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Smart parenting program on parenting behavior and the risk of behavioral problems among a dyad of school children and their parents

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ABSTRACT

The study examines the impact of smart parenting program on parenting behavior and the risk of behavioral problems among schoolchildren. Behavioral problems are certain disruptive actions that may be seen in various patterns in all age groups of children. This study sought to evaluate the effect of a researcher-designed SMART parenting program on parenting behavior and the risk of behavioral problems among schoolchildren and their parents in selected corporation schools in Coimbatore City, Tamil Nadu. A quantitative research approach with a pre- and post-test with a Control Group Design was adopted. Totally, 1202 schoolchildren between 8-13 years old were screened, and 129 children were identified as being at risk. The SMART Parenting program was administered to the parents in experimental group. The results of the study revealed a significant increase in parenting behavior and a decrease in the risk of behavioral problems after intervention among the children in the experimental group. An analysis of the impact of the SMART parenting programme on both groups revealed a noteworthy enhancement in parenting behaviour and a decrease in the risk of behavioural problems among parents and children in the experimental group. The SMART parenting program was highly effective in promoting parenting behavior and reducing the risk of behavioral problems among school children. Therefore, it can be widely used by school authorities, by community health nurses, and also by pediatric nurses in hospital settings.

Contribution/ Originality: Traditional techniques often focus on behavior modification. The SMART parenting program was looked at as an innovative program designed to target specific behavioral challenges and also nurture a child's holistic development by incorporating factors that will provide a more comprehensive understanding of the impact of such an integrated approach to foster the well-being of children facing behavioral issues.

1. INTRODUCTION

Behavior is generally the way in which a person reacts or responds to a particular situation or experience. This can be influenced by a variety of social and environmental factors to which he/she is exposed. Such factors include parenting practices, parenting styles, and parent-child interaction. The term 'Behavioral Problems' generally refers to a range of behaviors, from those that can be considered part of the expected developmental process to those that can interfere with the ability of children to learn and develop when severe [1].

There seems to be a strong relationship between different developmental spheres among children. These are the result of healthy interactions between parents and primary care givers. The impact is long-lasting and influences different spheres, thereby causing a ripple effect on the overall developmental outcomes of children [2]. Externalizing behaviors are those that the child manifests as a result of his interaction with and influence of the physical environment around him, whereas internalizing ones are a demonstration of the emotional and psychological state of mind of the child [3].

2. BACKGROUND OF THE STUDY

Research on the behavior of children exposed to harsh parenting or high-risk parenting reported that it is likely to attribute a negative intent to the behavior of children. Parents who were using harsh parenting behaviors believed that children misbehave purposely, are annoying, frustrating, and deliberately disobey parents. Such parents made absolute errors in estimating developmental appropriateness [4].

A meta-analysis revealed that the estimated prevalence of disruptive behaviors among children was 6.1%, while conduct disorders accounted for 3.5%, with Oppositional Defiant Disorders being 2.8% [5]. Adolescence is defined by the World Health Organization (WHO) as the age between 10-19 years, which is marked by immense turmoil in emotional and behavioral spheres. Of late, there has been a rise in the prevalence of mental illness and maladaptive behaviors among adolescents. WHO estimates show that nearly 20% of adolescents have one or more mental or behavioral problems. Research conducted in different parts of the world shows that the prevalence of behavioral and emotional problems in adolescents ranges from 16.5% to 40.8% and in India it is in the range of 13.7% to 50% [6]. A meta-analysis on the prevalence rate of child and adolescent psychiatric disorders in the community was found to be 6.46% (95% confidence interval 6.08%-6.88%) and 23.33% (95% confidence interval 22.25%-24.45%) in schools [7].

