A comparative study of the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in early childhood development centres

Shiron Jade September

2222638

Full Thesis submitted in fulfilment of the requirements for the degree MA (CFS) in the Department of Social Work, Faculty of Community and Health Sciences, University of the Western Cape

Supervisor: Professor N. Roman

Co-Supervisor: Ms E Rich
Early childhood development has been recognised to be the most important contributor to long-term social and emotional development. Whatever occurs in a child’s life in the early years may be an indicator of the child’s developmental trajectory and life-course. Therefore positive parenting is paramount to foster quality parent-child interaction. However, previous research shows that for parents to adopt a positive parenting style, some degree of parental knowledge is required. The aim of this study was to compare the relationship between knowledge of child development and parenting styles in low and high socio-economic groups of parents in early childhood development centres. The study used a mixed methods approach with a two-phased sequential exploratory design. A systematic review was conducted in phase 1 followed by a quantitative study for phase 2. The sample consisted of N = 140 parents with children between 2-5 years old from low and high socio-economic groups. The participants completed the Knowledge of Infant Development Inventory (KIDI-P) and Parenting Styles Dimension Questionnaire (PSDQ). Descriptive statistics and Pearson correlation were used to analyze the data. Findings of the study show that the authoritative parenting style is the prevalent parenting style in both low and high socio-economic groups. Furthermore the results indicate that parents are fairly knowledgeable across all subscales for both the low and high socio-economic group with a significant difference in degree of knowledge with the high socio-economic group being more knowledgeable than the low socio-economic group. The findings also show that there in no correlation between knowledge of child development and authoritative parenting styles. However correlations do exist between the other variables.
KEYWORDS

KIDI
Knowledge of Child Development
Early Childhood development
Early childhood development centre
Socio-economic Status
Parenting
Parenting styles
Parent-child relationship
Pre-schoolers
Ecological systems theory

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DECLARATION

I declare that A comparative study of the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in early childhood development centres is my own work, that it has not been previously submitted for any degree or examination, and that all sources have been acknowledged.

Shiron Jade September Nov 2014

Signed:..................
ACKNOWLEDGEMENTS

The completion of this study is owed to my heavenly Father who has given me the strength to complete this thesis under difficult and challenging times. It was not easy but it was definitely worth it. According to Your word in Jeremiah 29:11 “Your plans for me is to prosper me and not to harm me”.

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CHAPTER 1

INTRODUCTION

1.1 Background and Rationale

Christine McMaster (2006) wrote: “The wealth of a nation is the health of its children”. Human development hinges on nature, the environment and life course experience of children growing up within families and communities (Cummins & McMaster, 2006). It is between this period where children develop their interpersonal attachments, learn about their external world, internalize parental standards and gain the ability to control their emotions, impulses and behaviours (Cummins et al, 2006). Research shows that many challenges in adult society such as mental health problems, obesity or stunting, heart disease, criminality, competency in numeracy and literacy - all of these issues which eventually become an economic burden for any country - stems from early childhood development (WHO, 2007). Therefore early childhood development has been recognised to be the most important contributor to long-term social and emotional development (Cummins et al, 2006). Thus whatever occurs in a child’s life in the early years may be an indicator of the child’s developmental trajectory and life-course.

Healthy early childhood development, which includes the physical, socio-emotional, creative, language and cognitive components, is vital to success in later life. Individual differences in the rate of development is apparent during pre-school years, which is typically between age 3-6 years old, and although this may be attributed to genetic and biological factors it may be more a result of environmental influences and parent-child interactions
(Schroeder & Gordon, 2012). For example, some children begin to speak at age one whereas another child may only begin at age 3. A key requisite for optimal child development is secure attachment to a trusted caregiver, with consistent caring, support and affection early in life (WHO, 2007). In most cases this would be the parent.

Parents have an innate goal to raise their child to be cognitively, emotionally and socially competent. These qualities are influenced by: (a) the resources that families have to devote to child-rearing, which is dependent on family income (b) their style of parenting and (c) their tendency to provide a rich and responsive language environment, which is influenced by parental levels of education. Furthermore, parents who are warm, supportive and reinforce pro-social behaviour, raise well-adjusted children (Dewar, 2013). According to Baumrind (1971) this kind of parenting is referred to as an authoritative parenting style.

Parenting style has a fundamental influence on child development and the interaction between parent and child during the early childhood development phase. Furthermore it provides the foundations for developing trust which is an important element for children to safely explore their environments (Ainsworth, Blehar, Waters, & Wall, 1978; Bornstein & Tamis-LeMonda, 1989; WHO, 2005). The result of positive parenting styles sets the child’s development on a positive trajectory as children who are allowed to explore their environments acquire positive learning experiences. In the process they develop cognitive abilities needed to assimilate information from one experience and apply it to another. In order for parents to adopt this positive parenting style it would be necessary to acquire knowledge about child development which would inform the parent of appropriate responses to their child’s behaviour. MacPhee (2002) says that knowledge base provides rules or scripts that guide behaviour. Furthermore, the principals that govern the influence of
knowledge on interpersonal and cognitive behaviour extend to parenting and can be
summarised by (a) parents construct a concept of children, (b) parents’ construction of
cchildren can change with experience; and (c) parents’ construction influence their
perceptions of child behaviour and guide child-rearing.

According to Ertem et al (2007) studies in Western countries imply that what mothers know
about child development has important implications on the developing child. Yet, they have
found that very little research exists on parental knowledge of child development. Western
countries or culture, such as South Africa, is a term broadly used to refer to a heritage of
social norms, traditional customs, belief systems and whose history is embedded in
European colonisation (Spieg vogel, 2009). Cross-cultural studies and studies of minority
(Kolobe 2004; Huang, Caughy, Genevro & Miller, 2005) or immigrant populations
(Bornstein & Cote 2004) in Western countries have shown that there may be large
differences between and within cultures on parental knowledge of child development. With
South Africa being rich in diverse cultures research studies have yet to show the similarities
or differences in parental knowledge and knowledge of child development. Apart from
South Africa being rich in culture there are also socio-economic challenges, which may
affect or influence parental knowledge and parenting styles. Poverty and inequality in South
Africa is worsening at a rapid rate (Du Plessis & Conley, 2007) with the result that children
in early childhood are being raised in poverty stricken homes. Previous research indicates
that there is an association between low socio-economic status and child maltreatment and
that there is an association between poor parenting and child maltreatment (Slack, Holl,
McDaniel, Yoo & Bolger, 2004). The past two decades have witnessed an increase of
research investigating the association between family income, particularly low income, and
the development of children (Mistry, Biesanz, Taylor, Burchinal & Cox, 2004). The impact of family income, particularly for young children, appears to be stronger for children’s cognitive and academic outcomes than for their health and behavioural outcomes (Aber, Jones, & Cohen 2000; Duncan & Brooks-Gunn, 1997; 2000). However, the resulting consensus is that income poverty is harmful for the developing child across all domains of development (Seccombe, 2000). In South Africa the child population between the ages of 0-9 years is estimated to be 10 million. It has been reported in 2012 that there are approximately 5.3 million children under the age of 5 year’s old living in South Africa. As per the General Household Survey conducted in 2011, 58 % of these children are living in poverty where the household family income is R604 per month (South African Child Gauge, 2013). Clearly, the majority of children may be living in poverty indicating the risk that children are being poorly raised. What is less clear, however, is the extent to which negative child development can be explained by socio-economic status as opposed to being explained by inadequate parenting knowledge and behaviours. The purpose of this study is to compare the relationship between knowledge of child development and parenting styles in low and high socio-economic groups of parents in early childhood development centres.

1.2 Conceptual Framework

The conceptual framework for this study is primarily guided by Bronfenbrenner’s ecological systems theory in conjunction with other developmental theories. In order to fully understand the developing child and the key development tasks of children this study explores the theories of developmental theorist to support certain aspects of the ecological systems theory. The ecological theory is an approach to study human development that consists of the scientific study of the progressive mutual accommodation throughout the life
course between an active growing human being and the changing properties of the immediate settings in which the developing person lives and the larger contexts in which the settings are embedded (Bronfenbrenner, 1986). Bronfenbrenner’s theory defines complex “layers” of environment, each having an effect on a child’s development and the interaction between factors in the child’s maturing biology and his immediate family/community environment affect his development. Bronfenbrenner’s structure of society in relation to the growing individual consists of the microsystem, mesosystem, exosystem, macrosystem and chronosystem. These systems are further explored in Chapter 2.

1.3 Problem Statement

Researchers have found that the study of the relationship between socio-economic status and parenting is, to a degree, a search for a moving target (Hoff, Larsen & Tardiff 2002). Over time, some socio-economic-related differences in parenting change because culturally prescribed beliefs about parenting change (Hoff et al, 2002). The challenge with research on socio-economic status and parenting are attributed to the fact that findings of socio-economic related differences in parenting and the interpretation that lower socio-economic parents were to blame for the children difficulties were controversial. Other researchers posit that the knowledge gap is rooted in a parenting knowledge gap and not because parents with a lower socio-economic status are predisposed to be poor parents (Gaziano, 2012, Bavolek, 2001). Parents with higher socio-economic status may have access to resources that support good parenting but may not necessarily ensure that they are more knowledgeable. Perhaps there is more to the inadequacy of parenting that is attributed to socio-economic status and perhaps knowledge of child development is a vital ingredient for positive and successful parenting. There may be other factors linked to lower socio-economic status that may inhibit
the ability of parents to parent their children as they desire. Furthermore, the greater the lack of parenting knowledge, the greater the chances that parents will operationalise power through harsh methods (Gaziano, 2012). Although most interventions target supporting mothers’ interaction and relationships with their children, little research exists on maternal knowledge and beliefs about the development of young children (Etta et al, 2007). Attitudes of authoritarianism, intolerance, distrust, and low self-efficacy are related to lower levels of education, cognitive ability, motivation, and knowledge (Peterson, Duncan and Pang, 2002). Thus, this study proposed determine and compare the relationship between knowledge of child development and parenting styles in low and high socio-economic groups of parents in early childhood development centres. As a basis to the study and as a first phase, a systematic review was conducted to explore previous research examining the relational aspects of knowledge of child development and parenting of parents of children in the phase of early childhood development.

1.4 Research Questions

- How knowledgeable are parents of early childhood development in early childhood development centres?

- What is the most prevalent parenting style of parents in early childhood development centres?

- Is there a relationship between knowledge of child development and parenting styles of parents in early childhood development centres?
Is there a significant difference the relationship between knowledge of child development and parenting styles in low and high socio-economic groups of parents in early childhood development centres?

1.5 Aim and Objectives

1.5.1 Aim

The aim of this study was to determine and compare the relationship between knowledge of child development and parenting styles of parents in early childhood development centres in low and high socio-economic groups.

1.5.2 Objectives

The objectives of this study were to:

- Systematically review previous studies which determine the association between knowledge of child development and parenting styles;

- Determine the most prevalent parenting style of parents in early childhood development centres;

- Assess the knowledge of child development of parents in early childhood development centres;

- Establish the relationship between knowledge of child development and parenting styles of parents in early childhood development centres;
Determine whether there is a significant difference in knowledge of child
development and parenting styles between low and high socio-economic
groups of parents in early childhood development centres.

1.5.3 Hypotheses

This study hypothesised that:

- There is a significantly positive relationship between knowledge of child development and authoritative parenting styles of parents in early childhood development centres.

- The most prevalent parenting style in the lower socio-economic group is authoritarian and the authoritative parenting style is the most prevalent for parents in the higher socio-economic group.

1.6 Research Methodology

This study used a mixed methods approach with a sequential exploratory research design. This study was conducted in two phases to determine the association between knowledge of child development and parenting styles. Phase one of the methodology was qualitative in nature by means of conducting a systematic review. Phase two of the methodology was quantitative. In phase two, the research design was (1) cross sectional (2) comparative and (3) correlational. Cross-sectional studies are used to study a portion of the population at one single point in time (Thisted, 2006). A non-experimental correlation-comparative research
design was used to determine the relationships between the variables and to compare them between two groups. Comparative studies investigate the relationship of one variable to another by examining the differences on the dependent variable between two groups of subjects (Field, 2009). In this study the variables were compared between the low and high socio-economic group to determine whether there were any similarities or differences. The correlation design examines the strength of the relationship between variables (Asadoorian & Kantarelis, 2005). The detailed description of the data collection procedures for the quantitative component of this study is found in Chapter 3. Further, the detailed explanation of the procedure and results of the systematic review is found in Chapter 4.

1.7 Significance of the Study

The current state of our communities in the Western Cape, have gone from bad to worse. There is a marked increase in crime, child abuse, drug addiction, gender-based violence to name just a few social ills that have plagued society. There are a number of factors that may have contributed to this but the researcher holds that strong bonds with parents are the key to a better society. However, strong parent child relationships depend on the interaction between the two. In this instance the parent holds more power and the way in which the parent disciplines the child will determine the type of relationship that will develop. Having said that in order to parent better one needs to hold knowledge regarding child development so that one is able to respond better to aid optimal development in the child. Through my own experiences I have seen that many mothers and fathers adopt the same disciplining measures as their own parents.
The plan of the South African Government is to eradicate poverty and inequality as set out in the National Development Plan (NDP) 2030 document. According to the NDP one of the priority areas to focus on is holistic early childhood development. The NDP states that research by Universities, NGO’s and all relevant stakeholders are vital role players in achieving the set goals (NDP). The outcome of this study may be useful to policymakers, health professionals and social service providers who lead and provide preparation for parenthood programmes, early childhood development programmes and similar activities within their communities. The outcome of this study may highlight the need for intervention to enhance parenting abilities. Further that provincial and local government budget appropriately in order to fund and assist in sustaining upcoming early childhood development and parenting projects. The study also hopes to highlight that there is a great need for effective parenting programmes to be implemented in the low socio-economic communities. Healthcare workers may benefit from this study and use the opportunities they have with mothers attending screenings to discuss various concerns and refer where necessary

1.8 Definition and Descriptions of Key Concepts and Terms

**Child Development**: is a multifaceted, integral, and continual process of change in which children become able to handle complex levels of moving, thinking, feeling, and relating to others (Inter-American Development Bank, 2005)

**Early Childhood development**: defined as the period from birth to eight years of age (United Nations Educational, Scientific and Cultural Organisation, 2010)
**Early childhood development centre**: is a facility that provides learning and support appropriate to the child's developmental age and stage (Department of Social Development, 2013)

**Socio-economic Status**: is a hierarchal stratification, which implies categories of people who are similar in their level of education, income, occupation and housing (Hoff et al, 2002).

**Parenting**: defined as "the process of developing and utilising the knowledge and skills appropriate to planning for, creating, giving birth to, rearing and/or providing care for offspring" (Morrison, 1978)

**Parenting styles**: consists of attitudes about children that parents communicate to their children and the emotional climate in which they are expressed (Hoff, Laursen & Tardiff, 2002)

**Parent-child relationship**: the quality of the emotional bond between child and parents (mother and father or significant parental figure) and the degree to which this bond is mutual and sustained over time (Lezin, Rolleri, Bean, & Taylor, 2004).

**Pre-schoolers**: is defined as a child that is below the school age. Usually a child up to the age of 5 (Merriam Webster Dictionary)

**Ecological systems theory**: is an approach to study human development that consists of the scientific study of the progressive mutual accommodation throughout the life course between an active growing human being and the changing properties of the immediate settings in which the developing person lives and the larger contexts in which the settings are embedded (Bronfenbrenner, 1986)
**KIDI:** refers to the Knowledge of Infant Development Inventory developed by MacPhee (1981) which measure parental knowledge of child development

### 1.9 Structure of Thesis

**Chapter One** is an introduction to the study of knowledge of child development and parenting styles in high and low socio-economic groups and provides a context and background for the study. It also looks at the research questions, aims, objectives, definitions, motivation, the significance of the study and ethical questions.

**Chapter Two** provides a conceptual framework for the study. It provides an overview of the theoretical underpinning of the study in two parts. The first part is aimed at explaining the developing child with reference to developmental theorists and the second uses previous research to explain the development of the child in his or her environmental context.

**Chapter Three** describes the research design and methodology. The study employs a mixed methodology. Phase one explains the qualitative approach by means of a systematic review and phase two explains the quantitative approach employed to achieve the aims and objectives of the study. This chapter also explains and discusses sampling, procedures and data collection, data-analysis, and the issues of reliability and validity.

**Chapter Four** presents the results of the systematic review conducted in phase one of the data collection process. It provides information on how the searches were conducted and presents the findings of the methodological appraisal of each study included in the review.
**Chapter Five** provides an analysis of the findings as well as a presentation using tables. Descriptive quantitative results are analysed using the Statistical package in social sciences (SPSS) and these are presented. The statistical presentation reflects the descriptive, correlations and inferential data.

**Chapter Six** presents a discussion of the study results in detail. It also provides an overall understanding of knowledge of child development and parenting styles in the low and high socio economic communities. The results are interpreted in this chapter, and an outline of the limitations and recommendations of the study is given.
CHAPTER 2

CONCEPTUAL FRAMEWORK

2.1 Introduction

This chapter examines and explores the conceptual framework of this study. The purpose of this chapter is to build a theoretical perspective or understanding of child development, parenting and in relation to society, specifically socio-economic status of parents. The first section of this chapter defines early childhood development followed by a detailed explanation of Bronfenbrenner’s ecological systems theory, which is the overarching theory of this study. Further it provides an explanation of early childhood development particularly between the ages of 2-5 years old from the developmental theories perspectives. It also examines previous research studies conducted on knowledge of child development, parenting styles and whether there are significant differences in low and high socio-economic groups. Also, it provides studies on the importance of the parent-child relationship and a detailed description of Baumrind’s parenting styles typology and the outcomes of each parenting style on the developing child. Lastly the chapter explores and presents findings on how socio-economic status may impact parenting style and the effects it has on the long-term development of the child.

2.2 Early Childhood Development

The period of early childhood development is a time in the child’s life where there is remarkable brain growth and these years lay the foundation for learning and development. According to UNESCO early childhood is defined as the period from birth to eight years old
(United Nations Educational, Scientific and Cultural Organisation, 2010). However in some nations this period may vary from birth to age five or six. The term ‘pre-schooler’ is another term used interchangeably to classify children in this age category. In South Africa, the White Paper (1995) defines Early Childhood Development (ECD) as an “umbrella term which applies to the processes whereby children between 0-9 years of age where children grow and thrive physically, mentally, emotionally, morally and socially” (p 33, par 73). The national Department of Education is responsible for the 5 to 9 year old age cohort, and the Department of Social Development is focused on the birth to 4 year old age cohort (Atmore et al, 2012). The South African Government recognises early childhood development as a fundamental and universal human right to which all young children are entitled to. Furthermore, the South African Government also recognises that every child has the right to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn (HSRC, 2014). The realisation of this right depends on fulfilment of a composite body of all other rights protected in law. The Early childhood development period is where the foundation is laid for not only the survival but also the development of children to their full potential across all domains and competencies. These early years are a critically sensitive period of rapid growth and change, the rate and shape of which is determined by both intrinsic and external factors. Intrinsic factors refer to the child’s individual nature whereas the external factors refer to living conditions, gender, care arrangement, family formations to name a few (UNICEF, 2006). The child’s optimal development depends on whether they have a supportive and nurturing environment that secures their access to a full complement of services, which includes health, education, care and protection, basic services, information,
participation, and numerous others. The child’s parents are mainly responsible for his or her development through providing a caring and nurturing environment. Although this is so, the South African Government recognises that they bear the responsibility of ensuring that parents and other caregivers have access to and receive the necessary support to enable them to fulfil their responsibilities. Therefore, optimal early childhood development depends on effective measures to secure the rights of the parent, since it determines the capacity of parents who then in turn needs to ensure their children’s holistic development (UN General Assembly, 2010).

In order to understand the developing child in context it is important to understand the environment the child is raised in and all the factors that are associated with it. Bronfenbrenner’s Ecological Systems theory, which is the overarching theory of human development, provides an explanation of the extrinsic factors that influence the development of children.

2.3 Ecological Systems Theory

Urie Bronfenbrenner (1979) developed the ecological systems theory in order to understand human development. This theory of human development initially analysed three systems that aid human development namely the: micro-system, meso-system and exo-system and further expanded to the macro-system and chrono-system. He explains that every system has an important impact on the child, the parent, the family and in totality the quality of life within society. Furthermore the ecological theory is an approach to study human development that consists of the scientific study of the progressive mutual accommodation throughout the life course between an active growing human being and the changing
properties of the immediate settings in which the developing person lives and the larger contexts in which the settings are embedded (Bronfenbrenner, 1986). Bronfenbrenner’s theory defines complex “layers” of environment (see Figure 2.1), each having an effect on a child’s development and the interaction between factors in the child’s maturing biology and his immediate family/community environment affect his development. In other words the ecological theory posits that humans do not develop in isolation but in relation to family, home, school, community and society as a whole over a period of time.

The underpinning of this theory is briefly explained in the following six points (Bronfenbrenner, 1998) and will be discussed in detail throughout this section.

1. The child is at the centre of the model. The child is at the centre of his or her ecological system. Thus each child’s ecological system is unique. This in-turn means that each child has a set of variables that determine the outcome of his or her development and is a point to consider when attempting to understand the child’s values, beliefs and behaviours.

2. The child affects and is affected by the settings in which he or she spends time. The ecological system helps to recognise that not only does the environment impact on the child but that the child also impacts his or her environment. While the environment contributes a variety of factors to the development process; the child brings his or her temperament, biological capacities and learning abilities, which are ultimately unique from one child to the next.

3. The most important setting is the family as this is where the child spends the most time and this extends to childcare, extended family and preschools: The family, pre-school or day-mother is the child’s primary setting and it is where most of his or her direct inter-
action takes place. The type of interaction and relationship formations the child experiences in these setting are vitally important and directly influences his or her development.

4. The child’s development is determined by what is experienced in these settings. These experiences called proximal or near-processes that a child has with the people in these setting are the primary engines of human development. Proximal processes express that which we learn from infancy through to adulthood through mimicking those around us from learning how to communicate to the behaviour the child displays.

5. The number and quality of these connections between these settings play a vital role in human development. Whilst a child may have a good connection with a parent, he or she may also develop an equally good relationship with a teacher, a grandparent or a peer. The quality and number of these connections contribute to the developmental outcomes of this child as these connections vary over time. Thus the connection the child has with a parent should compliment the connection the child has with the teacher. The quality of these connections is equally as important.

6. Environments such as the parents’ workplace where the child does not spend time may also affect the power of proximal processes to influence human development. There are settings and events that influence the socialisation of the child although the child may not necessarily be directly involved. These are instances where the child is directly impacted or affected by situations through their caregivers.

The next section provides a detailed explanation of this theory’s underpinnings by closely examining each system and the impact it has on the individual child. As illustrated in Figure
2.1 below Bronfenbrenner’s structure of environment consists of the microsystem, mesosystem, exosystem, macrosystem and chronosystem

**Figure 2.1:** Diagrammatic representation of Bronfenbrenner’s Ecological Theory (Nielsen, 2011)
2.4 Description of systems

2.4.1 Microsystem

The microsystem encompasses the relationships and interactions a child has with his or her immediate surroundings. Structures in the microsystem include family, school, neighbourhood, or childcare environments. The nature of this system is that the individuals who have direct contact with the child will aid in the construction of the settings of this system. However, as much as the child is affected within this system the child also affects others in the system. This means that the parents will affect the child’s attitude, beliefs and behaviour just as much as the child will affect the parents’ attitude, beliefs and behaviour. Bronfenbrenner calls this bi-directional influences and it has the greatest impact within this system.

Family

The influences of family extend to all aspects of the child’s development; language, nutrition, security, health, and beliefs are all developed through the input and behaviour related feedback within the family. With this in mind it has become apparent that in today’s society the family structures have changed from the typical two-parent family and siblings to single-parent families, blended families, extended families to highlight a few. The result of these different family structures leads us to having to understand a variety of systems. The mother-child, father-child, and father-mother dyads (Bronfenbrenner, 1979), being the basis of the early microsystem, can be seen as being most influential. The primary caregiver whether it be the mother, father, both parents, grandparent or any person the child spends
most of their time with from birth is the child’s first point of contact. These two person systems are bi-directional in nature as both parties develop together (Bronfenbrenner, 1979).

School

A child spends many hours in the school setting and the type of relationships that form within this setting is of utmost importance for his/her development. It is within this setting that the child is in contact with another significant adult in the form of his/her teacher. This connection helps the child develop both cognitively and emotionally and is another example of a bi-directional interaction.

Urie Bronfenbrenner (1990) highlights five critical processes in his work “Rebuilding the Nest” that aid positive development. The following propositions are an indication of how the relationship with family and school ultimately work together.

Proposition 1: In order to develop at all levels: emotionally, intellectually, socially or morally the child needs to develop an attachment with an adult that is committed to a relationship that is reciprocal, on a regular basis and over a long period of time.

Proposition 2: The strength of the attachment and the pattern of interpersonal interaction will determine how the child relates to other settings within the mesosystem.

