Sri Lanka Journal of Medicine **SLJM**

Original Research

Citation: Krishnapradeep S[1], Ekanayake R[1], Weerasooriya N[2], Hewamalage A[3], Wickramasinghe P[4], Mudiyanse RM[1], 2024. Association Between Parenting Styles Advocated by Midwives and Mothers' Parenting Style. Sri Lanka Journal of Medicine, pp 25-32.
DOI: https://doi.org/10.4038/sljm.v33i2.516

Association Between Parenting Styles Advocated by Midwives and Mothers' Parenting Style

S Krishnapradeep[1], R Ekanayake[1], N Weerasooriya[2], A Hewamalage[3], P Wickramasinghe[4], RM Mudiyanse[1]

[1] Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka.
[2] Provincial Directors Office, Ministry of Health, Colombo, Sri Lanka.
[3] Family Health Bureau, Ministry of Health, Colombo, Sri Lanka.
[4] Faculty of Medicine, University of Colombo, Colombo, Sri Lanka.

Correspondence:
S Krishnapradeep
E mail: skpradeep2000@gmail.com
https://orcid.org/0000-0002-3101-1533

ABSTRACT

Introduction: Promoting healthy parenting practices is considered to be a part of public health midwives' (PHMs) job in Sri Lanka. However, they do not undergo specific training to impart parenting skills to parents.
Objectives: Objectives of this study was to evaluate the relationship between the advocacy of PHMs on parenting and its correlation with the parenting styles of mothers in the Central Province of Sri Lanka.
Methodology: A cross-sectional exploratory study was conducted among 39 PHMs and 390 mothers conveniently selected by PHMs.
Results: The mean age of the PHMs was 43.6 (SD=9.64) years and the mean service years was 19.5 (SD=11.49). All the PHMs advocated authoritative behaviours, and 91% of mothers were also predominantly authoritative, however, 2.5% were authoritarian, and 1.9% were permissive. But 80.5% of mothers appear to have embraced more than 5 authoritarian attributes, while 22.9% PHMs advocated authoritarian behaviour with a positive correlation (r=0.116, p=0.96). A significant correlation between PHM's advocacy of authoritative attributes and parents' authoritative characteristics (r = 0.716, p = 0.024) was noted. PHMs' permissiveness in advocacy correlates with parents' authoritarian styles (r=0.219, p=0.03). PHM's authoritative advocacy negatively correlates with neglecting parenting behaviors (r=-0.040, p=0.57). PHM's negligence style of advocacy correlates negatively with parental authoritative behaviors (r=-0.013, p= 0.84).
Conclusion: PHMs advocacy of authoritative parenting seems to support a healthy parenting style, while PHM supporting authoritarian, neglectful, and permissive attributes correlate with mothers' negative parenting attributes. Training PHMs to advocate a healthy parenting style would be a beneficial community intervention.

Keywords: Parenting, Parenting styles, Public health midwives

This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY)

Received: 2023-05-24 **Accepted revised version: 2024-07-30** **Published: 2024-07-30**

INTRODUCTION

Sri Lanka provides free health care to 22 million people with a 350,000 annual birth cohort (1). In Sri Lanka, Public health midwives (PHM) are the front-line healthcare workers in the community who provide maternal and child care. They are an important part of the primary health care system and create a link between the community and institutional health services. Currently, there are more than 7,000 trained PHMs working at the field level in Sri Lanka (2). Each PHM supervises an established geographic area with a population of 3,000 -5,000 people. The PHM maintains a registry of all females of reproductive age and families with children younger than 5 years in their respective geographical areas (3). The PHMs are expected to promote healthy parenting practices and advocate responsive care during their regular and mandatory home visits and regular clinics in the MOH office, in addition to the provision of antenatal care, postpartum care, family planning advice, new-born care, immunization, growth monitoring, early childhood development, nutritional support, and general care (3,4). However, PHMs do not get adequate training on promoting parenting skills, even though there are established Continuing Professional Development (CPD) programs to update them on other areas of health care.

Parenting skills are of paramount importance in the provision of responsive caregiving under the nurturing care framework. Parents play an important role in molding their children through how they nurture them. Parenting is a complex activity that is built upon the knowledge, attitude, and behavior of parents and includes emotional bonding and a unique relationship with the child and is believed to influence the outcomes of the children (5). Baumrind a clinical and developmental psychologist from the United States proposed three distinct parenting styles (6):

Authoritarian parenting- which is characterized by stern discipline, and punishment to children and expecting blind obedience from children.

