

To Assess the Effectiveness of Positive Parenting Teaching for the Self-Esteem Development among Caregivers of Pre-Adolescence

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ABSTRACT

Background: Parenting is one of the strongest influences on children, particularly, during their early childhood years. Early life experiences form the foundation for brain architecture and scientists now know that a major ingredient in this brain development process is the interaction between children with their parents or caregivers. Positive parenting is focused on developing a strong, deeply committed relationship between parent and child based on communication and mutual respect. Positive Parenting focuses on teaching children not just what but also why. Positive parenting means training children toward self-control.

Aim: The aim of this study is to assess the effectiveness of positive parenting teaching on development of self-esteem among Primary care givers of preadolescence.

Objectives: To assess the existing self- esteem among primary care givers of preadolescence on development of self-esteem in experimental group and control group.

To evaluate the effectiveness of positive parenting teaching on development of self-esteem among primary care givers of preadolescence in experimental group before and after intervention.

To correlate the effectiveness of positive parenting teaching on development of self-esteem among primary care givers of preadolescence between experimental and control group.

To compare the effectiveness of positive parenting teaching on development of self-esteem among primary care givers of preadolescence between experimental and control group.

To associate post test score of positive parenting teaching on development of self-esteem among primary care givers of preadolescence in experimental group and control group.

Material and method: research approach -Interventional research approach with interventional and control group pretest-posttest.

Study design: experimental research design. Population- primary care givers of preadolescence.

Setting of the study: Urban and rural area of Wardha district.

Sampling technique: Nonprobability convenient sampling technique.

Sample size: 100.

Result: The study shows that in Primary care givers 39.88% had self- esteem score in experimental group and 32.04 % in control group after pretest. After posttest 73.94 % had self -esteem score in experimental group and 33.18% as it was in pretest in control group. Association was found with demographic variable age, gender and locality in experimental group and gender and locality in control group.

Conclusion: In this study, the findings of the study shows that there is significant association of positive parenting teaching score within relation to demographic variables such as age, gender, locality of care givers of preadolescence in experimental group and in control group association of gender and locality of care givers of pre adolescence.

Key words: Effectiveness, Positive parenting, Primary care givers, Preadolescence, Self-esteem

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INTRODUCTION

Positive parenting is a deep bond between a parent and a child or children in which the parent(s) faithfully and unconditionally cares for, teaches, leads, communicates, and provides for the child's needs [1]. Self-esteem refers to

a person's overall sense of value or worth. It's a way of determining how much a person "values, accepts, appreciates, awards, or likes himself or herself [2]. Positive parenting focuses on building a strong, mutually respectful relationship between parent and child. Positive parenting emphasizes not only telling children what to do, but also why to do it. Children must be taught self-control by positive parenting [3]. Parents and caregivers ensure that children are healthy and safe, that they are given the skills and tools they need to thrive as adults, and that they are taught fundamental cultural values. Joy, acceptance, respect, motivation, and advice are all things that parents, and caregivers offer their children. They offer the best meaningful background for child's nurture and security as they grow their personalities and identities, as well as their physical, intellectual, mental, and interpersonal maturation [4]. Reflect on the Reasons for Behaviors, Use Kind and Firm Discipline, No Need to be Mean to Mean Business, Time-Out before You Lose It, and Be Non-Punitive Create a disciplinary method that is exclusive to you. Be transparent, honest, and persistent Recognize Cognitive Development and Age-Related Behaviour, Don't give up and be patient were some of the Positive Parenting ideas [5].

Nelsen discusses four fundamental parenting styles based on Diana Baumrind's parenting style. Regulating, Neglectful/giving up on becoming a dad, Permissive/overprotective/rescuing are all examples of short-term parenting, while Kind and Strong are examples of long-term parenting [6].

