

## PARENTING STYLE DICHOTOMIES AND THEIR ROLE IN THE DEVELOPMENT OF A CHILD'S PROBLEM BEHAVIOUR

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### **Abstract**

*Managing child problem behaviors in children is a crucial issue for a peaceful and healthy society. The step for an effective management of problem behavior starts with effective parenting. Hence the aim of this study is to explore the role of positive and negative parenting dichotomies in the development of problem behavior of boys. This study was the part of a project carried out by the researchers entitled as 'Problem Behaviour among Adolescents: A Multivariate Study of Paths of Influence, Parenting, Family-Pathology and Peers', for which 800 deviant boys were identified. From this list 200 boys were selected by simple random sampling method. By conducting interviews and administration of the Problem Behavior Checklist of Veeraraghavan and Dogra (2000) and the Multi-dimensional parenting scale of Chauhan (1955) on children and their fathers, data was collected. The collected data was analyzed by using regression analysis. The results of this study exhibit that positive parenting (such as dominant, democratic, love, progress, independent, acceptance, and encouragement) is significantly associated with lower problem behavior ( $R = .852$ ;  $F=72.61$ ;  $p<.01$ ;  $n=100$ ) and explain 71 percent variance in the scores. On the other hand the negative parenting (such as dependency, autocratic, submissive, hate, conservative, discouraging, and rejection) is associated with increased problem behavior in children ( $R = .901$ ;  $F=118.61$ ;  $p<.01$ ;  $n=100$ ) and explain 80 percent variance in the scores.*

### **Keywords:**

*Parenting dichotomies, positive/negative parenting, and problem behavior.*

Reference to this paper should be made as follows:

**Received: 26.04.2025**

**Approved: 15.06.2025**

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*RJPSSs 2025, Vol. LI,  
No. 1, pp. 001-012  
Article No.01*

Similarity Check: 20%

### **Online available at:**

*<https://anubooks.com/journal-volume/rjpss-vol-li-no1-june-2025-254>*

**DOI:** *<https://doi.org/10.31995/rjpss.2025v51i01.01>*

## **Introduction**

Managing child problem behaviors as early as possible is crucial. The earliest management of problem behavior is associated with parenting and family. Parenting varies widely across families, with cultural backgrounds having a significant role in shaping family dynamics and child-rearing practices. Over the past several years, the demographic makeup of the United States has shifted, driven by immigration, socioeconomic changes, and the rise of single-parent households, all of which influence parenting styles. These changes bring diverse cultural, ethnic, and spiritual ideologies into play. Low rates of supportive–positive parenting behaviors (e.g., Brennan, Le Brocque, & Hammen, 2003) and high rates of harsh–negative parenting behaviors (e.g., Harrist, Pettit, Dodge & Bates, 1994; Kim et al., 2003) correlate with high rates of depressive symptoms in children, few studies focus on both supportive–positive and harsh–negative parenting behaviors as they relate to children’s depression. Occasionally, measures of positive and negative parenting behaviors are combined into a single index (e.g., Forgatch & DeGarmo, 1999).

A recent study by Sumargi et al. (2020) aimed to test the effect of mothers’ and fathers’ authoritative and authoritarian parenting on child problem behavior. Several studies have shown the impact of parenting on child problem behavior; however, the studies did not investigate the influence of paternal and maternal parenting on child behavior separately. Furthermore, this study examined the influence of family adjustment on parenting styles. Participants were 105 pairs of parents (fathers and mothers). They completed a set of questionnaires assessing their parenting styles, child problem behavior, and family adjustment. Multiple regression analyses resulted in a significant effect of mothers’ authoritative parenting on child emotional problems, as well as significant effects of fathers’ authoritative and authoritarian parenting on child behavioral problems. Another key finding was that parental teamwork predicted the effectiveness of parenting. In a study conducted on elementary and middle school students (ages 7 to 11) and their parents provided reports of the children’s depressive symptoms in order to explore the effects of supportive–positive and harsh–negative parenting behaviors on children’s depressive symptoms, Dallaire et al. (2006) reported that Supportive–positive parenting behaviors did not moderate the relation between harsh–negative parenting behaviors and children’s depressive symptoms.. Parents provided self-reports of supportive–positive and harsh–negative parenting behaviors. Structural equation modeling indicated that supportive–positive and harsh–negative parenting behaviors were nearly orthogonal dimensions of parenting and both related to children’s depressive symptoms.

