

유아의 문제 행동에 대한 어머니의 양육 행동 자신감

Mothers' Confidence in their Parenting Practices for Children's Behavioral Problems

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< Abstract >

This study examined mothers' confidence in parenting practices for dealing with children's emotional and behavioral problems, as well as the relationships between different confident parenting practices and their application to children's behavioral problems. A total of 337 mothers of 4- and 5-year-old children responded to the Mother's Questionnaire of Children's Behaviors, with the following study results. First, the mothers showed high confidence in applying their own parenting practices to their children's behavioral problems without outside help. Second, the parenting practice of "asking for help from family members" was related to children's withdrawn behaviors, anxious behaviors, aggressive behaviors, social relationship problems, moral problems, and rule and courtesy problems.

본 연구는 우리나라 어머니들이 아동의 정서와 문제 행동을 다룰 때 사용하는 양육행동에 있어서 자신감을 조사하는 것과 아동의 문제행동과 어머니가 나타내는 양육행동의 자신감 수준과의 관계를 알아 보는데 목적이 있다. 연구를 위하여 유치원에 다니는 4, 5세 아동을 가진 어머니 337명을 대상으로 하여 조사하였다.

연구결과는 어머니들이 자신의 양육행동에 자신감을 가지고 외부의 도움 없이 아동의 문제행동을

수정하였으나, 아동의 신체와 식사 문제 행동에 관해서는 전문가의 도움을 원하는 것으로 나타났다. 또한, 아동들의 문제 행동에 있어서 어머니들이 가족의 도움을 받는 양육행동은 아동의 위축된 행동, 불안정 행동, 공격적 행동, 사회적 관계 문제, 도덕적 문제, 그리고 규칙과 예절 문제행동의 수정과 유의미한 관계를 보였다.

주제어(Key Words): Parenting Practices (양육행동), Problem Behaviors (문제행동), Children (아동), Confidence (자신감)

1. Introduction

Parenting related studies have been done based on Baumrind's (1971) classification of four parenting styles (authoritative, authoritarian, permissive, and neglecting), which has been less well studied in cultures other than the majority European-American culture (Lin & Fu, 1990). The authoritative parenting style combines emotional support, communication, and firm limit-setting. The authoritarian parenting style consists of punitive, distant, and strict; the permissive parenting style lacks control and consistency, and the neglecting parenting style is uninvolved with children and offers minimal response. A few Korean researchers classified parenting styles as having several factors. Park and Lee (1990) classified parenting styles according to appropriate guidance, affection, authoritative control, accomplishment, over-protection, aggressive participation, and consistent regulation. Lee (1983) also divided parenting styles into two groups: self-control vs. control and affection vs. hostility.

Parents respond to children's emotional and behavioral problems with a diversity of approaches. Among these approaches, Darling and Steinberg (1993) distinguished between parenting styles and parenting practices in terms of their effects on children's behavior outcomes. A parenting style is defined as attitudes or beliefs that

work as a context for parenting behaviors. On the other hand, parenting practices are "specific, goal-directed behaviors through which parents perform their duties" (Darling & Steinberg, p. 488). Also, they suggest that parenting practices have immediate consequences for a child and a direct effect on children's behavior outcomes.

The effects of parenting practices on children's externalizing behavior have also been noted in research studies (Hwang & James-Roberts, 1998; Patterson, Debaryshe, & Ramsey, 1989). Family factors such as parenting problems, marital conflicts, and level of spousal support have been identified as powerful early predictors for emotional and behavioral problems in children (Cummings & Davies, 1994; Simons, Beaman, Conger, & Chao, 1993). Specifically, rigid, inflexible, or inconsistent parenting practices and the lack of warm, positive relationships increase the risk that children develop behavior problems; in contrast, supportive and adequate parental involvement has been shown to be an important predictor of positive adjustment of childhood problems (Loeber & Farrington, 1998; Sharpe, 1994).

Specific parenting practices are significantly related to children's behavior problems as well as to the parenting styles of interacting with children. For instance, positive practices such as reasoning, negotiation, compromise, humor, and incentives may be used to help prevent children's problem

behaviors (Grusec & Goodnow, 1994). Also, the timing of certain parental practices is likely to be effective because the parents are able to anticipate their children's problem behaviors and employ pre-emptive strategies (Gardner, Sonuga-Barke, & Sayal, 1999). Kuczynski and Kochanska (1995) found that mothers who used pre-emptive parenting strategies held more authoritative child-rearing attitudes and had children with fewer externalizing behavior problems. These practices were used to try to influence the future behavior of children and were part of proactive rather than controlling parental practices.

