

PARENTING DAILY HASSLES AND GENERAL WELL BEING: MODERATING ROLE  
OF SOCIAL SUPPORT AMONG MOTHERS



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## **DEDICATION**

I present all my heartiest thank to the Almighty Allah Who guided and never left me in fulfilment of this work. This thesis is dedicated to

### **MY BELOVED HUSBAND**

who has always been a constant source of support and encouragement. My husband has been the most caring person throughout the completion of my research. It was his faith in me that fostered motivation in me to work hard. He not only provided me with strength, patience, and motivation by taking care of my smallest needs but also offered his wisdom, opinion and feedback regarding my work which helped me throughout the entire experience. It would not have been possible for me to complete the thesis without him. I am utterly grateful for his love and support.

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## ABSTRACT

The present research aims to find the relationship between parenting daily hassles, social support and General Well-Being of mothers. Moreover, the study intends to investigate the moderating role of various types of social support. It was hypothesized that parenting daily hassles would be related with social support and General Well-Being. It was also hypothesized that social support will moderate the relationship between parenting daily hassles and General Well-Being among mothers. A sample of 150 mothers ( $M_{\text{age}} = 33.85$ ,  $SD = 5.08$ ) was approved through convenient sampling technique. Parenting daily hassles Scale (Crnic & Greenberg, 1990; Crnic & Booth, 1991), 2-way social support scale (Shakespeare-Finch, et. al, 2019) and General well-being Schedule (Dupuy, 1977) measures were used. The results showed that there is a significant negative correlation between intensity of parenting daily hassles and general well-being. The findings supported that intensity of parenting daily hassles predicts general well-being among mothers. The research also indicates that receiving Instrumental social support moderates the relationship between intensity of parenting daily hassles and general well-being. The findings of the research sheds light upon the fact that instrumental support is required from the environment of Mothers for their general well-being. It also provides a guideline Mental Health Practitioners to develop therapeutic plans that increases instrumental support for mothers with higher Intensities of parenting daily hassles. The results of the research concluded that intensity of parenting daily hassles and General well-being is correlated whereas Instrumental social support plays a moderating role between them.

*Keywords:* frequency of parenting daily hassles, intensity of parenting daily hassles, giving instrumental support, receiving instrumental support, giving emotional support, receiving emotional support, general well-being.

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**LIST OF SYMBOLS**

$\alpha$	Alpha
$\beta$	Standardized Beta
F	Frequency
M	Mean
n	Total number
%	Percentage
P	Significant Level
$R^2$	Adjusted R square
$\Delta R^2$	R square change

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background of the study

Parenting occupies a key role in the daily lives of an individual and may have positive and negative effects on them. It is widely believed across the world that watching your children grow is a privilege and that having children has a positive role in the success of a marriage (Hansen, 2012). Studies show that people consider giving birth and raising children a mark of adulthood (Gerson et al., 1991) because it gives parents worthwhile goals to seek, e.g. giving their children food, housing, affection, guidance, and education (Dellefave & Massimini, 2004), it helps parents realize the motive of their own lives (e.g., their contributions towards society). Indeed, as a result of becoming a parent, theory stresses a stronger sense of purpose and meaning among parents (Baumeister, 1991).

However, parenting a child is an extremely complicated task that comes with routine challenges of child-raising and caregiving responsibilities. It comes with hardship and pressures due to the co-existence of mental and physical burden combined with regular challenges that are tied to raising children. Parenthood is a lifelong endeavor that contains a multitude of mental consequences and occurrences. Therefore, the presence of children is going to have an impact on the parents' General Well-Being through impacting a variety of areas of their lives, ranging from fundamental human needs and social roles to economic status and sleep (Nelson, et. al, 2014). General Well-Being is conceptualized by different theorists in a number of ways (Busseri & Sadava, 2011; Diener et al., 1999; Ryff, 1989) along with associated constructs like self-esteem, depression, and psychological distress, as well as subjective happiness, emotional

experience, and satisfaction in life. Mental Well Being/Mental Health/overall well-being is often used as a synonym of General Well-Being. Busseri and Sadava (2011) proposed that emotions may predict well-being of an individual (general well-being). The question is whether parenthood and its hassles bring out more positive emotions or negative emotions. Many researchers have used the strategy of investigating the changes in an individuals' happiness prior to and subsequent to childbirth. They studied the well-being and mental health of people as they become parents. According to a study, life satisfaction rose during pregnancy and right after childbirth, but after two years, it dropped back to pre-pregnancy levels (Dyrdal & Lucas, 2013). Other researchers, on the other hand, have found that during this transition, while new parents first perceive an improvement in their well-being after the birth of their kid, this improvement quickly fades in the first year as both individual and marital stress rises (Clark, et. al, 2008; Miller & Sollie, 1980). While some research suggests that parents experience a spike in life satisfaction shortly after giving birth, followed by a drop, overall positive feelings increase (Luhmann, et al., 2012). According to Belsky and his fellow researchers (1995), daily hassles, that parents face, play an important role in parenting demonstrating that parents who experience more problems also experience higher dissatisfaction, negative family relationships, and general misery (Belsky et al., 1995). Day to day minor stressors that can be viewed as minimally stressful, aggravating, or irritating are referred to as daily hassles (Kanner & Feldman, 1991). The term "daily hassles" refers to "life experience and circumstances of everyday living which are judged as prominent and damaging or hazardous to the individual's General Well-Being." (Lazarus, 1984). To put it another way; daily hassles are regular, everyday occurrences in a person's environment that they perceive or feel as being unpleasant, bothersome, irritating, or infuriating, yet not pathologically stressful (Crnic & Low,

2002; Smith, 2011). Parental stressors have been categorized by researchers as routine, widespread, or substantial life events (Crnic et al., 2005). Researchers in the past, have been recommended to explore daily stressors (Parenting Hassles) as significant causes of stress inside the household (Crnic & Low, 2002; Crnic et al., 2005). In Crnic and Low's research (2002), model of parenting Daily Hassles, raising a child has routine tasks that individuals find unappealing, disregarding a family's circumstances (e.g., risk status, race, and degree of stress in the family). The hurdles might be meeting a toddler's dietary needs, making sure a youngster has clean things to wear to school daily, or controlling a child's screaming fit at the supermarket, to mention a few. Parents are inclined to view their particular problems as unimportant or part and parcel of raising a child, however, as the "intensity, frequency, and consistency" rises, they are more likely to consider their hassles as burdensome and stressful, especially as they overwhelm whatever coping strategies that the parents think they possess (Crnic & Low, 2002). There is a growing risk of lessened parenting quality, worse child results, and worsening relationships among members that make up the family unit as the parenting daily hassles become more and more stressful, (Crnic et al., 2005; Crnic & Low, 2002). Perhaps nothing more accurately describes parenting than the obligations and challenges of day-to-day care that involve interactions with the developing child. Surely nothing more defines parenting than the day-to-day obstacles and caregiving obligations that come with growing relationships with children (Lazarus, 1984). Many daily interactions with children are undoubtedly enjoyable, and they provide individuals a feeling of competence as particular obstacles and issues are confronted and resolved. However, children's actions and daily tasks of parenthood may sometimes mystify, frustrate, or annoy parents, resulting in scenarios that are often viewed as stressful by parents. Researchers have found evidence that a person's appraisal of minor



daily stresses (daily hassles) influences both physical and psychological well-being (Delongis et al., 1982; Lazarus & Folkman, 1984). This discovery was also made by Serido and his fellow researchers (2004) where people who faced a lot of daily problems reported higher degrees of psychological discomfort (Serido et al., 1982). Higher levels of daily hassles were correlated with lessened general well-being, and parents exhibited more anxious and depressive symptoms (Liu et al., 2021). Another research suggests that three things are most strongly associated with daily hassles are ineptitude, marital issues, and depression. State and trait anxiety are positively correlated with parenting stress (Vasilenko, 2021)

General Well-Being is a vast term that has been described by many components. General well-being can be characterized as a beneficial and enduring condition that enables people to prosper. More than just the lack of mental health issues, it also includes experience and functionality (Huppert et al., 2004). According to CDC - Centers of Disease Control and Prevention, in comparison to parents who report having strong general wellbeing, those who experience difficulties with their own general well-being (e.g., dealing with depression or anxiety), may find it difficult to care for their child (CDC children's mental health, 2021). Parenting can be difficult, especially if there are no resources or support systems available to them. This can be harmful to a parent's mental health. Mother has been an important variable in studies of parenting of children, because the burden is most likely to fall most heavily on them (Wang, 2012). There are several studies and research that demonstrate the importance of the family, and in particular the mother, in the expansion of the cognitive development of child and social, moral, and cultural values (Durning & Pourtois, 1994; Briers, 2008; Spock, 1998). The stress parenting is connected with mothers' anxiety, and it was found that the daily hassles of mothers are most directly associated to depression, marital

problems, and incompetence (Vasilenko et al., 2021). In comparison to their other activities, fathers express greater happiness whereas mothers express lower happiness while providing care for their children (Nelson-Coffey et al., 2019). The buildup of stress poses a major threat to the mental health of mother by raising the prevalence of depression (Tachibana et al., 2012) and anxiety among the mothers (Finegood et al., 2017). A study also shows that a crucial mediating role has been played by depression between parenting stress of mothers and satisfaction in marriage (Dong et al., 2022) which can further lead to negative mental outcomes. One study suggests that, when the stress of raising a child reaches a certain level, the family chooses out-of-home placement (Playgroup) or hires Nannies rather than continuing to provide complete care by themselves (Nankervis et al, 2011). In Pakistan, most of the children, with or without difficulties, are under care of parents due to absence of trustable community resources for the attention of these children. Stigma plays a significant role in parents' experiences, which are also linked to depressive symptoms in parents (Perlick et al. 2001), in addition to the lack of resources (Marimbe et al, 2016).