Culture, social norms, values, language, and behavior significantly influence parenting. As a result, parenting approaches to self-regulation—such as promoting attention, compliance, delayed gratification, executive function, and effortful control—vary across cultures. Each parent has a unique approach to interacting with and guiding their children, thereby shaping their morals, principles, and behavior. Researchers have categorized parenting styles into various groups—typically 3, 4, or 5 psychological constructs. However, this discussion focuses on 4 main categories—authoritarian, authoritative, permissive, and uninvolved. Each category represents a distinct approach to raising children, although parents often blend characteristics from multiple categories. Parenting styles can also vary depending on the situation.

**Authoritarian Parenting:** Authoritarian parents typically engage in a 1-way mode of communication where they establish strict rules that the child is expected to follow without question or negotiation. These rules are rarely explained, and children are expected to meet high standards without making mistakes. Errors are often met with punishment. Authoritarian parents tend to be less nurturing, maintaining high expectations with limited flexibility. Children raised by authoritarian parents often exhibit well-behaved behavior due to the consequences of misbehavior. Additionally, they tend to follow precise instructions more effectively to achieve their goals. However, this parenting style can also lead to higher levels of aggression, while children may also exhibit shyness, social ineptitude, and difficulty making their own decisions (Masud et al, 2009). This uncontrolled aggression may stem from challenges in managing anger, as these children often lack proper guidance. Additionally, they may struggle with low self-esteem, which further hinders their decision-making abilities (Martinez & Garcia, 2007). Strict parental rules and punishments can also drive children to rebel against authority figures as they grow older.

**Authoritative Parenting:** Authoritative parenting is characterized by a close, nurturing relationship between parents and children. Parents set clear expectations and guidelines and explain the reasoning behind their disciplinary actions. They use disciplinary methods as a supportive tool rather than as punishment. Children are encouraged to have input in setting goals and expectations, thereby fostering open, frequent, and appropriate communication between parent and child. This parenting style generally results in the healthiest outcomes for children but requires considerable patience and effort from both parties. Authoritative parenting fosters confidence, responsibility, and self-regulation in children (Masud et al, 2009; Morris et al., 2007). These children manage negative emotions more effectively, leading to improved social outcomes and emotional well-being. By encouraging independence,

authoritative parents help their children understand that they can achieve goals on their own, resulting in higher self-esteem. Additionally, these children tend to excel academically and perform well in school (Pong, Johnston & Chen, 2010)

**Permissive Parenting:** Permissive parents are typically warm and nurturing, often holding minimal expectations for their children. They impose few rules and maintain open communication, allowing their children to navigate situations independently. This lack of expectation usually leads to infrequent disciplinary actions, as permissive parents often take on a more friend-like role than that of traditional authority figures. Limited rules can lead children to develop unhealthy eating habits, particularly regarding snacks (Lopez et al., 2018), increasing their risk of obesity and other health issues later in life. These children enjoy considerable freedom, making decisions about their bedtime, homework, and screen time on computers and televisions (Langer et al., 2014). Such extensive freedom can foster negative habits, as parents often provide little guidance on moderation. Overall, while children of permissive parents typically possess good self-esteem and decent social skills, they may also be impulsive, demanding, selfish, and struggle with self-regulation (Piotrowski et al., 2014; Piotrowski et al., 2013)

**Uninvolved Parenting:** Uninvolved parenting grants children a high degree of freedom, as these parents typically take a hands-off approach. While they may fulfill their child's basic needs, they remain emotionally detached and disengaged from their child's life. Uninvolved parents do not adhere to a specific disciplinary style and maintain limited communication with their children, providing minimal nurturing and having few, if any, expectations. Children of uninvolved parents often demonstrate resilience and may be more self-sufficient than those raised in other parenting styles. However, these skills are typically developed out of necessity. Additionally, they may struggle with emotional regulation, exhibit less effective coping strategies, face academic challenges, and have difficulty maintaining or nurturing social relationships (Nijhof et al., 2007; Kuppens et al., 2019).