Proposition 3: The attachment and interactions that the child has with a third party adult that is a teacher will reinforce and affirm the attachment and interaction the child has with their primary caregiver. This kind of relationship helps the child to see the importance of the relationship he/she has with the primary caregiver.
Proposition 4: In order for child-rearing processes in the family and the child’s other settings to function effectively, there needs to be an ongoing exchange of information between the primary settings in which the child and the parent live their lives. In the instance of the child this would be between home and school and for the parent it would be between home and the workplace.

Proposition 5: The nature of the relationship between child and adult require the support and affirmation of the public sphere. Public policies must enable time and resources in order for relationships to be nurtured.

Religious setting

The church or an affiliation to a religious group is seen as the source for moral or ethical values. In some families religion is seen as an integral part of their culture. This also varies from family to family. There are certain educational policies that conflict with certain religious doctrine. For example: Christians believe God created human beings whereas science speaks of evolution. Here is a perfect example of how the church we attend and what we may learn in school might not correspond. Thus there should be a consideration of how the microsystem and exosystem interacts which affect development to a certain extent.

In essence the child will experience many microsystems, which may vary in quality, quantity and length. Relationships are formed in each of these microsystems, which contribute to his or her experiences. At home the child is within a microsystem setting. If the child’s parents are not living together the child has a microsystem setting when he or she is with the mother and a separate one with the father. At school the child experiences a microsystem setting. All of these interactions within the various microsystems contribute to
building cognitive skills, physical skills and the socialization of children through these experiences.

2.4.2 Mesosystem

The mesosystem is the layer that connects the structures of the child’s microsystem. Microsystems interrelate with each other and it is evident in how family, school, neighbourhood and your religious setting relate and influence each other. The interaction between the people involved in the various microsystems form new experiences for the child. For example: How does the parent interact with the school teacher? Is there any interaction? Do the values of the parent correspond with what the child is learning or experiencing in other settings? If a child experiences one set of rules in the one microsystem and the set of rules is different in another microsystem the child is left to cope with the transition between the two microsystems. On a daily basis children need to adjust several times a day between microsystems and through this there is a process of learning taking place. Through these adjustments the child learns what is expected of him or her in these different settings. Hence, the mesosystem acts as a bridge from which the child transacts between microsystems.

2.4.3 Exosystem

The exosystem is the layer that defines the larger social system in which the child does not function directly but which interact with structures within the microsystem for example parents workplace schedules. The child may not be directly involved at this level, but he/she does feel the positive or negative force involved with the interaction with his/her own system. Factors that contribute or form the exosystem include laws, government policies and reforms, financial indicators, business and industry polices. While the child has no
knowledge about any of these factors it consequently impacts the child indirectly. An example of this would be a change in parents’ working hours, changes in family income due to retrenchment or businesses amending employee contracts to short time due to insufficient funds. In this instance if the child’s parent has to work longer hours this means that the time spent with the child is now shortened. Or if a parent is placed on a short time contract this means less household income resulting in the family needing to make certain adjustments which indirectly affects the child because now the child has to adjust to less comforts than before. Again, this directly impacts the parent or parents of the child yet the child is indirectly impacted since the parents may need to make necessary adjustments in the home, which affect the child.

2.4.4 Macrosystem

The macrosystem is the layer that is comprised of cultural values, customs, and laws. It is viewed as the super ordinate level of human development because of its complexity. The macrosystem of the child comprises of but is not limited to gender, religion, political ideology, culture or societal norms and socio-economic status. As the child develops he or she encounters societal expectations, beliefs, religious doctrine, family socio-economic status all of which informs and influences the child’s values and beliefs. All of these factors influence what the child experiences and how he or she interprets these experiences. This sets the tone for the child’s behaviours through adulthood. An example of this is, Tom is born on the Cape Flats which is riddled with gang violence. Both Tom’s parents never completed high school and have secured low income jobs. This places the family in a low socio-economic status group. Tom aspires to be wealthy one day. Tom’s parents cannot afford to send him to a school where there may be more opportunities for personal growth
so he attends the local school operating on minimum resources. Tom’s school friends are all truant and eventually he also becomes truant and eventually drops out of school. Later, Tom joins a gang as he sees that gangsters earn more money than his parents and his parents are struggling. However, in Tom’s environment this has become the norm. As is evident at this level the child has no direct contact with the system but events occurring in this system ultimately influence the quality of life the child will experience which in turn may influence the child’s development.

2.4.5 Chronosystem

The chronosystem encompasses the dimension of time as it relates to a child’s environment. In other words human ecology changes over time. Bronfenbrenner (1979) states that in every generation there are events that change the course of history. In post-modern society there are constant technological advances, which influence the current way of life. Children being raised in postmodernism are accustomed to attaining the newest cellphone on the market for recreational purposes whereas in 1920 the story was very different. For the purpose of this study Bronfenbrenner’s theory is most befitting because it accounts for every external factor that influences or contributes to the development of any human being. In other words development does not occur in isolation from the environmental systems.

The family is the closest, most intense, most durable, and influential part of the mesosystem. Furthermore, the influences of the family extend to all aspects of the child’s development, language, nutrition, security, health, and beliefs. A number of other systems: community, religion, school, society, and cultural forces from within the mesosystem and the exosystem directly affect the family for example socio-economic status. The child has no control over
his or her family socio-economic status yet the child’s quality of life is affected by this. Society and the culture of both the family and the neighbourhood have influence on the child’s perception of the family’s place in the community. Changes or conflict in any one layer will ripple throughout other layers.

The two most important aspects of this theory that is important to understand is (a) what happens within these settings for example within the family. Pertinent activities to observe would be: “what is the child doing and with whom?”; “what kind of interaction is there between parent and child?”; ‘how does the parent engage with the child when enforcing discipline?” (b) the number and quality of these connections for example “how often does the parent spend time with the child?”; “are the expectations from one setting to the next the same or different?”; “how does the child transit from one setting to the next?”. The Ecological Systems theory provides a basis of understanding how environmental factors contribute to the growing child. However, over time developmental theorists built a body of knowledge regarding several aspects of human development, which can be linked to the environment. The next section of this chapter explores and explains developmental theories relating to the developing child.

2.5 Developmental Theory

Human development can be defined as the systematic changes and continuities in an individual that occur from birth to death (Latouf, 2008). This suggests that there is an orderly, patterned and enduring quality in these changes whether it is in structure, behaviour or thought (Loxton, 2005). Between the first day of life and the first day of early childhood education, development proceeds at a fast pace. During these years there are a few
transformations that occur thus the early childhood years are described as the formative years (Shonkoff & Phillips, 2000). These transformations include acquisition of skills, ways of relating, communication, learning, constructing through play to name a few (UNESCO, 2007). It is during this period where the supporting structures of every system of the human organism are constructed. Through the course of childhood development there are several developmental tasks that a developing child masters. These tasks range from developing sleeping patterns, to acquiring language skills to building and sustaining friendships (Shonkoff & Phillips, 2000). The developmental tasks of children as seen in Figure 2.2 are encompassed by social, emotional, language and cognition, physical and creative. For the purpose of this study the focus was on the development of the child between the ages of 2-5 years.
2.5.1 Social - Emotional Development

Erik Erikson’s psychoanalytical approach (1950, 1959, 1963) indicates that there are eight stages of human development. During each stage the child is confronted with a new challenge that needs to be mastered. Each stage builds upon the successful completion of the other and is characterised by Erikson as a ‘psychosocial crisis’. With each psychosocial crisis there are two conflicting forces upon which the child emerges with a corresponding virtue. Failure to complete any stage may lead to a reduced ability to completed other stages and furthermore developing an unhealthy personality or sense of self. The first stage of development occurs during infancy, where the infant is faced with the crisis of trust versus mistrust of which the child emerges with hope. Of importance to this study is the early
childhood development stage which is divided into two phases: (1) between 2-4 years of age the child is faced with the crisis of autonomy versus shame and with successful mastery will emerge with the virtue of will and (2) between 4-6 years of age, characterised as the play age, the child is faced with the crisis of initiative versus guilt and with successful mastery will emerge with purpose. Both these “psychosocial crises” are overcome through the positive responses on the part of the parent.

**Autonomy versus Shame: Will**

During this stage the child begins to gain control over elimination functions and motor abilities; and begins to explore his or her environment. It is at this stage where the child develops his or her first interests for example enjoying the outdoors may indicate the child enjoys plants. Restrictive parents may be reluctant to allow their children to explore resulting in the child developing a sense of doubt or shame. If the parents reward the child’s successful actions and do not shame him or her, the child’s sense of autonomy will outweigh the sense of shame and doubt. The young child can build up his or her confidence by being allowed to experiment with autonomy or independence (Cummins et al, 2006).

**Initiative versus Guilt: Purpose**

Initiative builds on from autonomy as at this stage the child want to complete a task for a purpose. During this stage the child takes initiative and prepares for leadership and therefore the activities the child engages in may be risky for example wanting to cut his or her own orange or climbing onto a chair and pour a glass of water. However, while developing initiative the child may also experience frustration when he or she cannot achieve the desired outcome which may result in aggressive behaviour or back-chatting parents. While
preschooler have the ability to perform certain tasks they may often undertake projects that are beyond their capabilities. If the parent accepts, supports and encourages the child’s curiosity the child’s sense of initiative will outweigh doubt and guilt. Likewise if the parent discourages independent activities the child will begin to doubt his or her ability and feel guilty for his or her desires. Erikson (1959) believed that pre-school children develop a sense of autonomy and initiative and therefore need the encouragement and support from their primary caregivers. Therefore it is important for adults to understand the role they play in healthy emotional development in the child and that this is a key factor in promoting independence (Hansen & Zambo, 2007).

2.5.2 Language and Cognitive Development

Knowing about the regularity and predictability of the universe is important. This knowledge, called cognitive development, is learned through mental processes and sensory perceptions (Hearron & Hildebrand, 2009). Jean Piaget (1970) developed a stage theory of intellectual development that included four stages namely: the sensorimotor stage; which starts at birth up until the age of 2, the preoperational stage; which starts from the age of 2 up until the age of 7, the concrete operational stage from age 7 up until the age 11 and lastly the formal operational stage which begin in adolescence and span throughout adulthood. For this study the focus is on the preoperational stage which occurs between the ages of 2 and 7. According to Piaget (1970) thinking at this stage is predominantly based on perception, which could lead to error as things are not always what they seem. The preoperational stage is divided into two sub-stages: (a) pre-conceptual thought (2-4) and (b) intuitive thought (4-7).
**Pre-conceptual thought**: this concept is explained as the child’s ability to formulate objects that are not present. This stage is characterised by egocentrism and animism. Egocentrism is described as the child’s inability to distinguish between their own perception and that of someone else. In other words, if the child believes that the colour black is blue, they automatically assume that black is blue to adults as well. Animism is the belief that objects have lifelike qualities; for example, children will say that the table was naughty if they fell and hit their heads against a table.

**Intuitive thought**: is the stage where children become curious and ask many questions. It is the stage where there is an emergence of interest and the need to know why things are the way they are, for example, preschoolers will often ask questions such as: “Why is the sky blue?” and “Who made the sky blue?”

Preoperational thought is also characterised by centration, which is the act of focusing on one characteristic as opposed to another, for example, if you show a child 2 horses and 1 cow and you ask them if there are more horses than cows, they would respond yes. However, if you ask them whether there were more horses than animals, they would still say yes. Piaget (1970) also conducted what he called conservation studies, which indicated that children at this stage of development were unable to comprehend that objects remain the same despite changes in their dimension. In his study, Piaget gave the child two glasses of the same size and shape containing the same amount of liquid. He then proceeded to pour the liquid into another glass that was taller and thinner. The child concluded that either there was either more liquid in the taller glass because the water level appeared higher or there was more liquid in the original glass. There is a close connection between the development of thought and the development of language. Piaget (1952) and Vygotsky (1962) believed that the
development of language resulted from the interaction between the child and his or her environment, which is influenced by social and cognitive development. They agreed that as the child developed language they built a symbol system, which would assist them in understanding their world. According to Piaget cognitive development leads to language development. The main aspect of Piaget’s theory is that learning occurs from within as the child interacts with his or her environment. His view is that learning cannot be hurried by an adult and by telling them that they are wrong in their thinking will not change their thinking. Rather the caregiver should allow the child to discover certain truths for themselves through exploration. This process is known as child’s construction of knowledge. Hence adults, should they understand their child’s way of thinking, will most likely be more patient, allow their child to make mistakes and will most like explain their expectations and rules in a way that make sense to the child.

2.5.3 Learning through creative play

Play is so important to optimal child development that it has been recognized by the United Nations High Commission for Human Rights as a right of every child (UNHCHR, 1989). Landreth (1991) stated that the natural medium of communication for children is play and activity. Play is an important part of learning, human development and creativity which aid children in contextualising and understanding their world. It is a key component in developing problem solving skills, social skills, coordination, perception and motor skills (Miller, 1972). In addition, play allows children to create and explore a world that they can master, conquering their fears while practicing adult roles, sometimes in conjunction with other children or adult caregivers (Hurwitz, 2003). Furthermore as children master their world, play helps them develop new competencies that lead to enhanced confidence and the
resiliency they will need in future to overcome challenges (Erikson, 1985; Band & Weisz, 1988). When play is child driven, children practice decision-making skills, move at their own pace, discover their own areas of interest, and ultimately engage fully in the passions they wish to pursue (Erikson, 1985). Children’s developmental trajectory is mediated by affective and appropriate relationships with consistent caregivers through the medium of play. When parents participate in child-driven play it provides the child with a sense that the parent is paying attention, which in turn fosters relationship building (Tamis-LeMonda, 2004).

Cognitive development theorist refer to five stages of play namely: functional play, construction play, symbolic play, socio-dramatic play and games with rules (Miller 1972) and each stage of play allows the child to master a set of skills.

*Functional play:* is referred to the first stage of play where children acquire motor skills through repeated actions.

*Construction play:* this is purposeful play and results in a form of creation. They use material and have an end goal in mind for e.g. drama

*Symbolic play:* this refers to make believe play for e.g. a child having a tea party with dolls. This allows the child to act out and better understand their world.

*Socio-dramatic play:* this refers to a form of dramatic play or ‘role-playing’ with other children. This enables them to understand and work with the role of others.

*Games with rules:* this represents the highest form of cognitive development as they are able to interact with others in a set context and set of rules. Children learn to control their
behaviour within limits and to develop specific skills, whereas socio-dramatic play is more concerned with overall social and intellectual development (Frost, 1992; Miller, 1972).

Having outlined the various forms of play it is evident that play is significant in the development of creativity. It provides opportunities for children to imagine, pretend and create, especially through socio-dramatic play and constructive play (White, 2008; Frost 1992). Varied methods of play also contribute to the healthy development of physical, intellectual, emotional and social skills, which lead to the development of healthy and happier adults, who, according to Maslow (1954, 1968), would be better equipped for creative pursuits. A conclusion can therefore be drawn that the absence of play in a developing child could be detrimental to normal early childhood development.
<table>
<thead>
<tr>
<th>Age</th>
<th>Attachment</th>
<th>Cognitive development</th>
<th>Play</th>
<th>Emotional, social, behavioural development</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 months</td>
<td>• Development of patterns and concepts of attachments which shape relationships throughout life</td>
<td>• Developing sense of self by recognising face in mirror</td>
<td>• Representational use of toys, taking one thing to stand for another</td>
<td>• Able to deal with short separations form caregiver</td>
</tr>
<tr>
<td></td>
<td>• Ability to comprehend and use language emerges and allows behavioural regulation to achieve goals</td>
<td>• Ability to comprehend and use language emerges and allows behavioural regulation to achieve goals</td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Might show resentment when attention given to others</td>
</tr>
<tr>
<td></td>
<td>• Capability of solving problems mentally without resorting to trial and error activities (inner experimentation)</td>
<td>• Capability of solving problems mentally without resorting to trial and error activities (inner experimentation)</td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Temper tantrums and testing limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Complementary interactive stage: true social interaction and exchanges with others, tries to influence others through smiling or talking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Early interactive and co-operative play, returning of favours, begins to take turns</td>
<td>• Emergence of self conscious emotions such as shame, guilt and embarrassment, as well as true empathy and morality</td>
</tr>
<tr>
<td>2-3 years</td>
<td>• Sense of autonomy emerging against a background of previously established trust and security; dependence on primary care givers remains</td>
<td>• Preoperational thinking: capacity to imagine but unable to discriminate fantasy from reality</td>
<td>• Development of symbolic, imitative and pretend play</td>
<td>• Outbursts of anger and temper tantrums reach a peak at 2 years</td>
</tr>
<tr>
<td></td>
<td>• Preoperational thinking: capacity to imagine but unable to discriminate fantasy from reality</td>
<td>• Preoperational thinking: capacity to imagine but unable to discriminate fantasy from reality</td>
<td>• Development of symbolic, imitative and pretend play</td>
<td>• Egocentric perspective emerges</td>
</tr>
<tr>
<td></td>
<td>• Use of symbols</td>
<td>• Use of symbols</td>
<td>• Development of symbolic, imitative and pretend play</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use of symbols</td>
<td>• Development of symbolic, imitative and pretend play</td>
<td></td>
</tr>
<tr>
<td>3-5 years</td>
<td>• Attachment complete</td>
<td>• Conceptual thinking emerges (numbers, categories, words, size)</td>
<td>• Imaginative play (role and pretend play)</td>
<td>• Peak of fears in childhood of specific things like dogs or spiders or darkness many transitional and short lived</td>
</tr>
<tr>
<td></td>
<td>• Child develops separate identity</td>
<td>• Conceptual thinking emerges (numbers, categories, words, size)</td>
<td>• Imaginative play (role and pretend play)</td>
<td>• Becomes more sociable with strange adults, might be comforted by less familiar adult</td>
</tr>
<tr>
<td></td>
<td>• Begins to use language instead of behaviours to express wishes</td>
<td>• Conceptual thinking emerges (numbers, categories, words, size)</td>
<td>• Imaginative play (role and pretend play)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conceptual thinking emerges (numbers, categories, words, size)</td>
<td>• Imaginative play (role and pretend play)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.1 Table of the holistic development of the child from approximately age 2 – 5 years old
As shown in Table 2.1 it is necessary to understand the developing child in a holistic manner. Developmental theories allude to the interaction between the child and his or her caregiver in assisting in the development of a healthy child to make sense of his or her environment or ‘world’. This raises the issue of the importance of context on the developing child and how it impacts on his or her development.

2.6 The importance of the parent-child relationship

A child’s infancy and very early years are a time of unique dependency, during which parents and caregivers have a particular role in learning and development. It is their responsibility to provide a stimulating environment in which care-giving routines are appreciated as opportunities to develop the relationship with the child (Fallon, 2004). It is during the early childhood phase where developmental delays and disorders develop if there is any form of lack in parent-child relationships and interactions (Fallon, 2004). One of the key issues in the early developmental stages of a child’s life is the establishment of a sense of basic trust. It is through the experiences with caregivers where children receive important messages about their world. This basic sense of trust is derived from the quality of the relationship between the parent and child. The prevailing ecological approach to parenting and the parent-child relationship recognizes that parent-child interaction is neither defined nor shaped solely by the parent, but is a dynamic and bi-directional system (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; Kenny, Kashy, & Cook, 2006). The parent-child relationship can be defined as the quality of the emotional bond between child and parents (mother and father or significant parental figure) and the degree to which this bond is mutual and sustained over time (Lezin, Rolleri, Bean, & Taylor, 2004). It can be thought of as a reflection of the emotional climate between the parent and the child.
In the first few years of a child’s life, the parent is responsible for much of a child’s emotional regulation, and parents must respond to children’s emotional needs in a consistent, nurturing manner that facilitates the development of a secure emotional attachment to the caregiver (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Research suggests that young children's temperament and parents' behaviours are interrelated (Calkins, Hungerford, & Dedmon, 2004; Rubin, Burgess, Dwyer, & Hastings, 2003). In many research studies, young children's temperament is thought to prompt parents to interact with their young children in certain ways (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; O'Connor, 2002). However most parent-child interaction research was focused on a parent-centred approach emphasizing parent and child factors, which contribute to parents’ behaviour yet very little is known about the nature and determinants of children’s behaviour in interactions with their parents (Prinzie et al., 2009). A relatively small, though notable, body of observational studies has led both early and recent theorists (Belsky, 1984; Putnam, Sanson, & Rothbart, 2002) to conclude that temperamental characteristics of the child are an important determinant of the quality of the parent-child relationship. In general, child positive emotionality and effortful control sub-traits are associated with more positive parent-child interactions that are increased parental positive emotions, warmth, and responsiveness; decreased parental coercion (Eisenberg et al., 2005; Gartstein & Fagot, 2003; Kochanska, Friesenborg, Lange, & Martel, 2004). In contrast, child negative emotionality sub-traits are typically associated with more negative interactions that is fewer shared positive emotions, increased maternal power assertion (Clark, Kochanska, & Ready, 2000; Kochanska, et al., 2004). In other words when children display emotions that are associated with distress such as sadness, anger and fear it may
elicit a less warmth response from the parent. Previous researchers have found that toddlers and pre-school children that engage in a mutually responsive parent-child relationship show greater conscience and moral development in later childhood. A mutually responsive parent child relationship first fosters simple cooperation by the child that in turn leads to genuine internalization of parental rules and expectations (Kochanska, 2002). Research indicates that the quality of care a child receives in earlier life has important implications for future psychological health, well-being and personality development (Cummins et al, 2006).

Around the age of 2 children develop what is known as empathy, an important aspect of emotional and social development. When a toddler sees one of his/her peers in distress they will motion towards the distressed peer and attempt to help. Even though they may be misguided in their actions to help they assume that whatever helped them will help their peer. There are two common operative definitions of empathy, (1) as an affective response that stems from the apprehension or comprehension of another’s emotional state or condition, and that is similar to what the other person is feeling or would be expected to feel (Eisenberg, 2002), or (2) a sense of similarity in feelings experienced by the self and the other, without confusion between the two individuals (Decety & Jackson, 2004). These definitions point to the fact that empathy is transactional in nature, it emerges through an interaction between two people. Hence the home environment and the parent child interaction are of vital importance in the child’s development of empathy, especially for children who have very little social skills, which usually develop at school. Earlier research show that sensitive behaviour portrayed by parents provide their children with a model for empathic concern. Recent research displayed that mothers’ and fathers’ responsiveness to distress, but not warmth, predicted better negative affect regulation of their children.
Parental responsiveness is important and may affect the child in different ways such as the developing the ability to empathise and promoting pro-social behaviour (Davidov & Grusec, 2006).

Parental responsiveness and parental demandingness are two components of parenting styles (Maccoby & Martin, 1983). According to Baumrind (1983, 1991) parental responsiveness refers to the extent to which parent foster self-regulation, individuality and assertiveness while supporting the child’s needs. On the other hand parental demandingness refer to the claims parent make on their children to become part of the family as a whole through discipline, supervision and their willingness to confront the child’s disobedience. Parenting styles are classified into three categories namely: authoritative, authoritarian and permissive. The next section explores and explains each of the parenting styles characteristics and outcomes.

2.7 Parenting styles

Morrison (1978) describes parenting as the process of developing and utilising the knowledge and skills appropriate to planning for, creating, giving birth to, rearing and/or providing care for offspring. The idea of “good” parenting depends on the positive impact it has on the child and his/her development as a whole (Grolnick, 2003). Darling and Steinberg (1993) distinguish between the three aspects of parenting namely: goals, styles and practices. Goals refer to what the parent would like to achieve through their parenting for example the end result would be to have well adjusted children. Parenting practices are defined as specific behaviors that parents use to socialize their children (Darling and Steinberg, 1993) for example sitting down and helping the child with homework. The focus
for this study will be on parenting styles. The way in which parents handle issues related to
their child’s behaviour and their interaction with them has been identified as parenting style.
Gupta and Theus (2006: p21) defines parenting styles as “a general pattern of care giving
that provides a context for specific episodes of parental childrearing behaviours, but it does
not refer to a specific act or specific acts of parenting”. Yet another definition of parenting
styles is that of Hoff et al (2002) that it consists of attitudes about children that parents
communicate to their children and the emotional climate in which they are expressed. It
involves a relationship between parent and child that may also involves respect or a lack of
respect for the child. Research on parenting styles begins with Baumrind’s (1967) typology
of authoritative, authoritarian or permissive parenting. Over time, the permissive style has
been differentiated into neglectful and indulgent styles, (Maccoby, & Martin, 1983).