A major motive of research has been an interest in recognizing variables that intervene the connection between a mother's daily hassles and general well-being. One moderating role is said to played by social support. Social support may group into two major groups: (a) Emotional support, which means to the expression of compassion, empathy, and respect; (b) Instrumental support, which is concerned with problem-solving assistance provided in the form of physical assistance or knowledge. (Cohen & Wills, 1985). Emotional support and Instrumental support have predicted to bring positive emotions in Individuals (Pouline, 2010). Many forms of support frequently have a strong correlation, particularly when they come from the same source or supporter (Wills & Shinar, 2000). As a result, they are frequently integrated into a single

worldwide measure (Cutrona & Russell, 1990). This research focused on exploring different forms of S. The social support is further divided into four categories. Giving emotional support, giving instrumental support, receiving emotional support, and receiving instrumental support make up the further division of social support. The bidirectional support hypothesis (Maton, 1987), which asserts that a person who, over time, both give and receive support, will gain psychologically more than those who only provide or receive support, reflects the reciprocal nature of social support. This supports a cumulative beneficial effect. Additionally, some study has highlighted the significance of keeping a balance between providing and receiving social support because, while giving might increase life happiness, doing so excessively can also cause distress (Gierveld & Dykstra, 2008; Liang et al., 2001). Tragically, a small number of studies demonstrated the advantages of providing social support. However, receiving social support is essential on both an individual and societal level since it acts as a beneficial moderating effect for both physical and psychological health domains (Brown et al., 2003; Liang et al., 2001). According to research, significant rates of social support recipients, are healthier and happier (Fratiglioni et al., 2000), recover from illnesses more quickly (Lang, 2001), and use better coping mechanisms when faced with difficulties (Cohen et al., 2000). While providing social support has been linked to lower mortality rates (Brown et al., 2003). Giving social support has been linked to enhanced affect in couples undergoing assisted reproduction procedures (Knoll et al., 2007) and with increased happiness and decreased depression in participants, despite the fact that research on the subject is still in its early stage (Brown et al., 2003). The assistance from others in the social environment, particularly important people like family and friends, has an impact on how the parents react to the birth of a child. The family is the most crucial participant in any intervention program

since it has been demonstrated that the family's support of a child has a significant impact on the child's development (Efter, 1999). In many joint family systems and Asian countries, grandparents and other un-employed family members satisfy the requirement for childcare by taking on the responsibility and help with daily hassles when the mother is at work (Poduval & Poduval, 2009). In joint families, everyone acknowledges the value of the working mother as a part of the family and gives her the assistance she needs to effectively carry out her multiple roles. According to Cooper et al. (1993), women who are married and have young children are setting foot in the workforce at a higher rate, raising concerns about the psychological effects of juggling both family and career obligations. Employment may have both favorable and unfavorable effects on mothers' psychological health, according to research (Gutek, 2001; Lambert, 1990). It has been said that the home serves as a shrine and a "favorable environment" where one can recover from difficulties at work. The perspective is very male-biased and assumes that positions such as wife, mother, and housewives are sometimes "natural" and freed from added pressure for women (Rout et al., 1997). In contrast, women have traditionally considered the role of a paid worker as an additional responsibility for married women (Long & Porter, 1984). There is substantial debate regarding how stress and psychological health are related to playing several roles. Long and Porter note that because the psychological impacts of role accumulation depend not only on the total number of inhabited roles but also on the types of particular roles since roles differ in social significance and in the distribution of benefits and obligations associated with them. According to Gove and Tudor (1973), involvement in both job and family responsibilities causes women to feel overburdened and in conflict while it gives males a mental health advantage. However, the role of a paid worker, according to Barnett and Baruch, are significantly less stressing on women than her more

traditional roles due to the structuring of rights and duties (Barnett & Baruch, 1985). According to several studies, women who are employed experience less depression than unemployed women (Goove & Tudor, 1973), as well as better psychological health and self-esteem (Baruch & Barnett, 1986). Contrary to this, according to a study, women who are primarily focused on their family responsibilities feel stress and conflict when the job of paid employment is added. This leads to overload. When the demands of both the family and job duties are significant, balancing numerous tasks is more stressful (Emmons et al, 1990). This research shows that working mothers still carry a disproportionate amount of domestic and childcare duties. In addition, having children increases family responsibilities, which grow more for women than for males. Therefore, it would be expected that working women would endure more stress and pressure than stay-at-home mothers (Rout et al., 1997). Lack of childcare services and family assistance increases the risk that mothers will avoid the workforce (Poduval & Poduval, 2009). Many educated mothers may choose to quit employment after having children for this reason.

According to research, parents who reported having a poor general well-being received less social support from their family (Joiling et al., 2018). Additionally, social support is likely to lower stress levels and have other beneficial effects on parents' physical and mental health (Gulseth, 1991). Another study discovered that mothers are shielded from the damaging effects of parenting daily hassles by their friends are more rather than their spouses or partners (Crnic & Greenberg, 1990). Because they prone to understand your daily challenges with your children's behavior, other moms (i.e., friends) may be able to provide you with enough emotional support to keep you protected.

This study focused on finding the relationship between parenting daily hassles, social support, and mothers general well being. Most studies have linked giving social support (by the parents) and its effect on children's wellbeing. Whereas This research centered on the effects of giving social support on one's own General Well-Being. Noteworthy is the fact that most of the research reviewed used predominantly Western samples. It was important to evaluate the generalizability of this research in a setting with where social dynamics and levels of family participation is different. Such information can be used to develop interventions that are sensitive to cultural differences and increase the well-being of mothers in Pakistan.

### **1.2.1 Parenting daily hassles**

Parental stressors can be categorized by researchers as common, systemic, or substantial life events (Crnic et al., 2005). Routine stressors (parenting Hassles) have been urged to be considered by researchers as a significant source of stress in the family system (Crnic et al., 2005; Crnic & Low, 2002). The daily responsibilities associated with raising children are known as parenting hassles (Crnic & Low, 2002). No of a family's qualities, the routines that come with raising children are hard and stressful for parents, according to model of parenting daily hassles e.g., risk status, ethnicity, and level of family stress (Crnic & Low, 2002). The difficulties of meeting a picky toddler's nutritional demands, making sure a youngster has tidy clothes to take to school each day, or solving an anger outburst outside the house are examples of daily hassles of parents. Frequency of parenting daily hassles explains how many times a hassling experience occurs, and intensity of parenting Daily Hassle focuses on how stressful that hassling experience is for the parent. Parents are inclined to view their individual hassles, while typical in parenthood, as unimportant but as they get more complex in terms of "intensity, frequency, and consistency" they are likely to see those hassles as

distressing. This is especially true when the hassles outweigh the coping mechanisms that parents perceive to be available to them (Crnic & Low, 2002). Unfortunately, there is a high risk of poorer parenting quality, poor child outcomes, and poor interpersonal relationships among the members as the parenting daily hassles grow more unpleasant (Crnic et al., 2005; Crnic & Low, 2002).

### **1.2.2 Social Support**

Social support has two categories a) emotional support and b) instrumental support. The offering of empathy, concern, love, trust, acceptance, closeness, encouragement, or care is referred to as emotional support. It is the warmth and nurturing offered by social support systems. While instrumental support involves doing things like going shopping, cleaning the house, and running errands that are meant to be helpful. The actions are often believed to give the beneficiaries more time for leisure and recreation as well as situation-specific strategic coping (Wills & Shinar, 2000). Instrumental support is a significant kind of helpful events that is distinct from emotional support, even though they frequently co-occur (Wills & Shinar, 2000). Instrumental support is widely emphasized in behavioral interventions for people under stress, despite the fact that they are hardly singled out for research in published studies (Gottlieb, 2000). Although when researchers pay attention to social support, instrumental support is typically ignored, and emotional support takes the lead (Crnic & Low, 2002). Social support is further divided into four components: giving emotional support, giving instrumental support, receiving emotional support, and receiving instrumental support.

### **1.2.2.1 Giving Emotional Support**

Giving emotional support means to give empathy that demonstrate a caring attitude in order to help them. (Shakespeare-Finch and Obst, 2011)

### **1.2.2.2 Giving Instrumental Support**

Giving instrumental supports means to give tangible/physical support, advice and information to others in order to assist them (Shakespeare-Finch and Obst, 2011).

### **1.2.2.3 Receiving Emotional Support**

Receiving emotional support means to get empathy that demonstrate a caring attitude from others. (Shakespeare-Finch and Obst, 2011)

### **1.2.2.4 Receiving Instrumental Support.**

Receiving instrumental supports means getting tangible/physical support, advice and information from others (Shakespeare-Finch and Obst, 2011).

