

Approach to Parenting Styles as a Tool for the Family Physician during Adolescent Care

Abordaje de los estilos de crianza como herramienta para el médico familiar durante la atención del adolescente

Nora Jiménez Hernández,* Jesabel Cruz Miranda,** Ivon Romero Pascual.**

Summary

It is common for families to face difficulties in carrying out caregiving functions and satisfying affection needs, establishing limits and all that is involved in parenting practices that lead to the development of functional and emotionally stable adolescents. Care for this age group requires professionals who provide comprehensive and quality care from the biological, psychological and social perspectives, as well as the promotion of protective factors, the encouragement of self-care actions and resilience. It has been documented that there are parenting styles that represent a risk factor for the development of affective disorders, substance use, somatization, eating disorders and learning disorders, among others; however, in Family Medicine practice they are not taken into account as a risk factor. Given this scenario, a bibliographic review of articles on the topics of family life cycle, parenting styles and adolescence was carried out; parallel to this, the use of tools for the evaluation of parenting styles in children and adolescents is proposed as a support in the consultation focused on determining risk factors.

Keywords: Family Life Cycle; Parenting; Adolescent

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*Regional General Hospital No. I with Family Medicine, Mexican Institute of Social Security. Cuernavaca, Morelos, México.

**Family Medicine Unit No. 20, Mexican Institute of Social Security, Morelos.

Correspondence:
Ivon Romero Pascual
ivonarpl1@gmail.com

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Resumen

Es común que las familias enfrenten dificultades para llevar a cabo funciones de cuidado y para satisfacer necesidades de afecto, establecer límites y todo lo que implica ejercer prácticas de crianza que lleven al desarrollo de adolescentes funcionales y emocionalmente estables. La atención a este grupo etario requiere de profesionales que otorguen atención integral y de calidad desde las perspectivas biológica, psicológica y social, así como la promoción de factores protectores, el fomento de acciones de autocuidado y la resiliencia. Se ha documentado que existen estilos de crianza que representan un factor de riesgo para el desarrollo de trastornos afectivos, consumo de sustancias, somatización, trastornos de alimentación y trastornos de aprendizaje, entre otros; sin embargo, en la práctica de la Medicina Familiar no se toman en cuenta como un factor de riesgo. Dado este escenario, se realizó una revisión bibliográfica de artículos con los temas de ciclo vital familiar, estilos de crianza y adolescencia; paralelo a esto, se propone el uso de herramientas para la evaluación de estilos de crianza en niños y adolescentes como apoyo en la consulta enfocada a determinar factores de riesgo.

Palabras clave: ciclo vital familiar, crianza, adolescente

Introduction

The family is conceptualized as a primary socializing institution whose purpose is to educate children, promote their affective development and help them form their own family system, ranging from the adaptation stage of newly married couples to the integration and adaptation of a new family member in the different stages of the life cycle.^{1,2}

Parents, in general, are primarily responsible for raising their children in a healthy and protective environment against adverse factors; in this process, they must provide their children with what is necessary for their development and socialization.¹ However, the current social and economic context implies a difficult task for parents or primary caregivers, who may modify their parenting styles with repercussions on the physical and mental health of their members.³ In this context, these styles are a risk factor for the development of psychopathologies, such as affective disorders, substance abuse, somatization, eating disorders and learning disorders, among others.^{4,5}

In the family life cycle, adolescence is, after childhood, the second most vulnerable stage, since it represents a period of transition to adulthood, marked by a series of important biological and psychological changes.⁶ During this period, the adolescent needs adequate psychological adjustment to achieve autonomy and identity. The family functions as a socializing agent that must provide, among other things, the affective tools for this psychological adjustment, otherwise the adolescent is at risk of acquiring habits that can have short- and long-term health consequences, giving rise to risky behaviors such as smoking, sedentary lifestyles, malnutrition, addictive drug use and unprotected sexual activity. These behaviors have negative biological and psychosocial repercussions.⁷⁻⁹

Hence the importance and objective of Family Medicine, whose functions include caring for the individual in his or her personal, family and social environment.¹⁰ A description of the types of family and family cycles to which patients belong to will make possible to

gain a better understanding of their proximal context and determine whether this context is related to the appearance of psychosocial problems.¹¹ Likewise, it is important to know the parenting styles and, therefore, the bond between parents and children during the care of children and adolescents, since this will make possible to identify whether the parenting style exercised by parents may represent a risk factor for the development of cognitive problems, adaptive behavior and emotional stability. It is important to review this topic, due to there is little evidence within the Family Medicine context on the care of adolescents and their parenting styles.

