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## Selected aspects of parenting by mothers of children aged 1-3 years in a Medical Officer of Health area in Sri Lanka

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### ABSTRACT

**Introduction:** Good parenting during early childhood is protective against psychosocial problems and Non Communicable diseases later. Emotional care and discipline control are key domains of parenting, responsible for psychosocial development of a child. This study aimed to assess levels of emotional care and discipline control provided by mothers of children aged 1-3 years, in a Medical Officer of Health (MOH) area in Sri Lanka, to plan an effective parenting skills promotion programme. **Methods :** A descriptive cross sectional study was conducted among systematically selected 400 mothers attending Well Baby Clinics in MOH area Kaduwela, using interviewer administered questionnaires. Frequency of performing practices related to study domains were determined for each mother. Total score of 61-100% was considered as 'good' level for emotional care and discipline control. **Results:** Response rate was 98.7% (n=400). Mean age of mothers was 26 years. A 'good' level of emotional care and discipline control were provided by 56.2% (n=225) and 38.8% (n=155) respectively. Almost 89% mothers said "I love you" to the child frequently, 75.5% encouraged child verbally for a good deed. However, 16.2% and 13% never read a story or played with child respectively. Only 50% taught family rules and good habits. Reason for punishment was explained by 56.2%. Negative reinforcement was practiced by 15.5% of mothers. Spanking and shaking the child in anger were done frequently by 4.3% and 1.8% respectively. Quarter (25.3%) scolded and 29.5% yelled at the child frequently. For a repeated bad behaviour, 35.7% of mothers never gave the same punishment. Implementation of a well organized parenting skills training programme is recommended.

**Key words:** discipline, emotional care, negative reinforcement, parenting

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### Introduction

Child participation in crime and violence, child and adolescent use of alcohol and other addictive substances and child mental health disorders are on the rise [1]. Major determinants of these psychosocial consequences are genetic composition and environment. Richness of the environment in which child grows up depends on, the quality of parenting and functions within the family [2]. Parenting is defined as the role played by parents or caregivers, to facilitate the child's physical, psychosocial and personality development by providing necessary care, guidance, and adequate stimulation within a safe

environment in line with accepted social norms [3]. Good parenting includes provision of physical and emotional care, safety and protection, exercising control over children or discipline, and intellectual stimulation [4]. Emotional care is providing child, a sense of being loved and cared. It involves direct ways of expressing love, parental attachment, responsiveness to cry and fear, encouragement of good behaviour, proper communication, socializing and being empathetic to the child [5]. Discipline control involves setting limits for children in their process of learning right from wrong, safety from danger, and wanted from unwanted. The ultimate aim is to help children to develop self-control and positive character [4]. Good parent child relationship is evident to positively influence school achievement, stable intimate relationships, pro-social behaviour and high self worth [6]. Early years of life are crucial for psychosocial well being of a child [3]. Children, who are loved and cared in a secure and happy family, develop in to well balanced adults [7]. Poor parenting ranges from child

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neglect & abuse to the most extreme form being death of a child due to maltreatment [8]. Children who are subjected to punitive discipline practices, fail to learn self control, thus grow up to be unruly adolescents and adults [9]. Early onset of substance abuse, involvement in crime and violence, development of behaviour disorders, high-risk sexual behaviour, and academic failure are well documented consequences of poor parenting [1]. About one third of child deaths in developed countries are due to abuse or neglect, of which most victims were aged between 1 to 3 years [8]. Commonest type of abuse towards children less than 5 years in South Korea and Malaysia is physical abuse [10]. In India, physical and sexual abuse are the most prevalent two types of abuse against children, in which more than 85% of the physical abuse was by the parents. In the South-East Asian region child abuse and exploitation are largely under-reported or 'hidden' [1]. Sri Lanka has a rising incidence of child neglect [7, 11]. Early interventions to improve parenting skills have shown to prevent many negative child outcomes [12]. Emotional care and discipline control are identified as key domains of parenting responsible for development of personality and self esteem of a child and thereby the psychosocial development [3]. These dimensions of parenting have been studied, extensively elsewhere; though in Sri Lanka this knowledge is scarce. Therefore, exploration of level of current parenting practices by mothers in order to fulfill this knowledge information gap is a timely need. This valuable baseline information will facilitate planning and implementation of sustainable interventions to promote effective parenting and parental care in Sri Lanka. Hence, this study was aimed to assess levels of emotional care and discipline control and the related factors by the mothers of children aged 1-3 years.