**Clinical Significance:** A parent's upbringing style can significantly influence a child's behaviors and actions as they age. However, as children grow older, other factors—such as therapy, culture, employment, and social circles—can further shape or alter their conduct. Regarding health outcomes, it is crucial to identify areas of concern linked to a patient's parental upbringing, such as unmonitored snacking habits, and to address these issues accordingly. This approach becomes increasingly important in the context of behavioral and psychological interventions. Developing cultural competence is a valuable asset for providers caring for pediatric patients. Understanding the family's background, rule-setting practices, and discipline styles

enables clinicians to grasp the dynamics of the family unit. Once providers are familiar with parenting techniques, they can more easily identify, manage, or refer families as needed.

**Nursing, Allied Health, and Inter-professional Team Interventions:** Child interventions may necessitate an understanding of the parent's upbringing style, particularly if there are suspicions of physical or verbal abuse. Gaining insight into the child's home environment can lead to improved patient outcomes by allowing for more personalized approaches to the child's well-being.

### **Objectives Of The Study**

For this study following objectives were taken:

1. To understand the relationship of parenting dichotomies with a child's problem behavior.
2. To assess the role of positive parenting in the development of a child's problem behavior.
3. To assess the role of negative parenting in the development of a child's problem behavior.

### **Hypotheses Of The Study**

The following hypotheses were formulated in the light of previous studies:

1. Parenting dichotomies are significantly associated with a child's problem behavior.
2. Positive parenting significantly resists the development of problem behavior in child.
3. Negative parenting significantly contributes to the development of problem behavior in children.

### **Method**

**Research Design:** A correlational research design was used to explore the significance of parenting dichotomies in problems in children.

**Sample and Sampling:** A total of 200 children and their families were selected from different schools and various institutions, such as juvenile courts & reformatories for juveniles. Juvenile delinquents were identified from the court and those selected from schools were identified by the teachers. This study was the part of a project entitled as 'Problem Behaviour among Adolescents: A Multivariate Study of Paths of Influence, Parenting, Family-Pathology and Peers'. Hence the subjects were selected from 800 enlisted deviant boys.

### Tools Used for Data Collection

- i. **Problem Behavior Checklist:** This scale was constructed by Veeraraghavan and Dogra (2000) and it was used for the measurement of problem behavior of adolescents. This checklist has 58 items. The test-retest reliability for the normal population was found 0.85 and for the psychiatric population, it was found 0.81. The split-half reliability was found 0.81 for the normal population and 0.72 for psychiatric people. This scale is also retains high face validity and content validity.
- ii. **Multi-dimensional parenting scale:** This scale by Chauhan (1955) is used to measure different dimensions of parenting styles and behaviors. The parenting dimensions measured by this scale are dichotomous in nature. These dimensions are love/hate, encouragement/discouraging, acceptance/rejection, progressive/submissive, democratic/autocratic, independence/conservative, dominant/ dependency. This is the Likert-type scale in which respondents rate their perception of parenting behaviors. This scale is also highly reliable and valid.

**Procedure:** This study was the part of a project carried out by the researchers entitled as 'Problem Behaviour among Adolescents: A Multivariate Study of Paths of Influence, Parenting, Family-Pathology and Peers', for which 800 deviant boys were identified. From this list 200 boys were selected by simple random sampling method. Then the families, of these selected children were interviewed and questionnaires were administered to the father. And finally the collected data was analyzed by using regression analysis to test the hypotheses.

