



UNIVERSITI PUTRA MALAYSIA

***PREVALENCE OF CHILDREN EMOTIONAL AND BEHAVIOURAL
PROBLEM AMONG UNIVERSITI PUTRA MALAYSIA (UPM) STAFF'S
CHILDREN AND ITS RELATIONSHIP WITH PARENTING STYLE OF
STAFF OF UPM, SERDANG 2013***

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2013**

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Abstract

Background: Statistics produced by Prison Department of Malaysia, 2004, shows youngster age between 18 and 20 are most likely found as prisoners and detainees. Most juvenile offenders have an evidence of psychological problems and some are originally raised in problematic or dysfunctional families. Therefore, family setting is an essential element in raising a child.

Objectives: This study is done to determine (1) prevalence of children emotional and behavioural problem (2) the association between parenting style and children emotional and behavioural problems.

Methods: A cross-sectional study was conducted among staff of Universiti Putra Malaysia (UPM), Serdang on March 2013 until August 2013. Questionnaires were distributed to 252 respondents from 15 faculties and 9 institutes. Our respondents include staff that have a child within 4 to 16 years old.

Results: Most of the children being studied has no emotional and behavioural problem (68.9%) as compared to children with emotional and behavioural problem (31.1%). Correlation results indicated that authoritarian and permissive parenting style is highly associated with children emotional and behavioural problem. However, authoritative parenting style do not produce any significant relationship when associated with children emotional and behavioural problem.

Conclusion: Only few children has emotional and behavioural problem. This is supported with high prevalence of authoritative parenting and low prevalence in authoritarian and permissive parenting being practiced. Therefore, practicing an authoritative parenting can produce an active and cheerful child which in turn reduce the psychological problems among child.

Keyword: Parenting style, children emotional and behavioural problem

**KELAZIMAN MASALAH EMOSI DAN TINGKAHLAKU KANAK-KANAK
DALAM KALANGAN ANAK STAF UNIVERSITI PUTRA MALAYSIA (UPM) DAN
HUBUNGANNYA DENGAN GAYA KEIBUBAAPAN DI KALANGAN STAF UPM,
SERDANG, 2013**

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Abstrak

Latar belakang: Statistik yang dikeluarkan oleh Jabatan Penjara Malaysia, 2004, menunjukkan remaja berusia 18 dan 20 merupakan golongan paling banyak ditemui sebagai banduan dan tahanan. Kebanyakan pesalah juvana mempunyai bukti masalah psikologi dan ada yang berasal dari keluarga yang bermasalah. Oleh itu, persekitaran keluarga adalah elemen penting dalam membesarkan anak.

Objektif: Kajian ini dilakukan untuk menentukan (1) kelaziman masalah emosi dan tingkah laku kanak-kanak (2) hubungan antara gaya keibubapaan dengan masalah emosi dan tingkah laku kanak-kanak.

Kaedah Kajian: Satu kajian keratan rentas telah dijalankan dalam kalangan kakitangan Universiti Putra Malaysia (UPM), Serdang pada Mac 2013 hingga Jun 2013. Soal selidik telah diedarkan kepada 252 orang responden daripada 15 fakulti dan 9 institut. Responden kami termasuk kakitangan yang mempunyai seorang anak yang berumur 4 hingga 16 tahun.

Hasil kajian: Kebanyakan kanak-kanak yang dikaji tidak mempunyai masalah emosi dan tingkah laku (68.9%) berbanding dengan kanak-kanak dengan masalah emosi dan tingkah laku (31.1%). Korelasi telah dijalankan dan keputusan menunjukkan bahawa gaya keibubapaan *authoritarian* dan *permissive* adalah sangat berkaitan dengan masalah emosi dan tingkah laku kanak-kanak. Sebaliknya, gaya keibubapaan *authoritative* tidak mengemukakan apa-apa hubungan yang signifikan apabila dikaitkan dengan masalah emosi dan tingkah laku kanak-kanak.

Kesimpulan: Hanya beberapa kanak-kanak mempunyai masalah emosi dan tingkah laku. Ini disokong dengan kelaziman yang tinggi bagi ibu bapa yang *authoritative* dan kelaziman yang rendah bagi ibu bapa yang mengamalkan *authoritarian* dan *permissif*. Oleh itu, mengamalkan keibubapaan *authoritative* boleh menghasilkan kanak-kanak yang aktif dan ceria tambahan lagi, mengurangkan masalah psikologi di kalangan kanak-kanak.

Kata kunci: Gaya keibubapaan, masalah emosi dan tingkahlaku kanak-kanak

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CHAPTER 1

INTRODUCTION

1.0 Introduction

According to Darling and Steinberg (1993), parenting style is defined as the emotional climate in which parent raise their children. It is characterized in the dimensions of parent's responsiveness and parent's demandingness in a study by Baumrind (1991). It is totally different from parenting practice which is defined as specific behavior practiced by a parent to socialize their children such as doing homework together with their children, monitoring after-school activities and attending school functions, (Darling and Steinberg 1993).

Parenting style is categorized into three prototypes which are authoritarian, authoritative and permissive, (Baumrind, 1978). Baumrind suggested that authoritarian parent attempts to shape, control, and evaluate the behavior and attitude of the child in accordance with a set standard of conducts. They prefer their child to obey all the regulations and instructions without any explanation of the actions. Authoritative parents attempt to direct their child's activities in a rational, issue-oriented manner. This style scores high on measures of warmth and responsiveness and high on measures of control and maturity demands (Maccoby and Martin, 1983). This pattern of parenting will assure the child's future quality but also sets standards for future conducts as stated by Baumrind (1978). Baumrind also suggest that permissive parents are moderate in their responsiveness to their child's need.

Behaviour is defined as manner of behaving or conducting of oneself. Some of children's emotional and behavioural problems namely emotional symptoms, hyperactivity problems, conduct problems and peer relationship problems should alert the parents of the impact on the child's future development.

In Malaysia, the most common mental health problems cited can broadly be categorised into either the learning disabilities or affective disorders. Plus, more males (14.1%) as compared with females (11%) were found to have psychiatric disorders (Toh et al. 1997). A survey done by (Teoh, 2010), shows the prevalence of mental health problems amongst urban secondary school children is slightly higher rates of depressive symptoms, whereas primary school children report slightly higher rates of social problems. The prevalence rates for the Inattentive, Hyperactive-Impulsive, and Combined types were 0.96%, 0.32% and 0.32% respectively concluded by American Psychiatry Association, (2000) based on parent-teacher agreement for ratings of their primary school-aged children on a scale comprising the Diagnostic and Statistical Manual of Mental Disorders- IV Attention-Deficit/Hyperactivity Disorder symptoms.

Youngster age between the ages of 18 and 20 are most likely found as prisoners and detainees according to the statistic of the Prison Department of Malaysia, 2004. The increase in criminal misconduct among adolescents is influenced by several factors such as parents, the school, the family, social institutions, community, government and many other socio-economic factors. Most juvenile offenders have an evidence of psychological problems and some are originally raised in problematic or dysfunctional families. This shows that family setting is an essential element in raising a child. Psychological evaluation of juvenile offenders is an

essential part of the family court system. This is because the thrust of the juvenile justice system is to provide rehabilitation (Forensic psychology, 1999).

As a conclusion, it is important to take note the association between the parent's parenting style and their children emotional and behavioural problems to address possible major problem at early stage.

1.1 Problem Statement

Children's emotional and behavioural problems namely emotional symptoms, conduct problems, peer relationship problem and hyperactivity problems are part of normal development in children, however if it persist, it may lead to socially disabling conditions and require intervention. In a previous study produced by Generalised Anxiety Disorder in 2012, approximately 6-7% of children may develop anxiety disorders and, of these, 1/3 may be over-anxious while another 1/3 may have some phobia. This transformation is worried to be affecting the child's future development socially and academically.

A child raise in a poor environment and poor parent-child relationship may develop bad personality and temperament. If this issue is not intervene, the child will be living with the psychological difficulties for a long period of time, resulting into psychological disorder suffered during adulthood or shortly during adolescent such as antisocial disorder, manic depression, neurotic disorder, panic attack and schizophrenia. Therefore, management like family therapy and parental training is recommended to minimize this issue. (Pina et al. 2009).

Parenting style of the mother affects directly on children's behaviour (Alizadeh et al. 2011). This study is conducted in Universiti Putra Malaysia in recent years. The results affirm the correlation between parenting style and children's emotional and behavioural problem. However, there are some limitations as it only study on maternal parenting study type and has not included some other associated factors like socioeconomic factors of the parents and the children. Therefore this study is carried out to address the relationship between maternal and paternal parenting style, socio-demographic factors of parents and socio-demographic factors of children with children's emotional and behavioural problems.

1.1.1 Significant of problems

This study is assured to alert the parents of their child's recent condition. As a result, more promising parenting skills can be applied to their recent and future child in order to nurture high educated and healthy future generation.

The flaw of a parent's parenting style can be observed and re-intervene to accommodate the child's behavior and needs. This might build up a good and more comforting family bonding, thus, reducing the possible developing psychological difficulties suffered by the children. Subsequently, decreasing in the administration of children to psychology centre as well as juvenile-related crime may be achieved.

This study will improve the awareness of the parent towards their parenting style and the affects towards their children psychological difficulties. They will find a new way of parenting in order to have a mature, pro-social, independent and successful child. A well parenting pattern give out by the parent will help the child to live in a good childhood life. These children would try their best to attain the good

relationship with their parents and will strive in academic. They will have a good social skills and high academic achievement.

1.2 Objective

1.2.1 General Objective:

To determine the prevalence of emotional and behavioural problems namely emotional symptoms, conduct problems, peer relationship problems and hyperactivity problems among UPM staff's children and its relationship with parenting style of respondents.

1.2.2 Specific Objectives:

- i. To identify the distribution of socio-demographic factors (gender, ethnicity, occupational position, family income, marital status, and number of children) among respondents.
- ii. To identify the distribution of different types of parenting style namely authoritarian, authoritative and permissive among respondents.
- iii. To identify the distribution of socio-demographic factors (gender, age, school performance, and educational level) of respondent's child.
- iv. To identify the distribution of the children emotional and behavioural problems namely emotional symptoms, conduct problems, hyperactivity, peer relationship problems and pro-social behaviour among respondent's children.
- v. To identify the association between the different types of parenting style namely authoritarian, authoritative and permissive with socio-

- demographic factors among respondents (gender, ethnicity, occupational position, family income, marital status and number of children).
- vi. To determine the association between different types of parenting style namely authoritarian, authoritative and permissive with stress among respondents.
 - vii. To determine the association between different types of parenting style namely authoritarian, authoritative and permissive with socio-demographic factors (gender, educational level and school performance) among respondent's children.
 - viii. To determine the association between different types of parenting style namely authoritarian, authoritative and permissive among respondents with emotional and behavioural problems namely emotional symptoms, conduct problems, hyperactivity problems, peer relationship problems and pro-social behaviour among respondent's children.
 - ix. To determine the association between socio-demographic factors of children (gender, educational level, and school performance) and emotional and behavioural problems namely emotional symptoms, conduct problems, hyperactivity and peer relationship problems among respondent's children.

1.3 Research Hypothesis

- There is **association** between parenting style namely authoritarian, authoritative and permissive with socio-demographic factors such as gender, ethnicity, occupational position, family income, marital status, and number of children among staff in UPM, Serdang.
- There is **association** between parenting style namely authoritarian, authoritative and permissive with stress among UPM staff.
- There is **association** between parenting style among UPM staff namely authoritarian, authoritative and permissive with emotional and behavioural problems namely emotional symptoms, conduct problems, peer relationship problems, hyperactivity and pro-social behaviour observed in UPM staff's children.
- There is **association** between parenting style among UPM staff namely authoritarian, authoritative and permissive with socio-demographic factors of UPM staff's children (gender, educational level, and school performance).
- There is **association** between children's behavior namely emotional symptoms, conduct problems, peer relationship problems, hyperactivity, and pro-social behavior experienced by UPM staff's child and socio-demographic factors of UPM staff's children (gender, educational level, and school performance).

CHAPTER 2

LITERATURE REVIEW

2.1 Parenting Style

2.1.1 Definition

Parenting is an activity which is complex and includes many behaviours that work separately and together to affect child developments (Darling, 1999). According to Baumrind (1991) who was pioneered the study of parenting style, parenting style is meant to explain the various normal ways in parenting. Even though parents have different ways in controlling and socializing their children, it is assumed that the main role of all parents is to influence, teach, and control their children.