### Materials and Methods

A descriptive cross sectional study was carried out among 400 mothers having at least one child aged 1 to 3 years,

### Results

Response rate was 98.7% (400/405). Distribution of socio-demographic characteristics of the study sample is in Table 1. Majority of respondents were less than 31 years of age (54.1%), Sinhalese (97.8%) and Buddhists (93.2%). Level of education was GCE O/L or above among 91.9% of mothers, while 80% of the participants were unemployed.

**Table 1 : Frequency distribution of socio-demographic features of mothers having 1-3 years old children**

| Characteristic | Frequency (N=400) | Percentage (%) |
|----------------|-------------------|----------------|
| Age            |                   |                |
| 20 and less    | 04                | 1.0            |
| 21 – 30        | 208               | 53.1           |
| 31 - 40        | 178               | 43.4           |
| 41 and above   | 10                | 2.5            |
| Ethnicity      |                   |                |

visiting 12 well baby clinics in Medical Officer of Health (MOH) area, Kaduwela in Sri Lanka. Number of participants was determined according to probability proportionate to the size of attendees to each clinic. Using the table of random numbers, first eligible name was selected. Thereafter, every 5<sup>th</sup> eligible study unit was recruited systematically from the list of daily registrants in each clinic. Ethical clearance was obtained from the board of ethics of Faculty of Medical Sciences of University of Sri Jayawardenapura. Permission from relevant local authorities was obtained prior to data collection. An Interviewer administered questionnaire (IAQ) consisting 25 items, was developed based on literature, expert opinion, and a focus group discussion carried out among mothers from a different area. Selected questions on types and extent of punishment and consistency in control were based on Parent-Child Conflict Tactic scale (CTSPC) and the Psychosocial Questionnaire, translated and validated to be used in Sri Lanka [11]. Face, content and consensual validity of the developed IAQ were achieved. Information on socio-demographic features, practices on emotional care and discipline control, and factors related to parenting were collected using the pretested and pre-coded IAQ by Principal Investigator and four trained data collectors after obtaining informed written consent. Frequency of performing selected parenting practices was inquired in a four point likert scale, with one week recall period. Each practice was scored depending on its relevance to domain of parenting assessed. Reverse scores were given, for practices considered as poor according to literature. Data entering and analysis were done on Statistical Package for Social Science (SPSS). An un-weighted total score for emotional care and discipline control was calculated and converted to a percentage separately. A total score of 61-100% was considered as 'good' and 0-60% as 'poor' level for emotional care and discipline control separately. Factors related to emotional care and discipline control were identified using chi square test of significance.

|                              |     |      |
|------------------------------|-----|------|
| <b>Sinhala</b>               | 391 | 97.8 |
| <b>Tamil</b>                 | 04  | 1.0  |
| <b>Muslim</b>                | 04  | 1.0  |
| <b>Berger</b>                | 01  | 0.2  |
| Religion                     |     |      |
| <b>Buddhist</b>              | 373 | 93.2 |
| <b>Catholic</b>              | 19  | 4.8  |
| <b>Islam</b>                 | 06  | 1.5  |
| <b>Jehovah's Witness</b>     | 02  | 0.5  |
| Marital status               |     |      |
| <b>Currently married</b>     | 398 | 99.5 |
| <b>Divorced</b>              | 01  | 0.25 |
| <b>Unmarried</b>             | 01  | 0.25 |
| Level of education           |     |      |
| <b>Never been to school</b>  | 05  | 1.3  |
| <b>Upto grade 8</b>          | 27  | 6.8  |
| <b>Upto GCE (O/L)</b>        | 169 | 42.2 |
| <b>Up to GCE (A/L)</b>       | 174 | 43.5 |
| <b>Higher studies</b>        | 25  | 6.2  |
| Employment status            |     |      |
| <b>Not employed</b>          | 320 | 80.0 |
| <b>Self employed at home</b> | 16  | 4.0  |
| <b>Employed outside home</b> | 64  | 16.0 |

Family income, number of children, age of the child, living circumstances and support received by mother for childcare are known factors related to parenting, which are depicted in Table 2.