2.7.1 Authoritative parenting

Authoritative parenting places limits and controls on children’s actions but allows extensive
verbal dialogue which promotes parental responsiveness, and encourages independence,
social and cognitive competence, self reliance and social responsibility in the children
(Akinsola, 2011). Authoritative parents will listen to the child and their justifications and
base their decisions on the child’s needs as well as their own. This approach emulates the
importance of mutual respect. Authoritative parents understand that they have more life
experience and use this to guide and facilitate development whilst being assertive yet
flexible. This warm, supportive parenting style is associated with positive cognitive,
behavioural, emotional, and physical child outcomes (Atzaba-Poria & Pike 2005; Barber,
Authoritative parents are willing to discuss their ideas about behaviour and discipline with their children. Children are given options and are allowed to give input within certain boundaries. This type of parenting portrays that the child’s opinions and ideas are valued yet at the same time the parents set clear goals and guidelines that child should adhere to. Instead of employing punitive discipline measures this parenting approach places emphasis on control, encouragement and agreement (Gupta et al, 2006). Both authoritarian and authoritative parenting places firm and strict rules, however in contrast authoritative parent encourages independence and individuality.

The authoritative parent affirms the child’s individuality and preferences but at the same time setting clear limits whilst retaining control in a warm-hearted loving manner. Parents that adopt this parenting style have a good relationship with their children and promote self reliance, independence and a sense of responsibility. Several researchers agree that children of authoritative parents are both socially and intellectually well developed and are less anxious than their peers (Gonzalez-Mena, 2006; Gupta & Theus, 2006). Children raised by authoritative parents are more empathetic towards their peers, as opposed to children raised by parents that take on a different approach. Emotional reliability, security and a strong attachment therefore seem essential in the development of empathy. Grolnick (2006) found that pre-school children of authoritative parents were energetic, socially outgoing and independent.
2.7.2 Authoritarian parenting

Authoritarian parenting is restrictive, punitive, and places firm limits and controls on children with little or no verbal exchange (Akinsola, 2011). Authoritarian parents exert power and control over their children with the expectation that the child obey the rules. The parents need often come before the child’s needs if at all and may be interpreted as the parent having little to no respect for the child. When conflict arise the parents have a win-lose solution and in this instance it is important that the parents always win (Latouf, 2008). Gupta et al (2006) posits that authoritarian parents suffer more stress due to the fact that they resent having to do things for their children. Also the conflict that arises between parent and child has a greater negative effect the parent as opposed to the child.

The authoritarian parent attempts to shape, control and evaluate the child using set standards (Grolnick, 2003). The authoritarian parent is strict on obedience and uses forceful measure to achieve the desired results. These parents also do not encourage negotiation but prefers submission to authority and inadvertently discourage independence and individuality. Gupta et al (2006) states that some parents adopt the authoritarian approach because they believe that it fosters respect for authority in their children while others adopt this approach out of feelings of hostility and do not believe in negotiations with their children.

According to Baumrind (Grolnick, 2003) pre-school children of authoritarian parents were moody, unhappy and did not get on well with their peers. They also found that later on they were low in achievement motivation and social assertion. Extreme authoritarian parenting leads to the following in children: social inhibition, lack of confidence, discontentment and distrust of others (Gonzalez-Mena, 2006). Furthermore there is a distinct difference between
boys and girls on the outcomes on their behaviour (Gupta et al, 2006). It has been found that
girls become more dependent on their parents and it affects the achievement motivation.
Boys on the other hand become more aggressive (Gupta et al, 2006). Generally children
experiencing authoritarianism are less spontaneous, socially withdrawn and lack in self-
esteeem and perceive their parents as unloving, rejecting and unrealistic in their expectations
of them.

2.7.3 Permissive parenting

Permissive parenting is sometimes known as indulgent or neglectful parenting. Neglectful
parents are uninvolved in their children’s lives and this style is associated with social
incompetence and lack of self-control. In contrast indulgent parents are highly involved with
their children but place few or little demands on their children with the same effects of
neglectful parenting (Maccoby, & Martin, 1983; Baumrind, 1971). Generally the permissive
parent includes fewer restrictions and the enforcement is less assertive (Grolnick, 2003).

The permissive approach to parenting refers to parents who are relaxed and liberal in their
discipline in response to their children’s behaviour (Gupta et al, 2006). There are no set
boundaries, guidelines and/or rules with very little consequences for misbehaviour. Parents
are generally non-confrontational and easily give in to the impulses of the child. The child is
then unable to develop respect for authority and they become accustomed to thinking that
they can overpower authority figures.

Researchers found that permissive parenting affects the cognitive and behavioural outcomes
of the child. Grolnick (2003) states that children raised by permissive parents lack in self-
control, respect and consideration for others. They also lack creativity, motivation and self-
reliance resulting in low cognitive and social achievement. They display a lack of impulse control, are self-centred and lack of motivation to achieve. Children who are conditioned to manipulate their parents due to permissive parenting will use this mechanism to as a means to negotiate what they want in social settings. The next section will explore knowledge of child development and child rearing to gain insight as to how knowledge contributes to better parenting.

2.8 Knowledge of child development and child rearing

Research in child development suggests that parents’ belief and knowledge strongly affect the manner in which they raise their children (Reich, 2005). Knowledge of child development or parental knowledge can be defined as understanding the developmental norms and milestones, processes of child development, and familiarity with care-giving skills (Huang et al, 2005). An understanding of child development and parenting strategies help parents understand what to expect and how to provide for children’s needs at each developmental stage. The benefits of increased knowledge of child development are understanding the cognitive, language, physical, social and emotional development that is helpful in early detection of developmental delay and to positively impact their behaviour (Diehl, Wente & Furthun, 2011). In contrast, parents with inappropriate expectations of child development overestimate the rate of child development, which fosters impatience and intolerance toward the child’s behaviour. In extreme situation this results in maltreatment or death of the child. In addition, parent-child attachment is negatively affected (Reich, 2005). Increasing knowledge of child development and enhancing parenting skills are important given the recent advances in the field of neuroscience, developmental psychology and paediatrics. These fields have provided evidence of how critical the early childhood
development period is and how the foundation is determined by the nature of the child’s environment and the experiences that shape brain development (Diehl, Wente & Forthun, 2011). Developing brains need proper nutrition, physical activity, stimulating experiences and regular scheduled periods of sleep. It also needs emotionally available primary caregivers who recognise and respond to a child’s needs in an affectionate, sensitive and nurturing manner (Diehl, Wente & Forthun, 2011). Care of this nature promotes a secure attachment between parent and child which aid the child in developing trust and self-confidence resulting in the ability to explore their environment freely. Children develop at different paces and often reach milestones before parents even realise. Parents who understand the various stages of development and the behaviour associated with it are more capable of directing their children should they divert from pro-social behaviour, and they can apply positive parenting methods and discipline that are developmentally appropriate and effective (Diehl, Wente & Forthun, 2011). Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their experiences on their own development and their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children (Diehl et al, 2011).

A large body of evidence exist concerning conditions and factors that promote healthy developmental processes for children (Gaziano, 2012). However, there are few recent research studies in the area of parental knowledge however, the few research studies attests to the importance of parental knowledge of child development and parenting styles on the developmental outcomes of children. Parenting knowledge of childrearing and child development encompasses the following domains; (a) parents’ cognitions about various approaches appropriate to fulfilling the biological and physical as well as socio-emotional
and cognitive needs of children as they develop (b) parents’ understanding of normative child development, that is both developmental processes and the abilities and accomplishments of children as they grow (c) parents’ awareness of practices and strategies for maintaining and promoting children’s health and coping effectively with children’s illness (Bornstein, 2006).

Other studies conducted indicate that parental knowledge of child development has often been mentioned as a factor related to child development outcomes (Sanders & Marawska, 2008). Research shows, that mothers who are more knowledgeable about child development respond more sensitively to their child’s initiation, while mothers who have an inaccurate expectation of their child tend to be harsher. Furthermore when mothers have more knowledge of infant and child development they display better parenting skills, their children have better cognitive skills and fewer behaviour problems (Huang et al, 2005). According to Gaziano (2012) research results show that parents of low socio-economic status have acquired less knowledge of child development.

Ertem et al (2007) conducted a study in a developing country to measure maternal knowledge of child development and they found that mothers were lacking in knowledge of when basic development skills in infants and young children emerge. They also found that mothers believed that most developmental skills occurred at a later that normative age. The study also showed that mothers did not know that sight, vocalisation, social smiling and overall brain development begin very early in life and that they should begin to talk to their children from an early stage. The summary of their findings suggests that maternal knowledge of when children begin to acquire developmental skills and their knowledge of when to provide opportunities for stimulating development significantly correlated. Hence
the timing of mother’s knowledge has important implications. If mothers believe that
developmental skills should develop at an earlier stage this creates a risk factor for child
maltreatment as mothers may interpret certain behaviours in the child as infantile.
Deficiencies in parenting skills and parents’ knowledge about child development are often
related to child maltreatment (Berger & Brooks-Gunn, 2005; Cowen, 2001; Izzo, Eckenrode,

An important point to note from Ertem et al (2007) is that if mothers believe that
developmental skills emerge at a later age than the norm they may be less likely to expect
these skills from their children. The consequences thereof is two-fold (a) the mother may not
provide the necessary stimulation to aid the emerging skill (b) an increased chance in
missing the detection of developmental delay. In Brazil, in a population where most mothers
had less than 8 years of education, it has been shown that the sensitivity and positive
predictive value of the mother’s report of developmental concerns was low (de Lourdes
Drachler et al.2005). Further results show that maternal education is associated with
maternal knowledge of child development and it can therefore be concluded that maternal
education increases knowledge of child development (Bornstein et al, 2010; Dearing &
Taylor, 2007)

Primary caregivers who are at risk for poor parenting and child maltreatment are able to
improve on their parenting skills if they have access to information and training to facilitate
good parenting. They will then be able to provide a nurturing and intellectually stimulating
environment for their children (Gaziano, 2012). Increasing parenting knowledge helps to
reduce stress and parent-child dysfunctional interaction (Belcher, Watkins, Johnson, &
Ialongo, 2007) and to reduce the relation between SES and knowledge (Rowe, 2008). In
addition, knowledge of child development was associated with improved home safety and was especially important for caregivers with poor mental health in a study of mothers living in poor, rural communities (Zolotor, Burchinal, Skinner, Rosenthal, & Key Life Investigators, 2008).

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<tr>
<th>Demandingness</th>
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<td>Responsiveness to Children’s Emotional Needs, Nurturance</td>
<td>High knowledge of child development</td>
<td>Moderate knowledge of child development</td>
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<td>High</td>
<td>Authoritative</td>
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<td>Low</td>
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<td>Moderate to low knowledge</td>
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Table 2.2 Dimensions of parenting styles (Maccoby & Martin, 1983)

Parenting differs across the socio-economic spectrum. This next section provides review of evidence suggesting that the goals parents have for their children, the relationship parents establish with their children and the child-rearing practises vary as a result of socio-economic related factors.

2.9 Socio-economic status and parenting

Parents from different socio-economic backgrounds rear their children differently partly in response to the different circumstances in which they live and partly because they are themselves different sorts of people with different ways of interacting with the world (Hoff et al, 2002). Educational, occupational, and financial factors all work to create socio-economic related differences in parents’ circumstances and characteristics, with educational factors appearing to carry the greatest share of the variance. The study of the relation
between socio-economic status and parenting is, to a degree, a search for a moving target. Over a period of time, some socio-economic related differences in parenting change because parents’ cultural beliefs about parenting change. Parents are influenced by theories of child development, but parents in higher socioeconomic groups change more and change more rapidly in response to theory changes than parents in lower socioeconomic strata, thus altering the socio-economic related differences (Bronfenbrenner, 1958).

2.9.1 Defining socio-economic status

Social class, social grade and socio-economic status are often used almost interchangeably by people in the marketing research world (Higgs, 2002). However, in reality, they all have different origins and, to sociologists, they should not be interchangeable at all. There seems to be a lack of clear consensus on their conceptual meaning, as well as the measurement thereof. The concepts of social class, social grade, socio-economic class, socio-economic status and well-being all have some commonalities but all have some differences. Socio-economic status is a multifaceted and continuous variable, which has been defined and measured in different ways by various researchers. In general the term has been used interchangeably with social class, which implies categories of people who are similar in their level of education, income, occupation and housing (Hoff et al, 2002). Nowadays, the US Bureau of the Census tends not to look at socio-economic status but rather speak of “well-being”, defined as follows (US Bureau of the Census website, March 2002):

Personal or household income is generally regarded as the single best measure of the degree to which people are "well off." But other factors also contribute to people's well-being. Extended measures of well-being gauge how people are faring at the household level. Included are possession of consumer durables, housing and neighbourhood conditions, and the meeting of basic needs.
In South Africa there is very high focus on income, hence, the principal components analysis simply reflected the fact that most of the demographic and shopping habit variables in South Africa are correlated with wealth (Higgs, 2002). Although, social class and socio-economic status are interchangeably used to describe basic differences associated with education, occupation, and income we avoid the confusion and adopt the contemporary preference for socio-economic status.

Regardless of composition, structure, socio-economic status or cultural context, the well-being of children is inextricably linked with the well-being of families (Chandan & Richter, 2008). The socio-economic and political system in which the family exists impacts the functioning of the family. Thus, multiple socio-economic and psychological challenges burden parents, rendering them less able to provide for the child resulting in compromised social, emotional, physical or cognitive development (Bamfield, 2011).

2.9.2 Impact of socio-economic status on parenting

According to Hoff et al (2002) there are two views regarding how socio-economic status impact on parenting: (a) Bronfenbrenners view that socio-economic status is a convenient proxy for a variety of specific factors that relate to parenting (b) the alternative view that socio-economic status acts as single variable that affects parents and children in most of aspects of daily life. For the purpose of this study the focus is on the first view. The first view holds that the different variables that constitute socio-economic status impact parenting on different levels. For example: low income may predict the type of home learning environment there may be, however maternal education may predict both the home learning environment and warmth that the parent may display toward the child. Researchers have
found that education is most reliably associated with differences in parenting and this is evident in the way parents speak to their children, the nature of discipline practices and most importantly parenting styles. Further studies have found that low income may have an impact on poor parenting due to certain factors that are associated with low-income. A parent earning a low-income will most likely live in an unsafe, high-risk neighbourhood which may result in the parent being stricter in discipline practices. However, financial stress or economic pressure appears to have negative effects on the ability to parent because of the parents’ inability to cope with this pressure.

Economic pressure can be defined as the inability or difficulty in dealing with stressful economic conditions for example not being able to pay bills or buy food and clothing. Economic pressure and psychological distress are two factors that have been found to negatively influence positive parenting (Brody, Murray, Kim & Brown, 2002). Low family income is a precursor for economic pressure resulting in less involved and less supportive parenting. On the other hand psychological distress such as depression is associated with increased levels of hostility and harsh parenting. It has been found that economic pressure and depression is related in that people in lower income groups have higher levels of depression as opposed to people in the higher income group. The Family Stress Model posits that economic disadvantage lead to daily struggles and this gives psychological meaning to the experience of economic pressure. When parents experience daily struggles they may become frustrated, angry and emotionally stressed with the result that it diminishes the parents’ ability to parent effectively.
Figure 2.4: Diagrammatical representation of the effects socio-economic status has on parenting and child development outcomes

Figure 2.4 shows that socio-economic status impacts on parenting outcomes namely: knowledge of child development, parenting skills and the ability to be sensitive toward the child’s emotional needs. The result of this is that it impact on the child’s developmental outcomes and later adulthood. Furthermore in totality it impacts on the resources that enhance child development, emotional resources, housing, health and nutrition, employment opportunities and other stress factors.

2.9.3 Comparing the effects of parenting styles in low and high socio-economic groups

Understanding the ecology of behaviour and social competence in young children has important implications considering that the effects of socio-economic disadvantage are
stronger in early childhood (Yeung, Linver & Brooks-Gunn, 2002) and are linked to adjustment problems in later life (Tremblay, 2000). Children living in poverty are particularly likely to enter school with a range of social and behavioural difficulties, with over 40% showing difficulties in social competence and 20% exhibiting disruptive behaviour that impedes school adjustment (Kaiser et al., 2000). Social competence in preschool children has been found to play a significant role for emotional regulation and social relatedness, both assets to their transition to formal education (Sylva et al., 2008) To a great extent, children’s reduced social competence and emotional well-being reflect the effects of poverty and, most crucially, the impact of poverty on parenting practices and behaviour manifested mainly in the quality of parent–child interactions and parental psychological well-being (Dearing et al, 2001; Bierman et al, 2008).

Lareau (2003) found that parents in the low socio-economic group engaged in parenting that promote the accomplishment of growth meaning that the parents’ only goal is to ensure that they provide the child’s basic needs. Furthermore they are less likely to elicit thoughts, feelings and opinions from their children and would more likely give directives as opposed to negotiating. Lareau’s (2003) observation supports a study conducted Bianchi & Robinson (1997) positing that these parents allowed more time for unstructured play, were unassertive and uninvolved. In addition they displayed aggressive behaviour and harsh punishments. For Lareau (2003) the repercussions of parenting styles are witnessed in the children’s comfort or discomfort, in contrast other researchers posit that different parenting styles result in cognitive and developmental differences in child development. Other researcher state that differences in parenting styles are strongly influenced by the emotional state of the parent
(Sherman, 2009). They find that stressed and depressed parents are more likely to be harsh disciplinarians that are caused by economic insecurity or stressors.

In contrast to the low socio-economic group Lareau (2003) found that more educated and parents in the high socio-economic groups tended to have more success-orientated goals for their children. These parents were more authoritative in their parenting approach and were more likely concerned with discussing manners, verbal skills, healthy eating and what they could do to provide for their children. They also listed that negotiating and listening are important aspects on interaction between themselves and their children.

### 2.10 Conclusion

Early childhood development is an imperative stage of a developing child’s life. However, there are intrinsic and extrinsic factors that contribute to the holistic development of the child. In this chapter the study focused on Bronfenbrenners Ecological theory, which is the basis of this study to explore the role of environmental factors. In addition this chapter focuses on developmental theory in support of the environmental factors at work. Lastly this chapter focused on three topics namely: knowledge of child development, parenting styles and socio-economic status. Knowledge of child development leads to a better understanding of the developing child resulting in positive parenting. Parenting styles elaborated on in this chapter are authoritative, authoritarian and permissive parenting, as this study attempts to demonstrate the relationship between parenting types and knowledge of child develop. Finally previous research studies provide evidence that parents in low socio-economic status are more authoritarian than parents in high socio economic status that display authoritative
parenting styles. The next chapter provides a detailed explanation of the methodology used to collect and analyse the data.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used to conduct the present study to accomplish the specific aims and objectives as described in Chapter 1. A detailed explanation is provided for the research design. It also provides an explanation of how the sample was recruited and presents a full description of the sample. Further, this chapter presents the instruments used to collect the data for analysis and a review of their psychometric properties. It also presents the pilot study conducted before undertaking the main study. The data collection procedure and analysis procedures are also discussed. Lastly, the ethical considerations are discussed.

3.2 Aim and objectives of the study

Aim of the study

The objectives of this study were to:

- Systematically review previous studies which determine the association between knowledge of child development and parenting styles;
- Determine the most prevalent parenting style of parents in early childhood development centres;
- Assess the knowledge of child development of parents in early childhood development centres;
• Establish the relationship between knowledge of child development and parenting styles of parents in early childhood development centres;

• Determine whether there is a significant difference in knowledge of child development and parenting styles between low and high socio-economic groups of parents in early childhood development centres.

3.3 Methodological Approach

For this study a mixed methodological approach was used. A mixed method design consists of both quantitative and qualitative methods. Mixed methods research can be defined as:

A research design [has] philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analyzing and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone” (Creswell & Clark, 2011: pg 5).

Furthermore the mixed methods approach is one in which the researcher tends to base knowledge claims on pragmatic grounds (Cresswell, 2003). The pragmatic view is that the research problem is more important than the method itself and that the researcher use all approaches necessary to understand the problem (Creswell, 2003). Morgan (2007; 71) states; that pragmatism offers a reciprocal approach between quantitative and qualitative methods. In addition, the pragmatic approach relies on abductive reasoning, which moves back and forth between deductive and inductive reasoning. For example the qualitative section of this study shows what the association is between knowledge of child development and parenting styles while the quantitative section substantiate similarities and/or differences of this study.
against previous studies. Therefore this study was conducted using both quantitative and qualitative methods to fully understand the problem and to meet the set objectives.

3.4 Research Design

Research designs are procedures for collecting, analysing, interpreting and reporting on data in research studies (Creswell & Clark, 2007). Research designs also guide the methods decisions that researchers must make during their studies and set the logic by which they make interpretations at the end of their studies (Creswell & Clark, 2007). Furthermore, the construction of the research questions and the choice of the theoretical lens used result in the different ways of applying, prioritising and mixing the quantitative and qualitative components of the study. There are six different designs for conducting mixed method studies and these include three sequential designs and three concurrent designs (see Figure 3.1). Sequential designs consist of explanatory, exploratory and transformative designs, while concurrent designs consist of triangulation, nested and transformative designs (Creswell & Clark, 2007). For this study a sequential design was used.

![Figure 3.1](image-url)
3.4.1 Sequential Exploratory Design

When using the sequential exploratory design the researcher collects and analyses qualitative data first. After the data is analysed the results are then used to build the subsequent quantitative phase. The quantitative data is used to enhance the qualitative data. The researcher connects the phases by using the qualitative results to shape the quantitative phase by specifying research questions and variables and developing an instrument. Hence, the purpose of the sequential exploratory design is to explore relationships “when study variables are not known, refining and testing an emerging theory, developing new psychological test/assessment instruments based on an initial qualitative analysis and generalizing qualitative findings to a specific population” (Hanson, et al., 2005: 229).

![Exploratory sequential design diagram](Creswell, 2003)

The current study uses the sequential exploratory design with priority given to the quantitative components preceded by the qualitative component. As a result the study was conducted in two phases. The first phase was conducted using a qualitative approach to determine the association between knowledge of child development and parenting styles.
This was followed by phase two using a quantitative approach to determine the following objectives to:

- Determine the most prevalent parenting style of parents in early childhood development centres;

- Assess the knowledge of child development of parents in early childhood development centres;

- Establish the relationship between knowledge of child development and parenting styles of parents in early childhood development centres;

- Determine whether there is a significant difference in knowledge of child development and parenting styles between low and high socio-economic groups of parents in early childhood development centres.

3.5 Phase 1: Qualitative Research Method

Qualitative research is a method of inquiry aimed to gather an in-depth understanding of human behaviour and investigates the why and how of decision-making (Denzin & Lincoln, 2005). The most common method of qualitative research is an interview, but there are other forms of data collection, which may include group discussions, observation and reflection field notes, various texts, pictures and other materials (Savin-Baden & Major 2013). Qualitative research categorizes data into patterns as the primary basis for organizing and reporting results. Qualitative researchers rely on various methods for gathering information such as Participant Observation, Non-participant Observation, Field Notes, Reflexive Journals, Structured Interview, Semi-structured Interview, Unstructured Interview, and
Analysis of documents and materials (Marshall & Rothman, 1998). For this qualitative phase of the data collection a systematic review was done to establish the association between knowledge of child development and parenting styles by way of scientifially relevant research. According to Petticrew and Roberts (2006) a systematic review is ‘a review that strives to comprehensively identify, appraise, and synthesize all the relevant studies on a given topic.’

3.5.1 The Systematic Review

A systematic review was conducted to establish the association between knowledge of child development and parenting styles. Systematic reviews attempt to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria to answer a given research question (Mulrow, 1994; p 597) based on a scientific methodology. Researchers conducting systematic reviews use explicit methods aimed at minimizing bias, in order to produce more reliable findings that can be used to inform decision making (Antman et al, 1992; Oxman & Guyatt, 1993). The systematic review was conducted to determine what quantitative studies have been conducted in terms of the research question in order to identify the gaps and limitations of previous studies, which would then inform the quantitative design of the current study. A comprehensive search was conducted in databases such as Ebscohost (Academic search complete, Africa-Wide information, PsychArticles, SocIndex, Cinahl), JStor, Sciencedirect, Springerlink, Pubmed and Sage for the period between 2003-2014. Search terms were constructed and agreed upon by two reviewers after a brief review of available literature which included: knowledge of child development and parenting styles, parent knowledge of child development and parenting styles, maternal knowledge of child development and parenting styles, maternal knowledge of child development and parenting styles.
styles, paternal knowledge of child development and parenting styles, child development knowledge and parenting styles, early childhood development and parenting styles.

**Inclusion Criteria**

The criteria for inclusion into the study were: (i) publication in English language; (ii) publication dates between 2003 and 2014; (iii) target population being parents with children; (iv) association between knowledge of child development and parenting or parenting styles. Only quantitative study designs were included in the search. Intervention studies were excluded for this review. A detailed explanation of the process followed for the systematic review including its findings will be discussed in the following chapter.

