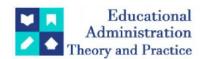
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Research Article



Influence Of Access To Positive Parenting Resources On Mother's Parenting Style And Its Impact On Children's Well-Being And Self Concept

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ABSTRACT

The existing literature has shown how parenting interventions promote positive parenting styles in parents. However, there is little understanding about how these positive parenting interventions relate to children's well-being and self-concept in India. This research aims to explore the influence of access to positive parenting resources on parenting style of mothers and its relationship with their children's well-being and self-concept. The study involved 201 mothers and their children aged 10-12 years from Delhi NCR, India. Utilizing the Multidimensional Assessment of Parenting Scales (MAPS), the Stirling Children's Well-being Scale (SCWBS), and the Piers Harris Children's Self-Concept Scale (Second Edition), it examined various parenting dimensions and their correlation with children's wellbeing and self-concept. Findings showed a strong positive relationship of broadband positive parenting of mothers and its domains with their child's wellbeing and self-concept. Broadband negative parenting of mothers and its domains were inversely related to children's well-being and self-concept. As compared to children of those mothers who had no access to positive parenting resources, the children of mothers with such access reported significantly higher levels of wellbeing and self-concept. The study highlighted the effectiveness of positive parenting resources in influencing the psychological and emotional outcomes among children.

Keywords: positive parenting, well-being, self-concept, positive parenting resources

Positive Parenting

A family is an interactive unit comprising members reciprocally influencing each other's behaviors, emotions, and overall well-being (Chen et al., 2019). Among numerous aspects of family processes and structures, a healthy parent-child relationship significantly impacts the personal development of each family member and intensely influences the overall functioning of the family (Becvar et al., 2023).

An approach to support healthy parenting practices was grounded in the principles of developmental psychology and social learning theory (Sanders, 2003). Positive parenting primarily originated from one of the contemporary European policies in Recommendation 19 of the Committee of Ministers of the Council of Europe (2006). This Recommendation defined positive parenting as empowering, nurturing, and non-violent parental behaviors initiated to set boundaries enabling a child to reach their full potential while offering guidance and recognition directed towards the child's best interest. Positive parenting aims to safeguard the rights of a child or adolescent while fostering healthy familial connections by optimizing their welfare and overall development (Asmussen, 2011). It emphasizes that children are rights holders and parents should facilitate their active involvement and central role in family and society (Rodrigo et al., 2015). It implies that healthy parental behaviors are not directed at satisfying the needs of their children by viewing them as passive recipients. Positive parenting is a suitable approach that offers optimal conditions and harmonious structures for children's growth (Yap et al., 2016). Therefore, this approach redirects from the notion that parents are adult individuals who own and are accountable for one's offspring who need protection and progresses to a perception of parents as figures fostering active participation and safeguarding their children's rights.

Well-Being

Seligman (2002) defines well-being as a multidisciplinary psychological concept that involves positive emotional states and contentment related to one's previous situations (e.g., gratitude), current conditions (e.g., positive affect), and upcoming circumstances (e.g., optimism, hope). This notion has objective and subjective elements which are described while setting various goals associated with well-being (Suldo & Fefer, 2013). From a subjective perspective, individuals are asked about their perceptions and opinions of well-being based on their life satisfaction, diverse aspects of health, and how well-being impacts their overall health (Sfeatcu et al., 2014). The subjective viewpoint of well-being varies across long-term evaluation and specific circumstances, which leads to the need of an objective approach to assess well-being. The use of indicators (e.g., gender, ethnic background, age, socio-economic status) to measure the well-being state of an individual results in an objective point of view (Pronk et al., 2021). The qualitative information is transmitted when the measurement of quantitative indicators is not feasible. Overall, the literature shows that a combination of subjective and objective assessments could offer a comprehensive overview of an individual's well-being.