## **1.2.3 General Well Being**

General well-being is a vast term that has been described by many components. An individual's well-being can be characterized as a healthy, long-lasting mental state that enables someone to grow. A high level of mental health goes beyond the lack of mental health problems and involves experiences and functioning (Huppert et al., 2004). General well-being in this study is assessed by the levels of depression, anxiety, general health, self-control, vitality, life satisfaction, and positive well-being which all play role in the quality of well-being. Perceptions of tension and worry contribute to anxiety. The state of depression is characterized by feelings of sadness and despair. A sense of well-being is correlated with job satisfaction and interest in daily activities. Self-control refers to being able to regulate one's emotions, behaviors, desires,



confidence, and difficult decisions. According to the questionnaire, the general health section assesses perceived health. It measures concerns about feeling ill and/or feeling too tired, which may impede work. In this dimension, energy loss, fatigue, apathy, and sleep disturbances are all assessed. When parents have mental health problems, such as depression or anxiety (fear or worry), they may have trouble caring for their children (CDC children's mental health, 2021). The responsibility of caring for children can cause parents to face challenges, especially if they lack resources and support, which can negatively affect their mental health. In addition, parents and children may face similar risks, including inherited vulnerability, living in unsafe environments, and experiencing discrimination or deprivation (CDC, 2021).

### **1.3 Conceptual Definitions**

#### **1.3.1 Parenting daily hassles**

Parenting daily hassles are conceptualized as day-to-day challenges of caring a child which are routinely stressors that happens within a parent's environment and are experienced or perceived by the parent as distressing.

#### **1.3.2 Social Support**

Social support is defined as giving emotional and instrumental support to others and receiving emotional and instrumental support from others.

#### **1.3.3 General Well Being**

General well-being in this research is conceptualized as absence of negative components such as depression and anxiety and presence of other positive components like positive well-being, self-control, and vitality combined with a balanced general health.

## **1.4 Operational Definitions**

### **1.4.1 Parenting daily hassles**

It was operationalized by obtaining 40 or above score in frequency of parenting Daily Hassle scale and 60 or above in intensity of parenting daily hassles (Crnic & Greenberg, 1990).

### **1.4.2 Social Support**

It was measured by high scores, or low scores obtained from the 2-way social support scale (Shakespeare-Finch, Obst & Roge, 2019).

### **1.4.3 General Well Being**

It was measured by a survey questionnaire, General Well-Being Schedule (Dupuy, 1977), in which lower scores reflect negative and higher scores reflect positive General Well-Being.

## **1.5 Research Questions**

Three research questions are addressed:

- Is there a relationship among parenting daily hassles, social support and General Well-Being of mothers?
- Do parenting daily hassles predict General Well-Being of mothers?
- Is there a Moderating role of social support between of parenting daily hassles on General Well- being of mothers?

## **1.6 Research Objectives**

- To investigate the relationship between parenting daily hassles, social support and General Well-Being of mothers.
- To find the prediction of parenting daily hassles on General Well-Being of mothers.

- To identify the moderating role of social support between of parenting daily hassles on General Well-Being.

### **1.7 Research Hypothesis:**

- H1: There would be a significant relationship between parenting daily hassles, social support and General Well-Being of mothers.
- H2: Parenting daily hassles would predict General Well-Being of mothers.
- H3: Social support would moderate the relationship between of parenting daily hassles on General Well-Being.

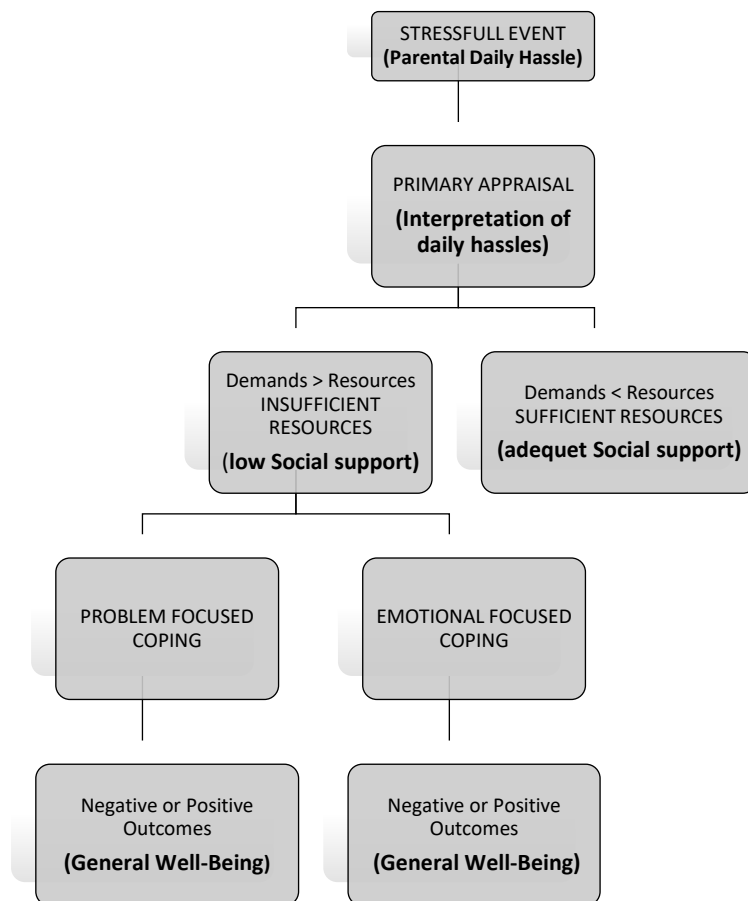
## CHAPTER 2

### THEORETICAL FRAMEWORK/ LITERATURE REVIEW

#### 2.1 Theoretical Framework

The Transactional Model serves as the conceptual framework for evaluating the daily hassles (Lazarus & Folkman, 1984). In 1984, Lazarus and Folkman proposed that stress may be understood as the outcome of an "imbalance between demands and resources". The Transactional Model proposes that people respond to stressful circumstances by primary and secondary appraisal of the stressor. In terms of primary appraisal, people assess the nature of the experience; whereas in secondary appraisal, people assess the resources that are available. The individual value and meaning of the particular stressor are discussed in the primary appraisal. The secondary appraisal examines one's own resources and capabilities to handle that situation. Individual may engage to determine the best course of action in the circumstance. They evaluate internal/external resources (internal choices: will, power, inner strength; external choices: support from surroundings). If the resources are not present, the individual will develop stress specially if demands exceed the resources. Thus, the interpretation that is assigned to the stressful event takes priority over the event itself. As per Carver, this interpretation can concentrate on regulating emotions or problem-solving (Carver, 1997). People can go towards problem based- coping (manages stressor by problem solving) or emotional based coping (feeling of little control, inability to manage the problem and emotional distress). Studies discovered that a high parenting daily hassles commonly co-exist with emotional distress, which, rather than resolving the issue, make it worse, such as increased parental dissatisfaction, strained family connections, and general distress (Belsky et al., 1995). Negative General Well-Being will also

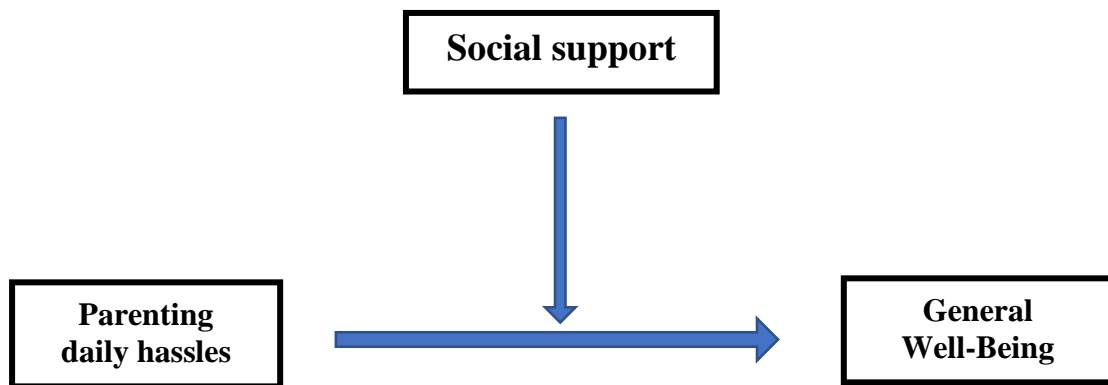
influence problem solving coping. According to a study, people with low General Well-Being are less likely to select effective coping strategies like problem-solving and emotional expression (Quynh et al., 2020). The disbalance between daily Hassles and resources of the parents directs the outcomes of parenting affairs.