Children below 16 years of age make up 40% of India's population, and estimating the prevalence of mental disorders in children and adolescents is critical to providing the mental health services that they need [8]. Community studies on behavioral disorders in children and adolescents conducted in India have yielded point prevalence rates of 2.6% to 35.6%. The prevalence rate of children between 8-12 years old was 9.4% [8]. The National Health Interview Survey [9] estimated the prevalence of behavioral problems in school children to be 10-15%, but it is said that it could be higher at 7 years. At the severe end of the spectrum, it is suggested that the prevalence of conduct disorders is 6% for boys and 3% for girls aged 5-10. They also stated that the percentage of children receiving services for emotional or behavioral difficulties differed significantly by sex. Twenty percent of the boys, compared with 12% of the girls, had parents who had talked to a health care provider or school staff member about the child's emotional or behavioral difficulties.

A research study by Joussemet, et al. [10] was carried out in Canada on the How-to-Parenting program. The study included 82 parents of children over 8 years old, out of whom 56 were able to complete questionnaires. Parents completed the Laxness Parenting Scale, Parental Attitude Scale and the Child Behavior Checklist. Children filled out the Parental bonding instrument to assess the perceived parenting of the caregiver. The parents were divided into 6-12 group; they were given 8 sessions of program, 1.5 hours once a week, on skills in managing the child in different situations. There was a significant increase (Wilks' λ=0.29, ($F\{6, 73\}$ =29.39, p=.015) in all the parenting indicators after participation in the Program.

After conducting a thorough literature search, the researcher discovered studies conducted by nurses on parenting styles, the prevalence of behavioural issues in kids, studies on behavioural issues in kids as reported by their teachers, the decrease of harsh parenting, studies on boosting the self-esteem of kids with behavioural issues, etc. Nevertheless, little research has been done expressly on how parents might be trained to parent schoolchildren who are at risk of behavioural issues.

3. RESEARCH OBJECTIVES

To compare the pre- and post-parenting behavior among parents of school children in an experimental group.

To compare the pre- and post-risk of behavioral problems among school children in the experimental group.

To evaluate the SMART parenting program on parenting behavior among parents of children with a risk of behavioral problems between experimental and control groups.

To evaluate the SMART Parenting program on the risk of behavioral problems among school children between the experimental and control groups.

4. HYPOTHESIS

H_{01}: There will be no significant difference between the pre- and post-test parenting behavior in relation to the SMART parenting program among parents in the experimental group.

H_{02}: There will be no significant difference between the pre- and post-test risk of behavioral problems in relation to the SMART parenting program among school children in the experimental group.

H_{03}: There will be no significant difference between the mean difference in parenting behavior in relation to the SMART parenting program among parents in the experimental and control groups.

H_{04}: There will be no significant difference between the mean difference in the risk of behavioral problems in relation to the SMART parenting program among school children in the experimental and control groups.

5. MATERIALS AND METHODS

This study was quantitative in nature. A Pre- and Post-test with Control Group Design was used (Figure 1). The study was conducted at 9 selected government schools within the corporation limits of Coimbatore City, for which permission was granted by the Chief Educational Officer. Each of the schools had a strength of 71 to 222 school children within the age group of 8 to 13 years. Sample Size Calculation was done using power analysis with the formula $n = 4pq / d^2$ (where $p = 14$; $q = 86$; and $d = 10$). The calculated sample size was 48. Keeping in mind the case of attrition, the sample size was considered to be 60 samples in the experimental group and 60 in the control group. The eligibility criteria for the selection of samples were as follows: The class teacher who screened the children was either a male or female who had handled them in that particular class for a minimum of 3 months in order to have had a better observation of the child's behavior, Those parents who could understand Tamil and willingly gave consent to undergo the SMART parenting program. The criteria for selection of school children were as follows: Children between the ages of 8-13 years who were identified as being at risk of behavioral problems by the class teacher based on the items in the screening tool were included in the study. Parents who were separated for various reasons, single parents due to divorce or the death of a spouse, parents who were unable to comply with the SMART program for the specified time, and those who refused to participate in the study were excluded. The exclusion criteria for school children were those who were reported to have chronic illnesses and children of parents who refused to participate in the study.