Self-concept

A comprehensive view or impression about oneself constitutes the self-concept of an individual (Fernández-Bustos, 2019). It further includes the self-image of how other individuals perceive one's attributes which is shaped through experiences and interpretations of one's environment. This self-description is based on evaluations of one's physical and psychological characteristics that significantly influence an individual's behavior (Lumbantoruan & Raharjo, 2019). Individuals may assess one's attributes positively or negatively resulting in two types of self-concept (Rademacher, 2019). Individuals with a positive impression of one's potential perceive themselves as valuable, independent, and confident resulting in high self-esteem, acceptance, and overall positive self-concept. In contrast, individuals with negative evaluations of one's characteristics perceive themselves as useless, weak, and dependent on others resulting in poor self-confidence, self-criticisms, and overall negative self-concept. These beliefs, judgements, and feelings about oneself form one's self-concept which influences how people interact with others in their surroundings (Christner, 2020; Reed-Fitzke, 2020). Thus, self-concept is an image created through evaluations and opinions about oneself which significantly impacts individual behavior and social interactions.

Relationship of Positive Parenting with Well-Being and Self-Concept of Children

During the last few decades, several studies have been conducted to examine how parental behaviors influence the well-being and self-concept of children. Durrant and Ensom (2012) conducted a literature review of studies published during the last two decades exploring both positive and negative parental practices. This review offered interesting insights into the efficacy of physical punishment to deal with children. The researchers reported a harmful effect of punishment on children's growth. It was further linked with aggression and antisocial behavior during childhood, and psychological maladjustment, anxiety, unhappiness, depression, and substance use during adulthood. This study also showed that children exposed to humiliation, destructive labels, and criticisms report negative self-concept. Therefore, these findings depicted that efficacious parenting techniques are not based on discipline and parents must foster effective communication, a safe atmosphere, trusting relationship, and age-appropriate expectations.

Whittle et al. (2014) investigated the longitudinal impact of healthy maternal behaviors on the neurological development in 188 adolescents using structural Magnetic Resonance Imaging (MRI). The data was gathered using MRI scans of 12-year-old adolescents and scans examined fours year later. The mother-adolescent interactions were closely observed by the researchers. The findings demonstrated that a greater frequency of positive maternal behavior was linked to a decrease in the size of the right amygdala, a faster thinning of the right anterior cingulate cortex (ACC) among male participants and left and right orbitofrontal cortex (OFC) from early to mid-adolescence. The results depicted significant variations in the brain structural development during early adolescence due to the positive family atmosphere. The neurological development of regions involved in emotional regulation, emotional reactivity, and reward processes were significantly impacted by the frequency of positive mother-adolescent relationships. Overall, the study offered deeper insights into the underlying mechanisms of how positive parenting is associated with decreased vulnerability of negative outcomes among adolescents.

On the other hand, research has found that well-being and biopsychosocial health of children are positively related to various facets of positive parenting (Davids et al., 2017). Enduring benefits of healthy parental behaviors have been reported on psychosocial well-being of children (Chen et al., 2019). Hendri (2019) emphasized the importance of positive parenting practices in influencing the formation of positive self-concept of children. Babbar and Dhankar (2021) determined how self-concept of Indian undergraduate students (n = 100, 18-22 years) is related with parenting styles using standardized questionnaires. Authoritative parenting characterized by adequate guidance, clear expectations, and two-way communication was positively associated with the self-concept of Indian young adults. However, permissive (no rules and minimal expectations), uninvolved (freedom and lack of interest), and authoritarian (strict rules, discipline, and high expectations) parenting styles were found to be negatively correlated with the self-concept of Indian young adults. Rohmalimna et al. (2022) reviewed several studies and found that the self-concept of children is significantly influenced by their interactions with parents, parental behaviors, and family atmosphere. They suggested that

negative self-concept can be formed due to unhealthy parenting practices leading to negative labels or stigma in children, while positive parental behaviors result in the formation of positive self-concept in children. Since the primary self-concept is formed via interactions with parents in the context of familial relationships, it may be inferred that parents have a significant role in the construction of self-concept of children. Overall, the existing literature showed that children's well-being and self-concept is positively impacted by healthy parenting behaviors.