Epstein et al. provides examples of positive parenting strategies that parents may use to create learning opportunities in their homes. Never help your child with his or her homework or projects. Make it clear that you're still willing to assist or answer questions. Every night, go through your child's homework with him or her and make sure he or she knows everything. In the case of an emergency, ensure that the child knows what to do and who to call. Notify your child's instructor of any circumstances that can impair your child's ability to learn. Set strong but reasonable standards for your child, which he or she should begin to meet on his or her own. This allows him or her to embrace a certain degree of commitment while still reinforcing individuality. Your child will understand that others will set standards for him or her, and that he or she will be expected to fulfil those expectations [7].

Self-esteem refers to people's perceptions and feelings about themselves, as well as how well they perform tasks that are important to them. What kids feel and think about themselves shapes their self-esteem. Whenever they see themselves as approaching their "ideal" self, the individual they aspire to be, their self-esteem is at its best. Children with conflict are easier to deal with when they have high self-esteem. Children with high self-esteem avoiding negative influences, and making new friends, they smile and laugh more, and they have a more positive outlook on life and the universe [8]. Interactions with their parents help them develop problem-solving, language, and social-emotional skills [9].

Bad self-esteem frequently rises in early teenage years, and then increases as personalities become stronger and more centered during the mid and late adolescent period [10].

Encourage teens to appreciate their talents, respond and pay more attention, facilitate multiple sources of support, let them fail, and be a good model are all examples of how to develop self-esteem in teenagers [11].

Self-esteem refers to how much importance children place on themselves and how important they feel they are in their environment. Children need to have a healthy sense of self-esteem. However, it can be more complicated for children who have learning processes difficulties. This is because children's self-esteem is related to their sense of competence [12]. Self-esteem is earned by learning to support ourselves through our flaws. With and constructive interaction involving encouraging words, a child's self-esteem increases. It's important to instill in a child the confidence that they can manage their lives well [13].

Children with high self-esteem act and feel in ways such as standing up for their beliefs, believing they are essential, taking on new tasks, believing they have the skills to overcome obstacles, persevering until they achieve their aim, understanding that they don't have to be perfect, accepting and admitting their mistakes and shortcomings, acting responsibly, being responsible for their acts, and expressing a higher degree of happiness than people with lower self-esteem [14]. Children with high self-esteem are more aware of their talents and confident of what they can accomplish. When a child's self-esteem is healthy and balanced, he or she is not afraid to make mistakes because they know they have the potential to try again or to quit because it feels right to do so. Most importantly, they can effectively handle their anxieties, frustrations, and learning process. Particularly when their parents can help them along the way by encouraging and supporting them.

MATERIALS AND METHODS

The current study is conducted in selected community areas of Wardha districts. This research employs an experimental study approach. The current research is an experimental research design was used. The sampling technique used in the study was nonprobability convenient sampling. Accordingly, for this study the inclusion criteria are Primary care givers of preadolescence who can write and read Marathi as well as who can understand Marathi. Exclusion criteria are Who previously exposed to positive parenting teaching. In this current study sample size was 100 that comprises of 50 primary care givers of preadolescence in experiment group and 50 primary care givers of preadolescence in control group from which 25 selected from urban area and 25 from rural area of Wardha district were recruited. The investigator used Modified self-esteem developmental scale. A 20-item scale that measures a participant's self-esteem at a given point in

time is defined as the test. The 20 items are divided into three self-esteem components:

- Performance self-esteem.
- Social self-esteem.
- Appearance self-esteem.

All items are answered using a 5-point scale (1=not at all, 2=a little bit, 3=Somewhat, 4=Very much, 5=Extremely).

Scoring

The statement not at all and little bit shows very low self-esteem of primary care givers of preadolescence, statement somewhat shows low self-esteem of primary care givers of pre adolescence and statement very much, extremely shows high self-esteem of primary care givers of pre adolescence. The content validity was

authenticated by the expert. To obtain content; the tool was given 10 experts who included one from department of Statistics, three to the Psychiatrists and six from department of Mental Health Nursing and language experts of Marathi. After receiving the opinions of the expert, certain modifications were made in the items as per their suggestions, same were incorporated into the tool and thus the validity of the tool was confirmed. For the present study the tools were used to assess the knowledge regarding positive parenting. The tools were translated into Marathi, the local language and each primary care givers participant was asked in some words about the required information. The Marathi tools were again translated into English to ensure correctness of the tools. The data was gathered during 3Month from 02 September 2020 to 30 November 2020.

