ROLE OF PARENTING AND COPARENTING IN SOCIOEMOTIONAL DEVELOPMENT OF CHILDREN

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Candidate of **Master of philosophy** at the National University of Modern Languages do hereby declare that the thesis **"Role of Parenting and Coparenting in Socioemotional Development of Children"** submitted by me in partial fulfillment of MPhil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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ABSTRACT

Parenting refers to the practices that parents or parental figures utilize while nurturing their children. In Pakistan, not only parents involve in nurturing of children but also grandparents play a critical role and ultimately influence the development of children. Present study was conducted to examine the role of parenting and coparenting in socioemotional development of children. Sample consisted of 200 families, mothers and child dyad (girls = 109, boys = 91) aged 11 to 13 years were selected by purposive convenient sampling by visiting families and schools in Islamabad and Rawalpindi. Standardized measurement battery was used to measure the study variables. All Urdu translated measures were used in the present study depicted satisfactory and acceptable reliability. Results indicated that parental warmth is positively correlated with positive domain of socioemotional development (social adjustment, prosocial behavior, problem oriented coping, positive affect) and is inversely associated with negative aspects of socioemotional development (emotional symptoms, conduct problem, peer problem, hyperactivity, negative affect) in children. Regression analysis also depicted the same pattern in results as correlation. Moderation analysis revealed that coparenting moderated the relationship between parenting and socioemotional development of children. Results also revealed that boys exhibited higher levels of hyperactivity, and conduct problem. Girls reported higher levels of emotional symptoms and prosocial behavior.

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ACKNOWLEDGEMENTS

DEDICATED

TO

My

Supervisor,

Parents

&

Siblings

May Allah's blessings be with them forever

CHAPTER 1

INTRODUCTION

Parenting is a complex, dynamic, and multifaceted process that encompasses the practices, behaviors, and attitudes that are utilized by parents to raise and nurture their children. It involves not only the provision of basic necessities such as food, safety and shelter but also guidance, emotional support and discipline, all of which play a critical role in shaping a child's development (Bornstein, 2015). The essence of parenting lies in encouraging an environment where children can grow into healthy, competent, and responsible individuals, equipped to function effectively in society (Jones et al., 2016). As a social and psychological construct, parenting is guided by numerous factors, involving socioeconomic conditions, cultural norms, education, parental beliefs and the broader social environment. Although parenting practices may differ across cultures and contexts, the core aim remains consistent: to ensure the well-being and optimal development of the child (Lansford, 2021).

Unlike the broader concept of parenting, which includes all interactions between a parent and a child, coparenting specifically concerns the interpersonal relationship between caregivers as they collaborate in the parenting role. It encompasses how caregivers manage disagreements, divide tasks, and maintain emotional support while parenting (Feinberg, 2016). With families becoming more dynamic and diverse—including cultural nuclear families, step, divorced and same-sex parent households—coparenting has emerged as a vital construct to be focused in developmental and family psychology (Brown et al., 2020).

High quality coparenting marked by shared decision-making, cooperation and mutual respect promotes a secure and safe environment for children (McDaniel et al., 2018). Children tend to develop social competence, better emotional regulation and fewer behavioral problems when coparenting relationships are supportive. Whereas, unsupportive coparenting—characterized by criticism, blame, lack of communication or conflict —can lead to a stressful environment for children, which may result in detrimental developmental outcomes (Pan et al., 2025).

Effective parenting and coparenting is closely linked to positive developmental outcomes in children. Studies conducted in recent decades has consistently shown that the quality of parenting and coparenting significantly affects a child's emotional regulation, social competence, academic performance, and overall mental health (Jones et al., 2016). Parents serve as the primary agents of socialization, and their interactions with children shape the child's values, self-concept, and coping mechanisms from early childhood into adolescence and beyond.

1.1 Rationale

By the rapid pace of today's life and financial pressures in the cities of Pakistan, work-family stress is faced by mothers raising young children and have energy and time constraints in child-rearing. In contrast, collective family arrangements in Eastern societies, particularly in Pakistan, allow the retired grandparents to willingly assist and utilize their time in caring of their grandchildren. This encourages a distinctive way of parent-grandparent coparenting apart from mother-father coparenting (Luo et al., 2012). In such arrangements, the grandparental role is not merely limited to support but may actively influence parenting decisions, caregiving styles, and emotional climate within the household. The intergenerational interaction also adds complexity in setting consistent

parenting rules, values, and expectations, potentially impacting the child's socioemotional development. Mixed results were observed by researchers for parent-grandparent coparenting. Few studies conducted on families raising children with special needs or families with low income backgrounds revealed that positive mother-grandmother coparenting relationship quality served as a protective factor for young children's social adjustment (Barnett et al., 2010). Whereas some researchers reported no difference in social adjustment of children who were nurtured by both parents and grandparents and the children who were raised solely by their parents (Dunifon, 2012). Few studies reported that grandparenting is linked with peer problem and is inversely associated with young children's social adjustment (Li et al., 2019). The variation in findings also highlights the need to explore the quality and nature of the coparenting relationship, instead of assuming grandparental involvement is uniformly favorable or unfavorable. Moreover, these factors are influenced by intergenerational roles, cultural norms and by overall family environment. Therefore, the gaps in broader literature and the lack of indigenous research on parenting reflected the demand for further exploration and evidence. In development of a flourishing child in Pakistani culture, the role of parents and grandparents is very crucial. Understanding how parenting and coparenting function within Pakistan's collectivist culture, where family dynamics and interdependence are emphasized, is crucial for precise understanding and effective utilization of parenting research.

The objective of the current study is to explore and understand the vital role of parenting and coparenting in socioemotional development of children. It seeks to examine how various parenting practices and collaborative approaches between parents and coparents impact children's socioemotional skills building, their peer interaction and the whole society. By considering numerous factors such as discipline strategies, emotional support and consistency in parenting behaviors, the study intends to develop an

understanding into encouraging a facilitative environment that promotes child's socioemotional development and overall health. Grounded in theoretical frameworks and empirical studies, the current study intends to provide strategies for parents, nurturers and educators to enhance children's socioemotional development by using impactful parenting and coparenting techniques. Various training programs for parents e.g. reflective, mindful parenting will be introduced from the findings of the current study. In future, collaborative intervention trainings can be designed for parents, coparents and children to encourage a flourishing society.

1.2 Statement of the Problem

Socioemotional development during childhood is a critical determinant of a child's ability to form relationships, manage emotions, and function adaptively within society. It has long been recognized that child's developmental trajectory is primarily influenced by parenting, emerging literature now emphasizes the need to explore the importance of both parenting and coparenting in socioemotional outcomes in children (McHale et al., 2019). Parenting practices characterized by warmth, discipline, responsiveness, and communication lay the foundation of learning emotional regulation in children, impacting their ability for emotional regulation, empathy and social behavior (Kim et al., 2021). However, these practices are not carried out independently. The way parental figures support, coordinate and manage caregiving responsibilities in collaboration with each other—coparenting—plays a significant role in socioemotional growth of children (McHale et al., 2019).

In extended families, specifically those guided by collectivist cultural norms prevalent in South Asian contexts, coparenting may involve extended kin or grandparents, incorporating further dimensions to increase complexity and influence (Liu et al., 2025).

Although these dynamics hold greater importance, much studies on coparenting has been carried out in nuclear-family contexts, prevalent in western countries leaving a remarkable literature gap in understanding how these dynamics function in extended family systems. Inconsistent messages about behavior, emotions, and expectations may be received by children raised in such environments as they experience varying parenting approaches by caregivers, leading to behavioral issues or emotional dysregulation (Haslam, 2020).

Additionally, there is a scarcity of indigenous literature that explains how Pakistani children are particularly influenced by conflicting or collaborative approaches of parent-coparent relationships. Yet, there is a limited empirical research conducted on how these factors influence peer relationships, emotional security, and coping mechanisms in children. Without understanding such dynamics, developing contextually suitable interventions that heighten familial relationships and promote children's positive socioemotional development is difficult. Therefore, this study seeks to fill this critical gap by investigating how parenting and coparenting dynamics influence socioemotional development among children in Pakistan. By examining factors such as emotional responsiveness, mutual support between caregivers, and consistency in caregiving, this research will contribute to the growing body of developmental literature and offer evidence-based recommendations for parenting practices in diverse family systems.

1.3 Research Objectives

The main objective of the study will be:

- To investigate the association between parenting practices, coparenting and socioemotional development of children.
- To investigate the moderating role of coparenting in the association between parenting practices and socioemotional development of children.

- To investigate the variations in demographic characteristics (gender, working status, grandparent nominated) in parenting practices and socioemotional development of children.

1.4 Research Questions

- To what extent does parental acceptance influence children's socioemotional development, particularly in terms of social adjustment and emotional regulation?
- In what ways is parental acceptance associated with the occurrence of behavioral and emotional problems in children?
- How is parental rejection related to the development of behavioral and emotional difficulties among children?
- What impact does parental rejection have on children's ability to adjust socially and manage stress effectively?

1.5 Hypotheses

H1. There is a significant relationship between parenting and socioemotional development of children.

> **1a.** There is a positive association between warmth parenting and positive domains of socioemotional development (i.e., prosocial behavior, social adjustment, problem oriented coping, positive affect) of children.

> **1b.** There is a negative association between warmth parenting and negative domains of socioemotional development (i.e., emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) of children.

1c. There is a positive association between negative domains of parenting (i.e., neglect, hostility and undifferentiated rejection) and negative domains of socioemotional development (i.e., emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) of children.

1d. There is a negative association between negative domains of parenting (i.e., neglect, hostility and undifferentiated rejection) and positive domains of socioemotional development (i.e., prosocial behavior, social adjustment, problem oriented coping and positive affect) of children.

H2. Parenting is the predictor of socioemotional development in children.

2a. Parenting (warmth) is the positive predictor of socioemotional development (prosocial behavior, social adjustment, problem oriented coping and positive affect) in children.

2b. Parenting (warmth) is the negative predictor of socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children.

2c. Parenting (neglect, hostility and undifferentiated rejection) is the positive predictor of socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children.

2d. Parenting (neglect, hostility and undifferentiated rejection) is the negative predictor of socioemotional development (prosocial behavior, social adjustment, problem oriented coping and positive affect) in children.

H3. Coparenting moderates the association between parenting and socioemotional development of children.

H4. Boys exhibit higher levels of conduct problem and hyperactivity as compared to girls.

H5. Girls exhibit excessive levels of emotional symptoms and prosocial behavior as compared to boys.

1.6 Conceptual Framework

The conceptual framework of this study is grounded in the understanding that parenting practices—specifically positive and negative—function as independent variables that significantly influence the socioemotional development of children. These practices directly impact key aspects of a child's development, such as emotional regulation, social adjustment, behavioral functioning, and stress management. When children are exposed to acceptance characterized by warmth, affection and support, they tend to develop positive social and emotional skills. Whereas, negative parenting marked by hostility, neglect, criticism or rejection potentially resulting in behavioral problems and emotional difficulties.

However, this association is not independent; instead it is moderated by the coparenting relationship and parents' perceptions of coparenting relationship. Positive coparenting—where caregivers communicate effectively, collaborate and respect each other—can increase the positive outcomes of parental acceptance and reduce the adverse effects of parental rejection. In contrast, unsupportive or negative coparenting may enhance the detrimental effects of rejection and buffer the positive impacts of acceptance. Thus, the model reflects the interdependence of parenting and coparenting in child's socioemotional development.

This conceptual model is based on Bronfenbrenner's Ecological Systems Theory (1979) that focuses on various environmental systems that influence a child's development

extending from primary contexts like family and school to wider societal and cultural contexts. The theory highlights five interrelated levels: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Parenting and coparenting lies in the microsystem and mesosystem, where children are directly engage in interactions. These systems constantly interact with each other, shaping child's socioemotional skills over time. Along with the Bronfenbrenner model, the model is also based on Parental Acceptance-Rejection Theory by (Ronald P. Rohner, 1986) that explains how perceived parental acceptance or rejection influences children's socioemotional development. Parental acceptance is characterized by affection, expressions of warmth and emotional support, while rejection is marked by neglect, hostility or coldness. Children who experience acceptance tend to show self-confidence, emotional stability and strong social skills. In contrast, children who experience rejection potentially develop behavioral problems, emotional distress and low self-esteem.

Parenting Practices	Coparenting	Socioemotional Development
	Agreement	Social Adjustment
	Closeness	Emotional Symptoms
	Exposure to Conflict	Conduct Problem
Warmth	Support	Hyperactivity
Hostility	Undermining	Peer Problem
Neglect	Endorse Partner	Prosocial Behavior
Undifferentiated Rejection	Division of Labor	Problem Oriented Coping
	Parent's Perception of the Coparenting Relationship	Positive Affect
		Negative Affect

Figure 1.1 Conceptual Framework of the Study

1.7 Operational Definitions

Parenting

Parenting refers to the behaviors, practices, and styles that caregivers (primarily parents) use to raise their children. This includes emotional support, discipline strategies, communication patterns, and involvement in the child's life. Parenting can be categorized into various practices, such as warmth, hostility, neglect, and undifferentiated rejection, which have distinct implications for child outcomes (Rohner et al., 2017). In the present study, parenting was operationally defined as scores on Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, 2005). High scores indicate high levels in parenting domains i.e., warmth, hostility, neglect and undifferentiated rejection, and low scores indicate low levels of particular domains.

Coparenting

Coparenting refers to the way parents (or caregivers) coordinate their parenting efforts and share the responsibilities and roles associated with raising a child. This includes both supportive behaviors, such as backing each other up in decisions and providing emotional support, and unsupportive behaviors, such as competition or conflict. The quality of coparenting can significantly impact child development. (McHale, 2016). Mothers' coparenting relationship with fathers and grandparents was rated by mothers themselves by using Coparenting Relationship Scale (CRS; Feinberg et al., 2012). High scores represent high levels in coparenting domains i.e., coparenting closeness, coparenting agreement, exposure of child to conflict, endorse partner, coparenting support, coparenting undermining and division of labor, and low scores indicate low levels of particular domains.

In the current study, parents' perceptions of their current coparenting relationship was operationally measured as scores on parents' perceptions of the coparenting

relationship by (Belsky et al., 1995; Stright and Bales, 2003). High scores indicate high levels in coparenting dimensions i.e., supportive, unsupportive and low scores represent low levels of particular dimensions.

Socioemotional Development

Socioemotional development refers to the process by which children learn to understand and manage their emotions, establish positive relationships with others, and develop a sense of self. It encompasses emotional regulation, social skills, empathy, and the ability to navigate social situations. This development is influenced by various factors, including parenting, coparenting, and peer interactions (Denham et al., 2012).

To assess social adjustment, Social Adjustment scale by Herrera-López et al., (2016) was utilized. High scores indicate more levels of social adjustment and low scores indicate low levels of social adjustment.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Maxwell et al., 2024) was utilized to assess psychological adjustment in children. This questionnaire evaluates emotional and behavioral issues, with four subscales measuring conduct problems, hyperactivity/inattention, emotional symptoms, and peer problems, and one subscale assessing prosocial behavior. Higher scores indicating more difficulties or, in the case of prosocial behavior, more strengths.

4-item subscale "problem-oriented coping" of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8) developed by Lohaus et al., (2018) was utilized to assess problem related coping. High scores indicate more levels of problem oriented coping and vice versa.

The Affect Balance Scale (ABS; Bradburn, 1969; Simkin et al., 2021) was used to assess affective experiences in children. High scores indicate high levels of affective

experiences i.e., positive and negative affective experiences and low scores represent low levels of particular dimensions.

CHAPTER 2

LITERATURE REVIEW

2.1 Parenting

In recent years, the role of parenting has gained even more attention in developmental psychology, especially in light of changing family structures, work patterns, and social expectations. Parenting roles have been shifted from traditional to more diverse which prompted researchers to investigate not only the effects of parenting but also the ways by which parenting practices impact children's development (Pinquart, 2017). Parenting practices refer to the ways or strategies parents utilize while nurturing their children. These practices are influenced by numerous factors, involving personal beliefs, cultural values, specific needs of children and the societal norms (Lamborn et al., 2020). Different developmental outcomes can be obtained by various parenting practices such as child's emotional regulation, behavior and social adjustment (Jones et al., 2016).

To understand the parenting practices is important for both researchers and parents as it assists in deeply understanding the process by which various practices to raise children influence their futures. Various parenting practices focuses discipline, structure whereas some prioritize affection and warmth (Darling & Steinberg, 2017). In this debate, Rohner's Parental Acceptance–Rejection Theory (PAR Theory) grants an extensive framework for evaluating parental practices across the spectrum from acceptance to rejection. The theory states that child's perception of parental warmth, neglect, hostility, or undifferentiated rejection serves as a cornerstone in their psychological and socioemotional outcomes (Rohner, 2004).

Warmth: Warmth signifies parental support, affection, and expressions of love including hugging, comforting, praising and showing care. This aspect reflects the "acceptance" end of the spectrum in PAR Theory. Increased warmth in parenting is positively associated with developmental consequences such as high social competence, positive self-esteem, and reduced levels of internalizing problems such as depression and anxiety (Putnick et al., 2021). Comparative cultural studies reflect that warmth in parenting promotes resilience and flourishing in children, indicating its global significance irrespective of cultural background (Khaleque & Rohner, 2012).

Hostility: Hostility is defined as parental behaviors including physical and verbal aggression, harsh criticism, anger, or punitive discipline. This type of interaction conveys rejection to child and is deeply linked with maladjustment. Study found that hostility is positively linked with externalizing problems including conduct disorders and aggression, and also results in internalizing problems such as sadness and anxiety (Putnick et al., 2022). Children who experience hostile parenting practices have high risk of adverse behavioral outcomes and less socioemotional security across different settings (Rohner & Khaleque, 2010).

Neglect: Neglect, or indifference, happens when parents show no emotional or physical response to their child's needs. This involves lack of involvement, ignoring, and failing to provide necessary care or emotional support. Neglect conveys rejection by absence instead of direct hostility. Evidence reflects that neglect in parenting is associated with long-lasting difficulties in attachment security, emotional regulation, and social adjustment in children (Khaleque & Rohner, 2012). Longitudinal inter-cultural studies reflect that recovery from internalizing problems during adolescence is slowed down by neglect, indicating its lasting impact (Putnick et al., 2022).

Undifferentiated Rejection: Undifferentiated rejection pertains to a children's belief that they are not genuinely valued, loved or wanted by their parents, even without clear signals of neglect or hostility. It is an indirect but significant form of rejection as it relies on child's perception of being unloved. Meta-analyses suggest that undifferentiated rejection is linked with low self-esteem, negative personality dispositions, psychological maladjustment and emotional instability (Rohner et al., 2022). This indicates that even in the absence of overt parental behavior, socioemotional well-being of a children can be strongly influenced by their subjective experience of rejection.

Understanding different parenting behaviors is crucial for guiding parents and caregivers in promoting positive development in children. Research indicates that parenting is influenced by various factors, involving individual child differences, culture and the parenting style opted by caregivers can significantly impact the child's emotional and psychological well-being (Bhanot & Jome, 2019). In addition, parenting practices are not stationery instead they evolve with time as family dynamics shift and children become mature (Pinquart, 2017). In past few years, researchers have continued to explore the influence of numerous parenting behaviors on the development of a child, with some times emphasizing the role of contextual and cultural factors that influence these parenting behaviors.

Moreover, innovations in neuroscience and developmental psychology have underscored the significance of parent-child attachment to the manifestation of various parenting practices. Research demonstrated that even within families with warmth parental practices, better quality of attachment between the parent and child can offset the adverse outcomes of having certain parenting practices in terms of emotional and behavioral outcomes (Kobak et al., 2021). Parental acceptance involves the behaviors that portray

expressions of warmth, affection, and care to the child that make them feel secure and self-worth. On the other hand, parental rejection encompasses aggression, neglect, indifference and undifferentiated rejection where the child develops feelings of being unloved or unappreciated but with no obvious signs of mistreatment (Rohner & Lansford, 2017).

The literature on perceived parental rejection consistently demonstrates that it is associated with a variety of psychological disturbances in offspring, such as their amplified aggressiveness, anxiety, depression, and social shyness. The results of a longitudinal study of a multicultural sample in nine countries showed that maternal and paternal rejection have independent links with increased symptoms of internalizing and externalizing in children between 7 and 14 years of age (Putnick et al., 2021). These results highlight the cross cultural universality of parental rejection. With a strong attachment, which may be described as acceptance, it may boost resilience and lead favorable results (Kobak et al., 2021; Jones et al., 2016). On the other hand, parental rejection reduces the attachment bond and predisposes one to emotional and behavioral problems (Lansford et al., 2015; Rohner et al., 2017). Therefore, the quality of attachment, parenting style, and parental acceptance/rejection are mutually influential factors that define the developmental pattern of the child (Pinquart, 2017; Darling & Steinberg, 2017).

It has been found that the perception of parental acceptance and rejection may have different effects to children depending on their gender. As an example, girls have reported higher levels of perceived parental acceptance whereas boys report more levels of perceived rejection especially on the part of the fathers (Gomez-Ortiz et al., 2022). Such perceptions may modify the choice of gender-specific behavioral and emotional patterns. The impact of parental acceptance/rejection is not limited to childhood but may have a lingering effect to adulthood to the personality traits and relationships. A review of the

research has found that minor adults remembered parental acceptance during childhood to be related to positive personality traits, a low correlation was with rejection in childhood with negative personality traits of hostility and emotional instability (Khaleque & Rohner, 2012).

Although it is true that cultural norms can interfere with and affect how parenting is carried out, parental acceptance seems to be an ancestral human need. According to PAR theory, children in different cultures perceive similar parental actions in the same way and that the psychological effect of acceptance or rejection has the same meaning all over the world (Rohner et al., 2022). It is an indication that efforts targeted at fostering parental acceptance can be effective in various cultural contexts.

2.2 Coparenting

The critical element of an effective coparenting is the parents' perception towards the coparenting relationship. Perceptions among the parents of this support or undermining relationship are among the important contributors of psychological atmosphere in the house (McDaniel & Teti, 2018). As another example, a high perception of coparenting support is associated with low parenting stress and parenting self-confidence among mothers (Lee & Schoppe-Sullivan, 2017). Likewise, a father who feels valued and considered when it comes to making decisions as a parent is more active and mindful of the needs of their children (Fagan & Cabrera, 2020). Such perceptions may either strengthen or weaken the collaborative parenting relationship particularly when life demands are heavy, economic burdens mount or when psychological problems appear.

Perceived quality of coparenting is also not symmetrical between partners. It can be suggested that mothers and fathers can assess the kind of relationships in a different way following communication patterns, parenting involvement, and support (Brown et al.,

2020). Moreover, the differences in the perception may even foretell the risk of coparenting conflict or disengagement, which has an impact on the adjustment of the child (Baker et al., 2021). Friendly parenting is also associated with the positive child outcomes that include an improved academic performance, greater self-esteem, and social competence (Teubert & Pinquart, 2019). McHale (2016) has discovered that cooperative coparenting is positively linked to children emotional management capabilities and the aptitude in their social lives. In the same vein, children with healthy coparenting have been found to have better psychological well-being, with less problematic behavior (Feinberg et al., 2020).

Coparental conflict is a dispute, tension, and non-cooperation between parents during child-rearing practices. A large amount of conflict among the parents has been found to negatively affect the development of the children especially regarding emotional regulation and behavior (Cummings & Davies, 2010).

There is evidence that the children that are exposed to excessive conflict between the parents can become more anxious, depressed, and aggressive (Altenburger et al., 2018). According to the results presented by Riina and McHale (2017), coparental conflict adversely and significantly affects the social development of children by supporting emotional regulation and predisposing them to behavioral problems. As a matter of fact, the consequences of conflict tend to be worse where the conflict is unresolved or where it is ill-managed (Grych & Fincham, 2017).

Parental agreement describes the conformity of the parents concerning child raising, norms, and disciplinary measures. When parents concur on how to bring up their children, they can show a united front, which gives children uniformity and assurance (McHale et al., 2011). It has been found that coparental agreement promotes emotional

regulation and social adjustment of the children (McHale, 2016). Conflict among parents especially on significant parenting practice like discipline may cause confusion and insecurity among children. Teubert and Pinquart (2019) observe that behavioral problems and emotional complications may arise as a result of inconsistent parenting styles which occur due to the coparental discordance because children may not know how to deal with the conflicting messages expressed by the coparents.

The division labor defines the sharing of parenting roles into chores and other tasks. A balanced division of roles between parents means that tasks like child care, housework and emotional support are distributed equally and thus provides a supportive environment to the child (Feinberg, 2016). Research indicates that children have a better start in life when there is an equitable distribution of parenting duties between both parents because there is less parental stress and more consistent parenting care (McHale, 2016). Conversely, with the uneven distribution of labour one of the parents can have burn out or resentment which can serve as a passport to stress and reduced emotional availability of the child. According to a study conducted by Lunkenheimer et al. (2020), mothers experiencing an impact on their emotional state attributed to the burden of childcare responsibilities, especially in the case of dual-income families, indicated that they were exposed to more stress and this had a negative effect on the emotional situation of the children.