Positive Parenting Resources and its Impact on Well-Being and Self-Concept of Children

Numerous studies exploring suitable strategies for positive parenting have been recently conducted. Positive parenting interventions are programs or strategies implemented with parents or families aiming to educate them about health-related, cognitive, behavioral, and emotional outcomes through improved parent-child relationship and parenting styles (Gardner & Leijten, 2017). Researchers indicated that these interventions offer a comprehensive range of preventive and remedial programs on healthy parental behaviors for both typically developed and clinically diagnosed children (Leung et al., 2006). Sanders et al. (2008) employed all five levels of the Triple P-Positive Parenting Program (TPS) multi-level system to evaluate its effectiveness on a large-scale population trial with parents of 4- to 7-year-old children as the target population. Computer-assisted telephone interviews were conducted before and after the intervention with a two year gap with a randomly selected sample of 3000 families in each community. The findings demonstrated borderline and elevated emotional and behavioral issues were reported by significantly less children after the intervention than pre-trial interview. Results revealed that the prevalence of stress, depressive symptoms, and coercive parenting significantly reduced among parents. This study highlighted the efficacy of a positive parenting program for parents and children by offering population-level longitudinal evidence.

Studies have demonstrated several merits of positive parenting interventions, such as improvements in child's socio-emotional and cognitive development (Miller et al., 2012), psychological and practical support to parents (Janta, 2013), and to combat child maltreatment and harsh parental behaviors (Knerr et al., 2013). As compared to parents in comparison groups, a significant reduction in the frequency of using physical punishment (such as beating the child, hitting with an object, and spanking) and a significant increase in implementing healthy parenting strategies (such as nurturing actions) were observed in parents who participated in positive parenting interventions (Knox et al., 2013). Evidence demonstrated significant reduction or prevention of child's problematic behaviors and psychological issues with the help of positive parenting interventions (Van Aar et al., 2017). In addition, studies conducted to evaluate the effectiveness of such programs highlighted significantly reduced use of physical punishment by parents as a parenting technique (Gershoff et al., 2017). The existing literature emphasizes parental education about the harmful effects of hitting children and the merits of non-violent parental behaviors (Miller-Perrin & Perrin, 2018). Overall, studies showed that positive parenting interventions are promising strategies that have been supported by considerable research evidence for improving the well-being and self-concept of children.

Rationale

The existing literature emphasized the crucial role of positive parental behaviors in shaping the well-being and self-concept of children. However, there is an evident gap in the understanding of these dynamics within the Indian context. The rationale for this research stems from the lack of empirical evidence on the influence of access to positive parenting resources on Indian mothers' parenting styles and its relationship with the well-being and self-concept of children in India. The diverse Indian socio-cultural environment with various family structures may impact the parenting style, child development, and the accessibility of positive parenting resources. Numerous significant societal benefits could be gained though the access of positive parenting resources including healthy parental behaviors and improved well-being and self-concept of children. Therefore, this research attempts to fill the existing research void by examining these variables in the Indian context, contributing to the global literature on positive parenting and child development, and offering recommendations for practitioners, educators, and policymakers to improve positive developmental outcomes among Indian children.

Aim and Objectives

This research aims to examine the influence of access to positive parenting resources on mothers' parenting style and well-being and self-concept of children. One of the main objectives is to determine the relationship between parenting style of mothers and well-being and self-concept of children.

Research Questions

The following research questions were framed to meet the research objectives of this study:

RO₁: How do parenting styles of mothers relate with the well-being and self-concept of children?

RQ₂: How does access to positive parenting resources influence mothers' parenting style?

RQ₃: How does access to positive parenting resources influence the well-being of children?

 \mathbf{RQ}_{4} : How does access to positive parenting resources influence the self-concept of children?

Method

Design and Sample

This study utilized a correlational research design to determine how access to positive parenting resources influences parenting styles, and its associations with the well-being and self-concept of children. The sample consisted of school going children (n=201) and their mothers residing in the urban setting of Delhi NCR, India, within the age range of 10 to 12 years. The mean age of children was 10.9 years (SD=0.28), with the age range falling between 10 to 12 years. The mean age of the mothers was 34.3 years (SD=1.28), with an age range spanning from 24 to 51 years. Most of the mothers completed their graduation (n=130), while 71 mothers reported post-graduation and above as their educational qualification. The mothers with less than graduation was excluded from this study and no data was gathered from fathers. 36 mothers reported no prior access to positive parenting resources while 165 mothers indicated that they had prior access to positive parenting resources in the form of workshops, seminars, and other audio-visual aids.

