To assess the Effectiveness of Positive Parenting Teaching on the Development of Self-Esteem among Primary Caregivers of Pre- Adolescence

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Authors’ contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Scientific research agrees that parenting, especially during their early childhood years, is one of the greatest influences on children. Early childhood interactions form the basis of brain construction and scientists now realize that the contact between infants with their parents or guardians is a significant component in this brain growth process. Parents who are trained to support the wellbeing and wellbeing of their young child with the awareness and expertise they need. The multi-disciplinary and transnational parenting literature explicitly shows that parents are one of the most important variables in the growth of infants.

Aim: The study aim is to assess the effectiveness of positive parenting teaching on the development of self-esteem among primary caregivers of pre-adolescence.

Methodology: It is an interventional study and the primary giver of preadolescence are the participants of this study with intervention and control group. The primary giver of preadolescence will be selected as per inclusion and exclusion criteria and the sampling technique will be selected as non-probability convenient sampling technique. Data will be collected by demographic variables

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of participants and the modified self-esteem scale will be used to assess the self-esteem level of primary caregivers and preadolescence.

**Sample Size:** 100 (50-intervention group and 50-control group).

**Results:** For statistical analysis of demographic figures will be going used frequency and mean, mean percentage, standard deviation, descriptive and inferential statistics. Positive parenting teaching may be very effective for the development of self-esteem among primary caregivers of pre-adolescence.

**Conclusion:** The conclusion will be drawn from the statistical analysis.

**Keywords:** Assess; effectiveness; positive parenting teaching; primary caregivers; pre adolescence; self-esteem.

1. **INTRODUCTION**

Positive parenting is the ongoing interaction between caregivers (s) and children, which entails loving, educating, directing, connecting, and constantly and unconditionally providing for a child’s needs [1]. Self-esteem refers to the general sense of his or her importance or significance of an individual. A sort of indicator of what an individual believes, approves, understands, grants, or loves him or herself may be considered [2]. Positive parenting is centered on establishing a solid, sincerely committed relationship built on communication and shared love between parent and child. Positive Parenting focuses on teaching not only what but also why, to infants. Positive parenting involves teaching kids to control themselves [3].

Parents and guardians ensure that children are safe and healthy, that they have the skills and resources they need to succeed as adults, and that they are taught core cultural values. Parents and caregivers show their children love, acceptance, appreciation, inspiration, and guidance. They have the most intimate context for the nurturing and welfare of children as they develop their personalities and identities, as well as as they mature physically, cognitively, emotionally, and socially [4]. American psychologist Abraham Maslow suggested that self-esteem was a basic human need or motivation. Maslow included self-esteem in his hierarchy of needs. He described two different forms of esteem: the need for respect from others, and the need for self-respect, or inner self-esteem (Maslow, 1987). Respect from others entailed recognition, acceptance, status, and appreciation, and was believed to be more fragile and easily lost than inner self-esteem. According to Maslow, without the fulfillment of the self-esteem need, individuals would be driven to seek it and would be unable to grow and obtain self-actualization [5].

Self-esteem refers to how people perceive the world about themselves, as well as how often they participate in activities that are meaningful to them [6]. Self-esteem is influenced by children’s How they think about themselves and how they experience it. If they see themselves as being estimating their own “ideal” self, they would want to be, their self-esteem is best. Children with high self-esteem are easier to resolve disputes, avoid harmful stresses, and make colleagues [7]. They smile and talk more and have an insight into the world and their lives. A sort of indicator of what an individual believes, approves, understands, grants, or loves him or herself may be considered [2]. Positive parenting is centered on establishing a solid, sincerely committed relationship built on communication and shared love between parent and child. Positive Parenting focuses on teaching not only what but also why, to infants. Positive parenting involves teaching kids to control themselves [3].

Self-esteem is just how much children respect themselves and how important in their universe they think they are. For all children, building positive self-esteem is crucial. But for children with learning differences and thought, it can be harder. That’s just because how competent children feel is related to self-esteem [12].

Self-esteem arises by acquiring knowledge to see ourselves as we are and accept who we are and failings and continuing to like themselves. Each kid’s self-esteem improves with each level of positive experiences with positive words. Building a Kid’s confidence that they can balance their lives is important [13].