In the 9 government schools that were permitted for the conduct of the study, using the total enumeration method, it was found that there were 1202 school children between the ages of 8-13 years. All of these children were screened by their class teachers, and 129 children were identified as having a risk of behavioral problems. Using a simple random sampling method, the nine schools were randomly assigned to experimental and control groups. Out of the 129 school children, 68 of them from 5 schools were allocated to the experimental group, and 61 school children from 4 schools were in the control group. (Figure 2) This effort was taken to prevent contamination and bias.

Out of the 68 school children in experimental group, there was a case of attrition in six samples. Three of the parents of school children refused to participate in the study, and two parents did not participate in the post-test. One child was absent from school for too long to be included. Therefore, the effective sample size was 123, with 62

samples in the experimental group and 61 in the control group. There was no case of attrition in the control group.

5.1. Description of the Tool

The tool for data collection consisted of four sections.

Section 1: Baseline Characteristics of Parents and School Children

Section 2: Screening Tool for Teachers to identify Children at Risk of Behavioral Problems

Section 3: Self-administered Questionnaire for School Children to Assess the Parenting Behavior of their Parents.

Section 4: Interview Schedule for Parents to assess the Risk of Behavioral Problems in their Children

The instruments for data collection were validated by experts, and reliability was also checked.

5.2. SMART Parenting Program

The SMART parenting program was developed by the investigator and consisted of a video with five components lasting 40 minutes. The video had an introductory section on general aspects of parenting behavior and parenting styles. This was followed by the five components, as mentioned below. SMART was an acronym that was as follows: S – Stimulation: This component dealt with aspects related to how the parents could provide positive stimulation for the child and help increase the child's self-esteem. M – Modeling Healthy Coping Skills: This contained information on how parents can use various strategies to be good role models for their children. A – Appreciation: The emphasis was on the importance of appreciating children not only when they accomplish something but to offer appreciation on a regular basis. The parents were taught to use gestures like a hug, a pat, or a kiss that would convey a sense of appreciation to the child. R – Red Flag Identification: This component explains the red flags / danger signals that parents need to identify among their children. It differentiated between externalizing and internalizing behavioral problems and the signs that parents should look for. T – Time Spent with Children: This part helped the parents learn the importance of spending quality time with children. Parents were taught to make it a routine to spend a few minutes by choice to talk to the child about the day's activities and to shower love and affection and offer unconditional love to children.

Content validity was obtained from experts for instruments used for data collection, and reliability was established before proceeding. The SMART parenting intervention was also validated. A pilot study was conducted to determine the feasibility of the samples and the tool. The study instruments were found to be appropriate, and the feasibility of the study was ascertained. After ethical clearance from the Institutional Review Board and permissions from the School Authorities, informed consent was sought from the parents of school children. Data collection and intervention were planned and implemented in phases for parents in the intervention group first. The head of the school extended an invitation for a meeting to them. The intention of gathering was explained by the headmaster or mistress.

The parents who were not willing to participate were given the freedom to withdraw from the study. The researcher then explained the purpose of the study, obtained their consent, and then collected data from parents and children in the experimental group. The SMART parenting program was implemented once a week at the school premises for 5 weeks.

The post-test was done during the sixth week. The researcher next approached the schools with the parents who belonged to the control group. The information was collected from parents and children after obtaining their consent. The SMART parenting program was not implemented, and the post-test was again done in the sixth week. Care was taken to ensure that there was no potential bias or contamination of the samples.

