Indian Journal of Psychological Science

Internationally

Indexed, Refereed and Peer Reviewed

UGC –CARE LIST:

UGC Approved: Emerging Sources Citation Index: WoS

https://mjl.clarivate.com:/search-results?issn=0976-9218

I J P S

The official organ of:

National Association of Psychological Science (Regd.)

www.napsindia.org Email: managingeditorijps@gmail.com, Phone: 9417882789

Parenting Styles and Quality of Life among Parents of Children with Attention Deficit Hyperactive Disorder- A Comparative Study

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ABSTRACT

Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder that significantly impacts both children and their caregivers. Parents of children with ADHD often face heightened stress and altered parenting behaviors, which can compromise their quality of life (QoL). This study aimed to assess and compare parenting styles and QoL between parents of children with ADHD and those of neurotypical children. A cross-sectional design was employed with purposive sampling of 60 parents (30 with ADHD children and 30 controls) from Cuttack, Odisha. The Alabama Parenting Questionnaire (APQ) and WHOQOL-BREF were used to assess parenting styles and quality of life, respectively. Statistical analyses included Chi-square tests and Mann-Whitney U tests to analyse the homogeneity and compare both the experimental and control groups on parenting styles and quality of life, respectively. The results indicated significant differences were observed in parenting styles, with ADHD-group parents reporting lower positive parenting and involvement, and higher poor supervision and inconsistent discipline. QoL was significantly lower in the ADHD group across physical, psychological, and social domains, though environmental QoL did not differ significantly. The study concluded that parenting a child with ADHD is associated with maladaptive parenting patterns and reduced caregiver QoL. Thus, emphasizing targeted interventions supporting both children and caregivers are essential for holistic ADHD management.

Key-words: ADHD, Parenting Styles, Quality of Life

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Paper Received: 03-05-2025
Paper Accepted: 17-12-2025
Paper Published: 20-12-2025

INTRODUCTION

Attention-deficit hyperactive disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood and has the potential for continuity into adolescence and adulthood (Willcutt, 2012; Sharma et. al., 2020). Worldwide prevalence of ADHD is about 5.9- 8% (Ayano et. al., 2023; Salari et. al., 2023). In India, the prevalence of ADHD is estimated at 9.57% with a mean age of 8.9 years, and was more prevalent in boys than in girls, with a sex ratio of 3:1 (Kuppili, et. al., 2017; Joseph & Devu, 2020; Pathan et. al., 2024). As per ICD-11, "Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. There is evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, typically by early to mid-childhood".

Parenting style refers to the overall emotional climate in which children are raised, encompassing parents' attitudes, behaviors, and child-rearing strategies. Diana Baumrind (1967) originally identified three primary parenting styles—authoritative, authoritarian, and permissive—which were later expanded to include neglectful or uninvolved parenting (Maccoby & Martin, 1983). These styles have a profound influence on a child's emotional, cognitive, social, and behavioral development. Among children with Attention-Deficit/Hyperactivity Disorder (ADHD), the role of parenting becomes even more critical, as these children often present with core symptoms such as impulsivity, inattention, and hyperactivity. These symptoms can significantly increase parental stress, often leading to maladaptive parenting behaviors, including harsh discipline, inconsistency, low emotional warmth, or excessive control. Research indicates that such maladaptive parenting practices can worsen the severity of ADHD symptoms and contribute to the development of comorbid behavioral problems (Johnston & Mash, 2001; Chronis-Tuscano et al., 2017).

Maladaptive parenting in the context of ADHD can negatively impact a child's development, especially in areas such as self-regulation, academic performance, and peer relationships. Children exposed to negative parenting practices often exhibit increased oppositional behavior, lower self-esteem, and adverse long-term outcomes (Harvey et al., 2011). In contrast, positive parenting—characterized by warmth, consistency, and reinforcement—can act as a protective factor and help mitigate some of the challenges associated with ADHD (McKee et al., 2008).

Children with ADHD often elicit high levels of stress in their caregivers, which may further disrupt the home environment and exacerbate the child's symptoms(Wiener et al., 2016). Studies have consistently shown that parents of children with ADHD experience greater stress, emotional strain, and interpersonal difficulties. They often report heightened familial and marital discord, feelings of guilt, susceptibility to depression, increased alcohol use, and a diminished quality of life (Cappe et al., 2011). These parents tend to show lower levels of warmth and higher levels of psychological distress, including depression and anxiety. They also report lower scores on the WHO Quality of Life (WHOQOL) scale, especially in domains such as social relationships and environmental well-being, underlining the

need to include caregiver support in ADHD interventions (Nath et al., 2022).