### Results

In this study parenting dichotomies of positivity and negativity were measured by a single dimensional scale. This scale represents the low scorer as positive parenting and the high score as negative parenting. Table 1 shows that the boys (average age =15.6 years) selected for this study, who had low scorers on the parenting scale (M =62.82; S.D. =10.30) were termed to be on the end of positive parenting and those who were high scorer (M =65.78; S.D. =10.74) were to be on the opposite end, termed as negative parenting. The values of correlation-coefficient (Pearson's  $r$ ) shown in Table, reveal that less positive parenting (as a low score represents more positive parenting and a high score represents less positive parenting) is significantly associated with higher problem behavior ( $r = .797$ ;  $\rho < .01$ ;  $n = 100$ ), and positive relationship between negative parenting and problem behavior ( $r = .870$ ;  $\rho < .01$ ;  $n = 100$ ), which clearly implies that of positive parenting is associated with less problem behavior, whereas negative parenting is associated with more problem

behavior in children. Practicing the positive end domain of parenting, such as dominant, democratic, love, progress, independent, acceptance, and encouragement, have been found to be significantly associated ( $R = .852$ ;  $F=72.61$ ;  $p<.01$ ;  $n=100$ ) and explain 71 percent (adjusted R-Square= .716) variance in the scores of problem behavior. On the other hand the parenting of negative domains, such as dependency, autocratic, submissive, hate, conservative, discouraging, and rejection, explain more variance in the scores (80 percent) and is associated highly with problem behavior in children ( $R =.901$ ;  $F=118.61$ ;  $p<.01$ ;  $n=100$ ).

**Table 1: Descriptive Statistics and Correlation of Parenting Dichotomies with Problem Behavior**

Domains of Parenting		Problem Behavior		Multiple Correlation (R)	R-Square (Adjusted R-Square)	F-Value
		Pearson's r	Mean (S.D.)			
	Mean(S.D.)					
<b>Positive<sup>1</sup></b> <b>(n=100)</b>	62.82 (10.30)	.797**	112.44 (17.22)	0.852	0.726 (0.716)	72.61**
<b>Negative<sup>2</sup></b> <b>(n=100)</b>	65.78 (10.74)	.870**	122.68 (16.96)	0.901	0.812 (0.805)	118.61**

**1. Positive parenting** = Dominant, Democratic, Love, Progress, Independent, Acceptance, and Encouragement; **2. Negative parenting** = Dependency, Autocratic, Submissive, Hate, Conservative, Discouraging, and Rejection;

**3. Problem Behavior; 4. Positive Parenting;**

\*\*= Significant at .01-level.

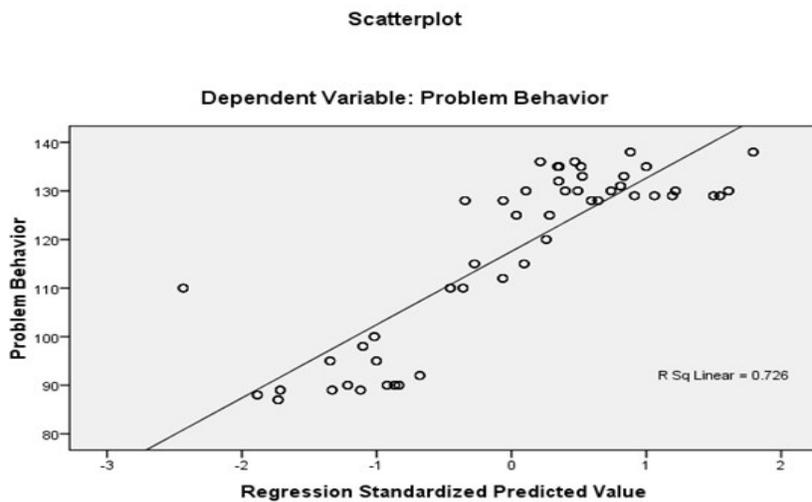
Table 2 exhibits that the boys, who were brought up with positive parenting (low scores on the parenting scale), were found to have encouragement ( $\beta = .402$ ;  $t =6.092$ ;  $p<.01$ ), progress ( $\beta = .195$ ;  $t =4.287$ ;  $p<.01$ ), democratic ( $\beta =.238$ ;  $t =4.922$ ;  $p<.01$ ), and independent ( $\beta =.247$ ;  $t =4.896$ ;  $p<.01$ ) as significant domains of positive parenting which resist their problem behavior to develop. It simply means that the children who receive higher encouragement, progress, democratic and independent experiences from their parents, are less likely to develop problem behavior. Love, acceptance and dominant reflection in parenting were not found to predict problem behavior significantly. On other hand, table-3 demonstrates that hate ( $\beta =.182$ ;  $t =4.282$ ;  $p<.01$ ), rejection ( $\beta =.270$ ;  $t =4.597$ ;  $p<.01$ ) and submissive ( $\beta =.082$ ;  $t =2.013$ ;  $p<.05$ ) parenting, which are the counterpart of love, acceptance and dominant nature of parenting, have been found to be significantly responsible for underpinning the problem behavior in children. Moreover, the children with high scores on the