Kids with positive self-esteem, for example, behave and feel They stand up for their beliefs, recognize like they are significant, pursue new tasks, trust that they have the potential to
overcome difficulties, persist until they achieve their target, realize that they do not have to be flawless, embrace and consider their faults and weaknesses, behave wisely, are responsible for their acts and express a higher degree of satisfaction than individuals with lower self-esteem [14]. Kids with high self-esteem tend to respect their strengths and to be confident of what they can do. Once the self-esteem of a child is strong and well adjusted, they are not afraid to make mistakes because they know the opportunity to struggle again (or to give up when it sense right to do so) within themselves. They are capable of handling questions, frustrations, and the learning process very well, most of all. Particularly when they can help and encourage parents along the way [15].

Self-esteem is influenced by a number of factors, the most significant of which is family. Overall, the more confident parents' self-esteem is, the more positive children's self-esteem would be. Typically, children observe and mimic how their caregivers respond to their triumphs, errors, and blunders [16]. Many parents say, "I want to give self-esteem to my children." You should not "give" self-esteem to anyone, though. From the inside, self-esteem is personally established [17]. One of the best gifts that you will give your child is a strong sense of self. Children with high self-esteem feel respected and competent and become satisfied, active individuals [18]. We do our best as parents to cultivate healthy self-esteem in our children. Yet, when it comes to what to say and how it affects the self-esteem of our girls, we often make mistakes. We first ought to know what they are to prevent these failures. We ought to be sure that they are not adversely impacted by those errors we make about how we relate to our children and pre-adolescence [19]. Parents injure their children's self-esteem through contrasting them to brother and sister or children of others, questioning a child's natural ability, disposition or characteristics, demanding obedience, continually harping on errors, educate that a children's ambitions, expectations, and objectives are difficult to attain the lives of their children and planning their futures, determining the intelligence [20].

2. BACKGROUND

The Convention on the Rights of the Child (CRC) and adequate scientific evidence agree that, particularly during their early childhood years, parenting is the greatest impact on children. Early childhood interactions form the basis of brain design and scientists now realize that the contact between children with their parents or guardians is a significant component in this brain growth phase (Center on the Growing Child, Harvard University, 2015). Via ECD parenting initiatives and strategies in various global, community, and local settings, UNICEF commissioned a comprehensive review of the literature to resolve differences in awareness of what facilitates effective, compassionate, and receptive child-rearing and care activities [21].

2.1 The Rationale of the Study

This research, as well as previous reports shows parenting, particularly during their early childhood years, is one of the greatest influences on kids. Early life interactions form the basis of brain architecture and scientists now recognize that the contact between children with their parents or caregivers is a significant component in this brain development process. Despite this widespread awareness, there are many gaps in our understanding of what works, particularly in vulnerable contexts, to encourage effective parenting practices. To overcome these programmatic and expertise gaps in parenting practices and, through positive parenting programmers, encourage efficient, sensitive, and receptive child-rearing and care practices and provide interventions. The goal of these effective parenting initiatives is to improve self-esteem in pre-adolescence.

1. In this study experimental research design is used with the control group.
2. Non-probability Convenient sampling technique is used in this study.
3. The study will be conducted in rural and urban areas.
4. Accessible and target population in this study are primary caregivers of Preadolescence.

2.2 Inclusion Criteria

Primary caregivers of pre-adolescence who can write and read Marathi as well as who can understand Marathi.

2.3 Exclusion Criteria

Who previously exposed to positive parenting teaching.

2.4 Sample Size

In this study, the sample size will be selected 100. (50-intervention group and 50-control group).
2.5 Tool Collection Instrument
Self-esteem scale will be used for the data collection.

2.6 Tool Validity
The content validity was authenticated by the expert. In order 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.

2.7 Tool Reliability
Reliability of tool was checked by split half method. (Pearson’s Correlation Coefficient formula) and estimating the reliability coefficient of the entire tool the Spearman Brown prophecy formula is used.

Reliability of tool check with pilot study.

2.8 Reliability Analysis
Parallel Form method of reliability.

| Pearson's Correlation Coefficient | Reliability (%) |
|----------------------------------|-----------------|
| 0.712                            | 0.8317          |

By using Parallel form method of reliability, it is found to be 0.8317 and hence tool is reliable and valid.

