

“A study to assess the influence of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children in selected community area, Puducherry”.

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I. INTRODUCTION

Behavior is the language of trauma. Children will show you before they tell you that they are in distress.

-Micere Keels

The pandemic caused by the SARS-CoV-2 virus bears an enormous challenge for societies worldwide. In order to slow down the infection rate, many communities arranged lockdowns that involved extensive restrictions of public life. Events and gatherings were cancelled, shops and recreational facilities were closed, and employees had to work from home, if possible. In addition, educational institutions such as schools and universities were closed and began to move teaching online. This situation had relevant repercussions on daily life of families, especially of children that have been deprived of their socialization and play spaces. The parents suddenly became the only point of reference for their children since the other references and educational figures were no longer available. Some previous studies showed that the relationship between parental mental health and children’s emotional and behavioral well-being is mediated by positive parenting strategies.

II. REVIEW OF LITERATURE:

Marion et.al., (2022) was conducted a study to investigate the associations between Covid-19 related stress, mental health, and insensitive parenting practices in mothers and fathers with young infants during the first Dutch Covid-19 lockdown. The study included 681 parents of infants between 0 and 6 months (572 mothers and 109 fathers). Parents filled out online questionnaires about Covid-19 related stress, mental health (i.e. anxiety and depressive symptoms), and insensitive parenting. Hierarchical regression models were used to analyze the data. Parents of a young infant reported high rates of Covid-19 related stress, with higher reported stress in mothers compared to fathers.

STATEMENT OF THE PROBLEM:

“A study to assess the influence of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children in selected community area, puducherry.”

OBJECTIVE:

- To assess the level of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children.
- To associate the level of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children with their selected demographic variables.

ASSUMPTION

- The tool prepared for the study will be sufficient for collecting information of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children.
- There may be decreased knowledge of regarding parenting distress and parenting self-efficacy on children’s emotional well-being among school age children

III. MATERIALS AND METHODS:

This chapter describes the research methodology followed to assess the influence of parenting distress and parenting self-efficacy on children’s emotional well-being among school age children in selected community area, puducherry.

Section A: This section consists of demographic variables such as age, sex, educational status, father and mother occupation, father income, siblings, socio-economic status, religion, birth order, classification, type of family, residency, type of school, previous knowledge of covid-19.

Section B: this consists of “assessment tool for the influence of parenting distress and parenting self-efficacy on children’s emotional wellbeing” interpretation of very high, high, average, low, very low.

| SCORING INTERPRETATION | |
|------------------------|--------|
| Very High | 81-100 |
| High | 61-80 |
| Average | 41-60 |
| Low | 21-40 |
| Very Low | 0-20 |

RESEARCH APPROACH:

A quantitative research approach was adopted for this study.

RESEARCH DESIGN:

A descriptive research design was adopted for this study.

SETTING OF THE STUDY:

The study was conducted in Kalitheerthalkuppam, Puducherry, is a community area near Sri Manakula Vinayagar Nursing College and away from 2 km from my college.

Total Population=8,862; Male Population=4357 ; Female Population=4505.

POPULATION :

The target population for this study includes all the school age children in Kalitheerthalkuppam.

SAMPLE:

In this study, the sample comprises of school age children living in Kalitheerthalkuppam, Puducherry.

SAMPLE SIZE:

In this study, the sample size consists of 50 school age children.

SAMPLING TECHNIQUE:

A convenient sampling technique was adopted for this study.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

- School age children both male and female
- School age children who are willing to participate in data collection.
- School age children available at the time of data collection.

EXCLUSION CRITERIA:

- School age children who are not willing to participate in the study.

DATA COLLECTION PROCEDURE:

The data collection done with the permission to conduct the study was obtained from authorities of the concerned person of kalitheerthalkuppam, Puducherry.30 school age children were selected by using convenience sampling techniques and according to the inclusion and exclusion criteria and after introducing and explain the purpose of the study. The tool consists of demographic variables and attitude questions were administered to respondents and data was collected.