2.1.2 Types of Parenting Style

Parenting has been characterized by dimensions of parental responsiveness and demandingness (Baumrind, 1991). Parental responsiveness is referred to parental warmth or supportiveness towards the children, while parental demandingness is referred to the control of children behavior. These two dimensions create four different kinds of parenting styles which are authoritative, authoritarian, permissive and neglectful. However, there are some researchers who adapted only three typologies since they referred permissive parenting as indulgent or neglectful (Leung and Kwan, 1998).

Authoritative parents are both have high responsiveness and demanding (Baumrind, 1991). If they had demand from their children, they would react accordingly to the children's need. Besides that, Baumrind (1978) suggested that these types of parents are warm, very supportive, and always encourage their children to be independent. They also provide their children with rationale behind their actions and

priorities. According to Leung and Kwan (1998), these parents listen actively to their children and closely involved in their children's lives. In another studies, authoritative parents have high score on measures of warmth and responsiveness and high on measures of control and maturity demands (Maccoby and Martin, 1983).

Authoritarian parents are neither responsive nor warm to their children (Baumrind 1978). They are very strict, expect obedience, and use power when their children not behave in accordance with their wishes. They express their maturity demands and expectations through rules and orders when socializing their children. They also do not explain to their children the rationale of the rules. Moreover, based on Leung and Kwan (1998) study, these types of parents tend to exhibit less acceptance and support of their children, and may disturb the development of child's autonomy since they are always very controlling. Authoritarian parents score high on measures of control and maturity demands but low on measures of warmth, responsiveness, and bidirectional communication (Maccoby and Martin, 1983).

Permissive parents as suggested by Baumrind (1978) have moderate responsiveness towards their children's need. They are usually dismissive and unconcerned when socializing their children. In further studies, permissive or also known as non-directive parents are less demanding as compared to their responsiveness (Baumrind, 1991). They are more responsive but usually allow considerable self-regulation and avoid confrontation. They also are non-traditional, lenient, and do not have expectations for their children's mature behavior. Furthermore, permissive parents score low on measures of maturity demands and control, but moderately high on measures of responsiveness (Maccoby and Martin, 1983).

2.1.3 Factor Affecting Parenting Style

2.1.3.1 Socio-demographic factors of parents

Research has suggested that the relationship between parenting style and adolescent achievement might be influenced by socioeconomic status of the family (Kelley *et al.*, 1992). The researchers found that educational level of the parents and number of parents in the home were associated with parental disciplinary practices. Younger, low educational level mothers, and who were raising their child alone, were more likely to become authoritarian parents which usually emphasize obedience. Moreover, some studies also found that younger parents tend to use higher levels of physical punishment in parenting (Giles-Sims *et al.*, 1995).

Other researchers have found similar relationship between socioeconomic status (SES) and parenting style. Rosier and Corsaro (1993) found that middle and upper-class parents emphasized more on self-direction which is typical of authoritative parenting, while working-class parents tend to focus on conformity and behavioral rules which typical of authoritarian parenting. Besides that, McLoyd (1990) has summarized that poverty and economic loss destroy the parents' capacity for consistent, supportive, and involved parenting. Poor mothers are usually less supportive to their children and more likely to use power assertive discipline. They also use less reasoning, more physical punishment, and expect more obedience. In another study, Shumow *et al.* (1998) reported family with lower income was associated with greater parental harshness.

However, there are some researchers who found that low socioeconomic status does not guarantee authoritarian parenting. In a study, it is found that low SES and working-class fathers used more supportive and positive parenting when they have

more positive experiences of work (Grimm-Thomas and Perry-Jenkins, 1994). Rosier and Corsaro (1993) also found that mothers in low SES households tend to encourage autonomy, individuality, and self-dependent in their children as a means of teaching their children resiliency.

Besides that, there is a study has been conducted in order to determine the relationship between selected variables within the family ecosystems and fathers' parenting styles within Chinese families in Malaysia (Hong, *et al.*, 2012). The findings indicated that authoritarian parenting style has positive significant correlation with fathers' level of psychological distress and the number of children in the family. It means that when there are more children in the family, fathers are more likely to use various autocratic measures and they expect to sustain control over the children. Other than that, it is found that fathers with high marital quality, better educational attainment, and low level of psychological distress were more oriented towards authoritative parenting, which is non-autocratic and less controlling.

With regard to gender of parents, previous studies found that fathers have lower tendency to use physical punishment as compared to mothers (Anderson *et al.* 2002). However, other study conducted by McKinney and Renk (2008) with a group of youth found that adolescents perceived fathers to favour authoritarian parenting while mothers more favour permissive and authoritative parenting. Ong (2000) also found that mothers are not only reasonable with adolescents, but also affectionate and supportive.

Research on ethnicity or culture differences in attitudes towards or use of physical punishment is largely contradictory and inconclusive (Smith *et al.*, 2005). However, some researchers found that there is ethnic differences in the association of

parenting style with child outcomes, and they argued that the differences may be due to cultural meaning of specific dimensions of parenting style (Darling, 1999). In the Asian context, Chen, et al. (1997) found that authoritarian parenting among parents of Chinese students correlated with higher aggressive behavior and lower academic achievement, while in contrast, other study conducted by Ang (2006) found that Malay mothers with authoritarian parenting had children of better attitudes towards school. Thus, it is assume that the relationship between parenting style and its outcomes are rather inconsistent across different cultures.

2.1.3.2 Stress

Research found that quality of family interaction has been affected by parental work stress, which in turn disturbs children's and adolescent's adjustment (Crouter and Bumpus, 2001). It seems that children's and adolescent's adjustment is not directly affected by parental work stress. Work stress causes parents to feel tired and overload which eventually increase probability of having conflict with their children, which in turn related to less positive adjustment of children and adolescents

According to Stewart and Barling (1996), children's behavior is indirectly influenced by parents' work experiences. Children's behavior is affected through sequential effect on parents' work related affect and parenting. Besides that, other study found that work overload causes mothers to have high level of stress, which in turn predicted little warmth and accepting toward their children, and as a result, their children exhibit higher levels of problem behavior. Moreover, Repetti and Wood (1997) assumed that there will be protest and resistance when parents manifest a chronic pattern of withdrawal at home due to stress at work. This is because children need attention and motivation from their parents in their everyday life.

Some researcher has found factors that may moderate the relationship between work stress and children's and adolescents' adjustment. Crouter and Bumpus (2001) found that different personality qualities and coping styles that parents bring to their work and family lives are some of the factors which may reduce the strength of association between work stress and children's and adolescents' adjustments. In addition, other studies found that high levels of anxiety and depression may worsen parents' emotional responses towards work stressors. Similarly, Type A qualities women have been found to have higher association between daily work stress and less positive mother-child interactions (Repetti and Wood, 1997).

2.1.3.3 Socio-demographic factors of Children

A number of studies have determined the association between child gender and parental use of physical punishment. It is found that girls at lower risk of physical punishment as compared to boys, and it being administered more severely in boys (Dietz, 2000). Besides that, Smith et al. (2005) also found that gender differences are related with severity of physical punishment. Several studies reported that parents tend to use harsh and severe discipline with their sons than their daughters (Nobes et al. 1999). According to Weiss and Schwarz (1996), demandingness of parents appears to be less critical to girl's than to boy's well-being. However, there are also some studies found that there is no relationship between child gender and parental use of physical punishment (Woodward and Fergusson, 2002).

The age of child also has been found to be related with parental discipline response, which older children tend to experience less physical punishment as compared to the younger children (Dietz, 2000). Similarly, Ghate et al. (2003) also found that children of toddler and pre-school age are more likely to experience

corporal punishment. Durrant (2005) assumed that young age children tend to experience more physical punishment because of their higher activity and impulsivity, together with their negativism. However, there is also evidence that younger children are less likely to be the victims of more severe physical punishment (Nobes and Smith, 2002).

2.1.4 Association between Parenting Style and Children Emotional and Behavioural Problem

Some studies have found that children's psychosocial development, behavior problems, academic achievement, and social competency can be predicted through parenting style (Darling, 1999). Baumrind (1967) was one of the first person who conducted studies on the relationship between parenting style and children school outcomes. In the study, it is found that preschool children of authoritative parents were more mature, independent, active, and achievement-oriented as compared to other children of nonauthoritative parents. Other than that, Baumrind (1991) found that children of authoritative parents have high self-confidence level, good social skills, and low internalizing and externalizing problems. Similarly, Steinberg *et al.* (1992) found that authoritative parenting which provide their children with warmth, autonomy, and high maturity demands was related to grade point average (GPA) and school engagement.

On the other hand, according to Darling (1999), children and adolescents from authoritarian families tend to have poor social skills, low confidence level, and high level of depression. However, they still have moderate performance in school and uninvolved in behavioral problem. Shahla Alizadeh *et al.* (2011) found that authoritarian parenting has positive significant relationship with internalizing and

externalizing symptoms in children. The problems related to anxiety, depression, withdrawal, and physical complaints are recognized as internalization problem, whereas problems such as violence, rebelliousness, disobedience, and drug use are grouped as externalization problems (Phares, 2003). Besides that, other study found that higher learning and conduct problems in children also are related with strong authoritarian parenting style (Rossman and Rea, 2005).

Permissive parents also cause high internalizing symptoms in children such as anxiety and depression (Shahla Alizadeh *et al.*, 2011). These parents are responsive but not demanding. Hence, their children tend to get passive and less responsive in their interaction with others. According to Darling (1999), children and adolescents from permissive or indulgent families are more likely to have behavioral problem and low academic performances in school, but they have good social skills, lower depression levels, and higher confidence levels.

2.2 Children Emotional and Behavioural Problems and Pro-social Behaviour

2.2.1 Definition

According to Mosby's Medical Dictionary, children behavior means the manner in which the children act or perform any activities. It is also include their physical actions which can be observed directly, and also their mental activities.

2.2.2 Types of Children Emotional and Behavioural Problems

2.2.2.1 Emotional Symptoms

Children may begin to experience emotional symptoms such as depression since their childhood period. Depression is commonly marked by a lack of interest in activities, sadness and exhibition of poor self-confidence (Boyd, 2012). Besides that,

mood swings is one of the most prominent behavior problems in children. In general, they are very moody and aggressive if something happens against their wish. At this moment, it is parents' duty to explain the truth and advices them to be calm and more patient (Charlie, 2013).

2.2.2.2 Conduct Problem

Based on the Report by the Advisory Group on Conduct Problem, childhood conduct problems include a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours. These behaviours may vary in its severity, and may have unfavourable consequences for the children and those around them (Blisset *et al.*, 2009). Besides that, terms such as conduct disorder (CD) and oppositional defiant disorder (ODD) are commonly used in the literature (Frick,1998). American Academy of Child and Adolescent Psychiatry describes conduct disorder as one of a mental illness in which the children having difficulty behaving in the way that is expected of them. They may do something bad such as run away from home, harm animals, siblings or peers, steal, and destroy property. This serious disorder needs appropriate treatment that may include medication, counseling and behavioral management (Boyd, 2012).

2.2.2.3 Hyperactivity problem

Kaneshiro (2011) stated that hyperactivity children often are very active and easily get distracted. Some parents may question whether their child is just more active than other children or whether their children has psychological problem which called attention deficit hyperactivity disorder (ADHD). Other than that, Moore and Reid (2007) stated that children are supposed to be active but that does not mean they are hyperactive. However, there are more children being diagnosed of having attention deficit hyperactivity disorder (ADHD) and children with ADHD are commonly

manifest persistent hyperactivity and impulsivity. Moreover, usually children with serious ADHD is identified when they start to enter pre-school. This is because they often have problem in paying attention on task or activities and do not seem to listen when spoken to directly.

2.2.2.4 Peer Relationship Problem

Starting at young age of 3-4 years old, some children may have relationship problems with their friends (Crossman, 2009). There is also children who are experience persistent problems with their peers such as social exclusion and rejection, or physical and verbal harassment. Peer relationship difficulties in early childhood may cause future emotional and behavioural problems among children, which they may have feelings of loneliness, anxiety, and depression.

2.2.3 Pro-social Behaviour

Van Lange *et al.* (1997) stated that children with pro-social behavior are good in giving cooperation and always practicing equality. They try to make sure the outcomes for themselves and others are maximize and equal. Besides that, according to Forbes (2013), the term prosocial behavior describes acts that demonstrate a sense of empathy, caring, cooperative, helping others, honest, and supportive.

