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Family types and parenting styles for infants in Khon Kaen province

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Abstract:

BACKGROUND: The care of infants during their first six months is a significant matter. As there have been shifts in social and economic conditions, families are diverging into several forms. This study aimed to explore parenting styles for infants and the relation between parenting styles for infants and family types.

MATERIAL AND METHOD: This study was a cross-sectional study, focusing on the main caregivers of approximately six-month-old infants. The data was collected from February to July 2021. The research tool employed was an interview form. The collected data was then analyzed.

RESULTS: Two hundred sixty-four families of primary caregivers were included in the study. The family type most frequently found was the skipped generation family, accounting for 119 families (45%). All family types mostly practiced the uninvolved parenting style as the parenting style for infants. Regarding response to infants, most families practiced the permissive parenting style. When investigating relations between parenting style for infants and family type, it was found that skipped generation family caregivers practiced a less authoritative parenting style than the nuclear family, including holding family activities with the infant (0.16, 95%CI: 0.05–0.47); when the infant raises their voice to communicate (0.32, 95%CI: 0.14–0.71); training the infant to roll over (0.21, 95%CI: 0.06–0.69); when the infant cries (0.16, 95%CI: 0.05–0.47); and when the infant does not respond (0.19, 95%, CI: 0.05–0.74)

CONCLUSION: The most practiced parenting style for infants among all the three family types was the uninvolved parenting style. Regarding the response to infants, the permissive parenting style was mostly observed.

Keywords:

Family member, infant care, parenting

Introduction

Children during five to six years of age have a golden opportunity to develop their nervous system and brain with the help of their environment, especially during their first year of life.^[1] Many children around the world at the age of 5 years or younger are at risk of underdevelopment during their first year of life, attributable to risks to their nutrition, health, and psychosocial conditions.^[2] Development facilitation and support is of high significance, particularly for individuals during childhood, and is therefore highly sensitive to experience and

environment.^[3] In this regard, the parenting style practiced by a family is one of the significant factors, as caring is the most influential factor.^[4]

Parenting styles and environment have influence over the development of a child.^[5] Parenting styles are categorized into four groups: 1) authoritative (high control/high warmth); 2) authoritarian (high control/low warmth); 3) permissive (low control/high warmth); and 4) uninvolved (low control/low warmth).^[6] Among these styles, the authoritative parenting style is found as a parenting style in which the adolescent children feel warm and secure. The parenting style has positive effects on mental development, which in

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turn leads to a positive relationship with others and encourages the child to have life goals.^[7] The parenting style also contributes to 1) a positive connection with the initial academic capacity of a child^[8]; 2) a negative connection with behavioral problems of a child^[9]; 3) anticipation of first-time readiness of a child for school^[10]; and 4) anticipation of early school leaving during middle and high school years.^[11] A study found that the authoritative parenting style has a positive connection with linguistic capacity of six- to nine-year-old children.^[12] The mentioned parenting style does not limit the caregiver to being only a parent, putting more consideration on the family style.^[13]

At the present time, the tendency of caregiving for children by parents is diminishing. This is due to changing economic and social landscapes, forcing parents in their working age to increasingly migrate for work. This causes households to only have members of grandparent and grandchildren generations; this is the so-called “skipped generation family”. There are more than 400,000 skipped generation families in Thailand. Most of them are found in rural areas, particularly in the north-eastern region. Referring to a study, 1.24 million children live in skipped generation families. This number has been following an upward trend.^[14] The phenomenon has been occurring globally, particularly in low- and middle-income countries (LMICs).^[15] Skipped generation families affect the quality of family relationships in the contemporary context.^[16]

In Thailand, the migration of parents from rural areas to cities is found to be associated with work. The movement leaves children behind to be raised by their grandparents. At present, there have been no studies on parenting styles for infants in different family types, particularly the skipped generation family. The objective of this study was to investigate parenting styles for children of approximately six months of age, especially its relation with family type.