3.5.2 **Methodological quality appraisal**

The methodological quality of the studies was assessed for inclusion within the systematic review using a methodological quality appraisal tool as adapted Roman and Frantz (2013). The methodological quality appraisal tool (see Table 3.1) was used to evaluate sampling techniques, response rate, reliability and validity as well as the data source. A methodological quality appraisal score is obtained between satisfactory to good was considered for possible inclusion within the review.
Table 3.1. The critical appraisal tool

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the sampling method representative of the population intended to the study?</td>
<td></td>
</tr>
<tr>
<td>A. Non-probability sampling (including: purposive, quota, convenience and snowball sampling)</td>
<td>0</td>
</tr>
<tr>
<td>B. Probability sampling (including: simple random, systematic, stratified g, cluster, two-stage and multi-stage sampling)</td>
<td>1</td>
</tr>
<tr>
<td>How was non-response addressed?</td>
<td></td>
</tr>
<tr>
<td>A. Reasons for non-response described?</td>
<td>1</td>
</tr>
<tr>
<td>B. Reason for non-response not described</td>
<td>0</td>
</tr>
<tr>
<td>Did the study report any response rate? (If the reported response rate is below 60%, the question should be answered “No”.)</td>
<td></td>
</tr>
<tr>
<td>A. No</td>
<td>0</td>
</tr>
<tr>
<td>B. Yes</td>
<td>1</td>
</tr>
<tr>
<td>Was the measurement tool used valid and reliable</td>
<td></td>
</tr>
<tr>
<td>A. Yes</td>
<td>1</td>
</tr>
<tr>
<td>B. No</td>
<td>0</td>
</tr>
<tr>
<td>What was the source of the data</td>
<td></td>
</tr>
<tr>
<td>A. Secondary source: survey not specifically designed for the purpose</td>
<td>0</td>
</tr>
<tr>
<td>B. Primary source</td>
<td>1</td>
</tr>
<tr>
<td>Do the authors include the definition of eating disorders/obesity/disordered eating/bulimia/anorexia used for their study?</td>
<td></td>
</tr>
<tr>
<td>A. yes</td>
<td>1</td>
</tr>
</tbody>
</table>
Do the authors include the definition of parenting styles/parenting used for their study?

A. Yes 1  
B. No 0

Is the eating disorders/obesity/disordered eating/anorexia/bulimia explored in the study?

A. Yes 1  
B. No 0

Is the parenting style/parenting further explored in the study?

A. Yes 1  
B. No 0

Scoring method: Total score divided by total number of all applicable items

Grading of the QACO score:

0%-33%  33%-66%  67%-100%
Bad  Satisfactory  Good

3.5.3 Data extraction

An adapted version of the data extraction tool as used by Roman and Frantz (2013) was adapted and used by the two reviewers SJS and NVR. The data gathered from the extraction tool (see Table 3.2) included: Author(s) name(s), country / geographical location, study
design, participant demographic details, measures used, data on the association that was found and the findings. The results of the systematic review are presented in Chapter 4.

<table>
<thead>
<tr>
<th>Table 3.2 Data Extraction Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

3.6 Phase 2: Quantitative Research Method

This phase of the study was conducted using a quantitative method. The research questions were answered using data collected by means of self-administered questionnaires. The quantitative research method is described by Aliaga and Gunderson (2000) as the following: "Quantitative research is ‘Explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics)’ (Muijs 2004, p1). The choice of using a quantitative methodology was due to the intention of determining relationships between the variables based on numerical scores.

3.6.1 Quantitative Research Design

A cross-sectional comparative study was conducted. Cross-sectional studies are used to study a portion of the population at one single point in time (Thisted, 2006). A non-experimental correlation-comparative research design was used to determine the relationships between the variables and to compare them between two groups. The
correlation design examines the strength of the relationship between variables (Asadoorian & Kantarelis, 2005). For this study the correlation design was necessary to determine the relationship between knowledge of child development and parenting. Comparative studies investigate the relationship of one variable to another by examining the differences on the dependent variable between two groups of subjects (Field, 2009). The comparative design was applicable to examine the similarities or differences between high and low socio-economic groups in relation to the parenting styles adopted.

3.6.2 Sample

Sampling can be defined as selecting the elements to be observed (Babbie & Mouton, 2010). The study was conducted in communities that are in close proximity of each other in the Cape Town area. Early childhood development centres (ECD) within the selected communities were targeted for sampling purposes. Probability sampling methods was used as the finding are generalised to the greater population. Probability sampling techniques are primarily used in quantitatively oriented studies and involve ‘‘selecting a relatively large number of units from a population, or from specific subgroups (strata) of a population, in a random manner where the probability of inclusion for every member of the population is determinable’’ (Tashakkori & Teddlie, 2003a). A simple random sampling technique was employed in relation to the purpose of the research. Simple random sampling is defined as a sampling method where each element in the population has an equal probability of selection and each combination of elements has an equal probability of being selected (Teddlie & Yu, 2007). The initial sample was to be a heterogeneous sample of (a) gender and (b) socio-economic status. Ideally both mother and father were to complete a questionnaire. However due to the challenges of recruiting both mother and father to complete a questionnaire a
decision was made for either willing mother or father to complete the questionnaire. These challenges are further discussed in the pilot. The requirement to participate was that the parent should have a child between the ages of 2-5 years old. The reason for this age criteria is that most early childhood development centres enrol children starting from age 2. The initial sample was 320 but due to the adjustment made because of the sampling challenge the final sample size was 160. A total of 140 (87.5%) participants responded to the study of which 59 (42%) were from the low socio-economic group and 81 (58%) from the high socio-economic group. For the purpose of this study, participants were classified into the low socio-economic group if they paid less than R500 on crèche fees and parents spending greater than R1000 were classified into the high socio-economic group. Of the 140 participants, 122 (87.10%) were female and 18 (12.9%) were males. The majority of the participants [106 (75.7%)] identified themselves as Coloured.

3.6.3 Data Collection Instruments

Structured questionnaires were given to the participants to complete. The instruments that were used are: (i) demographics, (ii) parenting style dimension questionnaire, (iii) knowledge of infant development inventory. The questionnaires were only printed in English.

3.6.4 Demographics

Participants were asked to record their age, sex, marital status, race, language and grade. They were also asked to indicate their source of income, living arrangements and household income bracket as well as the amount of school fees they pay.
3.6.5 Parenting style dimension questionnaire

The Parenting Style and Dimension questionnaire is a 62 item Likert-type questionnaire designed to measure parenting style variables consistent with Baumrind’s typologies and to measure the dimensions and internal structures within those typologies (Robinson et al, 1995). For this study an abbreviated version of 32 items will be given to participants to complete. The authoritative items consisting of 27 question has a Cronbach alpha of .91, the authoritarian items consisting of 20 questions has a Cronbach alpha of .86 and the permissive items consisting of 15 questions a Cronbach alpha of .75 (Robinson et al, 1995).

3.6.6 Knowledge of infant development inventory

The Knowledge of Infant Development Inventory – P (1996) will be used to measure child development knowledge. The Knowledge of Infant Development Inventory (KIDI) (MacPhee, 1996) is a 75-item questionnaire, which is used in conjunction with the Catalog of Previous Experience with Infants (COPE) (MacPhee, 1981) (Dichtlmiller et al, 1992). The Cronbach alphas are: .67 and .55 for college students at pre-test and post-test, respectively, .82 for parents, and .50 for professionals. Initially the complete KIDI-P consisted of four subscales: Parenting (14 items) which relates to instrumental beliefs about parenting strategies and the responsibilities of parenting, Health & Safety (12 items) relates to proper nutrition, healthcare, accident prevention and treating ailments; Norms and Milestones (32 items) relates to typical infant behaviour at a given time; and Principles (17 items) includes statements about developmental processes. For this study the Knowledge of Infant Development Inventory (KIDI) 58 item questionnaire will be used to assess the current level of knowledge of child development of each participant regardless of previous
experiences. Responses to the KIDI-P items are scored as correct (1), incorrect (0) or not sure (2). The milestone items starting from item 40 – 58 are scored as correct, incorrect or not sure. However and additional information is required so participants are required to indicate where they overestimate or under-estimate. Overestimates and underestimates refer to questions where if the participant disagrees with a statement he/she would have to indicate whether the statement applies to a younger or older child.

3.6.7 Pilot Study

A pilot study is used to assist in the further development of a larger study as it may be used in order to test study measures, testing validity of tools and estimation of outcome variables (Arain, Campbell, Cooper & Lancaster, 2010). This pilot study was used as a method to discover any flaws in the actual data collection plan, while also allowing the researcher enough time to rectify any errors before the main research took place. A pilot study is carried out using a small sample of subjects, preferably using 10% of the main study (T.C.D. Guidelines, 2010).

After receiving the permission from the Senate Committees at the University of the Western Cape, the principal of an ECD facility in a high socio-economic community was approached to participate in the pilot study. Questionnaires together with the consent forms and a letter explaining the aims and objectives of the study were sent home with randomly selected children between the ages of two to five years old. Initially participants from the low socio economic groups were to be contacted to explain the aims and objectives of the study and to ascertain whether they were willing to participate in the study. The researcher was unable to do so due to the Promotion of Access to Information Act, which places restrictions on
identifying information of the children that attend the ECD facility as well as their contact information.

3.6.8 Challenges identified during the pilot study

A few challenges were experienced during the pilot phase of the study. As previously mentioned the questionnaire was to be completed by both mother and father of the child. This was not possible as either (a) the father was absent in the household or (b) the father had no interest in participating in the study. The data collection procedure for the high socio-economic group was that the questionnaires with an explanation letter of the study and consent form would be sent to the ECD centre and handed to random children to give to their parents to complete. This was done but the response rate was very poor and did not seem like a viable option as the Principal of the ECD centre had no control over the return of the questionnaires. As mentioned previously the data collection procedure for the low socio-economic group was that parents were to be contacted to schedule a time for the questionnaire to be completed with them. Due to the restriction that the Promotion of Access to Information Act, the Principal was unable to provide a list of children and their family contact details for correspondence. These challenges were addressed by (a) distributing questionnaires via email (b) providing questionnaires to the ECD centres and collecting questionnaires that were returned (c) scheduling a time slot at ECD centres parent/teacher meeting to explain the study and complete questionnaires (d) employing and training a fieldworker to go from door to door to complete questionnaires with willing participants (e) contacting churches for access to parents who may have children involved in Sunday School. During the pilot study participants were debriefed to check for challenges with the questionnaire. As recommended by Robson (2007) data collected in the pilot study was used
to generate dummy data for participants in order to run a trial test on the selected method of data analysis. Care was taken that the participants in the pilot study were excluded from the main study and that the details of the study were not passed on to main study participants.

3.6.9 Changes made to the instrument

Two issues were highlighted in the questionnaire (1) a suggestion was made to broaden the demographic section (2) to amend words that is no longer used in South Africa. All errors were corrected and amendments were made to the demographics questions to gain a better insight of the participants. The following questions were added to the demographics section: Who looks after your child, if not in daycare? Have you sought parenting to support? For this question the participant had to select whether they have sought parenting support via parenting workshops, parenting counselling, parenting books or internet. Question 24 on the KIDL_P initially reads as “Most premature babies end up being abused, neglected, or mentally retarded” (MacPhee, 2002). This question was amended to read as “Most premature babies end up being abused, neglected, or mentally disabled” as the word *retarded* was viewed as offensive by the public. Please see the revised questionnaire attached (see Appendix C).

3.7 Data Collection Procedure

The research was conducted after receiving permission to conduct the study from the University of the Western Cape. Further permission was sought for at the Department of Social Development as initially the sample was to be recruited primarily from ECD Centres. Permission from the Department of Social Development was not necessary as the principal of the ECD centres have the authority to give consent. The principals of the various selected
centres were contacted to get permission to send questionnaires home with the children. The questionnaires that were sent home with the children had a letter explaining the purpose, aims and objectives of the study (see A) as well as consent form to be signed (see Appendix B). The questionnaires were then given to the Principal to distribute to children between the ages of 2-5 years old. A presentation of the study was done at parent/teacher meetings at one of the ECD centres that managed to arrange a slot for the presentation. For the lower socio-economic group a fieldworker was employed and trained who went door-to-door to complete questionnaires with willing participants who had children in the ECD centres. The majority of the completed questionnaires were produced by the door-to-door collection method. It was re-iterated in all correspondence that participation is voluntary and that all information shared would remain confidential.

3.8 Data Analysis

Quantitative data analysis is a statistical technique used to describe and analyse variation in quantitative measures (Chambliss & Schutt, 2012). Data was analysed by means of Bi and multivariate descriptive inferential statistical tests. Descriptive statistics is used to describe the distribution of and relationship among variables (Chambliss & Schutt, 2012). Frequencies were run in order to determine the shape of the distribution. When studying the frequency distribution, the researcher can see whether the shape of the distribution is normal or not (Vogt, 2007). Vogt (2007) states “when it is normal, measures of central tendencies make excellent summaries of facts about the distributions”. The raw data was captured into The Statistical Package in Social Sciences (SPSS) Version 22, coded and cleaned. Data cleansing is process of checking data for errors after the data has been entered (Chambliss & Schutt, 2012). Correlation tests were done in order to determine whether there is a
relationship between the variables. In order to establish whether there is a significant
difference between groups (low and high socio-economic groups) an independent T-tests
were conducted. Independent T-test is used when there are two experimental conditions and
different participants being used in the study (Field, 2009). This study looked at the
differences if any between the mean scores of variables for the low and high socio-economic
groups. To assist with the data analysis subscales were created for the PSDQ. The subscales
included authoritarian, authoritative and permissive parenting styles. Scores ranged from
“Always” to “Never” on 5-point scale. Mean scores were then calculated for each subscale.
The highest score indicated the applicable parent style.

Four subscales were created for the KIDI-P namely: principles, parenting, health and safety
and norms and milestones. For each of the subscales there was a “correct”, “incorrect” and
“not sure” option. Each “correct” response received a score of 1, “incorrect” responses
received a score of zero and “not sure” options received a score of 2. Items 40-58 provide
information about overestimates and underestimates, which are types of wrong responses
that may relate to age-appropriate demands and intellectual stimulation (MacPhee, 2002).
Over and underestimates are probability scores in relation to the odds of answering in such a
manner on the milestones questions. Responses for over and underestimates were also
scored 1 for a correct response and 0 for an incorrect response. Total scores were tallied for
“correct” responses, “incorrect” responses and “not sure” responses and these were
converted into an average percentage score by dividing the total score for each category by
the number of participants.
3.9 Reliability and Validity

The data collection tools were selected for their reliability scores. The test-retest reliability coefficient of the KIDI is .92. The internal consistency of the KIDI has been reported in several studies, with alphas in the range of .80 to .86 (MacPhee, 2002). The convergent validity coefficient for the KIDI are equivalent across all ethnic groups. Since it is developed, the scale has been revised and used by scholars all over the world and is demonstrated to have good reliability and validity (Robinson et al, 2001). A study done by Fu et al (2013) to test the reliability of the PSDQ found the internal reliability (Cronbach α) of each subscale was between .63 and .78 (internal reliability of each factor of subscales: .63 - .87) and test-retest reliability were between .54 and .83 (test-retest reliability of each factor of subscales: .54 - .83). For content validity in authoritative parenting subscale, authoritarian parenting subscale and permissive parenting subscale, the correlation coefficients between each factor and subscale were between .73 and .95, which was found to be relatively high ($p < .01$). For structure validity the correlation coefficients among each factor were between .38 and .83, which was found to be relatively high ($p < .01$).

3.10 Ethics Statement

When a researcher does social scientific research it important that he or she should be aware of what is viewed as proper or improper when doing research (Babbie & Mouton, 2001). Care was taken not to reveal information that may embarrass, humiliate or endanger the life of the participant. Confidentiality and anonymity was ensured when conducting the pilot and the main study. The following ethical considerations were adhered to.
**No harm to participants:** The researcher ensured that no participant was injured during the conduct of the research, despite the fact that they voluntarily formed part of the researched study.

**Voluntary information:** The participants were informed that they were not obliged to participate in the study and that it was strictly voluntary. The participants were also informed that they had the right to refuse participation and were able to withdraw from the study at any stage.

**Privacy, anonymity and confidentiality:** The participants’ identity was concealed by using codes in the data analysis. No names were entered into SPSS. Consent forms that were attached to the questionnaire were removed. The researcher informed the participants that their identity was protected and the information, which they shared would be treated as confidential. Every effort was made to ensure that no names were identified with a particular completed questionnaire.

**Informed consent:** The study was explained by means of an explanation attached to the questionnaire for those having received it via the ECD centre. The fieldworker explained the study to the participants that she completed questionnaires with and also provided them with an explanation letter. The participants were informed of the process and purpose of the study. Written consent was obtained from participants. Participants were asked to complete a consent form indicating their voluntary participation in the study. The consent form indicated the purpose of the study, the contact details of the researcher and the supervisor. The researcher also allowed the participants the opportunity to clarify any questions with the
researcher. If participants required further intervention in any way, the researcher would refer them for the necessary counselling.

### 3.11 Conclusion

The chapter provided the methodological design of the study. A mixed methods design was used to achieve the main aim and objectives of the study child. More specifically, the design used is a sequential explanatory design prioritising the quantitative phase followed by the qualitative phase. The chapter provides information with regard to the various stages of the research process such as sampling, data collection and data analysis. This chapter has made an attempt to outline the research pilot study, the main study, and the changes made as a result of the pilot study. The following two chapters (4 and 5) provide the results of the systematic review and quantitative data analyses respectively.
CHAPTER 4

RESULTS OF THE SYSTEMATIC REVIEW

4.1 Introduction

This chapter presents the results of the systematic review. It also provides a detailed explanation of the process and methods involved in conducting the systematic review. Further it provides tables to explain the critical appraisal tool and extraction tool together with the results. Descriptive information on the findings of the review is presented in a narrative form.

4.2 Background

The family environment is the primary setting in which a child’s development will either thrive or be delayed. Parents, who understand normal child development, are less likely to be abusive and more likely to nurture their children’s healthy development. The strongest risk factor contributing to the development of behavioural and emotional problems in children is the quality of parenting a child receives (Saunders & Morawska, 2008). The quality of parenting is influential as it occurs across early childhood since stimulation is thought to have a special influence on early brain organization and on skill development (Landry, Smith, Swank, 2006). A study conducted by Stright, Gallagher and Kelley (2008) found that children who experienced a high quality parenting style during infancy and early childhood were more likely to have higher academic competence,
better social skills, and better relationships with teachers and peers than children experiencing poorer quality parenting. Similarly, Jackson and Schemes (2005) found that preschool children who have warm, supportive; and less authoritarian parents that provide cognitive stimulation, showed better cognitive and language abilities. A responsive parenting style allows children to feel safe in exploring their environment and in signalling their interests and needs. In addition responsive parenting provided consistently across early childhood establishes a solid foundation that is hypothesized to place children on a positive developmental trajectory that sustains beyond this developmental period (Landry et al, 2003). Darling and Steinberg (1993) posit that parenting styles moderate the relationship between parenting practices and developmental outcomes. Furthermore Darling and Steinberg (1993) states that parenting style represents a constellation of attitudes towards the child that “taken together, create an emotional climate in which the parent’s behaviours are expressed”. Parenting style is defined as “the manner in which parents treat, communicate with, discipline, monitor, and support their children” (Slicker et al. 2005). Whilst parenting practices are directed toward the behaviour of the child, parenting style convey the parents’ attitude toward the child which can be denoted in the parents’ tone of voice or body language amongst other things (Elstad & Stefansen, 2014). Although parenting style is a contributing factor, parent knowledge of child development has also often been related to child development outcomes (Saunders et al, 2005).

According to developmental psychologists maternal cognition plays a pivotal role in parenting and child development (Huang et al, 2005). There has been an increase in the study of maternal cognition by various researchers as it provides a framework for
understanding parental actions and the process of child development (Tamis-Lemonda, Shannon & Spellman, 2002). The concept of maternal cognition encompasses the following: maternal beliefs, goals, values, attitudes and knowledge of child development (Bornstein, 2010). However, whilst there are various dimensions of parent cognition, knowledge of child development is the most important (Huang et al, 2005).

The term parental knowledge or knowledge of child development can be defined as understanding the developmental norms and milestones, processes of child development, and familiarity with care-giving skills (Huang et al, 2005). Similarly, Bornstein (2006) describes parental knowledge of child development as the parents’ cognitions about how to facilitate the biological, physical, social and emotional needs of the developing child; the parents’ understanding of normative child development and the parents’ awareness regarding children’s health. A study conducted by Zand et al (2014) attest to the positive relationship between parental knowledge of child development and early childhood outcomes. Parents that are more knowledgeable have more realistic expectations of themselves and their children, and they are more likely to behave in developmentally appropriate ways with their children (Bornstein, 2003). When a mother is knowledgeable about child development she would most likely interact more sensitively to her child, which could promote and support healthy social and cognitive development. Similarly, Smith (2002) found that mothers with more knowledge of child development tend to use fewer love withdrawal and power assertive discipline strategies and use inductive reasoning. Conversely, a mother who is less knowledgeable of child development may have unrealistic expectations and adopt harsh and inconsistent discipline resulting in poor child developmental outcomes. Furthermore, mothers with unrealistic and distorted
expectations are more likely to use severe discipline or abuse compared to their more knowledgeable counterparts.

Mothers who are able to accurately judge their children’s abilities construct appropriate learning environments and interact with their children with better sensitivity (Hyuang et al, 2005). Sensitivity refers to the affective quality of the emotional relationship between parent and child focusing on the mother’s accessibility and ability to respond to her child (Biringen & Easterbrooks, 2008). Furthermore it is also the primary means through which care-giving quality is expressed and relates to the quality of attachment between parent and child (Zhou et al, 2002). The quality of interaction between child and caregiver influences the child’s development of social and cognitive skills. Parent-child interactions are particularly important during early years and the support provided by the parent in the child’s learning experiences allows for skills to develop more efficiently. This interaction between parent and child centres on parenting which include discipline and control that form part of the strategies that are used to build socio-emotional and cognitive competence in children (Akinsola, 2011).

In general there are few studies relating to knowledge of child development and other skills such as parenting styles (Saunders et al, 2005). Previous research indicates that a relationship exists between maternal cognition, particularly knowledge of child development, and parenting styles in early child development. Thus, the purpose of this systematic review was to review and describe previous research studies to determine the association between knowledge of child development and parenting styles. The purpose of this systematic review is also to critically appraise the methodological quality of
previous studies conducted with the view to identify gaps in previous studies in order to inform future studies.

4.3 Methods

The data was systematically collected, reviewed and reported in a narrative form. Prior to the start of the systematic review, the authors reached consensus on the terms and definitions to be included in this review (Table 1)

Search strategy

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of child development</td>
<td>It can be defined as understanding of “developmental norms and milestones, processes of child development, and familiarity with care-giving skills.”</td>
</tr>
<tr>
<td>Parenting styles</td>
<td>Consists of attitudes about children that parents communicate to their children and the emotional climate in which they are expressed.</td>
</tr>
</tbody>
</table>

A comprehensive search was conducted during August 2014 in databases such as Ebscohost (Academic search complete, Africa-Wide information, PsychArticles, SocIndex, Cinahl), JStor, Sciedirect, Springerlink, Pubmed and Sage for the period between 2003-2014. The studies sought in this systematic review would be found at Level 3 in the hierarchy of evidence. Search terms were constructed and agreed upon by both reviewers after a brief review of available literature which included: knowledge of
child development and parenting styles, parent knowledge of child development and parenting styles, maternal knowledge of child development and parenting styles, paternal knowledge of child development and parenting styles, child development knowledge and parenting styles, early childhood development and parenting styles. The titles and abstracts were retrieved independently by one researcher (SJS) and then screened by another researcher (NVR) using the same inclusion criteria below in order to determine eligibility of the studies for inclusion to the review. In order to reduce bias, more than one researcher is usually engaged in the filtering process where either both researchers screen all the abstracts and articles or compare their results to ensure inter-reviewer reliability (Stewart, 2014).

**Inclusion Criteria**

The criteria for inclusion into the study were: (i) publication in English language; (ii) publication dates between 2003 and 2014; (iii) target population being parents with children; (iv) association between knowledge of child development and parenting or parenting styles. Only quantitative studies were initially included because the focus was to determine what quantitative studies were previously done in order to inform the quantitative component of this study and to review the instruments used in these studies. However, the search was extended to include intervention studies with a pre and post test design to examine the association between knowledge of child development, which is in keeping with the research question. The reason for including intervention studies is because often the interventions are conducted to improve knowledge and perhaps behaviour or parents.
Methods of the review

The initial search was conducted by one researcher (SJS) and the titles and abstracts screened by another reviewer (NVR). The search yielded 1591 articles across all the search terms agreed upon by the researchers. The titles were screened for eligibility and a sample of 23 records was attained. The next phase was to remove all duplication from the data and then the final sample of 20 studies was retrieved. The citations for the 20 articles were retrieved and read by the two authors to establish inclusion into the systematic review. After reviewing the 20 retrieved articles 12 were excluded based on the inclusion criteria. The final inclusion sample consisted of 8 articles. The inclusion into the systematic review was based on the methodological quality of the study.

