



## Original Article

## Parents' Spirituality, Parenting Practices and Disruptive Behaviour Disorders among Pakistani Children

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## ABSTRACT

This study looked at the relationship between parent's spirituality, parenting practices and the growth of Disruptive Behavior Disorder (DBD) in Children. **Objectives:** To assess the relationship between Parents' Spirituality, Parenting Practices and Disruptive Behavior Disorder. To find out gender differences on parents' spirituality scale and DBD rating Scale. **Methods:** 500 Pakistani children aged 7 to 11 who were subjected to standardized screening procedures for disruptive behaviour disorders made up the sample. The sample was collected from Islamabad and Rawalpindi public and private schools. Using the Spirituality Scale, the spirituality of the parents was assessed. Parenting styles based on self-report and disruptive behaviours based on parent/teacher reports were the outcome variables. **Results:** The study's results revealed a noteworthy positive association between DBD and parenting practices while a significant negative association was found between parents' spirituality and their parenting practices which indicates that parents who exhibit a heightened level of spirituality are less likely to use ineffective parenting practices resulting in better management of disruptive behavior problems among their children. Children in private schools have less behavioral issues than those in public schools. Additional research shows that boys are more likely than girls to have DBD. **Conclusions:** Disruptive behavior disorders are linked to the spirituality of the parents as well as the parenting styles they use to discipline their kids. The study's targeted constructs may help in the early detection, prevention, and management of disruptive behavior disorders.

## INTRODUCTION

Children acquire behaviour from their social surroundings at a young age by witnessing role models in similar situations [1]. The family is a social structure that significantly affects children's social interactions inside the family as well as their overall development. Additionally, parenting is an ecological component that significantly affects the way a child's personality develops [2]. Behavioural issues in children are frequently thought to be related to parenting styles [3, 4]. Parenting styles vary in their characteristics and can have an obvious effect on how children behave [5, 6]. Since parenting style either exacerbates or ameliorates behavioural issues in children. Maternal and paternal parenting styles, according to some

prior studies, are essential to comprehending the growth of externalizing and internalizing tendencies [7]. According to Sulik *et al.*, the impacts of parenting behaviours on children's development tend to be constant over time [8]. Parents choose from a variety of discipline techniques to control their child's behaviour based on the parenting style they use, and these techniques are thought to be an essential part of parenting [9]. Studies examining the relationship between parenting and children's behaviour are based on theories including attachment theory, transactional theory, ecological theory and social learning theory. The prevailing idea in these theories is that parents influence children's behaviours either directly or indirectly.

First, it is emphasized that youngsters have an innate propensity to seek proximity from cares in difficult situations in Bowlby's theory of attachment. Children's development is influenced by how parents react to certain behaviours, such as by demonstrating warmth, rejection, or overprotection [10]. Second, according to Bronfenbrenner's ecological theory, parents and other primary cares have a significant impact on children [11]. Thirdly, according to transactional theory children's developmental outcomes are a direct product of their own reciprocal interactions with the experiences their families and social environments provide [12]. Due to the fact that children's behaviours are influenced by a combination of their present behaviours and the family's reactions to those behaviours, transactional theory places equal focus on the child and the surrounding family setting. Last but not least, Bandura's social learning theory depicts a learning system in which people collaborate and gain knowledge from one another. This theory holds that social environments are where we acquire new behaviours through processes including imitation, modelling, and observation. These theories suggest that children's behaviours are influenced by the environment they live in. Children's interactions with their parents and how parents respond to them establish the groundwork for the development of children's behaviour because parents are the earliest and most personal persons in children's lives [13]. Additionally, according to some researchers, parents' spiritual maturity has a good impact on their children's growth [14]. Parenting can have a positive impact on their children's mental health. According to several early studies religious conviction has a significant influence in influencing the adoption of parenting practices [15]. By putting a focus on family ties and parents' commitment to actively participate in their children's lives, religious beliefs can influence values and behavior. Religious convictions can influence how families interact by allowing or forbidding the use of certain substances. This needs to be incorporated into parenting practices because it can provide value, offer encouragement, and motivate purpose and meaning [16]. According to preliminary research, parental spiritual practices may have an impact on children's and teenagers' risk of becoming delinquent. Furthermore parents who were more religiously active were more likely to have successful marriages and capable parenting skills. The consequence has been an improvement in children's competence, self-control, psychosocial adjustment, and academic accomplishment [17]. An association between greater rates of parents' church attendance and children's internalizing and externalizing symptomatology was found in various studies that show that parents have a significant impact on their children's views and behaviours, especially

their religiosity. Parents' spiritual maturity generally has a good impact on their children's growth [18]. This study attempts to close the knowledge gap between spirituality and parenting, which can influence how parents approach behavioural issues with their kids. This study sheds light on the topic of spiritual belief and how it affects parenting styles and behavioural issues in kids. This study advances knowledge in the fields of parenting, spirituality, and child behaviour issues. Additionally, stakeholders can utilize this study to inform decisions and policies about spirituality and parenting for parents, clinicians, and policy makers.