Permissive parenting- which is characterized by emotional warmth and a reluctance to enforce standards.

Authoritative parenting- which is characterized by a balanced approach in which children are expected to abide by certain behavioral standards, and also encourage children to develop a sense of autonomy.

Later, Maccoby and Martin added another parenting style known as “uninvolved parenting or neglectful parenting”. This type of parenting is different from permissive parenting because these parents disregard standards, are not emotionally warm, and are not caring. They provide children with basic needs such as food and a home, but nothing else (7).

A literature review of multiple studies done in Western countries on parenting styles shows that different types of parenting styles have different effects on children. Certain parenting styles show a long-term positive impact on children and some parenting styles have a negative impact on the well-being of the children (8,9,10,11,12). In spite of cultural and socio-economical differences, studies done in the subcontinent of India also reveal that the impact of parenting styles on children is similar to the Western world (13). All this information reiterates the importance of parenting and as frontline healthcare providers, PHMs are expected to play a crucial role. Despite this convincing evidence, there is little attention paid to evaluating and improving the knowledge of PHMs in Sri Lanka in parenting advocacy and they are not receiving the needed training. On this background, our extensive literature survey did not reveal any studies that evaluated the impact of PHMs advocacy style on parenting styles locally or internationally.

Effective public health education is a key task performed by public health midwives. Public health midwives can develop meaningful conversations with mothers and educate them on the importance of appropriate parenting. The small changes made by the public health midwife can have a huge impact on the mothers’ approach and hence have a positive effect on the physical, psychological, and spiritual well-being of the child. So, we believe that it is appropriate and timely to study the perception and advocacy of the PHMs on parenting and its impact on parents.

The general objective of this study was to evaluate the relationship between the advocacy of public health midwives on parenting and its impact on the parenting styles of mothers in the Central Province of Sri Lanka. The specific objectives of the study were to identify the prevalence of parenting advocacy styles among the PHMs and the prevalence of parenting styles among mothers.

METHODOLOGY

A cross-sectional exploratory study was conducted. The study population included 39 PHMs who attended an educational workshop representing different parts of the Central Province and 390 mothers conveniently selected by the PHM.

The parenting style of a person is the sum of their parenting characteristics. A thirteen-item Likert-style self-reporting Parenting Style Assessment Questionnaire – Sinhala (PSAQ-S) was used in the study. PSAQ-S is a valid and reliable tool (Cronbach's alpha value: 0.74, factor structure >0.3) to assess parenting styles among parents of preschool-aged children in Sri Lanka (14). The PSAQ-S was developed by devising the items from the existing tools in the literature (15) and generating new items via qualitative exploration. The possibility of calculating the mean score for a specific parenting style in a target population has enhanced the value of this tool as a monitoring tool for large-scale community interventions (14,15). The same questionnaire was modified to assess the PHMs' perceptions and their advocacy about parenting practices parallel to the 13 items in the parents' questionnaire.

Data collection technique

The 39 midwives from Central Province participated in a one-day workshop as approved by the Provincial Director of Health Services, Central Province. The purpose of the workshop was to educate PHMs on parenting. When PHMs were invited to the workshop they were informed about the study and its objectives. All the midwives who participated in the workshop gave consent and agreed to participate in the study. The questionnaire for the PHMs was administered to 39 PHMs in a conference setting and all the PHMs responded to the questionnaire at the beginning of the workshop.

The questionnaire consisted of 13 items that listed questions related to parenting styles. Each item had four options, and these options reflect a particular type of parenting style. The participating PHMs had to answer the four options by connecting them to their practice on a 4-point Likert scale. Based on the responses, each PHM was given a score. According to the scores, the predominant parenting behavior advocated by each PHM was identified. The highest parenting score was taken as the dominant parenting style by each parent and the predominant parenting behavior advocated by each PHM. The computed scores for each parenting typology provide an indicator of the overall characteristics of an individual person across the four types of parenting styles. After the workshop, each PHM administered the Parenting style assessment questionnaires to 10 mothers who are under their care and have children under the age of 5 years.

Out of 390 mothers, 340 have responded. All the participating mothers answered the 13-item questionnaire with four options that described their parenting styles. Similar to the PHMs, the mothers were also given a score, and their predominant parenting attribute was identified.

Data entry and analysis

Data was entered and analyzed by using SPSS to compare proportions and correlate with outcomes. The parenting style score was analyzed and correlation was taken using Pearson's correlation coefficient.