Parental triangulation becomes associated with a child when he or she is used as a control measure to influence the other parent or is within an environment of a friction between parents. Triangulation can be very destructive in terms of psychological and emotional growth of children. The children in triangulation suffer anxiety and confusion because they find themselves in a loyalty bind (Teubert & Pinquart, 2019). This becomes a source of more emotional distress and behavioral issues (McHale, 2016). Cultural

contexts and contextual factors also determine the nature of the coparenting relationship in that practices differ on how parents interact and their perceived roles. In collectivist societies, this might mean that extended families contribute more to coparenting, and more family responsibility may be instilled (Bornstein, 2015). In China, anxiety among children can be reduced by having more than one caregiving relationship through connection with the extended family (Wang et al., 2019).

The same can be said about socioeconomic status (SES) on the dynamics of coparenting. Environmental factors like economic difficulties and work-related stress in families with low SES can increase the likelihood of coparents becoming hostile in stressful situations and, thereby, curb constructive cooperation (McHale & Lindahl, 2011). Such variables can lead to worse emotional and social competence results of a child. The concept of the perception of parents about their coparenting relationship is central to the formation of processes in their work. Such perceptions are connected with personal traits, history of relationships and circumstantial events. A study published by Schoppe-Sullivan et al. (2022) has identified that prenatal marital conflict is a predictor of more perceived coparenting conflict after delivery. Moreover, parenting self-efficacy is relevant to a highly rated coparenting, which is also related to more coordination and less conflict.

Supportive coparenting is one that is marked by mutual respect, open communication as well as shared decision making. They (such relationships) offer a feeling of psychological security to parents helping to adjust to parenting roles more easily. Altenburger et al. (2018) showed that the coparenting relationships were linked with reduced parenting stress and increased parenting satisfaction, more so among fathers. Additionally, positive child outcomes, such as fewer internalizing and externalizing behaviors have been associated with supportive coparenting.

Unsupportive coparenting will include conflict, undermining, and triangulation. Such dynamics may prove negative to both children and parents. A meta-analysis by Zhang et al., (2022) has revealed that coparental conflict, triangulation was significantly related to an increase in internalizing and externalizing problems in children. In addition, the negative parenting associated with unsupportive coparenting may increase the stresses of parenting and limit the overall family functioning.

2.3 Parenting and Coparenting

In the effectiveness of parenting practices, the role of coparenting relationship is very crucial. A cooperative and positive coparenting relationship enhances the benefits of warmth parenting. To instance, when two parents are comfortable with one another and share responsibilities make children proliferate to have secure attachments and positive emotional well-being (Feinberg, 2003). In contrast, in cases where the coparenting environment is characterized by the harshness or sabotage practices, warmth parenting, in turn, may be less effective in ensuring healthy child development (Teubert & Pinquart, 2019). The extent of coparental cooperation has the possibility to either enhance or reduce the influence of given parenting practices on child outcomes.

The benefits of having positive coparenting, in the form of self-support and veneration, may overcompensate children lacking the demonstrative attitude of affection with individual parents (McHale et al., 2019). Nevertheless, when coparents are not on the same page in their approach or undermine one another, uncertainty or discontinuity in the child can occur, resulting in emotional and behavioral problems (Rinna & McHale, 2017). Therefore, the character of the coparenting model may support or degrade the emotional nurturing provided by the parents to the children. The socioemotional development of children is also dependent on the emotional support of parents. Emotionally supported

children become more susceptible to secure attachments, learning how to cope, positive social relationships (Rohner & Lansford, 2017). When mother and father give emotional support, the child is in an environment that is stable and secure where he/she feels free to entertain and grow socially and emotionally (Feinberg, 2003).

Developed and healthy coparenting relationship ensures a well-balanced and nurturing environment filled with emotional strength due to parental involvement in providing emotional support (Rinna & McHale, 2017). In contrast, the coparenting relation is not always positive and in the presence of tension or conflict, children are likely to feel disoriented or experience emotional neglect that can nullify the effects of emotional care by either the father or mother (Teubert & Pinquart, 2019). Warmth parenting play a critical role in managing children behaviors and their emotions. Studies confirm that children who grow up with warmth parenting practices have more chances of building self-control, social competence, and problem-solving skills (Baumrind, 2013).

When coparents are in agreement about discipline and consistently implement strategies, children are more likely to respond positively, learning to regulate their behavior in socially appropriate ways (Feinberg, 2003). However, coparental conflict or disagreement on discipline can create inconsistencies in the child's environment, leading to confusion, behavioral problems, and emotional dysregulation (Rinna & McHale, 2017). Teubert & Pinquart (2010) conducted a meta-analysis across multiple studies and found that the quality of the coparenting relationship significantly moderates the impact of parenting behaviors on children's outcomes. Specifically, positive coparenting (e.g., cooperation, mutual support) enhanced the effects of positive parenting (e.g., warmth, involvement) on child adjustment. Conversely, conflictual coparenting weakened the benefits of good parenting and exacerbated the risks of negative parenting (Teubert & Pinquart, 2010).

In a study by Altenburger et al. (2018), coparenting support moderated the association between maternal responsiveness and children's emotion regulation. Children whose mothers were warm and responsive showed better emotion regulation skills—but only when coparenting support was also high. In cases of low coparenting support, the positive effects of maternal warmth were weakened.

2.4 Socioemotional Development

With growth, children begin to explore and manage a complex world of relationships, feelings and social expectations. Their capability to manage these feelings or experiences shapes the basis of what is usually regarded as socioemotional development. Socioemotional development is not restricted to childhood; it evolves throughout life in adolescence and even after adolescence, influenced by child's day to day interactions with parents, peers, and the overall society (Eisenberg et al., 2021). Children learn to understand how to develop positive relationships, how to deal effectively with frustration and how their behaviors impact others and all these factors are shaped by the quality of their primary relationships and their overall environment (Denham et al., 2017).

Voluntary actions aimed to assist others, such as cooperating, helping and sharing are considered as prosocial behavior. In promoting prosocial behaviors among middle school students, Programs such as Second Step prevention have been benificial. This program involves direct guidance in emotion regulation, empathy training, problem-solving strategies and communication skills potentially resulting in significant decrease in bullying and aggressive behavior (Compas et al., 2017). Child's capacity to socially adjust is one of the most obvious outcomes of positive socioemotional development. Some children cooperate in group settings, easily make friends and respond well to social norms,

while others may face difficulty in adapting to new social situations or struggle with peer rejection (Green et al., 2019).

These primary experiences characterized by support or conflict may influence how children perceive themselves and their position in the surrounding (Eisenberg et al., 2021). Home, playground and classroom, each offers space for learning regarding empathy, boundaries and conflict resolution (Denham et al., 2017). Peer problems include struggling in developing and maintaining healthy peer relationships, which are potentially resulting due to behavioral problems. In conduct disorder, children may tend to have high deceitfulness and aggression, potentially resulting in isolation and social rejection. Interventions emphasizing peer-mediated strategies and social skills training have been influential in promoting peer reelationship among children with behavioral and emotional problems (Compas et al., 2017).

Behavioral problems may involve withdrawing, acting out or becoming easily overwhelmed by emotions. Such behaviors may not only negatively impact child's learning but also have detrimental impacts on their relationship with others (Murray et al., 2022). These symptoms are often pointing out child's difficulty to manage emotions or deal with stress in meaningful manner. Conduct problems in children and adolescents encompass a range of antisocial behaviors, including aggression, deceitfulness, and rule violations. These behaviors can significantly impair a child's ability to function effectively in daily life. Early intervention and a combination of psychosocial approaches are critical for better outcomes (Compas et al., 2017).

Hyperactivity, a core symptom of Attention-Deficit/Hyperactivity Disorder (ADHD), is characterized by excessive motor activity, impulsivity, and difficulty sustaining attention. Children with ADHD often struggle with emotional instability and

developmental coordination disorders, impacting their interactions at home and school. Parental emotion regulation skills are essential in managing stressful situations involving hyperactive children (Compas et al., 2017). Children who can manage strong feelings—like anger, fear, or sadness—tend to function better in both social and academic settings. This ability is not innate; rather, it is shaped over time through interactions with adults who model and support emotional awareness and control (Morris et al., 2017).

Emotional symptoms in children and adolescents, such as anxiety and depression, are often linked to difficulties in emotion regulation. Emotion dysregulation is a transdiagnostic risk factor implicated in various psychological problems, including depression, anxiety, aggression, and sleep disturbances. Studies have shown that deficits in emotion regulation can lead to internalizing and externalizing problems (Compas et al., 2017). Struggling in regulating emotions is associated with numerous psychological disorders, involving anxiety, depression and borderline personality disorder. Interventions focused on promoting emotion regulation strategies have been influential in buffering psychological problems in adolescents (Compas et al., 2017).

The ratio of positive to negative emotions that are experienced by an individual over time is regarded as affect balance. An increased affect balance, shows a predominance of positive emotions, and is positively associated with psychological health and overall well-being. Emotion regulation skills including mindfulness and cognitive reappraisal can promote affect balance by reducing negative emotions and enhancing positive ones. Research shows that everyday mindfulness practice is inversely linked with negative affect and is positively associated with positive affect, whereas cognitive reappraisal leads to enhanced positive affect (Brockman et al., 2016).

Stress management is characterized by strategies and techniques focusing on controlling an individual's stress level. Influential stress management includes both emotion regulation skills and problem-oriented coping. Programs that focuses on stress management strategies have been influential in promoting mental health outcomes in children, specifically those dealing with ADHD and other behavioral disorders. Behavioral therapy, for instance, offers techniques for parents to assist their children effectively in managing ADHD related symptoms, potentially resulting in positive outcomes at school, home and in other surroundings (Centers for Disease Control and Prevention, 2022).

Problem oriented coping refers to conscious efforts of an individual to regulate and change the origin of stress. It involves skills such as seeking social support, problem-solving and planning. Influential problem-oriented coping is positively linked with psychological adjustment and is inversely related with psychopathological symptoms in children and adolescents. By learning these coping skills, children can develop positive emotional well-being and resilience (Compas et al., 2017). Children who have greater exposure to positive emotions rather than negative ones tend to exhibit high resilience, more motivation, and greater capability of managing life stressors (Fredrickson & Joiner, 2018). The balance is not only related to avoiding anger or sadness, but about how a variety of feelings can be managed in a way that promotes positive development.

2.5 Parenting and Socioemotional Development

Parenting practices, usually characterized by acceptance and rejection, play a crucial role in socioemotional development of children. Parental acceptance marked by support, warmth and affection is associated with positive behavioral and emotional outcomes in children (Khaleque & Rohner, 2012). In comparison, parental rejection, characterized by hostility, neglect and lack of affection, is associated with negative

developmental outcomes, involving internalizing problems and emotional dysregulation such as depression and anxiety (Putnick et al., 2021).

Stronger emotional regulation skills are developed by children who are exposed to greater levels of parental acceptance, enabling them to deal with interpersonal challenges and stress more effectively (Morris et al., 2017). These children tend to exhibit self-soothing strategies, empathy and resilience when dealing with stressful situations. These emotion regulation strategies are important for developing healthy peer relationships and social adjustment (Eisenberg et al., 2021). In contrast, children who experienced parental rejection may face difficulty with regulating negative emotions, potentially resulting in enhanced behavioral problems including defiance and aggression (Lunkenheimer et al., 2020).

Parental rejection is linked with poor coping mechanisms and heightened stress responses in children. Such children tend to be dependent on emotion-focused or avoidant coping strategies, which may aggravate psychological symptoms with time (Abbas et al., 2025). On the other hand, positive parenting promotes children's utilization of cognitive reappraisal strategies and problem-solving skills, which are associated with positive psychological well-being and stress management (Compas et al., 2017).

Peer relationships and social adjustment are significantly shaped by parenting behaviors. Parental acceptance promotes trust and secure attachment, which serves as the basis for prosocial behaviors including empathy, cooperation and helping others (Denham et al., 2017). In contrast, children who experience parental rejection may struggle in developing and managing peer relationships, enhancing the risk for social withdrawal and peer problems (Gleason et al., 2016). Parental warmth is directly linked with heightened experiences of positive affect in children, leading to decreased mood disorders and

increased life satisfaction (Fredrickson & Joiner, 2018). Children, who experience rejection may show reduced positive emotional experiences and increased negative affect depicting enhanced vulnerability to mental health problems and poor affect balance (Rohner & Lansford, 2017).

When consistent and nurturing care is provided by parents, children may exhibit positive social and emotional skills, which are important for their relationships with others including peers and adults (Denham et al., 2017). Positive coparenting, where parents, caregivers and coparents support and cooperate with each other, develops a suitable environment that assists children feel confident and secure in their surroundings (Morris et al., 2017). In comparison, conflicted or negative coparenting can distress children, making it difficult for them to navigate social situations and manage emotions (Lunkenheimer et al., 2020).

Literature in Pakistani Context

The coparenting framework has largely been conceptualized within Western nuclear family systems, emphasizing cooperation between mothers and fathers; however, this framework requires further theoretical expansion in collectivistic societies such as Pakistan, where extended family members—particularly grandparents—play an active coparenting role (Feinberg, 2003; Kagitcibasi, 2007). In South Asian and broader Asian cultures, grandparents often share caregiving, discipline, and emotional socialization responsibilities, making coparenting a multigenerational process rather than a dyadic one (Chen et al., 2011; Chao & Tseng, 2002).

In Khyber Pakhtunkhwa, a study conducted with young adults revealed that parental aggression and hostility is associated with increased hostility in adolescents, whereas

parental neglect and indifference is associated with emotional instability (Sajid & Shah, 2023). Likewise, a study conducted with adolescents in Karachi found that increased perceived rejection and lesser maternal warmth is significantly associates with decreased levels of emotional intelligence, indicating the significance of warmth parenting for healthy development (Hafeez et al., 2021).

Findings of a study conducted in Multan also reveal that increased parental hostility and neglect is reported by abused children as compared to non-abused children, which lead to emotional instability (Jahangir et al., 2021). In addition, work with Pakistani students revealed that rejection in parenting (more undifferentiated rejection and less warmth) predicts higher vengeance and lower forgiveness, demonstrating that rejection in parenting shape both interpersonal and emotional functioning (Rohner et al., 2023). Researches conducted with adolescents diagnosed with conversion disorder reported scarcity of parental warmth, along with hostility and neglect, is significantly linked with symptom severity (Naz & Kausar, 2020).

In Pakistan, extended family systems, the intersection of traditional gender roles and collectivist values make parenting and coparenting dynamics more complex. Mothers are usually the primary responsible for nurturing, whereas fathers are culturally less engaged, however, this is evolving over time (Yousafzai et al., 2018). Moreover, grandparents often participate in coparenting, particularly in multigenerational families, which can either be beneficial or harmful based on the uniformity of parenting practices (Goh & Kuczynski, 2010). A study conducted in Pakistan reveals the growing recognition of paternal engagement and cooperative coparenting as important for the behavioral and emotional health of children (Khawaja et al., 2024).

In Pakistan, where multigenerational households are more common, coparenting involves not just the biological parents but it also includes other family members. A qualitative study conducted in rural areas of Pakistan revealed that positive coparenting, marked by shared decision-making and mutual support, leads to improved emotional and cognitive outcomes in children (Jeong et al., 2018). Moreover, effective coparenting relationships tend to decrease the detrimental impacts of socioeconomic stressors on child's overall well-being. Households, where parents and coparents support each other's parenting efforts, their children show increased levels of prosocial behavior and lesser behavioral problems (Khawaja et al., 2024).

In Pakistan, fathers have been considered as primary providers, with less involvement in child-rearing processes. However, studies conducted in past few years reveal that greater paternal involvement is advantageous for children's socioemotional development. Khawaja et al. (2024) revealed that fathers who actively engage in child-rearing and maintain a positive coparenting relationship lead to heightened prosocial behaviors and lesser behavioral problems in children. In addition, a research found that the coparenting relationship quality significantly impact the influence of father engagement. When both parents effectively collaborate with each other, children tend to exhibit empathy towards others and develop emotional regulation skills (Khawaja et al., 2024). Parenting and coparenting practices are influenced by defined gender roles and collectivism in Pakistani cultural context (Jeong et al., 2018).

In child-rearing, extended family involvement can offer further support but may also result in conflicts in parenting practices (Zahid & Ali, 2020). Understanding these cultural dynamics is important for developing interventions focused on enhancing parenting practices and improving children's socioemotional development (Yousafzai et al., 2018).

Research revealed the importance of encouraging warmth parenting and supportive coparenting relationships in Pakistan. Parenting workshops should emphasize on encouraging communication and collaboration between parents and coparents, promoting paternal engagement, and addressing cultural hindrances to positive parenting (Shahid & Akhter, 2023).

Empirical evidence from Asian contexts indicates that grandparental involvement is significantly associated with children's socioemotional development, including emotional regulation, social competence, and behavioral adjustment (Kim et al., 2017; Xu et al., 2020). Supportive grandparent–parent coparenting relationships have been linked with reduced parenting stress and improved child outcomes, whereas intergenerational conflict in coparenting has been associated with child emotional and behavioral difficulties (Lee et al., 2018). In collectivistic cultures, grandparents also transmit cultural values, emotional norms, and coping strategies, which shape children's socioemotional development across generations (Kagitcibasi, 2012).

Within the Pakistani context, family systems are predominantly extended, and parenting decisions are often shared between husbands, wives, and grandparents, particularly paternal grandparents (Rashid & Kausar, 2019). Fathers' involvement and grandparents' authority may influence parenting consistency, emotional climate, and coparenting harmony, which in turn affect children's socioemotional security. Despite this, empirical research in Pakistan has largely focused on mother–child dyads, leaving the coparenting roles of husbands and grandparents under-theorized and under-researched. Therefore, incorporating husbands and grandparents as coparents provides a culturally relevant and theoretically enriched understanding of children's socioemotional development in Pakistani families.

Chapter 3

METHODOLOGY

The objective of the current study was to examine the association between parenting, coparenting, and socioemotional development of children. The study intended to explore how these variables are associated. Self-report measures were administered to participants including both mothers and children via scheduled, meaningful sessions.

3.1 Research Design

Using a cross-sectional correlational design, the current study was conducted in two phases—an initial pilot study followed by the main study—. Translated versions of the following measures were utilized in the study: Parental Acceptance Rejection Questionnaire (PARQ-short form) originated in (2005) by Rohner, Coparenting Relationship Scale (CRS) created by Feinberg, (2003). Questionnaire developed by (Belsky et al., 1995; Stright and Bales, 2003) named Parent's Perception of the Quality of Coparenting. Social Adjustment Scale (SAS) originated by Herrera-López et al. (2016). Strength and Difficulties Questionnaire (SDQ) created by (Goodman, 1997; Maxwell et al., 2024). 6-items subscale name Problem Oriented Coping subscale of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8) originated by Lohaus et al., (2018) and Affect Balance Scale (ABS) developed by (Bradburn, 1969; Simkin et al., 2021). The aim of pilot study was to examine the cultural relevance of the translated Urdu versions of the instruments. After completing the pilot study, the main study was conducted to evaluate the formulated hypotheses of the present study.

3.2 Phase I Pilot Study

3.2.1 Objectives of the study

1. To estimate and determine the relevance, suitability, feasibility and utility of the measures within Pakistani sample.

2. To assess the psychometric characteristics (e.g, validity and reliability) of the measures in the Urdu language.

3. To evaluate the comprehensibility, readability and cultural appropriateness of the Urdu versions of the measures for participants with different academic backgrounds and educational levels.

4. To conduct a preliminary evaluation of all measures to assess their suitability to utilize in the main study.

3.2.2 Step I Translation of Study Measures

In the first step, following Brislin's (1976) translation method, without altering the original meaning, the scales were first reviewed and then translated into native language, Urdu. This process was carried out by a committee comprising two MPhil level and one PhD level bilinguals and one psychology scholar. In the second step, the translated version was evaluated and appraised by another committee that included my research supervisor, myself, and two domain-specific experts.

In the final step (back-translation), the Urdu version was provided to a committee of two MPhil level and one PhD level bilinguals and one PhD-level psychology expert. They reviewed, compared, and assessed the translated draft against the original version. Necessary changes were made, and the revised draft was reviewed by a committee including my supervisor and two domain experts. After this rigorous process, the final translated version was finalized and distributed to

participants for pilot testing.

3.2.3 Step II Pilot Testing of Study Measures

In the initial phase, the translated Urdu versions of the instruments were administered to a small sample to assess their cultural appropriateness, clarity, and comprehensibility. This step aimed to determine the suitability of the scales and their subscales for use in the main study. The primary objective of the pilot study was to determine the psychometric characteristics, feasibility, appropriateness, effectiveness, and comprehensive usefulness of the instruments within the context of the Pakistani sample.

3.2.4 Sample

The sample of the pilot study comprises of 70 families with a dyadic of mother and child. The age of mother in the sample ranges from 29 to 50 years with minimum qualification of below matric. Among the children, 57% were girls and 43% were boys. Mothers who were having more than one child within the specified age range were given the freedom to select any of their children to complete the form. Participation in the study was voluntary, and written informed consent was obtained from mothers prior to data collection. In addition, verbal assent was taken from children after explaining the purpose and procedures of the study in age-appropriate language. Participants were informed about the right to withdraw from the study at any stage without any penalty. Confidentiality and anonymity were ensured by assigning codes to participants, and no identifying information was recorded. All data were used strictly for research purposes and stored securely to protect participants' privacy. Families were recruited by using convenient purposive sampling method which was accomplished by visiting families and multiple schools of Rawalpindi and Islamabad.

Inclusion/Exclusion criteria

The eligibility criteria guiding participants' inclusion and exclusion in sample is as following:

1. Only those families were recruited who have a child aged between 11-13 years and father and at least one grandparent are living with them. Participants (both mother and child) must have the ability to read and understand the Urdu language fluently.

2. Families with single mother either separated/divorced/widowed/ husbands living abroad or in other cities were excluded.

3.2.5 Measures

During this phase, the following measures were utilized (with comprehensive explanations documented in the main study):

1. Parental Acceptance Rejection Questionnaire (PARQ-short form; Rohner, 2005)

2. Coparenting Relationship Scale (CRS; Feinberg, 2003)

3. Parent's Perception of the Quality of Coparenting (Belsky et al., 1995; Stright and Bales, 2003)

4. Social Adjustment Scale (SAC; Herrera-López et al., 2016)

5. Strength and Difficulties Questionnaire (SDQ; Goodman, 1997, Maxwell et al., 2024)

6. 6-items Problem Oriented Coping subscale of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8; Lohaus et al., 2018)

7. Affect Balance Scale (ABS; Bradburn, 1969; Simkin et al., 2021)

3.2.6 Procedure

For the pilot study, data was collected using a convenient purposive sampling method from mothers and children aged 11 to 13 years, belonging to low-middle class families. The data collection was conducted in the cities of Islamabad and Rawalpindi. Families were approached for consent after being informed about the confidentiality of their responses and adherence to ethical standards, including respect for privacy, data confidentiality and anonymity, the right to withdraw at any stage, and respect for their family norms and values.

The data collection process included:

- A brief introduction outlining the main objectives of the study.

- A comprehensive demographic information sheet covering gender, age, education, occupation, and family size.

- Clearly defined scales to assess each research variable.

Participants were guided to completely fill both the demographic information form and the research scales, which took total duration of approximately 15–20 minutes. As a gesture of appreciation, small incentives were given to families for their valuable time. All collected data was securely stored and later analyzed utilizing SPSS version 25.

3.3 Results of Pilot Testing

To evaluate the validity and reliability of the measures used in the current study, descriptive analyses were conducted to assess the consistency and practicality of all measures. Reliability analysis was carried out to determine internal consistency, while correlation analysis was used to examine the relationships between the variables. The results are presented below:

Table 3.1

Frequencies and Percentages of Demographic Variables (N=70)

Variables	ƒ (%)	Mean (SD)	Variables	ƒ (%)	Mean (SD)
Age (in years)		38.50(4.43)	Marriage Type		
Mother's Education			Love Marriage	10(14.3)	
Below Matric	15(21.4)		Arrange Marriage	60(85.7)	
Matric	19(27.1)		Total Years of Marriage		17.11(4.00)
Intermediate	15(21.4)		Child's Age (in years)		2.04 (.85)
Bachelors	12(17.1)		11	24(34.3)	
Masters and Above	9(12.9)		12	19(27.1)	
Mother's Working Status			13	27(38.6)	
Housewife	57(81.4)		Child's Gender		
Employed	13(18.6)		Boy	30(42.9)	
Family's Monthly Income		79957.14 (93719.35)	Girl	40(57.1)	
Total Family Members		6.46(1.31)	Child's Education		
No. of Children		3.14(1.02)	5th Grade	23(32.9)	
Husband's Education			6th Grade	11(15.7)	
Below Matric	9(12.9)		7th Grade	15(21.4)	
Matric	24(34.3)		8th Grade	21(30.0)	

Intermediate	14(20.0)	Grandparent Nominated for Data Collection	
Bachelors	14(20.0)	Mother-in-law	46(65.7)
Masters and Above	9(12.9)	Father-in-law	12(17.1)
Husband's Working Status		Mother	12(17.1)
Employed	46(65.7)		
Unemployed	24(34.3)		

f = Frequency, %= percentage

Table summarizes demographics of the pilot study. 70 families' data was utilized in the pilot study including the responses of 70 mothers along with their child responses (30 boys and 40 girls). Most of the mothers were housewives and 27% of the mothers were having their education till matric. 27 out of 70 children were thirteen years old and 32% children were studying in Grade 5. 65% mothers nominated their mother-in-laws for data collection.

