

## **Parenting practices, perceived quality of care and social-emotional behaviors among children of working women under day-care and grandparent care**

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<p><b>Article History:</b></p> <p><b>Received:</b> 17 Oct, 2020</p> <p><b>Accepted:</b> 11 Jan, 2021</p>	<p><b>ABSTRACT</b></p> <p>The present study examines the relationship between parenting practices, perceived quality of care, and social-emotion behaviors (externalizing, internalizing, and pro-social) among children of working women under daycare and grandparent care. The present research used a cross-section research design. The sample consisted of mothers of children between the ages of 2-5 (N= 150) who were approached via purposive sampling. Alabama parenting questionnaire was used for measuring parenting practices of mothers, Emlen scale of quality of care, used for measuring the perceived quality of care and Strength and difficulty questionnaire was used to measure social-emotional behaviors of children. Pearson product-moment correlation analysis was used to explore the relationship between variables, and Multiple linear regression analysis was used to find if study variables predicted children's social-emotional behaviors. Moreover, t-test analysis was used to see the difference in social-emotional behaviors among children under two types of care. The results showed that there is a significant correlation between parenting practices of mothers and social-emotional behaviors of children and that there exists a difference in social-emotional behaviors among children under two types of care, children under daycare show more pro-social behavior and children under grandparent care show more externalizing behavior. The study is significant in the field of developmental psychology and childcare culture in Pakistan, as it sheds light on the behavior of children under daycare and grandparent care in the Pakistani context.</p> <p><b>Key Words:</b> Parenting practices, perceived quality of care, and social-emotional behaviors</p>
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### **1. Introduction**

Parenting practices are specific behaviors that are used by parents to enforce rules and help their children to socialize. For instance, when helping a child to succeed in school,

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parents might perform definite practices; for instance, helping their child in doing homework, reading along with their child, and attending their child's school functions to show them their concern and love. These practices include explicit disciplinary practices (using punishment), use of positive parenting approaches (rewarding pro-social behavior), constancy in parenting, suitable management, and supervision or monitoring of child behavior, (Spera, 2005; Devore, 2006; Frick, Barry, & Kamphaus, 2010). It is believed that parenting practices play an important role in child development and it comprises some basic categories; positive parenting, inconsistent discipline, and poor supervision (Elga, Waschbusch, Dadds, & Sigvaldason, 2006; Harvey, Stoessel, & Herbert, 2011). Positive parenting is the persistent relationship between the parent(s) and their child or children that is constructed on caring, for the child, teaching him or her, leading, communicating with the child, and taking care of the needs of a child unconditionally. Parents who through their childrearing practices show positive emotion and are supportive of their children are likely to be role models for their children and help them learn beneficial behaviors which helps them to regulate their emotions, manage stressful situations and relationships (Seay, Freyestinson, & McFarlane, 2014; Eisenberg, Spinrad, Valiente, Fabes, & Liew, 2005). Inconsistent discipline refers to the unpredictable punishment given by parents for the same misbehaviors of a child, or total extinction of disciplinary practices due to laziness or, in reaction to coerciveness shown by the child to punishment. Inconsistent discipline is characteristically multi-determined in the family and many factors such as marital disagreement, psychopathology of parents, and neighborhood disadvantages influence it. Several types of research have revealed that there is a positive relationship between the inconsistent discipline of parents and the aggressive behavior of children (Wojnaroski & Lochman, 2011; Stormshak, Bierman, McMahon, & Lengua, 2000).

Parental supervision refers to as parental "demand" and "responsiveness." Baumrind has characterized the demands of parents as relating to the use of confrontation and monitoring, a pattern of solid and steady discipline, and elevated maturity demands from children. Parental supervision is a childrearing strategy to establish clear cut rules and

standards for a particular expected behavior. It is characterized by, cognitive responsiveness, affective warmth, unconditional acceptance, responsive attunement, involvement, and reciprocity attachment and bonding with the child. It reflects that the parent is aware of their children's schedule and behaviors and seek to manage them. The parents aim to help their children recognize the importance of rules and structures in social interactions to be a part of society at large. Lack of these things would be termed as poor supervision or lack of parental control (Olson & Beker, 2014; Thornton, 2001).