2.2.4 Factors affecting Children Emotional and Behavioural Problem

2.2.4.1 Socio-demographic Factors of Children

Socio-demographic variables of children include age, gender, educational level and others have a different impact on their behaviours. Young children aged 6-8 years old lacked a clear concept of children's rights (Nixon E. 2010). They usually accept every action of their parents without questioning, but at the same time they develop

low self-esteem and low confidence level. This can be assessed among children with authoritarian parenting style. Older children emphasized the need for their right to privacy to be balanced with parents' right to monitor and regulate their activities. Therefore, different age group of children requires different needs and attention from their parents.

Numerous studies have shown that boys are at increased risk for behavior problems compared to girls (Spieker et al, 1999). Around five per cent of 10 year olds children in Australia are thought to have conduct disorder (CD), with boys outnumbering girls by 4:1. In a context of parent's depression or occupational stress, girls are mostly affected because they are more rationally/emotionally oriented than boys.

Preschool year is a good time to have an opportunity to evaluate a child's behavioural problems. Compared to grades school preschool have more flexible environment where teachers spend more time with them and therefore, can easily address any negative behavior among the children. Besides that, parents are also more involved in the school functions during this time of period. This provides high potential in detecting children with behavioural or emotional problems. In a previous study, all preschoolers including the children with poor family background enjoy and are eager to learn new things (Stipek & Ryan, 1997). Once they enter elementary school, the parents and teacher expectations increases and some extraneous factors like adapting with peers and fulfilling the academic and curricular demands becoming more and more stressful. These children will tend to have some signs of emotional symptoms like depression. Children's behavioural problems at school entry will develop high risk for a host of other difficulties including poor social skills, poor rejecting and academic problems.

2.3 CONCEPTUAL FRAMEWORK

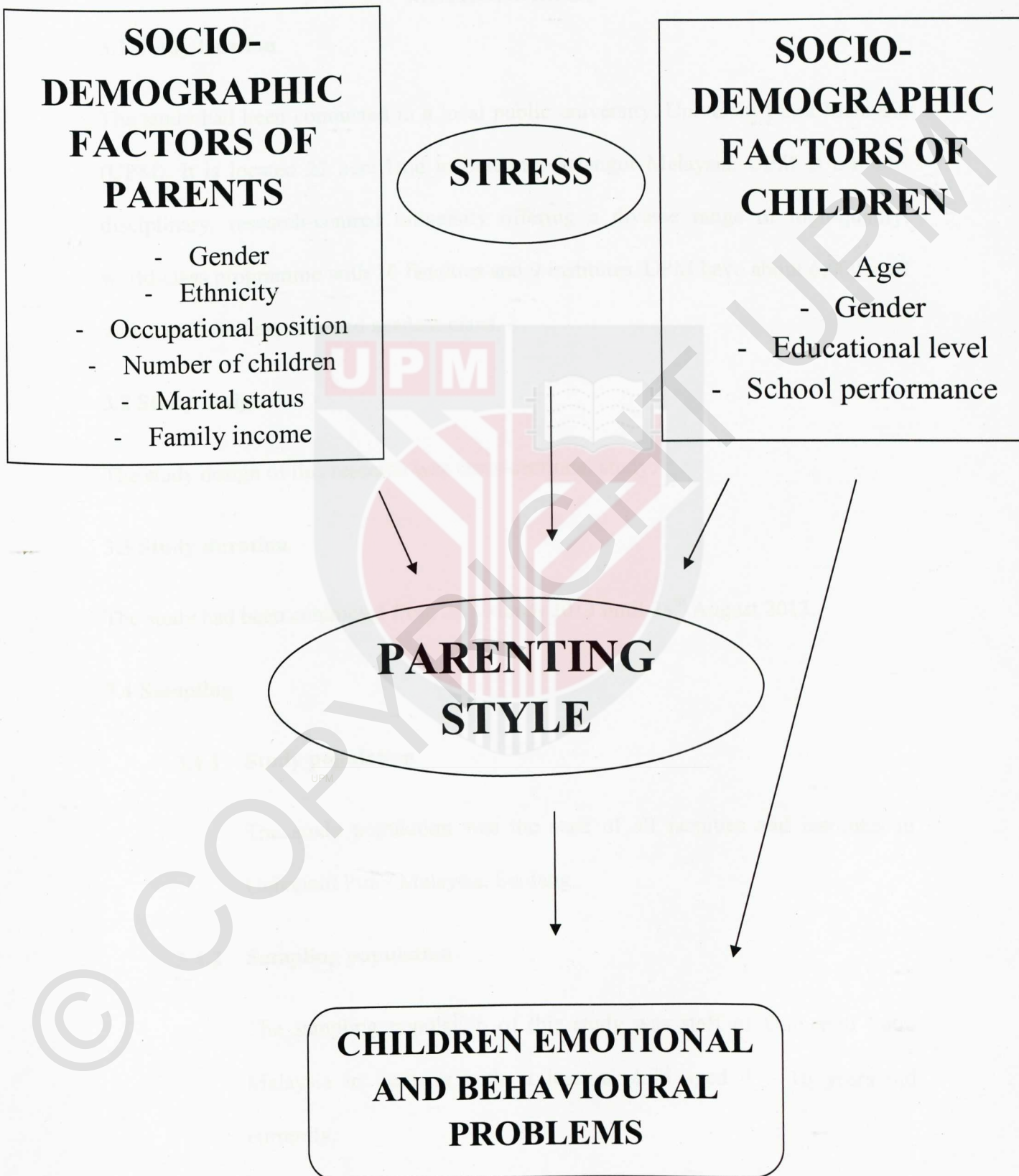


Figure 2.1: Conceptual framework of the study

CHAPTER 3

METHODOLOGY

3.1 Study location

The study had been conducted in a local public university, Universiti Putra Malaysia (UPM). It is located 22 acre land in Serdang, Selangor Malaysia. UPM is a multi-disciplinary, research-centred university offering a diverse range of high-quality, world-class programme with 16 faculties and 9 institutes. UPM have about 6,000 staff with over 2,000 experienced academicians.

3.2 Study design

The study design of this research was cross-sectional study.

3.3 Study duration

The study had been conducted from 25th March 2013 until 28th August 2013.

3.4 Sampling

3.4.1 Study population

The study population was the staff of all faculties and institutes in Universiti Putra Malaysia, Serdang.

3.4.2 Sampling population

The sampling population of this study was staff of Universiti Putra Malaysia in Serdang with at least a child aged 4 – 16 years old currently.

3.4.2.1 Inclusion criteria

The inclusion criteria were as follows:

- i. Staff of Universiti Putra Malaysia in Serdang who have a child aged 4 – 16 years old.
- ii. The youngest child had been chosen if the respondent has more than one child within the age range.

3.4.2.2 Exclusion criteria

The exclusion criteria were as follows:

- i. Staff of Universiti Putera Malaysia in Serdang who did not have a child aged between 4 – 16 years old.
- ii. Child had mental illness, diagnosed by a psychiatric, such as anxiety, mood disorder and others.
- iii. Child had physical defect or disabilities, such as loss of hearing, loss of one limb and others.
- iv. Child had congenital defect, such as Down syndrome, Edward Syndrome, club foot and others.

3.4.3 Sampling frame

The sampling frame for this project was list of staff of all faculties and institutes in University Putra Malaysia, Serdang.

3.4.4 Sampling unit

The sampling unit was the eligible Universiti Putra Malaysia staff who fulfilled the inclusive criteria.

3.4.5 Sampling method

Cluster random sampling was done to select the respondents of our research. We obtained the name lists of staff from 15 faculties and 9 institutes. We chose 15 respondents from each faculty and 3 from each institute. Random number was selected by using computer generated random number by Research Randomizer. This had been done to list of staff that we got. We then approached the selected respondents based on the random number.

3.4.6 Sample size

$$n = \frac{\{z_{1-\alpha/2}\sqrt{2P(1-P)} + z_{1-\beta}\sqrt{P_1(1-P_1) + P_2(1-P_2)}\}^2}{(P_1 - P_2)^2}$$

$$= \frac{\{1.96\sqrt{(2(0.205)(0.795))} + 0.842\sqrt{((0.26)(0.74)+(0.15)(0.85))}\}^2}{(0.11)^2}$$

$$= 210.3 \gg 210 \text{ respondents}$$

P1= prevalence of conduct problems among female

P2= prevalence of hyperactivity among female

P= (P1 + P2)/2

We assumed that there will be 20% of non-response subjects. Thus, an additional of 42 subjects were included and gave a total of 252 subjects which had been involved in this study.

3.5 Instruments and data collection

3.5.1 Questionnaires

Questionnaire that had been used in this study was to investigate the knowledge of Universiti Putra Malaysia staff regarding their parenting style and their children behaviour. A self-administered questionnaire had been used to investigate the parenting style and children behavior. The questionnaire was divided into 3 sections:

- 1) Socio-demographic characteristics of both parent and the child which include gender, age, marital status and others.
- 2) A validated Parenting Style Questionnaires by (Robinson, Mandelco, Olsen, & Hart, 1995).
 - 13 questions on authoritative parenting style
 - 13 questions on authoritarian parenting style
 - 4 questions on permissive parenting style
- 3) Stress with a validated Depression, Anxiety and Stress Scales Questionnaire (DASS) by Australian Centre for Posttraumatic Mental Health.
- 4) A validated Strengths and Difficulties Questionnaires by (R. Goodman, Renfrew, & Mullick, 2000; Robert Goodman, 1997, 2001). The Strengths and Difficulties Questionnaire (SDQ) is a

brief behavioural screening questionnaire for child age 4-16 year olds.

- 5 questions on emotional symptoms
- 5 questions on conduct problems
- 5 questions on attention deficit hyperactivity problems
- 5 questions on peer relationship problems
- 5 questions on pro-social behaviour

(Questionnaire is attached as Appendix 1)

3.5.2 Procedure

Parenting Style Questionnaire

For each questions, score is ranged from “Never” to “Always” on a 5-point scale. The scores was then added up according to sections (authoritative, authoritarian and permissive) and divided by the number of questions answered. Total scores for authoritative and authoritarian section was divided by 13 and total score for permissive was divided by 4. The calculated score is the total score the respective parenting style category and the highest score indicates the dominant type of parenting style being practiced. For Chi Square Test approach, parenting style was further divided into authoritative and non-authoritative (authoritarian and permissive).

Depression, Anxiety and Stress Scale 21 (DASS 21)

DASS is a quantitative measures of distress comprises of Depression scale, Anxiety scale and Stress scale. However, in this study Stress scale is the only scale being assessed on each respondent to determine level of stress experienced by two different staff (academic and non-academic staff) and its outcomes on parenting style.

For each item, 0 score was allocated with “Did not apply to me at all (NEVER)”, 1 score for “Applied to me to some degree, or some of the time (SOMETIMES)”, 2 scores for “Applied to me to a considerable degree, or a good part of time (OFTEN)”, and 3 scores for “Applied to me very much, or most of the time (ALMOST ALWAYS)”. Total scores for stress scale was the categorised into normal, mild, moderate, severe and extremely severe where:

| Category | Score range |
|------------------|--------------------|
| Normal | 0 - 7 |
| Mild | 8 - 9 |
| Moderate | 10 - 12 |
| Severe | 13 - 16 |
| Extremely Severe | 17 - 21 |

Then, for Chi Square approach, stress was categorised into normal as “No” which indicates without stress problem and abnormal (mild scale, moderate, severe and extremely severe scale) as “Yes” which indicates with stress problem.

Strength and Difficulties Questionnaire, SDQ

SDQ has 25 items comprises of 5 scales of 5 items each. Each item has 3 options which are Certainly True, Somewhat True and Not True. Somewhat True always scored as 1, scoring for Certainly True and Not True varies with the item. Total difficulties score was generated by summing the scores from all the scale (emotional symptoms scale, conduct problem scale, hyperactivity problem scale and peer relationship problem scale) except pro-social scale. The resultant score was then ranged from 0 to 40. For parental report, scores from 0 to 13 classed as normal category, 14 to 16 as borderline category and 17 to 40 as abnormal. For Chi square Test approach, the difficulties category was then divided into normal and abnormal. Normal range includes normal and borderline category from 0 to 16 while abnormal

range from 17 to 40. Children who had difficulties scores within normal range was labelled as children without emotional and behavioural problem while children who had difficulties score within abnormal range was labelled as children with emotional and behavioural problem. However, child falls into with emotional and behavioural problem were not diagnosed as having psychological difficulties as this scale was just referring to symptoms experienced by the child and being at higher risk of having psychological difficulties like attention-deficit hyperactivity disorder (ADHD), Anxiety Disorder and many more.