Table 3.2

Descriptive and Alpha Reliability of Scales (N=70)

Scales	No. of Items	α	M	SD	Actual	Potential	Skew
					Range		
PARQ	24						
Warmth	8	.77	25.26	2.32	22-32	8-32	.97
Hostility	6	.61	10.04	3.68	7-23	6-24	.94
Neglect	6	.71	11.93	2.48	6-19	6-24	1.04
Undifferentiated Rejection	4	.84	11.50	1.58	6-15	4-16	-.76
CRS (Husband)	35						
Agreement	4	.74	12.13	7.01	0-24	0-24	.02
Closeness	5	.80	24.94	6.66	6-30	0-30	-1.52
Exposure to Conflict	5	.68	9.56	7.32	0-26	0-30	.34
Support	6	.85	30.36	7.42	0-36	0-36	-1.94
Undermining	6	.89	25.31	11.11	0-36	0-36	-1.12
Endorse Partner	7	.86	32.87	10.52	0-42	0-42	-1.63
Division of Labor	2	.85	5.60	4.47	0-12	0-12	.28
CRS (Grandparent)	35						
Agreement	4	.69	12.54	5.88	0-24	0-24	.03
Closeness	5	.73	21.61	7.09	0-30	0-30	-.92
Exposure to Conflict	5	.69	7.49	6.65	0-30	0-30	1.01
Support	6	.83	28.17	8.01	7-36	0-36	-1.17
Undermining	6	.61	8.79	6.92	0-31	0-36	.84
Endorse Partner	7	.75	31.89	8.80	8-42	0-42	-.88
Division of Labor	2	.79	7.24	3.92	0-12	0-12	-.26

PPCRS (Husband)	14	.86	56.37	11.13	21-70	14-70	-.96
PPCRS (Grandparent)	14	.77	54.94	8.99	27-70	14-70	-.65
SAS	8	.71	29.69	8.83	17-50	8-56	1.29
SDQ	25						
Emotional Symptoms	5	.71	5.69	1.55	0-8	0-10	-1.26
Conduct Problem	5	.87	3.70	1.76	0-8	0-10	.75
Hyperactivity	5	.84	3.96	2.76	0-9	0-10	.08
Peer Problem	5	.83	6.07	1.86	0-9	0-10	-.64
Prosocial Behavior	5	.78	5.53	1.08	4-9	0-10	.76
POCS	6	.66	16.56	5.11	8-30	6-30	.90
ABS	10						
Positive Affect	5	.83	10.33	2.86	8-20	5-20	2.16
Negative Affect	5	.64	11.14	2.45	5-17	5-20	-.07

Note: PARQ= Parent Acceptance Rejection Questionnaire, CRS= Coparenting Relationship Scale, PPCRS =Parent's Perception of the Coparenting Relationship Scale, SAS=Social Adjustment Scale, SDQ=Strength and Difficulties Questionnaire, POCS=Problem Oriented Coping Subscale, ABS=Affect Balance Scale, Skew = Skewness.

Table shows that Cronbach's alpha reliability coefficients of all scale and subscales are acceptable indicating their effectiveness in measuring their conceptual underlying construct. Moreover, the values of skewness of all the scales and subscales fall within the range of ± 2, which is regarded as consistent with the normal distribution of data.

Table 3.3

Item-Total Correlation for Parent Acceptance Rejection Questionnaire (Warmth) (N=70)

Items	*M*	*SD*	Item-Total Correlation
PARQ_1	3.70	.46	.64
PARQ_3	3.70	.46	.64
PARQ_9	3.70	.46	.64
PARQ_12	3.70	.46	.64
PARQ_17	3.71	.45	.35
PARQ_19	3.50	.50	.39
PARQ_22	3.34	.47	.25
PARQ_24	3.30	.46	.34

Results indicate a weak to relatively moderate inter-item correlation ranging from .25 to .64 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.4

Item-Total Correlation for Parent Acceptance Rejection Questionnaire (Hostility) (N=70)

Items	*M*	*SD*	Item-Total Correlation
PARQ_4	3.77	.42	.76
PARQ_6	3.77	.42	.76
PARQ_10	3.07	.84	.37
PARQ_14	3.70	.64	.54
PARQ_18	3.27	.70	.45
PARQ_20	3.77	.42	.76

Results indicate a weak to relatively moderate inter-item correlation ranging from .37 to .76 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.5

Item-Total Correlation for Parent Acceptance Rejection Questionnaire (Neglect) (N=70)

Items	*M*	*SD*	Item-Total Correlation
PARQ_2	3.70	.46	.76
PARQ_7	3.70	.46	.76
PARQ_11	3.53	.71	.45
PARQ_13	3.70	.46	.76
PARQ_15	3.26	.79	.59
PARQ_23	3.66	.61	.54

Results show weak to relatively moderate inter-item association ranging from .45 to .76 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.6

Item-Total Correlation for Parent Acceptance Rejection Questionnaire (Undifferentiated Rejection) (N=70)

Items	*M*	*SD*	Item-Total Correlation
PARQ_5	3.89	.32	.89
PARQ_8	3.90	.30	.83
PARQ_16	3.84	.36	.84
PARQ_21	3.93	.25	.69

Results show moderate to strong inter-item association ranging from .69 to .89 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.7

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Coparenting Agreement) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_6	3.29	2.43	.86
CRS_9	3.37	2.43	.56
CRS_11	2.37	2.14	.68
CRS_15	3.10	2.43	.87

Results indicate moderate to strong inter-item correlation ranging from .56 to .87 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.8

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Coparenting Closeness) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_2	5.17	1.55	.88
CRS_17	4.73	2.06	.66
CRS_24	5.17	1.55	.88
CRS_28	4.70	2.14	.55
CRS_30	5.17	1.55	.88

Results show moderate to strong inter-item correlation ranging from .55 to .88

between the items and the total scale score. Results depict that there is no need to delete

any item as the items are sufficiently consistent.

Table 3.9

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Exposure to Conflict)

(N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_31	2.64	2.50	.76
CRS_32	2.54	2.45	.60
CRS_33	1.63	2.18	.63
CRS_34	1.39	2.04	.65
CRS_35	1.36	1.82	.64

Results show a moderate inter-item correlation ranging from .60 to .76 between the

items and their total score. Results depict that there is no need to delete any item as the

items are sufficiently consistent.

Table 3.10

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Coparenting Support)

(N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_3	5.13	1.36	.76
CRS_10	4.71	1.86	.61
CRS_19	5.40	1.30	.79
CRS_25	4.93	1.69	.76
CRS_26	4.93	2.00	.79
CRS_27	5.26	1.52	.85

Results show moderate to strong inter-item association ranging from .61 to .85 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.11

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Coparenting Undermining) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_8	4.70	2.21	.94
CRS_12	4.67	2.22	.92
CRS_13	4.54	2.32	.95
CRS_16	4.79	2.11	.90
CRS_21	2.13	2.59	.25
CRS_22	4.49	2.35	.92

Results show a weak to strong inter-item correlation ranging from .25 to .95 between items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.12

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Endorse Partner Parenting)(N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_1	5.34	1.57	.83
CRS_4	5.14	1.82	.90
CRS_7	3.87	2.49	.44
CRS_14	5.09	1.84	.90
CRS_18	4.96	1.94	.87
CRS_23	5.19	1.70	.85
CRS_29	3.29	2.66	.62

Results show a relatively moderate to strong inter-item correlation ranging from .44 to .90 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.13

Item-Total Correlation for Coparenting Relationship Scale (Husband) (Division of Labor) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_5	2.70	2.41	.93
CRS_20	2.90	2.39	.93

Results show strong inter-item correlation between the items and the total scale score with value .93. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.14

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Coparenting Agreement)(N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_6	3.04	1.98	.30
CRS_9	3.09	2.11	.84
CRS_11	3.04	2.10	.85
CRS_15	3.37	1.95	.87

Results show weak to strong inter-item association ranging from .30 to .87 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.15

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Coparenting Closeness) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_2	3.91	2.19	.77
CRS_17	3.59	2.35	.52
CRS_24	4.43	1.96	.56
CRS_28	4.27	2.19	.80
CRS_30	4.19	2.10	.82

Results show a moderate to strong inter-item correlation ranging from .52 to .82 between the items and their total score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.16

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Exposure to Conflict) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_31	1.50	1.99	.76
CRS_32	2.21	2.35	.58
CRS_33	1.29	1.88	.76
CRS_34	1.29	1.95	.62
CRS_35	1.20	1.75	.63

Results show moderate inter-item association ranging from .58 to .76 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.17

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Coparenting Support) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_3	4.81	1.84	.79
CRS_10	4.39	2.00	.54
CRS_19	4.87	1.57	.73
CRS_25	4.81	1.73	.61
CRS_26	4.56	1.90	.82
CRS_27	4.73	1.85	.90

Results show moderate to strong inter-item correlation ranging from .54 to .90 between the items and the total scale score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.18

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Coparenting Undermining) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_8	1.13	1.75	.62
CRS_12	1.24	2.01	.64
CRS_13	.86	1.60	.69
CRS_16	2.47	2.23	.59
CRS_21	2.09	2.38	.45
CRS_22	1.00	1.81	.55

Results indicate a relatively weak to moderate inter-item correlation ranging from .45 to .69 between the items and the total scale score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.19

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Endorse Partner Parenting) (N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_1	5.16	1.71	.46
CRS_4	4.87	1.99	.68
CRS_7	3.86	2.42	.52
CRS_14	4.64	1.85	.80
CRS_18	4.70	1.78	.68
CRS_23	4.60	1.82	.67
CRS_29	4.06	2.23	.63

Results show relatively weak to strong inter-item association ranging from .46 to .80 between the items and their total score. Results indicate that no item needs to be deleted

from the scale as the items are consistent enough.

Table 3.20

Item-Total Correlation for Coparenting Relationship Scale (Grandparent) (Division of Labor)
(N=70)

Items	*M*	*SD*	Item-Total Correlation
CRS_5	3.41	2.21	.91
CRS_20	3.83	2.11	.90

Results show a strong inter-item correlation ranging from .90 to .91 between the items and their total score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.21

Item-Total Correlation for Parents' Perception of the Coparenting Relationship Scale (Husband)(N=70)

Items	*M*	*SD*	Item-Total Correlation
PPCRS_1	4.00	1.47	.70
PPCRS _2	3.96	1.45	.46
PPCRS _3	3.64	1.42	.56
PPCRS _4	3.93	1.45	.59
PPCRS _5	4.17	1.25	.67
PPCRS _6	4.04	1.42	.70
PPCRS _7	3.61	1.40	.57
PPCRS _8	4.14	1.36	.50
PPCRS _9	4.47	1.05	.76
PPCRS _10	3.56	1.50	.43
PPCRS _11	4.23	1.23	.72
PPCRS _12	4.59	.86	.52
PPCRS _13	4.34	1.07	.67
PPCRS _14	3.69	1.52	.58

Results show relatively weak to moderate inter-item association ranging from .43 to .76 between items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.22

Item-Total Correlation for Parents' Perception of the Coparenting Relationship Scale

(Grandparent) (N=70)

Items	M	SD	Item-Total Correlation
PPCRS_1	3.79	1.37	.60
PPCRS _2	4.11	1.34	.46
PPCRS _3	3.61	1.44	.49
PPCRS _4	4.11	1.36	.51
PPCRS _5	4.19	1.25	.50
PPCRS _6	4.16	1.33	.66
PPCRS _7	4.10	1.40	.51
PPCRS _8	4.09	1.34	.48
PPCRS _9	3.96	1.37	.71
PPCRS _10	4.01	1.28	.23
PPCRS _11	4.36	1.13	.56
PPCRS _12	4.00	1.30	.45
PPCRS _13	4.19	1.14	.54
PPCRS _14	3.37	1.45	.43

Results indicate weak to moderate inter-item correlation ranging from .23 to .71 between items and the total scale score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.23

Item-Total Correlation for Social Adjustment Scale (N=70)

Items	*M*	*SD*	Item-Total Correlation
SAS_1	5.21	1.72	.58
SAS_2	5.96	1.72	.57
SAS_3	5.04	2.11	.65
SAS_4	5.76	1.66	.57
SAS_5	5.53	1.86	.67
SAS_6	5.91	1.70	.35
SAS_7	5.77	1.59	.63
SAS_8	5.06	2.36	.58

Results show weak to moderate inter-item association ranging from .35 to .67 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.24

Item-Total Correlation for Strength and Difficulties Questionnaire (Emotional Symptoms) (N=70)

Items	*M*	*SD*	Item-Total Correlation
SDQ_3	.24	.43	.81
SDQ_9	.47	.50	.51
SDQ_13	.21	.41	.82
SDQ_16	.27	.44	.82
SDQ_24	.23	.42	.47

Results show weak to strong inter-item correlation ranging from .51 to .82 between the items and the total scale score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.25

Item-Total Correlation for Strength and Difficulties Questionnaire (Conduct Problem)
(N=70)

Items	*M*	*SD*	Item-Total Correlation
SDQ_5	.43	.49	.86
SDQ_7	.64	.66	.56
SDQ_12	.39	.49	.92
SDQ_18	.43	.49	.87
SDQ_22	.39	.49	.92

Results show a moderate to strong inter-item correlation ranging from .56 to .92 between the items and their total score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.26

Item-Total Correlation for Strength and Difficulties Questionnaire (Hyperactivity) (N=70)

Items	*M*	*SD*	Item-Total Correlation
SDQ_2	.39	.49	.82
SDQ_10	.29	.45	.88
SDQ_15	.26	.44	.45
SDQ_21	.34	.47	.89
SDQ_25	.36	.51	.82

Results indicate weak to strong inter-item correlation ranging from .45 to .89 between the items and the total scale score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.27

Item-Total Correlation for Strength and Difficulties Questionnaire (Peer Problem) (N=70)

Items	*M*	*SD*	Item-Total Correlation
SDQ_6	.41	.64	.90
SDQ_11	.39	.64	.89
SDQ_14	.47	.69	.26
SDQ_19	.31	.57	.90
SDQ_23	.33	.63	.93

Results show weak to strong inter-item association ranging from .26 to .93 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.28

Item-Total Correlation for Strength and Difficulties Questionnaire (Prosocial Behavior) (N=70)

Items	*M*	*SD*	Item-Total Correlation
SDQ_1	.69	.46	.76
SDQ_4	.79	.41	.81
SDQ_8	.66	.47	.41
SDQ_17	.80	.40	.88
SDQ_20	.74	.44	.80

Results show weak to strong inter-item correlation ranging from .41 to .88 between the items and the total scale score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.29

Item-Total Correlation for Problem Oriented Coping Subscale (N=70)

Items	*M*	*SD*	Item-Total Correlation
POC_1	4.04	1.19	.62
POC_2	3.74	1.18	.74
POC_3	4.00	1.04	.66
POC_4	4.17	1.28	.54
POC_5	4.00	1.11	.45
POC_6	4.09	1.15	.63

Results show weak to moderate inter-item association ranging from .45 to .74 between the items and their total score. Results indicate that no item needs to be deleted from the scale as the items are consistent enough.

Table 3.30

Item-Total Correlation for Affect Balance Scale (Positive Affect) (N=70)

Items	*M*	*SD*	Item-Total Correlation
ABS_1	2.84	1.08	.86
ABS_2	3.46	.84	.34
ABS_3	2.91	1.13	.86
ABS_4	2.51	1.15	.86
ABS_5	2.41	1.07	.84

Results show a weak to strong inter-item correlation ranging from .34 to .86 between the items and their total score. Results indicate consistency in the items and hence no need to remove any item.

Table 3.31

Item-Total Correlation for Affect Balance Scale (Negative Affect) (N=70)

Items	*M*	*SD*	Item-Total Correlation
ABS_6	1.99	1.04	.58
ABS_7	1.96	1.14	.63
ABS_8	2.63	.93	.70
ABS_9	2.67	1.01	.58
ABS_10	2.54	1.15	.69

Results indicate moderate inter-item correlation ranging from .58 to .70 between the items and the total scale score. Results depict that there is no need to delete any item as the items are sufficiently consistent.

Table 3.32

Correlation

	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Warmth	-	-.05	-.35**	-.27*	.50**	-.47**	-.57**	-.15	-.54**	.55**	.51**	.76**	-.26*
2	Hostility		-	.09	.16	-.07	.14	.48**	.007	.16	-.17	-.04	-.19	.19
3	Neglect			-	.02	-.16	.52**	.12	.06	.12	-.16	-.25*	-.19	.05
4	Undifferentiated Rejection				-	-.38**	.12	.35**	.03	.13**	-.24*	-.25*	-.48**	.29*
5	Social Adjustment					-	-.19	-.38**	-.15	-.24*	.29*	.35**	.66**	-.31**
6	Emotional Symptom						-	.24*	.07	.39**	-.33**	-.25*	-.37**	.36**
7	Conduct Problem							-	.14	.38**	-.37**	-.35**	-.54**	.38*
8	Hyperactivity								-	.10	-.34**	-.13	-.09	.18
9	Peer Problem									-	-.56**	-.28*	-.40**	.24*
10	Prosocial Behavior										-	.09	.49**	-.20
11	Problem Oriented Coping											-	.38**	-.001
12	Positive Affect												-	-.41**
13	Negative Affect	-												-
	Mean	25.26	10.04	11.93	11.50	29.69	5.69	3.70	3.96	6.07	5.53	16.56	10.33	11.14
	SD	2.32	3.68	2.48	1.58	8.83	1.55	1.76	2.76	1.86	1.08	5.11	2.86	2.45

*p<0.5, **p<0.01

The table depicts the correlation among the study variables and the results give evidence that warmth is significantly negatively associated with neglect, undifferentiated rejection, emotional symptoms, conduct problem, peer problem and negative affect while having significant positive relationship with prosocial, social adjustment, problem oriented coping and positive affect. Results indicate significant positive relationship between neglect and conduct problem. Significant positive relationship is observed between neglect and emotional symptoms whereas significant negative association is seen between neglect and problem oriented coping. Undifferentiated Rejection is significantly positively associated with conduct problem, peer problem and negative affect and has significant negative associations with prosocial, social adjustment, problem oriented coping and positive affect. Result shows significant positive relationship between emotional symptoms, conduct problem, peer problem and negative affect. There is a robust negative relationship between emotional symptoms and variables including prosocial, problem oriented coping and positive affect. Result depicts significant negative association of conduct problem with prosocial, social adjustment, problem oriented coping and positive affect. Hyperactivity has significant negative relationship with prosocial while prosocial is significantly positive related with social adjustment and positive affect. Peer problem has robust negative association with prosocial, social adjustment, problem oriented coping and positive affect while having significant positive association with negative affect. Social adjustment, problem oriented coping and positive affect, each variable has significant positive relationship with the other. A significant negative relationship is observed between social adjustment and negative affect. Negative affect is also robustly negative associated with positive affect.

3.4 Phase 2 Main Study

To evaluate the hypotheses of the present research, the main study was conducted.

3.5 Objectives of the Study

1. To evaluate the association between parenting, coparenting and socioemotional development of children.

2. To explore the moderating role of coparenting in the relationship between coparenting and socioemotional development of children.

3. To explore the differences in demographic variables (gender, mother working status) in parenting and socioemotional development of children.

3.6 Hypotheses

H1. There is a significant relationship between parenting and socioemotional development of children.

1a. There is a positive association between warmth parenting and positive domains of socioemotional development (i.e., prosocial behavior, social adjustment, problem oriented coping, positive affect) of children.

1b. There is a negative association between warmth parenting and negative domains of socioemotional development (i.e., emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) of children.

1c. There is a positive association between negative domains of parenting (i.e., neglect, hostility and undifferentiated rejection) and negative domains of socioemotional development (i.e., emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) of children.

1d. There is a negative association between negative domains of parenting (i.e., neglect, hostility and undifferentiated rejection) and positive domains of socioemotional development (i.e., prosocial behavior, social adjustment, problem oriented coping and positive affect) of children.

H2. Parenting is the predictor of socioemotional development in children.

2a. Parenting (warmth) is the positive predictor of socioemotional development (prosocial behavior, social adjustment, problem oriented coping and positive affect) in children.

2b. Parenting (warmth) is the negative predictor of socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children.

2c. Parenting (neglect, hostility and undifferentiated rejection) is the positive predictor of socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children.

2d. Parenting (neglect, hostility and undifferentiated rejection) is the negative predictor of socioemotional development (prosocial behavior, social adjustment, problem oriented coping and positive affect) in children.

H3. Coparenting moderates the association between parenting and socioemotional development of children.

H4. Boys exhibit higher levels of conduct problem and hyperactivity as compared to girls.

H5. Girls exhibit excessive levels of emotional symptoms and prosocial behavior as compared to boys.

3.7 Sample

The sample of the current study comprises of 200 families with a dyadic of mother and child. The mean age of mother in the sample was 37.39 years (SD = 4.86) with minimum qualification below matric. The child age range was from 11-13 years (M = 1.95, SD = .87). Among the children, 109 were girls and 91 were boys. Mothers who were having more than one child within the specified age range were given the freedom to select any of their children to complete the form. Participation in the study was voluntary, and written informed consent was obtained from mothers prior to data collection. In addition, verbal assent was taken from children after explaining the purpose and procedures of the study in age-appropriate language. Participants were informed about the right to withdraw from the study at any stage without any penalty. Confidentiality and anonymity were ensured by assigning codes to participants, and no identifying information was recorded. All data was used strictly for research purposes and stored securely to protect participants' privacy. Families were recruited by using convenient purposive sampling method which was accomplished by visiting families and multiple schools of Rawalpindi and Islamabad.

Inclusion/Exclusion criteria

The eligibility criteria guiding participants' inclusion and exclusion in sample is as following:

1. Only those families were recruited who have a child aged between 11-13 years and father and at least one grandparent are living with them. Participants (both mother and child) must have the ability to read and understand the Urdu language fluently.

2. Families with single mother either separated/divorced/widowed/ husbands living abroad or in other cities were excluded.

3.8 Instruments

The study employed the following instruments:

A demographic sheet, designed to collect relevant participant information, was provided along with the Parental Acceptance-Rejection Questionnaire (PARQ-Short Form), developed by Rohner in (2005), Coparenting Relationship Scale (CRS) developed by (Feinberg et al., 2012), scale created by (Belsky et al., 1995; Stright and Bales 2003) named Parent's Perception of the Quality of Coparenting. Social Adjustment Scale (SAC) developed by by Herrera-López et al. (2016). Strength and Difficulties Questionnaire (SDQ) created by (Goodman, 1997; Maxwell et al., 2024). 6-items subscale name Problem Oriented Coping subscale of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8) developed by Lohaus et al., (2018) and Affect Balance Scale (ABS) created by (Bradburn, 1969; Simkin et al., 2021).

3.8.1 Parenting Behavior Measures:

The following questionnaire was employed to measure the parenting behavior.

1. Parent Acceptance Rejection Questionnaire (PARQ):

Parenting behavior was measured by PARQ developed by Rohner, (2005). Short form of the scale was utilized in the current study that comprises of 24 items. The scale has four subscales measuring warmth, undifferentiated rejection, hostility and neglect. Participants rated their responses on 4 point Likert scale with values ranging from *1=always* to *4=never*. Cronbach's alpha ranging from .80 to .96.

3.8.2 Parent-grandparent Coparenting Measures:

1. Parent-grandparent Coparenting Relationship:

Mothers' coparenting relationship with fathers and grandparents was reported by mothers themselves by using 35 itemed Coparenting Relationship Scale (CRS; Feinberg

et a., 2012) on a 7-point Likert scale with 1 indicate *very untrue* to 7 indicate *very true* in seven dimensions: coparenting closeness, coparenting agreement, exposure of child to conflict, endorse partner, coparenting support, coparenting undermining and division of labor. Cronbach's alpha for CRS is .86.

2. Parents' perceptions of the coparenting relationship:

Parents' perceptions of their current coparenting relationship' quality will be evaluated by (Belsky et al., 1995; Stright and Bales, 2003) comprising of seven supportive and seven unsupportive items. Participants will respond on 5 point Likert scale with response option from *never* to *always*. Cronbach's alpha value ranges from .75 to .83.

3.8.3 Child Socioemotional Development Measures:

1. Social Adjustment scale:

To assess social adjustment, we used Social Adjustment scale by Herrera-López et al. (2016). The measure comprises of eight items (e.g., "My classmates like me"). Responses were rated on a 7-point Likert scale, ranging from 1 (not at all true) to 7 (very true). The scale demonstrates good internal consistency ($\alpha = 0.90$).

2. The Strengths and Difficulties Questionnaire:

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Maxwell et al., 2024) was used to assess psychological adjustment in children and adolescents. This 25-item questionnaire evaluates emotional and behavioral issues, with four subscales measuring conduct problems, hyperactivity/inattention, emotional symptoms, and peer problems, and one subscale assessing pro-social behavior. Items are rated on a 3-point Likert scale (0 = not true, 1 = somewhat true, 2 = certainly true), and four subscale scores are summed, with higher scores indicating more difficulties or, in the case of pro-social behavior, more strengths. Cronbach's alpha value ranges from 0.73 to 0.89.

3. **6-item subscale "problem-oriented coping" of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8):**

Developed by Lohaus et al., (2018). Items were rated on 5 point Likert scale ranging from *never* to *always*. Cronbach's alpha value ranges from .71 to .81.

