Parenting Styles: Interaction with Hyperactivity

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Abstract

Hyperactivity is a mental health disorder that causes drastic fluctuation level of concentration and hyperactivity (Snyder, 2006). People with hyperactivity have difficulty concentrating, sitting position, in dedicating attention, stay organized, following instructions, memorizing the details and management of impulsiveness (Smith, 2016). Participants were from primary school students in Kosovo, N=200 Children age 9-11 and N=200 parents, they completed the following instruments, PSDQ questionnaire; (Robinson, Mandleco, Olsen, & Hart, 2001) this instruments was for measuring parenting styles, and Children behavioral checklist version for parents (Achenbach and Rescorla, 2007). The results shown that hyperactivity of children was positively correlated with authoritarian and tolerant parenting styles. In the survey results show that 74.0% of children participate in extra-curricular activities, and 26.0% did not participate in extra-curricular activities. Regression analysis explain 32% of variance for hyperactivity factor as a depended variable predicted by Gender and authoritarian parenting style. Also male has higher mean of hyperactivity than female and results was significantly different with p=.030*

Conclusion is that parents who set strict rules authoritarian parents and tolerant parents can have a hyperactive children. Usually there is no need for special treatment for parents, already they have to be empathic with their children, collaboration with peers, relatives and parent-child cooperation which will give positive effect.

Keywords: Hyperactivity, parenting styles, Kosovo

Introduction

Hyperactivity disorder is a mental health disorder that causes drastic fluctuation level of concentration and hyperactivity (Snyder, 2006). People with hyperactivity have difficulty concentrating; sitting position, in dedicating attention, stay organized, following instructions, memorizing the details and management of impulsiveness (Smith, 2016). The symptoms that those children shows are easily confused with signs that shows a puckish boy or a girl, and that’s why parents neglect their manners, thinking that those signs are transitory.

Based on Pediatric American Academy, hyperactivity affects 4-12 percent of pupils in USA. Symptoms are shown usually before 7 year old. Studies shown that a lot of girls and boys are diagnosed with hyperactivity, and often there is a strong family history of men others provided (Motamedi, 2016)

But, based on a study made by Control and Prevent Center of diseases in USA, the number of persons affected by hyperactivity, is 4/6% of American society, from age 5-17, approximately 4.5 milion), and boys are more affected compared to girls. The cause of occurrence of hyperactivity is still unknown, and a lot of studies has shown that this form of disorder has neurological basis (L.Quilin, 2012).
Regarding parental styles researchers have discovered important interaction between parenting styles and the effect these styles have on children. During 1960 psychologist conducted a study in more than 100 children of preschool age. Using parental interview and other research methods, she identified 4 parent’s important dimensions: Disciplinary Strategies, Warmth and nurturance, Communication styles and Expectation of maturity and control.

According to Baumrid (1991), parents have conviction and status oriented, and expect their orders to be heard without explanation.

Authoritativ parents: Just as authoritarian parents, those with authoritative style establish rules and guidance, that their children should attend. However this parental style is more democratic (Baumrind, 1991).

Tolerant Parents, have fewer requests to their childrens. Those parents rarely discipline their children, because they relatively low expectation of maturity and self control.

Research Question

P.1 How Interconnect parental styles with hyperactivity at 9 to 11 year old children?

Methodology

This study is quantitative study using self report questionnaires and included children and parents in the study.

Sample

Participants were primary school students in Kosovo, N=200 Children age 9-11, 53.6 % female and 46.4% male and N=200 parents, male and female. From different municipalities in Kosovo.

Instrument

Participants completed the following instruments, PSDQ questionnaire; (Robinson, Mandleco, Olsen, & Hart, 2001) this instruments was for measuring parenting styles, and Children behavioral checklist version for parents (Achenbach and Rescorla, 2007), both questionnaires was with a Likert scale and demographic data questionnaire.

Procedures

Parents had 1 day to complete the questionnaire and than through children they send back it. Every child completed questionnaire individually, and had 40 minutes to complete it. Students who did the researches read loudly the questions were in questionnaire, showing examples, to prevent difficulties while reading them. In addition, they had 5 minutes break to prevent straining. To ensure confidence, childrens name is not shown in questionnaire, that’s why the same codes are recorded for child and parents questionnaire. An envelope is attached for teachers, to return questionnaires to researchers of this study.