2.9 The Procedure of Data Collection
- The sample will be drawn using non-probability convenient sampling technique.
- Prior permission will be obtained from the ward member.
- Samples will be selected based on the inclusion criteria.
- The data will be collected from selected community area primary caregiver of Pre-adolescence population in Wardha.
- The study will be explained in detail to the samples and also obtain informed consent from them.
- The sample will be selected by the Descriptive and inferential statistics method.
- First, using a standardized scale for the group. (modified self-esteem scale)

2.10 Data Management and Monitoring
It consists of demographical data age of primary caregivers, gender, and education, occupation, marital status, monthly income, religion, family type locality, primary caregivers of preadolescence. In the community pre-test and post-test, self-esteem scale was also given.

2.11 The Statistical Analysis
Statistical analysis will be carried out using descriptive and inferential statistics.

3. RESULTS
This research study will plan to evaluate the effectiveness of Positive parenting teaching between the experimental group and control group with the help of self-esteem scale for the development of standardized self-esteem among primary caregivers of pre-adolescence.

One study reveals that Promoting Positive Parenting An Attachment-Based Intervention illuminates the successful implementations of one of the few evidence-based parenting intervention programs [22].

4. DISCUSSION
Now a day’s self-esteem development is very important in adolescence and it can be developing by adopting good knowledge about positive parenting technique. It will guide parents how to behave with their children for adopting positive thinking and elevating confidence to face any challenges in their day to day life. This study focus on positive parenting teaching for development of self-esteem among primary caregivers of preadolescence.

One study reveals that self-esteem derives from interactions with people. Even in puberty, primary caregivers are thought to play a major role in the development of adolescents' self-esteem. The longitudinal models of fixed effects found that improvements in the recognized norm of the connection between attachment of mother and adolescent and changes in the recognized norm of the relation between the parents of adolescents were positively related to increases in self-esteem for both sons and daughters. Self-reports were used for 542 teenagers (mean age at T1 = 13.6 years, female proportion = 0.51) from all 3waves of the Netherlands Cohort Research on Teenage Social Progress.
Table 1. Plan for data analysis

| S.N. | Data Analysis  | Method                        | Remark                                                                 |
|------|----------------|-------------------------------|-----------------------------------------------------------------------|
| 1.   | Descriptive    | Frequency, Percentage, Mean,  | 1. To assess the existing positive parenting on development of         |
|      | statistics     | standard deviation             | self-esteem among Primary care givers of pre adolescence in            |
|      |                |                               | experimental group and control group.                                  |
|      |                |                               | 2. To evaluate the effectiveness of positive parenting teaching       |
|      |                |                               | on development of self-esteem among primary care givers of pre        |
|      |                |                               | adolescence in experimental group at posttest.                        |
|      |                |                               | 3. To evaluate the effectiveness of positive parenting teaching       |
|      |                |                               | on development of self-esteem among primary care givers of pre        |
|      |                |                               | adolescence between experimental group and control group.             |
| 2.   | Inferential    | one-way ANOVA                 | 4. To compare the effectiveness of positive parenting teaching        |
|      | statistics     |                               | on development of self-esteem among primary care givers of pre        |
|      |                |                               | adolescence between experimental and control group.                   |
| 3.   | Inferential    | one-way ANOVA                 | 5. To associate post test score of positive parenting teaching        |
|      | statistics     |                               | on development of self-esteem among primary care givers of pre        |
|      |                |                               | adolescence with their selected demographic variables in              |
|      |                |                               | experimental and control group.                                       |

Fig.1. PRISMA 2009 flow diagram
One study reveals that impact of the family background on self-esteem from late childhood (age 10) through adolescence (age 16). Potential impacts of parenting activities (warmth, violence, supervision, and engagement in children education) and other essential quality of the family background (quality of parenting, healthy family importance, paternal and maternal distress, family economical status) were examined using cross-layered panel models (CLPMs) and random interception of cross-layered panel models (RI-CLPMs) in CL sunlight, supervision, low maternal depression, moneymaking stability (vs. hardship) and parental participation (vs. absence) had a substantially constructive result on children's self-esteem [23].

CONSENT
As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL STATEMENT
Ethics approval was obtained from IEC, DMIMS (DMIMS (DU)/IEC/Dec-2019/8675).

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COMPETING INTERESTS
Authors have declared that no competing interests exist.

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