RESULTS

Thirty-nine PHMs' and 340 mothers' responses were analyzed. Only 35 Midwives provided information related to their age and service years. The age of the PHMs ranges from 26 years to 62 years (figure 1). The service experience of the PHMs ranges from 1 year to 39 years (figure 2).

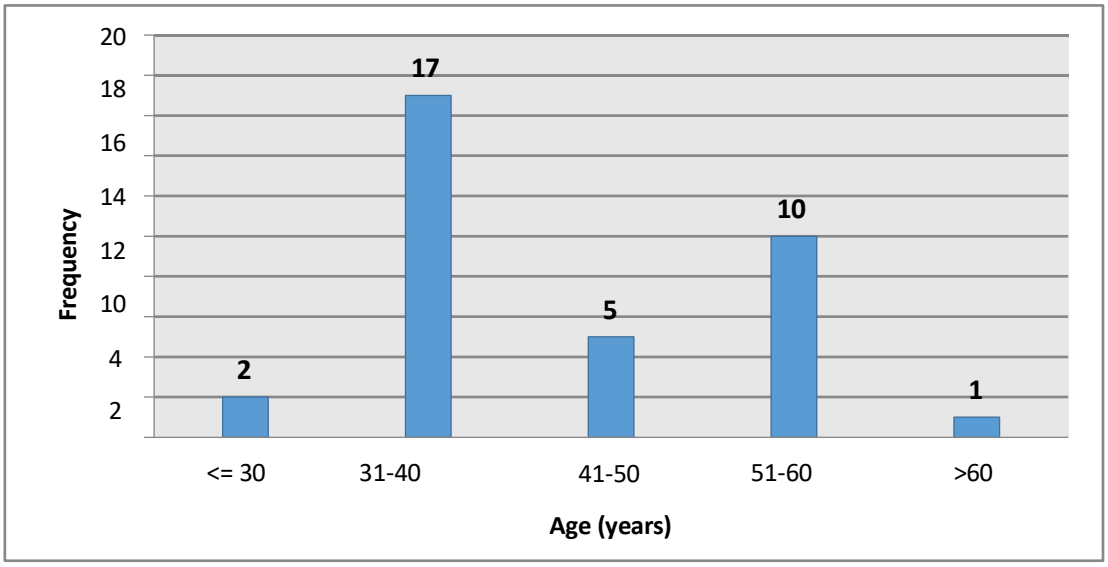

Figure 1: Age distribution of the PHMs

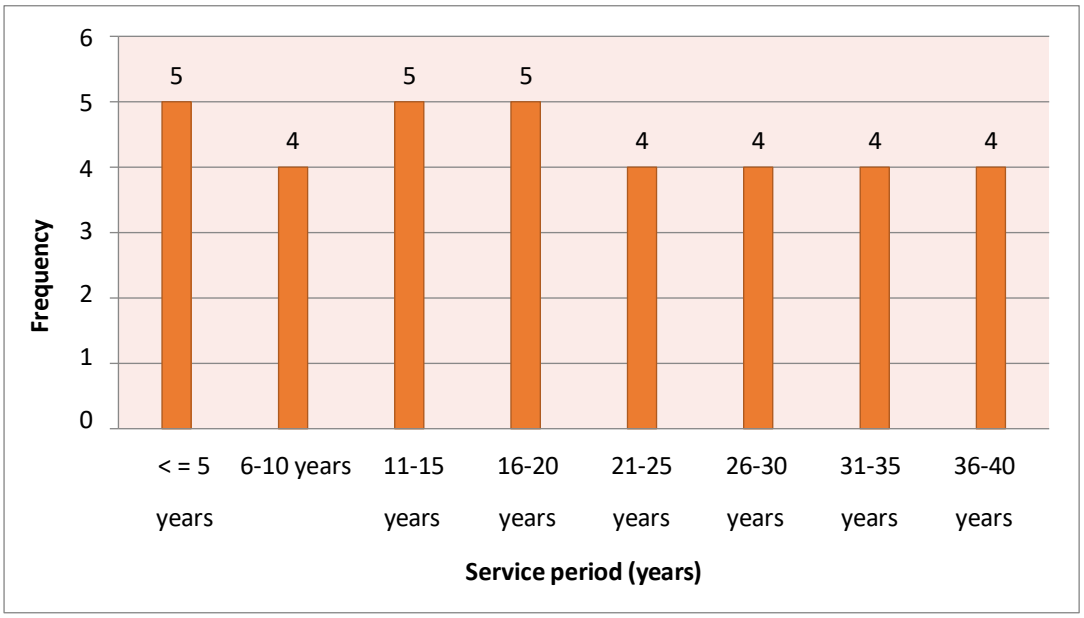

Figure 2: Service period of the PHMs

The mean age of the PHMs is 43.6 (SD=9.64) years and the mean service years of PHMs is 19.5 (SD=11.49) (Table 3).