3.5.3 Data collection techniques

The questionnaires were handed over personally to the respondents together with information sheets about this study and consents form. The questionnaires were then collected.

3.5.4 Quality control

Questionnaires used in this study were validated. A meeting was held to discuss the detail of the questionnaires among the researchers and advisors so that all the researchers understand all the questions and able to guide the respondents in a consistent manner. Back-to-back translation had been done for English Version questionnaires to ensure the quality of the Malay Version questionnaires. The confidentiality of the data from the cases was highly ensured to respect the honour of the respondents.

3.6 Data analysis

Statistical analysis was conducted using the SPSS version 20.0. Frequencies, percentages, means, and standard deviations were used to describe socio-demographic data as well as to describe the findings for parenting style and children emotional and behavioural problems. Independent variables include socio-demographic parameters such as gender, age, level of education; employment information such as job position, income level as well as the parenting style. Qualitative variables such as the parenting style and the children emotional and behavioural problems were tested for statistical significance using the Chi Square test and Fisher Exact Test. Test of significance were two-tailed, p value of less than 0.05 is considered as statistically significant at 95% confidence interval. Other bivariate study such as Simple Linear Regression and multivariate study such as Multiple Linear Regression and Logistic Regression were used to predict the measures of contribution of one variable to another.

3.7 Study ethics

Written ethical approval and permission had been received from the Medical Research Ethics Community of Faculty of Medicine and Health Sciences (FPSK). Apart from that, we had also obtained the approval from the Dean of FPSK and other faculties of UPM, where the study had been conducted. Consent form from all the respondents who were willing to participate had been collected prior to the study.

3.8 Variables

3.8.1 Dependent variable

The dependent variable for this study was the children emotional and behavioural problems (Emotional Symptoms, Hyperactive, Conduct Problems and Peer Relationship Problem) of University Putra Malaysia (UPM) staffs in Serdang which breaks into two categories which are children with emotional and behavioural problem and children without emotional and behavioural problem.

3.8.2 Independent variable

The independent variables for this study were as follow:

- i. Socio-demographic factors of parents (gender, educational level/ occupational status, income level, marital status, and number of children)
- ii. Parenting style (Authoritarian, Authoritative and Permissive)
- iii. Stress of parents
- iv. Socio-demographic factors of children (age, gender, school performance, and educational level)

3.8.3 Categorization of variable

| Parent | Category |
|---|--|
| Gender | Male Female |
| Educational level / Occupational position | Academic staff Non-academic staff |
| Income level | < RM5 000 RM5 000 – RM9 999 RM10 000 – RM15 000 > RM 15 000 |
| Marital status | Still married Single parent |
| Number of children | 1 – 3 4 – 7 |
| Children | Category |
| Gender | Male Female |
| Educational level | No formal education/ Preschool |
| Children school performance | Poor / Not related Average / Good |

3.9 Definition of Term

| | |
|----------------------------------|--|
| Authoritative | High responsiveness and high demanding parenting style |
| Authoritarian | Low responsiveness and high demanding parenting style |
| Permissive | High responsiveness and low demanding parenting style |
| Emotional Symptoms | Depression or moody |
| Conduct Problem | A spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours |
| Hyperactive | Very active and easily get distracted behaviour |
| Peer relationship problem | Having relationship problem with their friends |
| Pro-social behaviour | Good in giving cooperation and always practicing equality |

3.10 Flowchart

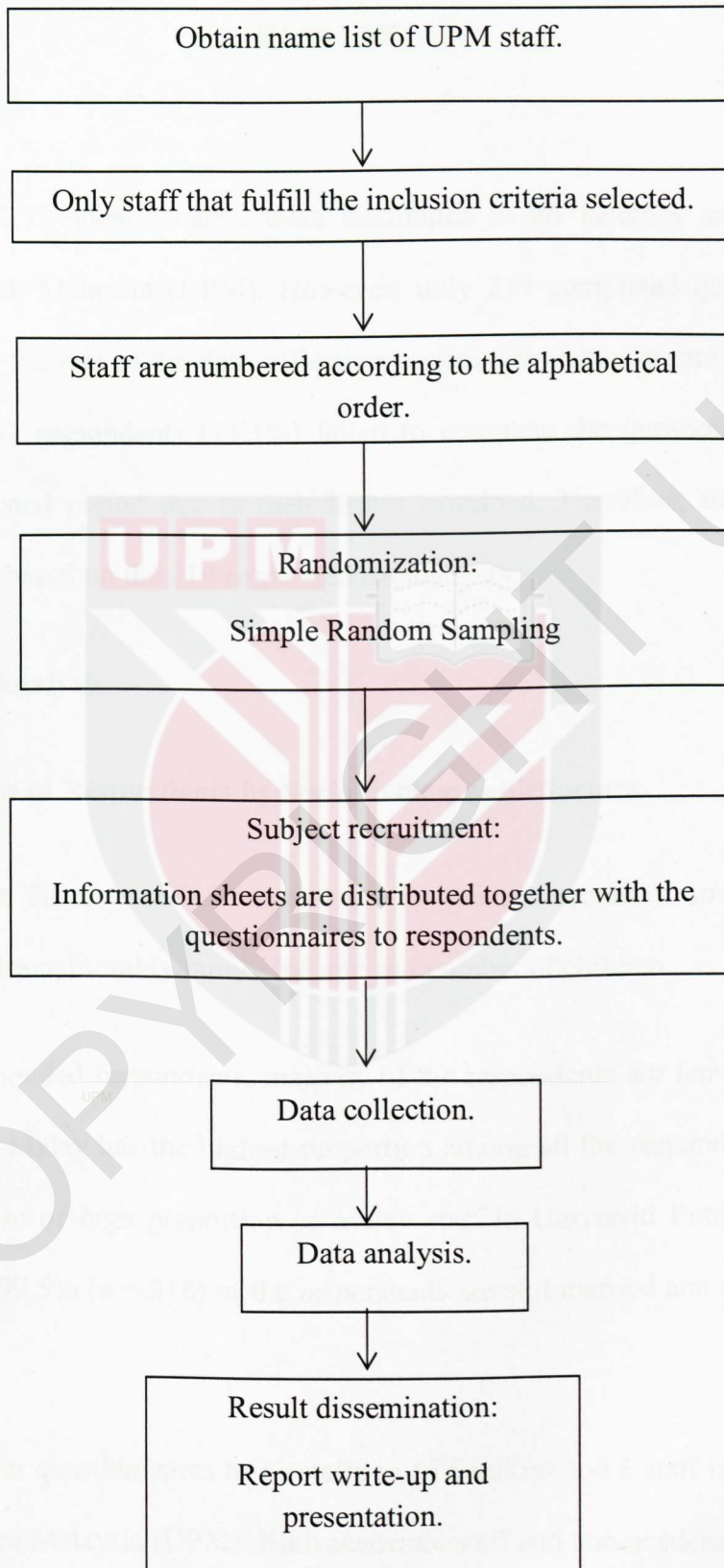


Figure 3.1 Flowchart of research

CHAPTER 4

RESULTS

4.1 Response Rate

After sampling, 252 questionnaires were distributed in all faculties and institutes of Universiti Putra Malaysia (UPM). However, only 219 completed questionnaires were collected at the end of the data collection period. The response rate was 86.9%. The remaining 33 respondents (13.1%) failed to complete the questionnaire given within the stipulated period due to their heavy workload. Therefore, the following analysis report is based on the 219 responded respondents.

4.2 Descriptive Analysis

4.2.1 Distribution of Respondents by Socio-demographic factors

Table 4.1 shows distribution of respondents by gender, ethnicity, marital status, occupational position, monthly family income and number of children.

From all the responded respondents, majority of the respondents are female which is 64.8% (n =142). Malay has the highest proportion among all the respondents, 94.5% (n = 207) because of high proportion of Malay staff in Universiti Putera Malaysia (UPM). Around 99.5% (n = 218) of the respondents are still married and only few are a single parent.

We distributed our questionnaires to 15 staffs in 15 faculties and 3 staff in 9 institutes of Universiti Putra Malaysia (UPM). Both academic staff and non-academic staff were chosen to be respondents of the study. After all the questionnaires been collected, most of our respondents are from non-academician which is 62.1% (n = 136). This is

because academician had failed to give full cooperation due to limited time and heavy workload.

Income of the respondent's family per month is categorized into 5 categories including less than RM5 000, from RM5 000 to RM9 999, from RM10 000 to RM15 000 and more than RM15000. Respondents with the highest family income level which is more than RM15 000 covers only 7.8% (n = 17) of the total respondents while, family income level of less than RM 5000 covers 41.6% of the total respondents.

Highest number of children found in all respondents is 7 and minimum of 1. We then further categorized the number of children into 1 to 3 children and 4 to 7 children. Majority of the respondents has 1 to 3 children which is 65.8% (n = 144).

Table 4.1 Distribution of respondents by socio-demographic factors (gender, ethnicity, marital status, number of children, occupational position, family income)

| Socio-demographic factors | Distribution of respondents | |
|----------------------------|-----------------------------|---------------|
| | Frequency, n | Percentage, % |
| Gender | | |
| Male | 77 | 35.2 |
| Female | 142 | 64.8 |
| Race | | |
| Malay | 207 | 94.5 |
| Chinese | 7 | 3.2 |
| Indian | 5 | 2.3 |
| Marital Status | | |
| Married | 218 | 99.5 |
| Single parent | 1 | 0.5 |
| Number of Children | | |
| 1-3 | 144 | 65.8 |
| 4-7 | 75 | 34.2 |
| Occupation Position | | |
| Academic | 83 | 37.9 |
| Non academic | 136 | 62.1 |
| Family Income | | |
| < 5000 | 91 | 41.6 |
| 5000 - 9999 | 71 | 32.4 |
| 10000 - 15000 | 40 | 18.3 |
| > 15000 | 17 | 7.8 |

4.2.2 Distribution of Parenting Style and Kolmogorov Smirnov Normality

Figure 4.1 indicates the distribution of respondents by parenting style.

About 93.6% (n = 205) respondents has highest score on authoritative frequency on Parenting Style Questionnaire (PSQ). 4.6% (n = 10) of the respondents were found to be authoritarian parents and only 1.8% (n = 4) has been practicing permissive style of parenting.

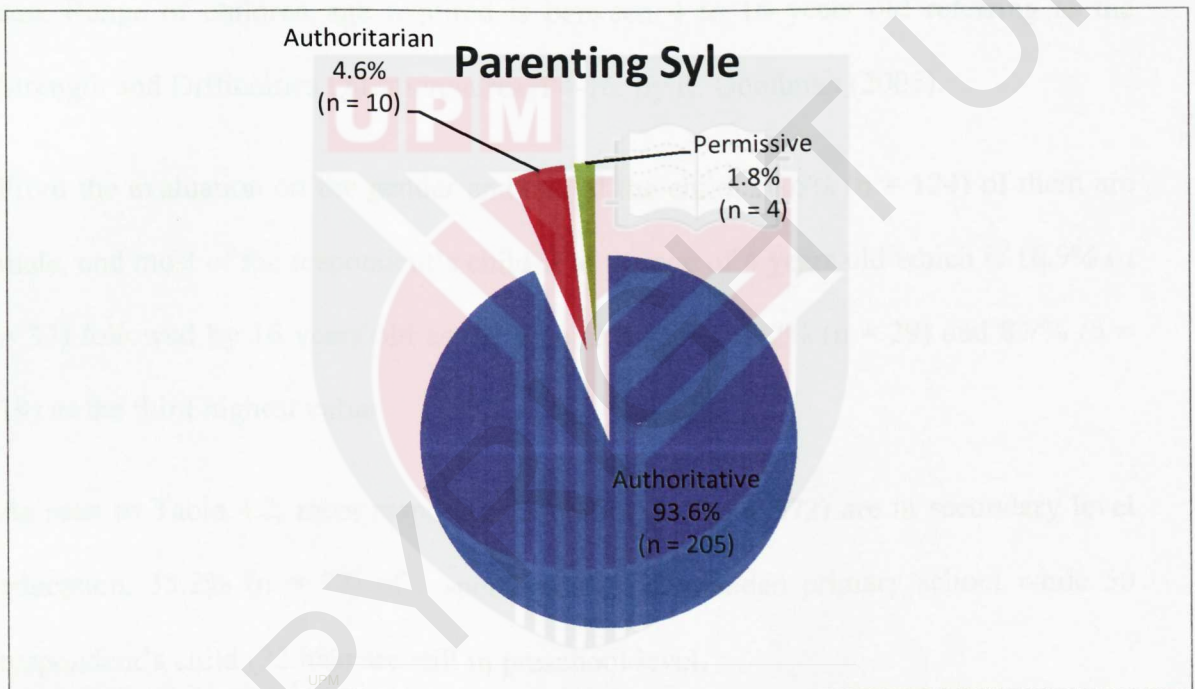


Figure 4.1 Distribution of respondents by parenting style

For normality test of the score of three different types of parenting styles, authoritative score was not normally distributed with median of 4.923 and interquartile range (IQR) of 0.920. Permissive score was also not normally distributed with median of 3.000 and interquartile range (IQR) of 1.250. Only authoritarian score was normally distributed with mean of 3.390 ± 0.775 .