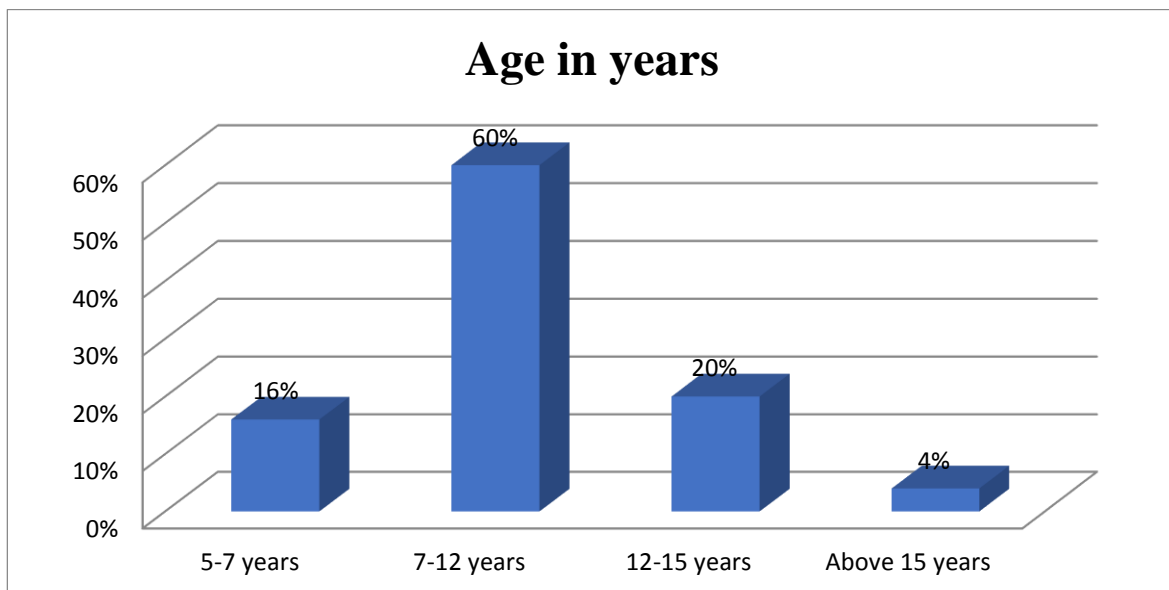
IV. RESULTS:

- The school age children 31 (62%) had high level of parenting distress and parenting self-efficacy on children’s emotional wellbeing, and 19(38%) had average level of parenting distress and parenting self-efficacy on children’s emotional wellbeing.
- The mean and standard deviation level of parenting distress and parenting self-efficacy on children’s emotional wellbeing among school age children is (61.32+ 6.089).
- The demographic variable Mother Occupation (p=0.004) and Siblings (p=0.016) had shown statistically significant association between the level of parenting distress and parenting self-efficacy on children’s emotional wellbeing among school age children with their selected demographic variables.

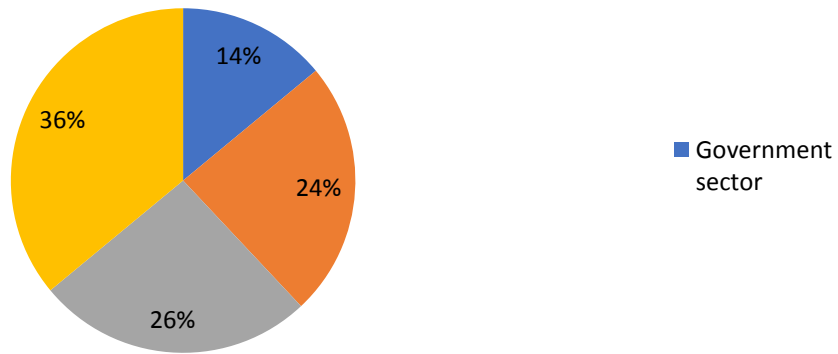
Table 1: - Frequency and percentage wise distribution of demographic variables among school age children. (N=50)