Table1: Mean and standard deviation of the age and service distribution of PHMs

	Minimum	**Maximum**	**Mean**	**Std. deviation**
Age (years)	26	62	43.68	9.64
Service years	1.00	39.00	19.54	11.49

PHM's advocacy and mothers' parenting behaviors

According to the parenting styles scores of the PHMs, all the PHMs advocate authoritative advocacy behaviors. As per the parenting style scores of the mothers, 91% of mothers were predominantly authoritative, 2.5% were authoritarian, 1.9% were permissive and the rest show a combination of several parenting styles (figure 3).

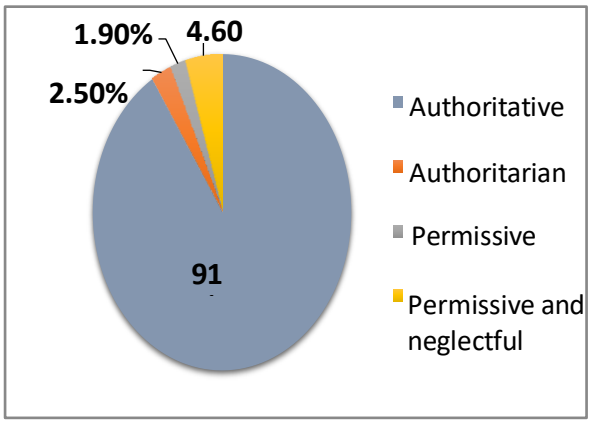

Figure 3: Parenting styles of the mothers

There was a significant correlation noted between PHM's authoritative advocacy attributes and parents' authoritative characteristics (r = 0.716, p = 0.024) (Table 3). Although 80.5% of mothers adopt more than five authoritarian attributes only 22.9% PHMs advocate it with a positive correlation (r=0.116, p=0.96) (2). PHMs' permissive advocacy means that when the PHM advocates for the mothers to act according to the parents' preferences, advocacy correlates with parents' authoritarian styles (r=0.219, p=0.03). The results show that the PHM's authoritative advocacy negatively correlates with neglectful parenting behaviors (r= - 0.040, p=0.57). PHM's negligence style of advocacy correlates negatively with parental authoritative behaviors (r= - 0.013, p= 0.84) (Tables 2,3).

Table 2: Mean and SD – Parenting style scores

	Mean	Std. Deviation
Midwife Authoritative	35.71	1.658
Midwife Authoritarian	22.95	3.128
Midwife Permissive	22.27	3.494
Midwife Neglectful	15.53	1.931
Parent Authoritative	32.51	3.03
Parent Authoritarian	25.99	2.62
Parent Permissive	25.51	2.49
Parents Neglect	15.98	3.50

Table 3: Correlation between PHM's advocacy and Mothers' parenting behaviors

		PHM' advocacy score			
		Authoritative	**Authoritarian**	**Permissive**	**Neglectful**
Mothers' Parenting behaviors	**Authoritative**	r = 0.716 p= 0.024	r = 0.051 p=0.47	r = 0.086 p=0.25	r= - 0.013 p= 0.84
	Authoritarian	r = 0.057 p=0.40	r=0.116 p=0.96	r=0.219 p=0.03	r = 0.054 p=0.44
	Permissive	r = 0.03 p=0.69	r = -0.12 p=0.09	r = -0.01 p=0.89	r = 0.01 p=0.98
	Neglectful	r= -0.04 p=0.57	r = -0.08 p=0.32	r = 0.03 p=0.74	r = 0.05 p=0.52

DISCUSSION

This study was designed to assess the PHMs parenting advocacy styles, parents' parenting styles, and the association between the two. Our literature survey revealed many studies on parenting styles and their impact on children, but none have looked at the advocacy styles of PHMs and their impact on the parents' parenting styles.