Methodological quality appraisal

A methodological quality assessment tool from previous research (Roman & Frantz, 2013) was adapted and used to appraise each article (Table 4.2). Each article was appraised and scored. The total was then converted to percentages as seen in Table 4.3. The final sample consisted of (8) articles as represented in the process flowchart (Figure 4.1).
### Table 4.2: The critical appraisal tool

1. Was the sampling method representative of the population intended to the study?
   - A. Non-probability sampling (including: purposive, quota, convenience and snowball sampling) 0
   - B. Probability sampling (including: simple random, systematic, stratified, cluster, two-stage and multi-stage sampling) 1

2. How was non-response addressed?
   - A. Reasons for non-response described? 1
   - B. Reason for non-response not described 0

   Did the study report any response rate? (If the reported response rate is below 60%, the question should be answered “No”.)
   - A. No 0
   - B. Yes 1

3. Was the measurement tool used valid and reliable
   - A. Yes 1
   - B. No 0

4. What was the source of the data
   - A. Secondary source: survey not specifically designed for the purpose 0
   - B. Primary source 1

5. Do the authors include the definition of eating disorders/obesity/disordered eating/bulimia/anorexia used for their study?
   - A. yes 1
   - B. No 0
Do the authors include the definition of parenting styles/parenting used for their study?

A. Yes
B. No

Is the eating disorders/obesity/disordered eating/anorexia/bulimia explored in the study?

A. Yes
B. No

Is the parenting styles/parenting further explored in the study?

A. Yes
B. No

| Scoring method: Total score divided by total number of all applicable items |
|-----------------------------|-----------------------------|-----------------------------|
|                             | 0%-33%                      | 33%- 66%                    | 67% - 100%                 |
| Grade                      | Bad                         | Satisfactory                | Good                       |

85
Figure 4.1 Screening of articles included
Data Extraction

The data extraction sheet was designed to identify information pertaining to the author, date of publication, country, population (sample size, age, gender), study design, measuring tool used for data collection, definition of knowledge of child development, definition of parenting/parenting styles and results (Table 4.4)

<table>
<thead>
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<th>Author</th>
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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Score</th>
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<tr>
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<td>A. Morawska and M. R. Sanders, 2007</td>
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</table>
4.4 RESULTS

General description of the studies reviewed

Of the initial 23 studies only 8 studies were included in the review. The reviewers decided that studies scoring 50% and above will be included in the review. Of the 8 studies 3 (Arnott & Brown, 2013; Pevalin, Wade & Brannigan, 2003; Bornstein & Putnick, 2007) scored below average (50%) for the methodological appraisal. Of the 9 questions on the critical appraisal tool which was applied to each study to appraise the quality; these studies only answered 4 questions hence the below average score. However these studies were included in the review as they contained valid content information pertaining to the research question.

The studies, in the final sample, were one from Turkey (Oncu & Unluer, 2012), two from Canada (Pevalin, Wade & Brannigan, 2003; Morawska & Sanders, 2007), one from the United Kingdom (Arnott & Brown, 2013) and three from the United States of America (Hess, Teti & Hussey-Gardner, 2004; Winsler, Madigan & Aquilano, 2005; Bornstein & Putnick, 2007). Data was collected by means of questionnaires in all of the studies. The sample sizes ranged from 41 participants to 8605 participants. The participants in the studies were parents of children of varying ages with the youngest being under 12 months and the oldest 10 years old. Two of the studies were cross-sectional (Arnott & Brown, 2013; Morawska & Sanders, 2007), two were longitudinal studies Hess, Teti & Hussey-Gardner, 2004) and three were intervention studies (Winter, Morawska & Sanders, 2011; Oncu & Unluer, 2012; Winsler, Madigan & Aquilano, 2005). Lastly one was a population study (Pevalin, Wade & Brannigan, 2003).
4.4.1 Defining knowledge of child development and parenting approaches

Four of the eight studies provide a definition relating to either parenting or parenting styles. One article (Unluer & Oncu, 2012) defines parenting as consisting of a complex of duties and responsibilities in which mother and/or father has to decide how to organize and guide their son/daughter. Two of the studies provide a definition which relates to parenting confidence which is defined as the parents’ perception that they can effectively manage tasks relating to parenting (Morawska & Sanders, 2007; Hess, Teti & Hussey-Gardner, 2004). The study conducted by Arnott and Brown (2013) cites (Baumrind, 1978) in defining parenting styles as traditionally conceptualizing parenting behaviours as individual differences along two dimensions: warmth/nurturance and control. Combinations of these elements categorize parenting style typologies. Neither of the studies included in this review provide a clear definition for knowledge of child development but the content explores the issue of parental knowledge or cognitions of which one of the aspects is knowledge of child development (Hess, Teti & Hussey-Gardner, 2004; Bornstein & Putnick, 2007; Morawska & Sanders, 2007; Winter, Morawska & Sanders, 2011).

4.4.2 Knowledge of child development

Of the 8 studies, 4 studies discuss and explore knowledge of child development (Hess, Teti & Hussey-Gardner, 2004; Bornstein & Putnick, 2007; Morawska & Sanders, 2007; Winter, Morawska & Sanders, 2011). Hess, Teti and Hussey-Gardner (2004) reported that the participants scored an average of 82.87% and indicated that the scores were relatively high. Furthermore, the study stated that mothers with higher education and
income and who were married had greater knowledge than mothers who had lower education, lower income and were unmarried. The study also found that those having greater knowledge of child development were more sensitive to their children. Also the study found that Caucasian mothers had greater knowledge than African American mothers. Another study conducted by Bornstein and Putnick (2007) found that degree of knowledge varied according to age and found that older mothers were more knowledgeable than younger mothers. However, the difference was not significant and stated that there is few empirical evidence to support that maternal age affects knowledge and that there may be other factors that influence knowledge apart from SES and education. Additionally, Morawska and Sanders (2007) posit that knowledge of correlates of toddler behaviour facilitate better understanding of the factors that are important to develop interventions and programmes. While Morawska and Sanders (2007) do not specifically focus on parental knowledge they do investigate confidence, which has been found to be dependent on parental knowledge. The study results show that parents often did not know what to do when children threw tantrums, that their parenting style affects child behaviour and they also did not know about setting limits. A later study conducted by Winter, Morawska and Sanders (2011) reported that pre-intervention parents in the higher socio-economic status group were found to have greater knowledge of child development. However, post parenting intervention parental knowledge and confidence was increased in both low and high socio-economic groups. The study further indicated that parents in high socio-economic groups would benefit from opportunities to practice their skills and receive feedback whereas the focus for low socio-economic status parents should be on teaching new skills and strategies to improve knowledge and confidence.
4.4.3 Parenting in ECD

Hess, Teti and Hussey-Gardner (2004) found that mothers with higher education, higher income and married were more responsive to their children than less educated, lower income and unmarried mothers. The study found that parent confidence was high but suggests that naively confident mothers may be at risk for parenting difficulties as their children grow into toddlers. Another study by Oncu and Unluer (2012) reported that mothers were found to restrict father involvement. Subsequently, both mothers and fathers were found to score high in protective and discipline dimensions with fathers scoring higher in these dimensions and being more protective. Similarly, Winsler, Madigan and Aquilano (2005) reported that fathers perceived their spouses to be more authoritative followed by permissive whereas mothers perceived their spouses as more authoritative. Further it was found that parents who share similar parenting styles were able to report accurately on their spouses parenting styles. The study concluded that corresponding parenting styles in the same home were important. Arnott and Brown (2013) conducted a factor analysis and found that nurturance and control strongly emerged. Mothers high in nurturance would cuddle their child instead of leaving the child to settle and mothers high in routine would adhere to sticking to strict routine for their baby. Also mothers high on the discipline factor believed that they had to modify their child’s behaviour and were not particularly swayed by their infants for example believing that crying was used to manipulate them. When these factors are converted into Baumrind’s typology of parenting styles they found that mothers high in routine, discipline and low in nurturance could be considered authoritarian, whereas mothers high in nurturance with intermediate levels of routine and discipline may be viewed as
authoritative. Furthermore mothers with high anxiety were more likely to seek advice and
guidance from others whereas their counterparts were more likely to progress their child
and compared the child to others of the same age. Lastly, parenting style was associated
to maternal age and education. Yet another study (Morawska & Sanders, 2007)
concluded that maternal confidence and dysfunctional parenting were interrelated and
were also predicted best by parenting variables, in contrast to socio-demographic and
child variables. Maternal confidence also mediated the relationships between family
income and toddler behaviour. Parenting style and confidence are important modifiable
factors to target in parenting interventions. The last study (Pevalin, Wade & Brannigan,
2003) reported that parental depression and hostile parenting were not found to have
significant effects contrary to previous findings. Furthermore, parental depression
suggests an impediment to optimal parenting practices but the models included direct
measures of parenting and in their presence the effect of depression became non-
significant. Therefore, the effects of depression appear to operate through resultant
parenting practices. Similarly, hostile parenting has been shown to have a deleterious
effect on development and the measure used in these analyses had a significant negative
effect but was non-significant in the presence of a measure of positive parenting

4.4.4 Association between knowledge of child development and parenting
approaches

One study (Winsler, Madigan & Auilano, 2005) investigated the differences between
maternal and paternal parenting style and found that there was a variance in parenting
styles and little agreement between two parents in the same house with a pre-school aged
child. The fathers reported that they perceived their spouses to be more authoritative or
permissive whereas they perceived themselves to be more authoritarian. Furthermore the study states that it may be that parents perceived that there were greater differences between each others’ styles than indicated by self-reported parenting style due to (a) parents’ beliefs that traditional parenting stereotypes reflect effective parenting practices and (b) that self-reported parenting style in turn reflects those beliefs. This might suggest that parents’ perceptions of others’ parenting style is a more accurate indicator of true parenting behaviours compared to self-reported parenting style, and is thus an important question for future researchers. This study however did not explore knowledge of child development in relation to parenting but it explored difference between paternal and maternal parenting styles.

Another study (Oncu & Unleur, 2012) investigated whether parental attitudes changed after parental education. The results of the study found that parenting education, which increases knowledge, had a positive effect on positive parenting, pressure and discipline dimensions and found that fathers scored higher in protective parenting than the mothers. However this study was conducted with 26 parents and the limitation included that topics discussed on healthy child development were limited, the change effect was small and father participation was not consistent or equal. Three of the studies reviewed (Morawska & Sanders, 2007; Hess, Teti & Hussey-Gardner, 2004; Winter, Morawska & Sanders, 2011) found that maternal confidence and dysfunctional parenting were interrelated and that knowledge of child development was a moderating factor. Winter et al (2011) found that the effect for confidence was larger than that for knowledge of child development. Two of the studies included in the review (Bornstein & Putnick, 2007; Arnott & Brown, 2013) concluded that maternal age and education were a pervasive factor in cognition and
parenting. However the correlation between parenting and maternal age and cognition was higher for younger mothers as opposed to older mothers (Bornstein & Putnick, 2007). One study (Pevalin, Wade & Brannigan, 2003) did not directly investigate knowledge of child development but concludes that dysfunctional and hostile parenting has a negative effect on early child development. The findings suggest that maternal education, positive parenting and social support may counter the negative effect on the child’s development process.

4.4.5 Measuring knowledge of child development and parenting

All the studies reported on the measuring instruments that were used including what the instrument is designed to measure. Two studies used the Knowledge of Infant Development inventory (KIDI) to assess mothers’ knowledge of child development, parental practices, health and safety and norms (Bornstein et al, 2007; Hess et al, 2004). However Hess et al (2004) used only a portion of the KIDI namely the parenting subscale to measure knowledge against parenting. Of the 8 studies conducted (Arnott & Brown, 2013; Winter, Morawska & Sanders, 2011; Pevalin, Wade & Brannigan, 2003; Morawska & Sanders, 2007; Hess, Teti & Hussey-Gardner, 2004; Oncu & Unluer, 2012; Bornstein & Putnick, 2007; Winsler, Madigan & Aquilano, 2005) several parenting questionnaires were used to measure parental competence, behaviour and style of which three studies used the Parenting Style Dimension Questionnaire (PSDQ) to determine the participant’s parenting style category (Winsler et al, 2005; Bornstein et al, 2007; Arnott & Brown, 2013). Another two studies use the Eyberg Child Behavior Inventory (ECBI), which measures parental perception of children’s problematic behaviour. Four studies (Arnott & Brown, 2013; Pevalin et al, 2003; Oncu et al, 2012; Winsler et al, 2005) used a
single instrument while the remaining four used more than one instrument (Winter et al, 2011; Morawska et al, 2007; Hessa et al, 2004; Bornstein et al, 2007) however regardless of which instrument was used the measures reported to have adequate to high internal consistency.
<table>
<thead>
<tr>
<th>No</th>
<th>Author(s)</th>
<th>Title</th>
<th>Population size</th>
<th>Study design</th>
<th>Country</th>
<th>Definition of parenting/parenting style and knowledge of child development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arnott &amp; Brown, 2013</td>
<td>An Exploration of Parenting Behaviours and Attitudes During Early Infancy: Association with Maternal and Infant Characteristics</td>
<td>508 mothers with children under age 12 months</td>
<td>Cross-sectional study</td>
<td>United Kingdom</td>
<td>The parenting style theoretical literature for older children traditionally conceptualizes parenting warmth/nurturing</td>
</tr>
<tr>
<td>2</td>
<td>Winter, Morawska &amp; Sanders, 2011</td>
<td>The Effect of Behavioral Family Intervention on Knowledge of Effective Parenting Strategies</td>
<td>91 parents 44 mothers and 47 fathers-children between 2-10 intervention study</td>
<td>Queensland</td>
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<tr>
<td>3</td>
<td>Pevalin, Wade &amp; Brannigan, 2003</td>
<td>Parental Assessment of Early Childhood Development: Biological and Social Covariates</td>
<td>8605 children 4696 between 0-23 months 3909 between 24-47 months Population study</td>
<td>Canada</td>
<td></td>
<td>Parenting confidence or self-efficacy is generally defined as the perception that one can effectively manage tasks related to parenting (Teti &amp; Gelfand 1991)</td>
</tr>
<tr>
<td>4</td>
<td>Morawska &amp; Sanders, 2007</td>
<td>Concurrent predictors of dysfunctional parenting and maternal confidence: implications for parenting interventions</td>
<td>126 families children between 18-36 months</td>
<td>Cross-sectional study</td>
<td>Queensland</td>
<td></td>
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<tr>
<td>5</td>
<td>Hess, Teti &amp; Hussey-Gardner, 2004</td>
<td>Self-efficacy and parenting of high-risk infants: The moderating role of parent knowledge of infant development</td>
<td>65 mothers</td>
<td>Longitudinal intervention study</td>
<td>Baltimore, USA</td>
<td>Parental self-efficacy is defined as beliefs or judgments about one’s competency or ability to be successful in the parenting role</td>
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</tbody>
</table>
According to Darling (1999), parenting consists of complex duties and responsibilities in which mother and/or father has to decide how to organize and guide their son/daughter.

<table>
<thead>
<tr>
<th>No</th>
<th>Author</th>
<th>Knowledge of child development</th>
<th>Parenting</th>
<th>Measuring tool used to collect data</th>
<th>Relationship between knowledge of child development and parenting/parenting styles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arnott &amp; Brown, 2013</td>
<td>factor analysis study and found that nurturance and control strongly emerged. Mothers high in nurturance would cuddle their child instead of leaving the child to settle and mothers high in routine would adhere to</td>
<td>Infancy Parenting Styles Questionnaire</td>
<td>Early parenting style was associated with maternal age and education, and infant birth weight, gender and age.</td>
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<td></td>
<td>Winter, Morawska &amp; Sanders, 2011</td>
<td>sticking to strict routine for their baby.</td>
<td>Winter, Morawska &amp; Sanders, 2011</td>
<td>pre intervention parents in the higher socio-economic status group were found to have greater knowledge of child development. However, post parenting intervention parental knowledge and confidence was increased in both low and high socio-economic groups. SES of parents, the index of relative socioeconomic advantage and disadvantage (based on participant post codes) was obtained from the Australian Bureau of Statistics (2006), Knowledge of Effective Parenting Scale (KEPS; Morawska et al. 2007), The Eyberg</td>
<td>Relative to baseline, parents in both groups significantly improved their knowledge and confidence, reduced their dysfunction and reported less externalised child behavior. Effect sizes for the latter two variables were similar for both groups, however</td>
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<td>2</td>
<td>Pevalin, Wade &amp; Brannigan, 2003</td>
<td>parental depression and hostile parenting were not found to have significant effects contrary to previous findings. Further parental depression suggests an impediment to optimal parenting practices but the models included direct measures of parenting and The motor and social development scale (MSD) was developed at the US National Center for Health Statistics and designed as a general measure of early child development for use in large, population-based surveys conducted by lay interviewers.</td>
<td>Pevalin, Wade &amp; Brannigan, 2003</td>
<td>do not specifically focus on parental knowledge they do investigate confidence which has been found maternal confidence and dysfunctional parenting were interrelated and were also predicted best by parenting variables, in Toddler behaviour was assessed using the Eyberg Child Behaviour Inventory (ECBI; Eyberg &amp; Pincus 1999), The Parenting Scale (PS; Arnold et al. 1993) is a 30-item self-report, Likert-</td>
<td>The results suggest that the cumulative effects of a positive family environment begin to occlude the neonatal disadvantages in the first 47 months of life.</td>
</tr>
<tr>
<td>3</td>
<td>Morawska &amp; Sanders, 2007</td>
<td>do not specifically focus on parental knowledge they do investigate confidence which has been found maternal confidence and dysfunctional parenting were interrelated and were also predicted best by parenting variables, in Toddler behaviour was assessed using the Eyberg Child Behaviour Inventory (ECBI; Eyberg &amp; Pincus 1999), The Parenting Scale (PS; Arnold et al. 1993) is a 30-item self-report, Likert-</td>
<td>Morawska &amp; Sanders, 2007</td>
<td>do not specifically focus on parental knowledge they do investigate confidence which has been found</td>
<td>The study found that maternal confidence and dysfunctional parenting were interrelated and were also predicted best by parenting variables, in contrast to socio-</td>
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<tr>
<td>Study</td>
<td>Participants</td>
<td>Findings</td>
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<td>Hess, Teti &amp; Hussey-Gardner, 2004</td>
<td>5 participants scored an average of 82.87% and indicated that the scores were relatively high. Further the study stated that mothers with higher education and income and who were married had greater knowledge than mothers who had lower education, lower income, and unmarried mothers. The study found that parent confidence was high but suggests that naively confident mothers may be at risk.</td>
<td>Maternal confidence also mediated the relationships between family income and toddler discipline styles, Todd 10-item Maternal Self-Efficacy Scale (Teti &amp; Gelfand, 1991), Sense of Competence subscale of the Parenting Stress Index (Abidin, 1986), Knowledge of Infant Development Inventory (KID; MacPhee, 1981). There were no independent contributions of parental self-efficacy or parent knowledge of development in predicting parenting competence. However, the relation between parental self-efficacy and parenting competence was moderated by parent knowledge of development.</td>
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<tr>
<td>Oncu &amp; Unluer, 2012</td>
<td>6 mothers were found to restrict father involvement. Subsequently, both mothers and fathers were found to score high in protective and discipline dimensions with fathers scoring higher in these dimensions and being more protective.</td>
<td>The Parental Attitude Research Instrument (PARI) was used as a tool for evaluation of parent attitudes before and after the education. Especially there seemed to be a little but, positive effect on the dimensions of protective parenting, and pressure and discipline dimensions.</td>
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<td>7</td>
<td>Bornstein &amp; Putnick, 2007</td>
<td>degree of knowledge varied according to age and found that older mothers were more knowledgeable than younger mothers. However, the difference was not that significant and stated that there is few empirical evidence to support that maternal age affects kn</td>
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<td></td>
<td>Self-Perceptions of the Parental Role (SPPR; MacPhee, Benson, &amp; Bullock, 1986). The SPPR draws on social psychological theories of self-esteem (Harter, 1983). The Parental Style Questionnaire (PSQ; Bornstein et al., 1996) was constructed to index variation</td>
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<td>Maternal chronological age appears to be a pervasive factor in parenting. Overall, we found that maternal age per se was related to approximately one half of the diverse maternal cognitions we assessed and to approximately one half of the diverse maternal</td>
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<td>8</td>
<td>Winsler, Madigan, Aquilano, 2005</td>
<td>reported that pre intervention parents in the higher socio-economic status group were found to have greater knowledge of child development. However, post parenting intervention parental knowledge and confidence was increased in both low and high socio-eco</td>
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<td>fathers perceived their spouses to be more authoritative followed by permissive whereas mothers perceived their spouses as more authoritative. Further it was found that parents who share similar parenting styles were able to report accurately on their spo</td>
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<td>Results reveal only modest similarity in parenting styles used by two parents within the same home. Permissive (and to a lesser extent, authoritarian) parenting was somewhat positively associated across parents but no cross-informant association was found</td>
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</table>
4.5 DISCUSSION OF THE FINDINGS OF THE REVIEW

The studies reviewed did not provide clarity on a definition for knowledge of child development and parental knowledge and therefore the results do not clearly reflect that there is an association between knowledge of child development and parenting styles. There were studies (Arnott & Brown, 2013; Winter, Morawska & Sanders, 2011; Bornstein & Putnick, 2007) that indicated that there are other factors that influence parenting such as maternal age, maternal education, socio-economic status to mention a few however, knowledge of child development appears to be a moderating factor. Though knowledge of child development is a moderating factor the results indicate that parental education improved knowledge and confidence thus reducing dysfunctional parenting and less externalised behaviour in children (Winter, Morawska & Sander, 2011). As previously stated, while the studies discuss knowledge of child development in relation to parenting no clear definition is presented in either of the studies of what knowledge of child development or parental knowledge is presenting a challenge in drawing a conclusion. Further, parenting encompasses various domains or dimensions for example parenting behaviour, parenting practices, parenting style and parenting confidence (Darling & Steinberg, 1993) therefore a clear indication should be presented of which dimension of parenting is being researched as opposed to using parenting as a blanket term. There are also few research studies that have been conducted on knowledge of child development and parenting styles, which was the focus of this review. While the review includes cross-sectional studies, longitudinal studies and intervention studies none of these types of studies are without limitations. Cross-sectional studies are conducted at one point in time (Thisted, 2006) and the limitation in this is that
the time span of the study is not long enough to ascertain whether one variable affects another. Also these studies are conducted on different demographic samples and sizes and generalizability can often not be assumed. There is evidence that childrearing principles and practices change over time and therefore longitudinal studies may be more beneficial. Few studies highlighted that the sample was not necessarily equally distributed or fully representative of the entire population therefore impacting on generalizability considering that there may be other determining factors that play a role when assessing parenting style such as culture, age, socio-economic status and education. Finally most of the studies utilised self-report questionnaires which impact on the information collected as reporting may be on what is perceived by the participant and may not be actual, which may impact on the findings. Perhaps it would be beneficial to use self-reporting instruments in conjunction with observational measures or other forms of assessment.

4.6 CONCLUSION

This review highlighted the scarcity in previous research conducted in determining the association of knowledge of child development and parenting styles. The quantitative and intervention studies that were conducted and included in this review did not present clear definitions of knowledge of child development and parenting styles. Furthermore it did not provide concrete evidence of the association between knowledge of child development and parenting styles although the results allude to knowledge being a moderating factor in parenting. Future research studies would benefit from including other forms of assessment in conjunction with self-report measures to gain a better insight into the study of parental knowledge and parenting style. In addition, perhaps
longitudinal studies with a pre and post study design will provide a better indication of this relationship and the possibility of determining effects between variables.
CHAPTER 5

RESULTS

5.1 Introduction

This chapter presents the results of the analysis for this study. The analysis was conducted using the Statistical Package for the Social Sciences 22 (SPSS). This chapter presents the results as (1) descriptive information regarding knowledge of child development and parenting styles (2) the relationships between the variables, and (3) the comparison of the variables between the low and high socio-economic groups. The following list of variables is presented as a means of understanding the coding used in SPSS to conduct the analysis.

The following is a coding guide to create the variables:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTIVE</td>
<td>Authoritative Parenting Style</td>
</tr>
<tr>
<td>CON</td>
<td>Connection Dimension</td>
</tr>
<tr>
<td>REG</td>
<td>Regulation Dimension</td>
</tr>
<tr>
<td>AUTON</td>
<td>Autonomy Dimension</td>
</tr>
<tr>
<td>AURIAN</td>
<td>Authoritarian Parenting Style</td>
</tr>
<tr>
<td>PCION</td>
<td>Physical Coercion</td>
</tr>
<tr>
<td>VH</td>
<td>Verbal Hostility</td>
</tr>
<tr>
<td>N-RP</td>
<td>Non-Reasoning/Punitive Dimension</td>
</tr>
<tr>
<td>PERM</td>
<td>Permissive Parenting Style</td>
</tr>
<tr>
<td>Principles</td>
<td>Principles</td>
</tr>
<tr>
<td>Parenting</td>
<td>Parenting</td>
</tr>
<tr>
<td>HS</td>
<td>Health &amp; Safety</td>
</tr>
<tr>
<td>NM</td>
<td>Norms &amp; Milestones</td>
</tr>
<tr>
<td>NMCorr</td>
<td>Norms &amp; Milestones Correct</td>
</tr>
<tr>
<td>NMIncor</td>
<td>Norms &amp; Milestones Incorrect</td>
</tr>
<tr>
<td>NMDK</td>
<td>Norms &amp; Milestones Don’t Know</td>
</tr>
<tr>
<td>ParentCor</td>
<td>Parenting Correct</td>
</tr>
<tr>
<td>ParentIncor</td>
<td>Parenting Incorrect</td>
</tr>
</tbody>
</table>
ParentDK  Parenting Don’t Know
HSCor    Health & Safety Correct
HSIncor  Health & Safety Incorrect
HSDK     Health & Safety Don’t Know
PrincCor Principles Correct
PrincIncor Principles Incorrect
PrincDK  Principles Don’t Know

5.2 Overview

The hypotheses of the study, based on the aims and objectives in Chapter 1, proposed:

**Hypothesis 1**: There will be a significant relationship between knowledge of child development and authoritative parenting styles of parents in early childhood development centres.