| SL. NO | DEMOGRAPHIC VARIABLES | FREQUENCY (N) | PERCENTAGE (%) |
|----------|--|---------------|----------------|
| 1 | Age in years | | |
| | a) 5-7 years | 8 | 16 |
| | b) 7-12 years | 30 | 60 |
| | c) 12-15 years | 10 | 20 |
| | d) Above 15 years | 2 | 4 |
| 2 | Sex | | |
| | a) Male | 30 | 60 |
| | b) Female | 20 | 40 |
| 3 | Educational status | | |
| | a) 2 nd std-4 th std | 26 | 52 |
| | b) 5 th std-6 th std | 21 | 42 |
| | c) 7 th std | 2 | 4 |
| | d) Above 7 th std | 1 | 2 |
| 4 | Father occupation | | |
| | a) Private sector | 23 | 46 |
| | b) Government sector | 11 | 22 |
| | c) Business | 9 | 18 |
| | d) Others | 7 | 14 |
| 5 | Mother Occupation | | |
| | a) Government sector | 7 | 14 |
| | b) Private sector | 12 | 24 |
| | c) House wife | 13 | 26 |
| | d) Own business | 18 | 36 |
| 6 | Father income in rupees | | |
| | a) 5000-10000 rupees | 35 | 70 |
| | b) 15000-19000 rupees | 6 | 12 |
| | c) 20000-25000 rupees | 4 | 8 |
| | d) Above 25000 rupees | 5 | 10 |
| 7 | Siblings | | |
| | a) 1 sibling | 36 | 72 |
| | b) 2 siblings | 9 | 18 |
| | c) 3 siblings | 4 | 8 |
| | d) More than 3 siblings | 1 | 2 |
| 8 | Socio economic status | | |
| | a) Poor socio-economic status | 6 | 12 |
| | b) Middle class | 43 | 86 |
| | c) Higher class | 1 | 2 |
| 9 | Religion | | |
| | a) Hindu | 48 | 96 |
| | b) Muslim | 1 | 2 |
| | c) Christian | 1 | 2 |
| | d) Others | 0 | 0 |

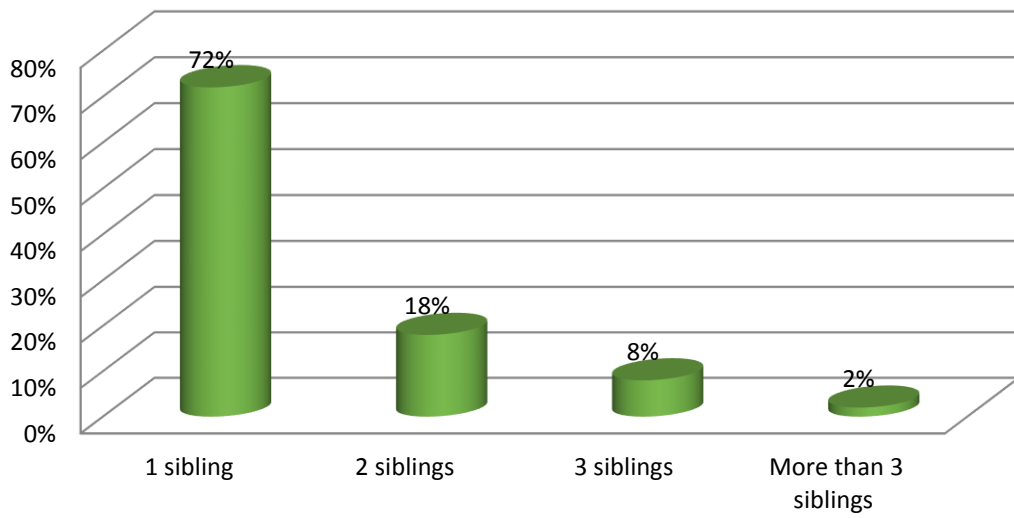
| | | | |
|-----------|---------------------------------------|----|-----|
| 10 | Birth order | | |
| | a) 1 st child | 22 | 44 |
| | b) 2 nd child | 23 | 46 |
| | c) Above | 5 | 10 |
| 11 | Classification | | |
| | a) Toddler | 0 | 0 |
| | b) Pre-schooler | 0 | 0 |
| | c) Scholar | 50 | 100 |
| | d) Adolescents | 0 | 0 |
| 12 | Type of family | | |
| | a) Nuclear family | 43 | 86 |
| | b) Joint family | 7 | 14 |
| 13 | Residency | | |
| | a) Urban | 43 | 86 |
| | b) Rural | 7 | 14 |
| 14 | Type of school | | |
| | a) Private | 9 | 18 |
| | b) Government | 41 | 82 |
| 15 | Previous Knowledge of COVID-19 | | |
| | a) Yes | 43 | 86 |
| | b) No | 7 | 14 |