In recent Korean studies related to parenting style, a number of researchers have examined the relationships between parental style and children's social development, emotional development, behavioral problems, and parental satisfaction (e.g., Kim, 2002; Lim & Hyun, 2002; Moon, 2004; Yeon, 1998). Many of these study results have indicated both positive and negative effects of parenting attitudes on their children. Woo and Choi (2002) reported that a maternal affective parenting style is an important positive factor in the formation of children's emotional intelligence. However, Moon's study suggested that children's negative emotional expression is an effect of Korean mothers' over-protective parenting style. Young Korean mothers' over-protective parenting style is considered to be a main factor in producing selfish and competitive children in today's Korean society.

Parenting practices could be culturally distinctive, however. Asian parents tend to use distraction when they manage children's behavior problems, according to Newth and Corbett (1993) who reported that Asian mothers may show more confidence in their parenting practices when

dealing with their children's challenging behaviors compared to Western mothers. Their confidence comes from their tradition of having learned child-rearing practices from their extended family network.

Few studies of the effects of parents' or mothers' confidence in their discipline practices for dealing with their children's emotional and behavioral problems have been carried out. Thus, this study examined the mother's confidence levels in their parenting practices for dealing with emotional and behavioral problems in children. Also, the study examined the relationships between different confidence levels of parenting practices and their application to children's behavior problems.

To explore the mothers' confidence levels in their parenting practices, the assumption in this study was that confidence means that the mothers apply their own methods to deal with their children's challenging behaviors without getting any help from outside.

II. Methods

1. Participants and Procedures

A total of 337 mothers took part in the study. These mothers were selected from five kindergartens in Seoul and Il-san. As indicated in <Table 1>, the mothers were between the ages of 28 and 38. About 67.3% of the mothers in the study reported their highest education as more than a college degree. The mothers who had 4 year olds numbered 38% and those with 5 year olds numbered 62%. By gender, the children were 50.7% boys and 49.3% girls. Most mothers (86.1%)

<Table 1> Demographic Characteristics of Mothers

Characteristic	n	%
Number of kindergarten		
Seoul (3 schools)	187	55.5
Il-san (2 schools)	150	44.5
Age of participant		
28-32	87	25.8
33-38	250	74.2
Educational level of mother		
High school	70	20.8
Two-year college degree	40	11.9
College degree	209	62.0
Graduate school degree	18	5.3
Age of child		
4 year-old	128	38.0
5 year-old	209	62.0
Gender of child		
Male	171	50.7
Female	166	49.3
Number of children		
1	50	14.8
2	262	77.7
3	25	7.4
Family type		
Living with grandparents	47	13.9
Not living with grandparents	290	86.1

lived without the grandparents of their children, while only 13.9% of the mothers lived with the grandparents.

The researcher contacted the principals of the kindergartens to identify the parent participants for the study. Then 300 survey questionnaires were distributed to three kindergartens in Seoul and 200 to two kindergartens in Il-san. The head teachers of each class randomly distributed the 500 questionnaires to the mothers. Of the 500 questionnaires, 342 were returned (a 67% return rate). Since five of the 342 questionnaires were discarded due to incomplete responses, a total of 337 questionnaires were used for the analysis.

2. Measures

This study used the Mother's Questionnaire of Children's Behaviors (MQCB), which was designed by the researcher. This questionnaire consists of two parts: (1) items in eight categories of emotional and behavioral problems in Korean preschool children; (2) items in nine different categories of parenting practices dealing with emotional and behavioral problems in children. The MQCB was compiled and developed from a review of the following studies in the literature: 8 syndromes from the Child Behavior Checklist (CBCL; Achenbach, 1991), 9 categories of behavior problems of preschool children identified by The Association for Future Early Childhood Education (1994), and 12 categories of emotional and behavioral problems cited by Lim (1998). Each category of the MQCB consisted of overlapping items from these three sources, as well as culturally distinct items from two of the studies that matched the guidelines in *A Social Life in the 5th Kindergarten Curriculum of Korea* (The Ministry of Education, 1994). Thus, the researcher derived eight categories of emotional and behavioral problems in Korean preschoolers as follows: aggressive behaviors, withdrawn behaviors, anxious behaviors, attention problems, physical and eating problems, moral problems, social relationship problems, and rule and courtesy problems.