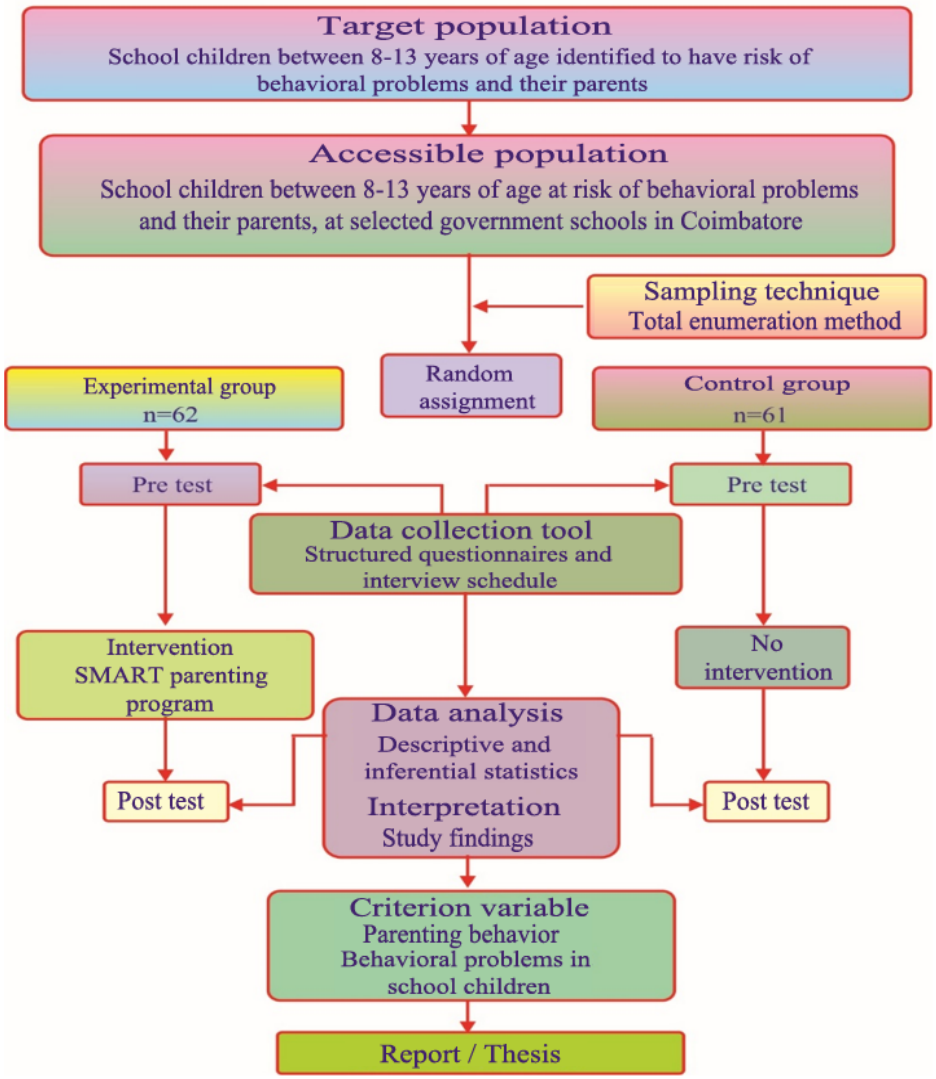

Figure 1. Schematic illustration of research design.