4. **Affect Balance Scale:**

The Affect Balance Scale (ABS; Bradburn, 1969; Simkin et al., 2021) was designed to assess affective experiences using ten items. Five of these items measure positive emotional experiences, while the other five evaluate negative affective experiences. Participants responded on 4 point Likert scale ranging from never=1 to always=4. Cronbach's alpha for positive affect is .62 and for negative affect it is .70.

3.9 Procedure

To conduct the main study, data was collected from the families having at least one child of age range 11 to 13 years living with both parents and one of the grandparents either maternal or paternal. Sample was approached by visiting low- middle income families and various schools of Rawalpindi and Islamabad. The scales measuring parenting and coparenting were supposed to be filled by mothers while the scales administering socioemotional development were filled by the child. An all-inclusive demographic summary sheet that includes demographics of the mother, child and family was filled by the mothers. Participants were verbally communicated regarding the objectives of the study and the anonymity of their information and all results. Participants were informed that the gathered information would be solely used for research purposes. Participants were advised to thoughtfully respond on all items and they were thanked for the input that they provided. The collected data was then analyzed by utilizing the version 25 of Statistical Package for Social Sciences (SPSS) software.

3.10 Statistical Plan

All the data collected in the current study was analyzed by utilizing version 25 of Statistical Package for Social Sciences (SPSS) software and Process Macro version 4.0. At first, data was cleaned, screened out, and then the normality assumptions were analyzed to avoid errors in the data and to ensure its smooth analysis. Secondly, by analyzing a frequency distribution analysis of participant's demographics, descriptive analysis of the study variables was achieved followed by determining skewness, standard deviation, and mean to get the descriptive analysis of study variables. For categorical demographic parameters, quantities and proportions were estimated while mean and standard deviations were calculated for the continuum variables. Cronbach's alpha consistency analysis was done to determine the consistency of the test batteries used in the study. By utilizing moment-product correlation analysis, the associations between the variables under study were estimated. For predictions, regression analyses were utilized and for moderation analysis, Model 1 of Process Macro version 4.0 was utilized.

Chapter 4

RESULTS

4.1 Descriptive Statistics of the Study Measures

Table 4.1

Frequencies and Percentages of Demographic Variables (N=200)

Variables	f (%)	Mean(SD)	Variables	f (%)	Mean(SD)
Mother's and Family Characteristics			Husband's Working Status		
Mother's Age (years)		37.39(4.86)	Employed	147(73.5)	
Mother's Education			Unemployed	53(26.5)	
Below Matric	52(26.0)		Family Members		7.13(2.26)
Matric	35(17.5)		Family's Monthly Income		74460.00
					(86719.77)
Intermediate	33(16.5)		Targeted Child's Characteristics		
Bachelors	44(22.0)		Child's Gender		
Masters and Above	36(18.0)		Boy	91 (45.5)	
Mother's Working Status			Girl	109 (54.5)	
Housewife	169(84.5)		Child's Age (in years)		1.95(.87)
Employed	31(15.5)		11	80 (40.0)	
Marriage Type			12	49 (24.5)	
Love Marriage	42(21.0)		13	71 (35.5)	
Arrange Marriage	158(79.0)		Child's Education		
Years of Marriage		16.22(4.04)	5th Grade	65(32.5)	
No. of Children		3.24(1.25)	6th Grade	48(24.0)	
Husband's Education			7th Grade	40(20.0)	
Below Matric	34(17.0)		8th Grade	47(23.5)	
Matric	49(24.5)		Grandparent Nominated for Data Collection		
Intermediate	33(16.5)		Mother-in-Law	125 (62.5)	
Bachelors	44(22.0)		Father-in-Law	40 (20.0)	
Masters and Above	40(20.0)		Mother	35 (17.5)	

f = Frequency, %= percentage

Table shows the demographic characteristics of the participants. Findings reveal that 84.5%

of the mothers were housewives and 26% mothers were having below matric education. Sample

comprises of 91 boys and 109 girls. 40% of the children were of age 11. The working status of the husband depicts that ratio of employed husband is higher than the ratio of unemployed husband. 125 out of total mothers nominated their mother-in-law for data collection.

Table 4.2

Descriptive Statistics and alpha values of study variables (N=200)

Scales	No. of Items	α	M	SD	Range Actual	Range Potential	Skew
PARQ	24						
Warmth	8	.82	20.98	4.83	8-32	8-32	.-22
Hostility	6	.76	11.40	3.32	6-23	6-24	1.14
Neglect	6	.76	13.01	3.11	6-24	6-24	1.19
Rejection	4	.85	11.71	1.66	6-15	4-16	-.73
CRS (Husband)	35						
Agreement	4	.79	11.50	7.08	0-24	0-24	.29
Closeness	5	.79	25.28	5.99	1-30	0-30	-1.66
Exposure to Conflict	5	.76	9.41	7.63	0-30	0-30	.49
Support	6	.82	30.13	6.77	0-36	0-36	-1.87
Undermining	6	.89	21.54	11.83	0-36	0-36	-.49
Endorse Partner	7	.79	33.33	8.63	0-42	0-42	-1.72
Division of Labor	2	.89	5.97	4.47	0-12	0-12	.12
CRS (Grandparent)	35						
Agreement	4	.84	11.53	6.66	0-24	0-24	.28
Closeness	5	.81	22.56	7.04	0-30	0-30	-1.09
Exposure to Conflict	5	.81	7.67	7.65	0-30	0-30	.92
Support	6	.84	26.83	8.04	0-36	0-36	-.93
Undermining	6	.78	9.65	8.30	0-33	0-36	.76
Endorsement	7	.78	32.21	8.28	3-42	0-42	-.94
Division of Labor	2	.87	7.16	4.12	0-12	0-12	-.26

PPCRS (Husband)	14	.87	57.11	10.62	21-70	14-70	-1.06
PPCRS (Grandparent)	14	.85	54.67	10.06	25-70	14-70	-.67
Social Adjustment Scale	8	.79	26.60	8.70	8-52	8-56	.82
SDQ	25						
Emotional Symptoms	5	.71	6.27	1.49	0-9	0-10	-.92
Conduct Problem	5	.82	4.08	1.76	0-10	0-10	.32
Hyperactivity	5	.76	4.04	2.82	0-10	0-10	.21
Peer Problem	5	.85	6.22	1.50	0-9	0-10	-.79
Prosocial Behavior	5	.79	4.95	1.52	1-9	0-10	.61
POCS	6	.78	15.63	5.06	6-30	6-30	1.18
Affect Balance Scale	10						
Positive Affect	5	.85	10.25	2.77	5-20	5-20	1.81
Negative Affect	5	.69	11.95	2.88	5-20	5-20	.28

Note: PARQ= Parent Acceptance Rejection Questionnaire, CRS= Coparenting Relationship Scale, PPCRS =Parent's Perception of the Coparenting Relationship Scale, SAS=Social Adjustment Scale, SDQ=Strength and Difficulties Questionnaire, POCS=Problem Oriented Coping Subscale, ABS=Affect Balance Scale, Skew = Skewness.

Table shows that Cronbach's alpha reliability coefficients of all scale and subscales are acceptable indicating their effectiveness in measuring their conceptual underlying construct. Moreover, the values of skewness of all the scales and subscales fall within the range of ± 2, which is regarded as consistent with the normal distribution of data.

4.2 Relationship between Variables under Study

4.3 Table

Correlation analysis for variables under study (N=200)

	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Warmth	-	-.29**	-.43**	-.19**	.43**	-.37**	-.41**	-.26**	-.37**	.30**	.44**	.23**	-.18*
2	Hostility		-	.12	.19**	-.16*	.20**	.14*	.18**	.08	-.23**	-.10	-.18*	.18**
3	Neglect			-	.04	-.21**	.16*	.14*	.13	.07	-.23**	-.16*	-.06	.11
4	Undifferentiated Rejection				-	-.19**	.03	.08	.13	.08	-.21**	-.02	-.33**	.008
5	Social Adjustment					-	-.19**	-.29**	-.17*	-.31**	.12	.17*	.29**	-.06
6	Emotional Symptom						-	.16*	.07	.38**	-.11	-.34**	-.20**	.16*
7	Conduct Problem							-	.33**	.28**	-.28**	-.24**	-.39**	.54**
8	Hyperactivity								-	.14*	-.28**	-.09	-.23**	.45**
9	Peer Problem									-	-.11	-.17*	-.28**	.18**
10	Prosocial Behavior										-	.11	.43**	-.27**
11	Problem Oriented Coping											-	.27**	-.15*
12	Positive Affect												-	-.19**
13	Negative Affect													-
	Mean	20.98	11.40	13.01	11.71	26.61	6.27	4.08	4.04	6.22	4.95	15.63	10.26	11.95
	SD	4.83	3.32	3.11	1.66	8.70	1.49	1.76	2.82	1.50	1.52	5.06	2.77	2.88

*$p<0.5$, **$p<0.01$

The table depicts the correlation among the study variables and the results give evidence that warmth is significantly negatively associated with hostility, neglect, undifferentiated rejection, emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect while having significant positive relationship with social adjustment, prosocial behavior, problem oriented coping and positive affect. Hostility is significantly negatively associated with social adjustment, prosocial behavior and positive affect while significantly positively associated with undifferentiated rejection, emotional symptoms, conduct problem, hyperactivity and negative affect. Results indicate significant positive relationship between neglect, emotional symptoms and conduct problem. Significant negative association of neglect is observed with social adjustment, prosocial behavior and problem oriented coping. Undifferentiated rejection is significantly negatively associated with social adjustment, prosocial behavior and positive affect. There is a robust negative relationship between social adjustment and variables including emotional symptoms, conduct problem, hyperactivity and peer problem. Result depicts significant positive association between social adjustment, problem oriented coping and positive affect. Significant positive association of emotional symptoms is noted with conduct problem, peer problem and negative affect. There is a significant negative association of emotional symptoms with problem oriented coping and positive affect. Conduct problem is significantly positively associated with hyperactivity, peer problem and negative affect whereas significant negative association of conduct problem is observed with prosocial behavior, problem oriented coping and positive affect. Hyperactivity has significant negative relationship with prosocial and positive affect while significant positive association of hyperactivity is noted with peer problem and negative affect. Peer problem has robust negative association with problem oriented coping and positive affect while having

significant positive association with negative affect. Prosocial behavior is significantly positively related with positive affect while having significant association with negative affect. A significant positive association is noted between problem oriented coping and positive affect whereas significant negative relationship is observed between problem oriented coping and negative affect. Negative affect is also robustly negative associated with positive affect.

4.3 Regression Analysis

4.4 Table

Multiple Regression Analysis on Child's Social Adjustment by Parental Warmth, Hostility, Neglect and Undifferentiated Rejection (N=200)

	Social Adjustment						
						95% CI	
Variables	B	SE B	β	t	P	LL	UL
Warmth	.69	.13	.38	5.17	<.001	.43	.96
Hostility	-.06	.17	-.02	-.34	.73	-.41	.28
Neglect	-.10	.19	-.03	-.53	.59	-.49	.28
Rejection	-.58	.34	-.11	-1.69	.09	-1.26	.09
	R = .44, R²= .20, (F = 12.17, p<.001)						

The table depicts the influence of parental warmth, hostility, neglect and undifferentiated rejection on social adjustment of children. The value of R^2 indicates that warmth, hostility, neglect and undifferentiated rejection explicate 20% of variability in

the social adjustment demonstrating a significant F ratio (F= 12.17, p<.001). Findings show that parental warmth predicts (B =.69, β = .38, p<.001) social adjustment in children. Results illustrate a positive association with every one unit rise in corresponding parental warmth leads to increase of .69 units in social adjustment of children. Moreover, non-significant results were observed for parental hostility, neglect and undifferentiated rejection.

Table 4.5

Multiple Regression Analysis on Child Behavioral and Emotional Problems by Parental Warmth, Hostility, Neglect and Rejection (N=200)

	Emotional Symptoms					95% CI		Conduct Problem					95% CI	
Variables	B	SE B	β	t	p	LL	UL	B	SE B	β	t	p	LL	UL
Warmth	-.10	.02	-.35	-4.59	<.001	-.15	-.06	-.15	.02	-.42	-5.56	<.001	-.20	-.09
Hostility	.05	.03	.11	1.63	.10	-.01	.11	.01	.03	.03	.43	.66	-.05	.08
Neglect	-.001	.03	-.002	-.02	.98	-.07	.06	-.02	.04	-.04	-.55	.58	-.10	.05
Rejection	-.05	.06	-.05	-.83	.40	-.17	.07	-.003	.07	-.003	-.03	.96	-.14	.13

R = .39, R²= .15, (F = 8.78, p<.001)   *R = .41, R²= .17, (F = 10.15), p<.001)*

	Hyperactivity					95% CI		Peer Problems					95% CI	
	B	SE B	β	t	p	LL	UL	B	SE B	β	t	p	LL	UL
Warmth	-.12	.04	-.20	-2.62	.009	-.2	-.03	-.13	.02	-.42	-5.46	<.001	-.17	-.08
Hostility	.09	.06	.11	1.53	.12	-.02	.21	-.01	.03	-.02	-.32	.74	-.07	.05
Neglect	.02	.06	.02	.30	.76	-.11	.15	-.04	.03	-.10	-1.36	.17	-.11	.02
Rejection	.12	.12	.07	1.01	.31	-.11	.35	.01	.06	.01	.18	.85	-.11	.13

R = .29, R²= .08, (F = 4.75, p<.001)   *R = .38, R²= .14, (F = 8.46, p<.001)*

The table depicts the influence of parental warmth, hostility, neglect and undifferentiated rejection on emotional symptoms, conduct problem, hyperactivity and peer problem of children. The value of R^2 indicates that warmth, hostility, neglect and undifferentiated rejection explicate 15% variances in the emotional symptoms, 17% variances in the conduct problem, 8% variances in the hyperactivity and 14% variances in the peer problem of children. Findings show that parental warmth predicts ($B = -.10$, $\beta = -.35$, $p<.001$) emotional symptoms, ($B = -.15$, $\beta = -.42$, $p<.001$) conduct problem, ($B = -.12$, $\beta = -.20$, $p<.01$) hyperactivity and ($B = -.13$, $\beta = -.42$, $p<.001$) peer problem illustrating a negative association with every one unit rise in corresponding parental warmth leads to decrease of .10 units in emotional symptoms, .15 units in conduct problem, .12 units in hyperactivity and .13 units in peer problem of children. Moreover, non-significant results were observed for parental hostility, neglect and undifferentiated rejection.

Table 4.6

Multiple Regression Analysis on Child's Prosocial Behavior by Parental Warmth, Hostility, Neglect and Undifferentiated Rejection (N=200)

	Prosocial Behavior					95% CI	
Variables	*B*	*SE B*	*β*	*t*	*p*	*LL*	*UL*
Warmth	.05	.02	.17	2.23	.02	.006	.10
Hostility	-.06	.03	-.13	-1.93	.05	-.12	.001
Neglect	-.06	.03	-.13	-1.83	.06	-.13	.005
Rejection	-.13	.06	-.15	-2.21	.02	-.26	-.01

$R = .38$, $R^2 = .14$, ($F = 8.42$, $p<.001$)

The table depicts the influence of parental warmth, hostility, neglect and undifferentiated rejection on child's prosocial behavior. The value of R^2 indicates that parental warmth, hostility, neglect and undifferentiated rejection explicate 14% of variability in the prosocial behavior demonstrating a significant F ratio ($F= 8.42, p<.001$). Findings show that warmth predicts ($B = .05, \beta = .17, p<.05$) prosocial behavior and undifferentiated rejection predicts ($B = -.13, \beta = -.15, p<.05$) prosocial behavior. Results illustrate a positive association with every one unit rise in corresponding parental warmth leads to increase of .05 units in child's prosocial behavior and indicates a negative association with every one unit rise in corresponding parental undifferentiated rejection leads to decrease of .13 units in child's prosocial behavior. Moreover, non-significant results were observed for parental hostility and neglect.

Table 4.7

Multiple Regression Analysis on Child's Problem Oriented Coping by Parental Warmth, Hostility, Neglect and Undifferentiated Rejection (N=200)

	Problem Oriented Coping						
						95% *CI*	
Variables	*B*	*SE B*	*β*	*t*	*p*	*LL*	*UL*
Warmth	.49	.07	.47	6.31	.000	.33	.64
Hostility	.02	.10	.01	.21	.82	-.18	.22
Neglect	.05	.11	.03	.49	.61	-.17	.28
Undifferentiated Rejection	.18	.20	.06	.90	.36	-.21	.57
			$R = .44, R^2 = .19, (F = 12.03, p<.001)$				

The table depicts the influence of parental warmth, hostility, neglect and undifferentiated rejection on child's problem oriented coping. The value of R^2 indicates that parental warmth, hostility, neglect and undifferentiated rejection explicate 19% variances in the child's problem oriented coping with F ratio to be significant ($F= 12.03$, p<.001). Findings show that parental warmth predicts ($B = .49$, $\beta = .47$, $p<.001$) problem oriented coping in children. Results illustrate a positive association with every one unit rise in corresponding parental warmth leads to increase of .13 units in problem oriented coping in children. Moreover, non-significant results were observed for parental hostility, neglect and undifferentiated rejection.

Table 4.8

Multiple Regression Analysis on Child's Positive and Negative Affect by Parental Warmth,

Hostility, Neglect and Undifferentiated Rejection (N=200)

						95% CI	
						Positive Affect	
Variables	B	$SE\ B$	β	t	p	LL	UL
Warmth	.09	.04	.16	2.18	.03	.01	.18
Hostility	-.06	.05	-.08	-1.13	.25	-.18	.04
Neglect	.02	.06	.02	.38	.70	-.10	.15
Undifferentiated Rejection	-.47	.11	-.28	-4.16	.000	-.70	-.25

$R = .38, R^2 = .14, (F = 8.39, p<.001)$

						95% CI	
						Negative Affect	
Variables	B	$SE\ B$	β	t	p	LL	UL
Warmth	-.08	.04	-.13	-1.65	.10	-.17	.01
Hostility	.13	.06	.15	2.10	.03	.009	.26
Neglect	.03	.07	.04	.54	.58	-.10	.18
Undifferentiated Rejection	-.08	.12	-.05	-.70	.48	-.33	.15

$R = .24, R^2 = .05, (F = 3.03, p<.001)$

The table depicts the influence of parental warmth, hostility, neglect and undifferentiated rejection on positive affect and negative affect of children. The value of R^2 indicates that parental warmth, hostility, neglect and undifferentiated rejection explicate 14% variances in the positive affect and 5% variances in the negative affect of children. Findings show that parental warmth predicts ($B = .09, \beta = .16, p<.05$) child's positive affect, parental undifferentiated rejection predicts ($B = -.47, \beta = -.28, p<.001$) child's positive affect and parental hostility predicts ($B = .13, \beta = .15, p<.05$) child's negative affect

indicating a positive association with every one unit rise in corresponding parental warmth leads to increase of .09 units in child's positive affect and with every one unit rise in corresponding parental hostility leads to increase of .13 units in child's negative affect. Results illustrate a negative association with every one unit rise in corresponding parental undifferentiated rejection leads to decrease of .47 units in child's positive affect. Moreover, non-significant results were observed for all other variables.

4.4 Moderations by Husband's Coparenting

Table 4.9

Moderation of the effect of Coparenting by Husbands on Mother's Parenting and Child's Social Adjustment (N=200)

| | Social Adjustment | | | |
| | | | 95% *CI* | |
Predictors	*B*	*t*	*LL*	*UL*
Constant	26.69	44.07***	25.50	27.89
Hostility	-.46	-2.51*	-.82	-.10
Coparenting Agreement (Moderator)	.02	.28	-.14	.19
Hostility x Coparenting Agreement	.06	2.26*	.009	.12
	R^2= .05, ΔR^2=.02(ΔF = 5.12, *p*<.05)			
Constant	26.59	43.89***	25.40	27.79
Hostility	-.40	-2.19*	-.76	-.04
Coparenting Closeness (Moderator)	.03	.36	-.16	.23
Hostility x Coparenting Closeness	.06	2.02*	.002	.13
	R^2= .04, ΔR^2=.02 (ΔF = 4.10, *p*<.05)			
Constant	26.34	42.96***	25.13	27.55
Neglect	-.75	-3.64***	-1.16	-.34
Coparenting Closeness (Moderator)	.15	1.38	-.06	.36
Neglect x Coparenting Closeness	.08	1.98*	.001	.17
	R^2= .06, ΔR^2=.01 (ΔF = 3.95, *p*<.05)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with hostility, neglect and undifferentiated rejection as a predictor, social adjustment as an outcome variable, and coparenting agreement and coparenting closeness as a moderator. Results suggest that as the level of positive domains of coparenting (agreement and closeness) increases, the association between negative domains of parenting (hostility and neglect) and social adjustment weakens; depicting a buffering effect of coparenting agreement. At the lower level of positive domains of coparenting (agreement and closeness), the association between

negative domains of parenting (hostility and neglect) and social adjustment is stronger. At all levels, positive domains of coparenting (agreement and closeness) significantly moderates the link between negative domains of parenting (hostility and neglect) and social adjustment, but the effect fades as level of positive domains of coparenting (agreement and closeness) increases.
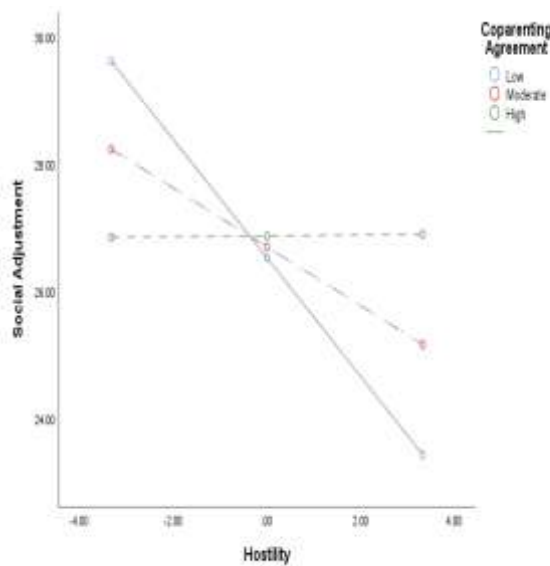
Fig 4.1: Moderation of the effect of Hostility on Social Adjustment by Coparenting Agreement
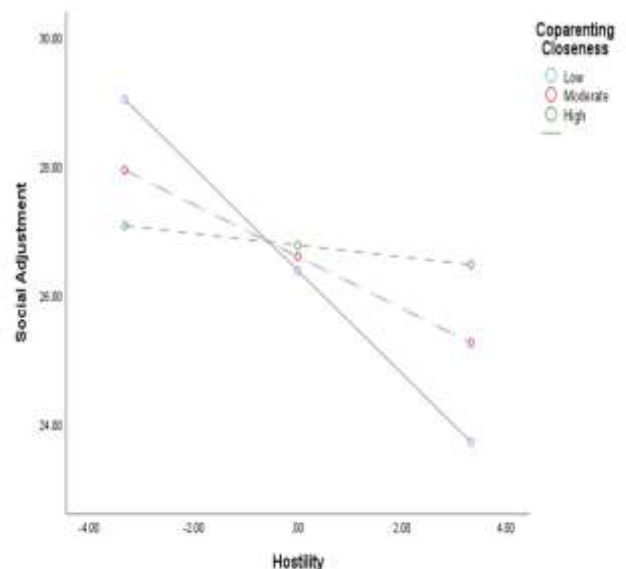
Fig 4.2: Moderation of the effect of Hostility on Social Adjustment by Coparenting Closeness
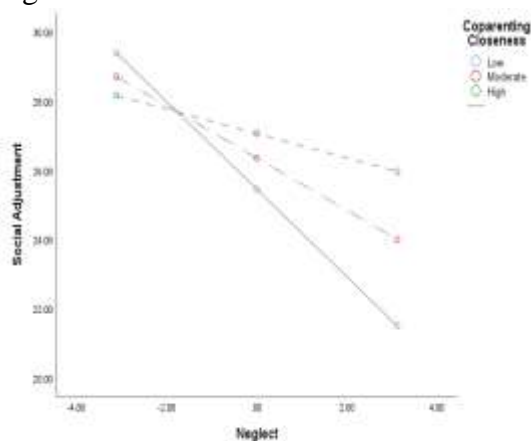
Fig 4.3: Moderation of the effect of Neglect on Social Adjustment by Coparenting Closeness

Table 4.10

Moderation of the effect of Coparenting by Husbands on Mother's Parenting and Child's Conduct Problems (N=200)

| | Conduct Problem | | | |
| | | | 95% CI | |
Predictors	B	t	LL	UL
Constant	4.12	33.40***	3.88	4.37
Hostility	.09	2.42*	.01	.16
Coparenting Undermining (Moderator)	.006	.57	-.01	.02
Hostility x Coparenting Undermining	.009	2.61*	.002	.01
$R^2= .05, \Delta R^2=.03(\Delta F = 6.85, p<.05)$				
Constant	4.11	33.67***	3.87	4.35
Neglect	.09	2.48*	.02	.17
Endorse Partner (Moderator)	-.02	-1.46	-.04	.007
Neglect x Endorse Partner	-.01	-2.84**	-.02	-.004
$R^2= .06, \Delta R^2=.03 (\Delta F = 8.09, p<.01)$				
Constant	4.09	33.54***	3.85	4.33
Neglect	.08	2.15*	.007	.16
Coparenting Support (Moderator)	-.02	-1.28	-.05	.01
Neglect x Coparenting Support	-.01	-2.55*	-.02	-.003
$R^2= .06, \Delta R^2=.03 (\Delta F = 6.53, p<.05)$				
Constant	4.10	33.33***	3.86	4.34
Hostility	.09	2.53*	.02	.17
Parent's Perception of the Coparenting Relationship (Moderator)	-.01	-1.21	-.03	.009
Hostility x Parent's Perception of the Coparenting Relationship	-.009	-2.21*	-.01	-.001
$R^2= .05, \Delta R^2=.02 (\Delta F = 4.89, p<.05)$				