Moreover, ADHD in children is associated with non-adaptive coping styles, emotional dysregulation, physical health issues, and poor motor coordination, all of which can place additional psychological burdens on parents. These caregivers are more prone to mental health challenges and somatic complaints (Ahmed et al., 2024). A study from Hong Kong found that factors such as the severity of ADHD symptoms, presence of comorbid developmental disorders, medical conditions, low household income, and lower parental education levels were significantly associated with poorer quality of life in caregivers (Xiang et al., 2009).

The caregiving burden of ADHD extends beyond emotional strain. It also imposes significant economic and social costs, affecting the overall well-being of families (Fridman et al., 2017; Zhao et al., 2019; Peasgood et al., 2020). Observational studies have shown that parent-child interactions in families with ADHD are often characterized by high levels of conflict and dysfunctional communication patterns (Cussen et al., 2012). Even routine daily tasks—such as completing homework or following bedtime routines—can become major sources of stress (Segal, 2000; Segal & Hinojosa, 2006). Additionally, parents of children with ADHD are at greater risk for marital problems and relationship dissatisfaction (Schermerhorn et al., 2012).

The cumulative stress associated with caregiving for a child with ADHD can significantly impair the psychological, social, and physical health of parents. Research shows that these parents are more likely to suffer from psychological disorders compared to those of neurotypical children (Xiang et al., 2009; Cussen et al., 2012; Lee et al., 2013). Many experience decreased parenting confidence, heightened feelings of incompetence, and elevated levels of distress (Johnston & Mash, 2001; Johnson & Reader, 2002; Whalen et al., 2006). Mothers, in particular, are found to be especially vulnerable to anxiety, depression, and elevated stress levels (Sultanifar et al., 2024). Furthermore, studies show that parents of children with ADHD are more likely to develop depressive symptoms than those of typically developing children (Margari et al., 2013).While extensive research has focused on the symptoms and treatment of ADHD in children, relatively fewer studies have explored the broader impact on parents, particularly in comparison to parents of neurotypical children.

Conducting a comparative study on parenting styles and QoL among these two groups can offer a deeper understanding of how ADHD affects family dynamics and caregiver health. This knowledge is crucial for designing targeted interventions that not only support children with ADHD but also address the well-being and parenting practices of their caregivers, ultimately contributing to better outcomes for the entire family system. Thus, this study aims to assess parenting styles and quality of life of parents having children with ADHD, and compare it with parents whose children do not have ADHD.

METHOD

AIM AND OBJECTIVES-

- To assess the Parenting style of parents having ADHD children as compared to parenting style of parents having normal children.
- To assess the Quality of Life of parents having ADHD children as

compared to Quality of Life of parents having normal children.

HYPOTHESIS-

- There will be a significant difference in parenting style of parents having ADHD children in comparison to parents having normal children.
- There will be a significant difference in Quality of life of parents having ADHD children as compared to parents having normal children.

RESEARCH DESIGN-A Cross-sectional study design was used.

SAMPLING- A total of 60 participants were selected using purposive sampling method from Cuttack, Orissa. Out of the 60 participants 30 participants, parents having ADHD children were selected from MHI, OPD, SCB Medical College and Hospital, and rest 30 having normal children were selected from Cuttack.

INCLUSION CRITERIA-

- Parents of children between 5-12 years, diagnosed with ADHD according to ICD-10 criteria.
- Parents giving consent in the study for both groups.
- Parents having at least an educational level of matriculation.

EXCLUSION CRITERIA-

- Parents of children with neurological problem.
- Parents of children with chronic mental illness.
- Parents of children diagnosed with ADHD according to ICD-10 criteria with other co morbid conditions like, Autism, MR and etc.
- Parents who secured 3 or above score in GHQ-12.

MEASURES USED

- A Socio-Demographic Data Sheet was used to record the socio-demographic profile of the participants.
- General Health Questionnaire- The General Health Questionnaire (GHQ-12), developed by Goldberg (1989), is a screening tool for detecting psychiatric distress related to general medical illness. It assesses four aspects of distress: depression, anxiety, social impairment, and hypochondriasis. The 12 items are rated on a 5-point scale, where 1 indicates "not at all" and 4 indicates "fairly often." In the study, parents scoring 3 or above were excluded.
- The Alabama Parenting Questionnaire (APQ), developed by Frick (1991), is designed for parents of children under 18. It has an internal consistency of 0.68 and a criterion validity of $r^2 = .24$ for predicting child symptoms. The APQ consists of 35 items rated on a 5-point scale (1 = never, 5 = always) and assesses five parenting constructs: positive parenting, parental involvement, poor monitoring/supervision, inconsistent discipline, and corporal punishment. The study aimed to interview both parents or determine the preferred parenting style if only one parent was available.
- The WHOQOL-BREF, developed by the WHOQOL Group (1988), is a 26-item scale assessing four life domains: physical, psychological, social, and environmental. It has high internal consistency, item-total

correlations, discriminant validity, and construct validity, confirmed through factor analysis (Skevington et al., 2004).

