

PERCEPTION OF MATERNAL PARENTING PRACTICES AND ADOLESCENT'S SUBJECTIVE WELL-BEING: A PREDICTIVE STUDY

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Abstract

Self-determination theory postulates that all humans have three intrinsic psychological needs, need for competence, relatedness and autonomy (Deci & Ryan, 1985). Satisfaction of these needs is crucial for best possible functioning, internalization of values, psychological well-being and natural growth tendency (Deci et al., 1994; Ryan & Deci, 2000). Guided by the self-determination theory the purpose of the present study is to investigate the predictive association between perceived maternal parenting practices (i.e. parental autonomy support, perceived involvement, and perceived warmth) and subjective well-being (i.e. positive affect, negative affect and life satisfaction) in adolescents. A purposive sample of 531 adolescents with age range of 15-19 years, were recruited from public and private sector schools and colleges of Karachi, Pakistan. Along with Demographic Form, Perception of Parents Scales: The College-Student Scale (Robbins, 1994) and ICP-Subjective Well-Being Scale (ICP-SWBS; Moghal, 2012) were administered. Multiple Regression Analysis was employed to test the hypothesis of the present study. The results reveal that three dimensions of perceived parenting practices explained 24% variation in the scores of positive affect ($R^2=.24$, $F=54.81$, $p<.05$), however, only parental autonomy support ($B = .34$, $p<.05$) and perceived maternal involvement ($B = .34$, $p<.05$) were found to be significant predictors of positive affect. Likewise, three dimensions of perceived parenting practices explained 18% variation in the scores of negative affect ($R^2=.18$, $F=37.71$, $p<.05$). However, only parental autonomy support ($B = -.32$, $p<.05$) and perceived maternal involvement ($B = -.17$, $p<.05$) significantly predicted negative affect. Similarly, three dimensions of perceived parenting practices explained 7% variation in the scores of life satisfaction ($R^2=.07$, $F=12.99$, $p<.05$). However, only parental autonomy support ($B = .15$, $p<.05$) and perceived maternal involvement ($B = .15$, $p<.05$) predicted life satisfaction. Thus, findings highlighted the significance of specific maternal parenting dimensions for adolescent's subjective well-being. The findings have important implications and pave the pathways for future studies.

Key Words: Adolescents, Maternal Parental Practices, Subjective Well-being

INTRODUCTION

Adolescence is a phase of development which is widely acknowledged as the time of "storm and stress" as young people go through a number of physical, cognitive, psychological, social and normative changes (Cicognani, 2011; Santrock, 2011). At this formative time of adolescence there is a switch from extreme dependence which is reflective of childhood to a phase of evolving sense of independence and self-discovery (Wentzel & Battle, 2001). Adolescents begin to build their sense of self-concept, while exploring their relationships and building bonds with friends, family and society (Simmons, et al., 1987). Hence, this phase places extra demands on adolescents as they make adjustments to those changes. Enhancing overall well-being and academic achievement is the most important goal of this developmental phase. The school and home boundaries gather more importance (Paulson, 1994; Steinberg & Silk, 2002), to aid adolescents successfully reaches their goals.


Well-being is an umbrella term being used for diverse inferences that people may make which pertain to their lives, specific events in one's life, estimations based on feelings (moods, emotions), judgments such as life satisfaction, and the circumstances in which they live (Diener,