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with hostility and neglect as a predictor, conduct problem as an outcome variable, and coparenting undermining, endorse partner, coparenting support and parent's perception of the coparenting relationship as a moderator. Results indicate that as the level of negative domain of coparenting (coparenting undermining) increases, the association between negative domain of parenting (hostility) and conduct problem strengthens; depicting an enhancing effect of negative domain of coparenting

(coparenting undermining). On the other hand, as the level of positive domains of coparenting (endorse partner, coparenting support and parent's perception of the coparenting relationship) increases, the association between negative domain of parenting (neglect) and conduct problem weakens; depicting a buffering effect of positive domains of coparenting (endorse partner, coparenting support and parent's perception of the coparenting relationship).
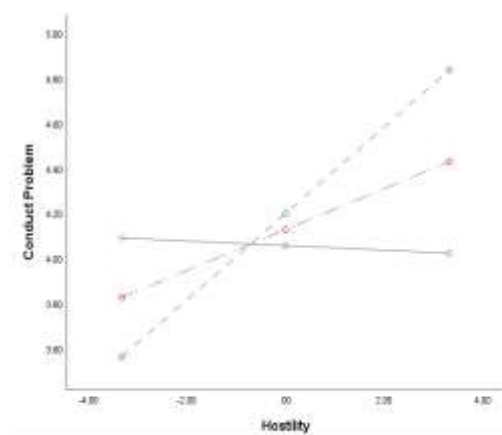
Fig 4.4: Moderation of the effect of Hostility on Conduct Problem by Coparenting Undermining
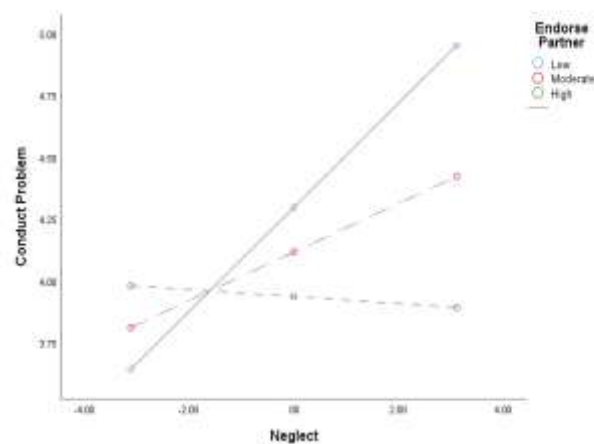
Fig 4.5: Moderation of the effect of Neglect on Conduct Problem by Endorse Partner
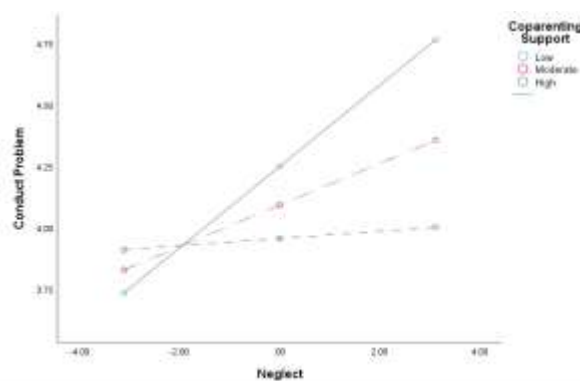
Fig 4.6: Moderation of the effect of Neglect on Conduct Problem by Coparenting Support

Fig 4.7: Moderation of the effect of Hostility on Conduct Problem by Parent's Perception of the Coparenting Relationship

Table 4.11

Moderation of the effect of Coparenting by Husbands on Mother's Parenting and Child's Hyperactivity (N=200)

	Hyperactivity			
			95% *CI*	
Predictors	*B*	*t*	*LL*	*UL*
Constant	4.12	21.25***	3.74	4.50
Hostility	.19	3.23**	.07	.30
Coparenting Undermining (Moderator)	.02	1.43	-.009	.05
Hostility x Coparenting Undermining	.01	3.11**	.006	.02
	R^2= .09, ΔR^2=.04 (ΔF = 9.72, p<.01)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with warmth and hostility as a predictor, hyperactivity as an outcome variable, coparenting undermining as a moderator. Results suggest that as the level of coparenting undermining increases, the association between hostility and hyperactivity strengthens; depicting an enhancing effect of coparenting undermining. At the lower level of coparenting undermining, the association between hostility and hyperactivity is weaker. At all levels, exposure to conflict significantly moderates the link between hostility and hyperactivity, but the effect escalates as level of coparenting undermining increases.
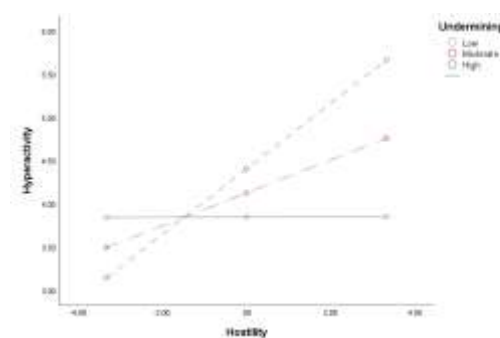
Figure 4.8: Moderation of the effect of Hostility on Hyperactivity by Coparenting Undermining

Table 4.12

Moderation of the effect of Coparenting by Husbands on Mother's Parenting and Child's Positive Affect (N=200)

| Predictors	B	t	LL	UL
		Positive Affect		
			95% *CI*	
Constant	10.23	53.40***	9.85	10.60
Hostility	-.18	-3.15**	-.30	-.07
Endorse Partner (Moderator)	.03	1.53	-.01	.07
Hostility x Endorse Partner	.01	2.28*	.002	.03
	R²= .06, ΔR²=.02 (ΔF = 5.21, p<.05)			
Constant	10.12	51.34***	9.73	10.51
Neglect	-.13	-2.01*	-.26	-.003
Coparenting Closeness (Moderator)	.05	1.67	-.01	.12
Neglect x Coparenting Closeness	.04	3.03**	.01	.06
	R²= .05, ΔR²=.04 (ΔF = 9.22, p<.01)			
Constant	10.21	52.98***	9.83	10.59
Hostility	-.17	-3.01**	-.29	-.06
Parent's Perception of the Coparenting Relationship (Moderator)	.01	.92	-.01	.05
Hostility x Perception of Quality of Coparenting	.01	2.26*	.002	.02
	R²= .06, ΔR²=.02 (ΔF = 5.12, p<.05)			
Constant	10.21	52.51***	9.82	10.59
Neglect	-.07	-1.21	-.20	.04
Parent's Perception of the Coparenting Relationship (Moderator)	.01	.66	-.02	.04
Neglect x Perception of Quality of Coparenting	.01	2.67**	.004	.02
	R²= .04, ΔR²=.03 (ΔF = 7.14, p<.01)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with hostility and neglect as a predictor, positive affect as an outcome variable, and endorse partner, coparenting closeness and

parent's perception of the coparenting relationship as a moderator. Result shows that as the level of positive domains of coparenting (endorse partner, coparenting closeness and parent's perception of the coparenting relationship) increases, the association between negative domains of parenting (hostility and neglect) and positive affect weakens; depicting a buffering effect of positive domains of coparenting (endorse partner, coparenting closeness and parent's perc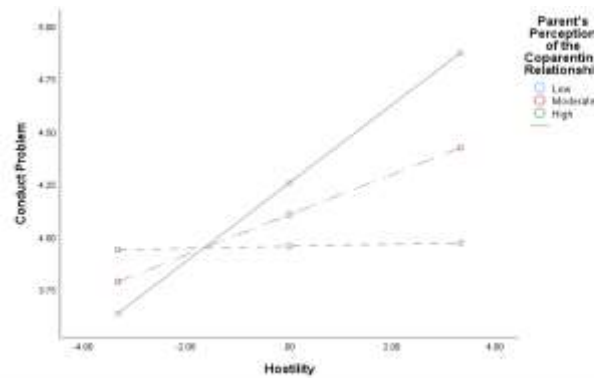eption of the coparenting relationship). At the lower level of positive domain of coparenting (endorse partner, coparenting closeness and parent's perception of the coparenting relationship), the association between negative domain of parenting (hostility and neglect) and positive affect is stronger. At all levels, positive domain of coparenting (endorse partner, coparenting closeness and parent's perception of the coparenting relationship) significantly moderates the link between negative domain of parenting (hostility and neglect) and positive affect, but the effect fades as level of positive domains of coparenting (endorse partner, coparenting closeness and parent's perception of the coparenting relationship) increases.
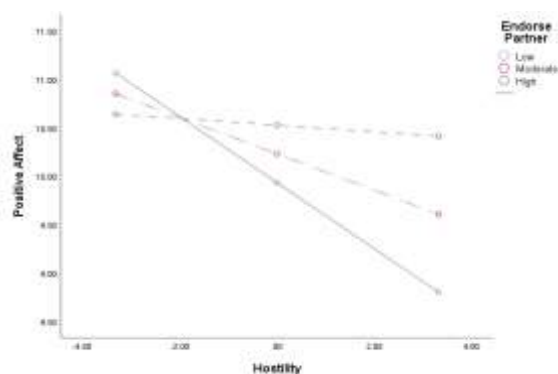
Fig 4.9: Moderation of the effect of Hostility on Positive Affect by Endorse Partner
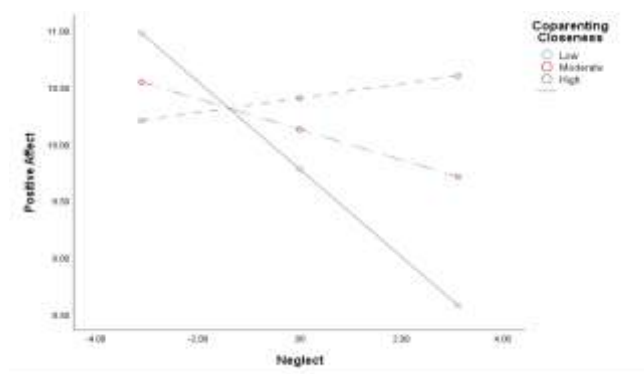
Fig 4.10: Moderation of the effect of Neglect on Positive Affect by Coparenting Closeness
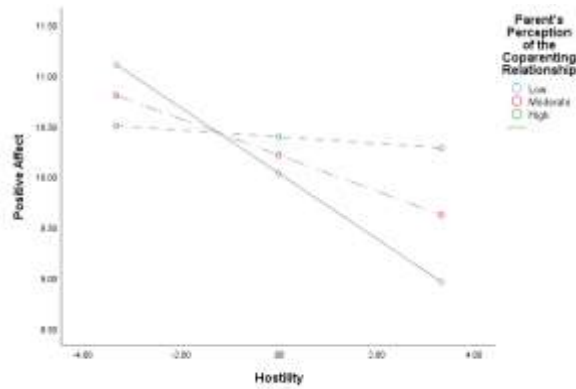
Fig 4.11: Moderation of the effect of Hostility on Positive Affect by Parent's Perception of the Coparenting Relationship
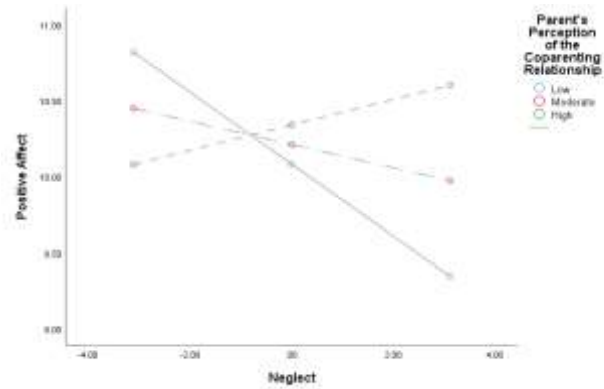
Fig 4.12: Moderation of the effect of Neglect on Positive Affect by Parent's Perception of the Coparenting Relationship

Table 4.13

Moderation of the effect of Coparenting by Husbands on Mother's Parenting and Child's Negative Affect (N=200)

| | **Negative Affect** | | | |
| | | | 95% *CI* | |
Predictors	*B*	*t*	*LL*	*UL*
Constant	11.90	61.10***	11.51	12.28
Warmth	-.11	-2.73**	-.19	-.03
Division of Labor (Moderator)	-.01	-.42	-.10	.06
Warmth x Division of Labor	-.03	-3.84***	-.05	-.01
	R^2= .10, ΔR^2=.06 (ΔF = 14.78, p<.001)			
Constant	11.97	60.14***	11.58	12.36
Hostility	.19	3.20**	.07	.32
Endorse Partner (Moderator)	-.02	-1.18	-.07	.01
Hostility x Endorse Partner	-.01	-2.12*	-.03	-.001
	R^2= .06, ΔR^2=.02 (ΔF = 4.49, p<.05)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with warmth and hostility as a predictor, negative affect as an outcome variable, and division of labor and endorse partner as a moderator. Result suggests that as the level of positive domains of coparenting (division of

labor) increases, the association between positive domain of parenting (warmth) and negative affect strengthens; depicting a enhancing effect of positive domains of coparenting (division of labor). Results indicate that as the level of positive domain of coparenting (endorse partner) increases, the association between negative domain of parenting (hostility) and negative affect weakens; depicting a buffering effect of positive domain of coparenting (endorse partner). The association between positive domain of parenting (warmth) and negative affect is stronger when there are higher levels of positive domains of coparenting (division of labor) while the association between negative domain of parenting (hostility) and negative affect is stronger when there are lower levels of positive domains of coparenting (endorse partner).
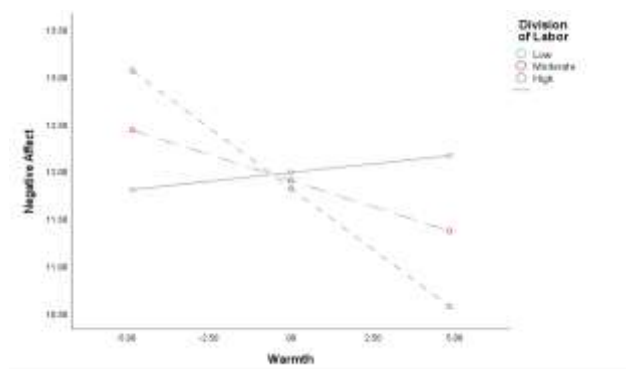
Fig 4.13: Moderation of the effect of Warmth on Negative Affect by Division of Labor
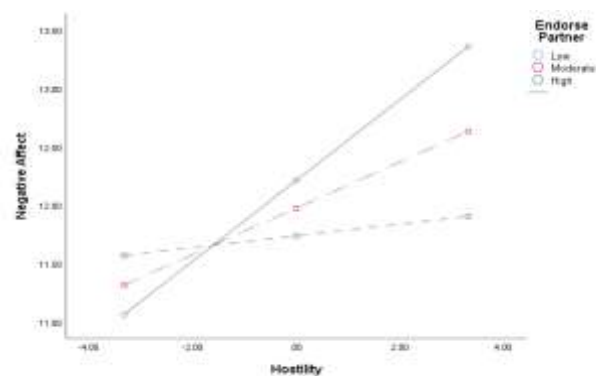
Fig 4.14: Moderation of the effect of Hostility on Negative Affect by Endorse Partner

4.5 Moderations by Grandparent's Coparenting

Table 4.14

Moderation of the effect of Coparenting by Grandparents on Mother's Hostility and Child's Social Adjustment (N=200)

| | Social Adjustment | | | |
| | | | 95% *CI* | |
Predictors	*B*	*t*	*LL*	*UL*
Constant	26.70	44.20***	25.51	27.89
Hostility	-.37	-2.03*	-.73	-.01
Coparenting Agreement (Moderator)	.09	.99	-.08	.27
Hostility x Coparenting Agreement	.06	2.38*	.01	.12
	$R^2= .05, \Delta R^2=.02 (\Delta F = 5.68, p<.05)$			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with hostility as a predictor, social adjustment as an outcome variable, and coparenting agreement as a moderator. Results suggest that as the level of positive domain of coparenting (agreement) increases, the association between negative domain of parenting (hostility) and social adjustment weakens; depicting a buffering effect of positive domain of coparenting (agreement). At the lower level of positive domain of coparenting (agreement), the association between negative domain of parenting (hostility) and social adjustment is stronger. At all levels, positive domain of coparenting (agreement) significantly moderates the link between negative domain of parenting (hostility) and social adjustment, but the effect fades as level of positive domains of coparenting (agreement) increases.
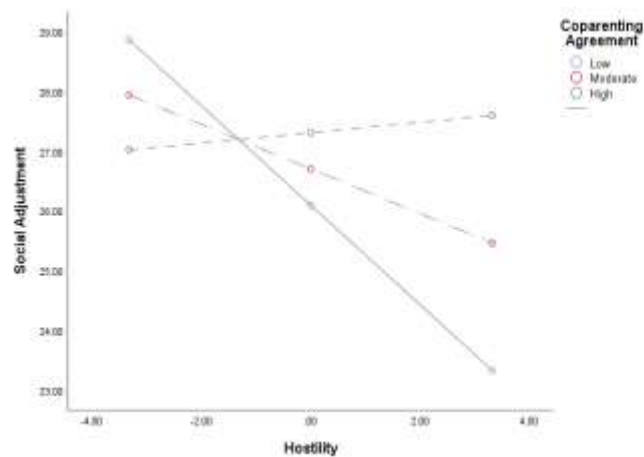
Figure 4.15: Moderation of the effect of Hostility on Social Adjustment by Coparenting Agreement

Table 4.15

Moderation of the effect of Coparenting by Grandparents on Mother's Neglect and Child's Conduct Problem (N=200)

| | **Conduct Problem** | | | |
| | | | 95% *CI* | |
Predictors	*B*	*t*	*LL*	*UL*
Constant	4.10	33.38***	3.85	4.34
Neglect	.07	1.94	-.001	.15
Coparenting Closeness (Moderator)	-.008	-.47	-.04	.02
Neglect x Coparenting Closeness	-.01	-2.48*	-.02	-.003
	R^2= .05, ΔR^2=.03(ΔF = 6.17, p<.05)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with neglect as a predictor, conduct problem as an outcome variable, and coparenting closeness as a moderator. Results suggest that as the level of positive domain of coparenting (closeness) increases, the association between negative domain of parenting (neglect) and conduct problem weakens; depicting a buffering effect of positive domain of coparenting (closeness). At the lower level of positive domain of coparenting (closeness), the association between negative domain of parenting (neglect) and conduct problem is stronger. At all levels, positive domain of

coparenting (closeness) significantly moderates the link between negative domain of parenting (neglect) and conduct problem, but the effect fades as level of positive domains of coparenting (closeness) increases.
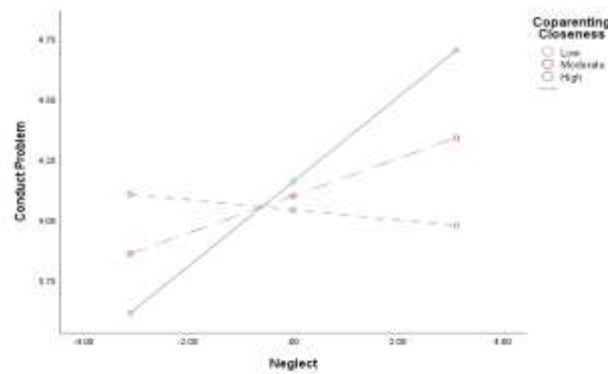
Figure 4.16: Moderation of the effect of Neglect on Conduct Problem by Coparenting Closeness

Table 4.16

Moderation of the effect of Coparenting by Grandparents on Mother's Warmth and Child's Peer Problem (N=200)

| | Peer Problem | | | |
			95% *CI*	
Predictors	*B*	*t*	*LL*	*UL*
Constant	6.19	62.74***	6.00	6.39
Warmth	-.11	-5.31***	-.15	-.06
Division of Labor (Moderator)	-.01	-.44	-.05	.03
Warmth x Division of Labor	-.01	-2.05*	-.02	.000
	R^2= .15, ΔR^2=.01(ΔF = 4.22, p<.05)			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with warmth as a predictor, peer problem as an outcome variable, and division of labor as a moderator. Result shows that as the level of division of labor increases, the association between warmth and peer problem strengthens; depicting an enhancing effect of division of labor. At the lower level of division of labor,

the association between warmth and peer problem is weaker. At all levels, division of labor significantly moderates the link between warmth and peer problem, but the effect escalates as level of division of labor increases.
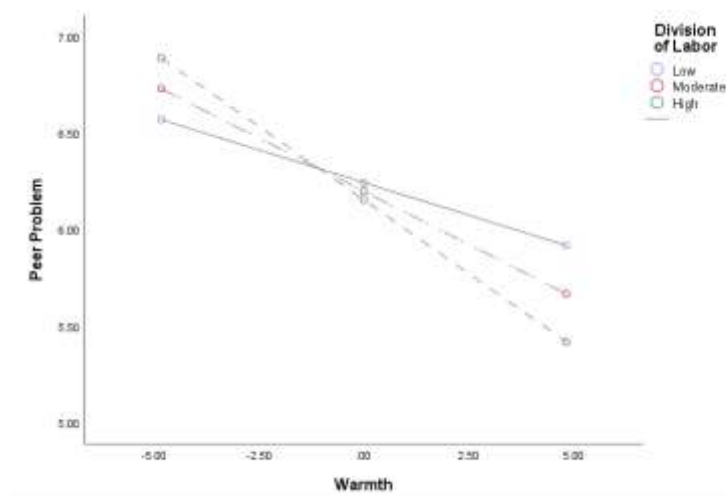
Figure 4.17: Moderation of the effect of Warmth on Peer Problem by Division of Labor

Table 4.17

Moderation of the effect of Coparenting by Grandparents on Mother's Undifferentiated Rejection and Child's Positive Affect (N=200)

| Predictors | Positive Affect | | | |
| | | | 95% *CI* | |
	B	*t*	*LL*	*UL*
Constant	10.19	54.83***	9.82	10.55
Undifferentiated Rejection	-.54	-4.84***	-.76	-.32
Exposure to Conflict (Moderator)	-.01	-.41	-.05	.03
Undifferentiated Rejection x Exposure to Conflict	-.03	-2.38*	-.06	-.006
	R^2= .13, ΔR^2=.02(ΔF = 5.69, $p<.05$)			

*$p<.05$, **$p<.01$, *** $p<.001$

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with undifferentiated rejection as a predictor, positive affect as an outcome variable, and exposure to conflict as a moderator. Result

shows that as the level of exposure to conflict increases, the association between undifferentiated rejection and positive affect strengthens; depicting an enhancing effect of exposure to conflict. At the lower level of exposure to conflict, the association between undifferentiated rejection and positive affect is weaker. At all levels, exposure to conflict significantly moderates the link between undifferentiated rejection and positive affect, but the effect escalates as exposure to conflict increases.
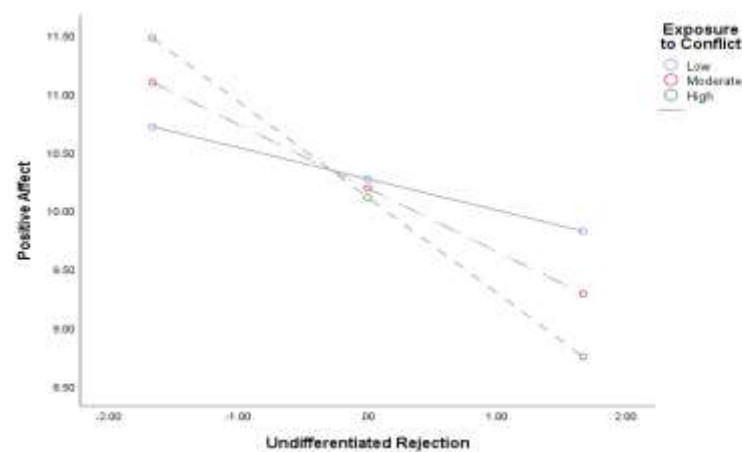
Figure 4.18: Moderation of the effect of Undifferentiated Rejection on Positive Affect by Exposure to Conflict

Table 4.18

Moderation of the effect of Coparenting by Grandparents on Mother's Warmth and Child's Negative Affect (N=200)

	Negative Affect			
			95% *CI*	
Predictors	*B*	*t*	*LL*	*UL*
Constant	11.85	61.80***	11.47	12.23
Warmth	-.07	-1.96	-.15	.000
Division of Labor (Moderator)	-.01	.49	-.10	.06
Warmth x Division of Labor	-.04	-4.63***	-.06	-.02
	$R^2= .13, \Delta R^2=.09(\Delta F = 21.52, p<.001)$			