4.2.3 Distribution of Respondent's child by Socio-demographic factors

Table 4.2 illustrates the distribution of respondent's child by socio-demographic factors including gender, age, educational level and school performance.

Socio-demographic factors of the child including gender, age, educational level and school performance is evaluated by the parent. The child was chose according to their age. Range of children age required is between 4 to 16 years old referring to the Strength and Difficulties Questionnaires, P4-16, by R. Goodman (2005).

From the evaluation on the gender and age of the child, 56.6% (n = 124) of them are male, and most of the respondent's child is at the age of 4 years old which is 16.9% (n = 37) followed by 16 years old as the second highest, 13.2% (n = 29) and 8.7% (n = 19) as the third highest value

As seen in Table 4.2, most respondent's child (32.9%; n =72) are in secondary level education. 35.2% (n = 77) of respondent's child attended primary school while 50 respondent's child (22.8%) are still in preschool level.

Respondent's child studying in preschool, primary school and secondary school, were further evaluated on their school performance throughout past 12 months. Their performances are classified into poor, average, or good. Most of the respondent's children have a good performance in school, 52.5% (n = 115), followed by 37.9% (n = 83) with average academic achievement and lastly 0.9% (n = 2) with poor performance. 8.7% (n = 19) of the child with age 4 years old has not attended preschool level yet. So, they have no school performance for the past 12 months.

Table 4.2 Distribution of respondent's child by socio-demographic factors (gender, age, educational level, school performance).

| Socio-demographic factors | Distribution of respondents | |
|---------------------------|-----------------------------|---------------|
| | Frequency, n | Percentage, % |
| Gender | | |
| Male | 124 | 56.6 |
| Female | 94 | 42.9 |
| Age | | |
| 4 | 37 | 16.9 |
| 5 | 19 | 8.7 |
| 6 | 14 | 6.4 |
| 7 | 15 | 6.8 |
| 8 | 13 | 5.9 |
| 9 | 19 | 8.7 |
| 10 | 12 | 5.5 |
| 11 | 6 | 2.7 |
| 12 | 12 | 5.5 |
| 13 | 11 | 5 |
| 14 | 15 | 6.8 |
| 15 | 16 | 7.3 |
| 16 | 29 | 13.2 |
| Educational level | | |
| Preschool | 50 | 22.8 |
| Primary school | 77 | 35.2 |
| Secondary school | 72 | 32.9 |
| Non educated | 20 | 9.1 |
| School Performance | | |
| Poor | 2 | 0.9 |
| Average | 83 | 37.9 |
| Good | 115 | 52.5 |
| Not related | 19 | 8.7 |

4.2.4 Distribution of Children Emotional and Behavioural Problems and Kolmogorov Smirnov Normality

The distribution of Children Emotional and Behavioural Difficulties is shown in Figure 4.2

Conduct problems are the least behaviour problems found in respondent's child, 0.5% ($n = 1$), followed by peer problem 4.6% ($n = 10$) as the second lowest and hyperactivity 6.8% ($n = 15$) as the highest behavioural difficulties value. Even so, children with pro-social behaviour covers 88.1% ($n = 193$) of the respondent's child.

Table 4.3 Distribution of respondent's child by emotional and behavioural problem

| Variables | Frequency (n) | Percent (%) |
|---------------------------|---------------|-------------|
| Conduct problem | 1 | .5 |
| Hyperactivity | 15 | 6.8 |
| Peer relationship problem | 10 | 4.6 |
| Pro-social | 193 | 88.1 |

4.2.5 Prevalence of Children Emotional and Behavioural Problem

Table 4.4 Prevalence of children emotional and behavioural problems

| Variables | Frequency (n) | Percent (%) |
|---|---------------|-------------|
| Without emotional and behavioural problem | 151 | 68.9 |
| With emotional and behavioural problem | 68 | 31.1 |

By using the total difficulties score, prevalence of children without emotional and behavioural problems was 68.9% and prevalence of children with behavioural problems was 31.1%. For normality test of total difficulties score which comprised of total score of the 4 domains (conduct problem, hyperactivity, peer problems, and emotional symptoms), Mean of the score was 10.66 ± 5.50 . The total difficulties score did not include pro-social behaviour score.

4.3 Analytical analysis

4.3.1 Bivariate Association between Respondent Socio-demographic Factors and Parenting Styles

As seen in this table, Chi Square Test yielded a p-value < 0.05 (0.005), which mean there was significant association between race and parenting style. Marital status shows no significant association when using Fisher Exact Test. Other factors such as parent gender, marital status, number of children, occupational position and family income, showed no significant association with parenting style.

Table 4.5 Association between respondent socio-demographic factors and parenting styles

| Variable | Parenting style | | χ^2 | p-value |
|---------------------|------------------------|----------------------------|----------|---------|
| | Authoritative n (%) | Non-authoritative n (%) | | |
| Gender | | | 1.445 | 0.229 |
| Male | 70 (34.1) | 7 (50.0) | | |
| Female | 135 (65.9) | 7 (50.0) | | |
| Race | | | 10.568 | 0.005* |
| Malay | 196 (95.6) | 11 (78.6) | | |
| Chinese | 6 (2.90) | 1 (7.1) | | |
| Indian | 3 (1.50) | 2 (14.3) | | |
| Marital Status | | | | 1.000 |
| Married | 204 (99.5) | 14 (100) | | |
| Single parent | 1 (0.50) | 0 (0.00) | | |
| Number of Children | | | 1.648 | 0.199 |
| 1-3 | 137 (66.8) | 7 (50.0) | | |
| 4-7 | 68 (33.2) | 7 (50.0) | | |
| Occupation Position | | | 0.930 | 0.335 |
| Academic | 76 (37.1) | 7 (50.0) | | |
| Non academic | 129 (62.9) | 7 (50.0) | | |
| Family Income | | | 3.341 | 0.342 |
| < 5000 | 83 (40.5) | 8 (57.1) | | |
| 5000 - 9999 | 69 (33.7) | 2 (14.3) | | |
| 10000 - 15000 | 38 (18.5) | 2 (14.3) | | |
| > 15000 | 15 (7.30) | 2 (14.3) | | |

*significant at $p < 0.05$

4.3.2 Bivariate Association between Respondent Stress and Parenting Styles

By using Fisher Exact Test, no association between stress level and parenting style were found. Parenting style score, authoritarian and permissive score were significant variables of stress score with p value <0.001 , <0.05 . Authoritarian parenting style contributes 6.9% to stress while permissive parenting style contributes only 1.7% to stress.

Table 4.6 Association between respondent stress level and parenting styles

| Variable | Parenting Styles | | p-value |
|--------------|------------------------|----------------------------|---------|
| | Authoritative n (%) | Non-authoritative n (%) | |
| Stress level | | | 0.762 |
| No | 147 (71.7) | 11 (78.6) | |
| Yes | 58 (28.3) | 3 (21.4) | |

Table 4.7 Simple Linear Regression analysis of stress score predicting parenting style score

| Parenting Style | Stress | | | |
|-----------------|--------|---------------|----------------|-------|
| | B | p | R ² | r |
| Authoritative | -0.260 | 0.560 | -0.003 | 0.040 |
| Authoritarian | 1.518 | $<0.001^{**}$ | 0.069 | 0.270 |
| Permissive | 0.792 | $<0.05^{*}$ | 0.017 | 0.147 |

**significant at $p < 0.001$

*significant at $p < 0.05$

4.3.3 Bivariate Association between Socio-demographic Factors of Respondent's Child and Parenting Styles

Base on Chi Square Test, children gender and educational level showed no significant association with parenting style. Same goes to children school performance which showed no significant association with parenting styles but based on Fisher Exact Test.

Table 4.8 Association between socio-demographic factors of respondent's child and parenting styles

| Variable | Parenting Styles | | χ^2 | p-value |
|--------------------------------|------------------------|--------------------------------|----------|---------|
| | Authoritative n (%) | Non- authoritative n (%) | | |
| Children Gender | | | 0.002 | 0.968 |
| Male | 116 (56.6) | 8 (57.1) | | |
| Female | 89 (43.4) | 6 (42.9) | | |
| Children Edu Level | | | 0.097 | 0.756 |
| No formal edu/ Preschool | 65 (31.7) | 5 (35.7) | | |
| Primary/ Secondary | 140 (68.3) | 9 (64.3) | | |
| Children school performance | | | | 0.630 |
| Poor / not related | 19(9.3) | 2(14.3) | | |
| Average/Good | 186(90.7) | 12(85.7) | | |

4.3.4 Bivariate Association between Respondent Parenting Style and Children Emotional and Behavioural Problems

There was no significant association between parenting style and children emotional and behavioural problems on Chi Square Test result, however, 8.3% of children emotional and behavioural problem is significantly contributed by permissive parenting style and 6.7% is significantly contributed by authoritarian parenting style.

Table 4.9 Association between respondent parenting style and children emotional and behavioural problems

| Variable | Children Emotional and Behavioural Problem | | χ^2 | p-value |
|-------------------|---|--|----------|---------|
| | With emotional and behavioral problem n(%) | Without emotional and behavioral Problem n(%) | | |
| Parenting style | | | 0.152 | 0.697 |
| Authoritative | 63(92.6) | 142(94.0) | | |
| Non-authoritative | 5(7.4) | 9(6.0) | | |

Table 4.10 Simple Linear Regression of parenting style score predicting children emotional and behavioural problem score

| Parenting Style | Children Emotional and Behavioural Problem | | | |
|-----------------|--|----------|----------------|-------|
| | B | p | R ² | r |
| Authoritative | -0.222 | 0.694 | -0.004 | 0.027 |
| Authoritarian | 1.896 | <0.001** | 0.067 | 0.267 |
| Permissive | 1.959 | <0.001** | 0.083 | 0.296 |

**significant at $p < 0.001$

*significant at $p < 0.05$

4.3.5 Bivariate Association of Parenting Style Score (authoritarian, permissive) with Children Emotional and Behavioural Problem Score (emotional symptoms, conduct problem, hyperactivity, peer problems) and Pro-social Behaviour Score

Based on Simple Linear Regression analysis, authoritarian score was a significant predictor variable for emotional symptoms, conduct problems and hyperactivity problem. Permissive score has shown to be a significant predictor for conduct problem, hyperactivity problem, peer relationship problems and pro-social behaviour.

Table 4.11 Simple Linear Regression of parenting style score (authoritarian, permissive) predicting children emotional symptoms score

| Parenting Style | Emotional Symptoms | | | |
|-----------------|--------------------|--------|----------------|-------|
| | B | p | R ² | r |
| Authoritarian | -0.360 | <0.01* | 0.041 | 0.213 |
| Permissive | 0.244 | 0.110 | 0.007 | 0.108 |

*significant at $p < 0.05$

Table 4.12 Simple Linear Regression of parenting style score (authoritarian, permissive) predicting conduct problem score

| Parenting Style | Conduct Problem | | | |
|-----------------|-----------------|--------|----------------|-------|
| | B | p | R ² | r |
| Authoritarian | 0.417 | <0.01* | 0.040 | 0.211 |
| Permissive | 0.400 | 0.001* | 0.043 | 0.217 |

**significant at $p < 0.001$

*significant at $p < 0.05$

Table 4.13 Simple Linear Regression of parenting style score (authoritarian, permissive) predicting hyperactivity score

| Parenting Style | Hyperactivity Problem | | | |
|-----------------|-----------------------|----------|----------------|-------|
| | B | p | R ² | r |
| Authoritarian | 0.659 | <0.001** | 0.056 | 0.246 |
| Permissive | 0.702 | <0.001** | 0.075 | 0.282 |

**significant at $p < 0.001$

Table 4.14 Simple Linear Regression of parenting style score (authoritarian, permissive) predicting peer relationship problem score

| Parenting Style | Peer Relationship Problem | | | |
|-----------------|---------------------------|----------|----------------|-------|
| | B | p | R ² | r |
| Authoritarian | 0.305 | 0.078 | 0.010 | 0.081 |
| Permissive | 0.613 | <0.001** | 0.062 | 0.258 |

**significant at $p < 0.001$

Table 4.15 Simple Linear Regression of parenting style score (authoritarian, permissive) predicting pro-social behaviour score

| Parenting Style | Pro-social Behaviour | | | |
|-----------------|----------------------|--------|----------------|-------|
| | B | p | R ² | r |
| Authoritarian | -0.214 | 0.232 | 0.002 | 0.081 |
| Permissive | -0.360 | <0.05* | 0.017 | 0.147 |

*significant at $p < 0.05$

4.3.6 Bivariate Association between Children Socio-demographic Factors and Emotional and Behavioural Problems

There were no association between children gender, education level, and school performance with children behaviour.