parenting scale, who have been termed as having negative parenting, were found to have discouraging ( $\beta = .263$ ;  $t = 5.316$ ;  $p < .01$ ), conservative ( $\beta = .339$ ;  $t = 7.861$ ;  $p < .01$ ), and autocratic ( $\beta = .092$ ;  $t = 2.262$ ;  $p < .05$ ) parenting significantly underpin problem behavior. On the independent-dependent dimension of parenting, where children with positive parenting were found to have a significant relationship with their problem behavior, in contrast, children with negative parenting were found to have no significant relationship with their problem behavior.

**Table 2: Showing Coefficients for the Role of Positive Parenting in Problem Behavior**

Model	Unstandardized Coefficients		Standardized Coefficients	T (Sig.)
	B	Std. Error	Beta	
(Constant)	194.567	4.552		42.747
Love	.166	.468	.017	.354
<b>Encouragement</b>	<b>3.067</b>	<b>.503</b>	<b>.402</b>	<b>6.092**</b>
Acceptance	.539	.507	.064	1.062
<b>Progress</b>	<b>1.621</b>	<b>.378</b>	<b>.195</b>	<b>4.287**</b>
<b>Democratic</b>	<b>1.889</b>	<b>.384</b>	<b>.238</b>	<b>4.922**</b>
<b>Independent</b>	<b>1.935</b>	<b>.395</b>	<b>.247</b>	<b>4.896**</b>
Dominant	.372	.353	.048	1.052

\*\*= Significant at .01-level.



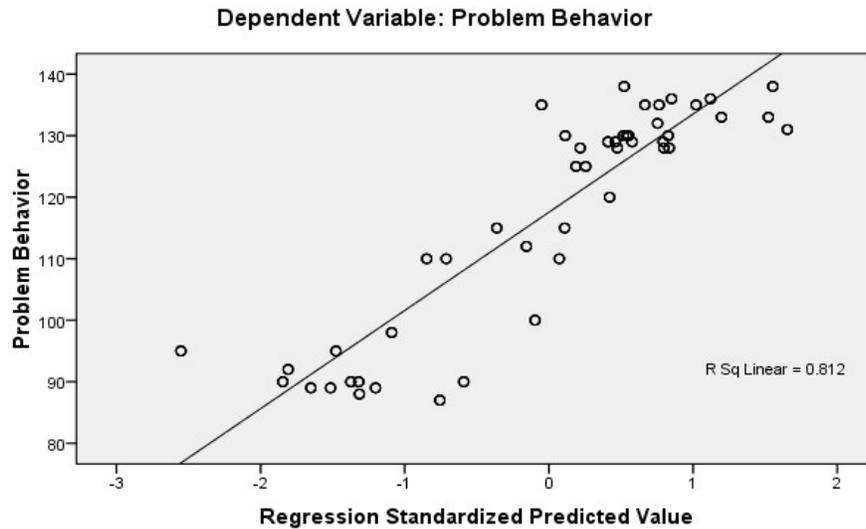
**Figure 1: Showing linear relationship between Positive Parenting and Problem Behavior**

