtained from Amala Institute of Medical Sciences using purposive sampling method. The data from mothers in group 1 was collected using snowball sampling method.

- **Tools**

The Strengths and Difficulties Questionnaire (SDQ). This questionnaire was developed by Goodman in 1997. It has 25 items, five items each for subscales emotional symptoms, conduct problems, hyperactivity, peer problems and pro-social behaviour. The sum of the first four makes up the total difficulties scale. The three response categories are 0 = Not true, 1 = somewhat true and 2 = certainly true.

Reliability: The internal consistency coefficients (Cronbach's α) for the parent-rated SDQ subscales and the total problem score were generally satisfactory (mean 0.73) (Muris, 2003).

Validity: The report by Mullick and Goodman (2001) on Bangladeshi children demonstrated the good ability of different SDQ scales and informants to distinguish between community and clinic subjects.

Parental Stress Scale: (Berry & Jones, 1995). PSS is an 18 item self report scale. Respondents agree or disagree in terms of their typical relationship with their child or children on a 5 – point scale; strongly disagree, disagree, undecided, agree, strongly agree.

Eight positive items are reverse scored and summed so that possible total scores on the scale range 18-90. Higher scores indicate greater stress.

Reliability: The test-retest reliability for this scale was found to be .81 and the level of internal reliability was also satisfactory (.83).

Validity: Correlation between PSS and PSI scores is .75 (Berry & Jones, 1995).

- **Procedure**

  Both sample group and control group were provided with questionnaires with brief instructions on how to fill it. They were also given assurance of confidentiality of details collected and were asked to answer as honestly as possible. Questionnaires were scored and coded.

- **Statistical Analysis**

  Statistical tests like Student's 't' test, and Pearson's Product moment correlation were used to analyze the data. All analysis were done using SPSS version 16.

Results and Discussion

Table 1 shows coefficient of correlation obtained between parental stress and child behavioral problems by the two groups and total sample. Significant positive correlation was found between conduct problems and parental stress in total sample (r= .35) at as well as in group 1 (r=.52) and group 2 (r=.39) at .01 significance level. A study by Baker and McCal (1995) also had similar findings showing that increased parenting stress was associated with child characteristics and, in particular, with externalizing behavior problems.

There is no significant correlation between hyperactivity and parental stress in total sample and in group 2. In the group of mothers hyperactivity was found to have significant positive correlation with parental stress in group 1 (r=.45). However, there is no significant correlation between the variables in mothers of children diagnosed with behavioral problems (Group 2). This means that hyperactivity in normal children created more parental stress in mothers compared to those children who where clinically diagnosed with behavioral problems. Podolski and Nigg (2010) also found that, for mothers, child inattention and oppositional-conduct

problems but not hyperactivity contributed uniquely to role distress (dissatisfaction related to parenting role).

Table 1

Coefficient of correlation obtained between parental stress and child behavioral problems in both the groups and total sample.

	Parental Stress		
	Group 1*(N=30)*	Group 2 *(N=30)*	Total sample *(N=60)*
Emotional Symptoms	.05	-.07	-.08
Conduct Problem	.52**	.39**	.35**
Hyperactivity	.45**	-.02	.18
Peer Problem	.02	.41*	.14
Total Difficulty Score	.41**	.33	.22