**Table 2: Distribution of other factors related to parenting among the study sample**

| Characteristic                                      | Frequency (N=400) | Percentage (%) |
|---|-------------------|----------------|
| Monthly income (Rupees)                             |                   |                |
| <b>Upto 20,000</b>                                  | 265               | 66.3           |
| <b>20,001 to 40,000</b>                             | 102               | 25.5           |
| <b>More than 40,001</b>                             | 33                | 8.2            |
| Number of living children                           |                   |                |
| <b>1</b>  | 177               | 44.2           |
| <b>2</b>  | 172               | 43.0           |
| <b>3</b>  | 50                | 12.5           |
| <b>4</b>  | 01                | 0.3            |
| Age of the child considered in the study (in years) |                   |                |
| <b>1</b>  | 61                | 15.2           |
| <b>2</b>  | 168               | 42.0           |
| <b>3</b>  | 171               | 42.8           |
| Pattern of living                                   |                   |                |
| <b>Nuclear family</b>                               | 201               | 50.2           |
| <b>With maternal parents</b>                        | 80                | 20.0           |
| <b>With paternal parents</b>                        | 98                | 24.5           |
| <b>With other relatives</b>                         | 21                | 5.3            |
| Support received to look after the child            |                   |                |
| <b>From husband</b>                                 | 245               | 61.2           |
| <b>From a helper</b>                                | 26                | 6.5            |
| <b>From a relative</b>                              | 107               | 26.8           |
| <b>None</b>   | 22                | 5.5            |

Family income of majority (66.3%) was less than Rs.20,001 .00. Only 44.2% had one child. Majority (84.8%) had a child aged 2 or 3 years. Half (50.2%) lived as a nuclear family, and majority of mothers (94.5%) received some sort of support for childcare.

**Table 3: Frequency distribution of levels of emotional care and discipline control provided by mothers**

| Level of Care | Selected domain of parenting |            |                    |            |
|---------------|------------------------------|------------|--------------------|------------|
|               | Emotional Care               |            | Discipline control |            |
|               | Frequency                    | Percentage | Frequency          | Percentage |
| Poor          | 175                          | 43.8       | 245                | 61.25      |
| Good          | 225                          | 56.2       | 155                | 38.8       |

Table 3 depicts, 56.2% of mothers provided a 'Good' level of Emotional care, while 61.2% of mothers were having a 'Poor' level of Discipline control. Mothers were asked on how frequently they performed the identified practices related to emotional care and discipline control, during the last week. The results of these are given in Table 4 & 5 respectively.

**Table 4: Distribution of mothers by the frequency of performing different practices related to providing emotional care to the child**

| Domain of emotional care                  | Selected parenting practice                       | Frequently |      | Occasionally |      | Rarely |      | Never |      |
|---|---|------------|------|--------------|------|--------|------|-------|------|
|   |   | No         | %    | No           | %    | No     | %    | No    | %    |
| Direct expression of love                 | Said "I love you"                                 | 354        | 88.5 | 33           | 8.3  | 09     | 2.2  | 04    | 1.0  |
| Maternal attachment                       | Involved child in day to day household activities | 259        | 64.8 | 77           | 19.2 | 16     | 4.0  | 48    | 12.0 |
|   | Read a story to child                             | 211        | 52.8 | 85           | 21.2 | 39     | 9.8  | 65    | 16.2 |
|   | Played with the child                             | 275        | 68.8 | 73           | 18.2 | 29     | 7.2  | 23    | 5.8  |
| Maternal responsiveness to cry            | Found out the reason for cry                      | 378        | 94.5 | 15           | 3.8  | 06     | 1.5  | 01    | 0.2  |
| Maternal responsiveness to fear           | Found out the reason for fear                     | 326        | 81.5 | 16           | 4.0  | 10     | 2.5  | 46    | 12.0 |
| Encouragement for good deeds of the child | Said very good, when child did something good     | 357        | 89.2 | 26           | 6.5  | 13     | 3.3  | 04    | 1.0  |
|   | Gave something child really likes to have         | 43         | 10.8 | 93           | 23.2 | 68     | 17.0 | 196   | 49.0 |
| Socialization of the child                | Introduce the child to visitors                   | 38         | 9.5  | 37           | 9.2  | 78     | 19.5 | 247   | 61.8 |

