



Regional update

The Parental Bonding Instrument: A psychometric measure to assess parenting practices in the homes in Bangladesh



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ABSTRACT

There is growing importance of the Parental Bonding Instrument (PBI) in clinical practice and research on parenting and parental bonding. Since the development of this diagnostic tool (Parker et al., *Brit. J. Med. Psycho.* 1979; 52:1–10), a number of validation studies have been done in various cultures. The aim of the present study was to translate the measure into Bangla and validate in Bangladeshi culture. A total of 200 adolescents participated in the study. Exploratory factor analysis (EFA) of the data from 191 participants (who provided complete responses) identified a two-factor (Care and Overprotection) structure of the PBI with 17 items. The two factors together explained 44.18% of the total variance. The factors showed moderate to very high internal consistency (Cronbach's $\alpha = 0.863$ for Care; 0.622 for Overprotection), and very strong convergent and discriminant validity as evident by their correlations with the measures of cognitive distortions and antisocial behaviors. In line with the original tool we defined four types of parenting style, such as Affectionate constraint, Affectionless control, Optimal parenting, and Neglectful parenting. This study opens the door of future research on parenting practices and parent-child relationships in Bangladesh.

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1. Introduction

Parenting practices has become a great area of interest in recent decades. Good parenting is a necessary precondition for developing good parent-child relationships. Good parenting is typically characterized by the parental ability to sufficiently meet a child's physical (foods, clothes, shelter, medicines), educational (schooling, needed special training), and emotional or psychological (love, affection, nurturance, health care) needs. Good parenting paves the way for both physical and cognitive-emotional development of a child at any age. The failure of good parenting is detrimental to the child's health, survival, development, and dignity. Its effects can become more severe as the child grows older, and encompass multiple areas, including health and physical development, emotional and cognitive development, and psychosocial and behavioral development. A serious form of parenting failure, often termed as child neglect, can be even more harmful on early brain

development than physical or sexual abuse (Garbarino and Collins, 1999). Thus if not prevented or not diagnosed and intervened in a timely manner, child neglect or parental malpractice can have a serious toll on the development of children. In order to identify those victims and design appropriate intervention programs for them, it is necessary to study, measure and examine parenting practices children experience in their homes or families.

One of the widely used psychometric measures of parenting practices is the Parental Bonding Instrument (PBI) developed by Parker et al. (1979). It was designed to measure the contribution of parental behavior to the development of appropriate bonds between parents and children.

As this instrument has a cutoff scores system for both father and mother, it is usable for children with two parents as well as for those with a single parent. PBI retrospectively assesses how respondents were raised and treated by their parents during the first 16 years of their life. It comprises two bipolar factor scales: Care and Overprotection. The 'Care' dimension is composed of care and indifference while the 'Overprotection' dimension is composed of overprotection and autonomy. Based on the two parenting dimensions, Parker et al. (1979) identified four types of parenting styles, high care and low overprotection conceptualized as Optimal

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parenting, high care and high overprotection conceptualized as Affectionate constraint, low care and high overprotection conceptualized as Affectionless control, and low care and low overprotection conceptualized as Neglectful parenting.