** significant at .01 level, * significant at .05 level

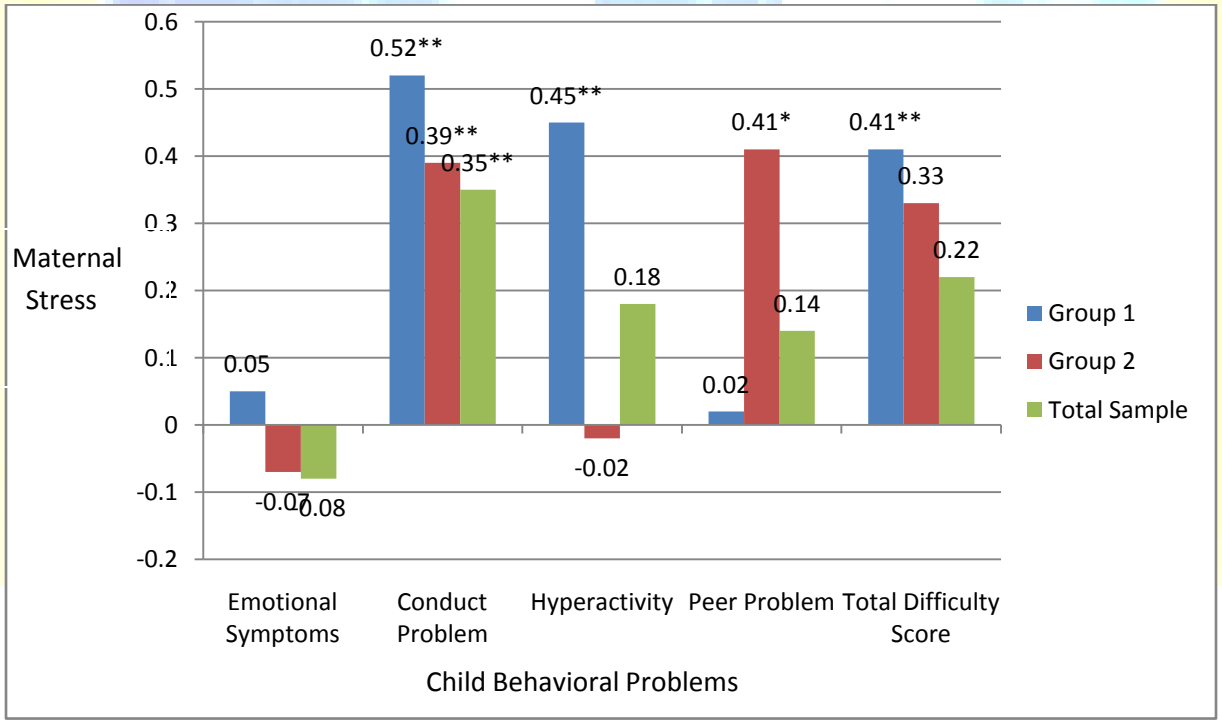

Figure 1

Coefficient of correlation obtained between parental stress and child behavioral problems in both the groups and total sample.

Though no significant relation was found between peer problem and maternal parental stress in the total sample, peer problem highly correlated with parental stress in mothers of the children diagnosed with behavioral problems (group 2, r=0.41), while no significant correlation was found with maternal parental stress in mothers of normal children (group 1).

No significant relationship exists between total difficulty score and maternal stress in the total sample. In group 1 significant positive correlation was found between total difficulty in children and maternal stress (r=.41), while no significant correlation was found in mothers in group 2. This means that behavioral problems in normal children is strongly related to parental stress in their mothers (group 1), while no strong relation was found between problems in children clinically diagnosed with behavioral problems and parental stress in their mothers (group 2). The reduced stress seen in mothers of clinically diagnosed children may be because they attribute the behavioral problems to their children's pathology, while mothers of normal children may attribute the behavioral problems in their children as their inefficiency as parents.

The results reveal that there is no significant correlation exists between emotional symptoms in children and parental stress. This result may be due to the fact that internalizing problems like emotional symptoms may not be overtly expressed by the child and thus not adequately sensed by the mother (Zahn-Waxler, Dougan & Slattey, 2000).

Table 2 shows the mean and standard deviation of scores obtained by group 1 and group 2 in parental stress and their corresponding 't' value. The results show that, there is no significant difference between group 1 (mean= 55.90) and group 2 (mean=49.97) in parental stress (t= .07).

Table 2

The mean and standard deviation of scores obtained by group 1 and group 2 in parental stress and their corresponding 't' value.

	Group 1		Group 2		t
	Mean	S.D	Mean	S.D	
Parental Stress	55.90	13.93	49.97	10.61	.07

Previous studies on this regard also supported the present finding. Podolski and Nigg (2010) found that parents of children with ADHD combined and inattentive type did not differ significantly in levels of distress compared to parents of control children. Even though statistically not significant the current result show more parental stress in group 1 (mothers of normal children) compared to group 2 (mothers of children diagnosed with behavioral problems). Mothers in group 2 may attribute deviant behaviors by their children to their pathological condition or diagnosis, and this may be the reason why they face lesser stress compared to mothers of normal children.

Conclusion

Indian mothers, with the multiple roles they have to play, experience high level of stress. Mothers who are experiencing stressful events are more likely to display less affection, acceptance, and supervision, and are more likely to use aversive methods of control or discipline (Elder et al. 1985). From the current study its evident that child behavioral problems were equally stressful for both groups of mothers. Further studies can be done in order to identify coping strategies that will help mothers in dealing with the stress. This will be helpful in the effective management of child behavioral problems by improving the mother child relation.

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