The Mother's Questionnaire of Children's Behaviors thus consists of 33 items divided according to eight categories of emotional and behavioral problems in children in general, which were listed in the first column of the questionnaire. The mothers were to respond to each behavior by rating the statement, "I believe this behavior is a problem," using a three-point Likert-type scale of

“I disagree,” “Uncertain,” and “I agree.” Each category consists of statements on children’s behavior problems in general. In the third column next to the Likert scale, the parents were to respond to any of the nine parenting practices given which applied to their response to the question: “If you were the parent of this child, what would you do when the child shows this behavior?” The nine answers represented different parenting practices, and the mothers were asked for multiple responses. The nine parenting practices are as follows: doing nothing, polite requesting, verbal scolding, physical punishment, withholding privileges, asking for grandparents’ advice, asking for a teacher’s advice, asking for a doctor’s or a psychologist’s advice, and teaching with parent education books.

Internal consistency was used to test the reliability of the Mother’s Questionnaire of Children’s Behaviors. The Cronbach’s coefficient alpha for the study was .95, which indicated a high degree of internal consistency among the items in the questionnaire, according to Borg and Gall (1989).

3. Data Analysis

First, the researcher conducted descriptive data analyses to examine the mothers’ identified children’s behavioral problems in general, and their choice of parenting practices for the behaviors. The 33 problem behaviors were combined into eight categories. Since the mothers gave multiple responses to their parenting practices for each behavior problem, the score of each parenting practice was counted by the mothers’ total responses to each parenting practice throughout the 33 items of children’s behavioral problems.

Second, the researcher used chi-square analyses to explore the mothers’ confidence in using parenting practices with children’s problem behaviors. The nine parenting practices were divided into three groups in terms of the mothers’ indication of confidence for using each practice: (1) no outside help (e.g., polite requesting, verbal scolding, physical punishment, and withholding privileges); (2) family help (e.g., asking for grandparents’ advice); and (3) expert help (e.g., asking for a teacher’s advice, asking for a doctor’s or a psychologist’s advice, and teaching with parent education books). The parenting practice of “doing nothing” was excluded because it showed parents’ non-involvement with the behavior problems.

III. Results

1. Children’s Problem Behaviors Identified by the Mothers

The mothers identified the children’s physical and eating problem behavior category as having

<Table 2> Means and Standard Deviations of Problem Behaviors

Behavior category	M	SD	n
Withdrawn behaviors	1.79	.42	318
Anxious behaviors	1.84	.45	320
Aggressive behaviors	1.75	.41	323
Attention problem	1.90	.78	329
Physical and eating problems	1.95	.57	328
Social relationship problems	1.78	.54	331
Moral problems	1.69	.49	327
Rule and courtesy problems	1.70	.37	319
Total behavior items	1.80	.50	304

Note. Response scale: 1= disagree; 2= uncertain; 3= agree. Unequal number of cases in each category is due to missing cases.

the highest score (1.95), while the moral problem behavior category had the lowest score (1.69) as shown in <Table 2>. The overall results showed that the mothers were uncertain about identifying children's problem behaviors ($M=1.80, SD=.50$).

2. Nine Parenting Practices Regarding Children's Problem Behaviors

The results of the study show that the mothers' most frequent response to a parenting practice was "asking no outside help" ($M=9.52, SD=5.53$), which is a relatively high indication of their confidence to discipline their children without requesting any help or without consulting anyone. This practice included "polite requesting," "verbal scolding," "physical punishment," and "withholding privileges." However, the mothers responded that they would ask for experts' help for behavior problems ($M=8.04, SD=7.20$), as shown in <Table 3>. Descriptive statistics for the mothers' choice of parenting practices are outlined in <Table 4>.

No Outside help. This parenting practice was the most frequently checked by the mothers in

<Table 3> Means and Standard Deviations of Parenting Practices

Parenting practices	M	SD	n
No Outside help	9.52	5.53	14283
Family help	2.17	4.41	812
Expert help	8.04	7.20	9050

Note.1. Total number of response represents multiple responses of each parenting practice.

2. No Outside help: polite requesting, verbal scolding, physical punishment, withholding privileges; Family help: asking for grandparents' help; Expert help: asking for teachers' advice, asking for doctors' or psychologists' advice, and teaching with parenting education books.

regard to the behavior categories of anxious behaviors, aggressive behaviors, attention problems, moral problems, and rule and courtesy problems, in a range of 41% to 79.8%. The mothers responded that they would use "polite requesting," "verbal scolding," "physical punishment," and "withholding privileges" when they confronted most of their children's behavior problems. It showed their high confidence in their parenting practices for dealing with their children's challenging behaviors.

Family help. The mothers in this study gave low responses to this parenting practice (1% to 8%).

Expert help. The mothers responded that they would ask for help or advice from a doctor or a psychologist for their children's withdrawn behaviors as well as help with physical and eating problems, in a range of 50% to 71%. Especially, the mothers would seek experts' help on the children's tensed muscles and faces (71.2%).