Table 1: Scoring procedure on self- esteem scale.

S.N.	Level of self- esteem Score	Score Range	Percentage range %
1	Not at all	1-20	0-20%
2	A little bit	21-40	21-40%
3	Some What	41-60	41-60%
4	Very Much	61-80	61-80%
5	Extremely	81-100	81-100%

Ethical approval

Study was approved by the institutional ethics committee and the study conducted in accordance with the ethical guidelines prescribed by institutional Ethics Committee on Human Research. Ethical letter no. DMIMS (DU)/IEC/Dec2019/8675. Informed consent was taken from the subjects before they were recruited for the study.

RESULTS

Table 2 deals with percentage wise distribution of primary care givers of preadolescence with regards to their demographic characteristics. A convenient sample of 100 subjects was drawn from the study population, who were from selected community area of wardha district. Age, gender, marital status, occupation, education, monthly income, religion, family type, locality, and primary care givers were all used to identify the sample characteristics.

Table 2 is regarding distribution of demographic variables shows Distribution of primary care givers according to their age shows that 50% of caregivers in experimental group and 52% in control group were in the age group of 36-40 years and 46% in experimental group and 48% in control group were in the age group of 41-45 years.

Distribution of samples according to their gender shows that each 12% of primary caregivers in experimental group and in control group were males and each 88% in both the groups were females. Distribution of samples according to their marital status shows that 80% of primary care givers in experimental group and 78% in

control group were married and each 20% in experimental group and control group were divorced. Distribution of samples according to their Occupation shows that 64% of primary caregivers in experimental group and 66% in control group were homemakers, each 8% in both the groups were labourer, 12% in experimental group and 14% in control group were farmer and 16% in experimental group and 10% in control group were doing private service. Distribution of subjects according to their educational status that each 4% of the primary care givers in both the groups were educated up to secondary standard, 64% in experimental group and 68% in control group were educated up to high school and 24% of caregivers in experimental group and 22% in control group were undergraduates. Income per month-wise distribution shows that each 8% of caregivers in experimental group had monthly family income 10001-20000 Rs , 68% in experimental group and 70% in control group had monthly family income of 20001-30000 Rs and 24% in experimental group and 21% in control group had monthly family income of 20001-30000 Rs. Distribution of samples according to their religion shows that 40% of primary caregivers in experimental group and 42% in control group were Hindus, each 24% in both the groups were Muslim, 8% in experimental group and 6% in control group were Christian and each 28% in both the groups were Buddhist. Type of family shows that each 72% of primary caregivers in experimental group and in control group were from nuclear families and each 28% in experimental group and in control group were from joint families. Distribution of samples according to their residence shows that each 50% of primary caregivers in

both the groups were from rural and urban areas. Distribution of samples according to their relationship with preadolescence shows that each 88% in experimental and control group mothers were primary caregivers of preadolescence and each 12% in both the group fathers were caregivers of pre adolescence (Figure 1).

Table 2 shows that 10% of the primary caregivers of pre adolescence in pretest in experimental group and 18% in control group had 'Not At All' level of self-esteem score, 52% of primary caregivers of pre adolescence in experimental group and 68% in control group had 'A Little Bit' level of self-esteem development score, 28% in experimental group and 8% in control group had 'Somewhat' level of self-esteem development score and 10% of the primary caregivers of pre adolescence had in experimental group and 6% in control group had 'Very Much' level of self-esteem score. Minimum self-esteem score in pretest in experimental group was 18 and Maximum score was 73, mean self-esteem score in pretest in experimental group was 39.88 ± 13.18 and

Mean self-esteem development% was 39.88%. Minimum self-esteem score in pretest in control group was 18 and Maximum score was 64, mean self-esteem score in pretest in control group was 32.04 ± 11.91 and Mean self-esteem development% 32.04% (Figure 2).