2006). If people feel a sad mood it may be due to the reason that they get the feeling that their lives are not going well and when they feel a joyful emotion, it implies that life is going well. Wellbeing has recognized to be essential to achieving and upholding positive psychological health and a happy, satisfied and successful life. In recent times, research on wellbeing and happiness is illustrated by three main perspectives: subjective well-being (Diener, 2006), psychological well-being (Ryff & Singer, 1998), and social well-being (Keyes, 1998, 2006, 2013). The focus of interest in present research in relation to maternal perception of parenting is the subjective well-being, as it is widely accepted as the primary index of well-being (King, 2007; Bell, 2005; Ryan & Deci, 2001). The parenting practices are widely acknowledged in Western studies as the single most important factor that plays vital role in enhancing adolescent's mental health (Duchesne, Ratelle, Poitras, & Drouin, 2009; Jeynes, 2009; Pomerantz, Moorman, & Litwack, 2007; Seginer, 2006; Hill & Taylor, 2004; Epstein & Sanders, 2002). There are three parenting dynamics that facilitate children's fundamental psychological needs for autonomy, competence, and relatedness (Ryan, Deci, & Grolnick, 1995) i.e., parental autonomy-support, parental involvement, and parental warmth. *Parental autonomy-support* refers to parenting practices in which parents support children to build up their own plans for their activities and engage them in making important decisions. *Parental involvement* refers to parent's active participation in activities that are school related, academic endeavors, and discussion with children about their academic issues. Whereas, *Parental warmth* comprises of parental expression of enjoyment and love towards their children. These parenting practices greatly influence developmental outcomes which can be significant (Hutchinson et al., 2003; Rich 2003; Outley & Floyd 2002). A significant amount of research has provided empirical evidence that these parenting dimensions are vital components in healthy psychological development and well-being (Prasadi & Sinha, 2017; Wang & Jiang, 2016; Filus, Schwarz, Mylonas, & Sam, 2014; Stafford, Kuh, Gale, Mishra, & Richards, 2014; Chen & Liu, 2012; Ryan, Deci, Grolnick, & La Guardia, 2006; Ryan & Deci, 2000).

According to Self-determination theory, all humans have three experiential requirements or basic psychological needs: need for autonomy (to be autonomous and self-governing); need for competence (to be effective; to be moving towards greater mastery and skills); and need for relatedness (to feel psychologically connected and be supported by, important others in life). SDT, assumes an inherently active individual, finding and following intrinsic motivations and in the process of learning, growing, and flourishing. Intrinsic motivations will emerge automatically, as long as environments support them, consequently controlling environment can undermine them. Self-determination theory (SDT) basically concerned with the social conditions that facilitate or hinder human flourishing as reflected in both the scientific research and the applied practices stemming from it. SDT based research often investigates the factors, both intrinsic to individual development and within social contexts, that facilitate vitality, motivation, social integration and well-being. When young people tend to perceive their parents as more autonomy-supportive, they endorsed intrinsic life goals to a greater extent, and when they endorsed more intrinsic life goals, they tended to experience greater well-being. These findings support self-determination theory's proposition that fulfillment of the three universal needs is beneficial across different societies and that fulfillment of these needs from the environment positively contribute towards well-being and achievements among adolescents.

Furthermore, it also focused on those factors that contribute to depletion, fragmentation, antisocial behaviors, and unhappiness or depression. A large body of empirical studies has shown that the satisfaction versus frustration of these inherent psychological needs can potentially explain human behavior and overall well-being (Sheldon, Elliot, Kim & Kasser, 2001; Baumeister & Leary, 1995). Sheldon and colleagues (2001) in a comparison of 10 potential psychological needs, found that, needs proposed by self-determination theory (Ryan & Deci, 2000) are particularly useful in explaining satisfying events. Gaining strength from such empirical support, SDT has been applied to variety of contexts with the aim of discovering and facilitating individual positive outcomes and experiences.



Contemplating the significance of parenting practices, guided by the theoretical framework of Self-Determination Theory (Deci & Ryan, 2011), the present study examined the adolescent's subjective well-being (i.e., positive affect, negative affect & life satisfaction) in relation to their perception of maternal parenting practices in Pakistani cultural context. More specifically, it investigated the predictive association between perceived maternal parenting practices (such as perceived maternal autonomy-support, perceived maternal involvement, and perceived maternal warmth) and subjective well-being (i.e., positive affect, negative affect, and life satisfaction) in adolescents.

METHODOLOGY

Sample

A purposive sample of 531 adolescent's students was selected from different public and private schools and colleges situated in Karachi-Pakistan. Out of these, 275 (52%) were boys and 256 (48%) were girls. The participants' age range was between 15-19 years, with mean age of 16.99 ($\pm SD = 1.34$) for boys and 17.18 ($\pm SD = 1.41$) for girls. The minimum educational level of the recruited participants was 9th grade whereas, maximum was first years of graduation.

Measures

Demographic Form

The Demographic Form is developed for the present study to obtain pertinent personal and family information about the participants and to determine the eligibility for participation based on the inclusion and exclusion criteria.

