RESEARCH ARTICLE

Predictors of Positive Parenting among Parents of Adolescents in Northern Thailand

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Abstract

Background: Positive parenting in families affects the development of adolescents, teaches the children to be complete physically, mentally, emotionally, and socially, and is a preventative factor for risky behaviors such as unwanted pregnancies, sexually transmitted diseases, violence, and drug addiction in adolescents.

Purpose: This study aims to study positive parenting and factors predicting positive parenting among the parents of adolescents in Northern Thailand.

Methods: The design is a descriptive correlational predictive study. The sample consisted of 180 parents of adolescents in Chiang Rai Province, Thailand. Convenient sampling was used from 180 parents of adolescents. Data were collected using questionnaires including personal data, a life assets questionnaire, a social support questionnaire, a stress questionnaire, and a positive parenting questionnaire. Data were analyzed using descriptive statistics, Pearson's product-moment correlation coefficient, and multiple linear regression analysis.

Results: We found that stress, life assets, social support, age, education level, underlying disease, number of children, number of members in the family, and living in a municipality together with income can influence positive parenting among the parents of adolescents by 40.5 % (F = 11.52, p < .01). Age, life assets, and social support can affect positive parenting with a statistical significance of p < .05.

Conclusions: These results highlight the importance of age, life assets, and social support effects on positive parenting.

Implications and Contribution: These results could be used as a guideline for health care providers, particularly nurses, to develop a positive parenting program for adolescents by enhancing life assets and social support to practice positive parenting behaviours effectively.

Keywords: *Adolescent; Parents; Life assets; Positive parenting; Social support*

Introduction

Background

Adolescents who have physical, mental, emotional, and social changes that have risk behaviours leading to major public health problems namely unwanted pregnancy and sexually transmitted disease. According to the World Health Organization during 2018, there were 44 unwanted pregnancies per 1,000 adolescent females (World Health Organization, 2019). Furthermore, globally, sexually transmitted diseases among adolescents and early adults increased by more than 1 million persons per day (World Health Organization, 2018). Moreover, there was substance abuse (Degenhardt et al., 2016) and violent behaviour problems in adolescents (World Health Organization, 2015). In addition, it was discovered that more

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than 1 billion global children and adolescents suffered from physical, sexual, and mental violence (Hillis et al., 2016). These problems are related to the parenting of families (Qu et al., 2015).

The families are the primary institution that takes care of and nurtures the behaviours of children in the right way. Positive parenting is an approach focused on bringing out the best in children focusing on their best qualities (Kyriazos & Stalikas, 2018). Positive parenting in the families affects the development of the adolescents, helps the children to be complete physically, mentally, emotionally, and socially (Rocha et al., 2022; Chen et al., 2019; Woodward et al., 2018; Tabak, & Zawadzka, 2017) and it is a preventative factor for risk behavior in health (Waller et al., 2017).

Positive parenting depends on several factors including personal, psychological, social, and environmental factors such as age (Le et al., 2019), education level (Le et al., 2019), underlying diseases (White et al., 2015), the number of children (Woodward et al., 2018), the number of family members (Fallesen & Gähler, 2020), habitat (Han et al., 2023; Smokowski et al., 2015), income (Cooper, 2021), stress (Miller et al., 2022), life assets (Tripathi, 2019). and social support (Alvarez et al., 2021), etc.

The age factor determines the readiness and completeness of the body and mind. Age is related to parenting. Young parents have less positive parenting skills (Le et al., 2019). Moreover, the education level affects parenting. Parents with low levels of education had less positive parenting skills (Le et al., 2019).

The parent's underlying disease affects their parenting. Parents with an underlying disease that affects parenting are affected by the severity of their disease (White et al., 2015). The number of children affects parenting. Parents with more than one child have less positive parenting skills than parents with one child (Fox et al., 1995; Woodward et al., 2018). The number of family members affects parenting. Single or newly established families spend less time with their children than extended families (Fallesen & Gähler, 2020).