Childcare refers to arrangements for the care of children other than their parents, and it includes care received in daycare centers; or at home by a substitute caregiver such as a child's grandparent or other relatives. Quality of childcare requires careful measurement and explanation as it is a multifaceted construct that is difficult to define. Some theorist defines high-quality childcare as an arrangement that takes place in a safe environment where children are provided with opportunities for rich play and mutual interactions that inspires them to explore and learn (Ruzek, Burchinal, Farkas, & Duncan, 2014). The quality of childcare is believed to be vital to the development of children and offers developmental benefits (Bronfenbrenner & Morris, 2006).

Social-emotional behavior consists of two aspects or domains; the negative aspect is the problem behaviors that are internalizing, and externalizing behavior and the positive aspect of the competency domain or strength is pro-social behavior (Briggs-Gowan & Carter, 2007). Externalizing behaviors are characterized by an emotional under control which includes difficulties with managing interpersonal relationships and a higher tendency to break rules, externalizing behaviors can also be termed as conduct behaviors, and antisocial behaviors. Children who show such behaviors are often seen as aggressive are involved in delinquent activities such as stealing or vandalizing, might face difficulty in making friends getting along well with society and are neglected or rejected by peers, and often drop out of school (Benedetto & Ingrassia, 2018; Benson & Haith, 2009).

Internalizing behaviors are Problem behaviors that are defined as being directed towards oneself, such as anxiety, depression, withdrawal, and inhibition, more centrally these behaviors affect a child's internal psychological state instead of his or her external world. Internalizing behaviors are considered as a child being emotionally reactive (such as being disturbed by change, panicking, being moody, being querulous, and showing worries), being anxious/depressed (such as clinging, being hurt easily, being upset by separation, showing nervousness, fearfulness sadness), having somatic complaints (such as aches, not being able to stand things that are out of place, being too worried about cleanliness, complaining of constipation/diarrhea/headaches and nausea without a medical reason), and being withdrawn such as acting in an immature manner, avoiding eye contact, being unresponsive to affection, taking little interest in activities, refusing to take part in active games (Achenbach & Rescorla, 2000; Rizvi & Najam, 2016; Benedetto & Ingrassia, 2018).

Positive social-emotional behavior or Pro-social behavior are voluntary behaviors performed to benefit others, such as helping someone in a task, sharing something, or being a source of comfort for another person. This behavior may be enacted for several reasons such as concern for others, a desire to conform to norms or to get reward or approval from others. Results from several studies have supported the idea that pro-social behaviors emerge early in childhood but their expression and frequency modify and change as the years pass., infants as young as 12 months will let adults know of unnoticed events by pointing them out, and they also offer help by trying to assist adults to complete thwarted errands, such as picking an out-of-reach object and handing it over to the adult. As these children approach the age of 3, these toddlers develop a more reliable ability to comfort others in anguish, for instance, by giving a hug to someone who is hurt, and sharing a toy or food with those who express a need (Bandstra, Chambers, McGrath, & Moore, 2011; Warneken & Tomasello, 2007; Schroeder & Graziano, 2015; Tanner, 2007). Parents who assist their children to pay attention to and comprehend the feelings of others have a probability to develop pro-social tendencies in their children. Suitable levels of parental

control, in combination with support, pro-social principles, and behaviors of parents help their children empathize with others develop pro-social behaviors (Gross, Drummond, Satlof-Bedrick., Waugh, Svetlova, & Brownell, 2015).

### **Rationale**

Parenting practices of mothers majorly influence the child's behavior, along with the quality of care given under daycare settings and grandparent care. Social-emotional behaviors (externalizing, internalizing, and pro-social) of children are a matter of concern for many parents, as it is troublesome for them and an indication of their child's future behavior. Working women are even more concerned because their children are not under their care all the time. The present study aims at finding the impact of parenting practices of mothers and perceived quality of care on the social-emotional behaviors of children. Thus, the present study would yield constructive knowledge by providing resourceful findings on parenting practices of mothers and the quality of childcare provided in daycare and grandparent care and its relationship with the child's behavior. Moreover, it will highlight the difference in behaviors among children under daycare and grandparent care to help mothers understand the prevalence of social-emotional behaviors of children under different types of childcare.