Materials and Method

Study design and setting

This was a descriptive study. Data was collected from February to July 2021, from communities in Khon Kaen province. Our population of interest were the families with six-month-old infants, living in northeast Thailand.

Study participants and sampling

We sampled the family in Khon Kaen province to represent our target population. The estimated required sample size for this study was 265. This was based on a method of estimating sample sizes, assuming the proportion of delay development was 15%–20%. We consecutively recruited all families who came to

the primary care unit for vaccination of their infant at six-months of age, until we reached the target sample size. The primary caregiver needed to (1) be 18 years old or more; (2) understand and be able to communicate in Thai; (3) be a caregiver of an infant of five to six months of age and who gave birth at full-term pregnancy, but had no genetic diseases or any diseases with potential impact to development.

Data collection tool and technique

Data was collected with an interview form, including general information and parenting styles. The researcher developed questions on parenting styles by applying the theory of Baumrind,^[5] supplemented with the theory of Maccoby and Martin.^[6] The questions were then reviewed by five experts, who reported the content validity index (SCVI) as 0.82. The researcher consequently brought the interview form for pre-test and adjusted it accordingly prior to actual data collection.

This study defined a nuclear family as a family consisting of only the father and/or mother and child. Extended family was defined as a family of three or more generations. Skipped generation family was defined as a family with no family members of the parent generation. This family type consisted of only a child, grandparent, and/or great-grandparent generations, whereby parents had not resided with this type of family for 2 months or more. In terms of parenting styles for infants, there are four styles: 1) authoritative parenting style, which is a parenting style with control and response to the emotion of a child; 2) authoritarian parenting style, which is a parenting style with control but no response to the emotion of a child; 3) permissive parenting style, which refers to a style of parenting with no control but response to the emotion of a child; and 4) uninvolved parenting style, which connotes a parenting style of low level of care, no control, and no response to the emotion of a child. Among these, the authoritative parenting style is found to be the appropriate one, as it enables a child to adapt and develop appropriate social behavior.^[5-7]

Ethical consideration

This research received approval from the Institutional Review Board, Office of Human Research Ethics, Khon Kaen University (HE 631645). Informed consent was obtained from all participants in this study.

Statistical analysis

Data analysis was performed using Stata version 10. The characteristics of the subjects were summarized using descriptive statistics. Means and standard deviations, and frequency counts were used. Multiple logistic regression was used for the analysis. A *P* value <0.05 was considered statistically significant.

Results

Demographic data

There were 264 families who participated in this study. Most of the participating infants were males, accounting for 148 participants (56.1%). One hundred nineteen participants (45%) resided in a skipped generation family. Regarding primary caregivers, 245 of them were females (92.8%). Their average ages were 41.9 (± 15.91) years. Two hundred thirteen primary caregivers (80.7%) were married. Moreover, 122 of them (46.2%) had graduated from primary school. Two hundred forty-seven primary caregivers (93.6%) were also of good health [Table 1].

Among the total of 40 nuclear families, most of them had a mother as their primary caregiver, accounting for 39 caregivers (97.5%). Their average age was 29.50 (± 7.49) years, in which the ages between 30 and 39 were most frequent. Thirty-six families were married (90%). Additionally, 21 caregivers (52.5%) graduated with secondary or high school education. Thirty-nine caregivers (97.5%) were of good health. Thirty families (75.0%) had adequate income [Table 1].

There were 105 extended families. Most of them had a mother as a primary caregiver, accounting for 88 caregivers (83.8%), followed by 9 maternal grandmothers (8.6%), and 5 paternal grandmothers (4.8%). The caregivers in this family type had an average age of 26.00 (± 10.75) years, with the most frequently found range being 21–29 years. Eighty-four of these families (80.0%) were married. Additionally, 47 caregivers (44.8%) had graduated with a secondary or high school education. All 105 caregivers (100.0%) were of good health. Eighty-two of these families (78.1%) had adequate income [Table 1].