The habitat affects parenting. Rural parents provide poor quality parenting for their children (Han et al, 2023; Smokowski et al., 2015). Income affects positive parenting. Low-income parents provide less parenting than high-income parents (Cooper, 2021). Stress is an emotion that puts pressure on people and stress affects parenting (Miller et al., 2022).

Life assets are the basic assets that affect the mental, social, and intellectual development that enable people to live effectively in society. The life assets of children and youths consist of 5 aspects namely personal, family, wisdom, friends and activities, and community. Life assets affect positive parenting. Parents who perceive their children have many life assets and they provide more positive parenting than parents who perceive their children with few life assets (Tripathi, 2019).

Social support is the interaction between people in society to exchange benefits that enables people to receive assistance. Assistance includes emotional support, acceptance, and appreciation, providing information resources, materials, money, and labor. Social support affects parental care (Alvarez et al., 2021).

However, previous studies were conducted in different contexts in various countries (Neppl et al., 2020; Lawrence et al., 2019). In Thailand, especially in the upper northern region, there has not been a study of factors affecting positive parenting among the parents of adolescents. Chiang Rai Province is one of the northern provinces, which is the northernmost part of Thailand. It comprises more than ten ethnic groups and is bordered by three areas. It is close to Myanmar and Laos. The variety of ethnic groups leads to differences in beliefs and cultures affecting parenting behaviors.

The purpose of this study is to examine the positive parenting of the parents of adolescents in Chiang Rai Province and to assess how the aspects of stress, life assets, social support, age, education level, underlying diseases, the number of children, the number of family members, living in the municipality, and income affect their positive parenting of adolescents in Chiang Rai Province which is the basis for building a happy and healthy family.

Study Aims

1. To study the level of positive parenting of the parents of adolescents in Chiang Rai Province.

2. To predict the aspects of age, education level, underlying disease, the number of children, the number of family members, habitat, income, stress, life assets, and social support on positive parenting of the parents of adolescents in Chiang Rai Province.

Methods

Design: This study was a correlational, predictive study.

Sample and setting: The sample in this study was the parents of adolescents in Chiang Rai Province who raised their children aged 13-19 years old. The sample used convenience sampling selection according to the following criteria: the parents of adolescents could read and understand the Thai language and were able to fill out the questionnaire by themselves. The sample size was determined by the Thorndike formula (Thorndike,1978) n = 10k + 50 (n = sample size, k = total number of variables studied. There were 10 variables including

age, education level, underlying disease, the number of children, the number of family members, habitat, income, stress, life assets, and social support. This considers the values in the formula n = 10(10) + 50 = 150 cases as well. The researchers added another 20 percent of the sample to prevent data loss (Gray, Grove, Sutherland, 2017). There was a total of 180 participants in the sample group who were either father, mother or other caregivers who act as parents.

Ethical considerations: This research was approved by the Research Ethics Committee of the Public Health Office of Chiang Rai Province with CRPPHO No. 8/2564 and Research Project No. 11/2564. Research participants could leave the research at any time if participants wished without explaining the reason. All information was kept confidential. The researchers used participant ID instead of personal name, and only the principal investigator could access the personal data of participants. Discussion or publishing of the information was done in the overview of the research.

Instruments: Five instruments were collated into a questionnaire in this study.

First, a personal data questionnaire was developed by the researchers, which consisted of gender, age, education level, income, underlying disease, the number of children, the number of family members, and habitat.

Second, a stress assessment form, Suanprung Stress Test-20; SPST-20 of the Department of Mental Health Developed by Suwat Mahanirunkul et al. (Mahatnirunkul, Pumpisanchai, & Tapanya, 1997) was used as a standard tool for assessing stress suitable for Thai people. It is based on biological, mental, and social concepts and has 20 items. The answer has a 5-level Likert scale. Stress level 1 means not being stressed. Stress level 2 means slightly stressed. Stress level 3 means moderately stressed. Stress level 4 means very stressed and stress level 5 means very highly stressed. The range of scores was between 20 and 100 points. A score of less than 24 indicated low stress, a score of 24-41 indicated moderate stress, and a score of 42-61 indicated high stress. If the score was greater than or equal to 62, it indicated severe stress.