Almost 89% mothers explained their love directly by saying "I love you" to the child frequently. Majority (75.5%) of mothers verbally encouraged the child for a good deed, while 16.2% and 13% never read a story or played with the child. Rewarding for appropriate good deeds frequently as a measure of encouragement was seen only among 10.8% of mothers, while 49.0 never followed it. A similar pattern is seen in introducing the child to visitors as a measure of socialization.

**Table 5: Distribution of study sample by the frequency of performing different practices related to discipline control**

| Selected parenting practice for discipline control   | Frequently |      | Occasionally |      | Rarely |      | Never |      |
|--|------------|------|--------------|------|--------|------|-------|------|
|  | No         | %    | No           | %    | No     | %    | No    | %    |
| Allowed child to eat alone   | 276        | 69.0 | 78           | 19.5 | 15     | 3.7  | 31    | 7.8  |
| Taught good habits to child  | 200        | 50.0 | 81           | 20.3 | 26     | 6.5  | 93    | 23.2 |
| Explained the child why a behaviour is unacceptable, in such behaviour                     | 298        | 74.5 | 53           | 13.2 | 26     | 6.5  | 23    | 5.8  |
| Explained the reason for punishment when giving a punishment for an unacceptable behaviour | 225        | 56.2 | 72           | 18.0 | 39     | 9.8  | 64    | 16.0 |
| Refrained from giving something child really likes, when behaved in an unacceptable manner | 01         | 0.3  | 29           | 7.2  | 32     | 8.0  | 338   | 84.5 |
| Gave same punishment when a bad behaviour is repeated (consistency of action)              | 179        | 44.7 | 51           | 12.8 | 21     | 5.3  | 149   | 37.2 |
| Spank the child  | 17         | 4.3  | 62           | 15.5 | 110    | 27.5 | 211   | 52.7 |
| Hit with a stick   | 07         | 1.7  | 19           | 4.8  | 53     | 13.2 | 321   | 80.3 |
| Shook the child with anger   | 07         | 1.8  | 12           | 3.0  | 06     | 1.5  | 375   | 93.7 |
| Yelled at child  | 118        | 29.5 | 103          | 25.8 | 68     | 17.0 | 111   | 27.7 |
| Threaten the child   | 06         | 1.5  | 46           | 11.5 | 62     | 15.5 | 286   | 71.5 |

Majority (69%) allowed the child to eat alone frequently. Good habits were never taught by 23.2% of mothers. For an unacceptable behaviour of the child, 25.5% of mothers did not explain why that behaviour was unacceptable. Never have 16% of mothers explained the reason for a punishment, when given. Majority (84.5%), never followed the practice of refraining from giving something child really likes, when a bad behaviour is performed. More than a third (37.2%) of mothers, never were

consistent with the punishment for a repeated bad behaviour. Moreover, when a child does something unacceptable, 29.5% yelled, 4.3% spanked, and 1.5% threaten the child frequently. On the other hand, 93.7% and 80.3% never shook with anger or hit with a stick respectively, when a bad behaviour is seen. The factors related to Emotional Care and Discipline Control were analyzed separately and are shown in Tables 6 & 7 respectively.

**Table 6: Factors associated with level of emotional care by the mothers**

| Factor                         | X <sup>2</sup> | df | P value |
|--------------------------------|----------------|----|---------|
| Mothers age >30yrs             | 18.64          | 1  | p<0.05  |
| Number of children being one   | 21.87          | 1  | p<0.01  |
| Living with extended family    | 23.08          | 1  | p<0.001 |
| Support received for childcare | 18.64          | 2  | p<0.05  |

Age of mother being more than 30 years (p<0.05), having one child (p<0.01), living in an extended family pattern (p<0.001) and receiving support (p<0.05) to look after the child were factors significantly associated with a 'Good' level of Emotional care.