Lastly, 119 families were of the skipped generation family type. Most of these families (79) had maternal grandmothers (66.4%) as the primary caregiver, followed by 25 paternal grandmothers (21.0%), and 14 grandparents (11.8%). The average age of the caregivers was 55 (± 15.67) years, with a range of 50–59 years. Ninety-three of these families (78.2%) were married. Regarding their education, 95 caregivers (79.8%) from these families had graduated from primary school. One hundred three of the caregivers (86.6%) were of good health, while 16 of them (13.4%) were not. Among all of the families, 63 of them (52.9%) had adequate income, while 56 (47.1%) did not [Table 1].

Parenting Style

All family types mostly practiced an uninvolved parenting style. Skipped generation families practiced that parenting style the most (1) by doing activities with the infants (86 families, or 72.3%); (2) when the infant raised their voice to communicate (78 families, or 65.5%); and (3) by training the infant to roll over (109 families, or 91.6%) [Figure 1].

Regarding responses to infants practiced by all family types, most of the families employed permissive parenting style, practiced the most by skipped generation families. The parenting style was practiced by 93 families (78.2%) when the infant cried; 64 families (53.8%) when the infant needed cradling; and 63 families (52.9%) when the infant did not respond to stimuli from the caregiver [Figure 1].

Considering the relationship between parenting style for infants and family types with authoritative parenting style as the basis, the behavior of caregivers from a skipped generation family illustrated less authoritative

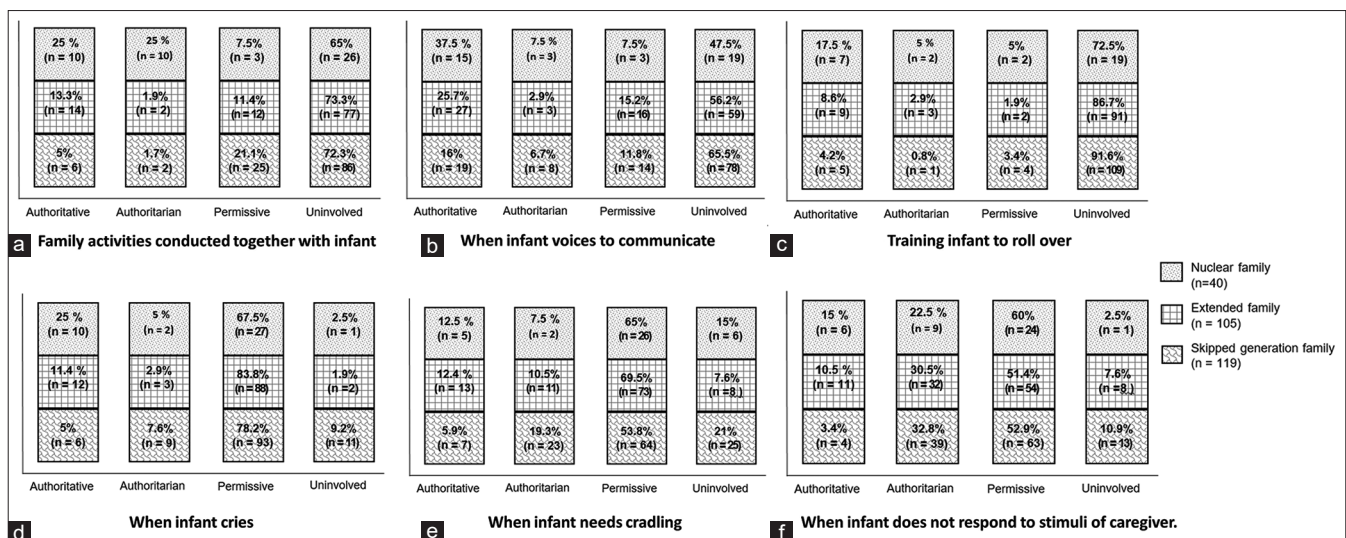


Figure 1: Family approaches toward infant parenting. (a) Family activities conducted together with infant. (b) When infant voices to communicate. (c) Training infant to roll over. (d) When infant cries. (e) When infant needs cradling. (f) When infant does not respond to stimuli of caregiver