**Figure 1:** Transactional Model of Stress (Lazarus & Folkman, 1981). Adapted from [https://commons.wikimedia.org/wiki/File:Transactional Model of Stress and Copin g - Richard Lazarus.svg](https://commons.wikimedia.org/wiki/File:Transactional_Model_of_Stress_and_Copin_g_-_Richard_Lazarus.svg)

## 2.2 Proposed Theoretical Framework

In the light of this theory, when a situation arises of dealing with difficulties of children, the primary appraisal for a mother is to deal with the daily hassles. The mother will understand and interpret what the Daily Hassle is. Secondary appraisal for the mother will be to explore her resources. Her internal resource will be her potential to give social support to others whereas her external resource will be to the receipt of social support. To further elaborate, in this case, social support (Emotional/Instrumental - giving and receiving) can be the factor in using your internal resources (giving Emotional/Instrumental social support) or external resources (receiving Emotional/Instrumental social support resources from others) which is said to be a secondary appraisal. If the intensity and frequency of parenting Daily Hassle is less than the social support that is available, the mother will feel that she has sufficient resources. Whereas if the intensity and frequency of parenting Daily Hassle is more than the social support that is available, the mother will feel that she has insufficient resources. A disbalance between the demands, that comes with parenting daily hassles, and resources can make a mother perceive that she lacks resources (social support) which can hinder with her coping as she might lean towards emotional coping techniques and not be able to regulate her emotions. Inability to regulate with your own emotions can hinder with one's General Well-Being. The connections shows that parenting daily hassles, social support and General Well-Being are well linked with each other.



**Figure 2:** Proposed Conceptual Framework. Moderating role of social support in relationship between parenting daily hassles and General Well-Being.

## **CHAPTER 3**

### **METHODOLOGY**

This chapter includes information regarding the procedure of the study. It also includes criteria of participants, selection, inclusion, and exclusion criteria for the study. Moreover, the chapter includes research design, sample size, instruments, and ethical considerations.

#### **3.1 Research design**

The design of the present study was quantitative. A correlational research approach was taken, and the research method was survey. Survey forms were used to collect data of parenting daily hassles, social support (Emotional/Instrumental – giving and receiving) and General Well-Being of mothers and relationship between them.

#### **3.2 Participants**

Data was collected from a sample of 150 mothers ( $M_{\text{age}} = 33.85$ ,  $SD = 5.08$ ) from Pakistan who were reached by using convenient sampling technique. G. power 3.1.9.7 for Apriori linear multiple regression was used to calculate sample size to ensure that the sample size is sufficient for analysis. The calculated sample was determined to be 145 using effect size of 0.15, power 0.95, and an alpha error of 0.05. Participants who met the Inclusion and exclusion criteria were selected for the study.

The following criteria for inclusion and exclusion was taken into account while approaching the participants.

##### **3.2.1 Inclusion criteria:**

Mothers of at least 2 Children (aged 2-17 years). Mothers who are living with their spouses. The participants with at least graduation degree for a better understanding of



the questionnaires. A question in demographic form was added to inquire the education level.

### **3.2.2 Exclusion criteria:**

Single mothers (divorced or widowed). Mothers whose spouse are living in different city/country were excluded from the study as they will have different levels of daily hassles. Participants with major psychiatric illness are also excluded from the study. A question in demographic form was added to inquire the education level.

### **3.3 Measures**

Following instruments have been used in the present research to collect data.

#### **3.3.1 Demographic form**

By giving them a demographic form, the participants' basic information was gathered. According to the research analysis previously mentioned, the following demographic was examined: age, education, and birth sequence (1<sup>st</sup> Born; Middle Child; Last Born; Only Child), Number of children, Family system (Nuclear; Joint), Child's age, Child's gender, Child's grade, Hours spent with the child, occupation, designation, working hours, working experience, available help (relatives, maid or governess), Monthly Income, Major physical illness and whether there is history of any psychiatrist/psychologist visit.

#### **3.3.2 Parenting daily hassles scale (PDH)**

The parenting daily hassles scale (Crnic & Greenberg, 1990) was used to measure the daily stress experienced by parents. It consists of 20 items. It monitors how much parents/caregivers are affected by daily occurrences they may typically experience (e.g., "Kids want to be entertained or played with all the time."). Mothers completed the scale based on their experiences with two or more children. Using a 5-point Likert scale, each item is rated according to how burdensome it has been for the

mother. The parent rated each item with the frequency of occurrence and how much hassle it makes them feel on a 4-point scale (sometimes, rarely, a lot, constantly). On a scale of 1 to 5, no hassle to big hassle, the degree or severity of hassle was evaluated. A frequency scale score and an intensity scale score were initially calculated from the PDH. The frequency scale score reflected the sum of the frequency ratings on all 20 items (rarely = 1, constantly = 4; Cronbach's alpha = .81); the intensity scale score reflected the sum of the hassle ratings on all 20 items (alpha = .90). There was a strong correlation between the two measurements ( $r = .78$ ).

### **3.3.3 The 2-way Social Support scale (2-way SSS)**

The two-point social support scale measures the giving and receiving of social support. The 2-way SSS was originally developed by Shakespeare-Finch, Obst & Rogers in 2019 with 20 items and a short version of 12 items. In 2020, the 12 items of the scale proved their reliability of the scale. The SSS assesses social support provided and received based on instrumental and emotional support. It is supported by Cronbach's alpha coefficients of 0.92 and 0.94 for receiving and providing social support, respectively.

### **3.3.4 General Well-Being Schedule (GWBS)**

A self-administered questionnaire called the General Well-being Schedule focuses on individuals' subjective perceptions of stress and psychological well-being. It evaluates a person's perception of their "inner personal status." The scale consists of 18 items that address the six dimensions of anxiety, depressive symptoms, general health, well-being, and positivity as well as self-control and vitality. It includes both positive and negative questions, and the time range for each item is "last month". Six-point response scales are used for the first 14 items to indicate intensity or frequency.

The final four questions use rating scales with adjectives at either end, ranging from 0 to 10. The GWBS plan was developed with alpha coefficients of 0.90 to 0.94 and test-retest of 0.68 and 0.85 (Dupuy, 1984). Latest research has given Cronbach's alpha as 0.89 (Leonardson et al., 2003) and 0.92 (Taylor et al., 2003).

### **3.4 Procedure**

First Permission was taken from authors to utilize their scales in the research. Next, permission from our institute- Bahria University Islamabad Campus was taken to conduct this research. After that data of participants was collected from mothers. Firstly, they were given a consent form which outlined the ethical considerations of the research. They received a brief explanation of the introduction and purpose of the study. Next, they were asked to fill parenting Daily Hassle Scale (PDH). Later, they were given 2-way social support scale (2-way SSS) followed by General Well-Being Schedule (GWBS) to collect data regarding the variables.

### **3.5 Statistical Analysis**

After the collection of data, the Statistical Package for Social Sciences (SPSS). was used to examine it. SPSS version 26 was used for the analysis. Data was analyzed through correlation, description, regression. Moderation analysis was done using Process Macro 3.5.

### **3.6 Ethical Considerations**

Ethical issues are considered in the formulation of the research plan. A consent form was given to the participant to ensure voluntary participation of respondents and removal the of any exercise of pressure or coercion. An introduction, sufficient information, and assurance about participating the study and its purpose was provided

to them. They were made aware of their right to discontinue participation at any time of the research without any penalty or a negative impact on their participation in present services or programs, as well as on their connections with the researchers or research bodies engaged. Also, they were assured of the maintenance of the confidentiality of their personal information meaning Any identifying information will not be shared with or accessible by anyone besides the study's researchers, and it will not be included in any reports or papers that are published.

## **CHAPTER 4**

### **RESULTS**

The results are based on the adequacy of the scales for the current sample. To illustrate average scores of participants on major demographic characteristics, descriptive statistics (Mean, Frequencies, and percentages) were calculated. Mean, standard deviation (SD), alpha reliabilities, skewness and kurtosis were estimated to assess the perfection of the research instruments. To investigate the correlation between parenting daily hassles, social support (emotional/instrumental – giving and receiving) and general well-being correlation analysis was performed.

**Table 1**  
Descriptive Statistics of Participants (N=150)

Characteristics	Categories	f (%)	M (SD)
			33.85
Age			(5.08)
Education	Graduate	98 (65.3%)	
	Postgraduate	52 (34%)	
Birth Order	1st Born	34 (22.7%)	
	Middle Child	86 (57.3%)	
	Last Born	24 (16.0%)	
	Only Child	6 (4%)	
Number of Children	2 Children	88 (58.7%)	
	3 Children	43 (28.7%)	
	4 Children	14 (9.3%)	
	5 Children	4 (2.7%)	
	7 Children	1(.7%)	
Family System	Nuclear	76 (55.3%)	
	Joint	74 (49.3%)	
Help Available for Child Care	None	83 (55.3%)	
	Grandparents	41 (27.3%)	
	Relatives	17 (11.3%)	
	Day Care	5 (3.3%)	
	Babysitter/nanny (Part Time)	3 (2.0%)	
	Babysitter/nanny (Full Time)	1 (.7%)	
Monthly Income (PKR)	50,000 or less	67 (44.7%)	
		33 (22.0%)	
	50,001 to 100,000	(%)	
	100,001 to 200,000	26 (17.3%)	
	200,001 to 300,000	10 (6.7%)	
	300,001 to above	14 (9.3%)	
Occupation	Housewife	104 (69.3)	
	Employed	36 (24.0%)	
	Business Owner	7 (4.7%)	
	Student	3 (2.0%)	
Psychiatrist Visit	Yes	16 (10.7%)	
		134	
	No	(89.3%)	
Major Physical Illness	Yes	42 (28.0%)	
	No	58 (82.0%)	

Note: f= Frequency, %= Percentage, M= Mean, SD= Standard deviation

Table 1 illustrates sample characteristics of participants; sample consists of 150 mothers from general population. Age of participants compromised of  $M=33.85$  AND  $SD= 5.08$ . Education contained categories such as Graduate level were 65.3%, Postgraduate level were 34%. Birth order of the participants were recorded to be 22.7% for First Born, 57.3% for Middle Child, 16% for Last Born and 4% for Only Child. Number of Children compromised of 2 Children 58.7%, 3 Children 28.7%, 4 Children 9.3%, 5 Children 2.7% and 7 Children .7%. 55.3% sample reported to belong from a nuclear family system and 49.3% reported to belong to a joint family system. Reported help available for the children contained categories such as None were 55.3%, Grandparents were 27.3%, Relatives were 11.3%, Day Care were 3.3%, Babysitter/nanny-Part Time were 2.0% and Babysitter/nanny-Full Time were .7%. Monthly income categories were reported to be 44.7% for PKR 50,000 or less, 22.0% for PKR 50,001 to 100,000, 17.3% for PKR 100,001 to 200,000, 6.7% for PKR 200,001 to 300,000 and 9.3% for PKR 300,001 to above. The sample consisted of 69.3% Housewives, 24.0% Employed, 4.7% Business owners and 2% students. Psychiatrist Visit for minor psychological problems were reported to be 10.7% whereas 89.3% reported to never had a Psychiatrist Visit. 28% of the sample consisted of participants with major physical illness and 82% without any major physical illness.