Research has shown that there is a link between clinical or subclinical pathology and the dimensions of parenting practices measured by the PBI (Klimidis et al., 1992). The PBI has been used to examine the relationships between childrearing styles and mental health issues in adulthood, including mood disorders (Avagianou and Zafropoulou, 2008; Handa et al., 2009; Narita et al., 2000; Plantes et al., 1988), anxiety disorders (Arrindell et al., 1989; Yoshida et al., 2005), eating disorders (Canetti et al., 2008; Turner et al., 2005), and personality disorders (Panfilis et al., 2008; Willinger et al., 2005). It has also been used to investigate the associations of parenting styles with parenting stress (Willinger et al., 2005), risk of coronary heart disease (Almeida et al., 2010), and emotional distress in providing care for a parent with dementia (Daire, 2002). Because of its importance in research and clinical practices, a number of validation studies have been attempted on the Australian adolescents (Cubis et al., 1989), Spanish mothers (Gómez-Beneyto et al., 1993), US and UK students (Murphy et al., 1997), US twins families (Kendler et al., 1997), young Pakistani women (Qadir et al., 2005), Japanese family units (Uji et al., 2006), Brazilian Portuguese (Hauck et al., 2006), Turk university students (Kapçi and Küçüker, 2006), Greek population (Tsaousis et al., 2012), Chinese mothers (Liu et al., 2011), and Malay college students (Mahammad et al., 2014). All these studies have shown good reliability and validity of the PBI. However, there is wide variation in its factor structure. Although some studies (Kapçi and Küçüker, 2006; Qadir et al., 2005) supported Parker's original two-factor model, other studies demonstrated superior fit of a three-factor model (Gómez-Beneyto et al., 1993; Cubis et al., 1989; Kendler et al., 1997; Murphy et al., 1997) or a four-factor model (Mahammad et al., 2014; Qadir et al., 2005). Of the three-factor models, Cubis et al.'s (1989) model is a structure of care, protection-personal and protection-social; Gómez-Beneyto et al.'s (1993) model is a structure of care, protection and restraint; Murphy et al.'s (1997) model is a structure of care, denial of psychological autonomy, and encouragement of behavioral freedom; Kendler et al.'s (1997) model and Qadir et al.'s (2005) model are a structure of warmth, protectiveness and authoritarianism; and Mahammad et al.'s (2014) model is a structure of care, autonomy and overprotection. Although the three-factor structure of Gómez-Beneyto et al. (1993) and Qadir et al. (2005) closely resembles the three-factor structure of Cubis et al. (1989), the other three-factor structures (Kendler et al., 1997; Mahammad et al., 2014; Murphy et al., 1997) are widely different from each other. The four-factor models were identified in three studies, and are more consistent than are the three-factor models. For example, Uji et al. (2006) found a structure of care, indifferent, overprotection and autonomy which fits consistently across various age and gender groups. In line with Uji et al.'s (2006) model, Suzuki and Kitamura (2011) and Liu et al. (2011) demonstrated that a four-factor model earned the best fit. Thus it appears that the factor structure of the PBI varies from culture to culture, from study to study, and even in the same study within the same culture (see Qadir et al., 2005). Therefore, it requires a validation study to make the PBI usable in a new culture. Examining factor structure or dimensionality of an instrument in a new culture is important for accurate specifications of theories (Smith and McCarthy, 1995), theory-driven research (Karim and Begum, 2016; Karim and Nigar, 2014) and clinical practice. The specific dimensions can provide a greater detail of the nature of culture-based parenting practices, child care and neglect.

Through parenting practices neglect (low care and low overprotection; see above) occurs to the children of all races,

socioeconomic classes, religions, family structures, and communities. In order to combat and manage this global problem, psychologists, clinicians, mental health professionals, and other social workers have given much attention to the understanding of its nature and socio-cultural roots. However, data from underdeveloped and developing countries are still lacking. Thus parental neglect and its consequences on parent-child relationships and child development have been partially and poorly understood. To fill this gap, it is necessary to conduct objective assessment of parenting practices in under-representative countries like Bangladesh, where parental malpractice in the form of neglect and abuse has been more frequent in recent days than ever before. Though the problem has recently been appearing as one of the main headlines in all daily newspapers it has rarely been studied, examined and reported scientifically. Despite the importance of such a scientific inquiry, till today we do not have any suitable measure to objectively assess parenting practices with the direct involvement of children, the potential victims, in the process. Thus it is necessary to develop a new psychometric tool or validate an existing one within the socio-cultural context of Bangladesh. To this end, we attempt to validate the PBI, because research using this instrument can contribute to parent's education on child rearing practices which can potentially reduce psychopathology in children (Suzuki and Kitamura, 2011). Assessing parenting practices using this tool can particularly be helpful to initiate and design appropriate clinical services and intervention programs for the victims of parental malpractice in Bangladesh.

2. Method

2.1. Participants

A total of 200 adolescents (girls = 94) voluntarily participated in this study. They were selected purposively from different colleges in Dhaka. At first, four colleges were selected conveniently. From each selected college the 11th grade students attending class were included in the sample. However, because of incomplete responses nine participants (three boys and six girls) were dropped. Among the remaining 191 participants 88 were girls. The age of these participants ranged from 15 to 18 years, with a mean of 16.61 and a standard deviation of 0.614. Participants' self reported data indicate that 3.14% of them came from higher socioeconomic class, 91.62% from middle socioeconomic class, and 5.24% from lower socioeconomic class. All of them were from families with two parents. The educational qualification of their mothers ranged from below secondary school education to Master's degree (89.5% lower education, 8.4% middle education, 1.0% higher education, 1.0% unreported), and that of their fathers ranged from below secondary school education to Ph.D. degree (72.3% lower education, 21.5% middle education, 4.7% higher education, 1.6% unreported).

2.2. Measures

2.2.1. The Parental Bonding Instrument

The PBI is a 25-item self-report measure of two parenting styles, Care and Overprotection, which was designed for both mother and father (Parker et al., 1979). The 'Care' subscale comprises 12 items (6 positive, 6 negative) which represent a continuum of parental style from coldness and neglect to affection and emotional warmth. The 'Overprotection' subscale comprises 13 items (7 positive, 6 negative) representing a continuum ranging from independence to control and intrusion. Each of the items is rated on a 4-point scale, ranging from 'very unlikely' to 'very likely'. For a positive item participant's responses are scored as 0 = very unlikely, and 3 = very likely; for a negative item responses are

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