PROCEDURE

This study was conducted in the Cuttack, Odisha. The research was approved by the institutional ethics committee (IEC) of SCB Medical College & Hospital, with following IEC/IRB No. 781/15.01.19. Initially during the screening a total of 68 participants were selected upon meeting the various inclusion and exclusion criteria. Finally, out of the 68 participants 30 parents with ADHD children were selected for the study based on their consent for the study. Further, through the process of random selection, 30 parents of children with no history of neurodevelopmental or any other mental or behavioural disorder were selected. Parents were approached individually and imparted clear description of what is to be done in the study. The instruction for each screening tool and questionnaire was adequately explained and care was taken that they understood the instructions. Social-demographic data sheet was used to collect information about the socio-demographic details (i.e. age, gender, education, residence) of the participants. Initially General Health Questionnaire (GHO) was used on parents of the both groups for screening any psychiatric co-morbidity. Subsequently Alabama parenting Questionnaire and World Health Organization Quality of Life (WHOOOL)-BREF were administered to both study and control group. The data was analyzed statistically by using free student Version of SPSS package.

STATISTICAL ANALYSIS-

The data was not normally distributed, so non-parametric statistics were used. For analysing categorical variables, the Chi-square test was used, and for between-group analysis, the Mann-Whitney U test was used.

RESULTS

Table 1: The table compares socio-demographic characteristics between the experimental and control group.

Socio-Demographic Details	Levels	Experimental Group	Control Group	χ^2	P
Age		31.33	32.50	0.265	0.265
Gender	Male	19 (63.33%)	14 (46.66%)	0.194	0.150
	Female	11 (36.33%)	16 (53.33%)		
Residence	Urban	15 (50%)	14 (14.66%)	0.796	0.50
	Rural	15 (50%)	16 (53.33%)		
Education	10^{th}	12 (40%)	9 (30%)	0.637	0.637
	+2	8 (26.66%)	11 (36.33%)		
	Graduation	10 (33.33%)	10 (33.33%)		

The findings indicate that there are no significant differences between the experimental and control groups in terms of age, gender, residence, and education. All p-values are greater than 0.05, suggesting that both groups are demographically similar.

Table 2 Compares the Parenting Styles of the Experimental and Control groups using the Mann-Whitney U Test.

Groups	Experimental Group		Control Group		Mann Whitney U Test		
Variables	Mean Rank	Sum Rank	Mean Rank	Sum Rank	U	Z	Sig.
Positive Parenting	16.62	498.6	44.38	1331.50	33.50	-6.181	.000
Parental Involvement	16.02	480.50	44.38	1349.50	15.50	-6.433	.000
Poor Supervision	38.68	1160.50	22.32	669.50	204.50	-3.643	.000
Inconsistent Discipline	36.32	1089.50	24.68	740.50	275.50	-2.598	.009
Corporal Punishment	34.15	1024.50	26.85	805.50	340.50	-1.648	.099

The table compares parenting styles between the Experimental Group and Control Group using the Mann-Whitney U test. The results reveal significant differences ($p < 0.05$) in Positive Parenting, Parental Involvement, Poor Supervision, and Inconsistent Discipline, with the Experimental Group showing less favorable outcomes compared to the Control Group. However, no significant difference was found for Corporal Punishment ($p = 0.099$).

Table 3: The table compares the 4 domains of Quality of Life namely, Physical Health, Psychological, Social Relationship, and Environment between Experimental and Control group.

Groups	Experimental Group		Control Group		Mann Whitney U Test		
Variables	Mean Rank	Sum Rank	Mean Rank	Sum Rank	U	Z	Sig.
Physical Health	20.60	618.00	40.40	11212.00	153.00	-4.419	.000
Psychological	19.17	575.00	41.83	1255.00	110.00	-5.075	.000
Social Relationship	20.20	606.00	40.80	1224.00	141.00	-4.631	.000
Environment	25.50	765.00	35.50	1065.00	300.00	-6.251	.061

The findings from the Mann-Whitney U test indicate significant differences between the Experimental Group and Control Group in three key domains: Physical Health ($p = 0.000$), Psychological ($p = 0.000$), and Social Relationship ($p = 0.000$). However, in the Environment domain ($p = 0.061$), the difference is not statistically significant,

indicating that both groups experienced a similar level of Quality of Life in the environment domain.

DISSCUSSION

The present study aimed to compare the parenting styles and the quality of life of parents with children who have ADHD and of those whose children do not. The socio-demographic characteristics of the participants in the experimental and control groups were examined to ensure baseline comparability. As shown in Table 1, no statistically significant differences were found between the groups in terms of age, gender, place of residence, or educational qualifications. This demographic equivalence enhanced the internal validity of the study (Gilner & Morgan, 2000).