Mother Occupation



Siblings



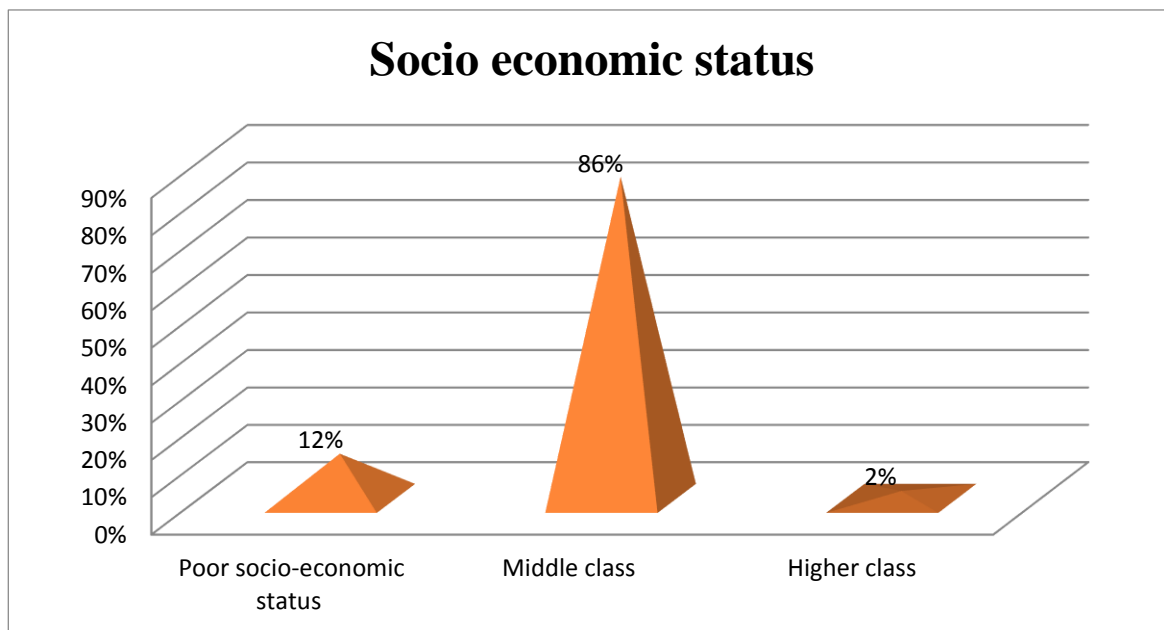


Table 2:- Frequency and percentage wise distribution of level of parenting distress and parenting self-efficacy on children's emotional wellbeing among school age children.

(N = 50)

| LEVEL OF PARENTING DISTRESS AND PARENTING SELF-EFFICACY ON CHILDREN'S EMOTIONAL WELL BEING | FREQUENCY (n) | PERCENTAGE (%) |
|--|---------------|----------------|
| VERY HIGH | 0 | 0 |
| HIGH | 31 | 62 |
| AVERAGE | 19 | 38 |
| LOW | 0 | 0 |
| VERY LOW | 0 | 0 |
| Total | 50 | 100 |
| Mean+Standard deviation | 61.32+6.089 | |