Perceptions of Parents Scales

The Perceptions of Parents Scales: The College-Student Scale (Robbins, 1994) is a measure of adolescents and older adults' perceptions pertaining to their parents' autonomy support, involvement, and warmth. It comprised of 42 items, 21 items are related to mothers whereas 21 are related to fathers. The scale yields total scores for three subscales for mother and three subscales for father: *Maternal Autonomy-Support*, *Maternal Involvement*, *Maternal Warmth*, *Paternal Autonomy-Support*, *Paternal Involvement*, and *Paternal Warmth*. The respondents rate each item on a 7-point Likert type scale ranging from *Not at All True (1)* to *Very True (7)*. The subscales scores are yielded by summing up the scores on all items within the respective subscale. Higher scores in a particular dimension indicate that the parent is perceived as possessing more of those characteristics. In current study only 21 items related to maternal autonomy-support, maternal warmth and maternal involvement were used. The Cronbach's alpha reported by Robbins (1994) were: .91 for Perception of Maternal Parenting Practices, .90 for Perception of Maternal Autonomy-Support, .61 for Perception of Maternal Involvement and .58 for Perception of Maternal Warmth.

ICP- Subjective Well-Being Scale

The ICP-Subjective Well-Being Scale (ICP-SWBS; Moghal & Khanum, 2012) was used to assess the level of subjective well-being in the present study. The ICP-SWBS comprises of three subscales: Positive Affect, Negative Affect, and Life Satisfaction. The Positive affect and Negative Affect subscales consists of 12 items each and ask respondents to indicate 'how frequently they experience given affects during past four weeks' on a 5-point Likert type scale ranging from *Never=1* to *Always=5*. The Life Satisfaction subscale consists of five items which the respondents are asked to respond using a 5-point Likert scale ranging from *Completely Disagree=1* to *Completely Agree=5*. Moghal (2012) reported Cronbach's alpha values of .84 for Positive Affect subscale, .85 for Negative Affect subscale and .81 for Life satisfaction indicating adequate internal consistency. The test-retest reliability with an interval of one week is reported to be .77 for Positive Affect subscale, .73 for Negative Affect subscale and .82 for Life Satisfaction subscale indicating the adequate temporal stability of the scale. In addition, the ICP-SWBS demonstrated high convergence with established measures of subjective wellbeing (Moghal & Khanam, 2013).

Procedure

A list of registered educational institutions with Ministry of Education Sindh was obtained. A letter of consent describing the research project and inviting participants was provided to the authorities

of randomly selected registered organizations along with the research questionnaires. After getting permission from the authorities, participants were approached with assistance of their respective class teacher in a separately provided room. Before the administration of questionnaire, the researcher briefed the students about the study, its purpose and procedure. Followed by, participants were informed that if they are willing to participate they have to sign the consent form. The consent form detailed the information about their volunteer participation in the study, confidentiality of the personal information, right to withdraw participation anytime during study, and risk and benefits involved, etc. The contact information of the researcher was included so participants could contact the researcher with any questions or concerns which come in their mind later on. After taking formal consent the demographic form was administered to screen the participants according to preset research inclusion/exclusion criteria.

Followed by the demographic information form, research questionnaires were administered on participants who fulfilled the inclusion criteria. First, the Perceptions of Parents Scales: The College-Student Scale (Robbins, 1994) was administered and after a break of five minutes the ICP-Subjective Well-Being Scale (ICP-SWBS; Moghal, 2012) was administered. The detailed instructions on how to fill in the questionnaires were also provided. At the end of administration, participants and authorities of respective schools and colleges were thanked for their time and assistance.

Table 1 Demographic Characteristics of the Sample (Frequencies & Percentages)

Variables	<i>f</i>	%
Gender		
Male	275	52
Female	256	48
Grade		
9 th	90	16
10 th	103	19
11 th	103	19
12 th	159	31
1 st year of Graduation	76	15
Family Structure		
Joint	318	60
Nuclear	214	40
Maternal Education		
Uneducated	84	16
Primary	50	09
Matric	109	21
Intermediate	91	17
Graduation	139	26
Master& Above	58	11



Maternal Occupation

Private Job	87	16
Government Job	65	12
Business	39	7
Housewife	341	65

HYPOTHESIS 1

There would be a predictive association between dimensions of Perceived maternal parenting practices (i.e. Perceived maternal autonomy-support, perceived maternal involvement and Perceived maternal warmth) and Positive affect component of Subjective well-being in adolescents.