### **Objectives**

The objectives of the present study are:

- a. To study the relationship between parenting practices of mothers, perceived quality of care, and social-emotional behaviors (externalizing, internalizing, and pro-social) of children of working women.
- b. To find if the age of a child, parenting practices, and perceived quality of care predict social-emotional behaviors among children of working women (N=150).
- c. To study the difference in social-emotional behaviors among children of working women under daycare and grandparent care.

## **Hypotheses**

- a. There is a significant relationship between parenting practices of mothers, perceived quality of care, and social-emotional behaviors (externalizing, internalizing, and pro-social behaviors) of children of working women.
- b. Age of child, parenting practices of the mother, and perceived quality of care predict social-emotional behaviors among children of working women.
- c. There is a significant difference in social-emotional behaviors among children of working women under daycare and grandparent care.

## **Method**

### **Research design**

The study used a cross-sectional research design.

### **Sample**

- a. A non-probability purposive sample of 150 working mothers ( $M=32.37$ ,  $SD=4.18$ ) who have children between the age range of 2-5 ( $M= 3.28$ ,  $SD= 0.95$ ) and years and who receive care in daycare centers or by grandparents was included.
- b. Inclusion criteria Working women whose children were 2-5 years old, who were currently under grandparent care or cared for in a daycare center.
- c. Exclusion criteria Those mothers who did not understand English, who were unemployed or students, and whose child was diagnosed with any physical or psychological disorder were excluded. Moreover, Mothers who were divorced or widowed were not included.

## **Ethical Considerations**

The ethical considerations were kept in view such as consent form was taken from the institute, authors, and the participants. The privacy of the participant was taken care of. They were briefed about the nature and purpose of the study.

## **Measures**

### **Demographic sheet**

The demographic sheet required the participants to list down essential details about their age, gender, employment, education, and number of children, type of childcare, the age, and gender of a child under the care.

### **Alabama parenting questionnaire-short form (Elgar, 2007)**

This is a 9-item Likert frequency scale that is a short version of the "Alabama parenting questionnaire" that was originally developed by Frick, P.J in 1991. Its items are founded on the three key constructions of the longer version of (APQ) scale: inconsistent discipline, poor supervision, and positive parenting. Scoring is done by adding the scores for each of the three subscales: Positive parenting (Items 1, 6, and 7), Inconsistent discipline (Items 2, 4, and 9), and Poor supervision (items 3, 5, 8). The reliability analysis of the parenting practices scale in the current research showed an alpha value of .47, the positive parenting subscales had a reliability of .65, inconsistent discipline had.44, and poor supervision had.66 value of Cronbach alpha. This shows that the overall reliability of the scale is acceptable.

### **Quality of Care Scale (Emlen, 2000)**

The short composite Emlen scale of parents view of child's quality of care is a 15-item questionnaire, answered on a 5-point Likert scale, it is one of many scales in Packet of scales that measures the quality of childcare from parents' viewpoint; parent's view in

several aspects of childcare, such as the warmth of caregiver and his/her interest in the child or the caregiver's skill. The questionnaire is appropriate to use for any age and type of childcare. The reliability analysis in the current study showed that the scale has a Cronbach alpha value of .93 which means that the reliability of this scale is excellent.

### **Strengths and Difficulties Questionnaire (Goodman, 2005)**

It is an emphasis on measuring positive attributes and risk symptoms concerning the behavior of the child in the last six months. It is a 25-items, "3-point scale (0=not true, 1=somewhat true, 2=certainly true)". It has 3 subscales: externalizing behaviors (Hyperactivity/Inattention, Conduct) problems, internalizing behaviors (Relationship Problems, Emotional Symptoms), and Pro-social Behavior. Reliability analysis in the current study has shown that overall, the scale has an alpha value of .65, the subscales externalizing behaviors have an alpha value of .51, for internalizing behavior it was .54 and for pro-social behavior, it was .51. This shows that the reliability of the scale generally is acceptable.