Table 4.16 Association between children socio-demographic factors and emotional and behavioural problems

| Variable | Children Behaviors | | χ^2 | p-value |
|------------------------------------|--|---|----------|---------|
| | With emotional and behavioral problem n (%) | Without emotional and behavioral Problem n (%) | | |
| Children gender | | | 0.022 | 0.883 |
| Male | 39 (57.4) | 85 (56.3) | | |
| Female | 29 (42.6) | 66 (43.7) | | |
| Children Edu Level | | | 0.157 | 0.692 |
| No formal edu/ Preschool | 23 (33.8) | 47 (31.1) | | |
| Primary/secondary | 45 (66.2) | 104 (68.9) | | |
| Children school performance | | | 0.538 | 0.463 |
| Poor /not related | 8 (11.8) | 13(8.6) | | |
| Average/good | 60 (88.2) | 138(91.4) | | |

*significant at $p < 0.05$

4.3.7 Multivariate Association of Parenting Style Score and Children Emotional and Behavioural Score

Multiple Linear Regression was performed to test effects of parenting style scores (authoritative, authoritarian, permissive) on total children total difficulties score.

Results showed that significant model emerged ($F=9.184$, $p<0.001$) and the adjusted R square was 0.062. For significant predictor variables, authoritarian and permissive score was significant with Beta, $p=0.174$, 0.014 and 0.224, 0.002.

Table 4.17 Multiple Linear Regression of parenting style predicting children emotional and behavioural problem score

| Variable | Standardized | Sig. |
|------------------------|--------------|--------|
| | Coefficients | |
| | Beta | |
| Score of authoritative | -0.028 | 0.664 |
| Score of authoritarian | 0.174 | 0.014* |
| Score of permissive | 0.224 | 0.002* |

Note: Total emotional and behavioural difficulties of children as dependent variables $F=9.184^*$ and adjusted R square=0.062

*significant at $p<0.05$

4.3.8 Multivariate Association between Parenting Styles and Socio-demographic Factors of Children (gender, educational level, school performance) with Children Emotional and Behavioural Problems

A test of the full model against a constant only model was statistically significant, indicating that the predictors as a set reliably distinguished between with and without behavioural problems, $\chi^2 (7, N= 219) = 17.77, p = 0.013$. The Nagelkerke's R^2 indicated that the model accounted for 11% of the total variance and the Wald tests showed that only permissive score significantly predicted children emotional and behavioural problems status.

Table 4.18 Predictors of children's emotional and behavioural problems (parenting style score, dominant type of parenting style, children gender, children educational level, children school performance) (logistic regression)

| Predictors | B | Sig. | Exp(B) | 95% C.I. for EXP(B) | |
|---------------------|--------|--------|--------|---------------------|-------|
| | | | | Lower | Upper |
| authoritative_score | -0.199 | 0.455 | 0.820 | 0.486 | 1.382 |
| authoritarian_score | 0.334 | 0.137 | 1.397 | 0.899 | 2.171 |
| permissive_score | 0.613 | 0.005* | 1.846 | 1.198 | 2.843 |
| dominant_type(1) | 0.513 | 0.468 | 1.671 | 0.418 | 6.680 |
| CGender(1) | -0.052 | 0.868 | 0.950 | 0.518 | 1.741 |
| CEdulvl(1) | -0.176 | 0.630 | 0.839 | 0.410 | 1.715 |
| CSkuPreform(1) | 0.287 | 0.606 | 1.332 | 0.447 | 3.966 |

Note: Reference category is the children with emotional and behavioural problems.

Model $\chi^2 17.77^*$ and Pseudo Nagelkerke's $R^2 0.11$

*significant at $p < 0.05$, 1=authoritative, male, no formal edu, poor

Chapter 5

DISCUSSIONS

5.1 The demographic characteristics (Gender, age and level of education).

During the data collection female staff involve more in the research compare to male staff. Among 219 respondents, 64.8% were female. This is because the staff in FPSK mostly female. Malay has highest propotion among all respondents, 94.5% because of the high propotion of Malay staff in Universiti Putra Malaysia (UPM). Only 0.5% of our respondents was single parent, this can be explained by low divorce rate in Malaysia.

There is 15 faculties and 9 institutes in UPM, Serdang. Both academic and non-academic staff were involved in this research. 62.1% of our respondents was non-academic staff which may be due to limited time and heavy workload of academicians, causing them unable to join.

For monthly income for the respondents, most of them had less than RM5000 per month (41.6%). This is because most of our respondent are non-academic staff who had lower income.

As the cost of living is increasing year over year, many of our respondents had only 1 to 3 children (65.8%) due to the heavy monetary burden.

5.2 Distribution of Parenting Style and Kolmogorov Smirnov Normality

Only 14 out of 219 respondents were not practising authoritative parenting style. This might be the result of the increase exposure of correct ways to nurturing a child as well as the improved education level and mentality of parents.

5.3 Distribution of socio-demographic Factors of Children

Majority of our respondents was 4 years old or primary school. This is due to our inclusion criteria that when the respondents were having more than one child within the age range, the youngest one is chosen as our subject. Other than this, most of the respondent's children was rated at having good school performance which may be influenced by the high expectation from their parents.

5.4 Distribution of Children Emotional and Behavioural Problems and Kolmogorov Smirnov Normality

The majority of our children's respondent showed pro-social behaviour. Under reporting may be a cause of such result as most parent will always percept their children as a good child.

5.5 Prevalence of Children Emotional and Behavioural Problems

Base on analysis, majority of respondents' children was having no emotional and behavioural problems (68.9%). This is tallied with our result of having majority of pro-social behaviour children.

5.6 Association between Respondent Socio-demographic factors and Parenting Style

Finding of the present study revealed that association of ethnicity and parenting style give a p value of 0.005 via Chi- Square Test. The p value is less than 0.05 and it is statistically significant. This reject the null hypothesis and we can conclude from here that there is a significant association between ethnicity and parenting style. This may be due to the different education system whereby everyone is having the different opportunity for education, and result in all ethnic having the different perception. However, most of them still practised authoritative which is a better parenting style and suits the modern generation.

Other association factors such as gender, marital status, number of children, occupation position and family income does not show significant association with parenting style. There may be many other more important factors such as schooling system, neighbourhoods environment and others which may be more significantly associated with parenting style.

5.7 Association between socio-demographic factors of respondent's child and parenting styles

Factors studied such as children gender, children and school performances showed no significant association with parenting style which can be explained by the adults have their own principal and not easily affected by the children factors. There is also study showing that there is no relationship between child gender and parental use of physical punishment (Woodward and Fergusson, 2002).

5.8 Association between respondent stress and parenting styles

From this current study, Chi Square Test showed that there is no significant association between respondent stress level and parenting style. This is because the parents nowadays have better stress management and understand that children is not a target to release stress. However, there are slight possibility of parenting style to be influenced by stress especially authoritarian and permissive based on Simple Linear Regression. Parents are more oriented towards authoritarian parenting than permissive when they had stress especially work stress. This is because they had lose some power of restraining themselves from becoming angry and fierce. For example, poor mother who had to work all day are usually less supportive to their children and more likely to use power assertive discipline to control and teach their children. An indication stated in a previous study about father's work and child's behaviour studied by Stewart and Baling, 1996 where work overload causes mothers to have high level of stress, which in turn predicted little warmth and accepting toward their children, reinforced the believe of parenting style do affected by work stress.

5.9 Association between respondent parenting style and children emotional and behavioural problems

Parenting style does not give a significant association with the children emotional and behavioural problem based on Chi Square Test. Such result may be due to the under reporting and dishonesty of the parent who are trying to hide the bad parenting style since they are the one answering the questionnaire for themselves.

However, Linear Regression proved that Authoritarian do cause emotional symptoms on children. This support the study conducted by Darling in 1999 where authoritarian types of parents tends to have a child with high level of depression. Conduct Problem

Conduct Problem in children usually caused by parents who are very responsive but has low maturity demands and control to their children (Permissive). This also supported by the saying of permissive parent are more likely to have a child with behavioural problem (Darling, 1999). Besides that, this child are unlikely to has pro-social behaviour and thus, always dislike by other children which in turn predicted high peer relationship problem. Both child who comes from a very strict parent and also uninvolved parent tends to be having hyperactivity problem. This is because they have lack of love surrounding them, therefore they tends to be showing some misbehaviour in order to get everyone attention.

5.10 Association between children socio-demographic factors and emotional and behavioural problems

Based on Chi Square Test, there is no significant association between children gender, educational level, and their school performance with children emotional and behavioural problem. This may be due to the fact that the lack of understand the questionnaire of the parents and giving an incorrect responds to us.

5.11 Limitations

According to the result, we claim that our research was very weak to prove that parenting style is effecting children emotion and behaviour. We believed this problem is due to under reporting act of the parents on exposing their parenting style and their child behaviour. To overcome this, we do stated to every subject that every information in the questionnaire will be confidential to others and this agreement has been signed by both party the respondents and the investigator in the consent form. We also numbered each subject according to our random sampling method rather than using their identity. However, they chose not to expose their personal lifestyle even for the sake of investigation.

Besides that we also use a validated questionnaires produced by professionals Baumrind D. to assess the Parenting Style and Goodman R. (Strength and Difficulties Questionnaires) to assess children emotional and behavioural problem and did back to back translation to make it understandable. However, these questionnaires might be unsuitable for South East Asia community who have different environment and culture than the English people.

5.12 Conclusion

In conclusion, this study proves that there is significant association between parenting style and children emotional and behavioural problem, even though the contribution is very low. This is shown through the result where very low prevalence of children emotional and behavioural problem among UPM staff's children as their parent were practicing good parenting style which is

authoritative. Besides that, a new finding has been found where parents who are permissive tends to get a child with peer relationship problem which differ from the study by Darling, 1999 who stated that child from permissive families has high confidence level and good social skills. Moreover, based on this study, children raise by permissive parent has higher tendency to be having pro-social behaviour problem as compared to authoritative and authoritarian parent. Therefore, different way of nurturing a child by a parent would build up different kind of child so, in order to have an independent, strong, determine and passionate child, good parenting need to be practiced.

5.13 Recommendations

Because of many limitations on this study, for future assessment on this two contributors on achieving our goal to produce more mature, independent and successful children in the future we would recommend a good instruments where we can assess directly on the parenting style and their child behaviour. For instance, do a face to face interview rather than self-report. This would prevent any under reporting or misunderstanding towards the questions provided. Or maybe get the information about children's problem directly from them rather than from their parents. This is because self-report and parent-report can be totally different due to lack of interaction between parent and child.

A validated questionnaires used are from overseas study, this limits our aim to assess the parenting style and children behaviour among Malaysian whom have different culture and different way of living. So, we would suggest a

questionnaires that suits our culture with validation study to be create. This questionnaires would be more practical to be used in the future study.

For those parents who have problem in parenting or who are being assess to have non-authoritative type of parenting, we would recommend the authority to develop a programme that would include counselling, talks and training on parenting style. This programme will also be opened to all parents across Malaysia and also parent-to-be couples for early exposure.



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PELAKSANAAN PERSEKUTUAN

... dan ...

TARIK KALIAN

...

PERSEKUTUAN

...

APAKAH YANG PERLU ANDA

...

SAPA YANG TIDAK HOLEY

...



APPENDIX



APAKAH ANDA BERTERTA KAJIAN INI?

a) APA ANDA BERSAMA PENYELITAP

...

b) KEPADA PENYELITAP

...

ADAKAH IA BERISIKO?

...



HELAIAN PENERANGAN RESPONDEN

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan, sila kemukakan kepada penyelidik.

TAJUK KAJIAN

Kelaziman masalah perilaku dan emosi di kalangan kanak-kanak kakitangan fakulti UPM dan hubungannya dengan gaya keibubapaan kakitangan fakulti UPM, Serdang, 2013.