**Table 2**  
Psychometric Properties of Study Variables (N=150)

Scales	K	M	SD	Range (Minimum-Maximum)	Cronbach's $\alpha$
Parenting daily hassles	40	93.41	24.18	40.00 – 175.00	.94
Frequency of parenting Daily hassles	20	43.01	9.65	20.00 – 78.00	.88
Intensity of parenting daily hassles	20	50.40	15.38	20.00 – 97.00	.92
Social support	12	40.56	10.42	15.00 – 60.00	.84
Receiving emotional support	3	10.39	4.31	0.00 – 15.00	.84
Giving emotional support	3	10.91	2.85	2.00 – 15.00	.73
Receiving instrumental support	3	8.6	3.80	1.00 – 15.00	.67
Giving instrumental support	3	10.65	2.92	3.00 – 15.00	.74
General well being	18	56.28	11.62	24.00 – 87.00	.70

*Note.* K= No. of items in a scale, M= mean, SD= standard deviation and  $\alpha$ = Alpha Reliability Coefficient.

Table 2 shows psychometric properties for the scales used in the present study. It shows that the scale has sound psychometric properties. The Cronbach's  $\alpha$  value for parenting daily hassles scale was .94 (> .80) which indicates high internal consistency. The Cronbach's  $\alpha$  value for Subscale: Frequency of parenting daily hassles was .88 (> .80) which shows high internal consistency. The Cronbach's  $\alpha$  value for Subscale: Intensity of parenting daily hassles was .92 (> .80) which shows high internal consistency. The Cronbach's  $\alpha$  value for social support was .84 (> .80) which also indicates high internal consistency. The Cronbach's  $\alpha$  value for Subscale: Receiving emotional support was .84 (> .80) which shows high internal consistency. The Cronbach's  $\alpha$  value for Subscale: giving emotional support was .73 (> .70) which shows satisfactory internal consistency. The Cronbach's  $\alpha$  value for Subscale: receiving instrumental support was .74 (> .70) which also indicates satisfactory internal



consistency. The Cronbach's  $\alpha$  value for Subscale: giving instrumental support was .74 (> .70) which shows satisfactory internal consistency. The Cronbach's  $\alpha$  value for general well-being scale was .70 (> .70) which shows satisfactory internal consistency.

**Table 3**  
Descriptive Statistics and Correlation for Study Variables (N=150)

Variables	N	M	SD	1	2	3	4	5	6	7	8	9
Frequency of PDH	150	93.41	24.18	1								
Intensity of PDH	150	93.41	24.18	.86**	1							
Receiving emotional support	150	93.41	24.18	-.33**	-	1						
Giving emotional Support	150	93.41	24.18	-.39**	-	.36**	1					
Receiving instrumental	150	93.41	24.18	-.21**	-.20*	.53**	.24**	1				
Giving instrumental support	150	93.41	24.18	-.30**	-	.30**	.78**	.32**	1			
General well being	150	93.41	24.18	-.09**	-.17*	.21**	.09	.24**	.12	1		
Parenting daily hassles	150	93.41	24.18	.95**	.98**	-.32**	-	-	-	-	1	
Social support	150	93.41	24.18	-.41**	-	.79**	.73**	.74**	.74**	.23**	-	1

Note: PDH= parenting daily hassles, \*p<.01, \*\*p<.001, \*\*\*p<.001, N= Number of Participants, M= Mean, SD= Standard Deviation.

Table 3 shows that intensity of parenting daily hassles has significant positive correlation with frequency of parenting daily hassle ( $r=.86, p<.01$ ) and parenting daily hassles ( $r= .95, p<.01$ ). Frequency of parenting daily hassles has significant negative correlation with receiving emotional Support ( $r= -.33, p<.01$ ), giving emotional Support ( $r= -.39, p<.01$ ), Receiving instrumental support ( $r= -.21, p<.01$ ), giving instrumental support ( $r= -.30, p<0.001$ ) and social support ( $r= -.41, p<.01$ ). Intensity of parenting daily hassle has significant positive correlation with frequency of parenting daily hassles ( $r= .86, p<.01$ ) and parenting daily hassles ( $r= .98, p<.01$ ). Intensity of parenting daily hassles had significant negative correlation with receiving emotional support ( $r= -.30, p<.01$ ), giving emotional support ( $r= -.33, p<.01$ ), receiving instrumental support ( $r= -.20, p<.05$ ), giving instrumental support ( $r= -.28, p<.01$ ), General well being ( $r= -.17, p<.05$ ) and social support ( $r= -.36, p<.01$ ). Receiving emotional support has positive correlation with giving emotional support ( $r= .36, p<.01$ ), instrumental support ( $r= .52, p<.05$ ), giving instrumental support ( $r=.30, p<.01$ ), general well-being ( $r=.21, p<.01$ ) and social support ( $r= .79, p<.01$ ). Receiving emotional support has negative correlation with frequency of parenting daily hassles ( $r= -.33, p<.01$ ), intensity of parenting daily hassles ( $r= -.30, p<.01$ ) and parenting daily hassles ( $r= -.32$ ). Giving emotional support has significant positive correlation with receiving emotional support ( $r= .36, p<.01$ ), receiving instrumental support ( $r= .24, p<.01$ ), giving instrumental support ( $r= .78, p<.01$ ) and social support ( $r=.73, p<.01$ ). Giving emotional support has significant negative correlation with frequency of parenting daily hassles ( $r= -.39, p<.01$ ), intensity of parenting daily hassles ( $r= -.33, p<.01$ ) and parenting daily hassles ( $r= -.36, p<.01$ ). Receiving instrumental support has significant positive correlation with receiving emotional support ( $r= .53, p<.01$ ), giving emotional support ( $r= .24,$

$p < .01$ ), giving instrumental support ( $r = .32$ ,  $p < .01$ ), general well-being ( $r = .24$ ,  $p < .01$ ) and social support ( $r = .74$ ,  $p < .01$ ). Receiving instrumental support has significant negative correlation with frequency of parenting daily hassles ( $r = -.21$ ,  $p < .01$ ), intensity of parenting daily hassles ( $r = -.20$ ,  $p < .05$ ) and parenting daily hassles ( $r = -.21$ ,  $p < .01$ ). Giving instrumental support has significant positive correlation with receiving emotional support ( $r = .30$ ,  $p < .01$ ), giving emotional support ( $r = .78$ ,  $p < .01$ ), receiving instrumental support ( $r = .32$ ,  $p < .01$ ) and social support ( $r = .74$ ,  $p < .01$ ). Giving instrumental support has significant negative correlation with frequency of parenting daily hassles ( $r = -.30$ ,  $p < .01$ ), intensity of parenting daily hassles ( $r = -.28$ ,  $p < .01$ ) and parenting daily hassles ( $r = -.30$ ,  $p < .01$ ). General well-being has significant positive correlation with receiving emotional support ( $r = .21$ ,  $p < .01$ ), receiving instrumental support ( $r = .24$ ,  $p < .01$ ) and social support ( $r = .23$ ,  $p < .01$ ). General well-being has significant negative correlation with intensity of parenting daily hassles ( $r = -.17$ ,  $p < .05$ ). Parenting daily hassles has significant positive correlation with frequency of parenting daily hassles ( $r = .95$ ,  $p < .01$ ) and intensity of parenting daily hassles ( $r = .98$ ,  $p < .01$ ). Parenting daily hassle is significant negative correlation with receiving emotional support ( $r = -.32$ ,  $p < .01$ ), giving emotional support ( $r = -.35$ ,  $p < .01$ ), receiving instrumental support ( $r = -.21$ ,  $p < .01$ ), giving instrumental support ( $r = -.30$ ,  $p < .01$ ) and social support ( $r = -.39$ ,  $p < .01$ ). Social support has significant positive correlation with receiving emotional support ( $r = .79$ ,  $p < .01$ ), giving emotional support ( $r = .73$ ,  $p < .01$ ), receiving instrumental support ( $r = .74$ ,  $p < .01$ ), giving instrumental support ( $r = .74$ ,  $p < .01$ ) and social support ( $r = .23$ ,  $p < .01$ ). Social support has significant negative correlation with frequency of parenting daily hassles ( $r = -.41$ ,  $p < .01$ ), intensity of parenting daily hassles ( $r = -.36$ ,  $p < .01$ ) and parenting daily hassles ( $r = -.39$ ,  $p < .01$ ).