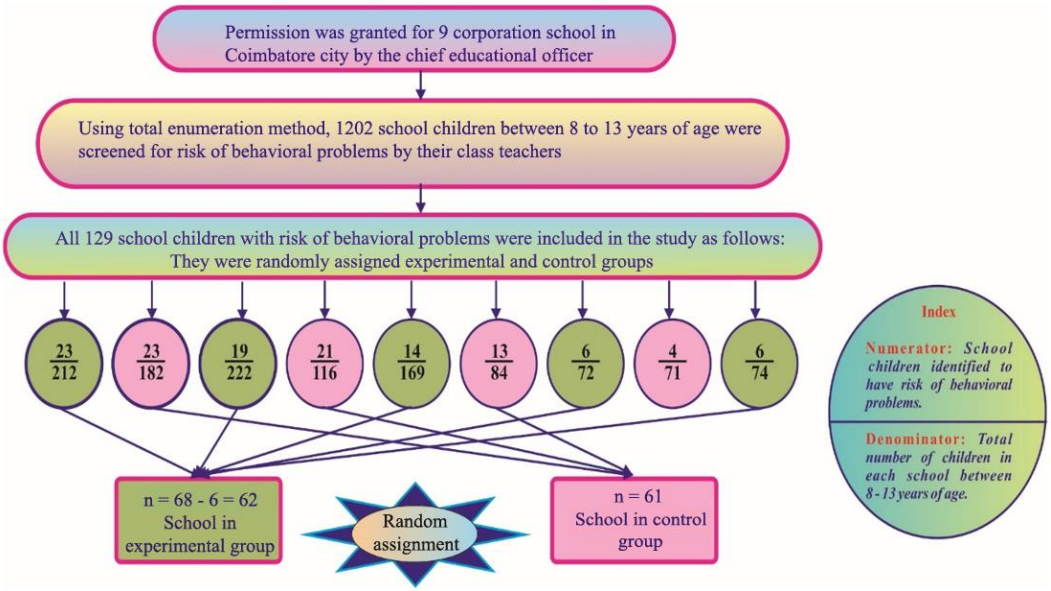

Figure 2. Schematic illustration of sampling technique.

6. FINDINGS AND INTERPRETATION

The collected data was analyzed using SPSS Version 20. Using the total enumeration method, all 1202 school children between 8 to 13 years of age in the study population were screened for the risk of behavioral problems. Out of them, 129 children were identified as having a risk of behavioral problems. Therefore, the prevalence rate of Risk of Behavioral problems among School Children in the selected population was 10.7%. Descriptive statistics were used to describe the sample characteristics, and inferential statistics was used to analyze the effect of the intervention. A Paired 't' test was used to test the mean difference between pre- and post-test in the experimental group, and an Independent 't' test was employed to assess the effectiveness of the SMART parenting program among the experimental and control groups. The analyzed data is presented in four sections.

6.1. Section – I: Baseline Characteristics of School Children

Findings revealed that the majority (43.5%, 44.3%) of the children were between 12 to 13 years of age in the experimental group and control groups. The majority (64.5%, 70.5%) of them were male children among the experimental and control groups, respectively. The majority (72.6%, 80.3%) of children were born normally in the experimental and control groups, respectively. The majority (82.3%, 73.8%) of children had a birth weight of more than 2.5 kilograms among the experimental and control groups, respectively. The majority (100%, 95.1%) of children had normal milestone development during early childhood among the experimental and control groups, respectively. The majority (56.46%, 68.85%) of school children exhibited externalizing signs of risk of behavioral problem in the experimental and control groups, respectively (Figure 3).

Out of the total children, 21% and 32.8% of them had a history of behavioral problems among the experimental and control groups, respectively. Among them, the majority (76.9% and 94.7%) of school children were reported to be naughty, among both groups.