The demographic information reveals that the PHMs are of varying ages and levels of experience. However, it is evident that the participants have the necessary training and experience to carry out their duties given their average age of 43.68 and mean number of service years of 19.54. It is clear from the parenting advocacy style scores that all PHMs support assertive parenting practices. Even though their experiences varied, it was interesting to observe that all PHMs consistently employ an authoritative advocacy style. It's a widely held opinion that authoritative parenting styles are typically effective and will, thus, have positive consequences on children. When considering the parenting styles of the mothers, again the majority of them practice authoritative behavior and a smaller proportion of the mothers practice other types of parenting styles. It's noteworthy to note that research conducted in other nations has produced comparable findings. In a cross-sectional study done in Iran to investigate the relationship between parenting styles and self-esteem in primary school children, the most common and least common parenting styles among parents were authoritative and permissive, respectively (16). The study done by Antonopoulou et al. in Cyprus among 30 children with hearing problems to determine the parenting styles of mothers with deaf or hard-of-hearing children revealed that among the participating mothers, the dominant parenting style was the authoritative type and the least prevalent types were the permissive and strict parenting styles (17).

Our study analyzed the association between the PHM's advocacy styles and parents' parenting styles and found some important correlations. A significant correlation was observed between

PHM's advocacy of authoritative attributes and parents' authoritative characteristics. As mentioned earlier we could not find any studies which analyzed the impact of PHMs advocacy style on parenting style. But there are various studies done on the impact of parenting style on children. Previous studies show that among parents with different parenting styles, authoritative parents nurture their children with higher self-esteem. The authoritative parents have sufficient control, accept their children's strengths and weaknesses, and set clear standards for them. By these measures, authoritative parents' guide their children to achieve the standards and develop self-esteem (18). Hence, it may be a contributing factor in PHMs preferring and following an authoritative parenting style.

Our study shows that the PHMs' permissive advocacy correlates with the authoritarian style of parents. It means that the mothers are more likely to choose an authoritarian parenting approach when the PHMs offer them the freedom to act in accordance with their preferences and wishes.

Furthermore, PHM's authoritative advocacy negatively correlates with neglectful parenting behaviors. It demonstrates that when PHMs advocate an authoritative style, it is less likely for those parents to practice an uninvolved parenting style with their children. Similarly, when the PHMs advocate a neglectful style of advocacy it negatively correlates with the authoritative parenting style; hence, these parents fail to have sufficient control or set acceptable behavioral standards for their children.

The significance and the contribution of the results of this study must be considered taking note of certain methodological limitations. Firstly, the PHM sample size in this study is relatively small. But due to the scarcity of literature on PHMs advocacy role, we are unable to speculate as to how different the findings could have been with a larger sample size. Secondly, the study did not analyze the demographic details of the participating mothers. The demographic details would have given useful information and the confounding factors such as age and educational background and their impact on the parenting styles of mothers. Another limiting factor that needs to be considered is that although the study was on parenting, the study population included only mothers and not fathers. The possible explanation for this is, in the Sri Lankan context, mothers play the predominant role in parenting. During the process of this study, we used a newly developed tool. Further validation of this tool may reveal more correlations.

Nevertheless, despite these drawbacks, the knowledge gleaned from this study will aid in enhancing the function and services of PHMs. This study points to a significant correlation between advocacy styles and parenting styles, so by training the PHMs, the concept of parenting can be refined. As mentioned earlier, the PHMs are heedful of health-related issues in the family but less importance is given to the parenting aspects, hence, this paper highlights the importance of parenting advocacy by the PHMs.

CONCLUSIONS

This study concludes that the most common parenting style advocated by PHM and practiced by mothers is the authoritative parenting style. The authoritative parenting advocacy of the PHMs supports a healthy parenting style. PHMs' endorsement of authoritarian, negligent, or permissive traits is correlated with mothers' unfavorable parenting behaviors and characteristics. We propose that an effective community intervention would involve teaching PHMs to promote healthy parenting practices through a well-designed training program. Hence, it will bring about a future generation that is full of self-esteem and assertiveness.

Author declaration

Authors' contributions:
Study concept and design: R.M.M., P.W., A.H., K.S, R.E., and N.W.; Acquisition of data, analysis, and interpretation of data: R.E.; Resources: N.W.; Drafting of the manuscript: K.S. and R.M.M. Study supervision: P.W. and R.M.M.

Conflicts of interest:
All the authors don't have any conflict of interest (financial and non-financial) to disclose.

Funding statement:
Self-funded

Ethics statement:
This study was done as a part of a training program for public health midwives which was organized by the Provincial director of health. The permission for the training program was obtained from the Ministry of Health, Sri Lanka. The permission for the research was obtained from the Provincial Director's Office, Ministry of Health, Sri Lanka Therefore, this study has followed the ethical standards, as described in the 1964 Declaration of Helsinki and its amendments.