Results

Results will present the main findings of the study by using the adequate concluding analyses to give an answer to the research hypothesis, and to give an explanation to the aim of the research. The internal consistence of the questionnaire of questionnaires was at the accepted level to trust the sustainability of measures.

Table 1: Alfa’s coefficients for Questionnaires

<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>Alfa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity scale</td>
<td>.53</td>
</tr>
<tr>
<td>Scale of Parenting styles questionnaires</td>
<td></td>
</tr>
<tr>
<td>Authoritative</td>
<td>.83</td>
</tr>
<tr>
<td>Authoritarian</td>
<td>.70</td>
</tr>
<tr>
<td>Tolerant</td>
<td>.60</td>
</tr>
</tbody>
</table>

The result presented in the Table 1 show that the internal consistence of the questionnaire is acceptable and it makes understand that the items within the certain grades have sustainability and they measure what they designed for.
Table 2. Correlation between parenting styles and hyperactivity

<table>
<thead>
<tr>
<th></th>
<th>Authoritative</th>
<th>Authoritarian</th>
<th>Tolerant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritarian</td>
<td>r</td>
<td>-0.433**</td>
<td></td>
</tr>
<tr>
<td>Tolerant</td>
<td>r</td>
<td>-0.381**</td>
<td>0.673**</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>r</td>
<td>-0.145*</td>
<td>0.202**</td>
</tr>
</tbody>
</table>

Table 2 shows positive interaction between hyperactivity and authoritarian and tolerant parenting styles, and negative interaction between hyperactivity and authoritative parenting style.

Regression analysis explain 32% of variance for hyperactivity factor as a depended variable predicted by gender and authoritarian parenting style at the level of $\beta = 1.027$, $p=.01$.

Table 3. Gender differences among children with hyperactivity

<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>Gender</th>
<th>M</th>
<th>SD</th>
<th>t-test</th>
<th>sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Stress</td>
<td>F</td>
<td>4.6</td>
<td>2.7</td>
<td>2.19</td>
<td>.030*</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>5.5</td>
<td>2.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3, show a significant differences between male and female of hyperactivity, male showed higher level of hyperactivity, the male $M=5.5$ with $SD=2.9$ and female $M=4.6$ with $SD=2.7$ and $p=.030$.

It was interesting because t-test showed that children who was engaged in the extracurricular activities has low level of hyperactivity with $M=4.7$ and $SD=2.7$ and children who did not attend extracurricular activities has higher level of hyperactivity with $M=5.9$ and $SD=2.9$ with $p=.014$.

In the sample of parents it was no significant differences between male and female parents of parenting styles.

Discussions

Based on the search that we have conducted, conclusion is that parents who set strict rules authoritarian parents and tolerant parents can have hyperactive children. Usually there is no need for special treatment for parents, already they have to be empathic with their children, collaboration with peers, relatives and parent-child cooperation which will give positive effect.

Our data show that parental styles correlate with hyperactivity of their children and it is important to have this information.

Answering research question results show significant interaction between parenting styles of parents and hyperactivity of their children. It is very important to know that children who are engaged in the extracurricular activities are less hyperactive than children who do not participate in the extracurricular activities, and also male are more hyperactivity than female.

In the research done by, Juan Luis Linares, J. Antoni Ramos-Quiroga (2015), results showed that higher rigidity and lower emotional connection were significantly associated with hyperactivity family functioning. Regarding parental bonding, the results showed significant differences only in the care dimension, with the hyperactivity group reporting lower care than the control group. The results suggest that hyperactivity families present dysfunctional family functioning with a rigid, separated typology, and parental bonding based on control without affection.

In the study done by Hamid Alizadeh Caroline Andries (2014), the results indicate that there are significant relationships between ADHD and parenting styles same with study done in Kosovo. That is, there is a negative relationship between having an ADHD child and applying authoritative parenting style, whereas the relationship is positive for the authoritarian style. It differs just in the tolerant parenting style because in study done in Kosovo has positive correlation with hyperactivity.
and in the study of Iranian sample they do not find any significant relationship between having an ADHD child and applying a permissive parenting style.

References

[34] L. Quillin, R. (2012). L-methylfolate treatment for psychiatric or neurologic disorders.