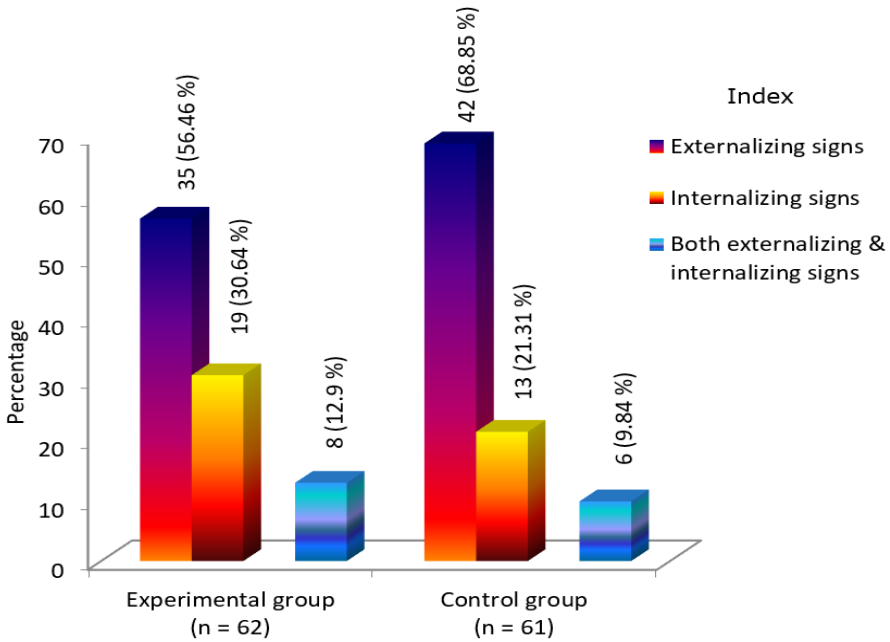

Figure 3. Frequency and distribution on types of risk of behavioral problems among school children.

6.2. Section II: Baseline Characteristics of Parents of School Children

The majority (50%, 59%) of fathers was between 41 – 50 years of age in both the experimental and control groups, and the majority (74.2%, 77%) of mothers in both groups was between 31 – 40 years of age. The majority (46.8%, 39.3%) of fathers and the majority (48.4%, 50.8%) of mothers had middle school education in both groups. Regarding the occupational status, the majority (43.5%, 65.6%) of fathers was coolie workers, and the majority

(45.2%, 52.5%) of mothers was housewives in both groups, respectively. The majority (64.5%, 63.9%) of fathers in both experimental and control groups worked for about 10 hours a day. Among the working mothers, the majority (27.4%, 26.2%) of them in both groups worked for about 8 hours a day and the majority (93.5%, 75.4%) were living in urban areas.

The majority (74.2%, 96.7%) of husbands was satisfied with their educational qualifications in both the experimental and control groups, respectively. The majority (79.0%, 78.7%) of wives in both groups expressed that they were satisfied with their educational qualifications. The majority (91.9%, 98.4%) of the husbands in both groups made financial decisions themselves. The majority (71.0%, 88.5%) of parents had good marital harmony in both groups. The majority (55.9%, 59%) among the experimental group described themselves as moderately sociable in the community. The majority (66.1%) of them in the experimental group had their dinner together, whereas the majority (36.1%) of them in the control group had their breakfast and dinner together. The majority (83.8%, 60.65%) of parents had the habit of communicating with their children on a daily basis. The majority (90.3%, 100%) of them had a positive outlook on life in the experimental and control groups, respectively.

6.3. Section III: Findings on Parenting Behavior among Parents in the Experimental Group

Parenting Behavior was assessed among children with regards to five sub components like, Parent-Child relationship, Parental Expectations, Disciplining, Academic Activities, and Relationship between Parents. The following table reveals parenting behavior as assessed by children. (Table 1).

Table 1. Mean pre and posttest parenting behavior in experimental group.

Parenting behavior	Experimental group (n=62)				Mean difference	't' value
	Pretest		Post test			
	Mean	S.D.	Mean	S.D.		
Parent-child relationship	12.95	2.42	14.89	1.36	1.94	-6.24***
Parental expectations	14.23	2.67	19.27	2.35	5.04	-12.30***
Disciplining	14.95	2.77	18.02	1.73	3.07	-7.34***
Academic activities	12.94	2.56	17.31	1.30	4.37	-12.11***
Relationship between parents	14.81	2.04	16.48	1.61	1.67	-5.75***
Overall parenting behavior	69.87	8.30	86.03	3.47	16.16	-14.93***

Note: *** p< 0.001 level of significance.

The above table reveals that the overall mean parenting behavior in the posttest significantly increased, 86.03 (SD 3.47) compared to the pretest, 69.87 (SD 8.30). The mean difference in overall parenting behavior as 16.16, t = -14.93 (p<0.001). Hence, the null hypothesis, Ho1, "There will be no significant difference between the pre- and posttest parenting behavior in relation to the SMART Parenting Program among parents in the experimental group," was rejected (Table 1).

Table 2. Posttest parenting behavior between experimental and control groups.