## METHODS

A descriptive cross sectional design was used to conduct this study. The data were collected from different private and public sector schools of Islamabad during Jan., 2022 to June, 2022 after getting approval from ethical committee. A sample of 500 students was calculated by using social science calculator. Convenient sampling technique was used for collecting data. Children having age of 7-11 years with high score on disruptive behavior rating scale were included in the study. Children with any kind of organic pathology or those who scored low on DBD were excluded from the study. The primary objectives of this study encompass a multifaceted investigation centered on the interplay between parents' spirituality, parenting practices, and DBD in children. Firstly, this research aims to comprehensively assess the impact of parents' spirituality and their parenting practices on the occurrence and severity of Disruptive Behavior Disorder in children. By delving into these connections, we aim to gain valuable insights into how spiritual beliefs and parenting approaches may influence or mitigate the development of DBD in children. Secondly, this study seeks to explore potential gender differences in both parents' spirituality and DBD rating scales. By examining these variations, we aim to shed light on whether gender plays a role in shaping parental spirituality and the assessment of Disruptive Behavior Disorder. This aspect of the research will contribute to a deeper understanding of how gender dynamics may intersect with spiritual beliefs and behavioral assessments within the context of parenting. In summary, the study hypothesizes several key relationships: Firstly, it posits that there exists a significant relationship between parents' spirituality and the prevalence of Disruptive Behavior Disorders in children. Secondly, it anticipates a positive correlation between parents' spirituality and the quality of their parenting practices. Finally, the study anticipates a direct relationship between the effectiveness of parenting practices and the manifestation of Disruptive Behavior Disorder among children. To facilitate the acquisition of essential information from both instructors and students,

school administrators were initially contacted. Subsequently, a concerted effort was made to engage parents through their respective schools for the purpose of data collection. The process commenced with the organization of introductory sessions during Parent-Teacher Meetings, during which presentations were delivered to underscore the significance of the study. It was within these sessions that valuable data were gathered from parents, employing specialized parenting and spirituality assessment scales. The Parenting scale [19], comprising a total of 30 items, employed a scoring system on a 1 to 7 scale used for assessing parents' parenting practices. In this scale, a score of 7 was indicative of the least effective response for each item, allowing for a nuanced evaluation of parenting practices. Concurrently, the spirituality of the participating parents was evaluated using a 30-item Spirituality scale [20], which incorporated a Likert-type format. This format provided respondents with the flexibility to express their level of agreement or disagreement, ranging from strongly disagree to strongly agree, thereby offering insights into their individual spiritual inclinations. In assessing the presence of Disruptive Behavior Disorder (DBD) among children, the DBD rating scale [21] was employed. This comprehensive scale consisted of 42 items, each subject to rating on a four-point Likert scale. The rating scale allowed respondents to gauge the degree of manifestation of DBD in children, with responses ranging from 0 (not at all) to 3 (very much). To analyze the data and draw meaningful conclusions, statistical tool SPSS was used. The Pearson Correlation was utilized to uncover relationships between the various study variables, providing valuable insights into potential connections. Furthermore, to discern gender differences and variations between private and public sector schools concerning the presence of DBD, the t-test was effectively employed. This rigorous and systematic approach to data collection and analysis ensures the robustness and reliability of the study's findings.

## RESULTS

Table 1 shows the frequencies and percentage of children with respect to age, gender, age, gender, birth order, grade, parents' education, their profession, and monthly income, no. of siblings, family system, duration of DBD, difficulty managing DBD, child physical and psychological illness, mother physical and psychological illness, father physical and psychological illness, any other family member having psychological illness and his relationship with the child. Two groups i.e. private (f=250, 50%) and public schools (f=250, 50%) were equal in number. Two age groups 7-8 years (f=166, 33%) and 9-10 years (f=166, 33%) were equal in number while 11 years age group (f=168, 34%) showed a minor difference in ratio. Girls (f=251, 51%) were greater in

