

Correlation between Parental Self-Cohesion and Parental Self-Control with Children's Anxiety

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ABSTRACT

Background and Objective: Anxiety is one of the most prevailed childhood disorders. Children's anxiety affects all areas of their communication and even academic performance. However, it seems that most children's diseases are influenced by parents' cognitive and behavioral aspects. This study investigated the correlation between parental self-cohesion and parental self-control with children's anxiety.

Methods: The method of this research was descriptive-correlational. The statistical population of 16,670 second grade primary school female students in Karaj, of whom 390 parents [Mother] were selected using Cochran's formula using multi-stage cluster sampling in 2021. March et al.'s questionnaire on children's anxiety, Ghorbani et al.'s questionnaire on self-cohesion and Tangney et al.'s questionnaire on self-control were used in this study. Data were analyzed using Pearson correlation and stepwise regression.

Findings: The results showed that there was a negative correlation between parental self-cohesion and parental self-control with children's anxiety [$p < 0.001$]. Specifically, there was a significant negative correlation between parental self-cohesion (0.25) and parental self-control (0.19) with children's anxiety.

Conclusion: This study indicated that there was a correlation between parental self-cohesion and parental self-control with children's anxiety. The present study emphasizes the role of cognitive and communication factors in the family environment on children's anxiety.

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Introduction

Childhood is one of the most important and effective periods of human life, in which most of the adult personality is developed. Despite this, the experiences of the early years of each person's life determine the foundation of his health in adulthood [1]. Anxiety disorders are one of the psychological disorders that can occur at a certain part of a child's development process [2]. In fact, anxiety is an unpleasant and disappointing feeling accompanied by fear and anxiety of unknown origin [3]. In a study by Adams and Clark Simpson [4] on the prevalence of anxiety disorders in children under 12 years of age, they have found that the prevalence of anxiety disorders is about 27.3%, and specific phobias are the most common childhood anxiety disorders [5].

Among the various factors affecting the child's development process, the family is the first and the most durable pillar, which is mentioned in almost all societies as a constructive component and foundation of the child's personality and subsequent behaviors [6]. Moreover, Salloum et al. [7] found that cohesive factors in the parent-child relationship were associated with attention deficit hyperactivity disorder, coping disobedience and children's anxiety. In this regard, a family that has a good performance in relationships will eventually have good self-cohesion [8].

Self-cohesion is one of the important components of mental health that plays a pivotal role in the self-regulation of behavior [9]. Despite this, parents who have adequate management and self-control in child-rearing practices can better mitigate the child's psychological problems [10]. Parental control itself means how effective parents feel in their ability to take on all aspects of child-rearing [11]. Raines et al. [12] have described that self-control as an effective moderator can affect the level of anxiety in children. In the present study, considering the multifaceted importance of anxiety in children in adulthood, the relationship between combinations of important variables in their formation was investigated.

Given the important role of parents in raising children, the two factors of parental self-cohesion and parental self-control need further investigation to determine the effects of these variables on

children's anxiety. Despite this, to the best of our knowledge, Iranian researchers have not studied these variables in detail. Therefore, the aim of this study was to investigate the correlation between parental self-cohesion and parental self-control with children's anxiety.

Methods

Study design and participant

The method of this research was descriptive-correlational. The statistical population was 16,670 second grade primary school female students in Karaj in 2021, of whom 390 parents [Mother] were selected using Cochran's formula by multi-stage cluster sampling. In the first stage, 5 districts were randomly selected from 12 districts of the city. In the second stage, 10 schools were randomly selected from 18 schools. Then, in the third stage, 13 classes (30 people in each class) were randomly selected from 20 classes in 10 schools.

Inclusion criteria: The second grade primary school students, female gender, 8 years old, lack of mental problems, special physical as well as family problems, having the consent of the parents to participate in the study.

Exclusion criteria: Incomplete completion of questionnaires, doubts about having any of the inclusion criteria during this research, dissatisfaction of the individual in any of the stages of this research.

After obtaining written permission from the education departments of the districts of Karaj during the teachers 'meeting with the students' parents, all three questionnaires were handed over to the mothers to complete. In the executive process, before the sampling, explanations were given to the individuals about the purpose of the study and maintaining the confidentiality of the material, and at the same time, informed consent was received from the mothers to participate in this research. Then, questionnaires were collected. In general, observance of the right to choose, explanation of the goals and process of the research to the subjects, voluntary participation in the study, obtaining consent, confidentiality of personal information and providing the necessary

explanations on how to conduct the research were observed.

Children's Anxiety questionnaire: The children's anxiety questionnaire was developed by March et al. in 1997 [13]. It is a 39-item self-report tool used to assess anxiety symptoms in the 7-19 age group. Each item is scored on a four-point Likert questionnaire from never (zero) to always [13]. Each person's anxiety score is obtained from the sum of all questions, ranging from zero to 117, and higher scores indicate more anxiety. In the study of constructors, the validity of the structure was confirmed and the reliability of Cronbach's alpha method was 0.87. In the present study, the reliability of Cronbach's alpha method was 0.81.