### **Procedure**

To conduct research, first, the institutional was taken for whether research can be conducted or not, that permission from the authors for the scales was taken, and then permission was taken from the authorities for reaching the population. Daycare centers in Lahore, from daycare center in Lahore College (n=25) and Kinnaird College (n=16), Dandelion daycare center (n=15), Islamic daycare center (n=18) were visited to collect data from the population, as well as schools and hospitals were also visited such as DHA school system (n=30), Allied School (n=10), Lahore College (n=15), Kinnaird College (n=14) and DHA medical center (n=6) were visited to find working women who have children under the care of their grandparents or daycare centers. Each participant was briefed about the research and her rights during the research.

## Results

Statistical Package for Social Sciences (Version 21.0) was used to analyze the data. Pearson Product Moment Correlation Coefficient was run to identify the relationship between Parenting practices, Perceived Quality of Care, and Social-emotional Behaviors and its subscales.

*Table 1; Shows the mean (Mean), standard deviation (SD), Correlation (r), and significance value (p) of perceived quality of care and social-emotional behaviors of children of working women. (N=150).*

Variables	1	2	3	4	5	6	7	M	SD
1.PP	–	.08	-.17	.45***	.14	.055	.19	13.9	1.6
2.ID	.02	-	.06	.12	.09	.17	.01	9.5	2.4
3.PS	-.06	.27*	-	-.30***	-.31***	.38** *	-.06	4.9	2.5
4.Per. QOC	.35**	.04	-.30**	-	-.03	-.03	.39***	65.3	9.8
5.Ext. behaviors	.00	.21	.31**	-.12	-	.49**	.13	8.6	2.7
6. Inter. Behaviors	-.06	-.03	.49**	-.19	.54**	-	.15	7.4	2.8
7.Pro-social behaviors	.40**	-.02	-.17	.42**	.02	.07	-	7.3	1.8
M	13.4	9.37	5.5	65.1	10.0	8.0	6.5	-	-
SD	1.8	2.3	2.6	8.5	3.0	3.0	1.6	-	-

( $P > 0.05$ ,  $P^* < 0.05$ ,  $P^{**} < 0.01$ )

Note 1: positive parenting, 2: inconsistent discipline, 3: poor supervision, 4: perceived quality of care, 5. externalizing behaviors, 6: internalizing behaviors, 7: pro-social behavior, M: Mean, SD: Standard deviation.

Table 1 shows that the hypothesis is supported by the results the i.e., there is a significant relationship between parenting practices, perceived quality of care, and social-emotional behaviors (externalizing, internalizing, and pro-social behaviors) of children of working women under daycare and grandparent care. The upper diagonal shows the relationship among variables in children under daycare and the lower diagonal shows the relationship among variables in children under grandparent care.

*Multiple Hierarchical Linear Regression Analyses of Demographics, perceived quality of care and parenting practices and social-emotional behaviors among children of working women (N = 150)*

Table 2 shows the mean (Mean), standard deviation (SD), degree of freedom (df), independent sample regression score and significance value (p) of the age of the child, and parenting practices of mother and social-emotional behaviors among children under daycare.

Predictors	Externalizing behaviors		Internalizing behaviors		Pro-social behaviors	
	$\Delta R^2$	B	$\Delta R^2$	B	$\Delta R^2$	B
<b>Child characteristics</b>	.13**		.11**		.01	
Age of child		.32*		.25*		.18
<b>Parenting practices</b>	.08		.10*		.01	
Positive parenting		.182		.080		.031
Inconsistent discipline		-.041		.058		-.059
Poor supervision		.267*		.347**		.164
<b>Per. Quality of care</b>	.00		.00		.15**	

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Per. Quality of care	.00	.066	.44**
Total R <sup>2</sup>	.46	.30	.25

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( $P^* < .05$ ,  $P^{**} < .01$ ,  $P^{***} < .001$ ),

Note: per. Quality of care; perceived quality of care.  $\Delta R^2$  = R square change,  $\beta$  = standardized coefficient beta.