3. The Confidence Indication in the Parenting Practices

<Tables 5 and 6> show the relationships between "no outside help" and "family help" parenting practices and the children's behavior problem categories. There was a moderate relationship between "family help" parenting practices and the behavior categories of withdrawn behaviors, anxious behaviors, aggressive behaviors, social relationship problems, moral problems, and rule and courtesy problems ($p < .05$ and $p < .001$). Also, there was a high relationship between "no outside help" and the withdrawn behaviors category ($p < .05$). No other relationships were found between "expert help" parenting

<Table 4> Descriptive Statistics for the Mothers' Choice of Parenting Practices

Category by item	No Outside help (%)	Family help (%)	Expert help (%)
Withdrawn behaviors			
Q4. Doesn't talk to new friends	41.1	27.4	31.5
Q8. Hardly talks	28.7	18.9	52.5
Q21. Asks mom to do behalf of him/her	58.2	19.9	21.9
Q22. Rarely smiles/eats	28.9	17.3	53.8
Q31. Hardly participates	30.1	20.5	49.4
Anxious behaviors			
Q3. Mood swings	47.8	21.3	30.8
Q5. Cries a lot	59.9	15.6	24.5
Q12. Imitates baby acts	60.1	19.1	20.8
Q14. Tenses muscles/face	20.8	20.3	58.9
Q17. Cries when something goes against	69.8	14.3	16.0
Aggressive behaviors			
Q7. Threatens	65.2	11.8	23.0
Q9. Screams when upset	75.4	10.9	13.7
Q15. Destroys when upset	63.7	12.1	24.2
Q19. Fights with friends	78.9	8.5	12.6
Q25. Scratches and Bites	71.5	11.0	17.6
Q26. Teases friends	76.8	8.9	14.3
Q29. Not following directions	74.9	11.4	13.7
Q32. Jealous	60.2	19.6	20.2
Attention problem			
Q28. Easily distracted	52.6	20.4	26.9
Physical and eating problems			
Q6. Tired a lot	24.1	16.6	59.3
Q16. Vomits	28.4	15.5	56.0
Social relationship problems			
Q2. Plays alone	31.5	28.7	39.8
Q20. Does not get along	50.8	17.1	32.1
Moral problems			
Q11. Not sorry	80.2	10.8	9.0
Q18. Lies	77.8	11.4	10.8
Q27. Steals	63.5	11.3	25.2
Rule and courtesy problems			
Q1. Does not share	73.9	15.8	10.3
Q10. Non compliant	79.8	9.9	10.2
Q13. Yells	74.2	9.5	16.3
Q23. Scorns friends	69.6	12.5	17.9
Q24. Asks too many questions	38.8	37.6	23.6
Q30. Talks back	80.3	10.2	9.5
Q33. Speaks loudly	66.3	13.6	20.1

practices and the children's behavior problem categories.

The mothers' parenting practice of having help

from family members was moderately related (Cramer's V = 307.4; $p < .001$) to their identification of children's emotionally withdrawn behaviors as

<Table 5> The Associations Between "Family help" and Behavior Categories

Behavior category	Family help(%)	Chi-square	Cramer's V
Withdrawn behaviors	20.8	307.40***	.31
Anxious behaviors	18.1	304.96***	.31
Aggressive behaviors	11.8	421.17***	.30
Social relationship problems	22.9	107.29*	.29
Moral problems	11.2	235.57***	.35
Rule and courtesy problems	15.6	479.53***	.34

*p < .05; ***p < .001

<Table 6> The Associations Between "No Outside help" and Behavior Category

Behavior category	No Outside help(%)	Chi-square	Cramer's V
Withdrawn Behaviors	37.4	1726.66*	.74

*p < .05

emotional and behavioral problems. The mothers' seeking of "grandparents' advice" was moderately related (Cramer's $V = 421.17$; $p < .001$) to the mothers who identified that it is a problem if the child behaved aggressively. Also, parents' asking for "grandparents' advice" was moderately associated with moral problem behaviors (Cramer's $V = 235.57$; $p < .001$) and rule and courtesy problem behaviors (Cramer's $V = 479.53$; $p < .001$) respectively.

The mothers' parenting practice of using only their own efforts was highly related to the children's withdrawn behaviors (Cramer's $V = 1726.66$; $p < .05$).