**Table 3: Showing Coefficients for the Role of Negative Parenting in Problem Behavior**

Model	Unstandardized Coefficients		Standardized Coefficients	t
	B	Std. Error	Beta	
(Constant)	20.911	4.037		5.180
<b>Hate</b>	<b>3.217</b>	<b>.751</b>	<b>.182</b>	<b>4.282**</b>
<b>Discouraging</b>	<b>1.972</b>	<b>.371</b>	<b>.263</b>	<b>5.316**</b>
<b>Rejection</b>	<b>3.040</b>	<b>.661</b>	<b>.270</b>	<b>4.597**</b>
<b>Conservative</b>	<b>2.305</b>	<b>.293</b>	<b>.339</b>	<b>7.861**</b>
<b>Autocratic</b>	<b>.661</b>	<b>.292</b>	<b>.092</b>	<b>2.262*</b>
Dependency	-.670	.427	-.077	-1.568
<b>Submissive</b>	<b>.623</b>	<b>.310</b>	<b>.082</b>	<b>2.013*</b>

\*\*= Significant at .01-level; \*= Significant at .05-level.

Scatterplot



**Figure 2: Showing linear relationship between Negative Parenting and Problem Behavior**

## **Conclusion**

The findings of this study confirm all three hypotheses proposed by the researcher. The main objective of this study is to understand problematic behaviors in children as associated with parenting patterns. The results of this study conclude that positive parenting is associated with less problematic behavior, while negative parenting is associated with more problematic behavior. These findings are consistent with those reported by Sumargi et al. (2020). According to Brennan, Le Brocque, & Hammen, (2003), low rates of supportive–positive parenting behaviors are associated with higher levels of depression. Harrist, Pettit, Dodge & Bates, (1994) and Kim et al. (2003) reported that high rates of harsh–negative parenting behaviors can be responsible for depressive symptoms in children. The practice of positive parenting, such as dominance, democracy, love, progress, independence, acceptance, and encouragement, is significantly associated with resistance to problem behaviors. In contrast, negative education, such as dependence, autocracy, submission, hatred, conservatism, discouragement, and rejection, is associated with more frequent problematic behaviors in children. Children who receive greater encouragement, progress, democratic experiences, and independence from their parents are less likely to develop problematic behaviors. Love, acceptance, and dominant reflection in parental education were not found to be significant predictors of problematic behaviors. In contrast, hatred, rejection, and submission, the respective counterparts of love, acceptance, and dominance, were found to be significant factors supporting problem behaviors in children. In contrast, Dallaire et al. (2006) clearly state, on the basis of their study findings, that supportive–positive parenting behaviors did not moderate the relation between harsh–negative parenting behaviors and children's depressive symptoms. Furthermore, children with high scores on the parenting scale, labeled as negative parents, were found to have discouraging, conservative, and autocratic parenting, which significantly underlies problem behaviors. Regarding the independent-dependent dimension of parenting, where children experiencing positive parenting have a significant association with their problem behaviors, on the other hand, children experiencing negative parenting have no significant association with their problem behaviors.

The limitations of this study point to opportunities for future research. Extending this work to clinical populations would provide a more comprehensive understanding of parenting and, in particular, the relationship between parenting dichotomies and problem behavior. Second, in this study, only self-report measures were used to assess parenting and problem behavior in children, therefore, it may lack external validity. These results are based on correlational analysis, on which

basis the likelihood of a causal relationship between parenting behavior and children's problem behavior can't be asserted. Longitudinal studies would allow more rigorous testing of causal hypotheses and explore possible reciprocal relationships, e.g., problematic parenting may cause children's problem behavior.

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