Measures

The Multidimensional Assessment of Parenting Scales (MAPS)

It is a 34-item scale developed by Parent and Forehand (2017) to advance the assessment of parental behaviors in research and clinical settings. Various established parenting scales were used for the selection and adaptation of parenting items. It assesses two main broadband domains i.e., Positive and Negative Parenting, and seven narrow bands that capture all domains of parenting practices. Four narrow bands are included in Broadband Positive parenting involving proactive parenting (parental child-centered responses to expected challenges), positive reinforcement (parental contingent responses to encourage constructive conduct in children such as display of approval, rewards, and appreciation), warmth (parental compassion, affection, and care), and supportiveness (parental constructive communication and receptivity to opinions and thoughts of children). Three narrow bands are included in Broadband Negative parenting involving hostility (forceful and aggressive parental behavior such as arguing, threatening, inadequate discipline, and being easily agitated), physical control (parental physical restrictions on children due to frustration and resentment), and lax control (inflexibility, lack of authority, and irregularities in the way parents enforce punishments). Good internal consistency and high test-retest reliability were reported for both broadband domains and seven narrow bands ($\alpha = .77$ to .91).

The Stirling Children's Well-being Scale (SCWBS)

This tool assessed the children's mental and emotional well-being ranging from 8-15 years using 12 items (Liddle & Carter, 2010). It is a 12-item scale developed by Liddle and Carter (2010) to assess emotional and psychological well-being of children aged 8-15 years. The first component, positive emotional state, measured relaxation, cheerfulness, optimism, and satisfying interpersonal relationships using six items. The second component, positive outlook, assessed competence and clear thinking using six items. The scale has additional three items that measure social desirability to determine if participants' scores are predominantly socially desirable answers with 3 or 14-15 scores identified as the caution range. A Likert scale with five response choices ranging from 'Never' (1) to 'All of the time' (5) was used for responding to the statements with overall SCWBS score ranging from 12 to 60. High internal reliability (α = .82), good external reliability (α = .75), and good construct validity (r = 0.75) were reported for this scale.

Piers Harris Children's Self-Concept Scale (Second Edition)

This psychometric tool was originally developed in 1963 and the second edition was formulated by Piers and Herzberg (2002). This self-report scale included 60 items with Yes/No response choices to determine the self-concept of children aged between 7-18 years. The overall self-concept of the respondent was assessed as the total score obtained on this scale which had high internal consistency (α = .91). The specific components were measured by the six sub-scales including behavioral adjustment (14 items; denial and acknowledgement of adverse actions), intellectual and school status (16 items; individual's aptitude for intellectual and scholastic activities), physical appearance and attributes (11 items; child's assessment of his or her physical appearance, freedom from anxiety (14 items; dysphoric mood states and anxiety), popularity (12 items; child's assessment of one's social functioning), and happiness and satisfaction (10 items; extent of being happy and satisfied with life). Positive self-evaluations were observed with higher scores on these domains and on the overall scale. The subscales had good internal consistency (α = .74 to .81).

Results

The relationships of well-being and self-concept of children with broadband positive and negative parenting of mothers were analyzed using Pearson Correlation (Table 1). The overall well-being and self-concept of children and their domains were found to be positively and strongly related to broadband positive parenting style of mothers and its narrow bands including proactive parenting, positive reinforcement, warmth, and supportiveness. However, the overall well-being and self-concept of children and their domains were found to be strongly and negatively related to broadband negative parenting style of mothers and its narrow bands including hostility, lax control, and physical control. The findings depicted a moderate negative relationship

between social desirability domain of SCWBS with broadband positive parenting style of mothers and its narrow bands including proactive parenting, positive reinforcement, warmth, and supportiveness. In contrast, a moderate positive relationship between social desirability domain of SCWBS with broadband negative parenting style of mothers and its narrow bands including hostility, lax control, and physical control was observed in the results. Overall, correlational analyses showed that positive parenting style of mothers was significantly related to the well-being and self-concept of children.