Third, the life assets questionnaire, developed by Suriyadew Tripathi (Tripathi, 2018), had 48 items, all of the questions were positive and were divided into 5 aspects, namely 1) 15 items of personal strengths; 2) 8 items of family strengths; 3) 11 items of creating wisdom strengths 4) 5 items of friends and activities strengths and 5) 9 items of community strengths. Each answer has a 4-level estimator: never, sometimes, often, and regularly. The scores were interpreted using mean criteria, divided into 4 levels: 1.00-1.74 means low level, 1.75-2.49 means moderate level, 2.50- 3.24 indicates a high level, and 3.25-4.00 indicates a very high level.

Fourth, a support questionnaire developed by researchers based on the concept of House (House, 1987) has 12 items to assess 4 components: emotional support, support for acceptance and appreciation, information support, and support for resources, material, money, and labor. The answers used the Likert scale that has 5 scales. No social support in positive parenting was 1 point, low social support was 2 points, moderate social support was 3 points, high social support in positive parenting was 4 points, and the highest social support in parenting was 5 points. The scores ranged from 12 to 60. If the overall score was high, it showed that social support in parenting was very positive.

Fifth, a positive parenting questionnaire was developed by Chanvit Pornnoppadol and his team (Pornnoppadol, 2013). The number of questions was 16. In each item, parents were able to choose from four answers: never = 0 point, rarely = 1 point, sometimes = 2 points, and usually = 3 points. The range of scores was between 0 and 48 points. If the total score was high, it showed high positive parenting.

The researcher used research instruments that were tested for content validity and language suitability by 3 experts to test on a group of 30 people who were similar to the sample group to determine reliability as follows: a stress assessment form, the life assets questionnaire, social support questionnaire, and positive parenting questionnaire. The results from the confidence tests using Cronbach's alpha coefficient method were as follows: a stress assessment form was .93; the life assets questionnaire was .81; the social support questionnaire was .94; and the positive parenting questionnaire was .89. In addition, the result of the test for the sample of 180 people were: the life assets questionnaire was .95; the social support questionnaire was .89; the stress assessment form was .94; and the positive parenting questionnaire was .89.

Data collection

After receiving the ethics certification, the researcher contacted and coordinated with the personnel involved in the community who consisted of the village headmen, and public health volunteers in Chiang Rai Province. The researchers asked to meet to clarify the objectives of the research study and asked for their cooperation in starting the data collection in the area. Meanwhile, the village headmen and public health volunteers publicized the research project to the sample group and made an appointment for the research team to meet with the sample group. The research team also met with the sample group to clarify the objectives of the research to facilitate their decision-making in participating or not in the research project. When the research participants agreed to participate in the research project, the research team asked the participants to sign an informed consent form to officially participate in the

research project. Then, the research team distributed 5 questionnaires to the sample group to answer by themselves, namely the personal data questionnaire, the life assets questionnaire, the social support questionnaire, the stress assessment form, and a positive parenting questionnaire. The survey response took approximately one hour. After that, the research team checked the completeness of the questionnaires that the sample group answered before collecting the questionnaire. Then the collected questionnaires were rechecked to make sure the data were complete. The data was then used for verification for statistical analysis.

Data Analysis

The data were analyzed using the SPSS version 26 computer software program. General data and studied variables were analyzed for descriptive statistics, distribution of frequency, percentage, mean, and standard deviation. The studied variables were age, education level, underlying diseases, the number of children, the number of family members, habitat, income, stress, life assets, social support, and positive parenting of adolescents' parents, which were analyzed by Pearson's product-moment correlation coefficient. Data of age, education level, underlying diseases, the number of children, the number of family members, habitat, income, stress, life assets, and social support on the positive parenting of parents of adolescents analyzed were using multiple linear regression statistics by selecting independent variables into the regression equation in one step.

Results

This positive parenting study in Chiang Rai province had a sample group of 180 participants. From the results of the general data analysis of the sample group, it was found out that the sample participants were aged between 21 and 72 years. The majority of them were female (81.7%), 74.4% were parents, 35.5% had graduated from high school or had a vocational school, 53.9% had monthly income less than or equal to 10,000 baht, 26.7% had an underlying disease. Most of them had more than two children (54.5%), 36.7% had four family members and 75.0% lived in municipalities as shown in Table 1.