**Hypothesis 2**: The most prevalent parenting style in the lower socio-economic group is authoritarian and authoritative in the higher socio-economic group of parents in early childhood development centres.

5.3 Internal consistency

This study used two instruments to measure the variables under study. These were the Parenting Style and Dimensions Questionnaire (PSDQ) as developed by Robinson, Mandleco, Olsen, & Hart, (2001) and the Knowledge of Infant Development Inventory – Preschool version (KIDI-P) as developed by MacPhee, (2002). The PSDQ measures the participants’ perception on parenting, while the KIDI-P measures the participants’ knowledge of child development. Cronbach Alpha’s are used to test the reliability of the
instruments (Gliem & Glem, 2003). Table 5.1 illustrates the Cronbach Alpha coefficients for knowledge of child development and parenting styles.

Table 5.1 Internal consistencies of the measures

<table>
<thead>
<tr>
<th>Instrument</th>
<th>n (items)</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge of child development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIDI-P</td>
<td>58</td>
<td>0.92</td>
</tr>
<tr>
<td><strong>Parenting Styles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSDQ</td>
<td>32</td>
<td>0.63</td>
</tr>
<tr>
<td>AUTIVE</td>
<td>15</td>
<td>0.92</td>
</tr>
<tr>
<td>AUTRIAN</td>
<td>12</td>
<td>0.93</td>
</tr>
<tr>
<td>PERM</td>
<td>5</td>
<td>0.60</td>
</tr>
</tbody>
</table>

Cronbach Alpha coefficients above .75 are deemed to be acceptable, while .6 is considered to be moderately acceptable (Anastasi, 1982). The alphas show a good reliability of the instruments used to measure the variables.

5.4 Demographic Profile

Tables 5.2 and 5.3 present an overview of the demographic profile of the 140 participants in this study. Table 5.2 includes demographic information such as gender, marital status, race, home language, area in which they live and education level.
The results in Table 5.2 show that the majority of the participants were female [122 (87.1%)]. The majority of the participants were unmarried [90 (64.3%)] and these include participants that may have been widowed or divorced. Of the 140 participants 106 (75.5%) identified themselves as Coloured. The majority of the participants [128 (91.4%)] reside in the Northern Suburbs. The highest level of education indicated was High School level [112 (80%)] with the majority of participants being English speaking [84 (60%)].

<table>
<thead>
<tr>
<th>Variables</th>
<th>n=140</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>12.9%</td>
</tr>
<tr>
<td>Female</td>
<td>122</td>
<td>87.1%</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Partnered</td>
<td>50</td>
<td>35.7%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>90</td>
<td>64.3%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td>106</td>
<td>75.7%</td>
</tr>
<tr>
<td>Black/African</td>
<td>12</td>
<td>8.6%</td>
</tr>
<tr>
<td>White</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Home Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>84</td>
<td>60%</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>39</td>
<td>27.9%</td>
</tr>
<tr>
<td>isiXhosa</td>
<td>4</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Suburbs</td>
<td>128</td>
<td>91.4%</td>
</tr>
<tr>
<td>Southern Suburbs</td>
<td>4</td>
<td>2.8%</td>
</tr>
<tr>
<td>Cape Flats</td>
<td>8</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Shool</td>
<td>112</td>
<td>80%</td>
</tr>
<tr>
<td>Post Matric Diploma</td>
<td>5</td>
<td>3.6%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>9</td>
<td>6.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>14</td>
<td>10%</td>
</tr>
</tbody>
</table>
Table 5.3 presents an overview of the childcare choices of the participants, whether the children are biological or non-biological, means of parenting education and socio-economic information which include crechè fees, source of income and living arrangement.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total sample</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological children</td>
<td>129</td>
<td>92.1%</td>
</tr>
<tr>
<td>Non-biological children</td>
<td>11</td>
<td>7.8%</td>
</tr>
<tr>
<td><strong>Child fees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 500</td>
<td>59</td>
<td>42.1%</td>
</tr>
<tr>
<td>&gt; 1000</td>
<td>81</td>
<td>57.9%</td>
</tr>
<tr>
<td><strong>Parenting Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting workshops</td>
<td>12</td>
<td>8.6%</td>
</tr>
<tr>
<td>Parenting counselling</td>
<td>20</td>
<td>14.3%</td>
</tr>
<tr>
<td>Parenting books</td>
<td>50</td>
<td>35.7%</td>
</tr>
<tr>
<td>Internet</td>
<td>16</td>
<td>11.4%</td>
</tr>
<tr>
<td>None</td>
<td>42</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Source of Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own Job</td>
<td>96</td>
<td>68.6%</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>23</td>
<td>16.4%</td>
</tr>
<tr>
<td>Relatives</td>
<td>9</td>
<td>6.4%</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>12</td>
<td>8.6%</td>
</tr>
<tr>
<td><strong>Living Arrangements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td>19</td>
<td>13.6%</td>
</tr>
<tr>
<td>Rent</td>
<td>54</td>
<td>38.6%</td>
</tr>
<tr>
<td>Living with parents</td>
<td>51</td>
<td>36.4%</td>
</tr>
<tr>
<td>Living on property owned by someone else</td>
<td>16</td>
<td>11.40%</td>
</tr>
</tbody>
</table>

The results in Table 5.3 indicate that of the 140 participants, 129 (92.1%) indicated that their children are their biological children. The results also show that approximately one third of the sample [42 (30%)] have not sought any parenting advice from the internet, books, workshops or counselling. A few of the participants [50 (35.7%)] preferred books relating to parental education.
5.5  Knowledge of child development

Tables 5.4 to Table 5.7 present the results of the scores for the knowledge of child development, which includes the subscales. The subscales are: health and safety, principles, parenting, norms and milestones. As per the KIDI-P score sheet “Correct” refers to the correct answer “Incorrect” for responses that were incorrectly answered and “Not sure” for questions that the participant was unsure of.

Tables 5.4 represent the percentage scores for the Principles subscale for the total sample.
<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Children often will keep using the wrong word for while, even when they are told the right way to say it (like “feet not footses”)</td>
<td>68.57% (96)</td>
<td>14.29% (20)</td>
<td>17.14% (24)</td>
</tr>
<tr>
<td>10</td>
<td>Infants understand only words they can say</td>
<td>68.57% (96)</td>
<td>16.43% (23)</td>
<td>15% (21)</td>
</tr>
<tr>
<td>11</td>
<td>If children are shy or fussy in new situations, it means they have an emotional problem</td>
<td>83.57% (117)</td>
<td>6.43% (9)</td>
<td>10% (14)</td>
</tr>
<tr>
<td>14</td>
<td>The way a child is brought up has little affect on how smart he (she) will be</td>
<td>62.86% (88)</td>
<td>24.29% (34)</td>
<td>12.86% (18)</td>
</tr>
<tr>
<td>16</td>
<td>Once kids turn 3 or so they become less defiant and negativistic e.g. they will say “no I don’t want to”</td>
<td>37.86% (53)</td>
<td>33.57% (47)</td>
<td>28.57% (40)</td>
</tr>
<tr>
<td>18</td>
<td>Kids have little affect on how parents care for them, at least until they get older</td>
<td>68.57% (96)</td>
<td>21.43% (30)</td>
<td>10% (14)</td>
</tr>
<tr>
<td>21</td>
<td>A brother or sister may start wetting the bed or thumb sucking when a new baby arrives in the family</td>
<td>36.53% (51)</td>
<td>32.14% (45)</td>
<td>31.43% (44)</td>
</tr>
<tr>
<td>24</td>
<td>Most premature babies end up being abused, neglected, or mentally disabled</td>
<td>89.29% (125)</td>
<td>4.29% (6)</td>
<td>6.43% (9)</td>
</tr>
<tr>
<td>26</td>
<td>Most 4 year olds can play simple board games like checkers</td>
<td>25.71% (36)</td>
<td>35.71% (50)</td>
<td>38.57% (54)</td>
</tr>
<tr>
<td>27</td>
<td>The child ‘s personality or temperament is set by 6 months of age; it doesn’t change much after that</td>
<td>77.14% (108)</td>
<td>11.43% (16)</td>
<td>11.43% (16)</td>
</tr>
<tr>
<td>29</td>
<td>The way the parent treats a baby in the first months of life determines whether the child will grow up to be well-adjusted or a moody misfit</td>
<td>73.57% (103)</td>
<td>16.43% (23)</td>
<td>10% (14)</td>
</tr>
<tr>
<td>30</td>
<td>Children learn all their language by copying what they have heard adults say</td>
<td>45% (63)</td>
<td>52.86% (74)</td>
<td>2.14% (3)</td>
</tr>
<tr>
<td>32</td>
<td>A 6 year old is able to ride a two-wheeled bicycle</td>
<td>82.86% (116)</td>
<td>9.29% (13)</td>
<td>7.86% (11)</td>
</tr>
<tr>
<td>33</td>
<td>Some normal kids do not enjoy being cuddled</td>
<td>27.14% (38)</td>
<td>61.43% (86)</td>
<td>11.43% (16)</td>
</tr>
<tr>
<td>37</td>
<td>A four year old who sees a short haired girl in overalls is likely to say she is a boy</td>
<td>37.14% (52)</td>
<td>35.71% (50)</td>
<td>27.14% (38)</td>
</tr>
</tbody>
</table>
The results in Table 5.4 indicate that parents scored above 50% for the majority of the items relating to principles of childhood development. The highest score (89.29%) obtained for correct responses were for Item 24 “Most premature babies end up being abused, neglected, or mentally disabled” with the lowest score (27.14%) for correct responses being for Item 33 “Some normal kids do not enjoy being cuddled” the lowest exception of certain items. Item 26 “Most 4 year olds can play simple board games like checkers” the majority of the participants (104) either indicated that it was incorrect (50) or they were not certain with slightly more participants being unsure (54).

Table 5.5 represent the percentage scores for the Parenting subscale for the total sample (N=140).
Table 5.5  KIDI-P Subscale: Parenting

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When toddlers are strongly attached to their parents they are more clingy and tend to stick close to mom or dad</td>
<td>8.57% (12)</td>
<td>90% (126)</td>
<td>1.43% (2)</td>
</tr>
<tr>
<td>4</td>
<td>Babies should not be held when they cry because this will make them want to be held all the time</td>
<td>82.14% (115)</td>
<td>16.43% (23)</td>
<td>1.43% (2)</td>
</tr>
<tr>
<td>7</td>
<td>If you punish children for doing something naughty, it’s okay to give them a piece of candy to stop the crying</td>
<td>96.43% (135)</td>
<td>3.57% (5)</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Talking to a child about things he (she) is doing helps its mental development</td>
<td>90.71% (127)</td>
<td>7.86% (11)</td>
<td>1.43% (2)</td>
</tr>
<tr>
<td>13</td>
<td>A two year old who says “NO!” to everything and bosses you around is trying to get you upset</td>
<td>64.29% (90)</td>
<td>17.86% (25)</td>
<td>17.86% (25)</td>
</tr>
<tr>
<td>28</td>
<td>Some parents do not bond until their baby starts to smile and look at them</td>
<td>37.14% (52)</td>
<td>55.71% (78)</td>
<td>7.14% (10)</td>
</tr>
<tr>
<td>35</td>
<td>The more you soothe a crying baby by holding and talking to it, the more you spoil them</td>
<td>75.71% (106)</td>
<td>18.57% (26)</td>
<td>5.71% (8)</td>
</tr>
<tr>
<td>38</td>
<td>A good way to teach your child not to bite is to bite back</td>
<td>82.86% (116)</td>
<td>12.86% (18)</td>
<td>4.29% (6)</td>
</tr>
<tr>
<td>39</td>
<td>Some days you need to discipline your child; other days you can ignore the same thing. It all depends on the mood you’re in that day</td>
<td>67.86% (95)</td>
<td>27.86% (39)</td>
<td>4.29% (6)</td>
</tr>
</tbody>
</table>

The results in Table 5.5 indicate that parents scored above 50% for the majority of the items relating to parenting in early childhood development with the exception of certain items particularly for Item 1 where 90% of the sample indicated the incorrect answer to “When toddlers are strongly attached to their parents they are more clingy and tend to stick close to mom or dad”. The highest score (96.43%) obtained for correct responses were for Item 7 “If you punish children for doing something naughty, it’s okay to give them a piece of candy to stop the crying” and the lowest score being for Item 1 of which the participants scored incorrectly as previously stated.
Table 5.6 represent the percentage scores for the Health & Safety subscale for the total sample.

**Table 5.6 KIDI-P Subscale: Health & Safety**

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>If a baby (less than a year) wants a snack, give it nuts, popcorn, or raisins</td>
<td>98.57% (138)</td>
<td>0</td>
<td>1.43% (2)</td>
</tr>
<tr>
<td>8</td>
<td>A 2 year old can take a bath without needing to be watched</td>
<td>97.14% (136)</td>
<td>1.43% (2)</td>
<td>1.43% (2)</td>
</tr>
<tr>
<td>15</td>
<td>Children have temper tantrums for no apparent reasons</td>
<td>25% (35)</td>
<td>67.86% (95)</td>
<td>7.14% (10)</td>
</tr>
<tr>
<td>19</td>
<td>When putting babies in the cot for sleep, place them on their back, not stomach</td>
<td>68.57% (96)</td>
<td>29.29% (41)</td>
<td>2.14% (3)</td>
</tr>
<tr>
<td>22</td>
<td>Four year olds are able to go to the toilet by themselves at night</td>
<td>26.43% (37)</td>
<td>63.57% (89)</td>
<td>10% (14)</td>
</tr>
<tr>
<td>25</td>
<td>Children should be at least 5 years old before they are allowed to cross the street alone</td>
<td>80% (112)</td>
<td>13.57% (19)</td>
<td>6.43% (9)</td>
</tr>
<tr>
<td>31</td>
<td>When children have a cold, it’s okay to give them regular aspirin</td>
<td>77.86% (109)</td>
<td>12.86% (18)</td>
<td>9.29% (13)</td>
</tr>
<tr>
<td>34</td>
<td>The average 5 year old can tie his (her) shoelaces</td>
<td>62.14% (87)</td>
<td>9.29% (13)</td>
<td>28.57% (40)</td>
</tr>
<tr>
<td>36</td>
<td>A common cause of accidents for toddlers is pulling something like a frying pan, a tablecloth, or a lamp down on top of them</td>
<td>92.86% (130)</td>
<td>5% (7)</td>
<td>2.14% (3)</td>
</tr>
<tr>
<td>20</td>
<td>A 3 and 1/2 year old boy who wets the bed has a problem that should be seen by a doctor.</td>
<td>68.57% (96)</td>
<td>20% (28)</td>
<td>11.43% (16)</td>
</tr>
</tbody>
</table>

The results in Table 5.6 indicate that parents scored above 50% on items relating to health and safety in early childhood development. The highest scores (98.57%) obtained for correct responses were for Item 5 “If a baby (less than a year) wants a snack, give it nuts, popcorn, or raisins” and the lowest score (25%) for correct responses were for Item 15 “Children have temper tantrums for no apparent reasons”. The second highest score (63.57%) obtained for incorrect responses were; for Item 22 “Four year olds are able to go to the toilet by themselves at night”.

113
Table 5.7 represent the percentage scores for the Health & Safety subscale for the total sample.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Most 6 year olds can write a complete sentence</td>
<td>19.29% (27)</td>
<td>50% (70)</td>
<td>30.71% (43)</td>
</tr>
<tr>
<td>41</td>
<td>By 3 years of age, most children have a favourite playmate</td>
<td>80.71% (113)</td>
<td>10.71% (15)</td>
<td>8.57% (12)</td>
</tr>
<tr>
<td>42</td>
<td>Most 2 year olds know the difference between make-believe and true stories on TV</td>
<td>79.29% (111)</td>
<td>15.71% (22)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>43</td>
<td>A 5 year old can read four or more words</td>
<td>12.14% (17)</td>
<td>58.57% (82)</td>
<td>29.29% (41)</td>
</tr>
<tr>
<td>44</td>
<td>Three year olds usually will say, “I’m sorry” when they do something wrong</td>
<td>49.29% (69)</td>
<td>30% (42)</td>
<td>20.71% (29)</td>
</tr>
<tr>
<td>45</td>
<td>The average 4 year old can get dressed and undressed without help</td>
<td>15.71% (22)</td>
<td>64.29% (90)</td>
<td>20% (28)</td>
</tr>
<tr>
<td>46</td>
<td>Two year olds are able to reason logically, much like and adult would</td>
<td>84.29% (118)</td>
<td>8.57% (12)</td>
<td>7.14% (10)</td>
</tr>
<tr>
<td>47</td>
<td>One year olds know right from wrong</td>
<td>73.57% (103)</td>
<td>17.86% (25)</td>
<td>8.57% (12)</td>
</tr>
<tr>
<td>48</td>
<td>Five year olds use plurals correctly – for example, says “men” not “mans”, “mice” not mice”, etc</td>
<td>28.57% (40)</td>
<td>47.14% (66)</td>
<td>24.29% (34)</td>
</tr>
<tr>
<td>49</td>
<td>Most children are ready to be toilet trained by one year of age</td>
<td>32.14% (45)</td>
<td>65% (91)</td>
<td>2.86% (4)</td>
</tr>
<tr>
<td>50</td>
<td>Most 3 year olds can put their shoes on the correct feet</td>
<td>21.43% (30)</td>
<td>67.14% (94)</td>
<td>11.43% (16)</td>
</tr>
<tr>
<td>51</td>
<td>It is not until 4 years of age that kids begin to tease other children</td>
<td>8.57% (12)</td>
<td>67.14% (94)</td>
<td>24.29% (34)</td>
</tr>
<tr>
<td>52</td>
<td>Six months olds know what “No” means</td>
<td>51.43% (72)</td>
<td>35.71% (50)</td>
<td>12.86% (18)</td>
</tr>
<tr>
<td>53</td>
<td>Three years olds know their left hand from the right hand</td>
<td>28.57% (40)</td>
<td>58.57% (82)</td>
<td>12.86% (18)</td>
</tr>
<tr>
<td>54</td>
<td>By 3 years of age, most children will dress up in their parents’ old clothes and play act</td>
<td>14.29% (20)</td>
<td>70.71% (99)</td>
<td>15% (21)</td>
</tr>
<tr>
<td>55</td>
<td>Eighteen month olds often cooperate and share when they play together</td>
<td>46.43% (65)</td>
<td>38.57% (54)</td>
<td>15% (21)</td>
</tr>
<tr>
<td>56</td>
<td>Most 6 years olds can add numbers up to 10, such as 2+2, 3+5, etc</td>
<td>61.43% (86)</td>
<td>15.71% (22)</td>
<td>22.86% (32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Babies usually say their first real word at 6 months</td>
<td>35.71% (50)</td>
<td>57.14% (80)</td>
<td>7.14% (10)</td>
</tr>
<tr>
<td>58</td>
<td>By 2 years, children left on their own have the sense to not do something dangerous like poking a finger in a socket</td>
<td>75% (105)</td>
<td>18.57% (26)</td>
<td>6.43% (9)</td>
</tr>
<tr>
<td>2</td>
<td>A 2 year old who is 2 or 3 months behind other 2 years olds is developmentally delayed</td>
<td>89.29% (125)</td>
<td>0</td>
<td>10.71% (15)</td>
</tr>
<tr>
<td>6</td>
<td>Babies do some things just to make trouble for their parents, like crying a long time or pooping in their diapers</td>
<td>90.71% (127)</td>
<td>8.57% (12)</td>
<td>0.71% (1)</td>
</tr>
<tr>
<td>9</td>
<td>A typical 4 year old can print his (her) name</td>
<td>27.14% (38)</td>
<td>47.14% (66)</td>
<td>25.71% (36)</td>
</tr>
<tr>
<td>23</td>
<td>The 2 year old’s sense of time is different from an adult’s</td>
<td>90% (126)</td>
<td>5% (7)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>17</td>
<td>A toddler who is energetic, always on the go, needs a low sugar diet or Ritalin</td>
<td>35.71% (50)</td>
<td>24.29% (34)</td>
<td>40% (56)</td>
</tr>
</tbody>
</table>

The results in Table 5.7 indicate that parents scored below 50% on majority of the items pertaining norms and milestones in early childhood development. The highest score (90.71%) obtained for correct responses were for Item 6 “Babies do some things just to make trouble for their parents, like crying a long time or pooping in their diapers” followed by a score of 90% for Item 23 “The 2 year olds sense of time is different from an adult’s”. The lowest score (8.57%) obtained for correct responses were; for Item 51 “It is not until 4 years of age that kids begin to tease other children”. The highest score (70.71%) obtained for incorrect answers was for Item 54 “By 3 years of age, most children will dress up in their parents’ old clothes and play act”. The highest score (40%) obtained for the “Not sure” option was for Item 17 “A toddler who is energetic, always on the go, needs a low sugar diet or Ritalin”

Table 5.8 represents the Average Total Percentage scores for each subscale on the KIDI-P across the total sample. It is categorised “Correct”, “Incorrect” and “Not sure”.

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Table 5.8 Average Total Percentage Scores for the KIDI-P (N=140)

<table>
<thead>
<tr>
<th>Scores attained</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>60.98%</td>
<td>27.99%</td>
<td>11.00%</td>
</tr>
<tr>
<td>Principles</td>
<td>58.95%</td>
<td>25.05%</td>
<td>16.00%</td>
</tr>
<tr>
<td>Parenting</td>
<td>67.30%</td>
<td>27.86%</td>
<td>4.84%</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>69.71%</td>
<td>22.29%</td>
<td>8.00%</td>
</tr>
<tr>
<td>Norms and Milestones</td>
<td>47.95%</td>
<td>36.76%</td>
<td>15.30%</td>
</tr>
</tbody>
</table>

Table 5.8 presents the average total percentage scores for the entire sample (N=140) across all the subscales. It also presents the scores for the entire sample for the individual subscales. The findings show that overall the sample scored 60.98% of the questions were scored correctly on the KIDI-P. The sample scored higher in the health and safety subscales (69.71%) and parenting subscales (67.30%) indicating that the sample is fairly knowledgeable in these areas. The lowest scores were obtained in the norms and milestone subscale of which 47.95% of the sample scored correctly.

5.6 Parenting styles

This section of the study provides descriptive statistics which addresses one of the objectives which is to determine the most prevalent parenting styles of the total sample to determine one of the objectives which is. Means ($M$) and standard Deviations ($SD$) for PSDQ of the total sample (N=140) parenting styles, are presented in Tables 5.10, 5.11 and 5.12 in order to evaluate this objective.

Table 5.10 represents the means and standard deviations for each of fifteen items for Authoritative parenting style for the total sample. It is categorised in three dimensions
separately, as Connection Dimension (warmth and control), Regulation Dimension (reasoning/induction) follows, and finally Autonomy Granting Dimension.