 Table 1. Mean, SD, and Correlation of Overall Well-Being, Overall Self-Concept, Broadband Positive and

Negative Parenting Styles of Mothers (N = 201)

Variables	M	S D	1	2	3	4	5	6	y Si <u>g</u> 7	8 8	9	10	3 (1v 11	12	13	14	15	16	1 7	1 8	1 9	2 0
1. Overall Well-Being	4 5. 4	1 0. 0	_																			
2. Positive Emotional State	6 2 3. 0	5 4. 6 4	.9 9* *	-																		
3. Positive Outlook	7 2 2.	5. 4 5	.9 9* *	.9 9* *	_																	
4. Social Desirability	9 6. 61	2. 7 3	- •5 9* *	- •5 7*	- .6 0 *	-																
5. Overall Self-Concept	4 9. 2 6	1 2. 11	.9 8* *	.9 8* *	.9 8* *	- ∙5 4* *	-															
6. Behavioral Adjustment	5 0. 14	1 2. 2 6	.9 9* *	.9 8* *	.9 9* *	- •5 8* *	.9 9* *	_														
7. Intellectual and School Status	4 8. 9 6	1 2. 2	.9 9* *	.9 8* *	.9 9* *	- -5 6* *	.9 9* *	.9 9* *	-													
8. Physical appearance	4 8. 5	.3 9	.9 8* *	.9 8* *	.9 7* *	- .5 3*	.9 9* *	.9 9* *	.9 9* *	_												
9. Freedom from Anxiety	9 4 9. 8 8	11 .2 9	.9 8* *	.9 8* *	.9 8* *	- •5 6*	.9 9* *	.9 9* *	.9 9* *	.9 9* *	_											
10. Popularity	4 6. 5	1 0. 8 6	.9 9* *	.9 8* *	.9 8* *	- ∙5 5* *	.9 9* *	.9 9* *	.9 9* *	.9 9* *	.9 9* *	_										
11. Happiness and Satisfaction	4 8. 0 2	11 .0 7	.9 9* *	.9 8* *	.9 8* *	- .5 7* *	.9 9* *	.9 9* *	.9 9* *	.9 8* *	.9 9* *	.9 9* *	-									
12. Broadband Positive Parenting	51 .6 8	1 4. 0 6	.9 7* *	.9 7* *	.9 5* *	- .4 9* *	.9 8* *	.9 7* *	.9 8* *	.9 9* *	.9 8* *	.9 9* *	.9 7* *	-								
13. Proactive Parenting	2 0. 9 5	5. 5 2	.9 9* *	.9 9* *	.9 8* *	- •5 4* *	.9 9* *	.9 9* *	.9 9 **	.9 9* *	.9 9* *	.9 9* *	.9 9* *	.9 9* *	_							
14. Positive Reinforcement	13 .4 5	3· 7 8	.9 6* *	.9 7* *	.9 5* *	- .4 8* *	.9 8* *	.9 7* *	.9 8* *	.9 9* *	.9 8* *	.9 8* *	.9 7* *	.9 9* *	.9 9* *	_						
15. Warmth	8. 57	2. 51	.9 1* *	.9 2* *	.8 9* *	- .4 2* *	.9 3* *	.9 1* *	.9 2* *	.9 5* *	.9 3* *	.9 5* *	.9 1* *	.9 8* *	.9 4* *	.9 6* *	-					
16. Supportiveness	8. 71	2. 4 3	.9 1* *	.9 3* *	.8 9* *	- .4 1* *	.9 4* *	.9 1* *	.9 3* *	.9 6* *	.9 3* *	.9 5* *	.9 1* *	.9 8* *	.9 5* *	.9 7* *	.9 9* *	_				
17. Broadband Negative Parenting	3 8. 2 8	15 .4 0	- .9 9* *	- .9 8* *	- .9 9* *	.6 2* *	- .9 7* *	- .9 8* *	- .9 8* *	- .9 6* *	- .9 8* *	- .9 7* *	- .9 8* *	- .9 3* *	- .9 7* *	- .9 4* *	- .8 6* *	- .8 7* *	-			