Table 1. *Personal information, classification of the participants, and percentages (n = 180)*

Personal information	Frequency (participants)	Percentage
Male	33	18.3
Female	147	81.7
Age		
≤ 30 years	6	3.3
31-40 years	47	26.2
41-50 years	60	33.3
51-60 years	40	22.2
≥ 60 years	27	15.0
Relationship with children		
Mothers or Fathers	134	74.4
Grandmothers or grandfathers	36	20.0
Other relatives	10	5.6
Education		
No previous education	21	11.7
Primary school	59	32.8
Secondary school or vocational school	64	35.5
Bachelor's degree	28	15.6
Postgraduate degree	8	4.4
Monthly income		
≤ 10,000 Baht	97	53.9
10,001- 20,000 Baht	52	28.9
20,001-30,000 Baht	19	10.5
30,001-40,000 Baht	5	2.8
More than 40,000 Baht	7	3.9
Underlying disease		
None	132	73.3
Had an underlying disease	48	26.7
Number of children		
One	51	28.3
Two	98	54.5
Three	24	13.3
Four	5	2.8
Five	2	1.1
Number of family members		
Three	47	26.1
Four	66	36.7
Five	36	20.0
Six	19	10.6
Seven	9	5.0
Eight	3	1.6
Habitat		
In the municipality	135	75.0
Out of the municipality	45	25.0

The sample group had a stress score between 20 and 93 points, a mean score of 42.8 points, and a standard deviation was 14.9. Most of the participants had moderate stress (48.9%), followed by the participants who had high stress (33.9%), 11.6% had severe stress, and 5.6% had low stress. The sample group had a life assets score of between 24 and 140, and the standard deviation was 22.2.

Most of them (55.0%) had a moderate life assets score. Secondly, 22.8% had a high life assets score, and 22.2% had a low life assets score. The sample group had a social support score of between 15 and 49, the mean score was 36.7, and the standard deviation was 7.7.

Moreover, the sample group had a positive parenting score of between 8 and 48 points, the mean score was 39.1 points, and the standard deviation was 6.9. The positive parenting outcomes were classified by item, and are presented in Table 2.

Correlation results showed that positive parenting positively associated with age (statistically significant ($r = -257$, $p < .01$)), the correlation results for income were $r = .179$, $p < .05$., the

Table 2. *Positive parenting outcomes are classified by item (n = 180)*

	Number of participants (percentages)				Average scores of all items from all samples
	Never	**Rarely**	**Sometimes**	**Usually**	
1. Hugging the child/children	10(5.6)	17(9.4)	72(40.0)	81(45.0)	2.2
2. Speaking nicely to the child/children		4(2.2)	51(28.3)	125(69.5)	2.7
3. Paying attention to the child's/children's feelings	1(0.5)	5(2.8)	32(17.8)	142(78.9)	2.8
4. Giving the child/children the opportunity to decide by themselves	1(0.5)	5(2.8)	56(31.1)	118(65.6)	2.6
5. Praising the child/children	5(2.8)	8(4.4)	75(41.7)	92(51.1)	2.4
6. Telling the child/children to feel proud of themselves	4(2.2)	9(5.0)	57(31.7)	110(61.1)	2.5
7. Explaining the reasons before punishing the child/children	5(2.8)	14(7.8)	62(34.4)	99(55.0)	2.4
8. Listening to the child's/children's reasons before judging what the child/children did wrong	4(2.2)	11(6.1)	63(35.0)	102(56.7)	2.5
9. Playing or doing special activities with children	9(5.0)	27(15.0)	84(46.7)	60(33.3)	2.1
10. Paying attention to what the child/children are doing	2(1.1)	11(6.1)	53(29.5)	114(63.3)	2.6
11. Giving the child/children the opportunity to express their opinions	1(0.5)	12(6.7)	51(28.3)	116(64.5)	2.6
12. Avoiding punishing the child/children using violence	12(6.7)	23(12.7)	45(25.0)	100(55.6)	2.3
13. Setting clear house rules	5(2.8)	23(12.7)	84(46.7)	68(37.8)	2.2
14. Training the child/children to solve problems by themselves	1(0.5)	9(5.0)	77(42.8)	93(51.7)	2.5
15. Being sincere when giving punishments	7(3.9)	20(11.1)	91(50.6)	62(34.4)	2.2
16. Training children to be responsible	1(0.5)	3(1.7)	51(28.3)	125(69.5)	2.7