Table 1: Demographic data by family type

Demographic data	Nuclear family (n=40) n (%)	Extended family (n=105) n (%)	Skipped generation family (n=119) n (%)	Total n (%)
Infant age				
5 months	20 (50.0)	46 (43.8)	39 (32.8)	105 (39.8)
6 months	20 (50.0)	59 (56.2)	80 (67.2)	159 (60.2)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Infant gender				
Male	18 (45.0)	54 (51.4)	76 (63.9)	148 (56.1)
Female	22 (55.0)	51 (48.6)	43 (36.1)	116 (43.9)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Main caregivers				
Father	1 (2.5)	0 (0.0)	0 (0.0)	1 (0.4)
Mother	39 (97.5)	88 (83.8)	0 (0.0)	127 (48.1)
Paternal grandfather	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Paternal grandmother	0 (0.0)	5 (4.8)	25 (21.0)	30 (11.4)
Maternal grandfather	0 (0.0)	1 (1.0)	1 (0.8)	2 (0.8)
Maternal grandmother	0 (0.0)	9 (8.6)	79 (66.4)	88 (33.3)
Great grandparent	0 (0.0)	2 (1.9)	14 (11.8)	16 (6.1)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Main caregivers, age group (year)				
≥20	3 (7.5)	6 (5.7)	0 (0.0)	9 (3.4)
21-29	13 (32.5)	56 (53.3)	0 (0.0)	69 (26.1)
30-39	20 (50.0)	28 (26.7)	1 (0.8)	49 (18.6)
40-49	4 (10.0)	3 (2.9)	16 (13.4)	23 (8.7)
50-59	0 (0.0)	8 (7.6)	50 (40.2)	58 (22.0)
60-69	0 (0.0)	4 (3.8)	43 (36.1)	47 (17.8)
70-79	0 (0.0)	0 (0.0)	8 (6.7)	8 (3.0)
80-89	0 (0.0)	0 (0.0)	1 (0.8)	1 (0.4)
Total	40 (100)	105 (100)	119 (100)	264 (100)
	Mean=29.50 SD=7.49	Mean=26.00 SD=10.75	Mean=55.00 SD=15.67	Mean=41.91 SD=15.91
Main caregivers				
Marital status				
Married	36 (90.0)	84 (80.0)	93 (78.2)	213 (80.7)
Widowed/Divorced	1 (2.5)	6 (5.7)	25 (21.0)	32 (12.1)
Separated	3 (7.5)	15 (14.3)	1 (0.8)	19 (7.2)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Main caregivers (Level of education)				
Unlettered	0 (0.0)	1 (1.0)	4 (3.4)	5 (1.9)
Primary school	5 (12.5)	22 (21.0)	95 (79.8)	122 (46.0)
High school	21 (52.5)	47 (44.8)	15 (12.6)	83 (31.4)
Associate's degree	6 (15.0)	23 (21.9)	3 (2.5)	32 (12.1)
Bachelor's degree	8 (20.0)	11 (10.5)	2 (1.7)	21 (8.0)
Master's degree	0 (0.0)	1 (1.0)	0 (0.0)	1 (0.4)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Main caregiver's health				
Healthy	39 (97.5)	105 (100)	103 (86.6)	247 (93.6)
Unhealthy	1 (2.5)	0 (0.0)	16 (13.4)	17 (6.4)
Total	40 (100)	105 (100)	119 (100)	264 (100)
Family income				
Adequate income	30 (75.0)	82 (78.1)	63 (52.9)	175 (66.3)
Inadequate income	10 (25.0)	23 (21.9)	56 (47.1)	89 (33.7)
Total	40 (100.0)	105 (100.0)	119 (100.0)	264 (100.0)

parenting style than those from a nuclear family, with statistical significances both in the aspects of parenting and response to the infant. These significances included

holding family activities with the infant OR (0.16, 95%CI: 0.05–0.47); when the infant raised their voice to communicate (0.32, 95%CI: 0.14–0.71); training the infant

to roll over (0.21, 95%CI: 0.06–0.69); when the infant cried (0.16, 95%CI: 0.05–0.47); and when the infant did not respond (0.19, 95%CI: 0.05–0.74) [Table 2].