18. Hostility	15 .2 5	6. 3 6	- .9 9* *	- .9 8* *	- .9 9* *	.6 1* *	- .9 7* *	- .9 9* *	- .9 8* *	- .9 6* *	- .9 8* *	- .9 7* *	- .9 8* *	- .9 4* *	- .9 7* *	- .9 4* *	- .8 7* *	- .8 7* *	.9 9 * *	-		
19. Lax Control	15 .3 5	6. 2 6	- .9 9* *	- .9 8* *	- .9 9* *	.6 2* *	- .9 7* *	- .9 9* *	- .9 8* *	- .9 6* *	- .9 8* *	- .9 7* *	- .9 8* *	- .9 4* *	- .9 7* *	- .9 4* *	- .8 7* *	- .8 7* *	.9 9 *	.9 9 *	-	
20. Physical Control	7. 6 8	2. 8 9	- .9 5* *	- .9 5* *	- .9 4* *	.6 2* *	- .9 o* *	- .9 2* *	- .9 1* *	- .9 0* *	- .9 1* *	- .9 2* *	- .9 3* *	- .8 8* *	- .9 2* *	- .8 7* *	- .8 1* *	- .8 1* *	.9 7 *	.9 5 *	.9 5 *	=

Note. ***p* < .001

The differences in the well-being and self-concept of children and parenting styles of mothers between participants who had access to positive parenting resources and who did not have this accessibility were computed using independent samples *t*-test (Table 2). The results reported that the mothers who had access to positive parenting resources depicted significantly higher levels of broadband positive parenting and its narrow bands including proactive parenting, positive reinforcement, warmth, and supportiveness as compared to those mothers who had no prior access to positive parenting resources. The findings depicted that the mothers who had access to positive parenting resources depicted significantly lower levels of broadband negative parenting and its narrow bands including hostility, lax control, physical control as compared to those mothers who had no prior access to positive parenting resources. The children with mothers who had access to positive parenting resources reported significantly higher levels of overall well-being and self-concept and their domains as compared to those mothers who had no prior access to positive parenting resources. However, the children with mothers who had access to positive parenting resources reported significantly lower levels of social desirability domain of SCWBS as compared to those mothers who had no prior access to positive parenting resources.

Table 2. Independent Samples t-test Results for Differences in Well-being, Self-Concept, and Parenting Stules of Mothers Based on Access to Positive Parenting Resources (N = 201)

Variables		Resources	No Access t	<i>t</i> -test	
	$\frac{(N = 165)}{\text{Mean}}$	SD	(N = 36) Mean	SD	
Overall Well-Being	49.31	5.74	27.83	5.83	20.29**
Positive Emotional State	24.76	2.86	15.33	3.14	17.59**
Positive Outlook	24.55	2.90	12.50	2.73	22.84**
Social Desirability	5.78	1.80	10.42	3.05	-12.13**
Overall Self-Concept	53.61	8.31	29.36	4.30	17.00**
Behavioral Adjustment	54.81	7.51	28.75	4.58	20.00**
Intellectual and School Status	53.47	8.02	28.28	4.61	18.18**
Physical appearance	52.55	8.11	30.44	4.56	15.81**
Freedom from Anxiety	54.02	7.46	30.92	4.21	17.95**
Popularity	50.49	7.33	28.72	4.63	17.07**
Happiness and Satisfaction	52.19	6.81	28.94	5.14	19.30**
Broadband Positive Parenting	56.23	10.87	30.81	5.54	13.64**
Proactive Parenting	22.93	3.73	11.86	2.31	17.10**
Positive Reinforcement	14.67	2.94	7.86	1.46	13.53**
Warmth	9.25	2.19	5.42	1.00	10.25**
Supportiveness	9.38	2.13	5.67	0.96	10.21**
Broadband Negative Parenting	32.09	7.42	66.64	9.41	-24.05**
Hostility	12.69	3.20	26.97	3.35	-24.05**
Lax Control	12.82	3.15	26.94	3.04	-24.49**
Physical Control	6.58	1.18	12.72	3.07	-19.96**