Table 2 shows that 26% of the primary caregivers of preadolescence in posttest in experimental group and 8% in control group had 'Some What' level of self-esteem score, 44% of primary caregivers of preadolescence in experimental group and 6% in control group had 'Very Much' level of self-esteem development score, 30% in experimental group had 'Extremely' level of self-esteem development score. Minimum self-esteem score in posttest in experimental group was 60 and Maximum score was 90, mean self-esteem score in posttest in experimental group was 73.94 ± 9.59 and Mean self-esteem development% was % 73.94%. Minimum self-esteem score in posttest in control group was 20 and Maximum score 64, mean self-esteem score in posttest in control group was 33.18 ± 10.91 and Mean self-esteem development % was 33.18%.

Table 2: Percentage wise distribution of primary care givers according to their demographic characteristics.

Demographic Variables	Experimental Group		Control Group	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Age(years)				
31-35 yrs.	2	4%	0	0%
36-40 yrs.	25	50%	26	52%
41-45 yrs.	23	46%	24	48%
Gender				
Male	6	12%	6	12%
Female	44	88%	44	88%
Marital Status				
Single	0	0%	0	0(0%)
Married	40	80%	39	78%
Divorced	10	20%	10	20%
Separated	0	0%	1	2%
Widow	0	0%	0	0%
Occupation				
Homemaker	32	64%	33	66%
Laborer	4	8%	4	8%
Farmer	6	12%	7	14%
Private	8	16%	5	10%
Self Employed	0	0%	0	0%
Govt. Employee	0	0%	1	2%
Educational status				
Illiterate	0	0%	0	0%
Primary	2	4%	2	4%

Secondary	2	4%	2	4%
High School	32	64%	34	68%
Undergraduate	12	24%	11	22%
Postgraduate	2	4%	1	2%
Monthly Income (Rs)				
5001-10000 Rs	0	0%	0	0%
10001-20000 Rs	4	8%	4	8%
20001-30000 Rs	34	68%	35	70%
30001 and above	12	24%	11	22%
Religion				
Hindu	20	40%	21	42%
Muslim	12	24%	12	24%
Christian	4	8%	3	6%
Buddhist	14	28%	14	28%
Others	0	0%	0	0%
Family Type				
Nuclear	36	72%	36	72%
Extended	0	0%	0	0%
Joint	14	28%	14	28%
Locality				
Urban	25	50%	25	50%
Rural	25	50%	25	50%
Primary care givers				
Mother	44	88%	44	88%
Father	6	12%	6	12%
Grandparents	0	0%	0	0%
Uncle	0	0%	0	0%

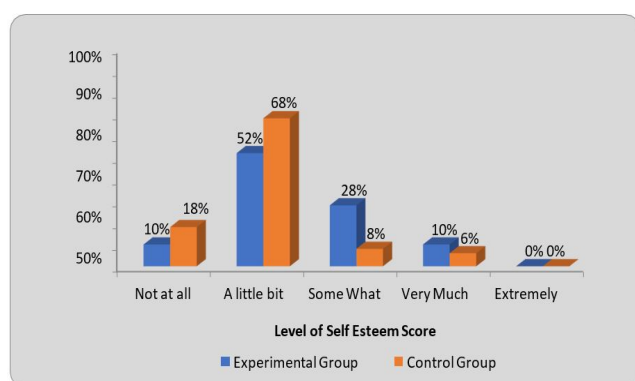


Figure 1: Assessment with positive parenting on development of self-esteem in Experimental and Control Group at pretest.