Group	Mean	Standard deviation	't' value
Experimental (n=62)	86.03	3.47	10.15***
Control (n=61)	77.44	5.67	

Note: *** p< 0.001 level of significance.

The above table reveals that parental behavior after the SMART parenting program significantly increased in the experimental group. (Table 2).

Table 3. Comparison on effect of SMART parenting program on parenting behavior among experimental and control groups.

Group	Mean difference	Standard deviation	't' value
Experimental (n=62)	16.16	8.52	8.9***
Control (n=61)	5.02	4.95	

Note: *** p < 0.001 level of significance.

The mean difference in Parenting behavior in the experimental group was 16.16 (SD 8.52) significantly higher than the control group, 5.02 (SD 4.95). The computed't' value of 8.9 was highly significant (p<0.001). Hence, the SMART parenting program was significantly effective in increasing parenting behavior in the experimental group. (Table 3) Hence, the null hypothesis, Ho3, "There will be no significant difference between the mean differences in parenting behavior in relation to the SMART parenting program among parents in the experimental and control group," was rejected.

Table 4. Mean percentage of pre and posttest risk of behavioral problems in experimental group.

Risk of behavioral problems	Experimental group(n=62)				Mean %	Mean difference	't' value
	Pretest		Post test				
	Mean	S.D.	Mean	S.D.			
Child's general behavior	19.84	5.16	16.24	3.83	49.21	-3.6	8.82***
Child's relationship with others	20.97	3.97	17.15	3.89	47.64	-3.82	9.62***
Response to discipline	15.11	4.51	12.15	3.41	45	-2.96	8.18***
Academic activities	14.74	4.06	11.27	2.92	46.95	-3.47	10.92***
Overall risk of behavioral problems	70.31	14.01	56.81	10.12	68.17	-13.5	16.26***

Note: *** p< 0.001 level of significance.

6.4. Section IV: Findings on the Risk of Behavioral Problems among School Children

The risk of Behavioral problems among School children was assessed with regards to four sub components: the Child's general behavior, the Child's relationship with others, the Response to Discipline and Academic activities. The following table reveals the Risk of behavioral problems among School children as assessed by their parents (Table 4).

It was inferred that the SMART Program was highly effective in reducing risk of behavioral problems among school children in the experimental group. Therefore, the null hypothesis Ho2, "There will be no significant difference between the pre- and post-test risk of behavioral problems in relation to the SMART parenting program among school children in the experimental group," was rejected.

Table 5. Posttest risk of behavioral problems among experimental and control groups.

Group	Mean	Standard deviation	't' value
Experimental (n=62)	56.81	10.12	-7.3***
Control (n=61)	71.02	11.44	

Note: *** p< 0.001 level of significance.

Table 5 reveals that the mean post-test risk of behavioral problems among school children in experimental group was 56.81 (SD 10.12) significantly less than that in the control group, 71.02 (SD 11.44). The computed 't' value of -7.3 was highly significant (p<0.001). Therefore, the SMART program was effective in reducing the risk of behavioral problems among school children in the experimental group.

Table 6. Comparison on effect of SMART parenting program on risk of behavioral problems among experimental and control groups.

Group	Mean difference	Standard deviation	Independent 't' value
Experimental (n=62)	-13.5	6.54	-8.2***
Control (n=61)	-4.88	5.07	

Note: *** p< 0.001 level of significance.

The above table reveals that the SMART parenting program was highly effective in reducing the risk of behavioral problems among school children in the experimental group. (Table 6) Hence, the null hypothesis Ho4, "There will be no significant difference between the mean difference in the risk of behavioral problems in relation to the SMART parenting program among school children in experimental and control groups," was rejected.

7. DISCUSSION

The prevalence of the risk of behavioral problems was 10.7% among the population screened in the present study. The prevalence of behavioral problems among school children was estimated in 14 schools in Karnataka. The class teachers identified children with externalizing and internalizing behavioral problems using the Modified Developmental Psychopathology Checklist for Children and the Modified Behavioral Problems Questionnaire. The findings revealed an overall prevalence of behavioral problems of 14.27%, which is slightly higher than the present study by Mudalingammanavar, et al. [11]. Weitzman, et al. [12] stated that the rate of behavioral and emotional problems in children is about 11-20% in the United States, and it is estimated that, about 34 – 36% of children will have a behavior or emotional problem diagnosed by 16 years of age.