Table 3. *Pearson's correlation coefficient among the studied variables (n = 180)*

Studied variables	Age	Education level	Underlying diseases	Number of children	Number of family members	Habitat	Income	Stress level	Life assets	Social suppose	Positive parenting
Age	1.000										
Education level	-.218**	1.000									
Underlying diseases	.364**	.060	1.000								
Number of children	.010	.216**	.019	1.000							
Number of family members	-.244**	.149*	.003	.412**	1.000						
Habitat	.050	-.016	.049	-.032	.064	1.000					
Income	-.277**	.198**	-.165**	-.068	.105	.060	1.000				
Stress level	.133	.077	.212**	-.021	-.019	-.010	-.059	1.000			
Life assets	-.008	-.037	-.020	.059	.143	.041	.028	-.210**	1.000		
Social support	-.141	-.078	-.084	.084	.213**	.148**	.130	-.310**	.529**	1.000	
Positive parenting	-.257**	.015	-.080	.068	.143	.042	.179*	-.128	.526**	.499**	1.000

**p < .01, *p < .05

correlation results for life assets were r = .526, p < .01., and the correlation results for social support were r = .499, p < .01 as shown in Table 3.

Results of the study of the factors affecting positive parenting among parents of adolescents revealed that age, education level, underlying diseases, the number of children, the number of family members, habitat, income, stress, life assets, and social support affected the positive parenting of parents of adolescents (40.5 % (F = 11.52, p < .01)).

Age (β = -.234, p = .001), life assets (β = .396, p = .000), and social support (β = .274, p = .000) were variables that affected the positive parenting and was statistically significant (p < .05).

Education level, underlying diseases, the number of children, the number of family members, habitat, income, and stress level were not statistically significant for the positive parenting.

The standard value equation is as follows: Positive parenting = -.234 (age) + -.031 (education level) + .037 (underlying diseases) + .061 (the number of children) + -.058 (the number of family members) + - .005 (habitat) + .094 (income) + .071 (stress) + .396 (life assets) + .274 (social support) as shown in Table 4.

Table 4. *Multiple linear regression analysis of positive parenting of parents with adolescent children (n = 180)*

	B	SE	*B*	t	*p*-value
constant	23.107	4.078		5.667	.000
Age	-.153	.046	-.234	-3.310	.001*
Education level	-.072	.150	-.031	-.447	.634
Underlying disease	.565	1.001	.037	.565	.573
The number of children	.531	.589	.061	.900	.369
The number of family members	-.307	.369	-.058	-.830	.408
Habitat	-.080	.970	-.005	-.083	.934
Income	5.26	.000	.094	1.475	.142
Stress	.033	.030	.071	1.113	.267
Life Assets	.124	.022	.396	5.616	.000*
Social support	.246	.067	.274	3.652	.000*
R^2 = .405, F = 11.52, Adjust R^2 = .370, *p*-value = .000					