Table 2

Summary of Linear Regression Analysis with Perception of Maternal Parenting Practices as predictor of Positive Affect in Adolescents

Predictor	R ²	ΔR ²	F	Sig.
Perception of Maternal Parenting Practices	.24	.24	54.81	.00*

*p<.05, df = 1, 529

Table 3

Coefficients for Linear Regression with Perception of Maternal Parenting Practices as predictor of Positive Affect in Adolescents

Model	B	SE B	β	t	Sig.	95% CI	
						UL	LL
Constant	1.85	2.61		-.708	.48	-6.98	3.28
Perception of Maternal Autonomy-Support	.44	.08	.34	5.56	.00	.29	.60
Perception of Maternal Involvement	.44	.11	.24	3.99	.00	.23	.66
Perception of Maternal Warmth	-.13	.11	-.07	-1.15	.25	-.35	.091



Table 2 & 3 demonstrated the results of Multiple Regression Analysis to test if maternal perception of parenting practices (i.e. perception of maternal autonomy-support, perception of maternal involvement, and perception of maternal warmth) predicted positive affect dimension of Subjective Well-being. The results reveal that three predictors explained 24% variation in the scores of positive affect ($R^2=.24$, $F=54.81$, $p<.05$). The analysis found that adolescent's perception of maternal autonomy-support ($\beta = .34$, $p<.05$) and perception of maternal involvement ($\beta = .34$, $p<.05$) predicted positive affect. In addition, the perception of maternal warmth didn't predict positive affect ($\beta = -.07$, $p>.05$).

HYPOTHESIS 2

There would be a predictive association between dimensions of Perceived maternal parenting practices (i.e. Perceived maternal autonomy-support, Perceived maternal involvement and Perceived maternal warmth) and Negative affect component of Subjective well-being in adolescents.

Table 4

Summary of Linear Regression Analysis with Perception of Maternal Parenting Practices as predictor of Negative Affect in Adolescents

Predictor	R^2	ΔR^2	F	Sig.
Perception of Maternal Parenting Practices	.18	.18	37.71	.000

* $p<.05$, $df = 1, 529$

Table 5

Coefficients for Linear Regression with Perception of Maternal Parenting Practices as predictor of Negative Affect in Adolescents

Model	B	SE B	β	t	Sig.	95% CI	
						UL	LL
Constant	65.47	2.53		25.85	.00	60.49	70.45
Perception of Maternal Autonomy-Support	-.389	.08	-.32	5.07	.01	-.540	-.238
Perception of Maternal Involvement	-.30	.11	-.17	2.75	.01	-.508	-.085
Perception of Maternal Warmth	.097	.11	.06	.87	.38	-.118	.311

Table 4 & 5 demonstrated the results of Multiple Regression Analysis to test if maternal perception of parenting practices (i.e. perception of maternal autonomy-support, perception of maternal involvement, and perception of maternal warmth) predicted negative affect component of Subjective Well-being. The results reveal that three predictors explained 18% variation in the scores of negative affect ($R^2=.18$, $F=37.71$, $p<.05$). The analysis found that adolescent's perception of maternal autonomy support ($\beta = -.32$, $p<.05$) and perception of maternal involvement ($\beta = -.17$,

$p < .05$) predicted negative affect. In addition, the perception of maternal warmth didn't predict positive affect ($\beta = .06, p > .05$).

HYPOTHESIS 3

There would be a predictive association between dimensions of Perceived maternal parenting practices (i.e. Perceived maternal autonomy-support, Perceived maternal involvement and Perceived maternal warmth) and Life satisfaction component of Subjective well-being in adolescents.