Hierarchical linear regression was conducted to predict social-emotional behaviors among children in terms of relating to childcare type and quality and time spent in care, and parenting practices of mothers. In Child characteristics the demographic variable, age of the child. In step 2, all 3 subscales of parenting practices, and in step 3 perceived quality of care was added. The assumption for the independence of errors was tested by the Durbin Watson Value, which was determined to be .67, 1.8, and 1.8 respectively, thus the assumption was met. Another assumption of no perfect multi collinearity was assessed by determining the tolerance values and all the values were above .2, thus meeting the criteria.

A hierarchal linear regression was run to determine the predictors of Externalizing behaviors relating to others. In Child characteristics, the demographic variable, age of the child was added and the model was determined to be significant ( $R^2 = .13$ ,  $F(1, 73) = 9.73$ ,  $P < .001$ ). In Parenting practices, to demographics parenting practices variables were added (positive parenting, inconsistent discipline, and poor supervision) and the model was determined to be significant ( $R^2 = .22$ ,  $F(4, 70) = 4.9$ ,  $P < .005$ ). Poor supervision was seen to be the strongest of all predictors In Per. Quality of care, perceived quality of care was added to demographics and parenting variables and the model also came out to be significant ( $R^2 = .22$ ,  $F(5, 69) = 3.8$ ,  $P < .005$ ). By excluding the effects of model 1 (demographics) from model 2, the results were significant ( $R^2 = .08$ ,  $F(3, 70) = 2.5$ ,  $P =$

.06). However, after excluding model 1 and 2 from model 3 the results did not come out to be significant ( $R^2 = .00$ ,  $F(1, 69) = .001$ ,  $P = .97$ )

A hierarchical linear regression was run to determine the predictors of internalizing behaviors relating to others. In Child characteristics, the control variable age of the child was added and the model was determined to be significant ( $R^2 = .12$ ,  $F(1, 73) = 9.62$ ,  $p < .005$ ). In Parenting practices, the parenting practice variables were added (positive parenting, inconsistent discipline, and poor supervision) to the existing demographic model and the combined model was determined to be significant ( $R^2 = .22$ ,  $F(4, 70) = 5.06$ ,  $P < .001$ ). Poor supervision was the strongest of all predictors. In Per. Quality of care, perceived quality of care was added to the two existing models of demographics and parenting variables and the model came out to be significant ( $R^2 = .23$ ,  $F(5, 69) = 4.06$ ,  $P < .005$ ). By excluding the effects of model 1 (demographics) from model 2, the results were significant ( $R^2 = .10$ ,  $F(3, 70) = 3.24$ ,  $P < .005$ ). However, after excluding models 1 and 2 from model 3 the results did not come out to be significant ( $R^2 = .00$ ,  $F(1, 69) = .29$ ,  $P = .59$ ).

A hierarchical linear regression was run to determine the predictors of pro-social behaviors relating to others. In Child characteristics, the demographic age of the child was added, and the model was not determined to be significant ( $R^2 = .02$ ,  $F(1, 73) = 1.9$ ,  $P < .16$ ). In Parenting practices, the parenting practice variables were added (positive parenting, inconsistent discipline, and poor supervision) to the model of demographic variables, and the model was not determined to be significant ( $R^2 = .06$ ,  $F(4, 70) = 1.2$ ,  $P = .28$ ). In Per. Quality of care, perceived quality of care was added to the two existing models and the combined model also came out to be significant ( $R^2 = .21$ ,  $F(5, 69) = 11.1$ ,  $P < .05$ ). When model 1 of demographic variables was excluded from model 2 of parenting variables it came out to be significant as well ( $R^2 = .02$ ,  $F(1, 73) = 1.9$ ,  $P = .17$ ). When models 1 and 2 both were excluded from model 3 of perceived quality of care the model came out to be significant ( $R^2 = .14$ ,  $F(1, 69) = 12.1$ ,  $P < .001$ ). Perceived quality of care was the strongest of predictors among all of the predictors.