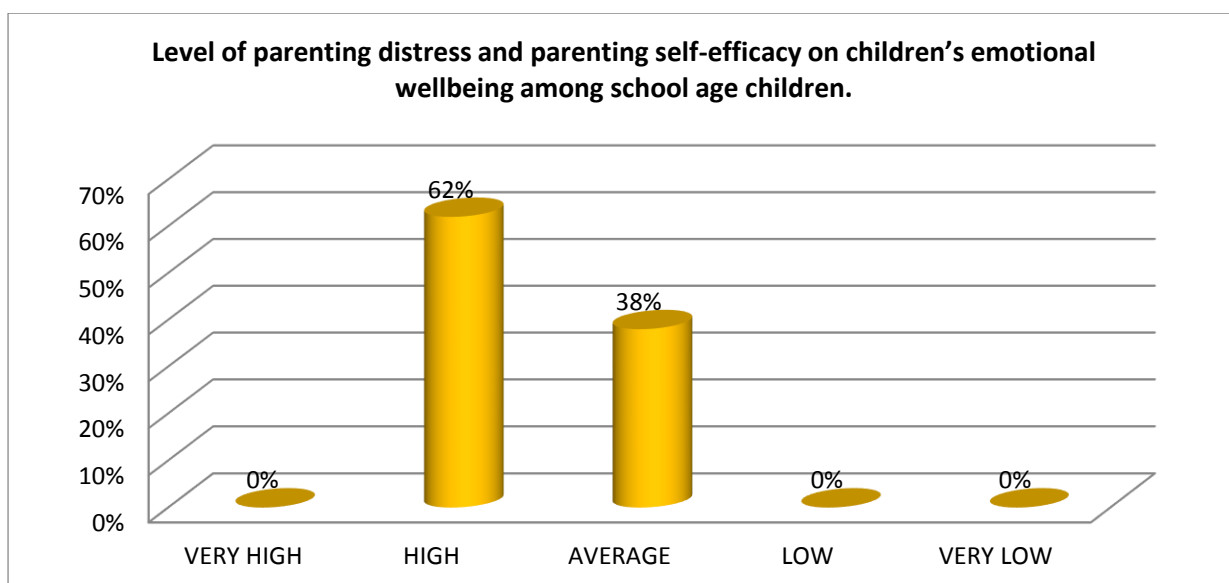


Table –3: Association between the level of parenting distress and parenting self-efficacy on children’s emotional wellbeing among school age children with their selected demographic variables.

(N=50)

| SL. NO | DEMOGRAPHIC VARIABLES | LEVEL OF PARENTING DISTRESS AND PARENTING SELF-EFFICACY ON CHILDREN’S EMOTIONAL WELL BEING | | | | Chi-square X ² and P-Value |
|----------|---|--|------|------|------|---|
| | | AVERAGE | | HIGH | | |
| | | N | % | N | % | |
| 1 | Age in years | | | | | |
| | 5-7 years | 4 | 21.1 | 4 | 12.9 | X ² =2.60 Df=3 p =0.457 NS |
| | 7-12 years | 10 | 52.6 | 20 | 64.5 | |
| | 12-15 years | 5 | 26.3 | 5 | 16.1 | |
| | Above 15 years | 0 | 0 | 2 | 6.5 | |
| 2 | Sex | | | | | |
| | Male | 9 | 47.4 | 21 | 67.7 | X ² =2.03 Df=1 p =0.153 NS |
| | Female | 10 | 52.6 | 10 | 32.3 | |
| 3 | Educational status | | | | | |
| | 2 nd std-4 th std | 9 | 47.4 | 17 | 54.8 | X ² =1.07 Df=3 p =0.784 NS |
| | 5 th std-6 th std | 9 | 47.4 | 12 | 38.7 | |
| | 7 th std | 1 | 5.3 | 1 | 3.2 | |
| | Above 7 th std | 0 | 0 | 1 | 3.2 | |
| 4 | Father occupation | | | | | |
| | Private sector | 10 | 52.6 | 13 | 41.9 | X ² =0.653 Df=3 p =0.884 NS |
| | Government sector | 4 | 21.1 | 7 | 22.6 | |
| | Business | 3 | 15.8 | 6 | 19.4 | |
| | Others | 2 | 10.5 | 5 | 16.1 | |
| 5 | Mother Occupation | | | | | |
| | Government sector | 3 | 15.8 | 4 | 12.9 | X ² =9.07 Df=3 p =0.004 *S |
| | Private sector | 6 | 31.6 | 6 | 19.4 | |
| | House wife | 6 | 31.6 | 7 | 22.6 | |
| | Own business | 4 | 21.1 | 14 | 45.2 | |
| 6 | Father income | | | | | |
| | 5000-10000 | 14 | 73.7 | 21 | 67.7 | X ² =1.40 Df=3 p =0.705 NS |
| | 15000-19000 | 3 | 15.8 | 3 | 9.7 | |
| | 20000-25000 | 1 | 5.2 | 3 | 9.7 | |
| | Above 25000 | 1 | 5.3 | 4 | 12.9 | |
| 7 | Siblings | | | | | |
| | 1 sibling | 15 | 78.9 | 21 | 67.8 | X ² =8.90 Df=3 p =0.016 *S |
| | 2 siblings | 1 | 5.3 | 8 | 25.8 | |
| | 3 siblings | 3 | 15.8 | 1 | 3.2 | |
| | More than 3 siblings | 0 | 0 | 1 | 3.2 | |
| 8 | Socio economic status | | | | | |
| | Poor socio-economic status | 2 | 10.5 | 4 | 12.9 | X ² =0.711 Df=2 p =0.701 NS |
| | Middle class | 17 | 89.5 | 26 | 83.9 | |
| | Higher class | 0 | 0 | 1 | 3.2 | |
| 9 | Religion | | | | | |