Table 6

Summary of Linear Regression Analysis with Perception of Maternal Parenting Practices as predictor of Life Satisfaction in Adolescents

Predictor	R^2	ΔR^2	F	Sig.
Perception of Maternal Parenting Practices	.07	.06	12.99	.000

* $p < .05, df = 1, 529$

Table 7

Coefficients for Linear Regression with Perception of Maternal Parenting Practices as predictor of Life Satisfaction in Adolescents

Model	B	$SE B$	β	t	Sig.	95% CI	
						UL	LL
Constant	12.54	.80		15.76	.00	10.98	14.10
Perception of Maternal Autonomy-Support	.05	.02	.15	2.16	.03	.005	.100
Perception of Maternal Involvement	.05	.03	.15	2.16	.03	-.002	.130
Perception of Maternal Warmth	.01	.03	.01	.18	.86	-.061	.073

Table 6 & 7 demonstrated the results of Multiple Regression Analysis to test if maternal perception of parenting practices (i.e. perception of maternal autonomy-support, perception of maternal involvement, and perception of maternal warmth) predicted life satisfaction component of Subjective Well-being. The results reveal that three predictors explained 7% variation in the scores of life satisfaction ($R^2 = .07, F = 12.99, p < .05$). The analysis found that adolescent's perception of maternal autonomy-support ($\beta = .15, p < .05$) and maternal involvement ($\beta = .15, p < .05$) predicted life satisfaction. However, perception of maternal warmth didn't predict life satisfaction ($\beta = .06, p > .05$).

DISCUSSION

All three hypothesis of the present study examined the predictive association between perception of maternal parenting practices (i.e. maternal autonomy support, maternal involvement, and maternal warmth) and positive affect (Hypothesis 1), negative affect (Hypothesis 2) and life



satisfaction (Hypothesis 3) components of SWB in adolescents. Pertaining to Hypothesis 1, the results of multiple regression analysis (Table 5 & 6) suggest that three dimensions of maternal parenting practices accounted for 24% variance in the score of positive affect component of SWB. Maternal autonomy-support and maternal involvement significantly predicted positive affect however, maternal warmth was found to be an insignificant predictor of positive affect. Moreover, regarding Hypothesis 2, the results of multiple regression analysis (Table 7 & 8) suggest that three dimensions of maternal parenting practices accounted for 18% variance in the score of negative affect component of SWB. Maternal autonomy support and maternal involvement significantly predicted positive affect however, maternal warmth was found to be an insignificant predictor of negative affect. Furthermore, with regard to Hypothesis 3, the results of multiple regression analysis (Table 9 & 10) suggest that three dimensions of maternal parenting practices accounted for 7% variance in the score of life satisfaction component of SWB. Out of three predictors, maternal autonomy support and maternal involvement significantly predicted life satisfaction, however, maternal warmth was found to be an insignificant predictor of life satisfaction.

The obtained results are in accordance to the findings from the previous old and recent researches that have emphasized the impact of autonomy-support and involvement dimensions of parenting practices on the components of subjective well-being of adolescents (e.g., Dietrich, Kracke, & Nurmi, 2011; Downie et al. 2007; Grolnick, Frodi, & Bridges, 1984; Grolnick & Ryan, 1989; Grolnick, Ryan, & Deci, 1991; Grolnick, Price, Beiswenger, & Sauck, 2007; Guay, Senécal, Gauthier, & Fernet, 2003; Niemiec et al. 2006; Ryan & Deci, 2017; Salmela-Aro & Little, 2007; Sperry, 2003; Vallerand, Fortier & Guay, 1997). Hence, suggesting that parenting dimensions are essential component in connection to adolescents' subjective well-being. In addition, contrary to the previous standpoint that autonomy-support is insignificant construct in collectivistic cultures and is unfavorable to one's well-being (e.g., Schwartz, 1994), our findings are in line with those studies which demonstrated the autonomy-support dimension of parenting practices to be related to children's psychological need satisfaction and well-being in both collectivistic and individualistic culture (e.g. Chirkov & Ryan, 2001; Jang, Reeve, Ryan, & Kim, 2009) hence, suggesting the vital significance of maternal autonomy-support dimension of parenting to be associated with dimensions of subjective well-being. Even though the Pakistani parents may be less inclined to pursue autonomous parenting when compared to parents in Western culture (Mujtaba & Furnham, 2001), a probable elucidation for these findings may be that as the Asian culture values parental control, having less autonomy may not be associated with the fall in mental well-being of adolescents as this value is embedded into the belief system of individuals. In Asian cultures, the concept of dependence on parents may be perceived as their way of remaining connected with their children and might be an additional reason for parents to perceive it as a way of delivering security and warmth to their children (Wang & Leichtman, 2000). Therefore, within Asian American culture, strictness and over protection may be perceived as a sense of parental care and have positive functions for the children instead of affecting their well-being negatively (Chung, 1997).