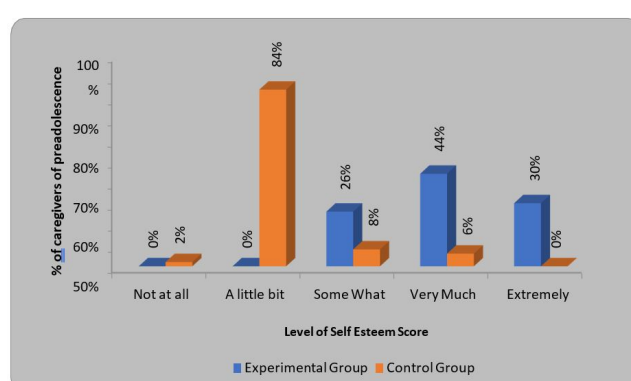


Figure 2: Assessment with positive parenting on development of self-esteem in Experimental and Control Group at posttest.

Table 3 shows that the comparison in pre-test and posttest of experimental group about self-esteem development rating of primary care givers of preadolescence. In that the before teaching mean score

was 40.02, SD12.96 then after teaching mean score 73.94, SD 9.59. Mean difference values are compared, and the student's paired 't' test is used with a significance level of 5%. The tabulated value for $n=50-1$ i.e., 49 degrees of freedom was 2.00. The estimated 't' rating, 14.64, is significantly higher than the tabulated value at a statistically appropriate level of significance of 5% for overall self-esteem development score of primary caregivers of preadolescence. Hence it is statistically interpreted that the self-esteem development score among primary caregivers of preadolescence was effective. Thus, the H1 is accepted (Figure 3).

Table 4 shows that the comparison in pre-test and posttest of control group about self-esteem development

rating of primary care givers of preadolescence. In that the pretest mean score was 32.04, SD11.91 then after posttest mean score 33.18, SD 10.91. Mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for $n=50-1$ i.e., 49 degrees of freedom was 2.00. The calculated 't' value i.e., 4.43 are much higher than the tabulated value at 5% level of significance for overall self-esteem development scores of primary caregivers of preadolescence which is statistically acceptable level of significance. Hence it is statistically interpreted that the self-esteem development scores among primary caregivers of preadolescence was effective. Thus, the H1 is accepted (Figure 4).

Table 3: Significance of difference between self-esteem development score in pre and posttest of primary caregivers of preadolescence in experimental group.

Overall	Mean	SD	Mean Difference	t-value	p-value
Before Teaching	40.02	12.96	33.92 ± 16.37	14.64	0.0001
After Teaching	73.94	9.59			S, $p<0.05$
n=50					
S=Significant 5% level and $p<0.05$.					

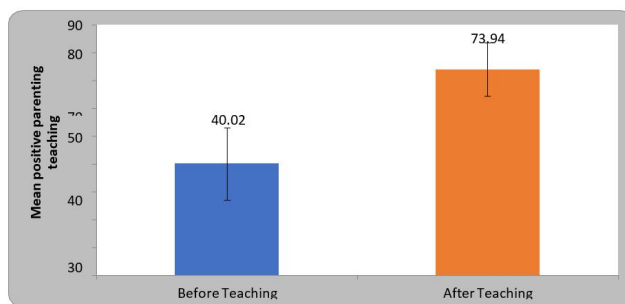


Figure 3: Significance of difference between self-esteem development score in pre and posttest of primary caregivers of preadolescence in experimental group.

Table 4: Significance of difference between self-esteem development score in pre and posttest of primary caregivers of preadolescence in control group.

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre-test	32.04	11.91	1.14 ± 1.81	4.43	0.0001
Post test	33.18	10.91			S, $p<0.05$
n=50					
S: Significant 5% level and $p<0.05$.					