Discussion

This study identified most caregivers as females. Even in a skipped generation family, in which the parents are nonexistent, maternal grandmothers were still the most identified as the caregiver, accounting for 66.4%. Paternal grandmothers, however, functioned as caregiver for only 21% of all families. These results coincide with research by Jampklay^[17] that caregivers in families with or without a father and mother are mostly females (>70%). Among these, there were more maternal grandmothers than their paternal counterparts. A similar case was found in a study focusing on Cambodia.^[18] Moreover, they were caregivers in a skipped generation family. This illustrates more participation in family support from maternal relatives than from paternal relatives. This interpretation is supported by the fact that child parenting is mostly based on sexual standards. In this regard, maternal grandmothers are considered authoritative and as experts in infant parenting^[19] Caregivers from skipped generation families were found to be older than those from nuclear and extended families. This is due to

skipped generation families having no members of the parent generation. In an extended family, however, most of the caregivers were of the parent generation. Notably, 40.2% of the caregivers in a skipped generation family were aged 50–59 years, which is not elderly. This is probably because parents viewed that grandparents did not age much, and therefore felt comfortable leaving infants in their care, while the parents moved to work elsewhere in the hope of finding income to support their family. However, 36.1% of the caregivers were aged between 60 and 69 years. These caregivers were elderly with physical decline and 13.4% of them were found to be unhealthy. In contrast to this, most caregivers from nuclear and extended families were found to be healthy. These findings are in line with a study by Butler and Zakari,^[20] who discovered 45% of the primary caregivers from the grandparent generation to be unhealthy.

Regarding parenting style, all family types were found to practice the uninvolved parenting style in activities conducted with their infant as they believed the infant would be able to self-develop the skill at an appropriate time. Skipped generation families were found to employ the uninvolved parenting style with infants the most, followed by the extended family. Ultimately, all family types mostly employed the uninvolved parenting style

Table 2: Relationship between parenting style for infants and family types

Infant parenting	Authoritative parenting style		P
	n (%)	Odds ratio (95%CI)	
Family approaches toward infant parenting			
Family activities conducted together with infant			
Nuclear family	(10) 25.0	1	0.0025*
Extended family	(14) 13.3	0.46 (0.19-1.15)	
Skipped generation family	(6) 5.0	0.16 (0.05-0.47)	
When infant raises their voice to communicate			
Nuclear family	(15) 37.5	1	0.014*
Extended family	(27) 25.7	0.58 (0.27-0.25)	
Skipped generation family	(19) 16.0	0.32 (0.14-0.71)	
Training infant to roll over			
Nuclear family	(7) 17.5	1	0.026*
Extended family	(9) 8.6	0.44 (0.15-1.28)	
Skipped generation family	(5) 4.2	0.21 (0.06-0.69)	
Approaches of response to infant			
When infant cries			
Nuclear family	(10) 25.0	1	0.002*
Extended family	(12) 11.4	0.39 (0.15-0.99)	
Skipped generation family	(6) 5.0	0.16 (0.05-0.47)	
When infant needs cradling			
Nuclear family	(5) 12.5	1	0.1838
Extended family	(13) 12.4	0.99 (0.33-2.98)	
Skipped generation family	(7) 5.9	0.44 (0.13-1.47)	
When infant does not respond to stimuli of caregiver			
Nuclear family	(6) 15.0	1	0.026*
Extended family	(11) 10.5	0.66 (0.23-1.93)	
Skipped generation family	(4) 3.4	0.19 (0.05-0.74)	