Pertaining to association of parenting practices with well-being in adolescents, the Self Determination Theory (SDT, Ryan & Deci, 2011) states that the gratification of fundamental psychological needs for competence, autonomy, and relatedness is crucial across an individual's life span so as to experience an enduring sense of wellbeing or veracity or what is called "eudaimonia" (Ryan & Frederick, 1997; Waterman, 1993). The psychological needs of children are facilitated by parenting practices such as involvement, autonomy-support, and warmth. The suitable developmental framework upon which an active, integrated and assimilative nature can progress is provided by the psychological needs to which the social contexts (e.g., family) in which such individuals are rooted in and to which they are responsive. The inherent actualizing and organizational tendencies endowed by nature excessive control, non-optimal challenges, and lack of connectedness, on the other hand, disrupt the intrinsic actualizing and organizational tendencies; the outcome of such factors are seen not only in the lack of resourcefulness and responsibility but also in suffering and psychopathology (Ryan & Deci, 2000). Moreover, a social environment that on the one hand affords competence but fails to cultivate relatedness may reap



some level of poverty of well-being (Ryan et al., 1995). Therefore, familial contexts that create conflicts between the basic needs which set up the conditions that go on to cast an adverse influence on adolescents' subjective well-being.

The parenting dimensions of involvement and autonomy-support are crucial and enable the development of an autonomous, controlled, or impersonal orientation which represents varying grades of autonomy (i.e., self-determined behavior), which, subsequently, leads to either psychological well-being or distress. Parents who are not involved or autonomy-supportive, both of which are necessary factors for the formation of attachments that provide sustenance to the development of self-regulation in all of its aspects (i.e., internalization, intrinsic, integrated emotional regulation), which leads to an impersonal orientation (i.e., relative lack of action and/or non-autonomous behavior), which in turn leads to psychological distress. The perceived locus of causality for behavior, in other words, in the case of an impersonal orientation, is based outside of the self. Similarly, with an orientation which is controlled, since the perceived locus of causality for behavior lies outside the self, this also leads to volitional processes which are compromised. Therefore, non-autonomous behavior (i.e. amotivation, represented by feelings of incompetence and/or hopelessness) seems to be the main contributor to psychological distress such as depression and psychological distress to name a few.

Adolescents healthy internalization resulting in adaptation through maternal autonomy-support (Chirkov & Ryan, 2001; Vansteenkiste, Zhou, Lens & Soenens, 2005) and is strongly associated with the high levels of well-being experienced by young adults (Downie et. al, 2007; Landry & Koestner, 2008). Adolescents feel that there are more opportunities for self-directed behavior because of the perception of autonomy-support, having choices by permitting them to make decisions about friends and activities so as to support autonomy. Subsequently self-initiation and a coherent sense of self is initiated which in turn results in a stable self-esteem and well-being (Deci & Ryan, 1995; Kocayoruk, Altıntas, & Icbay, 2015). When parents fulfill the of relatedness, this leads to the perception by adolescents that parents are involved in their lives and that there is expressed warmth and freedom of choice in taking decisions in life, this perception leads to an increase in self-esteem which ultimately results in heightened well-being. When mothers are autonomy-supportive and involved, they enable children's needs for relatedness, autonomy, and competence thus enabling subjective wellbeing and fostering psychological health in children.