The present study compared parenting practices between parents of children with ADHD (experimental group) and parents of non-ADHD children (control group) using the Alabama Parenting Questionnaire (APQ). The results revealed significant differences across multiple parenting dimensions, highlighting distinct patterns in parenting styles associated with ADHD.

Parents of ADHD children exhibited significantly lower levels of Positive Parenting and Parental Involvement compared to the control group. This aligns with prior research indicating that ADHD-related behavioral challenges (e.g., impulsivity, defiance) may reduce parents' ability to engage in warm, reinforcing interactions (Johnston & Mash, 2001; Rogers et. al., 2009). The demands of managing ADHD symptoms may lead to higher stress, resulting in fewer positive reinforcements and less structured involvement in the child's life. The experimental group also scored significantly higher on Poor Supervision and Inconsistent Discipline, suggesting that parents of ADHD children may struggle with monitoring their child's activities and maintaining consistent rule enforcement. This finding supports existing literature linking ADHD to disrupted family routines and parental frustration, which can contribute to erratic discipline (Ellis & Nigg, 2009; Barkley, 2015; Vasiou et. al., 2023). Poor supervision may further exacerbate behavioral issues, as children with ADHD often require clearer boundaries and structured environments to thrive.

No Significant Difference in Corporal Punishment

Contrary to expectations, Corporal Punishment did not differ significantly between groups ($p = 0.099$). While some studies suggest that parents of ADHD children may resort to harsher discipline due to frustration (Blancho et al., 2006), our results indicate that physical punishment may not be a distinguishing factor in this sample. This could reflect cultural differences in disciplinary practices or that parents in this study relied more on non-physical consequences.

The study assessed the Quality of Life (QoL) across four domains—Physical Health, Psychological Well-being, Social Relationships, and Environmental factors—among the experimental and control group. The results of the Mann-Whitney U test revealed statistically significant differences in three out of the four QoL domains, namely Physical Health, Psychological, and Social Relationships, indicating a marked disparity in life quality between the two groups. This supports the study's hypothesis that there will be a significant difference in QoL between the experimental and control groups. Thus

enumerating the impact ADHD has on the caregivers.

These findings are in contradiction with previous study which found that parents of children with ADHD had average quality of life (Azazy et. al, 2018). However, the findings of the current study are in line with previous studies such as a study conducted by Ahmed et. al., in 2022, and Chena et. al., 2021, who compared QOL of the caregivers of ADHD and non-ADHD caregivers, displayed a statistically significant difference between caregivers of non-ADHD children and those of ADHD children, and that two third of caregivers of ADHD children suffered from poor level QOL. The results demonstrated marked impairments in all QOL dimensions in ADHD caregivers versus non-ADHD children, emphasizing how ADHD can affect the caregivers and the relevance of addressing this issue with them during treatment (Ahmed et. al, 2022).

With respect to domains of QoL studies have found the most negatively affected QOL domains by ADHD were the physical and psychological health, then the social relationships of parents (Ahmed et. al., 2022; Alwhaibi et. al., 2020).

CONCLUSION

The present study provides valuable insights into the differential parenting practices and quality of life (QoL) experienced by parents of children with ADHD in comparison to those without. The findings underscore the significant challenges faced by parents of children with ADHD, reflected in reduced positive parenting, decreased parental involvement, and elevated levels of poor supervision and inconsistent discipline. These patterns align with established literature highlighting the heightened parenting burden and disrupted family dynamics commonly associated with managing ADHD symptoms.

Furthermore, the study revealed notable impairments in three of the four QoL domains—physical health, psychological well-being, and social relationships—among parents of children with ADHD, reinforcing the broader psychosocial impact of the disorder on caregivers. Interestingly, no significant differences were observed in the use of corporal punishment between the groups, suggesting potential cultural or contextual moderating factors in disciplinary practices.

Overall, these findings highlight the critical need for integrated interventions that not only address the clinical symptoms of ADHD in children but also provide targeted support to caregivers. Enhancing parental coping strategies, promoting consistent parenting practices, and offering psychological support may improve both parenting outcomes and caregiver well-being.

Despite the above contributions, the relatively small size may limit the generalizability of the findings. Further, the use of purposive sampling and self–reported measures may introduce selection bias and social desirability. Additionally, the use of a cross-sectional study restricts the conclusion regarding causality between parenting style, ADHD symptoms, and quality of life.

Future research should consider larger, more diverse samples across multiple settings to enhance generalizability. Longitudinal studies could provide insight into causal relationships and changes over time in parenting practices and caregiver well-being. Incorporating qualitative methods or observational tools may also offer deeper understanding of the lived experiences of caregivers.

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