**Table 4**

Multiple Linear Regression analysis to show predicting effect of frequency of parenting daily hassles and intensity of parenting daily hassles on general well-being (N=150)

	B	SE	$\beta$	P	95%CI	
					LL	UL
Constant	58.92	4.41		.000	50.19	67.64
Frequency of PDH	.24	.19	.20	.220	-.14	.61
Intensity of PDH	-.25	.12	-.34	.036	-.49	-.02

R= .19 R<sup>2</sup>= .04  $\Delta$ R<sup>2</sup>= .03 (F=25.88 P=.000)

*Note:* B= Unstandardized Beta, SE= Standard Error,  $\beta$ = Standardized Beta, P= Significance Level, CI= Confidence Interval; LB= Lower Bound, UB= Upper Bound, R<sup>2</sup>= Adjusted R square,  $\Delta$ R<sup>2</sup>= R square Change. PDH: parentingdaily hassles.

Table 4 indicated the effect of frequency of parenting daily hassles and intensity of parenting daily hassles on general well-being. The R<sup>2</sup> value of .04 revealed that the predictors explained 4% variance in the outcome variable with F= (2,147) = 2.88, P=.000). The finding shows that intensity of parenting daily hassles is negatively predicting the general well-being ( $\beta$ =-.35, p<.001) whereas frequency of parenting daily hassles has non-significant effect on general well-being ( $\beta$ =.20, p>.001).

**Table 5**

Moderating Analysis of social support in Relationship between parenting daily hassles and general well-being (N=150)

Predictors	General Well Being				CI 95%	
	B	SE	T	P	LL	UL
Constant	46.78	15.81	2.96	.0036	15.52	78.05
Intensity of parenting daily hassles	.00	0.15	.00	.9983	-.32	.32
Social support	.30	0.36	.83	.4094	-.42	1.02
Parenting daily hassles x social support (Interaction effect)	.00	0.00	-.19	.8480	-.01	.01

*Note:*  $\beta$ = Standardized Beta, SE= Standard Error, t, P= Significance Level, CI= Confidence Interval, LLCI= Lower limit confidence interval, ULCI= Upper limit confidence interval

Table 5 indicates moderating role of social support in relationship between parenting daily hassles and general well-being. The results of the moderating analysis show that the interaction effect of social support and parenting daily hassles on general well-being ( $\beta = 0.00$ ,  $p > 0.05$ ) is not significant.

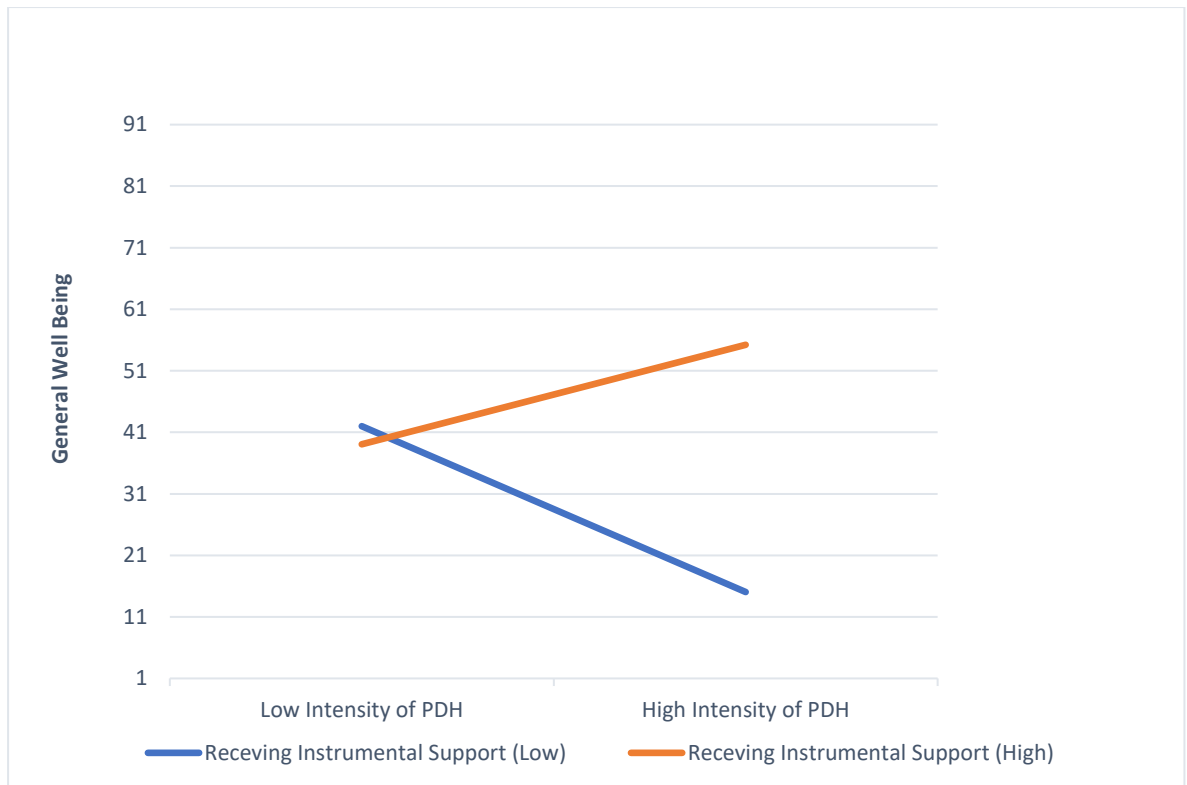
**Table 6**

Moderating Analysis of receiving instrumental support in Relationship between intensity of parenting daily hassles and general well-being (N=150)

Predictors	B	SE	t	P	CI: 95%	
					LLCI	ULCI
Constant	69.5	7.58	9.17	0	54.52	84.47
Intensity of parenting daily hassles	0.39	0.15	2.69	0.0081	-0.68	-0.1
Receiving instrumental support	1.01	0.79	1.28	0.2011	-2.56	0.54
Intensity of parenting daily hassles x Receiving instrumental support (Interaction effect)	0.04	0.02	2.25	0.0261	0.01	0.07

*Note:*  $\beta$ = Standardized Beta, SE= Standard Error, t, P= Significance Level, CI= Confidence Interval, LLCI= Lower limit confidence interval, ULCI= Upper limit confidence interval

Table 6 indicates moderating role of receiving instrumental support in relationship between intensity of parenting daily hassles and general well-being. The results of the moderating analysis show that the interaction effect of receiving instrumental support and intensity of parenting daily hassles on general well-being ( $\beta = 0.04, p < 0.05$ ) is significant.



**Figure 3.** Effect of interaction between intensity of Parenting Hassles (Predictor) and receiving instrumental support (Moderator) on general well-being (Dependent Variable).



## CHAPTER 5

### DISCUSSION

The present study included parenting daily hassles as predictors of general well-being. Raising children can have both favorable and unfavorable consequences. Therefore, the research was done to explore the association between the variables (intensity of parenting daily hassles, frequency of parenting daily hassles, general well-being). Another objective of the study was to investigate the moderating role of four components of social support (receiving emotional support, giving emotional support, receiving instrumental support, giving instrumental support) between parenting daily hassles (intensity and frequency) and general well-being.

First, the study examined the relationship between parenting daily hassles (intensity and frequency), social support (Instrumental/Emotional - giving and receiving) and general well-being of mothers. As in current study, it was hypothesized that there would be a significant relationship between them (H1) and parenting daily hassles will predict general well-being (H2). The results displayed in Table 3 indicated that there was not a significant relationship between parenting daily hassles (as a whole), social support (as a whole) and general well-being. However, it is indicated that there was a significant negative relationship between intensity of parenting daily hassles and general well-being. Thus, the hypothesized relation (H1) and prediction (H2) was partially supported. The results suggested that an increase in intensity of parenting daily hassles is correlated with decrease in general well-being which means that mothers with higher intensity of parenting daily hassles may have greater chances of lower general well-being.

Frequency of parenting daily hassles scale represent the cumulative recurrence of daily hassles experienced by mothers, while the intensity of parenting Daily Hassle scale represents the degree to which mothers consider that the day-to-day hassles of raising children weigh heavily on their lives (Crnic & Booth, 1991; Crnic & Greenberg, 1990). In a study, the frequency of hassles resulted as an inadequate predictor whereas the intensity measure resulted in moderate predictor of assessing an event for coping (Schuster, 2006). Intensity ratings are thought to better capture the severity of parenting problems than frequency scales since the cognitive appraisal of the stressful event and its impact is essential to the reaction. Some research solely examined the intensity scores of parenting hassles for mothers since the main factor of the impact of a stressor is cognitive assessment of the importance of events for one's well-being. (Costa et al., 2021). Due to a larger theoretical appraisal of intensity over frequency ratings when measuring stressors, the literature is inclined to favor the intensity. component of parenting daily hassles over the frequency component (Crnic & Low, 2002). Scores on the intensity scale displayed higher indication of construct validity than scores on the frequency scale, according to Crnic and Greenberg (1990). This concludes that among Pakistani mothers, the appraisal of parenting stressors depends upon intensity of the parenting daily hassles rather than its frequency which results in lower general well-being. This supports the literature present in the research that individual's appraisal of everyday stresses that are minor (daily hassles) influences both physical and psychological well-being (DeLongis et al.,1982; Lazarus & Folkman, 1984). It is also possible that the frequency of parenting daily hassles is somewhat similar for all. However, people who already have lower general well-being due to different reasons (coping strategies, resilience etc.) are perceives the parenting daily hassles to be more intense.