A study in Northeast China on the prevalence of DSM-IV disorders and co-morbidity among school children (n=9806) aged 6-17 years showed that younger children (6–10 years) had significantly lower prevalence of psychiatric disorders and internalizing disorders than older ones. The highest prevalence of internalizing disorders was seen among children aged 11–14 [13]. These findings are contrary to the results of the present study, where children exhibited more externalizing behavior problems than internalizing ones among the intervention and control groups.

This study highlights that children perceive parental expectations to be very high. Children did not like to be compared with their siblings or those in their neighborhood. Hence, parents must balance their expectations, keeping in mind the abilities and interests of their children. Results revealed a low Parent – Child relationship. Therefore, it is necessary for parents to realize that they must spend sufficient quality time with their children.

A study on the identification of gender-wise behavioral and emotional problems among 677 school children between 10-11 years of age revealed that the prevalence rates for boys were higher (41.7%) when compared to girls (34.5%). The findings are in line with the present study, which also showed that behavioral problems are higher among boys[14]. Research in Brazil found that there was an association between conduct problems and attention deficit disorder among male children, as cited by Martins and Regina [14].

A prospective study Arslan, et al. [15] examined if interaction between internalizing and externalizing problems could lead to (mal) adaptive functioning outcomes in children aged 4-8 years by the time they were reaching 20 to 24 years. The measures were related to various domains like psychological and social functioning, occupation, health, and self-concept. Findings showed an association between early externalizing problems and both maladaptive and adaptive emerging adulthood functioning outcomes in the psychological, social, and physical domains. The study emphasizes the need for early intervention programs in order to ensure that the individual has a healthy and happy adulthood.

A training program that focused on parenting skills among parents of children with behavioral problems reported that three-fourth of them were able to learn new parenting skills [16]. Another intervention program on positive parenting among mothers of preschool children in Karachi reported improvement in parenting skills as seen by the mean difference in pre- and post-test scores, while scores of the mothers in the non-intervention group

showed very little improvement [17]. The results of the present study also showed a significant improvement in parenting behavior among the experimental group. The study has implications for nursing education, practice, administration, and research.

8. LIMITATIONS OF THE STUDY

Though the researcher wanted to include all the 129 children who were identified to have a risk of behavior problems and their parents in the study, there was case attrition, which was beyond the efforts of the researcher. For some of the parents, the information that their child was at risk of behavioral problems was unpalatable, which was beyond the control of the researcher.

9. CONCLUSION

Behavioral problems are on the rise among children in the modern era. Nurses play an important role in educating families. Generally, parenting programs help enhance parent-child relationships. Hence, they help in alleviating emotional problems among children and strengthening family bonding [18]. This study found that the SMART parenting program was highly effective in promoting parenting behavior and minimizing the risk of behavioral problems among school children. Therefore, it can be widely used by school authorities during parent-teacher meetings, by community health nurses, and also by pediatric nurses in hospital settings.

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Institutional Review Board Statement: The Ethical Committee of the Annai JKK Sampooraniammal Charitable Trust Hospital, Komarapalayam, Tamilnadu, India has granted approval for this study on 10 May 2014.
Transparency: The authors state that the manuscript is honest, truthful, and transparent, that no key aspects of the investigation have been omitted, and that any differences from the study as planned have been clarified. This study followed all writing ethics.
Competing Interests: The authors declare that they have no competing interests.
Authors' Contributions: Designed the SMART Parenting Program, carried out the data collection, and drafted the manuscript, B.J.S.; obtained the institutional approval and also helped in analysis and interpretation of the data, J.M.D. Both authors have read and agreed to the published version of the manuscript.

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