Table 5.10  *Means and SD of items for Authoritative Parenting Style (n=140)*

<table>
<thead>
<tr>
<th>Authoritative Parenting Style</th>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Connection (Warmth &amp; Support)</strong></td>
<td>…responsive to our child's feelings and needs</td>
<td>4.70</td>
<td>0.69</td>
</tr>
<tr>
<td></td>
<td>…encourage our child to talk about his/her feelings</td>
<td>4.64</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>…give comfort and understanding when our child is upset</td>
<td>4.56</td>
<td>0.82</td>
</tr>
<tr>
<td></td>
<td>…give praise when our child is good</td>
<td>4.71</td>
<td>0.69</td>
</tr>
<tr>
<td></td>
<td>…have warm and intimate times together with our child</td>
<td>4.64</td>
<td>0.75</td>
</tr>
<tr>
<td></td>
<td>Connection</td>
<td>4.65</td>
<td>0.55</td>
</tr>
<tr>
<td><strong>Regulation (Reasoning/Induction)</strong></td>
<td>…explain to our child how we feel about the child's good and bad behaviour</td>
<td>4.56</td>
<td>0.74</td>
</tr>
<tr>
<td></td>
<td>…emphasize the reason for rules</td>
<td>4.44</td>
<td>0.96</td>
</tr>
<tr>
<td></td>
<td>…give our child reasons why rules should be obeyed</td>
<td>4.36</td>
<td>1.03</td>
</tr>
<tr>
<td></td>
<td>…help our child to understand the impact of behaviour by encouraging our child to talk about the consequences of his/her own actions</td>
<td>4.61</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>…explain the consequences of the child's behaviour</td>
<td>4.60</td>
<td>0.74</td>
</tr>
<tr>
<td><strong>Autonomy Granting (Democratic Participation)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
...take our child's desires into account before asking the child to do something & 4.33 & 1.01 \\
...encourage our child to freely express himself/herself even when disagreeing with parents & 4.31 & 1.09 \\
...take into account our child's preferences in making plans for the family & 4.44 & 0.95 \\
...show respect for our child's opinions by encouraging our child to express them & 4.60 & 0.81 \\
...allow our child to give input into family rules & 4.27 & 1.05 \\

Responses were on a Likert scale of 1 = Never, 2 = Once in a while, 3 = About half the time, 4 = Very often, 5 = Always

The results in Table 5.10 suggest that within the Connection dimension the majority of participants ($M = 4.71$, $SD = 0.69$) perceived themselves as *Giving* praise when their child/children were good, followed closely by being *responsive to their child’s needs* ($M = 4.70$, $SD = 0.69$)

For the Regulation Dimension (Reasoning/Induction) the means scores suggest that the majority ($M = 4.61$, $SD = 0.77$) *help their child/children to understand the impact of behaviour by encouraging our child to talk about the consequences of his/her own actions*

Furthermore for the Autonomy Granting Dimension (Democratic Participation) the scores suggest that the majority ($M = 4.60$; $SD = 0.81$) *show respect for our child’s opinions by encouraging our child to express them*
Table 5.11 represents the means and standard deviations of twelve items for the Authoritarian parenting style for the total sample (N=140). It is categorized in three dimensions namely: physical coercion, verbal hostility and non-reasoning.

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Coercion Dimension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...use physical punishment as a way of disciplining our child</td>
<td>1.49</td>
<td>0.89</td>
</tr>
<tr>
<td>...spank when our child is disobedient</td>
<td>1.73</td>
<td>1.16</td>
</tr>
<tr>
<td>...grab our child when being disobedient</td>
<td>1.51</td>
<td>0.98</td>
</tr>
<tr>
<td>...slaps the child when the child misbehaves</td>
<td>1.32</td>
<td>0.78</td>
</tr>
<tr>
<td><strong>Verbal Hostility Dimension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...yell or shout when our child misbehaves</td>
<td>1.84</td>
<td>1.20</td>
</tr>
<tr>
<td>...explode in anger towards our child</td>
<td>1.49</td>
<td>0.92</td>
</tr>
<tr>
<td>...scolds and criticizes to make our child improve</td>
<td>1.73</td>
<td>1.09</td>
</tr>
<tr>
<td>...scolds or criticizes when our child's behaviour doesn't meet our expectations</td>
<td>1.69</td>
<td>1.11</td>
</tr>
<tr>
<td><strong>Non-Reasoning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When our child asks why he/she has to conform, it is stated: because I said so, or I am your parent and I want you to</td>
<td>2.10</td>
<td>1.25</td>
</tr>
<tr>
<td>...punish by taking privileges away from our child with little if any explanations</td>
<td>1.85</td>
<td>1.22</td>
</tr>
<tr>
<td>...use threats as punishment with little or no justification</td>
<td>1.49</td>
<td>0.98</td>
</tr>
<tr>
<td>...punish by putting our child off somewhere alone with little if any explanations</td>
<td>1.31</td>
<td>0.83</td>
</tr>
</tbody>
</table>
Responses were on a Likert scale of 1 = Never, 2 = Once in a while, 3 = About half the time, 4 = Very often, 5 = Always

The Mean score results in Table 5.11 suggest that for the Physical Coercion dimension the majority reported that they ‘never’ \((M = 1.32, SD = 0.78)\) “...slap the child when the child misbehaves” but ‘once in a while’ they would “...spank when our child is disobedient” \((M = 1.73, SD = 1.16)\).

For the Verbal Hostility dimension the results indicate that the majority of participants would ‘never’ \((M = 1.49, SD = 0.92)\) “...explode in anger towards our child” and reported that ‘once in a while’ \((M = 1.84, SD = 1.20)\) they would “...yell or shout when our child misbehaves”.

Furthermore for the Non-Reasoning Dimension the results indicate that on average, participants would ‘never’ \((M = 1.31, SD = 0.83)\) “...punish by putting our child off somewhere alone with little if any explanations”, however they would ‘once in a while’ \((M = 2.10, SD = 1.25)\) “...when our child asks why he/she has to conform, it is stated: because I said so, or I am your parent and I want you to” followed by \((M = 1.85, SD = 1.22)\) “...punish by taking priviledges away from our child with little if any explanations”.

Table 5.12 presents the means and standard deviations of five items for the Permissive parenting style for total sample. The permissive parenting style only has one dimension namely Indulgent.
Table 5.12  Means and SD of items for Permissive Parenting Style (n=140)

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indulgent Dimension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...finds it difficult to discipline our child</td>
<td>1.54</td>
<td>1.15</td>
</tr>
<tr>
<td>...give into our child when the child causes a commotion about something</td>
<td>1.72</td>
<td>1.11</td>
</tr>
<tr>
<td>...threaten our child with punishment more often than actually giving it</td>
<td>1.88</td>
<td>1.24</td>
</tr>
<tr>
<td>...state punishments to our child and does not actually do them</td>
<td>1.99</td>
<td>1.25</td>
</tr>
<tr>
<td>...spoil our child</td>
<td>3.10</td>
<td>1.29</td>
</tr>
</tbody>
</table>

Responses were on a Likert scale of 1 = Never, 2 = Once in a while, 3 = About half the time, 4 = Very often, 5 = Always

The results in Table 5.12 suggest that the majority of participants (N = 140) reported that ‘about half of the time’ (M = 3.10, SD = 1.29) they would “spoil their child/children” followed by parenting reporting that ‘once in a while’ (M = 1.99, SD 1.25) they would “...state punishments to our child and does not actually do them”. However, on average participants also indicated that they hardly (M = 1.54, SD = 1.15) “...find it difficult to discipline [their] child”.

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Table 5.13 represent the overall mean scores for the entire samples across all the subscales.

Table 5.13  Total Mean and Standard Deviation scores for the sample (n=140)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONNECT</td>
<td>1.00</td>
<td>5.00</td>
<td>4.65</td>
<td>0.55</td>
</tr>
<tr>
<td>REG</td>
<td>1.00</td>
<td>5.00</td>
<td>4.51</td>
<td>0.68</td>
</tr>
<tr>
<td>AUT</td>
<td>1.00</td>
<td>5.00</td>
<td>4.39</td>
<td>0.78</td>
</tr>
<tr>
<td>AUTIVE</td>
<td>1.00</td>
<td>5.00</td>
<td>4.52</td>
<td>0.61</td>
</tr>
<tr>
<td>PHYS</td>
<td>1.00</td>
<td>5.00</td>
<td>1.51</td>
<td>0.78</td>
</tr>
<tr>
<td>VERBH</td>
<td>1.00</td>
<td>5.00</td>
<td>1.69</td>
<td>0.91</td>
</tr>
<tr>
<td>PUNIT</td>
<td>1.00</td>
<td>5.00</td>
<td>1.69</td>
<td>0.85</td>
</tr>
<tr>
<td>AUTRIAN</td>
<td>1.00</td>
<td>5.00</td>
<td>1.63</td>
<td>0.80</td>
</tr>
<tr>
<td>PER</td>
<td>1.00</td>
<td>5.00</td>
<td>2.05</td>
<td>0.75</td>
</tr>
</tbody>
</table>

Table 5.13 results suggest that the most prevalent parenting style across the total sample (N = 140) is Authoritative (M= 4.52, SD = 0.61) as reported by the parents with parents encouraging autonomy (M = 4.39, SD = 0.78), regulation (M = 4.39, SD = 0.78) and connection (M = 4.65, SD = 0.55). This is followed by parents reporting permissive parenting (M = 2.05, SD = 0.75). The results also suggest that authoritarian parenting is low.
5.7 Socio-economic status

The results in this section reflect the relationship between knowledge of child development and parenting styles across the low and high socio economic status groups. It also provides information on whether the differences between the variable and the groups were significant or not.

5.7.1 Comparing knowledge of child development between low and high socio-economic groups

Table 5.14 represents a comparison of the means scores for each subscale for the high and low socio-economic group based on an independent t-test.
Table 5.14  Comparing mean scores between low and high socio-economic groups

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Variable</th>
<th>LSES (N=59)</th>
<th>HSES (N=81)</th>
<th>SE</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles</td>
<td>Correct</td>
<td>8.37</td>
<td>2.36</td>
<td>9.23</td>
<td>2.12</td>
<td>0.38</td>
<td>-2.26</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>4.44</td>
<td>2.18</td>
<td>3.31</td>
<td>1.88</td>
<td>0.34</td>
<td>3.28</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>2.31</td>
<td>2.31</td>
<td>2.46</td>
<td>2.80</td>
<td>0.43</td>
<td>-0.35</td>
</tr>
<tr>
<td>Parenting</td>
<td>Correct</td>
<td>5.61</td>
<td>1.62</td>
<td>6.38</td>
<td>1.22</td>
<td>0.25</td>
<td>-3.08</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>2.80</td>
<td>1.64</td>
<td>2.30</td>
<td>1.21</td>
<td>0.25</td>
<td>1.99</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>0.59</td>
<td>1.02</td>
<td>0.32</td>
<td>0.63</td>
<td>0.15</td>
<td>1.82</td>
</tr>
<tr>
<td>Norms &amp; Milestones</td>
<td>Correct</td>
<td>12.25</td>
<td>4.06</td>
<td>10.96</td>
<td>2.87</td>
<td>0.62</td>
<td>2.09</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>9.03</td>
<td>3.66</td>
<td>8.67</td>
<td>4.37</td>
<td>0.68</td>
<td>0.54</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>2.71</td>
<td>3.41</td>
<td>4.37</td>
<td>5.42</td>
<td>0.75</td>
<td>-2.22</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
<td>Correct</td>
<td>6.93</td>
<td>1.50</td>
<td>7.00</td>
<td>1.08</td>
<td>0.23</td>
<td>-0.30</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>2.37</td>
<td>1.10</td>
<td>2.10</td>
<td>0.89</td>
<td>0.17</td>
<td>1.58</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>0.20</td>
<td>0.48</td>
<td>0.38</td>
<td>0.49</td>
<td>0.08</td>
<td>-2.16</td>
</tr>
</tbody>
</table>
The results in Table 5.14 show that parents in the high socio-economic group (N=81) scored higher ($M = 9.23$, $SD = 2.12$) for correct responses for the Principles subscale in contrast to parents in the low socio-economic group (N = 59) [(M = 8.37, SD = 2.36)]. The difference was significant $t(138) = -2.26; p = 0.03$ which is less that .05. The results show that the low socio-economic group scored higher ($M = 4.44$, $SD = 2.18$) for incorrect responses than the high socio-economic group ($M = 3.31$, $SD = 1.88$) with the difference in mean scores being significant $t(138) = 3.28; p = 0.00$ which is less than .05.

For the Parenting subscale, parents in the high socio-economic group (N = 81) scored higher ($M = 6.38$, $SD = 1.22$) for correct responses when compared to parents in the low socio-economic group (N= 59) [$M = 5.61$, $SD = 1.62$]. The difference in mean scores for correct responses was significant $t(103.13) = -3.08; p = 0.00$ which is less that .05. The results also show that the low socio-economic group scored higher ($M = 2.80$, $SD = 1.64$) for incorrect responses than the high socio-economic group ($M = 2.30$, $SD = 1.21$) with the difference in mean scores being significant $t(101.57) = 1.99; p = 0.05$ which is equal to .05.

There were no significant differences between the groups for correct and incorrect responses.

For the norms and milestones subscale, parents in the low socio-economic groups scored higher ($M = 12.25$, $SD = 4.06$) for correct responses when compared to parents in the high socio-economic group ($M = 10.96$, $SD = 2.87$). The difference in mean scores was significant as $t (98.51) = 2.09; p = 0.04$ which is less that .05. There were no significant differences between the groups for incorrect responses.

The results in Table 5.14 indicate that the majority of the questions were answered correctly by both the high and low socio-economic groups. However, parents in the high socio-economic group were more knowledgeable than the low socio-economic group particularly in the principles, and parenting subscales with the knowledge level being significantly higher.
than the parents in the low socio-economic group. While both groups scored higher for correct responses in the health and safety subscale, the difference in scores was not significant indicating that the knowledge level was similar. However, for the norms and milestones subscale, the parents in the low socio-economic group scored higher than the parents in the high socio-economic group with the difference in knowledge level being significant. The parents in the low socio-economic group scored more correct responses (across all the subscales) than incorrect responses. However, they also scored higher for incorrect responses (across all the subscales) than the parents in the high socio-economic group. The differences in mean scores for incorrect responses were also significant for the principles and parenting subscales.

5.7.2 Comparing parenting styles between low and high socio-economic group

Table 5.16 represent a comparison of mean scores for parenting styles between the low and high socio-economic group

<table>
<thead>
<tr>
<th>Subscale</th>
<th>LSES (N=59)</th>
<th>HSES (N=81)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTIVE</td>
<td>4.32</td>
<td>4.66</td>
<td>-3.39</td>
<td>138.00</td>
<td>0.00</td>
</tr>
<tr>
<td>AUTRIAN</td>
<td>1.93</td>
<td>1.41</td>
<td>3.72</td>
<td>92.27</td>
<td>0.00</td>
</tr>
<tr>
<td>PERM</td>
<td>2.31</td>
<td>1.86</td>
<td>3.41</td>
<td>91.10</td>
<td>0.00</td>
</tr>
</tbody>
</table>

The results in Table 5.16 show that parents’ perceptions of their parenting styles were significantly different. For authoritative parenting, parents in the high socio-economic groups \((M = 4.66, SD = 0.54)\) perceived themselves to be more authoritative than parents in the low
socio-economic group \((M = 4.32, SD = 0.64)\). The difference in mean scores were significantly negative \(t (138) = -3.39; p = 0.00\) which is less than 0.05. For authoritarian and permissive parenting, parents in low socio-economic groups were more authoritarian \((M = 1.93, SD = 0.93)\) and permissive \((M = 2.31, SD = 0.89)\) than parents in high socio-economic groups for authoritarian \((M = 1.41, SD = 0.60)\) and permissive \((M = 1.86, SD = 0.56)\) parenting. This was significantly different for authoritarian \(t (138) = 3.72; p = 0.00\) which is less than 0.05 and permissive parenting style \(t (138) = 3.41; p = 0.00\) which is less than 0.05.

5.7.3 Determining associational aspects of the variables of the study

This section reports on the correlation scores for knowledge and child development and parenting styles
Table 5.17 Correlation scores for KIDI-P and PSDQ between low and high socio-economic groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample</th>
<th>Low SES</th>
<th>High SES</th>
<th>Total Sample</th>
<th>Low SES</th>
<th>High SES</th>
<th>Total Sample</th>
<th>Low SES</th>
<th>High SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrincCorr</td>
<td>.11</td>
<td>.12</td>
<td>.01</td>
<td>-.11</td>
<td>-.09</td>
<td>-.01</td>
<td>.20*</td>
<td>-.21</td>
<td>-.07</td>
</tr>
<tr>
<td>PrincInc</td>
<td>-.00</td>
<td>.15</td>
<td>.01</td>
<td>.09</td>
<td>.02</td>
<td>-.00</td>
<td>.81</td>
<td>.04</td>
<td>-.05</td>
</tr>
<tr>
<td>PrincDK</td>
<td>-.08</td>
<td>-.21</td>
<td>-.01</td>
<td>.05</td>
<td>.11</td>
<td>.01</td>
<td>.13</td>
<td>.21</td>
<td>.09</td>
</tr>
<tr>
<td>ParentCorr</td>
<td>.16</td>
<td>.16</td>
<td>.01</td>
<td>-.30**</td>
<td>-.41**</td>
<td>.02</td>
<td>-.30**</td>
<td>-.41**</td>
<td>.02</td>
</tr>
<tr>
<td>ParentInc</td>
<td>-.07</td>
<td>-.07</td>
<td>.02</td>
<td>.19*</td>
<td>.28**</td>
<td>-.04</td>
<td>.15</td>
<td>.20</td>
<td>-.04</td>
</tr>
<tr>
<td>ParentDK</td>
<td>-.15</td>
<td>-.15</td>
<td>-.06</td>
<td>.19*</td>
<td>.21</td>
<td>.04</td>
<td>.26*</td>
<td>.32*</td>
<td>.05</td>
</tr>
<tr>
<td>NMCorr</td>
<td>.03</td>
<td>.19</td>
<td>-.04</td>
<td>-.05</td>
<td>-.24</td>
<td>.09</td>
<td>-.09</td>
<td>-.18</td>
<td>-.11</td>
</tr>
<tr>
<td>NMInc</td>
<td>.02</td>
<td>.02</td>
<td>.05</td>
<td>-.04</td>
<td>-.05</td>
<td>-.07</td>
<td>-.04</td>
<td>-.12</td>
<td>-.00</td>
</tr>
<tr>
<td>NMDK</td>
<td>-.04</td>
<td>-.24</td>
<td>-.01</td>
<td>.07</td>
<td>.34**</td>
<td>.01</td>
<td>.11</td>
<td>.35**</td>
<td>.06</td>
</tr>
<tr>
<td>HSCorr</td>
<td>.04</td>
<td>.03</td>
<td>.05</td>
<td>.02</td>
<td>.10</td>
<td>-.07</td>
<td>-.06</td>
<td>-.04</td>
<td>-.07</td>
</tr>
<tr>
<td>HSInc</td>
<td>.06</td>
<td>.20</td>
<td>.01</td>
<td>-.04</td>
<td>-.18</td>
<td>.03</td>
<td>-.02</td>
<td>-.11</td>
<td>-.01</td>
</tr>
<tr>
<td>HSDK</td>
<td>.02</td>
<td>-.11</td>
<td>-.45</td>
<td>-.04</td>
<td>-.02</td>
<td>.06</td>
<td>-.02</td>
<td>.03</td>
<td>.04</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

The results in Table 5.17 show that there is no relationship between knowledge of child development across all the subscales and authoritative parenting. However there is a significantly negative correlation between authoritarian parenting and correct responses for the parenting subscale of the KIDI-P ($r = -.30**$) for the total sample and the low socio-economic groups.
economic group \( (r = -.30**) \). This indicates that if correct responses increase for the parenting subscales, there may be less association with authoritarian parenting. Furthermore the results also show that there is a positive correlation between incorrect responses for the parenting subscale and authoritarian parenting for the total sample \( (r = .19*) \) and the low socio-economic group \( (r = .28**) \). Thus the higher the incorrect responses for the parenting subscale there may be an increase in authoritarian parenting. There is also a correlation between authoritarian parenting and the norms and milestones subscale for “don’t know” responses for the low socio-economic group \( (r = .34**) \) indicating that the higher the score for “don’t know” responses then there is a likelihood that the participants may be authoritarian in their parenting.

The results show that there is a correlation between permissive parenting and correct responses for the principles subscales for the total sample \( (r = .20*) \) indicating that higher scores for correct responses in the principles subscale, there may be an increase in permissive parenting. Furthermore there is a negative correlation between permissive parenting and correct responses for the parenting subscale for the total sample \( (r = -.30**) \) and the low socio-economic group \( (r = -.41**) \).

### 5.8 Summary of findings

The results show that overall parents are fairly knowledgeable about child development however parents seemed to have less knowledge in the norm and milestones subscales. While both low and high socio-economic groups are knowledgeable, there is a significant difference in what they know and subsequently parents in the low socio-economic group scored higher in the norms and milestones subscales than parents in the higher socio-economic group. The prevalent parenting style in both groups was authoritative parenting followed by permissive parenting. Furthermore the results show that there is no correlation between knowledge of
child development and authoritative parenting, although associations were found between knowledge of child development and parenting styles for other subscales.
CHAPTER 6

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The sequential exploratory study design allows for the results of the two phases to be integrated at this stage of the study. The current study is a presentation of the comparative study of the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in the phase of early childhood development. This chapter presents a discussion of the findings of the study. The findings in Chapter 4 and 5 are examined in relation to the aims and hypotheses of the thesis discussed in Chapter 1 and integrating the conceptual framework discussed in Chapter 2. This chapter also elaborates on parenting styles, knowledge of child, and the impact of socio-economic status. Finally, the limitations of the study are discussed and recommendations are offered.

6.2 Knowledge of child development

Studies of parenting knowledge cover many domains. Bornstein, Hahn, Suizzo, Cote and Haynes (2005) identified three domains of parental knowledge namely: knowledge about child development which includes knowledge about basic child requirements and abilities; knowledge about health and safety; and knowledge about strategy to meet the socio-emotional, biological and cognitive needs of the child. Parents are required to use this knowledge to interpret their child’s behaviour and to guide their childrearing or parenting behaviour (Bornstein, 2002). In the systematic review, results reported by Hess et al (2004) show that knowledge scores ranged between 64.44% - 100 % with an average score of 82.87% across the participants which was considered high for the sample. The quantitative study results found that the overall score for knowledge of child development for participants
was 60.98% with participants scoring less for the norms and milestone subscale (47.95%). These scores are less than scores obtained by Hess et al (2004). However, the results of the current study are similar to a study conducted by Ertem (2007). In particular, Ertem (2007) found that knowledge of child development (or lack there of) could potentially be linked to child abuse risk. A lack of knowledge in the developmental process of the child could potentially relate to inappropriate harsh discipline measures as parents could misjudge where the child is at in the developmental process. Furthermore, Hess et al (2004) isolated the parenting subscale in the KIDI to measure parenting knowledge but the degree of knowledge for this subscale was not reported. In contrast the current quantitative study results show that parents were fairly knowledgeable in the parenting subscale with an average score of 67.30%. In addition, the results also show that parents are fairly knowledgeable on the health and safety as well as the principle subscale on the KIDI-P. The studies included in the systematic review did not report on knowledge of child development in isolation nor did it report on subscale findings separately with the exception of Hess et al (2004) that reported on overall degree of knowledge. The current quantitative study however, reports on scores for each subscale of the KIDI-P in order to identify in which areas participants are most knowledgeable, and where there is a lack of knowledge. This is necessary in order to indentify potential areas to consider when developing interventions of parenting programmes.

As previously discussed in Chapter 2, the aim of the National Development Plan 2030 is to improve on various components in the early childhood development sector. This includes providing and supporting future parenting programmes and the results of this study contributes to the body of knowledge regarding areas of lack in this regard. Although most of the studies included in the systematic review do not provide specific scores on overall knowledge, it does highlight certain factors to consider when examining knowledge of child development such as the role of mother and father in the child’s life, education, race and
culture. This speaks to Bronfenbrenner's ecological systems theory discussed in Chapter 2 that states there are several intrinsic and extrinsic factors that contribute to child development and that the systems interrelate with each other, for example, the relationship between child and parent in the microsystem is affected by the macrosystem which inform culture, belief and certain values which is then transferred onto the child through the parents. Effects of other factors that influence knowledge are apparent in studies such as Hess et al (2004) who found that older mothers who were more educated, had higher income and were married had a greater degree of knowledge pertaining to child development. Several researchers that conducted similar studies support these findings (Bornstein & Putnick, 2007; Culp, Osofsky, & O’Brien, 1996; Rowe, Pan, & Ayoub, 2005). Another study (Winter, Morawska & Sanders, 2011) found that parents higher in education demonstrated greater knowledge than their lower education counterparts and these results support the findings of Morawska et al, (2009). Another factor, which could potentially influence knowledge, is culture as highlighted in Hess et al (2004) and is supported by previous research conducted by Bornstein & Cote (2004) stating that knowledge differs within and across cultures. Lastly another factor that could potentially influence knowledge is different parent roles such as being a mother and father as seen in Morawska, et al (2011) that reported on differences between fathers and mothers degree of knowledge in child development with mothers having a greater degree of knowledge as opposed to fathers. Hence comparison between this study and previous studies is challenging as knowledge of child development or parental knowledge was not properly defined or examined in detail in previous studies.