Secondly, it was hypothesized that there will be a moderating role of social support (Emotional/Instrument - giving and receiving) between of parenting daily hassles on General Well- being (H2). The results displayed in Table 5 indicated that there was not a significant moderating role of social support (as a whole) on parenting daily hassles (as a whole) and general well-being. However, it is indicated in Table 6 that there was a significant moderating role of receiving instrumental support on intensity of parenting daily hassles and general well-being. Thus, the hypothesized moderation (H3) was also partially supported. This concludes that instrumental support moderates the negative relationship between intensity of parenting daily hassles and general well-being. It depicts that if the intensity of parenting Daily Hassle is low, the social support received will further increase the general well-being of Mothers. This finding may have difference links with the research. For people who are under acute stress, instrumental support offers advantages (Shrout et al., 2006). Effective instrumental support can potentially free up time for stressed-out, busy mothers, which decreases exhaustion the next day and, on the other hand, boosts general well-being. Research also suggests that Instrumental support may be more beneficial because along with getting physical help, the recipient might also have feelings, such as love and empathy, and positive appraisals which may have a positive effect on well-being (Morelli et al., 2015). The non-significant effect of receiving emotional support can be due the nature of the problem. In situations that can be controlled, instrumental forms of support are more suitable, whereas emotionally consoling behavior seems more appropriate if nothing can be done about the problem (Cohen, 1992; Cutrona & Russell, 1990; Cutrona & Suhr, 1994). Day-to-day hassles requires more active work which needs to be done. The work that needs to be done is more physical, necessary to be completed and not in control of the mothers to get it delayed. This might be reason

behind the moderating role of receiving instrumental support on intensity of parenting daily hassles and general well-being. Another perspective of the partially proven hypothesis can be the source of receiving instrumental support. All the participants in this study are married mothers and are living with their spouses. Pakistan is a country where same-sex marriages are illegal. This concludes that all the mothers have male partners as their husband. Vast research suggests that males are more inclined towards rational thinking due to which they prefer instrumental support more as it is linked to problem-solving (Wilson et al., 1990). In Pakistan, patriarchal culture is followed where masculinity is associated with control, including self-control of their emotions. Therefore, husbands in Pakistan may show less emotions leading women to rely on their husband's instrumental support rather than emotional support for their general well-being. Mothers in Pakistani Culture, while raising children, receive more instrumental support with day-to-day hassles of Children because their husbands may prefer the kind to be more helpful.

## **5.1 Implications**

This research sheds a light upon how intensity of parenting daily hassles is related to General Well-Being and receiving Instrumental social support plays a role in it. These insights can help mental health practitioners be more aware of high-risk situation and more precisely determine the time to intervene. A more comprehensive understanding of General Well-Being in this population, and the identification of mothers at highest risk of mental distresses, will aid in the development of designing culturally sensitive interventions and targeted strategies (related to instrumental support and reduction of intensity appraisal for daily hassles) among Pakistani mothers and ensure that timely and effective support is provided to support the well-being of mothers. This underlines the vulnerability of mothers and the need to find effective

strategies to support mothers providing substantial amounts of duties and tasks. Another important implication of the study is to illuminate light upon the need of support programs for working mothers and their need of benefits for at workplace (e.g., flexible hours, playgroup). The finding of this research also highlights that workshops and training should be given to the fathers which includes instrumental support techniques to help the mothers and share responsibilities. This research also sheds light upon the significance of including home-economics in the curriculum by which individuals, both male and female, can learn skills and understanding of childcare from an early age. Therefore, in adulthood both the mother and the father can have an insight and skills developed for perennial challenges in life.

## **5.2 Limitations and Recommendations**

In this study, most of the data collected was from mothers who are wives. Further researchers must continue to investigate differences and similarities among different demographic variables such as occupation and study how employment and non-employment can bring changes with regards to parenting daily hassles and General Well-Being. This research shows that receiving instrumental support plays a moderating role between parenting daily hassles and General Well-Being. It would be interesting to know different moderating and mediating roles between parenting daily hassles and General Well-Being. It is important Future researchers explore different coping strategies mothers are using after getting instrumental support to deal with parenting daily hassles and how they are affecting their General Well-Being. In this research, the social support questionnaire, which was used, did not indicate the source of social support. Future researchers should use an additional scale so they can also compare the difference between social support given by different people such as husbands, parents, friends etc. and its effect on the General Well-Being.

### **5.3 Conclusion**

The findings of the study indicated that frequency of parenting daily hassles, does not correlate with general well-being whereas intensity of parenting daily hassles does. This concludes that the amount of how often Daily Hassling experiences occurs while parenting does not influence the general well-being of mothers nor vice versa. However, the appraisal of how intense the hassling experiences are does relate with general well-being. Additionally, receiving instrumental support proved to strengthen the relationship between intensity of parenting daily hassles and general well-being.

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**APPENDICES**

**APPENDICES A**  
**INFORMED CONSENT FORM**

***CONFIDENTIAL*****Part I**

I, student of MS- Clinical Psychology, am conducting research on mother's parenting under the supervision of Dr. Rizwana Amin. You are invited to take part in this research. You will be required to fill the questionnaires. This research involves no predictable risks. All information provided by you will be kept confidential and your name will not appear in any report or publication. Participation is voluntary, and you may withdraw from the research at any point with no penalty.

**Consent of Subject**

I have read and understood the information provided to me in the consent form thoroughly and I am giving my informed consent to voluntarily participate in this research. I understand I may withdraw from this research project at any time.

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Signature

Date

**APPENDICES B**  
**DEMOGRAPHIC INFORMATION**

**Part II**

Date: \_\_\_\_\_

1. Name (optional):

2. Age: \_\_\_\_\_

3. Education: \_\_\_\_\_

4. Birth Order: 1<sup>st</sup> Born                  Middle Child:                  Last Born:                  Only

Child:

5. Number of Siblings: Male \_\_\_\_\_ Female \_\_\_\_\_

6. Children details

Child Name	Gender (M , F)	Age	Birth Order	Education /Class	Duration of Hours child Spend with Mother

7. Family system: Nuclear or Joint

8. Help available for caregiving of children

- a) none \_\_\_\_\_                  b) Relatives  
c) Grandparents                  d) Day Care  
e) Other: \_\_\_\_\_

9. Monthly Income:

- 50,000 or less
- 50,001 to 100,000
- 100,001 to 200,000
- 200,001 to 300,000

- 300,001 or above

10. Occupation (Mother's): \_\_\_\_\_

**11A) If student and working (both) – skip if you are not:**

11Aa) Program: \_\_\_\_\_

11Ab) How many hours of you spent on studying daily (institution +home):

\_\_\_\_\_

11Ac) Nature of work:

- Job
- Business
- Other

11Ad) Designation: \_\_\_\_\_

11Ae) Work Experience (Current job/business): \_\_\_\_\_

11Af) Work Experience (Previous job/business): \_\_\_\_\_

11Ae) Work location:

- Outside
- Online
- At home

**11B) If working (only) – skip if you are not:**

11Ba) Nature of work:

- Job
- Business
- Other

11Bb) Designation: \_\_\_\_\_

11Bc) Work Experience (Current job/business): \_\_\_\_\_

11Bd) Work Experience (Previous job/business): \_\_\_\_\_

11Be) Work location:

- Outside
- Online
- At home

11Cf) Working hours (average hours spent on work on daily basis):

\_\_\_\_\_

**11C) If student (only) – skip if you are not:**

11Ca) Program: \_\_\_\_\_

11Bb) How many hours of you spent on studying daily (institution +home):

\_\_\_\_\_

12. Did you ever visit a psychiatrist/psychologist for any reason?

Yes                      No

13: If yes, state the reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14: Any major physical illness?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Email (optional):

**APPENDICES C**  
**PARENTING DAILY HASSLES SCALE**



### Part III

The statements below describe a lot of events that routinely occur in families with young children. Please read each item and circle how often it happens to you (rarely, sometimes, a lot, or constantly) and then circle how much of a 'hassle' you feel that it has been for you FOR THE PAST 6 MONTHS. If you have more than one child, these events can include any or all your children

	Event	How often it happens				Hassle (low to high)
		Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
1	Continually cleaning up messes of toys or food	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
2	Being nagged, whined at, complained to	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
3	Meal-time difficulties with picky eaters, complaining etc.	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
4	The kids won't listen or do what they are asked without being nagged	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
5	Baby-sitters are hard to find	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
6	The kids' schedules (like pre-school or other activities) interfere with meeting your own household needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
7	Sibling arguments or fights require a 'referee'	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
8	The kids demand that you entertain them or play with them	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
9	The kids resist or struggle with you over bed-time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
10	The kids are constantly underfoot, interfering with other chores	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
11	The need to keep a constant eye on where the kids are and what they are doing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
12	The kids interrupt adult conversations or interactions	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
13	Having to change your plans because of unprecedented child needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
14	The kids get dirty several times a day requiring changes of clothing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
15	Difficulties in getting privacy (eg. in the bathroom)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
16	The kids are hard to manage in public (grocery store, shopping Centre, restaurant)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
17	Difficulties in getting kids ready for outings and leaving on time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
18	Difficulties in leaving kids for a night out or at school or day care	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5

19	The kids have difficulties with friends (e.g., fighting, trouble, getting along, or no friends available)	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
20	Having to run extra errands to meet the kids needs	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5

**APPENDICES D**

**2- WAY SOCIAL SUPPORT SCALE**

**Part IV**

The following statements relate to your experience of giving or receiving social support. Please read each statement and then indicate the degree to which the statement is generally true for you from not at all (0) to always (5).