 $\overline{Note. ** p < .001, df = 199}$

Discussion

This study aimed to determine the influence of access to positive parenting resources on mothers' parenting style and well-being and self-concept of children. It further intended to examine the relationship between parenting style of mothers and well-being and self-concept of children. The findings reported that parenting style of mothers was significantly associated with the well-being and self-concept of children, and this result was supported by the existing literature. For instance, Durrant and Ensom (2012) and Whittle et al. (2014)

emphasized the importance of healthy parental behaviors such as nurturing environment, effective communication, and age-appropriate expectations in influencing the self-concept and well-being of children. Studies have highlighted that positive parenting promotes various long-term beneficial outcomes for child development including improved well-being (Chen et al., 2019; Davids et al., 2017) and positive self-concept in children (Babbar & Dhankar, 2021; Hendri, 2019; Rohmalimna et al., 2022).

The results further depicted significantly higher levels of positive parenting styles in the mothers with access to positive parenting resources than those mothers who had no exposure to these resources. Previous studies reported similar findings as coercive parenting was significantly reduced among parents exposed to the Triple P-Positive Parenting Program (TPS; Sanders et al., 2008). Such interventions offer practical and psychological support to parents (Janta, 2013) along with reduction in harsh parenting styles including physical punishment (Gershoff et al., 2017; Knerr et al., 2013; Knox et al., 2013). Studies have emphasized that positive parenting resources educate parents about effective non-violent parental behaviors and harmful effects of physical punishment (e.g., Miller-Perrin & Perrin, 2018).

The children of mothers with access to positive parenting resources reported significantly higher levels of well-being and self-concept as compared to those mothers who did not have accessibility to these resources. Similar results were reported by the existing studies as the children of parents exposed to positive parenting interventions depicted significantly reduced emotional and behavioral problems as compared to pre-trial assessments (Sanders et al., 2008). Other studies have noted improvements in child's socio-emotional and cognitive development (Miller et al., 2012) and significant reduction in their psychological issues and problematic behaviors (Van Aar et al., 2017) as benefits of positive parenting interventions.

Conclusion

This research aimed to explore how parenting styles of mothers and the well-being and self-concept of children is influenced by the accessibility of positive parenting resources. It was found that parenting style of mothers was significantly related to their child's well-being and self-concept. The study further reported that access to positive parenting resources positively influences the parenting styles of mothers and their child's well-being and self-concept. One of the major implications of these findings is the need to educate parents about the influence of parental behaviors on their child's overall development. This directs to the urgent need for developing policies for promoting positive parenting resources in India in the forms of workshops, seminars, and other audio-visual aids. This attempt could align with the global movement towards acknowledging and employing positive parenting practices as a foundation for raising well-adjusted healthy individuals who could efficiently contribute to society.

Limitations

The study did not assess the duration and quality of positive parenting resources accessed by mothers which limits the depth of understanding its effectiveness on parenting practices and subsequently its influence on children's developmental outcomes. In addition, the understanding of the complete family dynamics shaping children's psychological and emotional development was limited in this research due to the exclusion of fathers and other caregivers from the sample. A comprehensive viewpoint of the children's outcomes could be obtained by assessing the contributions and perspectives of other family members as parenting is often considered as a shared responsibility. The causal relationship between access to positive parenting resources and alterations in parenting style or child outcomes was not established due to the cross-sectional nature of the study. The enduring impact of positive parenting resources on family dynamics and children's psychological and emotional development could be determined using longitudinal studies.

Disclosure and Conflicts of Interest

The authors declare that there are no relationships that could be viewed as presenting a potential conflict of interest.

Hazards and Human or Animal Subjects

No unusual hazards were involved in the conduct of this research, and animal or human subjects were not utilized in the study.

Role of the Funding Source

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