T-test analysis of social-emotional behavior differences in children under day-care and grandparent care.

Table 3 shows the mean (Mean), standard deviation (SD), degree of freedom (df), independent sample t-test score, and significance value (p) of social-emotional behaviors among children under daycare center and grandparent care. (N=150, 75 daycare, and 75 grandparent care)

Variable	<u>Daycare</u>		<u>Grandparent care</u>		<i>t(df)</i>	<u>95% CI</u>		<u>Cohen's d</u>
	M	SD	M	SD		L.L.	U.L.	
Perceived Quality of care	65.33	9.89	65.13	8.53	.133(148)	3.18	-2.78	_
Externalizing behavior	8.62	2.73	10.06	3.05	-3.03**(148)	-.50	-2.3	0.49
Internalizing behavior	7.4	2.87	8.09	3.06	-1.42(148)	.26	-1.65	_
Pro-social behavior	7.34	1.89	6.54	1.67	2.74**(148)	1.37	.22	0.45

( $P > 0.05$ ,  $P^* < 0.05$ ,  $P^{**} < 0.01$ )

Note. M= Mean, SD = Standard deviation, df= Degree of freedom, LL= Lower Limit, UL= Upper Limit, CI= Confidence interval.

Results from the Independent Sample t-test showed a significant difference between the pro-social behaviors of children under daycare (M=7.34, SD=1.89) and grandparent care (M= 6.54, SD=1.67). Means value suggests that there is a

significant difference between externalizing behaviors of children under daycare ( $M=8.62$ ,  $SD=2.73$ ) and grandparent care ( $M= 10.06$ ,  $SD=3.05$ ).

## **Discussion**

It was indicated by the results from both types of care that there is a significant relationship between parenting practices of mothers and the social-emotional behaviors of their children. There is a significant relationship between parenting practices, and the social-emotional behaviors of children (externalizing, internalizing, and pro-social behaviors). Poor supervision is associated with externalizing and internalizing behaviors of children and the pro-social behaviors of children are correlated with positive parenting practices of their mothers. The reason here could be that a child needs to be supervised, and if left unattended he would feel unloved and unworthy. Moreover, the child will also feel that his or her mother does not share a bond, it will be hard for the child to learn how to express emotions and form bonds with people around or to gauge attention positively and, consequently, this might make the child show externalizing and internalizing behaviors of children. The better quality of care the child gets the better his behavior will be because his behavior is monitored, and encouraged positive behavior is reinforced thus it is repeated by the child (Manly, Oshri, Lynch, Herzog, & Wortel, 2012).

In Pakistan research has been done on child externalizing and internalizing behaviors or negative social-emotional behaviors and has shown similar results. The results from correlation and regression analysis of these studies indicated that permissive parenting practices significantly predict externalizing and internalizing behaviors of children (Goraya and Shamama-tus-Sabah, 2013; Sheraz and Najam, 2015).

The results of correlation analysis of both types of care in the current study have shown that perceived quality of care is significantly and positively related to positive social-emotional behaviors i.e., pro-social behaviors of children. High quantities of early nonmaterial childcare have been linked to higher levels of social-emotional behavior problems, while high-quality childcare has been related to more social competence or pro-

social behavior and fewer behavior problems. Previous researches that used the same instruments to measure pro-social behaviors also showed the same results. Findings of the large-scale NICHD study of United States has shown a high quality of care, correlates with fewer reports of behavioral problems in children compared to where it was low and the longer time the child spent in care, the more he showed behavioral problems. (Vandell and Wolfe, 2000). High quality in home-based childcare or grandparent care has shown to be associated with greater pro-social behavior in preschoolers, and low stability correlates to more internalizing and externalizing behavior (Romano, Kohen, and Findlay, 2010).

Results from the current study show that the age of the child, poor supervision, and perceived quality of care are the most significant of all variables that predict externalizing and pro-social behaviors in children, predictors for internalizing behaviors were not found to be much significant. Moreover, perceived quality of care only predicts pro-social behaviors.