*P<0.05 as level of significance

with their infant, which evidently is not an appropriate parenting style. This parenting style responds to the physicality of an infant, but not to his/her feelings. It estranges and makes the infant feel discomforted, which will have negative effects on their development in the coming future. Some of the effects include anti-social behavior, as well as problems with education and social conduct.^[21] It also lessens mental stability in adolescent ages.^[7] An appropriate parenting style, that is, the authoritative parenting style, however, was employed more in nuclear families than the other two family types. This study found that most families from every type, regardless of the generation of the caregivers, used an inappropriate parenting style for infants, that is, the uninvolved parenting style. This could be attributed to the caregiver who viewed growth and development of an infant as a natural process, and therefore believed that neither stimulation nor response to infant was necessary. The families which employed the uninvolved parenting style the most were the skipped generation family and extended family types, which had elderly people as caregivers. Additionally, it could be related to their health conditions, which were not as healthy as people from the parent generation. The elder life should be the stage of being respected, living happily, focusing on their own health maintenance, not playing the role as primary caregiver of the infants.^[22] These caveats might render infants to be under-stimulated for development according to their age.

Regarding response to infants, most caregivers from all family types practiced the permissive parenting style, with those from extended families practicing this style the most. This is possibly due to how families of this type had several members providing care and responding to infants and children. Several studies confirm this finding, noting that members within an extended family support and assist each other in, for instance, parenting infants and children.^[23] On response to an infant, however, more than 50% of caregivers from all family types employed permissive parenting style, which is an appropriate style, since it responds instantly to the infant or children without reasoning and consideration of their development according to their age.^[24] In a study focused on comparing parenting styles for adolescents in Japan, the authoritative parenting style conducted by parents was found to be more constructive for the good mental health of the adolescents.^[25] Additionally, the permissive parenting style was identified as an obstacle for self-development of the adolescents.^[7] The appropriate way to respond to an infant by the caregiver is observed in the authoritative parenting style, which nuclear families practice the most, followed by the extended family. This is possibly because nearly 40% of caregivers within a skipped generation family are elderly persons. In other words,

elderly persons might not respond to an infant as well as persons of a parent generation, as they need time to investigate the causes behind the crying, cradling need, and inattention of the infant. These might result in exhaustion for elderly persons. This coincides with the findings of a study that noted that elderly persons who care for their grandchildren will be more exhausted—both physically and mentally—than those who do not have the same responsibility.^[26]

To determine the correlation between infant parenting style and family type, the authoritative parenting style was used as the main criterion, as it is an appropriate parenting style. On parenting style and response to infants, caregivers from a nuclear family had highest rate in employing the authoritative parenting style, followed by the extended family. Moreover, caregivers in a skipped generation family apply the authoritative parenting style less than their counterparts from a nuclear family with statistical significance. The trend also applies to another two aspects of infant parenting, that is, when the infant cries and is inattentive. This illustrates a lack of reasoning among caregivers of a skipped generation family when responding to the infant. An explanation to these caveats could be that employment of the authoritative parenting style requires reasoning and time prior to responding to infants, which will be more exhausting and time consuming. Caregivers of a skipped generation family, elderly persons, are therefore not appropriate to be parenting an infant.^[27] Moreover, infant caregivers from different generations have different methods of parenting.^[28] Interestingly, caregivers from skipped generation families were found to use a less authoritative parenting style when an infant needed cradling than their counterparts from a nuclear family. Nevertheless, the difference was not statistically significant since caregivers from all family types employed an authoritative parenting style at similar levels. This could be attributed to how parenting an infant of less than six months of age is involved largely with cradling, and as an infant of this age is still unable to communicate clearly, a caregiver thus cradles an infant without taking notice of the cause from the infant. This therefore contributes to the infant parenting style conducted by caregivers from different family types not being distinctively dissimilar to each other. The overall results on correlation, however, picture parenting in a nuclear family to be different from parenting in a skipped generation family with statistical significance. Supported by these findings, having parents in a family evidently increases the tendency for an authoritative parenting style. This is in accordance with the results of a study, noting that a family appropriate for the infant parenting is a family with parents and an authoritative parenting style. Moreover, although each of the parents employs a different parenting style, the appropriate behavior of an

infant in the future could still be fostered, provided one of the parents applies the authoritative parenting style.^[29]