**Table 7: Factors associated with level of discipline control by the mothers**

| Selected factor            | Chi Square static | df | P value |
|----------------------------|-------------------|----|---------|
| Mothers age ≤ 30 years     | 18.64             | 1  | 0.05    |
| Having ≥ 2 children        | 16.08             | 2  | 0.05    |
| Age of the child ≥ 2 years | 21.87             | 1  | 0.01    |
| Unemployment state         | 15.44             | 1  | 0.05    |
| Support received by mother | 25.675            | 2  | 0.001   |

Mothers age of 30 years or less (p<0.05), having 2 or more children (p<0.01), age of the child being 2 or 3 years (p<0.05), unemployment of mothers (p<0.05), and not receiving any support to look after the child (p<0.001) were significantly associated with a 'Poor' level of Discipline control by mothers.

## Discussion

Findings of this study provide an initial eye opener to understand the current level of parenting in the society, because mother is the main care giver of children aged 1-3 years. Current study commenced prior to implementation of Early Childhood Care and Development programme in Sri Lanka in Kaduwela MOH area. Hence, results of this study can be considered as comprehensive and valid reflecting the original picture with regards to provision of emotional care and discipline control in this area. A 'Good' level of emotional care was practiced only by 56.2% of mothers. This indicates the importance of providing insight into proper parenting strategies, as emotional care is identified as a biological need of a young child of this age category [13]. Although verbal expression of love by way of saying I love you or kissing is not culturally common in Sri Lanka compared to western countries, majority of study participants said "I love you" (88.5%) to the child frequently. With nucleation of family, mother finds it difficult to spend more time with child, reading books and playing while attending to

other household chores [14]. This is well demonstrated in the current study, because 16.2% of mothers never read a story to their child, and 11.5% never involved child in daily chores, though further exploration is necessary to find the reasons for this behaviour of mother. Most mothers in the current study responded by way of finding out the reason for cry (94.5%) and fear (81.5%), which is a protective maternal behaviour for the development of sense of security in a child [3]. Encouraging appropriate behaviours by way of rewards is a positive reinforcement measure to promote acceptable behaviours in children [3], surprisingly only 10.8% of the mothers in this study followed this strategy. This may be due to a misconception that children get spoiled by materialistic rewards. Age of mother more than 30 years, having one child, living with an extended family pattern and receiving support for child rearing, were significantly associated with a Good level of emotional care. These findings were consistent with many sinister studies carried out in developed countries, though research on parenting is not

common in the developing world [15]. Level of discipline control was poor among 61.2% of the study sample. This was mainly represented by practices such as, never teaching good habits (23.2%), not explaining why a behaviour was unacceptable (23.2%), never explain reason for punishment when given one (16%), never refrain from giving something child likes when behaved unacceptably (84.5%), not being consistent in behaviour control (37.2%) and yelling at child when the child does something inappropriate (29.5%). Consistence in discipline control is a recognized non physical method of punishment [3], however only 37.2% of the study units followed this practice in the current study. In America parents are more likely to use harsher disciplinary measures with toddlers of this age group, and as high as 63% were reported of yelling at them [16]. In the current study, only 29.5% of mothers, yelled at child. Even though comparatively this is a low rate, yelling is considered as a poor method of discipline control. Mother's age being 30 years or less, having 2 or more children, age of the child being 2 or 3 years, unemployment of mothers, and not receiving any support to look after the child were significantly associated with a 'Poor' level of Discipline control by mothers in this study. High income and better education were determined as protective factors for good parenting practices [16]. Sustainable interventions that provide stable and feasible parenting will reduce family risk factors associated with development of psychosocial problems in children and adolescents [17]. Hence, interventions on positive parenting skills are proven to prevent future psycho-social consequences due to poor parenting.

### Conclusion and recommendations

In Kaduwela, Sri Lanka, mothers practice a satisfactory level of emotional care, though their awareness on favorable strategies is low. Proportion of mothers maintaining a good level of discipline control is very low. Well proven good parenting skills are not being used by a large proportion of the study sample. Baseline information provided by this study warrants the need and forms the foundation to plan and implement proper parenting skills training at the community level to overcome future psychosocial issues among children and adolescents in Sri Lanka. In addition, further research to explore risk factors and consequences of poor parenting are recommended.

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