1	If stranded somewhere there is someone who would get me	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
2	I help others when they are too busy to get everything done	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
3	People confide in me when they have problems	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
4	I am a person others turn to for help with tasks	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
5	I give others a sense of comfort in times of need	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
6	There is someone in my life I can get emotional support from	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
7	People close to me tell me their fears and worries	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
8	I have helped someone with their responsibilities when they were unable to fulfil them.	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
9	When I am feeling down there is someone, I can lean on	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
10	There is at least one person that I can share most things with	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always
11	I have someone to help me if I	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always

	am physically unwell						
12	There is someone who can help me fulfil my responsibilities when I am unable	Not at all	Very Rarely	Rarely	Occasionally	Very frequently	Always

**APPENDICES E**  
**GENERAL WELL-BEING SCHEDULE**

### Part V

Read: This section of the examination contains questions about how you feel and how things have been going with you. For each question, choose which best applies to you.

<b>1</b>	<b>How have you been feeling in general? (DURING THE PAST MONTH)</b>		
	In excellent spirits	In very good spirits	In good spirits mostly
	I have been up and down in spirits a lot	In low spirits mostly	In very low spirits
<b>2</b>	<b>Have you been bothered by nervousness or your "nerves"? (DURING THE PAST MONTH)</b>		
	Extremely so -- to the point where I could not work or take care of things	Very much so	Quite a bit
	Some -- enough to bother me	A little	Not at all
<b>3</b>	<b>Have you been in firm control of your behavior, thoughts, emotions, or feelings? (DURING THE PAST MONTH)</b>		
	Yes, definitely so	Yes, for the most part	Generally so
	Not too well	No, and I am somewhat disturbed	No, and I am very disturbed
<b>4</b>	<b>Have you felt so sad, discourages, hopeless, or had so many problems that you wondered if anything was worthwhile? (DURING THE PAST MONTH)</b>		
	Extremely so -- to the point that I have just about given up	Very much so	Quite a bit
	Some -- enough to bother me	A little bit	Not at all
<b>5</b>	<b>Have you been under or felt you were under any strain, stress, or pressure? (DURING THE PAST MONTH)</b>		
	Yes -- almost more than I could bear or stand	Yes -- quite a bit of pressure	Yes -- some - more than usual
	Yes -- some - but about usual	Yes - a little	Not at all
<b>6</b>	<b>How happy, satisfied, or pleased have you been with your personal life? (DURING THE PAST MONTH)</b>		
	Extremely happy -- could not have been more satisfied or pleased	Very happy	Fairly happy
	Satisfied -- pleased	Somewhat dissatisfied	Very dissatisfied
<b>7</b>	<b>Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? (DURING THE PAST MONTH)</b>		
	Not at all	Only a little	Some -- but not enough to be concerned or worried about
	Some and I have been a little concerned	Some and I am quite concerned	Yes, very much so and I am very concerned



<b>8</b>	<b>Have you been anxious, worried, or upset? (DURING THE PAST MONTH)</b>		
	Extremely so -- to the point of being sick, or almost sick	Very much so	Quite a bit
	Some -- enough to bother me	A little bit	Not at all
<b>9</b>	<b>Have you been waking up fresh and rested? (DURING THE PAST MONTH)</b>		
	Every day	Most every day	Fairly often
	Less than half the time	Rarely	None of the time
<b>10</b>	<b>Have you been bothered by any illness, bodily disorder, pains, or fears about your health? (DURING THE PAST MONTH)</b>		
	All of the time	Most of the time	A good bit of the time
	Some of the time	A little of the time	None of the time
<b>11</b>	<b>Has your daily life been full of things that were interesting to you? (DURING THE PAST MONTH)</b>		
	All of the time	Most of the time	A good bit of the time
	Some of the time	A little of the time	None of the time
<b>12</b>	<b>Have you felt down hearted and blue? (DURING THE PAST MONTH)</b>		
	All of the time	Most of the time	A good bit of the time
	Some of the time	A little of the time	None of the time
<b>13</b>	<b>Have you been feeling emotionally stable and sure of yourself? (DURING THE PAST MONTH)</b>		
	All of the time	Most of the time	A good bit of the time
	Some of the time	A little of the time	None of the time
<b>14</b>	<b>Have you felt tired, worn out, used-up, or exhausted? (DURING THE PAST MONTH)</b>		
	All of the time	Most of the time	A good bit of the time
	Some of the time	A little of the time	None of the time
<b>15</b>	<b>How concerned or worried about your HEALTH have you been? (DURING THE PAST MONTH)</b>		
	0 – Not concerned at all	1	2
	3	4	5
	6	7	8
	9	10 - Very Concerned	
<b>16</b>	<b>How RELAXED or TENSE have you been? (DURING THE PAST MONTH)</b>		
	0 – Very relaxed	1	2
	3	4	3
	6	7	6
	9	10 – Very Tense	
<b>17</b>	<b>How much ENERGY, PEP, and VITALITY have you felt? (DURING THE PAST MONTH)</b>		
	0 – No energy at all, listless	1	2
	3	4	3
	6	7	6
	9	10 – Very energetic, dynamic	
<b>18</b>	<b>How DEPRESSED or CHEERFUL have you been? (DURING THE PAST MONTH)</b>		



0 – Very depressed	1	2
3	4	3
6	7	6
9	10 – Very cheerful	

**APPENDICES F**  
**PERMISSION TO USE SCALES**

**Parenting Daily Hassles**

 **Siri found new contact info**   
Grossi Enzo enzo.grossi@bracco.com [add...](#)

**Grossi Enzo**

26/04/2022

To: Fariha &gt;

---

Dear Fariha, you have the permission to use the scale following the conditions listed.

Best regards

Enzo Grossi

Enzo Grossi M.D.  
Scientific Director  
Villa Santa Maria Foundation  
Via IV Novembre  
22038 Tavernerio (CO)  
Tel. 0039031426042

<https://www.researchgate.net/profile/Enzo-Grossi>

## 2- WAY SOCIAL SUPPORT

4 Messages

[←](#) **Inbox** **Permission to use your...** [^](#) [v](#)

Dear Jane

I want to ask about ranges or labels.  
They are not mentioned in the scoring sheet. Can you tell me what are the ranges  
For example if someone scores 6 (Calculate Mean of items 1, 6, 8, 10, 12, 16, and 17) what label will they get or in what category it will come?

On Wed, Apr 20, 2022 at 6:27 AM Jane Shakespeare-Finch <[j.shakespeare-finch@qut.edu.au](mailto:j.shakespeare-finch@qut.edu.au)> wrote:

Dear Fariha,

You are welcome to use our scale. I have attached both versions with scoring instructions.

Regards,  
Jane

Jane Shakespeare-Finch, Ph.D.  
Professor, School of Psychology and Counselling,  
QUT  
Academic Lead – Indigenous Health  
Immediate Past President: Australasian Society for Traumatic Stress Studies  
Leader: Trauma, Resilience and Growth Research Group

[http://eprints.qut.edu.au/view/person/Shakespeare-Finch,\\_Jane.html](http://eprints.qut.edu.au/view/person/Shakespeare-Finch,_Jane.html)

[orcid.org/0000-0003-4237-1320](https://orcid.org/0000-0003-4237-1320)  
Pronouns: she, her, hers

## **GENERAL WELL BEING SCHEDULE**

**Administration and Burden:** Self-administered.

**Psychometrics for SCI:** Not available.

**Languages:** English.

**QoL Concept:** The GWBS measures Life Satisfaction, which corresponds to **Box E** (subjective evaluations and reactions; life satisfaction) of Dijker's Model.

**Permissions/Where to Obtain:** Public Domain; The GWBS can be obtained from:

Dupuy HJ (1977). The General Well-being Schedule. In I McDowell, C Newell (Eds.), Measuring health: a guide to rating scales and questionnaire (2nd ed) (pp. 206-213). USA: Oxford University Press.

**\*\*CLICK ON THE LISTED SECONDARY HEALTH CONDITIONS ON THE RIGHT TO READ HOW THE GWBS HAS BEEN USED WITH A PARTICULAR CONDITION\*\***

Extracted from: <https://parqol.com/general-well-being-schedule-gwbs/>

**APPENDICES G**  
**PLAGIARISM REPORT**

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