This study was the first to focus on parenting styles for infants of less than six months of age, which is during the first year and integrally significant for development of the infant.^[1] We collected data with actual field visits to the targeted community, which therefore contributed to increased data reliability. Newly discovered bodies of knowledge included the following: (1) most caregivers apply the uninvolved parenting style for general infant parenting; (2) to respond to an infant, most caregivers apply the permissive parenting style, which is not an appropriate parenting style; and (3) caregivers from a skipped generation family employ authoritative parenting style less than their counterparts from a nuclear family with statistical significance. These bodies of knowledge could be employed for preventive healthcare in community settings; for example, providing counselling on appropriate parenting style for families of all types, as most families are found to use an inappropriate parenting style. The counselling could be provided particularly for skipped generation families to establish the foundation for development and desirable behavior for the future of the infant/child. Even though this study collected data solely in Khon Kaen province, its data was directly collected from the sources, both in urban and rural communities. Moreover, Khon Kaen is a province with a high rate of working-age migration.

Limitation and recommendation

Since this study was conducted during the COVID-19 pandemic, it might not fully represent the real situation. Some parents were unable to visit their children because of the travel restrictions. On the other hand, in some families, the parents, especially the mother, had to live together with their children due to the parents being unable to work in the other region. Taken together, there might be some deviation of family pattern during this period.

Our study found that most families had an inappropriate parenting style. The nuclear family had the highest proportion of appropriate parenting style, whereas skipped generation family had the lowest proportion. The government agency could adapt this knowledge to inform people and promote authoritative parenting style, particularly in the skipped generation family. Future research should focus on the other age groups and the other unique family types (e.g., the family which the children follow their parents to the other region, etc.) to determine the maximum age that was affected from parenting style. Moreover, the family factors those impact the parenting style should be further evaluated in detail.

Conclusion

The most practiced parenting style for infants was the uninvolved parenting style. Regarding the response to infants, the permissive parenting style was mostly observed. Moreover, caregivers from skipped generation families employed a less authoritative parenting style than their counterparts in a nuclear family, with statistical significance in every aspect, except when infants needed cradling.

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Conflicts of interest

There are no conflicts of interest.

References

1. Maggi S, Irwin L, Siddigi A, Pouresalami I, Hertzman E, Hertzman C. Knowledge network for early child development. Analytic and strategic review paper: International Perspectives on Early Child Development; 2005.
2. Lu C, Black MM, Richter LM. Risk of poor development in young children in low-income and middle-income countries: An estimation and analysis at the global, regional, and country level. *Lancet Glob Health* 2016;4:916-22.
3. Shonkoff JP, Richter L, van der Gaag J, Bhutta ZA. An integrated scientific framework for child survival and early childhood development. *Pediatrics* 2012;129:460-72.
4. Musitu-Ferrer D, León-Moreno C, Callejas-Jerónimo JE, Esteban-Ibáñez M, Musitu-Ochoa G, *et al.* Relationships between parental socialization styles, empathy and connectedness with nature: Their implications in environmentalism. *Int J Env Res Pub He* 2019;16:2461-81.
5. Baumrind D. Effects of authoritative parental control on child behavior. *Child Dev* 1966;37:887-907.
6. Maccoby EE, Martin JA. Socialization in the context of the family: Parent-child interaction. In *Handbook of Child Psychology: Formerly Carmichael's Manual of Child Psychology*; New York: Wiley; 1983. p. 1-101.
7. Francis A, Pai MS, Badagabettu S. Psychological well-being and perceived parenting style among adolescents. *Compr Child Adolesc Nurs* 2021;44:134-43.
8. Roopnarine LJ, Krishnakumar A, Metindogan AM. Evans Links between parenting styles, parent-child academic interaction, parent-school interaction, and early academic skills and social behaviors in young children of English-speaking Caribbean immigrants. *Early Child Res Q* 2006;21:238-52.
9. Aunola K, Nurmi JE. The role of parenting styles in children's problem behavior. *Child Dev* 2005;76:1144-59.
10. Kim Y, Calzada EJ, Barajas-Gonzalez RG, Huang K-Y, Brotman LM, Castro A, *et al.* The role of authoritative and authoritarian parenting in the early academic achievement of Latino students. *J Educ Psychol* 2018;110:119-32.