| | | | | | | |
|-----------|---------------------------------------|----|------|----|------|---|
| | Hindu | 19 | 100 | 29 | 93.5 | X ² =1.27 Df=2 p =0.528 NS |
| | Muslim | 0 | 0 | 1 | 3.2 | |
| | Christian | 0 | 0 | 1 | 3.3 | |
| | Others | 0 | 0 | 0 | 0 | |
| 10 | Birth order | | | | | X ² =0.658 Df=2 p =0.720 NS |
| | 1 st child | 7 | 36.8 | 15 | 48.4 | |
| | 2 nd child | 10 | 52.6 | 13 | 41.9 | |
| | Above | 2 | 10.5 | 3 | 9.7 | |
| 11 | Classification | | | | | Constant |
| | Toddler | 0 | 0 | 0 | 0 | |
| | Pre-schooler | 0 | 0 | 0 | 0 | |
| | Scholar | 19 | 100 | 31 | 100 | |
| | Adolescents | 0 | 0 | 0 | 0 | |
| 12 | Type of family | | | | | X ² =1.94 Df=1 p =0.163 NS |
| | Nuclear family | 18 | 94.7 | 25 | 80.6 | |
| | Joint family | 1 | 5.3 | 6 | 19.4 | |
| 13 | Residency | | | | | X ² =1.94 Df=1 p =0.163 NS |
| | Urban | 18 | 94.7 | 25 | 80.6 | |
| | Rural | 1 | 5.3 | 6 | 19.4 | |
| 14 | Type of school | | | | | X ² =0.101 Df=1 p =0.75 NS |
| | Private | 3 | 15.8 | 6 | 19.4 | |
| | Government | 16 | 84.2 | 25 | 80.6 | |
| 15 | Previous Knowledge of COVID-19 | | | | | X ² =0.082 Df=1 p =0.775 NS |
| | Yes | 16 | 84.2 | 27 | 87.1 | |
| | No | 3 | 15.8 | 4 | 12.9 | |

*-p < 0.05 significant, NS-Non significant

The table3 depicts that in the evident of chi-square of the demographic variable **Mother Occupation and Siblings** had shown statistically significant association between the level of parenting distress and parenting self-efficacy on children's emotional wellbeing among school age children with their selected demographic variables. The other demographic variable had not shown statistically significant association between the level of parenting distress and parenting self-efficacy on children's emotional wellbeing among school age children with their selected demographic variables respectively.

V. CONCLUSION AND RECOMMENDATION:

The major findings of the study reveal that Majority of the school age children 31 (62%) had high level of parenting distress and parenting self-efficacy on children's emotional well-being, and 19(38%) had average level of parenting distress and parenting self-efficacy on children's emotional well-being.

NURSING IMPLICATION:-

The present study can help the students in community area, level of parenting distress and parenting self-efficacy on children's well-being findings of the study have implication related to nursing administration, nursing service, nursing research and nursing education.

NURSING ADMINISTRATION: -

Nurse administrator can make necessary policies to implement the nursing care services level of parenting distress and parenting self-efficacy on children's emotional well-being among school age children in selected community area.

NURSING SERVICES: -

Nurse as a counsellor and educator should provide adequate knowledge regarding level of parenting distress and parenting self-efficacy on children's emotional well-being among school age children at selected community area. Nurse should be polite and approachable in communicating with others.

NURSING EDUCATION: -

- School student should be provided with level of parenting distress and self-efficacy on children’s emotional well-being.
- Nursing educator should strengthen the evidence-based nursing practices among the undergraduate and postgraduate nursing students.

NURSING RESEARCH:

- The findings of the study help the nurses and students to develop the inquiry by providing baseline. The general aspects of the study result can be made by further replication of the study.
- Different studies have to be conducted future to evaluate the level of parenting distress and parenting self-efficacy on children’s emotional well-being.
- The researcher should conduct periodic review of research findings and disseminate the findings through conferences, seminars, publications in journals and in the world wide web.

VI. RECOMMENDATION:

Based on findings of the present study, the following recommendation have been made,

- The same study can be conducted in community settings.
- The study can be replicated with larger samples for better generalization.

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