*p<.05, **p<.01, *** p<.001

Note: B= Unstandardized coefficients; LL= Lower limit; UL= Upper limit

Table depicts moderation analysis, with warmth as a predictor, negative affect as an outcome variable, and division of labor as a moderator. Result shows that as the level of division of labor increases, the association between warmth and negative affect strengthens; depicting an enhancing effect of division of labor. At the lower level of division of labor, the association between warmth and negative affect is weaker. At all levels, division of labor significantly moderates the link between warmth and negative affect, but the effect escalates as level of division of labor increases.
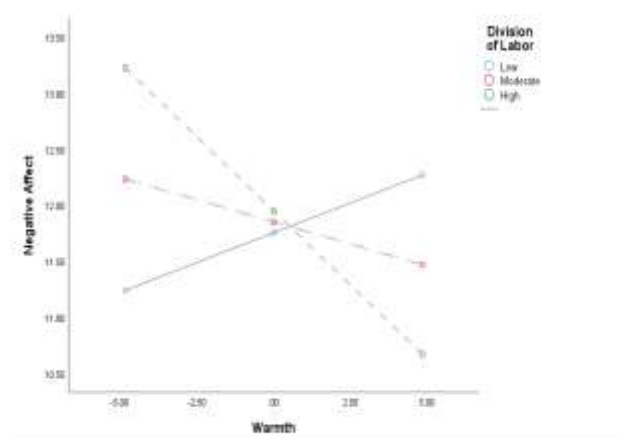
Figure 4.19: Moderation of the effect of Warmth on Negative Affect by Division of Labor

4.6 Group Comparisons on Demographic Variables

Table 4.19

Mean Comparison of Girls and Boys on Variables under Study (N=200)

Variables	Boys (n=91)		Girls (n=109)		t(200)	p	Cohen's d	95% CI	
	M	S.D	M	S.D				LL	UL
Warmth	21.24	5.11	20.76	4.59	.69	.48	-	-.87	1.83
Hostility	11.37	3.15	11.42	3.47	-.10	.91	-	-.98	.88
Neglect	12.79	3.31	13.19	2.93	-.90	.36	-	-1.27	.47
Undifferentiated Rejection	11.75	1.68	11.67	1.65	.32	.74	-	-.39	.54
Agreement (H)	11.82	7.18	11.24	7.02	.58	.56	-	-1.40	2.57
Closeness (H)	25.24	6.60	25.30	5.47	-.07	.94	-	-1.74	1.62
Exposure to Conflict (H)	7.98	7.21	10.61	7.80	-2.46	.01	**.35**	-4.74	-.52
Support (H)	29.88	7.31	30.33	6.30	-.46	.64	-	-2.35	1.44
Undermining (H)	23.13	11.54	20.21	11.95	1.74	.08	-	-.37	6.21
Endorse Partner (H)	32.70	9.73	33.85	7.60	-.93	.35	-	-3.56	1.26
Division of Labor (H)	5.99	4.39	5.95	4.56	.05	.95	-	-1.22	1.29
Agreement (G)	11.48	7.08	11.57	6.32	-.09	.92	-	-1.95	1.78
Closeness (G)	22.57	7.53	22.56	6.65	.01	.99	-	-1.96	1.99
Exposure to Conflict (G)	6.63	7.23	8.53	7.92	-1.76	.08	-	-4.03	.228
Support (G)	27.66	8.15	26.15	7.91	1.32	.18	-	-.73	3.76
Undermining (G)	9.23	8.23	10.00	8.38	-.65	.51	-	-3.09	1.56
Endorse Partner (G)	32.98	8.83	31.56	7.77	1.20	.22	-	-.89	3.73

Division of Labor (G)	7.63	3.98	6.77	4.21	1.46	.14	-	-.29	2.00
PPCR (Husband)	56.63	11.95	57.51	9.40	-.58	.55	-	-3.86	2.09
PPCR (Grandparent)	55.73	10.58	53.79	9.56	1.35	.17	-	-.87	4.74
Social Adjustment	27.14	8.77	26.16	8.66	.79	.42	-	-1.45	3.42
Emotional Symptoms	5.93	1.34	6.54	1.56	-2.91	.004	**.41**	-1.01	-.19
Conduct Problem	5.03	1.81	3.28	1.26	8.00	.000	**1.12**	1.31	2.18
Hyperactivity	5.33	2.89	2.95	2.27	6.50	.000	**.91**	1.65	3.09
Peer Problem	6.02	1.47	6.39	1.50	-1.71	.08	-	-.78	.05
Prosocial Behavior	4.64	1.46	5.21	1.52	-2.70	.008	**.38**	-.99	-.15
Problem Oriented Coping	15.34	5.06	15.87	5.07	-.73	.46	-	-1.95	.88
Positive Affect	9.99	2.91	10.48	2.65	-1.23	.21	-	-1.26	.28
Negative Affect	13.96	2.44	10.28	2.01	11.65	.000	**1.64**	3.05	4.30

PPCR =Parent's Perception of the Coparenting Relationship, H=Husband, G=Grandparent

Table depicts the results for mean differences of study variables on the basis of child gender. Results indicate significant mean difference on the basis of gender for exposure to conflict with husband, emotional symptoms, conduct problem, hyperactivity, prosocial behavior and negative affect. Mothers of boys reported less exposure to conflict with husbands as compared to mother of girls. Boys scored higher on conduct problem, hyperactivity and negative affect as compared to girls. On the other hand, girls exhibit more emotional symptoms and prosocial behavior tendencies than boys. Non-significant gender based mean difference were noted for all other variables.

Table 4.20

Mean Comparison of Mother Working Status on Variables under Study (N=200)

Variables	Housewife (n=169)		Employed (n=31)		t	p	Cohen's d	95% CI	
	M	S.D	M	S.D				LL	UL
Warmth	20.82	4.98	21.84	3.84	-1.07	.28	-	-2.87	.84
Hostility	11.31	3.18	11.87	4.00	-.85	.39	-	-1.83	.72
Neglect	13.20	3.31	12.00	1.23	1.97	.04	**.48**	.004	2.38
Undifferentiated Rejection	11.69	1.66	11.81	1.70	-.36	.71	-	-.76	.52
Agreement (H)	11.88	7.35	9.48	4.98	1.73	.08	-	-.32	5.10
Closeness (H)	25.69	5.52	23.03	7.85	2.28	.02	**.39**	.36	4.94
Exposure to Conflict (H)	8.92	7.56	12.13	7.56	-2.17	.03	**.42**	-6.12	-.29
Support (H)	30.47	6.51	28.23	7.87	1.70	.08	-	-.34	4.84
Undermining (H)	21.09	11.98	24.00	10.84	-1.26	.20	-	-7.46	1.64
Endorse Partner (H)	34.31	7.61	27.97	11.60	3.89	.000	**.64**	3.13	9.56
Division of Labor (H)	5.76	4.50	7.10	4.21	-1.53	.12	-	-3.05	.385
Agreement (G)	11.82	6.72	9.97	6.20	1.42	.15	-	-.71	4.40
Closeness (G)	22.68	6.98	21.94	7.49	.54	.59	-	-1.97	3.46
Exposure to Conflict (G)	7.47	7.91	8.71	6.06	-.82	.41	-	-4.19	1.71
Support (G)	27.04	8.08	25.71	7.86	.84	.39	-	-1.76	4.43
Undermining (G)	9.15	8.31	12.39	7.83	-2.01	.04	**.40**	-6.41	-.06
Endorse Partner (G)	32.51	8.33	30.55	7.93	1.21	.22	-	-1.22	5.14
Division of Labor (G)	7.09	4.24	7.52	3.45	-.52	.60	-	-2.01	1.17
PPCR (Husband)	57.86	10.07	53.03	12.65	2.35	.02	**.42**	.77	8.87

PPCR (Grandparent)	55.39	9.76	50.74	10.90	2.39	.01	**.44**	.81	8.48
Social Adjustment	26.88	8.87	25.13	7.72	1.02	.30	-	-1.60	5.10
Emotional Symptoms	6.26	1.48	6.29	1.57	-.10	.91	-	-.60	.54
Conduct Problem	4.17	1.82	3.61	1.33	1.60	.10	-	-.12	1.23
Hyperactivity	4.28	2.89	2.71	2.02	2.89	.004	**.62**	.49	2.63
Peer Problem	6.23	1.54	6.16	1.26	.23	.81	-	-.51	.64
Prosocial Behavior	4.90	1.54	5.23	1.35	-1.10	.27	-	-.91	.25
Problem Oriented Coping	15.70	5.08	15.23	5.01	.48	.63	-	-1.47	2.43
Positive Affect	10.25	2.83	10.29	2.46	-.07	.93	-	-1.11	1.03
Negative Affect	12.17	3.00	10.74	1.69	2.57	.01	**.58**	.33	2.52

PPCR =Parent's Perception of the Coparenting Relationship, H=Husband, G=Grandparent

Table depicts the results for mean differences of study variables on the basis of mother working status. Results indicate significant mean difference on the basis of mother working status for closeness with husbands, exposure to conflict with husband, endorse partner (husband), undermining with grandparents, perception of quality of coparenting with husband and grandparent, neglect, hyperactivity and negative affect. Mothers who were housewives scored higher on neglect as compared to employed mothers. Mothers who were housewives reported higher level of closeness with their husbands and more frequently reported them as endorse partner than employed mothers. Employed mothers reported higher levels of exposure to conflict with husbands and greater grandparents' undermining as compared to housewife mothers. Mothers who were housewives reported higher levels of perception of quality of coparenting with husbands and grandparents as compared to employed mothers. On the other hand, hyperactivity and negative affect is

higher in children whose mothers were housewives as compared to children of employed mothers. Non-significant mean difference on the basis of mother working status were noted for all other variables.

Table 4.21

Mean Comparison of Husband Working Status on Variables under Study (N=200)

Variables	Employed (n=147)		Unemployed (n=53)		t	p	Cohen's d	95% CI	
	M	S.D	M	S.D				LL	UL
Warmth	20.80	4.70	21.47	5.17	-.86	.38	-	-2.19	.85
Hostility	11.28	3.25	11.74	3.52	-.85	.39	-	-1.50	.59
Neglect	13.03	2.96	12.96	3.53	.13	.89	-	-.92	1.05
Undifferentiated Rejection	11.71	1.70	11.70	1.56	.03	.97	-	-.51	.53
Agreement (H)	11.73	7.03	10.89	7.26	.74	.46	-	-1.40	3.08
Closeness (H)	25.78	5.57	23.87	6.90	2.00	.04	**.30**	.03	3.79
Exposure to Conflict (H)	9.25	7.71	9.87	7.48	-.50	.61	-	-3.03	1.80
Support (H)	29.90	6.87	30.75	6.49	-.78	.43	-	-2.99	1.28
Undermining (H)	21.05	11.87	22.91	11.70	-.98	.32	-	-5.59	1.88
Endorse Partner (H)	33.56	8.28	32.68	9.59	.63	.52	-	-1.84	3.61
Division of Labor (H)	5.89	4.43	6.19	4.62	-.41	.67	-	-1.71	1.11
Agreement (G)	11.25	6.79	12.30	6.27	-.98	.32	-	-3.15	1.05
Closeness (G)	22.54	7.50	22.62	5.66	-.06	.94	-	-2.31	2.15
Exposure to Conflict (G)	7.33	7.46	8.58	8.18	-1.02	.30	-	-3.67	1.16
Support (G)	26.51	8.37	27.74	7.04	-.95	.34	-	-3.76	1.31
Undermining (G)	9.61	8.48	9.77	7.85	-.12	.90	-	-2.79	2.46
Endorse Partner (G)	32.24	8.87	32.09	6.43	.11	.91	-	-2.47	2.77
Division of Labor (G)	7.01	4.23	7.58	3.81	-.87	.38	-	-1.88	.72
PPCR (Husband)	57.97	10.32	54.72	11.15	1.92	.05	-	-.07	6.59

PPCR (Grandparent)	55.50	10.32	52.36	9.00	1.96	.05	-	-.01	6.30
Social Adjustment	26.77	8.44	26.15	9.47	.44	.65	-	-2.13	3.37
Emotional Symptoms	6.27	1.51	6.26	1.45	.005	.99	-	-.47	.47
Conduct Problem	4.10	1.74	4.04	1.85	.20	.84	-	-.50	.61
Hyperactivity	3.97	2.85	4.23	2.76	-.57	.56	-	-1.15	.63
Peer Problem	6.33	1.41	5.92	1.69	1.67	.09	-	-.07	.87
Prosocial Behavior	4.96	1.54	4.92	1.46	.14	.88	-	-.44	.51
Problem Oriented Coping	15.20	4.82	16.83	5.53	-2.02	.04	**.31**	-3.22	-.04
Positive Affect	10.27	2.69	10.23	3.02	.08	.93	-	-.84	.91
Negative Affect	12.09	2.84	11.57	2.97	1.13	.25	-	-.38	1.43

PPCR =Parent's Perception of the Coparenting Relationship, H=Husband, G=Grandparent

Table depicts the results for mean differences of study variables on the basis of husband working status. Results indicate significant mean difference on the basis of husband working status for closeness with husband and problem oriented coping. Mothers whose husbands were employed reported higher levels of closeness with their husbands as compared to mothers with unemployed husbands. Children whose fathers were unemployed scored higher on problem oriented coping as compared to children of employed fathers. Non-significant mean difference on the basis of father working status were noted for all other variables.

Table 4.22

Difference among Grandparent nominated on Variables under Study (N = 200)

Variables	Mother-in-Law (n = 125)		Father-in-Law (n = 40)		Mother (n = 35)		$F(2,197)$	p	ηp^2
	M	SD	M	SD	M	SD			
Warmth	21.28	5.08	20.43	4.58	20.54	4.14	.64	.52	
Hostility	11.34	3.63	11.90	2.76	11.06	2.71	.66	.51	
Neglect	13.04	3.27	12.95	2.88	12.97	2.83	.01	.98	
Undifferentiated Rejection	11.57	1.73	11.83	1.69	12.06	1.32	1.31	.27	
Agreement (H)	10.66	6.92	13.28	7.54	12.51	6.81	2.53	.08	
Closeness (H)	24.86	6.16	24.60	6.56	27.54	4.00	3.12	.04	.03
Exposure to Conflict (H)	9.43	7.18	9.80	8.93	8.91	7.83	.12	.88	
Support (H)	29.57	7.41	31.25	4.48	30.83	6.47	1.16	.31	
Undermining (H)	22.90	11.47	20.28	11.38	18.14	13.05	2.53	.08	
Endorse Partner (H)	32.80	9.32	33.65	7.73	34.86	6.87	.80	.44	
Division of Labor (H)	6.31	4.41	5.80	4.64	4.94	4.45	1.32	.27	
Agreement (G)	11.47	6.49	11.55	7.09	11.71	6.93	.01	.98	
Closeness (G)	22.51	6.95	22.63	6.87	22.69	7.76	.01	.99	
Exposure to Conflict (G)	8.23	7.93	6.78	7.56	6.66	6.70	.91	.40	
Support (G)	25.86	7.87	27.65	8.52	29.37	7.64	2.91	.057	
Undermining (G)	9.94	8.18	10.75	9.98	7.34	6.15	1.79	.16	
Endorse Partner (G)	31.24	8.43	33.40	7.69	34.29	8.06	2.40	.09	
Division of Labor (G)	7.50	4.05	6.33	4.06	6.91	4.40	1.30	.27	
PPQC (Husband)	56.92	10.53	56.73	11.28	58.23	10.38	.23	.78	
PPQC (Grandparent)	53.93	9.73	54.80	11.76	57.17	8.94	1.43	.24	
Social Adjustment	26.68	9.90	26.35	6.55	26.63	6.04	.02	.97	
Emotional Symptoms	6.14	1.55	6.18	1.41	6.83	1.24	3.08	.04	.03
Conduct Problem	3.85	1.77	4.43	1.53	4.51	1.88	2.95	.05	
Hyperactivity	4.01	2.77	4.10	3.06	4.06	2.82	.01	.98	
Peer Problem	6.09	1.59	6.25	1.35	6.66	1.25	1.99	.13	

Prosocial Behavior	4.97	1.56	4.95	1.46	4.89	1.45	.04	.96
Problem Oriented Coping	15.90	5.42	14.90	4.43	15.51	4.39	.59	.55
Positive Affect	10.46	2.86	9.78	2.62	10.09	2.61	.98	.37
Negative Affect	11.77	2.91	12.35	2.92	12.14	2.74	.71	.49

df= 2,197

PPCR =Parent's Perception of the Coparenting Relationship, H=Husband, G=Grandparent

Table shows the mean differences between grandparents, nominated for all the variables under study. The result indicates that mothers reported the highest level of closeness with their husbands when nominated their mothers while stated low levels of closeness with their husbands when nominated their father-in-laws. Children whose mothers nominated their mothers exhibited higher levels of emotional symptoms while the children whose mothers nominated their mother-in-law showed lower levels of emotional symptoms.

Table 4.23

Post Hoc Analysis of Group Difference of the Study Variables (N=200)

Variables	(I) Grand-parent Nominated	(J) Grand-parent Nominated	Mean Difference (I-J)	(I-J)	S.E	p	95% CI	
							LL	UL
Agreement (H)	Mother-in-law	Father-in-law	FL > ML	-2.61	1.27	.04	-5.14	-.10
	Father-in-law	Mother	FL > M	.76	1.62	.64	-2.45	3.97
	Mother	Mother-in-law	M > ML	1.85	1.34	.16	-.79	4.51
Closeness (H)	Mother-in-law	Father-in-law	ML > FL	.25	1.07	.81	-1.87	2.38
	Father-in-law	Mother	M > FL	-2.94	1.37	.03	-5.65	-.23
	Mother	Mother-in-law	M > ML	2.68	1.13	.01	.45	4.93
Undermining (H)	Mother-in-law	Father-in-law	ML > FL	2.62	2.13	.22	-1.59	6.83
	Father-in-law	Mother	FL > M	2.13	2.71	.43	-3.23	7.49
	Mother	Mother-in-law	ML > M	-4.75	2.24	.03	-9.18	-.32
Support (G)	Mother-in-law	Father-in-law	FL > ML	-1.78	1.44	.21	-4.64	1.07
	Father-in-law	Mother	M > FL	-1.72	1.84	.35	-5.36	1.91
	Mother	Mother-in-law	M > ML	3.50	1.52	.02	.50	6.51
Emotional Symptoms	Mother-in-law	Father-in-law	FL > ML	-.03	.26	.88	-.57	.49
	Father-in-law	Mother	M > FL	-.65	.34	.05	-1.33	.02
	Mother	Mother-in-law	ML > M	.69	.28	.01	.13	1.25
Conduct Problem	Mother-in-law	Father-in-law	FL > ML	-.57	.31	.07	-1.20	.05
	Father-in-law	Mother	M > FL	-.08	.40	.82	-.89	.71
	Mother	Mother-in-law	M > ML	.66	.33	.04	.01	1.33
Peer Problem	Mother-in-law	Father-in-law	FL > ML	-.16	.27	.55	-.70	.37
	Father-in-law	Mother	M > FL	-.40	.34	.24	-1.09	.27
	Mother	Mother-in-law	M > ML	.56	.28	.04	.01	1.13

H=Husband, G=Grandparent

Table represents the results of the Tukey HSD post hoc analysis of variables under study. Mothers reported significantly highest levels of agreement with husband when nominated their father-in-laws as compared to the situation when they nominated their mother-

in-laws or mothers. Those mothers who nominated their mothers scored highest levels of closeness with their husbands as compared to mothers who nominated their mother-in-laws or father-in-laws. Mothers who nominated their mother-in-laws reported highest levels of undermining with their husbands as compared to mothers who nominated their mothers or father-in-laws. Mothers reported significantly highest levels of support by husband when nominated their mothers as compared to the situation when they nominated their mother-in-laws or father-in-laws. Children whose mother nominated their mother-in-laws reported higher levels of emotional symptoms as compared to the children whose mother nominated their mothers or father-in-laws. Children whose mother nominated their mothers reported higher levels of conduct and peer problem as compared to the children whose mother nominated their mother-in-laws or father-in-laws.

Chapter 5

DISCUSSION

5.1. Summary

The current study explores the relationship between parenting and socioemotional development of children with coparenting as moderator. The purpose of this research is to investigate the variables in families in which both parents and at least one grandparent live together with a child of age ranges from 11 to 13 years.

5.2. Discussions

The present study was conducted to examine the moderating role of coparenting in the relationship between parenting and socioemotional development of children. The study examines the variables across gender, mother working status, husband working status and grandparent nominated for data collection. Families with a child whose age ranges from 11 to 13 years living with both parents and at least one of the grandparents living with them were part of the study. The purpose to conduct this study emerges from already existing findings conducted in western countries where husbands were taken as coparents in determining child's socioemotional outcomes (Riina & McHale, 2017; Feinberg, 2003) suggesting the lack of potential research in eastern cultures where there are extended families and children's socioemotional development is not only influenced by fathers but also by grandparents hence, emphasizes the need to conduct this study where the role of grandparents along with the father's role as coparent can be explored.

Moreover, to get the scores of each participant on each variable, a detailed demographic sheet was provided to participants along with the following instruments: Parental Acceptance Rejection Questionnaire (PARQ-short form) created in (2005) by Rohner, Coparenting Relationship Scale (CRS) developed by Feinberg, (2003). Scale

created by (Belsky et al., 1995; Gable et al., 1995) named Parent's Perception of the Quality of Coparenting. Social Adjustment Scale (SAC) developed by by Herrera-López et al. (2016). Strength and Difficulties Questionnaire (SDQ) created by Goodman, (1997). 6-items subscale name Problem Oriented Coping subscale of the Questionnaire of Stress and Stress Management in Childhood and Adolescence (SSKJ 3–8) developed by Lohaus et al., (2018) and Affect Balance Scale (ABS) created by Bradburn, (1969). Additionally, the findings of the study represented satisfactory to strong consistency of all scales and subscales validating their relevance.

By calculating mean and standard deviation, scores of measures were analyzed utilizing transformed scores. For continuous variables (e.g., age, family monthly income), descriptive statistics such as mean were calculated while for categorical variables (e.g., gender, working status), frequencies and percentages were estimated. Various hypotheses were generated to explore the link between parenting and socioemotional development of children with an emphasis on the moderating role of coparenting.

5.2.1. Parenting and Socioemotional Development

The objective of the present study was to examine the relationship between parenting and socioemotional development. To achieve this objective, it was hypothesized that there will be a positive association between parenting (warmth) and socioemotional development (social adjustment, prosocial behavior, problem oriented coping and positive affect) in children. The finding of the correlation analysis indicates that parenting (warmth) bore a notable positive relationship to socioemotional development (social adjustment, prosocial behavior, problem oriented coping and positive affect) in children implying that mothers who show warmth towards their children, their children reported high scores on socioemotional development (social

adjustment, prosocial behavior, problem oriented coping and positive affect). So, it is evident from these findings that the hypothesis was supported and is also validated from the previous literature where parenting has been linked with socioemotional development of children (Agbaria & Mahamid, 2023). Garcia et al., (2024) postulated that warmth parenting is positively associated with social adjustment in children indicating more parental warmth leads to high levels of social adjustment in children. The finding supports Parental Acceptance-Rejection Theory (PARTheory), which suggests that parental acceptance contributes to positive socioemotional development, while rejection leads to maladjustment (Rohner, 2004). Eisenberg et al., (2015); Laible et al., (2017); Putnick et al., (2018) stated that parental warmth is positively associated with prosocial behavior in children. Warmth in parenting is positively linked with the ultilization of problem-oriented coping in children (Zimmer-Gembeck & Skinner, 2011; Pan et al., 2017). Warmth parenting is also positively related with positive affect in children (Gentzler et al., 2015). The hypotheses formulated was aligned with the existing literature and can also be better understood within cultural context, particularly in collectivist cultures as in Pakistan, where family interdependence and emotional closeness are highly appreciated. In such societies, parental warmth not only strengthens emotional bonds but also contribute to children's sense of belonging.

Another hypotheses was devised that parenting (warmth) is negatively associated with socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children. Existing literature and findings of the current study also support this hypotheses. Pinquart, (2017); Lins et al., (2021) reported that warmth in parenting is inversely associated with emotional symptoms in children. Stormshak et al., (2021) stated that parenting characterized by warmth is associated with fewer conduct problems in children. In collectivist societies such as Pakistan, where

obedience, respect and strong family ties are emphasized, warmth in parenting contributes to emotional closeness and mutual understanding. Thus, the positive environment assists children internalize healthy behaviors, buffering the likelihood of conduct problems. Research suggests that parental warmth is inversely linked with hyperactivity in children, indicating that parenting characterized by warmth may buffer against the onset of hyperactivity in children. Rioux et al., (2019) found that children who experience more levels of maternal warmth reported lesser levels of hyperactivity. Parental warmth tends to demonstrate a buffering effect on children's peer-linked problems; particularly, more warmth in parenting is negatively linked with peer problems, including bullying and victimization (Chu & Chen, 2024). Consistent with previous research, the current findings support that parental warmth is negatively associated with negative affect in children suggesting that children who are exposed to increased levels of parental warmth across developmental shifts exhibit decreased levels of negative affect (Parmar & Nathans, 2022). The finding is consistent with Parenting Acceptance-Rejection Theory (PARTheory), which posits that warmth parenting promotes emotional well-being, whereas rejection contributes to distress. Thus, parental warmth acts as a protective factor against negative affect.