Self-cohesion questionnaire: The self-cohesion questionnaire was developed by Ghorbani et al. in 2008 [14]. It has 12 questions. Answers on the Likert scale range from 1 (mostly incorrect) to 5 (mostly correct). The total score is obtained by adding the score of the females, which will be from 12 to 60. High scores indicate greater cohesiveness and show more appropriate conditions. Findings indicate the high reliability and validity of this questionnaire. In the study of constructors, the validity of the structure was confirmed and the reliability of Cronbach's alpha method was 0.83. In the present study, the reliability of Cronbach's alpha method was 0.77.

Self-control questionnaire: The self-control questionnaire was developed by Tangney et al. in 2004 with 13 questions [15]. Answers based on the Likert scale range from 1 (never) to 5 (very high). The maximum score for the Tangier's self-control questionnaire is 65, and the minimum is 13. A

higher score indicates higher self-control and vice versa. In the study of constructors, the validity of the structure was confirmed and the reliability of Cronbach's alpha method was 0.85. In the present study, the reliability of Cronbach's alpha method was 0.76. Data analysis was performed using Pearson correlation and stepwise regression in SPSS 18.

Results

Out of 390 people, 19 were excluded from the study. Of the 371 people in the demographic characteristics of the age, 211 mothers of children were in the age range of 20 to 30 years and 160 people were in the age range of 31 to 40 years. In the educational status of mothers of children, 183 had a diploma and 188 had a bachelor's or master's degree.

Data analysis revealed that the normality of the data was first confirmed by examining statistical assumptions using the Kolmogorov-Smirnov test. Due to the normality of the data required for the use of parametric tests, the Pearson correlation method was used to determine the correlation.

According to table 1, descriptive indicators of parental self-cohesion, parental self-control and children's anxiety are shown. It was found that there was a significant correlation between parental self-cohesion and parental self-control with children's anxiety, and specifically, there was a significant negative correlation between parental self-cohesion and parental self-control with children's anxiety [$p < 0.01$].

The results in table 2 predict children's anxiety based on parental self-cohesion and self-control in two steps. In the first step, parental self-cohesion [0.279] and in the second step, parental self-control [0.342] play a role in predicting children's anxiety.

Table 1: Descriptive indicators and correlation between parental self-cohesion and self-control with children's anxiety

Variables	Mean±SD	Parental Self-Cohesion	Parental Self-Control	Children's Anxiety
Parental self-cohesion	31.82±6.44	1		
Parental self-control	33.51±4.96	0.42 *	1	
Children's anxiety	69.75±4.52	-0.33 *	-0.27 *	1

* are significant at the level of 0.01.

Table 2: Regression and effect coefficients with standard estimation error

Predictive Variables	Multiple Correlation Coefficient R	[Beta]	Standard Error Estimation	t	P
Parental self-cohesion	0.279	-0.256	3.452	-6.412	0.001
Parental self-control	0.342	-0.197	3.058	-5.116	0.001

Discussion

The aim of this study was to investigate the correlation between parental self-cohesion and parental self-control with children's anxiety. There is a significant correlation between parental self-cohesion and parental self-control with children's anxiety, and specifically, there is a significant negative correlation between parental self-cohesion and parental self-control with children's anxiety. Additionally, parental self-cohesion and parental self-control were able to significantly predict the variable of children's anxiety. These results are consistent with the findings of Salloum et al. [7] in the relationship between the cognitive-behavioral function of parents and children's anxiety.

The interpretation for this finding can be pointed to the psychological foundations of communication with the child so that when parental self-control is appropriate, children experience more communication and relaxation methods. Therefore, they have less anxiety. Explaining this hypothesis, it can be said that in children with anxiety, parents are the primary caregivers and as a result, they face many challenges to adapt to many complex problems and tasks caused by the child's anxiety [3]. Sense of cohesion includes three concepts of comprehensibility, manageability and significance of events [5]. Higher self-cohesion leads to better and more effective success and management of stress and anxiety [9]. In addition, these parents have the ability to take advantage of major defense mechanisms to overcome stressful life situations [12]. This ability of parents leads to greater mental health helping them to adapt to the child with anxiety. Parents who have normal self-control increase their capacity to understand their children's anxieties by regulating their emotions. On the other hand, poor parental self-control indicates a person's low ability to think about the consequences of his/her behavior [10].

Limitations

The limitations of the current study were: a) selecting only second grade primary school children in Karaj city in 2021; b) using questionnaire tools; and c) using the correlation research method in which finding the cause is impossible.

Conclusion

This study demonstrated that there was a negative correlation between parental self-cohesion and parental self-control with children's anxiety. This study emphasizes the role of cognitive and communication factors on children's anxiety in children. Considering the correlation of parental self-cohesion and parental self-control with children's anxiety in the applied field, it is suggested that self-care behaviors increase via training educational methods to parents and focus on strengthening parental self-cohesion.

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Ethical approval

This study was registered with the code 162291538 in the University Research Council.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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