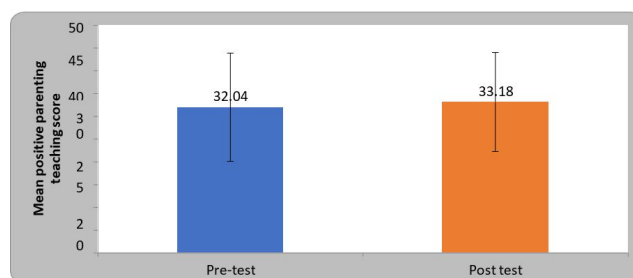


Figure 4: Significance of difference between self-esteem development scores in pre and posttest of primary caregivers of preadolescence in control group.

Association of level of post test positive parenting teaching on development of self-esteem among primary care givers of preadolescence relation to demographic variables

Experimental group (Table 5)

Table 5: Association of posttest self-esteem development scores in relation to demographic variables.

Age (yrs)	Frequency	%	Mean positive parenting score	F-value	p-value
31-35 yrs	2	4%	87.50 ± 3.53	12.8	0.0001
36-40 yrs	25	50%	68.56 ± 9.48		S, p<0.05
41-45 yrs	23	46%	78.60 ± 5.83		
Gender				t-value	p-value
Male	6	12%	80.33 ± 5.42	2.73	0.021
Female	44	88%	73.06 ± 9.75		S, p<0.05
Marital Status				t-value	p-value
Single	0	0%	0 ± 0	0.97	
Married	40	80%	74.60 ± 9.41		0.33
Divorced	10	20%	71.30 ± 10.37		NS, p>0.05
Separated	0	0%	0 ± 0		
Widow	0	0%	0 ± 0		
Occupation				F-value	p-value
Homemaker	32	64%	74.37 ± 9.58	1	0.4
Laborer	4	8%	85.25 ± 6.65		NS, p>0.05
Farmer	6	12%	77.33 ± 10.23		
Private	8	16%	69 ± 10.22		
Self Employed	0	0%	0 ± 0		
Govt. Employee	0	0%	0 ± 0		
Education				F-value	p-value
Illiterate	0	0%	0 ± 0	0.92	0.46
Primary	2	4%	82 ± 2.82		NS, p>0.05
Secondary	2	4%	80 ± 1.41		
High School	32	64%	72.93 ± 9.73		
Undergraduate	12	24%	75.33 ± 10.06		
Post Graduate	2	4%	67.50 ± 10.60		
Monthly income(Rs)				F-value	p-value
5001-10000 Rs	0	0%	0 ± 0	1.63	0.2
10001-20000 Rs	4	8%	81 ± 2.16		NS, p>0.05
20001-30000 Rs	34	68%	72.55 ± 9.68		
30001 and above	12	24%	75.50 ± 10.04		
Religion				F-value	p-value
Hindu	20	40%	74.45 ± 9.57	1.16	0.33
Muslim	12	24%	77.50 ± 8.11		NS, p>0.05
Christian	4	8%	70 ± 12.24		
Buddhist	14	28%	71.28 ± 9.91		
Family type				t-value	p-value
Nuclear	36	72%	73.08 ± 9.58	1.01	0.31
Extended	0	0%	0 ± 0		NS, p>0.05

Joint	14	28%	76.14 ± 9.63		
Locality				t-value	p-value
Urban	25	50%	68.56 ± 10.13	4.06	0.0001
Rural	25	50%	78.07 ± 5.95		S, p<0.05
Primary care givers				t-value	p-value
Mother	44	88%	74.23 ± 9.34	1.14	0.25
Father	6	12%	69.85 ± 9.65		NS, p>0.05
Grandparents	0	0%	0 ± 0		
Uncle	0	0%	0 ± 0		
Significant: Age, gender and locality					
Non-significant: Marital status, occupation, education, monthly income, religion, family type, primary care givers					

Control group (Table 6)

Table 6: Association of posttest self-esteem development scores on development of self-esteem in relation to demographic variables.