The goal of the study was to explore the relationship between parenting (hostility, neglect and undifferentiated rejection) and socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children. For this, it was assumed that parenting (hostility, neglect and undifferentiated rejection) is positively associated with socioemotional development (emotional symptoms, conduct problem, hyperactivity, peer problem and negative affect) in children. The findings of the analysis suggested that the above hypotheses was supported and is aligned with prior studies. Parental hostility has been consistently linked with increased levels of emotional

symptoms in children, such as depression and anxiety (Khaleque & Rohner, 2012). Negative parenting such as coercion and verbal aggression, is associated with higher levels of conduct problems in children, such as rule-breaking behaviors (Smarius et al., 2020). Likewise, Smarius et al., (2020) reported that children who are exposed to higher levels of parental verbal hostility has been noticed to exhibit increased levels of hyperactivity and inattention in children. Research suggests that parental rejection predicts more peer problems and increased behavioral difficulties, particularly in diverse cultures and longitudinal researches (Rohner et al., 2022). Although, there are less common direct studies on "undifferentiated rejection" and negative affect, recent findings consistently indicates that parental neglect, indifference, and outright rejection lead to increased negative emotionality in children (Rohner et al., 2022).

Another objective of the current research was to examine the relationship between parenting (hostility, neglect and undifferentiated rejection) and socioemotional development (social adjustment, prosocial behavior, problem oriented coping and positive affect) in children. For this purpose, it was hypothesized that parenting (hostility, neglect and undifferentiated rejection) is negatively associated with socioemotional development (social adjustment, prosocial behavior, problem oriented coping and positive affect) in children. The findings of the current study align with the hypothesis and already existing literature that suggest parental rejection and hostility as associated with lower levels of children's social adjustment, as such negative parenting behaviors restrict the development of positive social adjustment and effective peer relationships (Li et al., 2021). Research indicates that negative parenting characterized by neglect and hostility is inversely associated with prosocial behaviors in children, as the lack of warmth and nourishment lessens cooperative and empathetic tendencies in children (Wang et al., 2020). Evidence highlights that exposure to parental neglect and rejection

exhibit decreased problem-oriented coping strategies, as absence of parental warmth reduces emotion regulation and problem-solving strategies (Gómez-Ortiz et al., 2022). Align with the current findings, parental rejection and hostility predict decreased levels of positive affect in children, indicating that negative parenting practices restrict opportunities to build self-confidence, optimism and emotional well-being (Santesteban-Echarri et al., 2016).

5.2.2. Moderating Role of Coparenting

The current study formulated the hypothesis that coparenting moderates the relationship between parenting and socioemotional development in children. Findings of moderation analysis indicate that formulated hypothesis was supported as the level of positive domains of coparenting increases, the link between warmth parenting and positive domains of socioemotional development also increases, suggesting an enhancing effect of positive domains of coparenting, and when the level of negative domains of coparenting increases it weakens the link between warmth parenting and positive domains of socioemotional development. Similarly, when the levels of positive domains of coparenting increases, the link between negative parenting practices and negative domains of socioemotional development decreases, suggesting a buffering effect of positive domains of coparenting, and when the level of negative domains of coparenting increases it strengthens the link between negative parenting practices and negative domains of socioemotional development in children. Prior studies also prove that coparenting has been linked with parenting practices and socioemotional development in children. The quality of coparenting moderates the association between parenting practices and children's socioemotional development**;** positive coparenting—marked by consistency and cooperation—heightens the positive impact of parenting on child's prosocial behavior and emotional competence (Pan et al., 2025). Schoppe-Sullivan et al.,

(2023) stated that cooperative coparenting suggests the enhancing effect on link between warmth parenting and prosocial behavior in children. While there is a lack of potential studies that explicitly test this particular effect, the broader studies prove that negative coparenting such as undermining and conflict reduces the effectiveness of warmth parenting on child's socioemotional outcomes. Likewise, positive coparenting tends to reduce the detrimental effects of negative parenting practices. Feinberg et al. (2020) and other researches declare that positive coparenting can buffer the impact of hostile or neglectful parenting on internalizing and externalizing symptoms in children, indicating a buffering effect. In conclusion, coparenting significantly moderates the link between parenting and socioemotional development in children.

5.2.3. Effects of Demographics on Study Variables

In the current study, mean difference on the basis of gender was explored in socioemotional development and the assumption was made that boys will exhibit higher levels of conduct problem and hyperactivity in contrast with girls. This hypothesis was supported as it aligned with the findings of *t*-test analysis suggested a significant mean difference on the basis of gender with boys reporting higher levels as compared to girls, suggesting that boys exhibit more conduct problem, hyperactivity and negative affect than girls. The finding is also aligned with the study conducted by Álvarez-Voces and Romero, (2025) reported that boys showed higher levels of conduct problems as compared to girls. A study conducted by Mowlem et al. (2019) revealed that boys tend to be more diagnosed and intervened for ADHD-related symptoms as compared to girls. This more diagnosis ratio in boys was ascribed to the higher levels of overt externalizing behaviors, such as hyperactivity, which are predominantly reported by boys. Another hypothesis was formulated on the basis of gender that girls will exhibit excessive levels of emotional symptoms and prosocial behaviors as compared to boys. The results indicate

that the formulated hypothesis was supported and is also consistent with the existing literature. A study by Han et al. (2023) stated that on emotional symptoms, girls exhibit significantly higher scores as compared to boys. For prosocial behaviors, girls tend to score higher in comforting behaviors. It is evident from the study conducted by Yanti Mukhtar and Situmorang (2024) that found out girls reported more prosocial behavior, such as sharing things and helping others as compared to boys.

5.3. Limitations and Recommendations

- Findings are based on self-reported data, which may be influenced by social desirability. Mothers may have understated negative parenting practices such as hostility, neglect and undifferentiated rejection or there may be over reporting of positive behaviors by mothers and children, thereby constraining the accuracy of the outcomes. Although it is convenient to collect data through self-reports measures, future researchers could improve data accuracy by integrating mixed methods, involving observational and behavioral assessments, to get more accurate outcomes.

- Another limitation include utilization of cross- sectional method that limits the explanation of causal relationship between variables. Future researchers can utilize longitudinal design to get better understanding of the relationship between variables.

- Study focused on mothers' perspectives regarding copraenting while coparents' viewpoints regarded their coparenting and children's perception regarding their mother's parenting were not directly recorded. Future researchers can record individual responses from parents, coparents and child to obtain a holistic and balanced picture.

- Individual child characteristics such as child's temperament, resilience and self-esteem may serve as protective factors that buffer against the adverse effects of negative parenting or coparenting practices. Future studies can include these

variables to obtain deeper understanding of children's socioemotional development.

- Demographics of grandparent such as age, education, health condition were also not recorded which may influence their involvement in coparenting. Variations in the quality of grandparental coparenting support can be better explained by incorporating these factors across families.

5.4. Future Implications

- The current study filled the gap in existing literature by exploring the role of husbands' and grandparents' as coparents in extended families of collectivistic culture. While most previous literature has mainly focused on maternal or paternal parenting alone, this research focuses how the combined influence of multiple family members on children's socioemotional development, ensuring a more detailed understanding of family dynamics in collectivistic cultures.

- Identifying the role of grandparents in children's socioemotional development emphasizes family focused interventions that not only include parents but also grandparents. Family dynamics can be addressed more holistically through interventions by incorporating all primary caregivers, promoting positive parenting practices, enhancing emotional support and developing consistent caregiving across generations.

- Programs can be designed to train parents and grandparents in effective communication, conflict resolution, and shared caregiving responsibilities. Such initiatives may involve counseling sessions, workshops or organized family interventions developed to promote collaboration between coparents, a nurturing environment and decreased intergenerational conflicts conducive to children's social and emotional growth.

- Special attention should be given to families from low and middle income

backgrounds, who often face additional stressors such as financial pressures, higher parental stress, limited access to resources, which can adversely impact the quality of parenting and coparenting coordination. Customized intervention programs for these families could assist enhancing positive parenting behaviors, encourage collaborative coparenting, and ultimately promote children's socioemotional development.

5.5. Conclusion

To conclude, the research explored how parenting influences the socioemotional development in children with coparenting as moderator. Positive parenting practice enhances the socioemotional development in children. At the same time, positive domains of coparenting were found to strengthen this effect. On the other hand, negative parenting practices or negative domains of coparenting contribute to social maladjustment, behavioral and emotional problems. Demographic variables such as gender, mother and father working status influences socioemotional development in children with boys exhibited higher levels of hyperactivity, and conduct problem. Children of employed mothers reported lower levels of hyperactivity while children of unemployed father reported higher levels of problem oriented coping.

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APPENDIX A

میں نیشنل یونیورسٹی آف ماڈرن لینگویجز کے شعبہ نفسیات میں ایم فل کی طالبہ ہوں. میں انسانی اور مشترکہ

خاندانی نظام کے معاشرتی مسائل پر تحقیق کر رہی ہوں. اس سلسلے میں مجھے آپ کے تعاون کی ضرورت ہے.

آپ کی خدمت میں کچھ سوال نامے پیش کیے جا رہے ہیں، آپ سے درخواست کی جاتی ہے کہ سوال ناموں کے ساتھ

دی گئی ہدایات کو غور سے پڑھیں اور ان کی روشنی میں جوابات دیں. آپ کو یقین دلایا جاتا ہے کہ آپ سے لی گئی

معلومات مجموعی طور پر استعمال ہوگی اور آپ کی معلومات کو صیغہ راز میں رکھا جائے گا. برائے مہربانی کوئی

سوال خالی نہ چھوڑیں اور تمام سوالوں کے واضح جواب دیں.

شکریہ

ہدایات

1. اگر اپ ایک مشترکہ خاندانی نظام کا حصہ ہیں اور اپنی ساس/ سسر/ امی/ ابو اور شوہر کے ساتھ رہتی ہیں اور

آپ کا ایک بچہ 11 تا 13 سال کا ہے تو برائے مہربانی اس سوال نامے کو پر کیجئے.

2. سوال نامہ 1 تا 4 والدہ نے جبکہ سوال نمبر 5 تا 8 بچے نے پر کرنا ہے. یاد رہے کہ سوال نامہ اسی بچے نے پر

کرنا ہے جس کی عمر 11 تا 13 سال ہو.

3. اگر 11 تا 13 سال کی عمر کے آپ کے دو بچے ہیں تو آپ اپنی مرضی سے کسی بھی بچے سے سوال نامہ پر

کروا سکتی ہیں.

4. اگلے صفحے پر پوچھے گئے کوائف میں بھی آپ نے اسی بچے کی معلومات دینی ہے جو سوال نامہ پر کرے

گا.

5. بچے سے متعلق پوچھے گئے سوالات کے جوابات اسی بچے کو ذہن میں رکھتے ہوئے دیں جس کا آپ نے چناؤ کیا ہے.

6. اس بات کا واضح انتخاب کریں کہ آپ کس کے ساتھ رہائش پذیر ہیں. ساس/ سسر (دونوں) ، امی/ ابو

(دونوں). اور آپ نے سوال نمبر 3 اور 4 اپنے ذہن میں کس کو مدنظر رکھتے ہوئے پر کرنا ہے (ساس/ سسر/

امی/ابو)

APPENDIX B

<div dir="rtl">

ذاتی/ خاندانی کوائف

آپ کی عمر.............

آپ کی تعلیمی قابلیت: میٹرک سے کم / میٹرک / ایف اے / بی اے / ایم اے / زائد

آپ کا ورکنگ سٹیٹس: گھریلو خاتون / ملازمت پیشہ

مذہب: اسلام / ہندو/ عیسائیت / دیگر

خاندان کی ماہانہ آمدن......

سماجی اقتصادی حیثیت: کم / درمیانی / اعلی

خاندان کے کل افراد کی تعداد.........

آپ کے بچوں کی تعداد............

شوہر کی تعلیمی قابلیت: میٹرک سے کم / میٹرک / ایف اے / بی اے/ ایم اے / زائد

شوہر کا ورکنگ سٹیٹس: ملازمت پیشہ / غیر ملازمت پیشہ

آپ کی شادی: محبت کی شادی / ارینج شادی

شادی کے کل سال:.............

بچے کی عمر.............

بچے کا جنس: لڑکا / لڑکی

بچے کی تعلیمی قابلیت: پانچویں/ چھٹی / ساتویں / آٹھویں

</div>

APPENDIX C

Parent Acceptance Rejection Questionnaire

اس سوالنامے میں کچھ ایسے بیانات ہیں جو اس رویہ پر مبنی ہیں جو عام طور پر والدین یا سرپرست اپنے بچوں کے ساتھ روا رکھتے ہیں. آپ سے گزارش ہے کہ آپ ہر جملے کے متعلق سوچیں کہ آپ اپنے بچوں کے ساتھ کیسا برتاؤ کرتی ہیں. یاد رکھیں کسی بھی بیان کا جواب صحیح یا غلط نہیں ہے. مہربانی کر کے سچا جواب دیں. ہر بیان کا سوچ سمجھ کر جواب دیں اور یہ واضح کرنے کی کوشش کریں کہ اصل میں کیا ہوتا ہے.

نمبر شمار	بیانات			میرے لیے درست ہے		میرے لیے درست نہیں ہے
	اپنے بچوں کے بارے میں	اکثر و بیشتر	کبھی کبھی	بہت کم	کبھی نہیں	
1	میں اچھی باتیں کہتی ہوں.					
2	میں ان پر بالکل توجہ نہیں دیتی.					
3	میں کوشش کرتی ہوں کہ وہ مجھ پہ بھروسہ کر کے آسانی سے اپنی اہم باتیں مجھے بتا سکیں.					
4	میں انہیں بلا وجہ مارتی ہوں.					
5	میں ان کو ایک بوجھ خیال کرتی ہوں.					
6	مجھے جب غصہ آتا ہے تو میں انہیں سزا دیتی ہوں.					
7	میرے پاس ان کے سوالوں کے جوابات دینے کے لیے وقت نہیں ہوتا.					
8	میں محسوس کرتی ہوں کہ میں انہیں پسند نہیں کرتی.					
9	میں ان کے کاموں میں حقیقی معنوں میں دلچسپی لیتی ہوں.					
10	میں انہیں سخت باتیں کہتی ہوں.					
11	جب انہیں میری مدد چاہیے ہوتی ہے تو میں انہیں نظر انداز کر دیتی ہوں.					
12	میں انہیں احساس دلاتی ہوں کہ میں انہیں چاہتی ہوں اور مجھے ان کی ضرورت ہے.					
13	میں ان پر بہت توجہ دیتی ہوں.					
14	میں ان کے جذبات کو ٹھیس پہنچاتی ہوں.					
15	میں وہ اہم باتیں بھول جاتی ہوں جن کو وہ چاہتے ہیں کہ میں یاد رکھوں.					
16	میں انہیں احساس دلاتی ہوں کہ اگر انہوں نے بدتمیزی کی تو میں انہیں پیار نہیں کروں گی.					
17	میں انہیں احساس دلاتی ہوں کہ وہ میرے لیے اہم ہیں.					

				جب وہ کوئی غلط کام کرتے ہیں تو میں انہیں سزا کے خوف سے ڈراتی ہوں یا ان کو دھمکی دیتی ہوں.	18
				میں ان کی رائے کا احترام کرتی ہوں اور چاہتی ہوں کہ وہ اپنی رائے کا اظہار کریں.	19
				میں دوسرے بچوں کے مقابلے میں انہیں کمتر سمجھتی ہوں خواہ انہوں نے کتنا ہی اچھا کام کیوں نہ کیا ہو.	20
				میں انہیں احساس دلاتی ہوں کہ میں انہیں پسند نہیں کرتی.	21
				میں ان سے اپنی محبت کا اظہار کرتی ہوں.	22
				میں اس وقت تک ان پر توجہ نہیں دیتی جب تک کہ وہ میرے لیے پریشانی کا باعث نہ ہوں.	23
				میں ان سے نرمی اور شفقت سے پیش آتی ہوں.	24

APPENDIX D

Coparenting Relationship Scale

ہر ایک جملے کے لیے اس جواب کا انتخاب کریں جو بہترین طریقے سے بیان کرے کہ کیسے آپ اور آپ کا شوہر اور آپ اور آپ کی ساس/ سسر/ امی/ ابو بطور والدین اکٹھے کام کرتے ہیں۔

نمبر شمار	بیانات	بالکل غلط	تھوڑا سا غلط	کچھ حد تک غلط	نہ صحیح نہ غلط	کچھ حد تک صحیح	تھوڑا سا صحیح	بالکل صحیح
1	مجھے یقین ہے کہ میرا شوہر ایک اچھا والد ہے۔							
	مجھے یقین ہے کہ میرے ساس/ سسر/ امی/ ابو ایک اچھے دادی/ دادا/ نانی/ نانا ہیں۔							
2	میرا اور میرے شوہر کا رشتہ اب کافی مضبوط ہے بنسبت تب کہ جب ہماری اولاد نہیں تھی۔							
	میرا اور میرے ساس/ سسر/ امی/ ابو کا رشتہ کافی مضبوط ہے بنسبت تب کہ جب میری اولاد نہیں تھی۔							
3	میرا شوہر پرورش سے متعلق معاملات پر میری رائے لیتا ہے۔							
	میرے ساس/ سسر/ امی/ ابو پرورش سے متعلق معاملات پر میری رائے لیتے ہیں۔							
4	میرا شوہر ہمارے بچے پر کافی توجہ دیتا ہے۔							
	میرے ساس/ سسر/ امی /ابو میرے بچے پر کافی توجہ دیتے ہیں۔							
5	میرا شوہر ہمارے بچے کے ساتھ کھیلنا پسند کرتا ہے اور پھر اس سارے پھیلاوے کو سمیٹنا مجھ پر چھوڑ دیتا ہے							
	میرے ساس/ سسر/ امی/ ابو میرے بچے کے ساتھ کھیلنا پسند کرتے ہیں اور پھر اس سارے پھیلاوے کو سمیٹنا مجھ پر چھوڑ دیتے ہیں۔							
6	میرے اور میرے شوہر کے ہمارے بچے کے لیے ایک جیسے مقاصد ہیں۔							
	میرے اور میرے ساس/ سسر/ امی/ ابو کے میرے بچے کے لیے ایک جیسے مقاصد ہے۔							
7	ایک ذمہ دار والد ہونے کی بجائے میرا شوہر ابھی بھی بس اپنے کام کرنا چاہتا ہے۔							
	ایک ذمہ دار دادی/ دادا/ نانی/ نانا ہونے کی بجائے میرے ساس/ سسر/ امی/ ابو ابھی بھی بس اپنے کام کرنا چاہتے ہیں۔							

								میرے لیے اپنے بچے کے ساتھ اکیلے کھیلنا زیادہ آسان اور پر لطف ہے بنسبت جب میرا شوہر بھی موجود ہو.	8
								میرے لیے اپنے بچے کے ساتھ اکیلے کھیلنا زیادہ آسان اور پر لطف ہے بنسبت جب میرے ساس/ سسر/ امی/ ابو بھی موجود ہوں.	
								میں اور میرا شوہر مختلف خیالات رکھتے ہیں کہ ہمارے بچے کی پرورش کیسے کی جائے.	9
								میں اور میرے ساس/ سسر/ امی/ ابو مختلف خیالات رکھتے ہیں کہ میرے بچے کی پرورش کیسے کی جائے.	
								میرا شوہر مجھے بتاتا ہے کہ بحیثیت ماں میں بہت اچھے سے کام کر رہی ہوں یا بصورت دیگر مجھے یہ باور کرواتا ہے کہ میں ایک اچھی ماں ثابت ہوئی ہوں.	10
								میری ساس/ سسر/ امی/ ابو مجھے بتاتے ہیں کہ بحیثیت ماں میں بہت اچھے سے کام کر رہی ہوں یا بصورت دیگر مجھے یہ باور کرواتے ہیں کہ میں ایک اچھی ماں ثابت ہوئی ہوں.	
								میں اور میرا شوہر ہمارے بچے کے کھانے پینے سونے اور دیگر معمول کے متعلق مختلف خیالات رکھتے ہیں	11
								میں اور میرے ساس/ سسر/ امی/ ابو میرے بچوں کے کھانے پینے سونے اور دیگر معمول کے متعلق مختلف خیالات رکھتے ہیں.	
								میرا شوہر بعض اوقات بحیثیت ماں میرے طریقہ کار کا مذاق بناتا یا طنزیہ جملے کستا ہے.	12
								میرے ساس/ سسر/ امی/ ابو بعض اوقات بحیثیت ماں میرے طریقے کار کا مذاق بناتے یا طنزیہ جملے کستے ہیں.	
								میرا شوہر بطور ایک والد میری قابلیت پر اعتبار نہیں کرتا.	13
								میرے ساس/ سسر/ امی/ ابو بطور ایک دادی/ دادا/ نانی/ نانا میری قابلیت پر اعتبار نہیں کرتے.	
								میرا شوہر ہمارے بچے کے احساسات اور ضروریات کو لے کر حساس ہے.	14
								میری ساس/ سسر/ امی/ ابو میرے بچے کے احساسات اور ضروریات کو لے کر حساس ہیں.	
								میرے اور میرے شوہر کے ہمارے بچے کے طرز عمل کے متعلق مختلف معیار ہیں.	15

							میرے اور میری ساس/ سسر/ امی/ ابو کے میرے بچے کے طرز عمل کے متعلق مختلف معیار ہیں.	
							میرا شوہر یہ ظاہر کرنے کی کوشش کرتا ہے کہ وہ ہمارے بچے کا خیال مجھ سے زیادہ بہتر رکھتا ہے.	16
							میرے ساس / سسر/ امی/ ابو یہ ظاہر کرنے کی کوشش کرتے ہیں کہ وہ میرے بچے کا خیال مجھ سے زیادہ بہتر رکھتے ہیں.	
							میں خود کو اپنے شوہر سے قریب محسوس کرتی ہوں جب میں اسے ہمارے بچے کے ساتھ کھیلتے ہوئے دیکھتی ہوں.	17
							میں خود کو اپنے ساس/ سسر/ امی/ ابو سے قریب محسوس کرتی ہوں جب میں انہیں میرے بچے کے ساتھ کھیلتے ہوئے دیکھتی ہوں.	
							میرا شوہر ہمارے بچے کے متعلق بہت صبر کا مظاہرہ کرتا ہے.	18
							میرے ساس/ سسر/ امی/ ابو میرے بچے کے متعلق بہت صبر کا مظاہرہ کرتے ہیں.	
							ہم (میں اور میرا شوہر) اکثر اپنے بچے / بچی کی ضروریات کو پورا کرنے کے لیے بہترین طریقوں کو زیر بحث لاتے ہیں.	19
							ہم (میں اور میرے ساس/ سسر/ امی/ ابو) اپنے بچے/ بچی کی ضروریات کو پورا کرنے کے لیے بہترین طریقوں کو زیر بحث لاتے ہیں.	
							میرا شوہر بچے کی پرورش میں شراکت داری کی تقسیم کو منصفانہ طریقے سے نہیں نبھاتا.	20
							میرے ساس / سسر/ امی/ ابو بچے کی پرورش میں شراکت داری کی تقسیم کو منصفانہ طریقے سے نہیں نبھاتے.	
							جب ہم تینوں ساتھ ہوتے ہیں میرا شوہر بعض اوقات ہمارے بچے کی توجہ حاصل کرنے کے لیے مجھ سے مقابلہ کرتا ہے.	21
							جب ہم تینوں ساتھ ہوتے ہیں تو میرے ساس/ سسر/ امی/ ابو بعض اوقات میرے بچے کی توجہ حاصل کرنے کے لیے مجھ سے مقابلہ کرتے ہیں.	
							میرا شوہر بحیثیت ماں میرے کردار کو کمتر سمجھتا ہے.	22
							میرے ساس/ سسر/ امی/ ابو بحیثیت ماں میرے کردار کو کمتر سمجھتے ہیں.	