Statement on data availability:
Available with the corresponding author.

REFERENCES

1. The Department of Census and statistics. 2023. Available from: http://www.statistics.gov.lk/Population/StaticalInformation/VitalStatistics
2. De Silva MD, Tholagola N, Karthikeyan P, Rubasinghe MS. Sri Lanka needs more public health midwives. Sri Lankan Journal of Medical Administration. 2020 Dec 30;21(1). https://doi.org/10.4038/sljma.v21i1.5372
3. Family Health Bureau, Ministry of Health, Sri Lanka. 2011. National Strategic Plan: Maternal and Newborn Health (2012-2016). Available from: http://www.fhb.health.gov.lk/web/index.php?option=com_phocadownload&view=category&id=29&Itemid=150&lang=en
4. Abeykoon A. Reproductive Health and Family Planning Programme in Sri Lanka: Achievements and Challenges.. Available from: http://www.icomp.org.my/new/uploads/fpconsultation/srilanka.pdf
5. Bibi F, Chaudhry AG, Awan EA, Tariq B. Contribution of Parenting Style in life domain of Children. IOSR Journal of Humanities and Social Science. 2013 May;12(2):91-5.
6. Baumrind D. Child care practices anteceding three patterns of preschool behavior. Genetic psychology monographs. 1967.
7. Maccoby EE, Martin JA. Socialization in the context of the family: Parent-child interaction. ln EM Hetherington (Ed.), PH Mussen (Series Ed.), Handbook of child psychology: Vol 4. Socialization, personalitv, and social development (4'" ed., pp. 1-101).
8. Masud H, Ahmad MS, Cho KW, Fakhr Z. Parenting styles and aggression among young adolescents: A systematic review of literature. Community mental health journal. 2019 Aug 1;55:1015-30. https://doi.org/10.1007/s10597-019-00400-0
9. Martínez I, García JF. Impact of parenting styles on adolescents' self-esteem and internalization of values in Spain. The Spanish journal of psychology. 2007 Nov;10(2):338-48. https://doi.org/10.1017/S1138741600006600
10. Morris AS, Silk JS, Steinberg L, Myers SS, Robinson LR. The role of the family context in the development of emotion regulation. Social development. 2007 May;16(2):361-88. https://doi.org/10.1111/j.1467-9507.2007.00389.x
11. Pong SL, Johnston J, Chen V. Authoritarian parenting and Asian adolescent school performance: Insights from the US and Taiwan. International journal of behavioral development. 2010 Jan;34(1):62-72. https://doi.org/10.1177/0165025409345073
12. Lopez NV, Schembre S, Belcher BR, O'Connor S, Maher JP, Arbel R, Margolin G, Dunton GF. Parenting styles, food-related parenting practices, and children's healthy eating: A mediation analysis to examine relationships between parenting and child diet. Appetite. 2018 Sep 1;128:205-13. https://doi.org/10.1016/j.appet.2018.06.021
13. Sahithya BR, Manohari SM, Vijaya R. Parenting styles and its impact on children–a cross cultural review with a focus on India. Mental Health, Religion & Culture. 2019 Apr 21;22(4):357-83. https://doi.org/10.1080/13674676.2019.1594178
14. Ekanayake EHMRK. 2022. Association of parenting styles with feeding practices and child growth among parents of preschool aged children in Sri Lanka. MPhil thesis, University of Peradeniya Library.
15. Ekanayake EHMRK, Mudiyanse RM, Wickramasinghe VP. 2021. Developing a culturally sensitive parenting style measure. Presented (oral) at Peradeniya University International Research Sessions. 23:254.
16. Moghaddam MF, Validad A, Rakhshani T, Assareh M. Child self-esteem and different parenting styles of mothers: a cross-sectional study. Archives of Psychiatry and Psychotherapy. 2017;19(1):37-42. DOI: 10.12740/APP/68160
17. Antonopoulou K, Hadjikakou K, Stampoltzis A, Nicolaou N. Parenting styles of mothers with deaf or hard-of-hearing children and hearing siblings. Journal of deaf studies and deaf education. 2012 Jan 1;17(3):306-18. https://doi.org/10.1093/deafed/ens013
18. Tanhaye Reshvanloo F. Maternal and paternal involvement, autonomy support and warmth: predictors of adolescence self-esteem. International Journal of Behavioral Sciences. 2012 Feb 1;5(4):343-50.