Furthermore, the results from study propose perception of maternal warmth as an insignificant predictor of the three elements of subjective well-being, i.e. negative affect, positive affect, and life satisfaction. These findings are diametrically opposite to the previous findings in other studies which suggest a significant positive influence of parental warmth on a child's well-being (Benson & Scales, 2011; Clough, 2006; Lee et al., 2013; Ranson & Urichuk, 2008) and immense stress was placed upon maternal warmth as a significant force of love and its connection to a life of improved well-being nurturing quality relationships, amplified positive self-image, beneficial character development and an attitude towards life which is positive (Hughes et al., 2017; Kessler et al., 2010). A possible explanation for the insignificant association that exists between maternal warmth and subjective well-being could be due to the fact that parental warmth, or love, may perhaps be a multi-dimensional construct itself that comprises not only affective, but also behavioral and cognitive component (Clough, 2006). Even though behavioral patterns are more likely to be shaped by later life experiences (i.e. education and social relations), a sensitive period for affective and cognitive development is still early life (Karvonen et al., 1999; Steinberg, 2005). Self-report inventories are another possible explanation behind an insignificant relationship between maternal warmth and adolescent's well-being. In the present study paternal warmth is a perceived construct and the adolescents' perception of the maternal warmth may be incongruent to the actual maternal warmth. As described in earlier researches by Ohanessian et al. (2000), as compared to their parents, adolescents have a proclivity towards negative assessment of family characteristics which has been corroborated by Pertanika and Hum (2013). The latter's research determined that adolescents' negative perception of maternal warmth pollutes the relationship of the research variables, related to Erikson's stages of psychosocial development which result in subjective biases.



Adolescence is marked by the psychosocial stages of human development as a noticeable phase where change is centered around the social relationships and peer influences generally. Therefore, ensuring in an insignificant relationship between maternal warmth and subjective well-being.

CONCLUSION

This study built on the Social Determinant Theory of parenting practices (Deci & Ryan, 2012) to investigate the impact of mothers' perceived autonomy support, involvement, and warmth on adolescents' subjective well-being, as well as their motivation, achievement, and life satisfaction. The results showed several fascinating tendencies in the cultural milieu of Pakistan. Adolescents' positive affect, negative affect, and life satisfaction may all be influenced by their mothers' support of and involvement in their autonomy. There is a positive correlation between these two aspects of mothers' parenting and the positive affect and life satisfaction dimensions of well-being, and a negative correlation between these two aspects of mothers' parenting and the negative affect dimension of well-being. Surprisingly, not a single element of well-being research has linked maternal parental warmth. Also, it has been shown that a mother's autonomy-supportive, involved, and warm parenting styles all contribute positively to her child's academic success as a teenager. Together, our findings add to the growing body of knowledge about the ties between parents and adolescents and imply that certain aspects of parenting practices, such as perceived maternal autonomy support and perceived maternal involvement, are of vital importance in relation to adolescents' subjective well-being. Perceived mother autonomy support, perceived maternal participation, and reported maternal warmth are all important aspects of parenting that influence teenagers' academic success. Therefore, these results provide credence to the self-determination theory's claim that a child's success in school and mental health depends on the way their parents meet their three basic universal needs. Adolescents in all communities can attribute some of their success and happiness to the ways in which their parents meet their basic psychological needs.

LIMITATIONS

The sample size was small, consisting only of adolescents (15-19 years old), which is one of the study's shortcomings because it severely restricts the generalizability of the acquired findings. The inclusion of a cohort of student adolescents is also a constraint of the study because academic performance was a primary research question. A more representative sample of adolescents is encouraged for future research.

In next research, fathers' involvement as primary carer is a possible supplement to the focus on mothers. By doing so, we can obtain more consistent results and gain a deeper understanding of the significance of each parent in their adolescent's health, happiness, and success in school.


Recommendations


Parents need to be educated through awareness programs, seminars, and workshops on the importance of their parenting practices and how they affect their children's health, happiness, and success in school. School administrators, counsellors, and psychologists, as well as the press, can all play an important role here. School administrators have the power to make parent guidance programs mandatory. The school administration can host a series of workshops for parents to educate and coach them on how to handle issues with their children's peers. In addition, parents should be encouraged and helped to attend school functions or activities that show support for their children, as this will increase their child's sense of belonging and relatedness and help integrate parental support into the academic environment to which their children belong. Parental involvement and support can help students integrate into schools and social groups in a number of ways, including by encouraging parents to get to know their children's friends and the people with whom they spend time outside of school.

Future research should explore how specific aspects of both parents (mothers' and fathers') parenting practices may contribute to particular characteristics of attachment insecurity, and how specific aspects of attachment insecurity may contribute to different developmental outcomes like well-being.

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