11. Blondal KS, Adalbjarnardottir S. Parenting in relation to school dropout through student engagement: A longitudinal study. *J Marriage Fam* 2014;76:778–95.
12. Liu G, Teng X, Zhu D. Effect of Self-Esteem and Parents' Psychological Control on the Relationship Between Teacher Support and Chinese Migrant Children's Academic Achievement: A Moderated Mediation. *Front Psychol* 2019;10:2342.
13. Minuchin P. Families and individual development: Provocations from the field of family therapy. *Child Dev* 1985;56:89–302.
14. Knodel J, Teerawichitchainan B, Prachuabmoh V, Pothisiri W. The situation of Thailand's older population: An update based on the 2014 survey of older persons in Thailand. *Population Studies Center Research Report*; 2015. p. 15–847.
15. Ingersoll-Dayton B, Punpuing S, Tangchonlatip K, Yakas L. Pathways to grandparents' provision of care in skipped-generation households in Thailand. *Ageing Soc* 2017;38:1429–52.
16. Shakya HB, Usita PM, Eisenberg C, Weston J, Liles S. Family well-being concerns of grandparents in skipped generation families. *J Gerontol Soc Work* 2012;55:39–54.
17. Jampaklay A, Tangchonlatip K, Richter K, Nanthamongkolchai S, Lucktong A, Prasithima C. The impact of Internal Migration on Early Childhood Wellbeing and Development. Bangkok: Mahidol University; 2016.
18. Schneiders ML, Phou M, Tun V, Kelley M, Parker M, Turner C. Grandparent caregiving in Cambodian skip-generation households: Roles and impact on child nutrition. *Matern Child Nutr* 2021;17(Suppl 1):e13169.
19. Aubel J. The role and influence of grandmothers on child nutrition: Culturally designated advisors and caregivers. *Matern Child Nutr* 2012;8:19–35.
20. Butler F, Zakori M. Grandmother caregiving, family life stresses, and depressive symptoms. *West J Nurs Res* 2005;31:389–408.
21. Simons LG, Conger RD. Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *J Fam Issues* 2007;28:212–41.
22. Van Leeuwen KM, Van Loon MS, Van Nes FA, Bosmans JE, De Vet HC, Ket JC, *et al*. What does quality of life mean to older adults? A thematic synthesis. *PLoS One* 2019;14:e0213263.
23. Silverstein M, Bengtson VL. Intergenerational solidarity and the structure of adult child–parent relationships in American families. *Am J Sociol* 1997;103:429–60.
24. Dornbusch S, Ritter P, Leiderman P, Roberts D, Fraleigh M. The relation of parenting style to adolescent school performance. *Child Dev* 1987;58:1244–57.
25. Uji MS, Sakamoto A, Adachi K, Kitamura T. The impact of authoritative, authoritarian, and permissive parenting styles on children's later mental health in Japan: Focusing on parent and child gender. *J Child Fam Stud* 2014;23:293–302.
26. Hayslip B Jr, Kaminski PL. Grandparents raising their grandchildren. *Marriage Fam* 2005;37:147–69.
27. Baker LA, Silverstein M. Preventive health behaviors among grandmothers raising grandchildren. *J Gerontol B Psychol Sci Soc Sci* 2008;63:S304–11.
28. Hoang N-PT, Kirby JN. A Meta-ethnography synthesis of joint care practices between parents and grandparents from asian cultural backgrounds: Benefits and challenges. *J Child Fam Stud* 2020;29:605–19.
29. Amato PR, Fowler F. Parenting practices, child adjustment, and family diversity. *J Marriage Fam* 2002;64:703–16.