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							میرا شوہر ہمارے بچے / بچی کا خیال رکھنے کے لیے ذاتی قربانیاں دینے کے لیے آمادہ رہتا ہے۔	23
							میرے ساس/ سسر/ امی/ ابو میرے بچے / بچی کا خیال رکھنے کے لیے ذاتی قربانیاں دینے کے لیے آمادہ رہتے ہیں۔	
							ہم (میں اور میرا شوہر) والدین کے طور پر ہونے والے تجربات کے ذریعے ایک ساتھ آگے بڑھ رہے اور پختگی حاصل کر رہے ہیں۔	24
							ہم (میں اور میرے ساس/ سسر/ امی/ ابو) دادا/ دادی/ نانا/ نانی کے طور پر ہونے والے تجربات کے ذریعے ایک ساتھ آگے بڑھ رہے اور پختگی حاصل کر رہے ہیں۔	
							میرا شوہر سراہتا ہے کہ میں ایک اچھی ماں ثابت ہونے کے لیے کس قدر محنت کرتی ہوں۔	25
							میرے ساس / سسر/ امی/ ابو سراہتے ہیں کہ میں ایک اچھی ماں ثابت ہونے کے لیے کس قدر محنت کرتی ہوں۔	
							جب میں بطور والدہ کمزور پڑ جاتی ہوں تو میرا شوہر مجھے میری ضرورت سے بڑھ کر سپورٹ (support) کرتا ہے۔	26
							جب میں بطور والدہ کمزور پڑ جاتی ہوں تو میرے ساس / سسر/ امی/ ابو مجھے میری ضرورت سے بڑھ کر سپورٹ (support) کرتے ہیں۔	
							میرا شوہر مجھے احساس دلاتا ہے کہ میں ہمارے بچے / بچی کے لیے ممکنہ بہترین ماں ہوں۔	27
							میرے ساس / سسر/ امی/ ابو مجھے احساس دلاتے ہیں کہ میں میرے بچے/ بچی کے لیے ممکنہ بہترین ماں ہوں	
							والدین ہونے کا تناؤ میرے اور میرے شوہر کے درمیان دوری کا سبب بنا ہے۔	28
							والدین ہونے کا تناؤ میرے اور میرے ساس/ سسر/ امی/ ابو کے درمیان دوری کا سبب بنا ہے۔	
							میرا شوہر ہمارے بچے / بچی کی وجہ سے پریشان ہونا پسند نہیں کرتا۔	29
							میرے ساس/ سسر/ امی/ ابو میرے بچے/ بچی کی وجہ سے پریشان ہونا پسند نہیں کرتے۔	
							والدین بن جانے نے مستقبل پر ہماری (میری اور میرے شوہر کی) توجہ مرکوز کی ہے۔	30

						والدین بن جانے نے مستقبل پر ہماری (میری اور میرے ساس/ سسر/ امی/ ابو کی) توجہ مرکوز کی ہے.	

عام طور پر ہفتے میں کتنی بار جب آپ سبھی ساتھ ہوتے ہیں تو

بالکل صحیح	تھوڑا سا صحیح	کچھ حد تک صحیح	نہ صحیح نہ غلط	کچھ حد تک غلط	تھوڑا سا غلط	بالکل غلط	بیانات	نمبر شمار
							خود کو اپنے شوہر کے ساتھ معمولی تناؤ یا طنزیہ گفتگو میں مبتلا پاتی ہیں.	31
							خود کو اپنے ساس/ سسر/ امی/ ابو کے ساتھ معمولی تناؤ یا طنزیہ گفتگو میں مبتلا پاتی ہیں.	
							بچے کی موجودگی میں اپنے شوہر سے بچے سے متعلق بحث کرتی ہیں.	32
							بچے کی موجودگی میں اپنے ساس/ سسر/ امی/ ابو سے بچے سے متعلق بحث کرتی ہیں.	
							بچے کی موجودگی میں اپنے تعلقات یا ازدواجی (شادی شدہ) زندگی سے متعلق مسائل جن کا تعلق بچے سے نہ ہو، پر شوہر سے بحث کرتی ہیں	33
							بچے کی موجودگی میں اپنے تعلقات یا ازدواجی (شادی شدہ) زندگی سے متعلق مسائل جن کا تعلق بچے سے نہ ہو، پر ساس/ سسر/ امی/ ابو سے بحث کرتی ہیں.	
							بچے کے سامنے آپ میں سے کوئی ایک یا دونوں (آپ اور شوہر) ایک دوسرے کے متعلق بے رحم یا تکلیف دہ باتیں کرتے ہیں.	34
							بچے کے سامنے آپ میں سے کوئی ایک یا دونوں (آپ اور ساس/ سسر/ امی/ ابو) ایک دوسرے کے متعلق بے رحم یا تکلیف دہ باتیں کرتے ہیں.	
							بچے کے سامنے جب وہ مکمل طور پر متوجہ ہو(آپ اور شوہر) ایک دوسرے شوہر پر چلاتے ہیں.	35
							بچے کے سامنے جب وہ مکمل طور پر متوجہ ہو(آپ اور ساس/ سسر/ امی/ ابو) ایک دوسرے پر چلاتے ہیں.	

APPENDIX E

Parent's Perception of the Coparenting Relationship Scale

درج ذیل بیانات کو غور سے پڑھیں اور ممکنہ حد تک اس جواب کا انتخاب کریں جو صحیح معنوں میں آپ کی کیفیت بیان کرتا ہے

نمبر شمار	بیانات	کبھی نہیں	شاز و نادر ہی	کبھی کبھی	عام طور پر	ہمیشہ
1	جب میں اپنے بچے/ بچی کو نظم و ضبط سکھاتی ہوں تو میرا شوہر میری حمایت کرتا ہے					
	جب میں اپنے بچے یا بچی کو نظم و ضبط سکھاتی ہوں تو میرے ساس/ سسر/ امی/ ابو میری حمایت کرتے ہیں.					
2	میرا شوہر ہمارے بچے/ بچی کی توجہ کے لیے مجھ سے مقابلہ کرتا ہے.					
	میرے ساس/ سسر/ امی/ ابو میرے بچے / بچی کی توجہ کے لیے مجھ سے مقابلہ کرتے ہیں.					
3	بچے کی پرورش سے متعلق میرے طریقہ کار سے جب میرا شوہر متفق نہیں ہوتا تو وہ پرسکون انداز میں مجھ سے اس پر بات کرتا ہے.					
	بچے کی پرورش سے متعلق میرے طریقہ کار سے جب میرے ساس/ سسر/ امی/ ابو متفق نہیں ہوتے تو وہ پرسکون انداز میں مجھ سے اس پر بات کرتے ہیں.					
4	جب اپنے بچے/ بچی کو سلانے کے لیے اپنے شوہر کی مدد مانگتی ہوں تو وہ مجھے نظر انداز کرتا ہے.					
	جب اپنے بچے/ بچی کو سلانے کے لیے اپنے ساس/ سسر/ امی/ ابو کی مدد مانگتی ہوں تو وہ مجھے نظر انداز کرتے ہیں.					
5	میرا شوہر میرے تربیت کرنے کے انداز پر ہمارے بچے کے سامنے تنقید کرتا ہے.					
	میرے ساس/ سسر/ امی/ ابو میرے تربیت کرنے کے انداز پر میرے بچے کے سامنے تنقید کرتے ہیں.					
6	جب میں اپنے بچے/ بچی کو کچھ کرنے کے لیے کہتی ہوں تو میرا شوہر مجھ سے اختلاف کرتا ہے.					
	جب میں اپنے بچے/ بچی کو کچھ کرنے کے لیے کہتی ہوں تو میرے ساس/ سسر/ امی/ ابو مجھ سے اختلاف کرتے ہیں.					
7	میں اور میرا شوہر پرورش کرنے کے یکساں (ایک جیسے) طریقے استعمال کرتے ہیں.					
	میں اور میرے ساس/ سسر/ امی/ ابو پرورش کرنے کے یکساں (ایک جیسے) طریقے استعمال کرتے ہیں.					
8	جب مجھے ہمارے بچے/ بچی کے سلسلے میں مدد کی ضرورت ہوتی ہے تو میرا شوہر مدد نہیں کرتا.					

					جب مجھے میرے بچے/ بچی کے سلسلے میں مدد کی ضرورت ہوتی ہے تو میرے ساس/ سسر/ امی/ ابو مدد نہیں کرتے.	
					جب میں اپنے بچے کے متعلق اپنے شوہر کو کچھ بتاتی ہوں تو وہ سنتا ہے.	9
					جب میں اپنے بچے کو متعلق اپنے ساس/ سسر/ امی/ ابو کو کچھ بتاتی ہوں تو وہ سنتے ہیں.	
					جب ہمارے بچے کو کچھ چاہیے ہوتا ہے اور میں 'نہیں' کہتی ہوں تو میرا شوہر اسے 'ہاں' کہتا ہے	10
					جب میرے بچوں کو کچھ چاہیے ہوتا ہے اور میں 'نہیں' کہتی ہوں تو میرے ساس/ سسر/ امی/ ابو سے 'ہاں' کہتے ہیں.	
					میرا شوہر پرورش کے وہ طریقے استعمال کرتا ہے جن سے میں نے اسے منع کیا ہو.	11
					میرے ساس/ سسر/ امی/ ابو پرورش کے وہ طریقے استعمال کرتے ہیں جن سے میں نے انہیں منع کیا ہو.	
					عموما مجھے محسوس ہوتا ہے کہ ہم (میں اور میرا شوہر) اکٹھے ہمارے بچے/ بچی کے لیے بہترین کر رہے ہیں.	12
					عموما مجھے محسوس ہوتا ہے کہ ہم (میں اور میرے ساس/ سسر/ امی/ ابو) اکٹھے میرے بچے/ بچی کے لیے بہترین کر رہے ہیں.	
					جب میں ہمارے بچے/ بچی اور دوسرے بچوں کے درمیان مسئلے کو حل کرنے کی کوشش کرتی ہوں تو میرا شوہر میری مدد کرتا ہے.	13
					جب میں میرے بچے/ بچی اور دوسرے بچوں کے درمیان مسئلے کو حل کرنے کی کوشش کرتی ہوں تو میرے ساس/ سسر/ امی/ ابو میری مدد کرتے ہیں.	
					بچے کی پرورش سے متعلق میرے طریقہ کار سے جب میرا شوہر متفق نہیں ہوتا تب بھی وہ بچے کے سامنے میری حمایت کرتا ہے.	14
					بچے کی پرورش سے متعلق میرے طریقہ کار سے جب میرے ساس/ سسر/ امی/ ابو متفق نہیں ہوتے تب بھی وہ بچے کے سامنے میری حمایت کرتے ہیں.	

APPENDIX F

Social Adjustment Scale

یاد رکھیں کسی بھی بیان کا جواب صحیح یا غلط نہیں ہے. مہربانی فرما کر سچا جواب دیں اور یہ واضح کرنے کی کوشش کریں کہ اصل میں کیا ہوتا ہے.

بالکل صحیح	تھوڑا سا صحیح	کسی حد تک صحیح	نہ صحیح نہ غلط	کسی حدتک	تھوڑا سا	بالکل نہیں	بیانات	نمبر شمار
							میرے ہم جماعت اور دوستوں کو جب کوئی مسئلہ ہوتا ہے تو وہ میرے پاس آتے ہیں.	1
							جب مجھے ضرورت ہوتی ہے تو میرے ہم جماعت اور دوست میری مدد کرتے ہیں.	2
							میرے ہم جماعت میرا خیال رکھتے ہیں.	3
							میری ہم جماعت اور دوست جانتے ہیں کہ جب انہیں کسی قسم کی سرگرمی کا اہتمام کرنا ہو تو وہ مجھ پر بھروسہ کر سکتے ہیں.	4
							میرے ہم جماعت میرے ساتھ کام کرنے میں آرام دہ محسوس کرتے ہیں.	5
							میں ان سرگرمیوں میں شامل ہوتا ہوں جن میں دوسرے بھی حصہ لیتے ہیں.	6
							میرے ہم جماعت مجھے پسند کرتے ہیں.	7
							مجھے ایسا لگتا ہے میرے بہت دوست ہیں.	8

APPENDIX G

Strength and Difficulties Questionnaire

برائے مہربانی پچھلے چھ ماہ میں آپ کے ساتھ پیش آنے والے حالات کو مدنظر رکھتے ہوئے مندرجہ ذیل کے جوابات دیں. یہ ہمارے لیے مددگار ثابت ہوگا. آپ ہر سوال کا جواب اپنی کیفیت کو مدنظر رکھتے ہوئے ممکنہ حد تک درست دیں. حتی کہ ایسے سوال کے لیے بھی جس میں جس میں آپ کو شک و شبہات ہوں یا وہ آپ کو عجیب لگے.

نمبر شمار	بیانات	درست نہیں	کچھ درست	یقینا درست
1	میں لوگوں کے ساتھ اچھا ہونے کی کوشش کرتا / کرتی ہوں میں ان کے احساسات کا خیال رکھتا / رکھتی ہوں.			
2	میں بے چین بے آرام رہتا/ رہتی ہوں میں زیادہ دیر تک ایک جگہ نہیں ٹھہر سکتا / سکتی.			
3	مجھے اکثر سر درد، پیٹ میں درد یا متلی یا قے آنے کی شکایت رہتی ہے.			
4	میں عموما اپنی چیزیں دوسروں کے ساتھ بانٹتا / بانٹتی ہوں مثلا کھانا گیمز قلم پینسل وغیرہ.			
5	میں بہت غصے میں آ جاتا / جاتی ہوں اور اکثر ضبط کھو بیٹھتا/ بیٹھتی ہوں.			
6	میں عموما خود میں رہتا / رہتی ہوں، عام طور پر اکیلا کھیلتا/ کھیلتی ہوں یا اپنے آپ تک محدود رہتا/ رہتی ہوں.			
7	میں عموما وہی کرتا/ کرتی ہوں جو مجھے کہا جاتا ہے.			
8	اگر کوئی دکھی، پریشان یا بیمار محسوس کر رہا ہو تو میں مددگار ثابت ہوتا / ہوتی ہوں.			
9	میں بہت پریشان رہتا/ رہتی ہوں.			
10	میں مسلسل مضطرب، بےقرار یا بے چین رہتا/ رہتی ہوں.			
11	میرے/ میری ایک یا ایک سے زیادہ اچھے/اچھی دوست ہیں.			
12	میں بہت لڑتا/ لڑتی ہوں، میں دوسرے لوگوں سے وہ کروا سکتا/ سکتی ہوں جو میں چاہتا/ چاہتی ہوں.			
13	میں اکثر ناخوش، دلبرداشتہ اشک بار ہوتا/ ہوتی ہوں.			
14	میری عمر کے دوسرے لوگ عام طور پر مجھے پسند کرتے ہیں.			
15	میری توجہ آسانی سے پھر/ بھٹک جاتی ہے، مجھے توجہ دینا / مرکوز رکھنا مشکل لگتا ہے.			
16	میں نئی صورتحال میں گھبرا جاتا/ جاتی ہوں، میں آسانی سے اعتماد کھو دیتا/ دیتی ہوں.			
17	میں چھوٹے بچوں کے ساتھ شفقت کے ساتھ پیش آتا/ آتی ہوں.			
18	مجھ پر اکثر جھوٹ بولنے یا بے ایمانی، دھوکہ دہی کا الزام لگایا جاتا ہے.			
19	دوسرے بچے یعنی نوجوان لوگ مجھے نشانہ بناتے ہیں یا دھونس جماتے/ ستاتے ہیں.			
20	میں اکثر دوسروں (والدین، اساتذہ، بچوں) کی مدد کے لیے خود کو رضاکارانہ طور پر پیش کرتا/ کرتی ہوں.			

			کچھ بھی کرنے سے پہلے میں سوچتا/ سوچتی ہوں.	21
			میں گھر سکول یا کہیں سے بھی چیزیں اٹھا لیتا / لیتی ہوں، جو میری نہیں ہوتی ہیں.	22
			بنسبت لوگوں کے، میرے تعلقات بالغ افراد سے زیادہ اچھے ہیں.	23
			مجھے بہت زیادہ خوف ہے، میں آسانی سے خوفزدہ ہو جاتا/ جاتی ہوں.	24
			جو کام کر رہا / رہی ہوں اسے ختم کرتا/ کرتی ہوں، میری توجہ اچھی ہے.	25

APPENDIX H

Problem Oriented Coping Subscale

تصور کریں آپ کے بہترین دوست میں سے ایک کے ساتھ آپ کی بڑی بحث ہوئی:

اگر میرے ساتھ ایسا ہوتا ہے تو

نمبر شمار	بیانات	کبھی نہیں	شاز و نادر ہی	کبھی کبھی	عام طور پر	ہمیشہ
1	میں مسئلہ حل کرنا شروع کرتا/ کرتی ہوں.					
2	میں مسئلے کو حل کرنے کے مختلف طریقے سوچنے کی کوشش کرتا /کرتی ہوں.					
3	میں مسئلے کو حل کرنے کا طریقہ منتخب کرتا /کرتی ہوں.					
4	میں خاص کوشش کرتا/ کرتی ہوں کہ اس طرح کا معاملہ دوبارہ نہ ہونے دوں.					
5	چیزوں کو بہتر بنانے کے لیے میں اس میں کچھ نہ کچھ تبدیل کرتا/ کرتی ہوں.					
6	میں اسے (چیزیں) اگلی بار بہتر بنانے کی کوشش کرتا/ کرتی ہوں.					

APPENDIX I

Affect Balance Scale

درج ذیل سوالات کے جوابات دیں. پچھلے کچھ ہفتوں کے دوران آپ نے کیا محسوس کیا.

نمبر شمار	بیانات	کبھی نہیں	شاز و نادر ہی	اکثر	ہمیشہ
1	کیا آپ نے کسی چیز میں خاص طور پر دلچسپی محسوس کی؟				
2	کیا آپ نے فخر محسوس کیا کیونکہ آپ کے کسی کام پر کسی نے آپ کی تعریف کی؟				
3	کیا آپ نے کچھ حاصل کرنے پر خوشی محسوس کی؟				
4	کیا آپ نے خود کو دنیا سے بہتر محسوس کیا؟				
5	کیا چیزیں آپ کے مطابق ہو رہی تھیں؟				
6	کیا آپ نے خود کو اتنا بے چین محسوس کیا کہ آپ زیادہ دیر تک کرسی پر نہیں بیٹھ سکتے تھے؟				
7	کیا آپ نے خود کو تنہا اور دوسروں سے دور محسوس کیا؟				
8	کیا آپ نے اکتاہٹ محسوس کی؟				
9	کیا آپ نے خود کو افسردہ پایا؟				
10	کیا آپ اس لیے پریشان ہوئے کہ کسی نے آپ پر تنقید کی؟				

APPENDIX J

Author's Permission to use Parent Acceptance Rejection Questionnaire

Attached is the Parent PARQ for your project. After collecting data from respondents, to score the measures, go to http://parscore6.appspot.com and using a Gmail account (we are hosted on the Google cloud), register your project. Answer all questions in affirmative. You will then be ready to score. Use the following protocol to enter item scores:

Numerical Scoring. Record the numerical score for each response as follows:

Almost Always True	Sometimes True	Rarely True	Almost Never True
4	3	2	1

The scoring program does all reverse-scoring for you, as well as computes for missing data. This email serves as copyright release. Please do not share these materials with any third party. Measures copyrighted by Rohner Research Publications may never be published in full or made publicly available in other ways. Do not include any measure in its entirety in a PhD dissertation, BA or BS, Masters, MPhil thesis, or published article. A footnote in any writing may say "The full-text measure is removed because of international copyrights. If you would like to access the full measure, please contact Rohner Research Publications at https://rohnerresearchpublications.com".

I hope this email is useful to you. Please save it for future reference in scoring. **Please send the results**

Author's Permission to use Coparenting Relationship Scale

Feinberg, Mar... 19/11/2024

to me

From Feinberg, Mark Ethan • mef11@psu.edu

To Aroosa Fazal • aroosafazal18@gmail.com

Date 19 Nov 2024, 1:10 am

🔒 Standard encryption (TLS).
See security details

Yes.
mark

From: Aroosa Fazal
<aroosafazal18@gmail.com>
Sent: Monday, November 18, 2024 10:56 AM
To: Feinberg, Mark Ethan <mef11@psu.edu>
Subject: Re: Permission to access "Measure of Coparenting Relationship Scale"
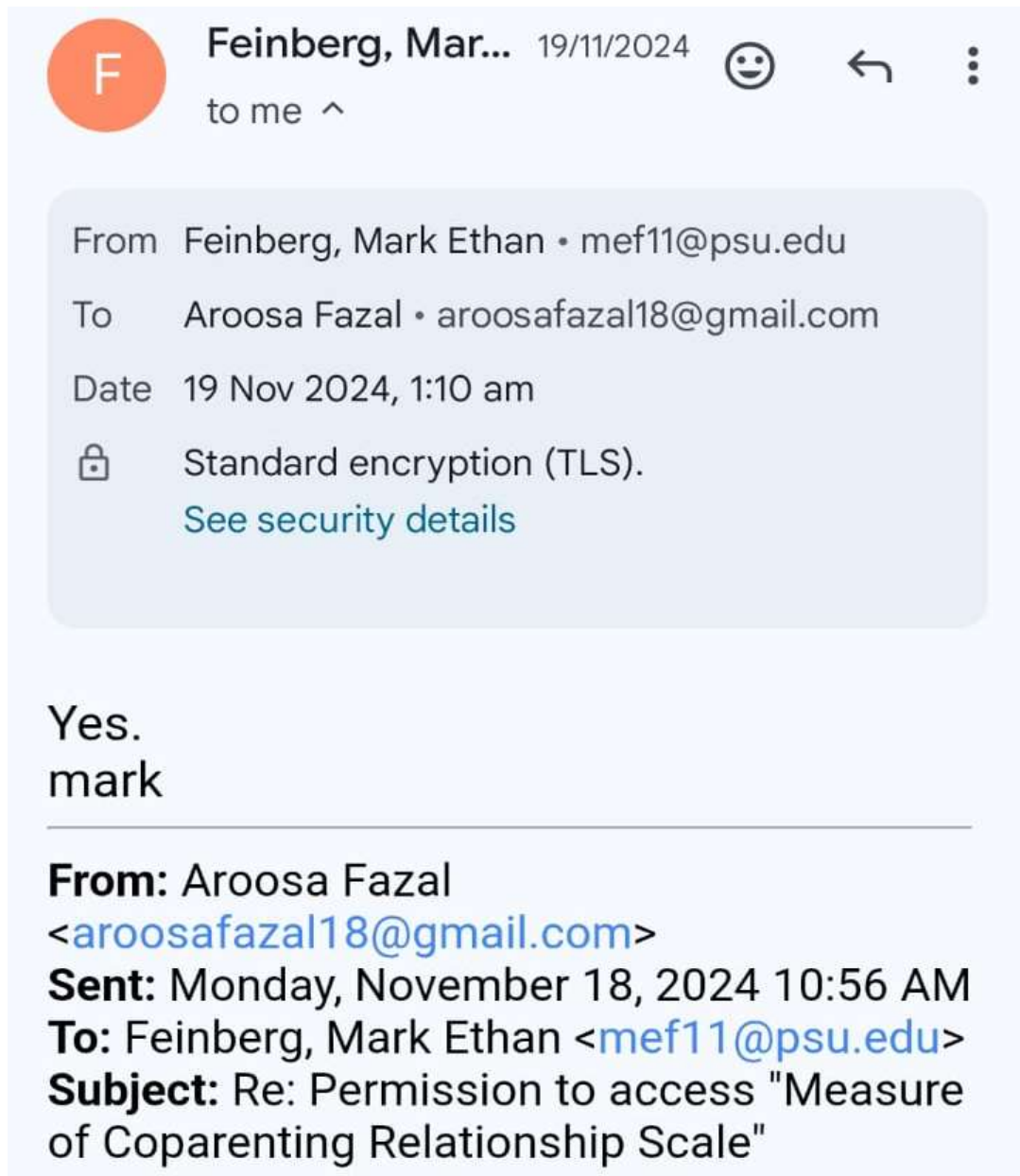
Author's Permission to use Parent's Perception of the Coparenting

Relationship Scale

S Stright, Anne... 12/12/2024 ☺ ↩ ⋮
to me ⌄

Dear Aroosa Fazal,

Please accept my apologies for the delay answering your inquiry; I was out of the country.

Thank you for your interest in my research. I give my permission for you to use my questionnaire, Parents' Perceptions of the Coparenting Relationship Questionnaire".

Both versions of the questionnaires are on page 240 in the appendix of the article, Coparenting quality, which was published in the journal, Family Relations, in 2003, Vol. 52, No. 3, which I have attached a pdf copy of the article to this email. On page 235 of the article the details of the 2 questionnaires are explained.

Sincerely,

Author's Permission to use Social Adjustment Scale

Mauricio Herrera López
University of Nariño

Tue, Apr 18, 2023

Asia Mushtaq 1:32 AM
Hello Dr Lopez
I'm Asia Mushtaq from Pakistan. One of my
undergraduate students wants to use your
questionnaire on Social Adjustment (8 items). We will
be very thankful if you can provide us the English
version of this scale and also give us permission to
use it and translate it into Urdu language (the National
Language of Pakistan).
My email id is asmushtaq@numl.edu.pk

Regards
Asia

Mon, May 29, 2023

Mauricio Herrera López 7:33 PM
cordial greetings Dear Prof. Mushtaq
The use of the questionnaire for research purposes is
gladly authorized.
Many successes in the purposes.

all the best

Asia Mushtaq 9:50 PM
Thank you so much
Warm regards

Author's Permission to use Strength and Difficulties Questionnaire

> **Youthinmind** 18 Mar
> to me ∨
>
> Dear Aroosa,
>
> Thank you for your interest in the SDQ.
>
> If you want to collect data using
> the paper questionnaires (pen and paper method),
> you are welcome to download them from our
> website, exactly as found **pdf downloads** on our
> website (absolutely no modifications/adaptation/
> translations to the SDQ are allowed, e.g. changing
> the wording of questions, adding questions or
> administering only subsets of questions)
> https://sdqinfo.org/py/sdqinfo/b0.py

Author's Permission to use Problem Oriented Coping Subscale

Hogrefe | IP a... 18/12/2024
to me

Dear Aroosa,

Thank you very much for your reply.

Please find attached the translation of the *SSKJ 3-8 R* questionnaire for usage within your study.

Please note, the English version of the *SSKJ 3-8 R* (not validated) can be used for your non-commercial study. Please note, this is an unpublished test and it is not allowed to publish the scale itself.

Kind regards,