number than boys (f=249, 49%). Groups on the basis of grades express that children studying in grade 3-4 (f=168, 34%) and 5-6 (f=168, 34%) were greater in number than children studying in grade 1-2 (f=164, 32%). Groups including birth order showed difference with middle born (f=188, 38%) greater than those first born (f=156, 31%), last born (f=98, 20%) and only child (f=58, 11%). Groups regarding mother's age showed that 31-35 years of age group (f=259, 52%) were larger in number as compared to the groups of 21-30 years (f=73, 15%) and 36-40 years (f=168, 34%). Two groups related to mother's profession showed that working mothers (f=289, 58%) were greater contrary to house manager mothers. Further, mother's education groups i.e., Intermediate (f=83, 37%), Graduate (f=187, 46%), and Post - Graduate (f=230, 58%) showed high percentage of post-graduate mothers in the selected sample of the study. Similarly, groups consisting of father's age showed difference in ratio with 36-40 years (f=172, 34%) higher in number than 25-30 years (f=17, 3%) and 31-35 years (f=119, 24%). Three groups covering father's education expressed discrepancy in occurrence of cases in Intermediate (f=4, 1%), Graduate (f=208, 41%) and Post- Graduate (f=230, 58%) levels of education, indicating high percentage of post graduated fathers. With regard to father's professions, it is cleared from the table that most of the fathers were serving in the government sector (f=269, 54%) as compared to private sector (f=106, 21%) and fathers running their own business (f=125, 25%). On the bases of monthly income those with above 2 lac (f=208, 42%) income were greater in number than those with 50, 0000 to 1 lakh (f=84, 17%) and above one lakh to 1,50,0000 thousands (f=170, 34%). Family system ratio also varied with nuclear family system having higher ratio (f=429, 84%) than joint family system (f=71, 16%). 53% of the children were having disruptive behavior issues more than 6 months while only 45% parents were facing difficulty in handling these behavioral issues displaying by their children.

**Table 1:** Frequencies and percentages of demographic variables of Study (N=500)

Variables	Category	f(%)
Child Age	7-8	166 (33)
	9-10	166 (33)
	11	168 (34)
Child Gender	Boy	249 (49)
	Girl	251 (51)
Birth Order	First Born	156 (31)
	Middle Born	188 (38)
	Last Born	98 (20)
	Only Child	58 (11)
Grade	1-2	164 (32)
	3-4	168 (34)
	5-6	168 (34)

School	Public	250 (50)
	Private	250 (50)
Mother Age	21-30	73 (15)
	31-35	259 (52)
	36-40	168 (34)
Mother Education	Intermediate	83 (17)
	Graduate	187 (37)
	Post Graduate	230 (46)
Mothers Profession	Working	289 (58)
	House Managers	211 (42)
Father Age	25-30	17 (3)
	31-35	119 (24)
	36-40	172 (34)
	41-45	192 (38)
Father Education	Intermediate	4 (1)
	Graduate	208 (41)
	Post Graduate	289 (58)
Father Profession	Govt. Service	269 (54)
	Private Sector	106 (21)
	Own Business	125 (25)
Monthly Income	50,000 - 10,0000	84 (17)
	11,0000 -1,50,000	170 (34)
	1,51,000 - 2,00000	38 (8)
	Above 2,00000	208 (42)
Family System	Nuclear	429 (84)
	Joint	71 (16)
No. of Children	1-3	420 (84)
	4-6	77 (15)
	7 & More	3 (0.6)
Duration of DBD	1-5 Months	148 (29)
	6-12 Months	266 (53)
Managing DBD	No	277 (55)
	Yes	223 (45)
Child Physical Illness	No	496 (99)
	Yes	3 (1)
Child Psychological Illness	No	498 (99)
	Yes	2 (1)
Mother Physical Illness	No	441 (88)
	Yes	59 (12)
Mother Psychological Illness	No	497 (99)
	Yes	3 (1)
Father Physical Illness	No	478 (96)
	Yes	22 (4)
Father Psychological Illness	No	493 (99)
	Yes	7 (1)
Family Psychological Illness	No	495 (99)
	Yes	5 (1)
Relationship with Child	Grand Mother	1 (0.2)
	Uncle	1 (0.2)
	Aunt	1 (0.2)
	Cousin	2 (0.4)
	N/A	495 (99)

Table 2 expresses the correlation between DBD, Parenting Scale and Spirituality Scale. It is clear from the table that

DBD was positively correlated with PS ( $r = .75, p < .01$ ) and negatively correlated with SS ( $r = -.84, p < .01$ ). PS demonstrated negative correlations with SS ( $r = -.69, p < .01$ ).