Age (yrs)	Frequency	%	Mean positive parenting score	t-value	p-value
31-35 yrs	0	0%	0 ± 0	0.54	0.59
36-40 yrs	26	52%	32.92 ± 11.81		NS, p>0.05
41-45 yrs	24	48%	31.08 ± 12.19		
Gender				t-value	p-value
Male	6	12%	23.83 ± 4.35	3.64	0.002
Female	44	88%	33.15 ± 12.19		S, p>0.05
Marital Status				F-value	p-value
Single	0%	0%	0 ± 0	1.34	0.27
Married	39	78%	33.33 ± 12.74		NS, p>0.05
Divorced	10	20%	28.30 ± 6.73		
Separated	1	2%	19 ± 0		
Widow	0	0%	0 ± 0		
Occupation				F-value	p-value
Homemaker	33	66%	33.57 ± 12.63	0.79	0.53
Laborer	4	8%	31 ± 2.16		NS, p>0.05
Farmer	7	14%	31.85 ± 13.83		
Private	5	10%	25.60 ± 7.46		
Self Employed	0	0%	0 ± 0		
Govt. Employee	1	2%	19 ± 0		
Education				F-value	p-value
Illiterate	0	0%	0 ± 0	1.93	0.12
Primary	2	4%	32 ± 4.24		NS, p>0.05
Secondary	2	4%	30.50 ± 0.70		
High School	34	68%	30.38 ± 11.04		
Undergraduate	11	22%	34.81 ± 13.73		
Post Graduate	1	2%	61 ± 0		

Monthly income(Rs)				F-value	p-value
5001-10000 Rs	0	0	0 ± 0	1.33	0.27
10001-20000 Rs	4	8	31.25 ± 2.62		NS, p>0.05
20001-30000 Rs	35	70	30.51 ± 10.90		
30001 and above	11	22	37.18 ± 15.84		
Religion				F-value	p-value
Hindu	0	0%	0 ± 0	1.33	0.27
Muslim	4	8%	31.25 ± 2.62		NS, p>0.05
Christian	35	70%	30.51 ± 10.90		
Buddhist	11s	22%	37.18 ± 15.84		
Others					
Family type				t-value	p-value
Nuclear	36	72%	30.63 ± 9.98	1.34	0.18
Extended	0	0%	0 ± 0		NS, p>0.05
Joint	14	28%	35.64 ± 15.71		
Locality				t-value	p-value
Urban	25	50%	37.92 ± 12.80	3.98	0.0001
Rural	25	50%	26.16 ± 7.32		S, p<0.05
Primary care givers				t-value	p-value
Mother	44	88%	32.79 ± 12.37	1.22	0.22
Father	6	12%	26.50 ± 5.54		NS, p>0.05
Grandparents	0	0%	0 ± 0		
Uncle	0	0%	0 ± 0		
Significant: Gender and locality					
Non-significant: Age, marital status, occupation, education, monthly income, religion, family type, primary care givers.					

DISCUSSION

The study's results were explored in terms of the study's objectives, theoretical foundation, and hypothesis formulation. The findings of the study show that majority of 100 (50 experimental group and 50 control group) primary care givers of preadolescence. Descriptive and inferential statistics were used for data analysis. Mean, standard deviation, mean difference of the standard error, t value and F values are calculated on the assess the effectiveness of positive parenting teaching on development of self-esteem of 100(50 experimental group and 50 control group) primary care givers of preadolescence regarding development of self-esteem. Statistically significant difference was found in self - esteem score of experimental groups of primary care givers of preadolescence. Score of 50 experimental group (t-value=14.64, p-value=0.001) As a result, it is represented statistically that the self-esteem development score among caregivers of preadolescence was effective. Thus, the H1 is accepted. It is interpreted that experimental group develop high self-esteem had more knowledge than control group and statistically significant difference was found in experimental group.

CONCLUSION

In this study, the findings of the study show that there is significant association of positive parenting teaching score within relation to demographic variables such as age, gender, locality of care givers of preadolescence in experimental group and in control group association of gender and locality of care givers of pre adolescence.

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CONFLICT OF INTEREST

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