IV. Discussion and Conclusion

The results of this study showed that the

participating mothers indicated their confidence in managing most of their children's behavior problems by using the parental practice of not asking for outside help. However, a substantially large number of the mothers responded that they would ask for experts' help for dealing with their children's withdrawn behaviors or physical and eating problems. This result was consistent with a study in which Newth and Corbett (1993) suggested that Asian parents are less likely to use outside agencies, including friends, to solve their children's emotional and behavioral problems, even though Korean parents were not included in their study. But in this study, the mothers' response of using self-reliant efforts to deal with their child's problem behaviors may indicate either that the Korean mothers might have enough confidence and experience to intervene in their child's behavior problems or that the mothers are unlikely to see them as serious emotional and behavioral problems that would require consultation with a medical doctor or a psychologist.

High-confidence parenting practices that use verbal strategies (e.g., polite requesting) used by the mothers are considered positive ways to resolve conflict and prevent problem behaviors (Grusec & Goodnow, 1994). Also, such gentle maternal discipline practices correlate positively with child compliance (Kochanska & Aksan, 1995). On the other hand, the mothers in this study responded that they would also use the rest of the strategies in the "no outside help" category (e.g., verbal scolding, physical punishment, and withholding privileges). However, these power-assertive parenting practices are considered less effective for producing children's internalized

compliance and might be more likely to induce their anger (Grusec & Goodnow, 1994; Kochanska & Aksan, 1995).

The mothers' choice of asking experts' help for their children's shyness, or for physical and eating problems is noteworthy, even though this practice is considered low in maternal confidence regarding parenting practices. This indicates that Korean mothers may consider physical and eating problem behaviors as emotionally related to physically deviant behaviors that require consultation with a professional. Also, the findings of this study support the view that a variety of parenting practices are normal and equally effective in child behavior management (Thompson, Raynor, Cornah, Stevenson, & Sonuga-Barke, 2002).

Also, the results of this study showed that there was a moderate relationship between the "family help" parenting practices and withdrawn behaviors, anxious behaviors, aggressive behaviors, social relationship problems, moral problems, and rule and courtesy problems categories. However, no other relationships were found between "expert help" parenting practices and the children's behavior problem categories.

In particular, these moderate relationships were found in the response of the mothers, even though the majority of them (86.1%) live without grandparents. This may suggest that the mothers are likely to seek experienced advice from their family members when they try to discipline their children's problem behaviors, especially aggressive behavior and rule and courtesy problem behaviors. These are the primary target behaviors that grandparents perceive as necessary training in order for their grandchildren to have

good, basic manners (Choi, 1991). In addition, this result supports the study of Hastings and Rubin (1999), which found that mothers' concern with aggressive behaviors of children was associated with seeking outside help from teachers, friends, or relatives.

Therefore, the findings of this study suggest that the Korean mothers showed high confidence in applying their own parenting practices to their children's behavior problems without needing outside help. However, the mothers tended to want an expert's help regarding children's withdrawn behaviors, and physical and eating behavior problems. Also, the results show that the mothers' choice of getting help from family members was related to children's withdrawn behaviors, anxious behaviors, aggressive behaviors, social relationship problems, moral problems, and rule and courtesy problem categories. These results confirm the ambivalent choice of maternal parenting practices for the Korean preschool children's emotional and behavioral problems, i.e., whether or not to ask for outside help. These maternal parenting practices may indicate that the mothers may use their family elders' experience when they face difficult child-rearing situation, although they tended to use their own strategies to deal with their children's challenging behaviors most of the time. The nuclear family is the general trend, especially in Western cultures, but the Korean mothers in this study showed their tendency to use their parents' experience, which would give the grandparents their proper roles in the education of their grandchildren.

In conclusion, this study suggests the following points for reflection based on the final findings,

and recommendations for future research. Since most of mothers seemed be able to deal with their children's general behavior problems on their own, it may be more important to provide a training program for parents of at-risk children. Such a training program could teach these parents effective and positive strategies for each behavior problem and help to improve their relationship with their children to prevent the development of misbehavior patterns. Parents have likely received little preparation beyond the experience of having been parented themselves to enable them to cope with their children's behaviors, with most learning parenting practices "on the job," through trial and error (Sanders, et al., 1999; as cited in Leung, Sanders, Leung, Mak, & Lau, 2003).

Even though the mothers in this study were likely to discipline their children without seeking outside help, they showed their willingness to counsel with a doctor or a psychologist about their children's shyness and their eating problems. Therefore, it is recommended that parents be provided easy access to these child experts through the channel of the kindergarten. For example, each kindergarten could have an assigned medical doctor or a psychologist so that the parents could receive help as needed.

Finally, it may be necessary to build a strong family support network for young parents who have a difficult time of child rearing. As Hwang and James-Robert (1998) have indicated, the significant effect of family type on children's emotional and behavioral problems, the demands of parenthood and managing the challenging behavior of children are most likely challenging for young mothers who do not have access to advice on parenting from their extended family network.

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