As was done by findings from studies on child behavioral outcomes have shown that environment and quality of child daycare centers have long-term effects on positive behavioral outcomes (pro-social behavior) on children, when interrelated with family variables and affect outcomes of child social-emotional behavior (Babchishin, Weegar & Romano, 2013). Other studies have concluded that quality of childcare and parenting go hand in hand to influence child behavioral development, good quality appears to result in fewer externalizing behaviors and it is the type and quantity of care that predicts the child's behaviors, along with child temperament as a mediator (Belsky, 2006).

The results of this study have shown that daycare has a positive impact on the social-emotional behaviors among children; children who experience daycare have scored more on pro-social behavior than those who experience grandparent care. Moreover, children who are in relative or grandparent care had more externalizing behavior problems than those of daycare. The reason here could be that in care centers, as compared to home-based settings, provide opportunities for interactions with multiple trained caregivers and

peers, and adult-directed, structured activities that are educationally oriented (Dowsett, Huston, Imes, & Gennetian, 2008). Grandparents somehow have low energy so they might face difficulty in assisting the child and might spoil their grandchildren by fulfilling every demand of the child, thus raising the susceptibility of externalizing behaviors (Edwards, 2006).

Results from similar studies have shown that grandparent care was linked with several elevated rates of hyperactivity (externalizing behavior) and peer difficulties (internalizing behaviors) in children at age 4; however, these rates were mainly attributable to variation in the family types using grandparent care. Moreover, it is suggested that both exclusive center care and mixed care reduce social-emotional behavior problems at school entry (Fergusson, Maughan, and Golding, 2007; Crosby, Dowsett, Gennetian, and Huston, 2010).

## **Conclusions**

The results present study shows that parenting practices of the mother have an impact on child social-emotional behaviors, positive parenting practices such as rewarding the child for doing a good job increases child pro-social behaviors and decreases the prevalence of internalizing and externalizing behaviors, poor supervision and inconsistent discipline practices of mothers may lead to an increase in child's internalizing and externalizing behaviors. The quality of care a child is getting is mainly associated with an increase in the child's pro-social behaviors. Moreover, the type of care in which a child also influences his/her behavior; children in daycare have seen to have shown more pro-social behavior and less externalizing and internalizing behaviors, whereas children under grandparent care children show more externalizing behaviors. For internalizing behaviors, no significant difference has been found between the two groups.

## **Suggestions**

1. The present study should be replicated on mothers of children in adolescence, to know about the long-lasting effects of Parenting practices, quality, and type of non -maternal care.
2. A qualitative analysis of the childcare environment, parenting practice of both parent and child behavior should be done.
3. Quality of care should be measured along with the relationship between the caregiver and the child.
4. Attachment between mother-child and caregiver-child should also be analyzed along with effects on child behavior and relationship with mother.

## **Implications**

The results of the current study suggest that parenting practices and quality of childcare play a significant role in the social-emotional development of children. It is crucial to promote supportive parenting practices and the quality of childcare for children. Interventions for parenting practices should provide parents with strategies to deal with social-emotional behavioral problems that may be particularly effective in enhancing children's development. The present research gives an outlook of parenting practices, childcare quality, and its impact on the behavior of children of working women from the Pakistani context, for future implications suggesting that there is a need to have a high quality of care options for children of working mothers. Moreover, there is a need to educate mothers that the way they discipline their children is what impacts their behavior. For educating mothers about effective and positive parenting practices seminars and workshops should be conducted. In private and government organizations faculty should be provided with the facility of high-quality daycare centers. The government of Punjab has set rules and regulations for daycare centers, these set of rules showed be followed in government and private daycare centers. The daycare centers should hire well-trained staff and working women should also feel free to send their children to daycare centers, but only

after analyzing the quality of care provided in these centers. Moreover, caregivers in grandparent care should adopt those rearing and caring practices such as consistent discipline and positive response to good behavior, to manage externalizing and internalizing behavior and increase pro-social behaviors.

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