**Table 2:** Pearson Correlation among study variables (N=500)

Variables	1	2	3
1.DBD	-	.75**	-.84**
2.PS	-	-	-.69**
3.SS	-	-	-

Note. \*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$  DBD=Disruptive Behavior Disorder, PS=Parenting Scale, SS=Spirituality Scale

Table 3 shows differences of gender in regard to disruptive behavior disorder. Boys had a higher mean score in DBD ( $M = 106.13, SD = 17.78$ ) compared to girls ( $M = 100.46, SD = 21.85$ ),  $t(498) = 3.17, p < .001$ , Cohen's  $d = 0.28$ .

**Table 3:** Mean, Standard Deviations and t-values for Disruptive Behavior Disorder among boys and girls (N=500)

Variables	Boys (n=249)		Girls (n=251)		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
DBD	106.13	17.78	100.46	21.85	3.17	.00	2.16	9.16	0.28

Note. CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit Students in public schools had a higher mean score for DBD ( $M = 105.85, SD = 18.67$ ) compared to their counterparts in private schools ( $M = 100.72, SD = 21.18$ ). The t-test yielded a value of  $t(498) = 2.87$ , with a p-value of .004, indicating statistical significance. The 95% confidence interval for the difference in means ranged from 1.61 to 8.63. The effect size, as measured by Cohen's  $d$ , was 0.25, indicating a small to moderate effect. These findings suggest that the type of school (public or private) is associated with differences in DBD scores among students. Table 4 shows details.

**Table 4:** Mean, Standard Deviation and t-values for DBD among Public and Private Schools (N=500)

Variables	Public (n=250)	Private (n=250)	t	p	95% CI		Cohen's d
	M (SD)	M (SD)			LL	UL	
DBD	105.85(18.67)	100.72(21.18)	2.87	.004	1.61	8.63	0.25

Note. DBD=Disruptive Behavior Disorder

## DISCUSSION

The present research was commenced for the exploration of prevalence of disruptive behavior disorder among Pakistani children and its relationship with other psychological phenomenon that may help to devise prevention and treatment strategies. A sample of (N=500) children consisted of boys (n=249) and girls (251), 7 to 11-year-olds were selected from both public and private schools. A total number of 3 scales were used to measure DBD and its relevant factors like parenting, and parents' spirituality. DBD was used to measure Disruptive Behavior Disorder, Parenting Scale was used to measure the

parenting practices used by the parents. Further for the assessment of spirituality among parents Spirituality Scale was used. The results of the study indicate high presence of DBDs among public school children as compared to the private schools. Additionally a significant difference among boys and girls in disruptive behavior disorder was observed; boys manifest more behavioral problems than girls. These results are in-line with the studies conducted in different parts of the world like a study conducted in Iran (2020) highlighted that prevalence of disruptive behavior was 7.6% in boys and 3.1% in girls with the mean score of 22.97 and 19.15 for boys and girls respectively [22]. Similarly a study conducted in Pakistan also indicated high prevalence rate of DBD in Boys (7.6%) than the girls (3.8%) [23]. Results of the study also highlighted the relationship between DBD and Parenting practices. It is clear from the findings that DBD is positively and significantly related to parenting practices. Further as the parents' spirituality decreases, it increases child behavioral problems. The study's findings are consistent with those of earlier investigations, such as one that discovered a link between social anxiety, timidity, behavioural issues, and parental overprotection and control [24]. According to Harvey *et al.*, families with liberal parenting practices were more likely to have children who had internalizing and externalizing behaviour difficulties [25]. The studies' findings about the protective benefits of parents' spirituality revealed that their spirituality played diverse roles in the development of internalizing and externalizing symptomatology. Particularly, when the parent-child relationship is better, parents' spirituality seems to have a greater impact on the outcomes of children's adjustment. According to other study children whose parents said their faith was important to them shown lower levels of externalizing and internalizing symptomatology, while those whose parents said they regularly attended church displayed lower levels of internalizing symptomatology [18]. The same studies carried out in Pakistan found that permissive and authoritarian parenting styles are important determinants in the development of aggressive behaviour, while religious commitment and authoritative parenting styles have a negative impact on antisocial aggressive behavior [26].

## CONCLUSIONS

Disruptive behaviour disorder is associated with parents' spirituality as well as parenting practices imply by the parents to discipline their children. Targeted constructs of the study may assist in prevention, early identification and intervention for the management of disruptive behavior disorders.

## Authors Contribution

Conceptualization: SI

Methodology: SI, MIL

Formal analysis: SI, MIL

Writing-review and editing: MIL

All authors have read and agreed to the published version of the manuscript.

## Conflicts of Interest

The authors declare no conflict of interest.

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