PENGENALAN

Gaya keibubapaan ditakrifkan sebagai tatacara ibu bapa membesarkan anak-anak mereka dan kajian ini bertujuan untuk menjelaskan pelbagai kaedah keibubapaan. Adalah dipercayai bahawa gaya keibubapaan akan memberi kesan secara langsung kepada masalah tingkah laku dan emosi kanak-kanak seperti gejala emosi, hiperaktif, masalah hubungan rakan sebaya, dan tingkah laku pro-sosial.

APAKAH YANG PERLU ANDA LAKUKAN?

Anda hendaklah membaca maklumat dan borang persetujuan tersebut. Jika anda bersetuju, sila tandatangan borang tersebut. Seterusnya ajawab soalan di dalam buku soalan yang disediakan.

SIAPA YANG TIDAK BOLEH MENYERTAI KAJIAN INI?

Ibu bapa yang mempunyai anak yang berumur 4-16 tahun yang mempunyai :

- i) Penyakit mental, yang disahkan oleh psikiatri, seperti keresahan, gangguan emosi dan lain-lain.
- ii) Kecacatan atau kurang upaya fizikal, seperti kehilangan pendengaran, kehilangan satu anggota dan lain-lain.
- iii) Kecacatan sejak lahir, seperti Down sindrom, Sindrom Edward, dan lain-lain.

APAKAH FAEDAH MENYERTAI KAJIAN INI?

a) KEPADA ANDA SEBAGAI PENYERTA?

Anda akan mengetahui jenis gaya keibubapaan anda dan menyedari masalah tingkah laku dan emosi anak-anak anda. Pada masa yang sama, anda dapat memperbaiki cara keibubapaan anda untuk melahirkan kanak-kanak yang lebih sempurna.

b) KEPADA PENYELIDIK?

Maklum balas anda akan membantu kami dalam menilai kelaziman masalah tingkah laku dan emosi di kalangan anak-anak kakitangan UPM supaya dapat membantu kami dalam menilai gaya keibubapaan yang terbaik.

ADAKAH IA BERISIKO?

Tidak kerana instrumen yang digunakan adalah hanya soal selidik yang sulit dan tanpa nama yang disimpan oleh penyelidik.



UPM
UNIVERSITI PUTRA MALAYSIA

**JAWATANKUASA ETIKA UNIVERSITI UNTUK
PENYELIDIKAN MELIBATKAN MANUSIA (JKEUPM)**
UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG,
SELANGOR, MALAYSIA

BORANG PERSETUJUAN RESPONDEN

ADAKAH MAKLUMAT DAN IDENTITI SAYA KEKAL RAHSIA?

Ya. Soal selidik menggunakan nombor kod untuk mengekalkan kerahsiaan dan kesulitan peribadi responden.

SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEMASA MENGIKUTI PENYELIDIKAN INI?

| | | |
|--------------------|-------------------------------|---|
| Penyelidik : | Alia Syafinaz bt Zainurin | 010-3664921 |
| | Chang Wing Liong | 013-3585386 |
| | Siti Suhaila bt Mohamad Azami | 017-3713470 |
| Penyelia : | Dr. Hayati Kadir | 012-9533071 khayati@medic.upm.edu.my |
| Penyelia bersama : | Dr. Hamidin Awang | 013-3406696 hamidin@medic.upm.edu.my |
| | Dr. Anita Abdul Rahman | 03-89472409 / 012-3180272 anitaar@medic.upm.edu.my |



BORANG PERSETUJUAN RESPONDEN

TAJUK PENYELIDIKAN :

KELAZIMAN MASALAH PERILAKU DAN EMOSI DI KALANGAN KANAK-KANAK KAKITANGAN FAKULTI UPM DAN HUBUNGANNYA DENGAN GAYA KEIBUBAAPAN KAKITANGAN FAKULTI UPM, SERDANG, 2013.

PENYELIDIK :

- | | |
|-------------------------------------|--------|
| 1. Alia Syafinaz Binti Zainurin | 161185 |
| 2. Chang Wing Liong | 161495 |
| 3. Siti Suhaila Binti Mohamad Azami | 163576 |

Saya..... No Kad Pengenalan.
beralamat.....

.....dengan ini bersetuju untuk mengambil bahagian secara sukarela dalam menyertai penyelidikan klinikal *(pengajian klinikal/ pengajian soal selidik/ percubaan ubat-ubatan) seperti yang disebut di atas.

Saya telah diberi penjelasan secara menyeluruh mengenai dasar penyelidikan klinikal dari segi metodologi, risiko dan komplikasi (seperti tertulis pada Helaian Penerangan Responden). Saya memahami bahawa saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa memberi sebarang alasan. Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian yang dijalankan ke atas sampel yang diambil dari saya.

*potong yang tidak berkenaan

Tandatangan
(Responden)

Tandatangan
(Saksi)

Tarikh :

Nama :

No. K/P:

Saya mengesahkan bahawa saya telah menerangkan kepada responden sifat dan tujuan penyelidikan klinikal tersebut di atas.

Tarikh

Tandatangan
(Penyelidik)

**GAYA KEIBUBAAPAN DI KALANGAN KAKITANGAN UPM DAN MASALAH PERILAKU
DAN EMOSI ANAK-ANAK STAF UPM
PARENTING STYLE AMONG UPM STAFFS AND CHILDREN BEHAVIOUR AND EMOTIONAL
PROBLEMSUPM STAFF'S CHILDREN**

SOAL SELIDIK /QUESTIONNAIRE

Responden sekalian,

Kami sedang menjalankan penyelidikan mengenai kelaziman masalah perilaku dan emosi di kalangan anak-anak kakitangan UPM dan hubungannya dengan gaya keibubapaan kakitangan UPM.

Kami menghargai masa dan usaha anda untuk menjawab soalan-soalan berikut dengan ikhlas. SEMUA identiti dan jawapan akan kekal tanpa nama dan sulit.

Dear respondents,

We are conducting a research on prevalence of children behavioural and emotional problems among UPM staff's children and its relationship with parenting style of UPM staff.

We appreciate your time and effort for answering the following questions sincerely.

ALL identities and responses will remain anonymous and confidential.

**SECTION A: MAKLUMAT SOSIODEMOGRAFI IBU BAPA /SOCIODEMOGRAPHIC
INFORMATION OF PARENTS**

Sila jawab **SEMUA** soalan di bawah.

Bagi soalan dengan pilihan, sila letak (✓) dalam kotak yang berkaitan.

Sila pilih hanya **SATU** jawapan bagi setiap soalan.

Please answer ALL of the following questions.

For questions with options, please answer the question by putting a tick (✓) on the related boxes. Please choose only ONE answer for each question.

1. Jantina : Lelaki Perempuan
Gender : Male Female

2. Bangsa : Melayu Cina India
Race : Malay Chinese Indian

3. Umur/ Age : _____

4. Status Perkahwinan :
Marital status :
 Berkahwin Bercerai Janda/Duda
 Married Divorced Single Parent
 Lain-lain. Sila nyatakan: _____
Others Please specify: _____

5. Tempoh perkahwinan : _____ tahun _____ bulan
Years of Marriage : _____ year(s) _____ month(s)

6. Bilangan anak : _____
Number of Children : _____

7. Fakulti : _____
Faculty : _____

8. Jabatan : _____
Department : _____

9. Kedudukan kerjaya : Staf Akademik Staf Bukan Akademik
Occupational Position : Academic staff Non Academic staff

10. Pendapatan Keluarga : _____ setiap bulan
Family Income : _____ per month

SECTION B: MAKLUMAT SOSIODEMOGRAFI ANAK /SOCIODEMOGRAPHIC INFORMATION OF CHILD

1. Jantina : Lelaki Perempuan
Gender : Male Female

2. Umur : _____
Age : _____

3. Taraf Pendidikan :
Level of Education :

Tadika
Preschool

Sekolah Rendah
Primary School

Sekolah Menengah
Secondary School

Tidak Bersekolah
Non-educated

Lain-lain. Sila nyatakan: _____
Others. Please specify: _____

4. Prestasi Sekolah :
School Performance :

Lemah
Poor

Sederhana
Average

Baik
Good

SECTION C: GAYA KEIBUBAAPAN /PARENTING STYLE

Sila anggar berapa kerap anda melibatkan diri dalam amalan keibubapaan berikut daripada tidak pernah kepada selalu dipraktikkan, yang disenaraikan di bawah. Tandakan (√) di petak yang berkenaan.

Tidak Pernah 1 2 3 4 5 6 Selalu

Please rate how often you engage in the different parenting practices, listed below from never to always being practiced. Mark (√) in the relevant box.

Never 1 2 3 4 5 6 Always

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1. Saya responsif kepada perasaan dan keperluan anak saya <i>I am responsive to my child's feelings and needs</i> | | | | | | |
| 2. Saya merasakan perlu untuk menunjukkan masalah tingkahlaku anak saya yang lalu untuk memastikan dia tidak akan melakukannya lagi <i>I feel the need to point out my child's past behavioural problems to make sure he/she will not do them again</i> | | | | | | |
| 3. Saya mengambil kira hasrat anak saya sebelum saya meminta dia untuk melakukan sesuatu <i>I take my child's wishes into consideration before I ask him/her to do something</i> | | | | | | |
| 4. Apabila anak saya bertanya kepada saya mengapa dia perlu melakukan sesuatu saya beritahu dia itu adalah kerana saya katakan begitu, saya ibu bapa dia, atau kerana itu adalah apa yang saya mahu <i>When my child asks me why he/she has to do something I tell him/her it is because I said so, I am your parent, or because that is what I want</i> | | | | | | |
| 5. Saya menjelaskan kepada anak saya bagaimana saya rasa tentang tingkahlaku beliau yang baik atau buruk <i>I explain to my child how I feel about his/her good/bad behaviour</i> | | | | | | |
| 6. Saya merotan anak saya apabila saya tidak suka apa yang dia buat atau katakan <i>I spank my child when I don't like what he/she does or says</i> | | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 7. Saya menggalakkan anak saya untuk bercakap tentang perasaan dan masalah beliau <i>I encourage my child to talk about his/her feelings and problems</i> | | | | | |
| 8. Saya mendapati sukar untuk mendisiplinkan anak saya <i>I find it difficult to discipline my child</i> | | | | | |
| 9. Saya menggalakkan anak saya untuk meluahkan pendapatnya dengan bebas walaupun jika dia tidak bersetuju dengan saya <i>I encourage my child to freely "speak his/her mind", even if he/she disagrees with me</i> | | | | | |
| 10. Saya menghukum anak saya dengan menarik kembali keistimewaan dari dia (contohnya, TV, permainan, melawat rakan-rakan) <i>I punish my child by taking privileges away from him/her (e.g., TV, games, visiting friends)</i> | | | | | |
| 11. Saya menjelaskan sebab-sebab di sebalik harapan saya <i>I explain the reasons behind my expectations</i> | | | | | |
| 12. Saya menenangkan dan memahami apabila anak saya kecewa <i>I provide comfort and understanding when my child is upset</i> | | | | | |
| 13. Saya menjerit apabila saya tidak bersetuju dengan tingkah laku anak saya <i>I yell when I disapprove of my child's behaviour</i> | | | | | |
| 14. Saya memuji anak saya <i>I compliment my child</i> | | | | | |
| 15. Saya mengalah kepada anak saya apabila dia menyebabkan kekecohan tentang sesuatu <i>I give into my child when he/she causes a commotion about something</i> | | | | | |
| 16. Saya naik berang terhadap anak saya <i>I explode in anger towards my child</i> | | | | | |
| 17. Saya menggunakan ancaman sebagai satu bentuk hukuman dengan sedikit atau tiada justifikasi <i>I use threats as a form of punishment with little or no justification</i> | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| <p>18. Saya mempertimbangkan pilihan anak saya apabila saya membuat perancangan untuk keluarga (contohnya, bercuti jauh hujung minggu dan cuti) <i>I consider my child's preferences when I make plans for the family (e.g. weekends away and holidays)</i></p> | | | | | |
| <p>19. Saya ingatkan anak saya bahawa saya adalah ibu bapa beliau <i>I remind my child that I am his/her parent</i></p> | | | | | |
| <p>20. Saya menghukum anak saya dengan menahan ungkapan emosi (contohnya, mencium dan memeluk) <i>I punish my child by withholding emotional expressions (e.g., kisses and cuddles)</i></p> | | | | | |
| <p>21. Saya menghormati pendapat anak saya dan menggalakkan dia untuk menyatakannya <i>I respect my child's opinion and encourage him/her to express them</i></p> | | | | | |
| <p>22. Saya ingatkan anak saya semua perkara yang saya lakukan dan saya telah lakukan untuk dia <i>I remind my child of all the things I am doing and I have done for him/her</i></p> | | | | | |
| <p>23. Saya menggunakan kritikan untuk memperbaiki tingkahlaku beliau <i>I use criticism to make my child improve his/her behaviour</i></p> | | | | | |
| <p>24. Saya memanjakan anak saya <i>I spoil my child</i></p> | | | | | |
| <p>25. Saya memberikan penjelasan bagi setiap harapan saya terhadapnya <i>I provide my child reasons for the expectations I have for him/her</i></p> | | | | | |
| <p>26. Saya terkial-kial untuk mengubah bagaimana cara anak saya berfikir dan berasa tentang sesuatu perkara <i>I find myself struggling to try to change how my child thinks or feels about things</i></p> | | | | | |
| <p>27. Saya mempunyai masa untuk bermesra dan rapat dengan anak saya <i>I have warm and intimate times together with my child</i></p> | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| <p>28. Saya mengkritik anak saya secara terbuka apabila tingkah lakunya tidak menepati harapan saya <i>I openly criticise my child when his/her behaviour does not meet my expectation</i></p> | | | | | | |
| <p>29. Saya tidak mengendahkan tingkahlaku buruk anak saya <i>I ignore my child's bad behavior</i></p> | | | | | | |
| <p>30. Saya memperlakukan anak saya sama rata sebagai ahli keluarga <i>I treat my child as an equal member of the family</i></p> | | | | | | |



SECTION D : STRESS / STRESS

Sila baca setiap kenyataan dan pilih satu nombor daripada 0, 1, 2 atau 3 yang merupakan nilai bagi menggambarkan diri anda pada seminggu yang lalu. Tandakan (√) di petak yang berkaitan.

Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. Mark (√) in the relevant box.

0 = Tidak berkaitan dengan saya
0 = Did not apply to me at all

1 = Sedikit sebanyak berkaitan dengan saya
1 = Applied to me for some degree

2 = Sebahagian besar berkaitan dengan saya atau pada masa tertentu
2 = Applied to me to a considerable degree or for a good part of time

3 = Sangat berkaitan dengan saya atau kebanyakan masa
3 = Applied to me very much or most of the time

| | | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 1 | Saya kesal/marah disebabkan perkara-perkara kecil <i>I found it hard to 'wind down'</i> | | | | |
| 2 | Saya sedar mulut terasa kering <i>I was aware of dryness of my mouth</i> | | | | |
| 3 | Saya tidak dapat mengalami perasaan positif <i>I couldn't seem to experience any positive feelings at all</i> | | | | |
| 4 | Saya mengalami kesukaran bernafas <i>I experienced breathing difficulty (e.g. breathlessness or excessively rapid breathing in the absence of physical exertion)</i> | | | | |
| 5 | Saya sukar untuk mengambil inisiatif melakukan sesuatu perkara <i>I found it hard to work up the initiative to do things</i> | | | | |
| 6 | Saya bertindak keterlaluan dalam sesuatu situasi <i>I tended to over-react to situations</i> | | | | |
| 7 | Saya berasa gementar <i>I experienced trembling (e.g. in the hands)</i> | | | | |
| 8 | Saya merasakan saya menggunakan banyak tenaga <i>I felt that I was using a lot of nervous energy</i> | | | | |
| 9 | Sesuatu keadaan / situasi yang menjadikan saya amat risau <i>I was worried about situations in which I might panic and make a fool of myself</i> | | | | |

| | | | | | |
|----|---|--|--|--|--|
| 10 | Saya merasakan saya tidak mempunyai apa-apa untuk diharapkan <i>I felt that I had nothing to look forward to</i> | | | | |
| 11 | Saya mudah berasa kesal <i>I found myself getting agitated</i> | | | | |
| 12 | Saya sukar untuk relaks <i>I found it difficult to relax</i> | | | | |
| 13 | Saya rasa sedih dan murung <i>I felt down-hearted and blue</i> | | | | |
| 14 | Saya hilang sabar sekiranya saya dilambatkan dari apa yang saya lakukan <i>I was intolerant of anything that kept me from getting on with what I was doing</i> | | | | |
| 15 | Saya rasa macam nak pengsan <i>I felt I was close to panic</i> | | | | |
| 16 | Saya hilang minat dalam segala hal <i>I was unable to become enthusiastic about anything</i> | | | | |
| 17 | Saya merasakan saya tidak begitu berharga <i>I felt I wasn't worth much as a person</i> | | | | |
| 18 | Rasa mudah tersentuh <i>I felt that I was rather touchy</i> | | | | |
| 19 | Banyak berpeluh <i>I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart 'missing a beat')</i> | | | | |
| 20 | Saya rasa takut tanpa sebab <i>I felt scared without any good reason</i> | | | | |
| 21 | Saya rasa hidup ini sudah tidak bermakna <i>I felt that life was meaningless</i> | | | | |

SECTION E: PERILAKU ANAK /CHILDREN'S BEHAVIOR

Bagi setiap perkara di bawah, sila tandakan (√) di dalam petak Tidak Benar, Sedikit Benar, atau Sangat Benar. Anda boleh membantu kami dengan menjawab semua perkara dengan sebaik mungkin walaupun anda tidak pasti atau perkara itu nampak dangkal. Sila beri jawapan anda berasaskan tingkahlaku anak itu dalam masa sebulan yang lalu.

For each item, please mark (√) in the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best as you can even if you are not absolutely certain or the item seems daft. Please give the answers on the basis of the child's behavior over the last four weeks.

| | Tidak Benar <i>Not True</i> | Sedikit Benar <i>Somewhat True</i> | Memang Benar <i>Certainly True</i> |
|--|--------------------------------|---------------------------------------|---------------------------------------|
| Bertimbang rasa terhadap perasaan orang lain. <i>Considerate of other people's feelings.</i> | | | |
| Gelisah, terlalu aktif, tidak dapat diam untuk masa yang panjang. <i>Restless, overactive, cannot stay still for long.</i> | | | |
| Selalu mengadu sakit kepala, sakit perut, atau berpenyakit. <i>Often complaints of headaches, stomach-aches or sickness.</i> | | | |
| Sedia berkongsi dengan kanak lain (belanja, permainan, pensil) <i>Shares readily with other children (treats, toys, pencils etc.)</i> | | | |
| Selalu naik marah atau pemarah. <i>Often has temper tantrums or hot tempers.</i> | | | |
| Bersendirian, lebih suka bermain seorang diri. <i>Rather solitary, tends to play alone.</i> | | | |
| Biasanya taat, melakukan apa yang dikehendaki oleh orang dewasa. <i>Generally obedient, usually does what adults request.</i> | | | |
| Banyak kebimbangan, selalu nampak bimbang. <i>Many worries, often seems worried.</i> | | | |
| Suka menolong jika seseorang cedera, rasa terganggu atau tidak sihat. <i>Helpful if someone is hurt, upset or feeling ill.</i> | | | |
| Sentiasa bergerak dengan resah atau mengeliat geliut. <i>Constantly fidgeting or squirming.</i> | | | |
| Ada sekurang kurangnya seorang kawan baik. <i>Has at least one good friend.</i> | | | |

| | | | |
|---|--|--|--|
| Selalu bergaduh dengan kanak-kanak lain atau membuli mereka. <i>Often fights with other children or bullies them.</i> | | | |
| Selalu tidak gembira, susah hati atau menangis. <i>Often unhappy, down-hearted or tearful.</i> | | | |
| Biasanya disukai oleh kanak-kanak lain. <i>Generally liked by other children.</i> | | | |
| Mudah mengalih perhatian, penumpuan melayang layang. <i>Easily distracted, concentration wanders.</i> | | | |
| Gelisah atau lekat dengan orang dalam situasi baru, mudah hilang keyakinan. <i>Nervous or clingy in new situations, easily loses confidence.</i> | | | |
| Baik kepada kanak-kanak yang lebih muda. <i>Kind to younger children.</i> | | | |
| Selalu berbohong atau menipu. <i>Often lies or cheats.</i> | | | |
| Dibuli oleh kanak-kanak lain. <i>Picked on or bullied by other children.</i> | | | |
| Menawarkan secara sukarela pertolongan kepada orang lain (ibubapa guru, kanak-kanak lain) <i>Often volunteers to help others (parents, teachers, other children)</i> | | | |
| Berfikir sebelum bertindak. <i>Thinks things out before acting.</i> | | | |
| Mencuri daripada rumah, sekolah atau lain-lain tempat. <i>Steals from home, school or elsewhere.</i> | | | |
| Mudah berbaik baik dengan orang dewasa daripada kanak-kanak. <i>Gets on better with adults than with other children.</i> | | | |
| Banyak ketakutan, mudah takut. <i>Many fears, easily scared.</i> | | | |
| Membuat tugas dari awal hingga ke akhir, jangka masa perhatian baik. <i>See tasks through to the end, good attention span.</i> | | | |

BUDGET RESEARCH

| No. | Items | Estimated Cost (RM) |
|----------------|------------------------------|---------------------|
| i. | Stationeries | 50.00 |
| ii. | Documents photostating | 250.00 |
| iii. | Documents printing & binding | 300.00 |
| iv. | Miscellaneous | 100.00 |
| TOTAL : | | 700.00 |

RESEARCH TEAM

| | |
|----------------------|---|
| Supervisor | Dr Hayati Kadir; Dept. of Community Health khayati@medic.upm.edu.my 012-9533071 |
| Co-Supervisor | Dr.Hamidin Awang; Dept. of Pediatrics. 0133406696 |
| Co-Supervisor | Dr Anita Abdul Rahman Dept. Of Community Health 0123180272 |
| Members | Alia Syafinaz Zainurin; 161185 Chang Wing Liong; 161495 Siti Suhaila Binti Mohammad Azami; 163576 |

JKEUPM Ref No. : FPSK_Mei (13) 60 (UNDERGRADUATE)

Members of the JKEUPM who reviewed the documents:

Prof. Dato' Dr. Lye Munn Sann

Date of approval: 21/6/2013

Endorsed at JKEUPM Meeting on 5/7/2013, attended by:

| NAME | DESIGNATION | GENDER | TICK IF PRESENT |
|--|--|--------|-----------------|
| Prof. Dr. Norlijah Othman | Paediatrics & Dean, Faculty of Medicine and Health Sciences | Female | |
| Prof. Dr. Zamberi Sekawi | Medical Microbiologist & Deputy Dean of Research and Internationalization, Faculty of Medicine and Health Sciences. | Male | √ |
| Prof. Dato' Dr. Lye Munn Sann | Medical Statistician, Dept of Community Health, Faculty of Medicine and Health Sciences | Male | √ |
| Prof. Dr. Tengku Aizan Abd Hamid | Gerontologist & Director, Institute of Gerontology | Female | |
| Prof. Dr. Lekhraj Rampal | Medical Statistician, Dept of Community Health, Faculty of Medicine and Health Sciences | Male | |
| Prof. Dr. Elizabeth George | Pathologist, Dept of Pathology, Faculty of Medicine and Health Sciences | Female | √ |
| Prof. Dr. Lim Thiam Aun | Anesthesiologist, Dept of Surgery, Faculty of Medicine and Health Sciences | Male | √ |
| Prof. Dr. Wan Omar Abdullah | Medical Parasitologist, Dept of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences | Male | √ |
| Prof. Dr. Patimah Ismail | Professor of Biomedicine, Dept of Biomedical Sciences, Faculty of Medicine and Health Sciences | Female | √ |
| Prof. Dr. Azali Mohamed | Professor of Macroeconomics, Dept of Economics, Faculty of Economics and Management | Female | |
| Assoc. Prof. Dr. Johnson Stanslas | Pharmacologist, Dept of Medicine, Faculty of Medicine and Health Sciences | Male | √ |
| Assoc. Prof. Dr. Mansor Abu Talib | Assoc. Professor of Guidance and Counselling, Dept of Human Development and Family Studies, Faculty of Human Ecology | Male | |
| Assoc. Prof. Dr. Noritah Omar (Lay Person) | Assoc. Professor of English Language, Dept of English Language, Faculty of Communication and Modern Languages | Female | √ |
| Dr. Rojanah Kahar (Lay Person) | Lecturer of Dept of Human Development and Family Studies, Faculty of Human Ecology | Female | |
| Tan Sri Dato' Napsiah Omar (Lay Person) | Chairman, National Population and Family Development Board | Female | |