*p < .05

Discussion

This study showed that the sample participants had a mean positive parenting score of 39.1 (S.D.= 6.9) out of a total of 48. It could be said that the sample participants had a relatively high level of positive parenting. In considering each question, it was learned that the three items with the highest average score were caring for the child's feelings, speaking well to the child, and training the child to take responsibility for themselves. As for the questions with the lowest score of four items, they were playing or doing special activities with the child/children, hugging the child/ children; laying down rules in the home; being sincere when punishing the child or children. The data indicates a parenting style that focuses on building good relationships with children but less on special activities with them and is less rigorous in setting or enforcing household rules. Therefore, to promote positive parenting among parents of adolescents in Chiang Rai Province to be more effective and prevent family problems, nurses or health workers should encourage families to have more special family activities, and should encourage families to set rules and regulations within the family to strengthen Thai families of adolescents in Chiang Rai. Age, education level, underlying diseases, the number of children, the number of family members, habitat, income, stress, life assets, and social support affected the positive parenting of adolescent parents by 40.5 percent (F = 11.52, p < .01). Age factors (β = -.234, p = .001), life assets (β = .396, p = .000) and social support (β = .274, p = .000) could affect positive parenting. The positive parenting of adolescent was statistically significant (p < .05). From the research, it was revealed that parents positively raised their children. One possible reason might be that the children involved are already adolescents. In other words, the age gap between parents and children was not wide. The easy expression of love and attachment makes for very positive parenting; while older parents were very experienced, being able to see the dangers in life that could affect teenage children, such as the threat of drug abuse among teenagers and the dangers of premature pregnancy in adolescents, among others.

Good life assets for a teenage child result in very positive parenting. Life assets are positive psychological, emotional, and social factors, consisting of personal strength, family strength, intellectual strength, the strength of friends and activities, and community strength (Tripathi, 2019). Adolescents who have good life assets receive very positive parenting. Parents who have good social support can provide positive parenting because the parents receive help in various ways from people in society on areas such as emotional support, acceptance, and appreciation, provision of information, resources, material, money, exchange of benefits, resulting in very positive upbringing. This is consistent with studies that have found that social support affects parenting (Alvarez et al., 2021).

Factors of education level, underlying diseases, the number of children, the number of family members, habitat, income, and stress were not statistically significant in predicting the positive parenting of parents of adolescents.

In the study, it was also discovered that parents at any level of education raised their children positively. This ran contrary to past studies that found education level is related to parenting. Parents with low levels of education had less positive parenting (Le et al., 2019).

The study found that parents with or without underlying diseases also raised positive children. According to the results of the study, the majority of parents with underlying medical conditions had mild physical conditions, such as high blood pressure and diabetes. Therefore, it does not affect positive parenting. This is inconsistent with past studies that have found parental disease associated with parenting. Parents with underlying diseases affect parenting by the severity of the disease (White et al., 2015).

In addition, the number of children and the number of family members had no positive parenting effect. The number of children and family members did not affect positive parenting and was therefore inconsistent with past studies that found parents with more than one child have less positive parenting than parents with less than one child (Fox et al., 1995; Woodward et al., 2018), and the number of family members affects the upbringing. Single people or newly established families spend less time with their children than extended families (Fallesen & Gähler, 2020). Habitat did not affect positive parenting. Whether parents live in municipal or non-municipal areas, does not affect positive parenting. This is inconsistent with studies that have found that habitat affects nurture. Rural parents tend to have a poor quality of raising their children (Han et al, 2023; Smokowski et al., 2015). This may be because the previous study had a different context than this one and this study was only one provincial study, so positive parenting was no different.

Income does not affect positive parenting. This is inconsistent with studies that have found that income has a positive effect on parenting. Low-income parents provide less positive parenting than high-income parents (Cooper, 2021). This may be because many low-income parents raise their children according to their wealth, while the high-income parents raise their children according to their wealth, which results in positive parenting too.

This study found that stress did not affect positive parenting. Parents with less stress or more stress provided the same positive parenting. This is inconsistent with studies that have found stress affects parenting (Miller et al., 2022). Perhaps this is because parents can deal with their stress, and there is positive parenting for normal teenagers. Another possible reason might be that Thai culture may contribute to more positive parenting and less parenting stress for their children.

Conclusion and Implications for Nursing Practice

Age, life assets, and social support are factors that influence positive parenting. Thus, the researchers recommend that nurses and healthcare providers may promote positive parenting behaviors in families with adolescents focusing on life assets and social support.

For the implications in research, an in-depth, qualitative research study on positive parenting among parents of adolescents may be conducted to understand the issues and perspectives of parents and adolescents on positive parenting.

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