6.3 Parenting in ECD

Children exposed to warm, responsive, consistent parenting are more likely to experience optimal child development outcomes (Guajardo et al. 2009; Stack et al. 2010) while adverse
family experiences including family dysfunction, harsh, punitive discipline practices and parental psychopathology are associated with an increased risk of child and adolescent psychopathology (Koskentausta et al. 2007). In the systematic review, Bornstein and Putnick (2007) found that there were several factors that contributed to parenting such as maternal age, child temperament, maternal confidence to mention a few. However, Bornstein and Putnick (2007) found that parenting styles differed significantly across all subscales of the Parenting Scale used to measure parenting styles. Further the results of that study show that mothers with low confidence were more lenient or negligent. As previously discussed in Chapter 2, Baumrind’s typology of parenting styles describes leniency and negligence as traits of permissive parents. Another study conducted by Winsler, Madigan & Aquilano (2005) as highlighted in the systematic review found that mothers in particular were perceived to be authoritative followed by permissive and not authoritarian. The characteristics of permissive parenting include inconsistent discipline, ignoring of child misbehaviour and a lack of self confidence in parenting with the result that children display less internalized distress but externalize their problems (Williams, et al, 2009) which are supported by findings in the systematic review (Morawska & Sanders, 2007; Winter et al, 2011). The results of Winsler et al (2005) study also show that some parents reported that they were permissive indicating that they often spoiled their children on certain occasions and sometimes stated a punishment but did not follow through with it. Similarly, the quantitative results of this study found that although parents perceived and reported that their parenting style as predominantly authoritative there were some parents that reported and perceived themselves to be permissive. These results also show that participants reported that they often spoiled their child and at times did not execute stated punishment for disobedience. Interestingly, though parents reported on their own perception of parenting in the current quantitative study in contrast to the study in the systematic review, where spouses reported on each others
parenting, the results are similar (Winsler et. al., 2005). The implications of permissive parenting as supported by the study included in the systematic review, showed that parents did not know that their parenting style resulted in them spoiling their child (Morawska & Sanders, 2007). It also highlighted their inability to manage their child’s aggressiveness, not knowing what to do when their child has a temper tantrum, not knowing about common fears for a specific age group and not setting limits on destructive behaviour. The implication for this style of parenting on the developing child as discussed in Chapter 2 is that the child may be unable to develop respect for authority (Gupta et al, 2006), lack creativity, motivation and self reliance resulting in low cognitive and social achievement (Grolnick, 2003). In addition according to developmental theorist such as Erikson suggest that a healthy development of self in the child requires attentive, warm, responsive and encouraging parents. Therefore a possible conclusion can be drawn that the less parents know about principles, parenting, norms and milestones and health and safety the more likely the parenting style will lean toward permissiveness. This conclusion is confirmed by the results found in the current quantitative study which showed that there is a correlation between knowledge and permissive parenting which will be further explored in the next section. While this study highlights the need to explore permissive parenting further in this context one of the objectives of the study was to determine the most prevalent parenting style. The results of this study show that the overall most prevalent parenting style is the authoritative parenting style with parents encouraging regulation, autonomy and connection. As stated earlier this is similar to the results found in Winsler et al (2005) in the systematic review. The characteristics of authoritative parenting styles include parents being warm and supportive while using reasoning approaches which allows the child the opportunity for participation. These findings can be compared to the results of previous studies conducted with children, where authoritative parenting was described as warm, supportive and nurturing, while
offering discipline and structure simultaneously (Darling & Steinberg, 1993; Maccoby & Martin, 1983).

6.4 The association between knowledge of child development and parenting styles

Previous research studies posit that the more knowledgeable parents are on child development the more effectively parents will rear their children (Reich, 2005; Huang et al, 2005; Diehl et al, 2011). In the systematic review, according to parents with greater knowledge tend to be less dysfunctional in parenting (Morawska et. al., 2007; Winsler et. al., 2005). Furthermore in a later intervention study conducted by Morawska et al (2011) the results show that post intervention parental knowledge increased and parenting dysfunction decreased, which could mean that degree of knowledge is increased, parenting approaches would potentially improve. However, the quantitative study results show that there is no significant relationship between knowledge of child development and the authoritative parenting style. The findings in the current study yielded different results than in previous studies conducted where a positive correlation was found (Culp, Culp, Blankemeyer, & Passmark, 1998; Miller, 1988; Brooks-Gunn & Benaisch, 1996). While no significant relationship exists between knowledge of child development and parenting styles, the quantitative results show that there is a significant negative relationship between knowledge of child development in particular for the parenting subscale and authoritarian parenting. This could mean that if there is a decrease in knowledge of how to parent very young children, then parents could be more authoritarian in their parenting. In the systematic review, Hess et al (2004) examined correlations between the parenting subscales and maternal confidence and found that when knowledge level was low parent confidence and competence was also low. Though a relationship exists between these two variables this does not imply that the one causes the other as there may be other factors involved that influence this relationship (Tufte, 2006:5). Other potential factors involved
when determining association between knowledge of child development and parenting styles include parental efficacy or confidence, parental age, child temperament and parental stress. The effects of these factors are evident in the studies included in the review. For example earlier studies found that deficits in knowledge of child development and unrealistic expectations on children were found mainly in younger parents (Bornstein & Putnick, 2007). Similar to this study de Lissovoy (1973) found that young parents were shown to have less knowledge about developmental milestones indicating a potential risk for unhealthy child development. One of the studies in the systematic review (Bornstein & Putnick, 2007) confirmed the findings of de Lissovoy (1973) and found that maternal age was linked to knowledge and parenting. Parental roles is also another factor to consider (Winsler et al, 2005) when examining the association between knowledge of child development and parenting. In view of this according to the demographics of this study the results show that 87.1% of the participants were mothers. This is important to note as Bornstein & Ribas (2005) posit that mothers have assumed the primary responsibility of early childcare and found that mothers were more knowledgeable than fathers. Though mothers may be more knowledgeable this does not equate to positive and effective parenting due to lack of support from the less knowledgeable spouse. This finding is supported by Dessen & Braz (2000). The current study possibly confirms that notion since the majority of participants were mothers, the knowledge level was reported at above average and the parenting style was perceived to be authoritative over the entire sample. In the systematic review, Winter, Morawska and Sanders (2011) found that parents who increased in knowledge and confidence showed reduced dysfunction and reported on less externalised behaviour of their children. While important findings have resulted for this study in terms of the relational aspects of the variables, Hypothesis 1 has not been met as there is no association between knowledge of child development and authoritative parenting styles.
6.5 Comparing low and high socio-economic groups

There is some evidence that parents in low socioeconomic status groups tend to be harsher in their child rearing (Kelley et al, 1992; Steinberg et al, 1991). Both Goodnow (1995) and McGillicuddy-De Lisi and Siegel (1995) agree that parenting knowledge has been conceptualized as a product of personal experiences with their children and their social interactions. The Ecological view (Bronfenbrenner, 1986) provides a useful framework to explain how social groups promote parenting knowledge. This framework also describes the differences in parental expectations on intellectual, social and cognitive abilities across different cultural groups and well as socio economic groups. There is some evidence to suggest that any effect of intervention on knowledge may differ depending upon the socio-economic status (SES) of parents as found in the study of Winter et al (2011) included in the review. According to Winter et al (2011) parents with higher education, which is also known to be associated with socio-economic status, hold a greater degree of knowledge in child development, which was apparent in the pre intervention phase of the study. Those findings support a much earlier study conducted by Parks and Smeriglio (1986) that also concluded that parents of lower SES tend to demonstrate less parenting knowledge than those of higher SES. The findings of the quantitative component of the current study present results which differ. The current study results show that in general parents were fairly knowledgeable and perceived their parenting to be authoritative across the groups. However, parents in the low socio economic group were significantly more knowledgeable on the norms and milestones of child development that those in the high socio economic group. Similarly, Bornstein and Ribas (2005) validate in their study that parental knowledge differ across socio-economic status. While, authoritative parenting was prevalent across the groups, more parents in the higher socio-economic group were authoritative in their approach. The results in the quantitative phase indicate that there were more permissive parents in the low socio-economic group. The
findings of this study is similar to Shumow et al (1998) who found that parents in low socio-economic environments were either harsh or permissive in their parenting. Critenden (1985; 1996) found that permissive parents are likely to be less educated, impoverished and lacking in parenting knowledge which is similar to the quantitative results of this study. No comparisons were drawn between the results of the studies in systematic review and the quantitative results of the study, in terms of comparing groups, as the systematic review only examined the association between knowledge of child development and parenting and did not include socio-economic status as a factor. However the results of the correlation done between parenting styles and the various subscales support Bronfenbrenner's ecological systems view as stated in the opening statement of this section specifically where permissive parenting was found to be higher in the low socio-economic communities. This highlights that in order for the microsystem, specifically the primary caregivers, to be more effective in their contribution to optimal child development the necessary support may be required by role players in the macrosystem such as the government to address lack in education and poverty by providing opportunities for parents in the low socio-economic group to acquire various skills that could enhance better parenting.

6.6 Limitations

No research study is without its imitations. This study in particular encountered challenges and limitations which may impact the findings of this study.

1. The study sample consisted mainly of mothers with a small percentage of fathers willing to participate in the study. As previously discussed and supported by previous research mothers tend to be more nurturing than fathers. This could possibly explain the reason why the majority of parents reported as authoritative.
2. The study was conducted by means of self reporting questionnaires. The participants may have responded in a way that would not reflect negatively on them although the study was private and confidential. In other words the responses may be perceived truth and not actual truth. If the children were asked to report on their parents’ parenting behaviour the outcome may have been different. The same applies to the knowledge of child development questionnaire. Parents may not necessarily want to admit that they may be using harsh and punitive measures in disciplining their children.

3. The study sample size is not large enough to generalize the findings to the entire population. Accessing parents through the ECD centre proved to be challenging thus the sampling strategy had to be changed in order to gather information. The majority of the sample classified themselves as ‘coloured’ therefore these findings cannot be generalized across other racial groups.

4. Conducting a socio economic study is also a limitation as socio economic status is not static. In other words the participants may have indicated that they spend R500 and less on school fees which was the low socio economic status indicator in this study but may not, in the bigger scheme of society, be classified as low socio-economic status when considering all the other factors which make up socio economic status.

5. The full impact of the parental knowledge level on the child cannot be fully identified as there are other role players surrounding the child and one wonders whether child rearing beliefs and knowledge are similar or different to the participant.
6.7 Recommendations

Further research studies are recommended in the area of parental knowledge and parenting styles in early childhood development as there is too little research to draw from. Perhaps future studies can look into other factors that influence parental knowledge so that a more holistic view can be obtained. Parents and the immediate primary care-givers play a pivotal role in a child’s life. Therefore when conducting future studies it could benefit to gather information from all the key players in the child’s life. The findings of this study also suggest that culture is potentially a huge factor that needs further research together with the other variables in this particular context since all the hypotheses for this study was mainly rejected. Because this study was done on a small sample with the majority being coloured mothers the study should be replicated on a much bigger sample to ascertain whether the results will be similar in this context or whether it supports international findings. These results highlighted the need for further parent education in norm and milestones and parenting as these were the two areas where parents were lacking. Therefore when parenting programmes are designed it would be beneficial to focus on these two aspects in order to reduce the risk of child maltreatment or abuse as well as to promote the optimal development of children during the early years. While the majority of this sample indicates that the prevalent parenting style is authoritative the permissive parenting style is highlighted as a concern. Furthermore, since clinics have access to parents they should make use of the opportunity to educate parents on the norms and milestones of a developing child. Most mothers attend antenatal screenings and it is here where the opportunity is to start educating mothers on the developing child and continue with this education when parents attend post natal screenings with the baby. Alternatively the government should make funds accessible to establish early intervention parenting centres across the country or distribute enough funds to NGO’s where qualified and trained professionals can provide training and education on parenting and child development.
6.8 Conclusion

The study focused on knowledge of child development and parenting styles. A positive and healthy early childhood sets a positive trajectory for adulthood. Although this study's results should be interpreted with caution, findings suggest that parents in the South African context are predominantly authoritative and that parental knowledge level is above average. As this study suggests the level of parental knowledge does not particularly influence parenting styles. Thus, we could conclude that there may be other factors associated with parental knowledge and parenting. Although the limitations of this study may not be generalized as the sample is limited to mothers with a specific racial background the study does highlight the need for further research particularly into permissive parenting.
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internalizing and externalizing problems from early childhood through adolescence. *Journal of abnormal child psychology, 37*(8), 1063-1075.


**Internet Sources**
Appendices

Appendix A: Letter

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592970/2277

E-mail: nroman@uwc.ac.za

INFORMATION SHEET

Project Title: A comparative study of the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in early childhood development centres

What is this study about?
This is a research project being conducted by Shiron Jade September at the University of the Western Cape. We are inviting you to voluntarily participate in this research project because you are a parent of a pre-school child in one of the early childhood development centres selected. The purpose of the study is to determine and compare the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in early childhood development centres.

What will I be asked to do if I agree to participate?
You will be asked to complete self-administered questionnaires pertaining to the study in the comfort of your own home. The questionnaire will take approximately 45-60 min to complete. You will then be required to send the completed form in a sealed envelope back to the ECD centre.

Would my participation in this study be kept confidential?
We will do our best to keep your personal information confidential. To help protect your confidentiality, the information you provide will be totally private; no names will be used so there are no way you can be identified for participating in this study. Your information will be anonymous and
treated confidentially. This will be done by (1) your name will not be included on the report. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. The reports will be kept in a locked cabinet and only the interviewer and the research supervisor will have access to this information. The research findings will not include any personal details.

**What are the risks of this research?**

There are no known risks in participating in the study. However, the parents and family members may identify possible parental needs or any other need for assistance. In cases where a parent or family member presents with such a need, the interviewer will liaise with appropriate resources to assist the participant.

**What are the benefits of this research?**

The outcome of this study may be useful to professionals and social service providers who lead and provide preparation for parenthood programmes and activities within their communities. The outcome of this study may highlight the need for intervention to enhance parenting abilities. The study also hopes to highlight that there is a great need for effective parenting programmes to be implemented in the low socio-economics. Healthcare workers may benefit from this study and use the opportunities they have with mothers attending screenings to discuss various concerns and refer where necessary.

**Describe the anticipated benefits to science or society expected from the research, if any.**

The study aims to highlight the need for parenting and support programmes to be implemented where necessary to improve the wellbeing of children and families.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**Is any assistance available if I am negatively affected by participating in this study?**

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

**What if I have questions?**

You may contact me at: 076 88 11 828 or shironseptember@gmail.com or my supervisor *Dr Roman* in the Social Work Department at the University of the Western Cape. If you have any questions
about the research study itself, please contact Dr Roman at: Department of Social Work, tel. 021 959 2970, email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:
Dean of the Faculty of Community and Health Sciences: Professor Jose Frantz
University of the Western Cape
Private Bag X17
Bellville 7535
Tel No: 021 959 2631/2746
Email address: jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape’s Senate Research Committee and Ethics Committee.
CONSENT FORM FOR PARENTS

Appendix B  Consent Form

Title of Research Project: A comparative study of the relationship between knowledge of child development and parenting styles in high and low socio-economic groups of parents in early childhood development centres

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate in the study. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Parent’s name………………………….
Parent’s signature……………………………
Witness………………………………
Date…………………………

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator’s Name: Dr N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: 021 959 2277/2970

Email: nroman@uwc.ac.za
### Appendix C  Full Questionnaire

**PLEASE COMPLETE THE FOLLOWING STATEMENTS BY TICKING/FILLING IN YOUR RESPONSE**

<table>
<thead>
<tr>
<th>In which area do you live?</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Level of education</td>
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<tr>
<td>Race</td>
<td>COLOURED</td>
<td>BLACK</td>
</tr>
<tr>
<td>How many children do you have?</td>
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<tr>
<td>State age and sex</td>
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</tr>
<tr>
<td>My children are</td>
<td>Biological children</td>
<td>Foster/Adopted children</td>
</tr>
<tr>
<td>Home Language</td>
<td>English</td>
<td>Afrikaans</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Never Married</td>
<td>Married</td>
</tr>
<tr>
<td>How much crèche fees do you pay?</td>
<td>R0 - R500</td>
<td>Between R500 and R1000</td>
</tr>
<tr>
<td>Who looks after your child (if not in daycare)</td>
<td>Parenting workshops</td>
<td>Parenting counselling</td>
</tr>
</tbody>
</table>
The following questions ask about children’s normal behaviour. Each item describes what atypical child might be like, or what could affect the child’s growth and behaviour. Answer each item based on your knowledge of children in general. We want to know how you think most children act, how they grown, and how to care for them. After you read each item, decide whether you AGREE, DISAGREE, or are NOT SURE. Then mark your answer in the circle.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When toddlers are strongly attached (bonded) to their parents, they are more</td>
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</tbody>
</table>
clingy and tend to stick close to mom and dad

2 A 2 year old who is 2 or 3 months behind other 2 years olds is developmentally delayed

3 Children often will keep using the wrong word for while, even when they are told the right way to say it (like “feet not footses”)

4 Babies should not be held when they cry because this will make them want to be held all the time

5 If a baby (less than a year) wants a snack, give it nuts, popcorn, or raisins

6 Babies do some things just to make trouble for their parents, like crying a long time or pooping in their diapers

7 If you punish children for doing something naughty, it’s okay to give them a piece of candy to stop the crying

8 A 2 year old can take a bath without needing to be watched

9 A typical 4 year old can print his/her name

10 Infants understand only words they can say

11 If children are shy or fussy in new situations, it means they have an emotional problem

12 Talking to a child about things he/she is doing helps its mental development

13 A two year old who says “NO’! to everything and bosses you around is trying to get you upset

14 The way a child is brought up has little affect on how smart he/she will be

15 Children have temper tantrums for no apparent reasons

16 Once kids turn 3 or so, they become less defiant and negativistic – “No, I don’t want to”!

17 A toddler who’s energetic – always on the go – needs a low-sugar diet or Ritalin

18 Kids have little affect on how parents care for them, at least until they get
<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>When putting babies in the cot for sleep, place them on their back, not</td>
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<td></td>
<td>stomach</td>
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<tr>
<td>20</td>
<td>A 3 and a half year old boy who wets the bed has a problem that should be</td>
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<td></td>
<td>seen by a doctor</td>
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<tr>
<td>21</td>
<td>A brother or sister may start wetting the bed or thumbsucking when a new</td>
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<tr>
<td></td>
<td>baby arrives in the family</td>
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<tr>
<td>22</td>
<td>Four year olds are able to go to the toilet by themselves at night</td>
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<tr>
<td>23</td>
<td>The 2 year old’s sense of time is different from an adult’s</td>
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<td>24</td>
<td>Most premature babies end up being abused, neglected, or mentally disabled</td>
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<td>25</td>
<td>Children should be at least 5 years old before they are allowed to cross</td>
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<td></td>
<td>the street alone</td>
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<td>26</td>
<td>Most 4 year olds can play simple board games like checkers</td>
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<td>27</td>
<td>The child ‘s personality or temperament is set by 6 months of age; it doesn’t</td>
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<td></td>
<td>change much after that</td>
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<td>28</td>
<td>Some parents do not bond until their baby starts to smile and look at them</td>
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<td>29</td>
<td>The way the parent treats a baby in the first months of life determines whether</td>
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<td></td>
<td>the child will grow up to be well-adjusted or a moody misfit</td>
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<td>30</td>
<td>Children learn all their language by copying what they have heard adults say</td>
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<td>31</td>
<td>When children have a cold, it’s okay to give them regular aspirin</td>
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<td>32</td>
<td>A 6 year old is able to ride a two-wheeled bicycle</td>
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<td>33</td>
<td>Some normal kids do not enjoy being cuddled</td>
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<td>34</td>
<td>The average 5 year old can tie his (her) shoelaces</td>
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<td>35</td>
<td>The more you soothe a crying baby by holding and talking to it, the more you spoil them</td>
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</tbody>
</table>
A common cause of accidents for toddlers is pulling something like a frying pan, a tablecloth, or a lamp down on top of them.

A 4 year old who sees a short-haired girl in overalls is likely to say that she is a boy.

A good way to teach your child not to bite is to bite back.

Some days you need to discipline your child; other days you can ignore the same thing. It all depends on the mood you're in that day.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>Agree</th>
<th>Younger</th>
<th>Older</th>
<th>Not Sure</th>
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</thead>
<tbody>
<tr>
<td>40</td>
<td>Most 6 year olds can write a complete sentence</td>
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<tr>
<td>41</td>
<td>By 3 years of age, most children have a favourite playmate</td>
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<td>42</td>
<td>Most 2 year olds know the difference between make-believe and true stories on TV</td>
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<td>43</td>
<td>A 5 year old can read four or more words</td>
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<td>44</td>
<td>Three year olds usually will say, “I’m sorry” when they do something wrong</td>
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<td>45</td>
<td>The average 4 year old can get dressed and undressed without help</td>
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<tr>
<td>46</td>
<td>Two year olds are able to reason logically, much like and adult would</td>
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<td>47</td>
<td>One year olds know right from wrong</td>
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<td>48</td>
<td>Five year olds use plurals correctly – for example, says “men” not</td>
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<td>“mans”, “mice” not mouses”, etc</td>
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<tr>
<td>49</td>
<td>Most children are ready to be toilet trained by one year of age</td>
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<tr>
<td>50</td>
<td>Most 3 year olds can put their shoes on the correct feet</td>
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<tr>
<td>51</td>
<td>It is not until 4 years of age that kids begin to tease other children</td>
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<tr>
<td>52</td>
<td>Six months olds know what “No” means</td>
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<tr>
<td>53</td>
<td>Three years olds know their left hand from the right hand</td>
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<tr>
<td>54</td>
<td>By 3 years of age, most children will dress up in their parents’ old clothes and play act</td>
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<td>55</td>
<td>Eighteen month olds often cooperate and share when they play together</td>
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<td>56</td>
<td>Most 6 years olds can add numbers up to 10, such as 2+2, 3+5, etc</td>
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<tr>
<td>57</td>
<td>Babies usually say their first real word at 6 months</td>
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<tr>
<td>58</td>
<td>By 2 years, children left on their own have the sense to not do something dangerous like poking a finger in a socket</td>
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</table>
PARENTING STYLES & DIMENSIONS QUESTIONNAIRE – SHORT VERSION

(PSDQ-Short Version)

Directions:

This questionnaire is designed to measure (1) how often your spouse/partner exhibits certain behaviours towards your child _______ (name) and (2) how often you exhibit certain behaviours towards this child.

Example:

(1) Please read each item on the questionnaire and think about how often your spouse/partner [She] exhibits this behaviour and place your answer on the first line to the left of the item.

[She]/[He] [ 1 ]

3       1. [She/He allows][I allow] our child to choose what to wear to school.

SPOUSE EXHIBITS THIS BEHAVIOR:

1 = Never

2 = Once in Awhile

3 = About Half of the Time
4 = Very Often
5 = Always

(2) Then rate how you [1] exhibit this behavior and place your answer on the second line to the left of the item.

[She/He] [1]

3  2  1. [She/He allows][I allow] our child to choose what to wear to school.

I EXHIBIT THIS BEHAVIOR:

1 = Never
2 = Once in Awhile
3 = About Half of the Time
4 = Very Often
5 = Always

[She] [1]

_____ _____ 1. [She is] [I am] responsive to our child’s feelings and needs.

_____ _____ 2. [She uses] [I use] physical punishment as a way of disciplining our child.

_____ _____ 3. [She takes] [I take] our child’s desires into account before asking the child to do something.

_____ _____ 4. When our child asks why he/she has to conform, [she states] [I state]: because I said so, or I am your parent and I want you to.

_____ _____ 5. [She explains] [I explain] to our child how we feel about the child’s good and bad behaviour.

_____ _____ 6. [She spanks] [I spank] when our child is disobedient.

_____ _____ 7. [She encourages] [I encourage] our child to talk about his/her troubles.

_____ _____ 8. [She finds] [I find] it difficult to discipline our child.

_____ _____ 9. [She encourages] [I encourage] our child to freely express himself/herself even when disagreeing with parents.

_____ _____ 10. [She punishes] [I punish] by taking privileges away from our child with little if any explanations.
11. [She emphasizes] [I emphasize] the reasons for rules.
12. [She gives] [I give] comfort and understanding when our child is upset.
13. [She yells or shouts] [I yell or shout] when our child misbehaves.
14. [She gives praise] [I give praise] when our child is good.
15. [She gives] [I give] into our child when the child causes a commotion about something.
16. [She explodes] [I explode] in anger towards our child.
17. [She threatens] [I threaten] our child with punishment more often than actually giving it.
18. [She takes] [I take] into account our child’s preferences in making plans for the family.
19. [She grabs] [I grab] our child when being disobedient.
20. [She states] [I state] punishments to our child and does not actually do them.
21. [She shows] [I show] respect for our child’s opinions by encouraging our child to express them.
22. [She allows] [I allow] our child to give input into family rules.
23. [She scolds and criticizes] [I scold and criticize] to make our child improve.
24. [She spoils] [I spoil] our child.
25. [She gives] [I give] our child reasons why rules should be obeyed.
26. [She uses] [I use] threats as punishment with little or no justification.
27. [She has] [I have] warm and intimate times together with our child.
28. [She punishes] [I punish] by putting our child off somewhere alone with little if any explanations.
29. [She helps] [I help] our child to understand the impact of behaviour by encouraging our child to talk about the consequences of his/her own actions.
30. [She scolds or criticizes] [I scold or criticize] when our child’s behaviour doesn’t meet our expectations.
31. [She explains] [I explain] the consequences of the child’s behaviour.
32. [She smacks] [I smack] the child when the child misbehaves.