Family and Life Cycle

The family is defined as a social group organized as an open system, made up of a variable number of members who in most cases live together in the same place, linked by blood, legal or affinity ties.¹² It is also responsible for guiding, socializing and protecting its members, as well as providing them with the cognitive, emotional and socio-cultural skills necessary for the individual to function in the society to which he or she belongs.¹³

Among the functions of the family are: a. socialization, which provides the conditions that favor the biopsychosocial development of family members, the transmission of values and behavioral patterns specific to each family; b. affection, which is the interaction of feelings and emotions in family members that fosters family unity and psychological and personal development; and c. care, which is the unconditional, diligent and respectful protection and assistance to cover the material, social, financial and health needs of the family group.¹²

The development of families goes through stages that range from the formation of the couple to the death of one of them, along which they present transitions or expected life events through which most of them pass, in a generally predictable and variable sequence.² The stages that families go through are called crises and imply a series of changes that require adjustments, negotiations and reorganization of roles and rules.¹⁴ Those crises that are part of daily life, inherent to the life cycle itself, are called normative and make possible for the family and the individual to achieve the objectives and tasks of each stage of the life cycle. Likewise, crises that alter the family structure and equilibrium and can generate family dysfunction are called paranormative events.^{15,16}

Adolescence in Family Life Cycle

A transcendental stage in life of individuals and family is adolescence, during which the individual undergoes rapid changes in body and physiological structure and in psychological and social functioning.^{6,17} Family plays an essential role through parenting styles, which can have a positive or negative effect on the incidence of risk behaviors, the development of life habits, ways of expressing affection, relating to others, resolving conflicts and developing self-care behaviors. Education takes place within the family and the degree of functionality achieved will allow the individual to become an autonomous person, capable of facing and integrating into society; it has been pointed out that the greater parental support and behavioral control, the lesser consumption of drugs, self-injury, violence and depression, among other affectations.^{4,5,18} During this stage, adolescents have more con-

flicts with their parents and prefer the company of friends; they have a greater need for intimacy; sexual feelings and lack of impulse control arise, which can lead to defiance of authority and risky behaviors; they have a sense of omnipotence and invulnerability that facilitates risky behaviors that can lead to accidents; there may be drug use, unwanted pregnancies, sexually transmitted diseases, and psychopathologies, among others.^{17,19}

On the other hand, parents who used to focus their upbringing on the protection of a young child, must now face the process of separation-individualization of their child and must have the ability to make limits more flexible, so that adolescents can achieve autonomy, without ceasing to exercise their role as parents. During this stage, the involvement and interaction of both parents in parenting is of vital importance, due to the availability and degree of support perceived by the adolescent.^{2,20}

Parenting Styles

Parenting patterns are not usually linear or closed, as one might think. Depending on the type of family, the relationship between parents and the sociocultural context, parents may select for one or more parenting patterns, depending on the child's behavior, whether it is one or the other child, age, and gender.

Four dimensions of parenting patterns have been identified:

High level of parental control of children in order to influence their behavior through strategies such as physical punishment, threat, deprivation, withdrawal of affection, demonstrations of anger, disappointment, disapproval, or encouragement.

Parent-child communication: level of transmission of messages between parent and child; with high level: the child can express him/herself, with low level: the child cannot express him/herself.

Maturity demands from parents to children. Parents who demand high levels of maturity are those who exert pressure and encourage growth and autonomy; parents who demand low levels of maturity do not challenge and underestimate their children's competencies.

Affection or affective involvement: behaviors of acceptance and esteem for the children. Parents with a high degree of affection are those who express interest and affection explicitly, are interested in the needs, emotions and concerns of the child; parents with a low degree of affection rarely express interest or concern for the emotional needs of their children²¹.

On the other hand, four parenting styles have been proposed:²¹

Importance of Parenting Styles

The particular form or custom of parental attitudes, behaviors, and types of discipline to promote or discourage behaviors, values, goals, and motivations of children is known as parenting styles or parental stules.^{21,22} Different styles depend on a multiplicity of factors, such as the number of children they have, gender, the location in the order (oldest, middle, or youngest child), health, and physical appearance. They are also influenced by the social, cultural and religious environment to which the family belongs.^{23,24}

In Barber's model, parenting styles have two components for the adolescent: one of support and acceptance and the other of control, defined by a range of regulatory and disciplinary behaviors.²⁵ His model states that parenting styles are related to filial behaviors:

Table 1. Parenting styles according to Maccoby and Martin

Parenting Styles	Fathers and Mothers	Children
Authoritarian style	<ul style="list-style-type: none"> • Very strict and intransigent, they demand absolute obedience. • Rules must be practiced without objection. High levels of maturity requirements. • Little affection and little communication with the children. 	<ul style="list-style-type: none"> • Social adaptation problems and decreased self-confidence. • Emotional problems due to lack of support. • Shy, with minimal expression of affection with peers, poor internalization of values, irritable, vulnerable to stress and not very cheerful. • Risk factor for depression, substance abuse, malnutrition. • Greater manifestations of aggressiveness, hyperactivity or delinquency (externalizing problems).
Democratic style	<ul style="list-style-type: none"> • Demanding and at the same time sensitive parents who accept and encourage their children's autonomy and responsibility, stimulate the expression of their needs, have open communication and flexible rules. • Punishments are reasonable and exercise firm control. • Inductive discipline, and explain the purpose of the rules, and are open to arguments about them. • High control and high affection. 	<ul style="list-style-type: none"> • Have the best adjustment, more personal confidence, better adaptation and self-control, and are socially competent. • Better school performance and high self-esteem. • Lower prevalence of sexual experience and greater rejection of various forms of sexism. • Less conflict with parents, greater psychological well-being, better behavioral adjustment. • Lower risk of tobacco use, and drug abuse.
Permissive or indulgent style	<ul style="list-style-type: none"> • Extremely tolerant parents, authorize everything to their children, they come to the slightest demand for attention, and oppose to imposing punishments or restrictions. • Value the child's individuality and the rules within the family, self-expression and self-regulation. • Promote trusting relationships. • Afraid of influencing their children too much, sometimes fearing their reactions, not knowing how to relate to them. • Feel guilty for the little time they give them. • Make few demands on the children, trusting only in reason, being the children who regulate their activities. • Low control, low maturity requirements and high affection. 	<ul style="list-style-type: none"> • Not very obedient, with difficulty in the internalization of values. • Use self-regulated learning strategies to a greater extent, which has a positive impact on their academic performance. • Low school achievement. • Low self-esteem, lack of confidence. • Higher risk of drug and alcohol consumption.
Negligent Style	<ul style="list-style-type: none"> • Extremely tolerant parents who do not attend to their children's demands and are indifferent to interaction. • Does not set limits or provide affection. • Concentrates on the stresses of their own life with no time for the children. • Low in control, in demand for maturity in affection and communication. 	<ul style="list-style-type: none"> • Show destructive impulses and delinquent behaviors. • Low social competence and immaturity.

- a. Supportive parental behaviors would be positively related to the adolescent's interpersonal competence and the degree to which adolescents initiate interactions and relationships with peers and adults
- b. Parental psychological control would have a positive association with worse levels of adolescent mental health and specifically with depressive symptoms
- c. Parental behavioral control would be negatively related to adolescent antisocial behaviors²⁵

Parenting Style and Morbidities in Adolescents

The importance of parental relationship has been demonstrated for the development and psychological adjustment of children and adolescents; the parenting styles perceived by the child can affect his or her self-esteem and perception of self-efficacy, which during adolescence are determining factors in achieving developmental tasks such as adjusting to the changes of puberty and growth and adapting to his or her own body, acceptance that is reflected in positive

self-esteem; adjusting to the stream of new thoughts that sexual maturation gives rise to; learning the appropriate sexual roles in order to prepare for life as a couple and family life.^{26,27}

A favorable parenting style influences the achievement of independence from parents or other caregivers; this style also influences the establishment of effective social and working relationships with same-sex and opposite-sex peers (skills and competencies); preparation for meaningful vocational and occupational choices and economic

independence. It also enables them to develop and rescue a system of values and ideals; as well as the formation of their own identity.^{9,26,27}

The absence of rules, lack of control over adolescent behavior and lack of affectivity are factors that favor delinquent and risky behavior, poor academic performance, behavioral and emotional or personality problems.^{6,17,28} Similarities are also observed with respect to the values of the associations, in which the variables of autonomy, communication and behavioral control present positive relationships with the indicators of self-esteem, resilience and socioemotional competencies, and negative relationships with variables such as imposition and psychological control.²⁹

It has been observed that sexually active adolescents with a greater number of partners reported greater physical coercion by both parents, as well as prohibition by the father and less dialogue with the mother. On the other hand, there is a relationship between greater affection from the mother and younger age at first sexual intercourse. In contrast, there is a relationship between greater prohibition and demand from the father and maternal authoritarian style with greater use of contraceptive methods, as well as less use of contraceptive methods in adolescents with permissive and negligent mothers. However, in young people who have not initiated their sexual life, dialogue with the mother was significantly higher.³⁰

Depression in childhood and adolescence represents a problem that affects psychosocial development and can continue throughout life, and is also associated with risk behaviors such as alcohol and drug abuse.³¹ The cause is multifactorial, including genetic

factors, parental psychopathology, parental styles and practices that, although they play a minor role, could be an important catalyst, especially in those vulnerable adolescents.³² Several studies in Mexico have reported significant associations between parental practices and depressive symptomatology in adolescents, with greater symptomatology in women. The association between depressive symptomatology with authoritarian and overprotective parenting styles underscores, and an absence of such symptomatology when associated with a democratic style due to greater communication and autonomy, characteristics of this parenting style.³⁰ It has been found that when there is greater support, communication, autonomy and behavioral control perceived by the adolescent, there is less depressive symptomatology; and when there is greater imposition and psychological control, there is greater depressive symptomatology.³³ With regard to anxiety in children and adolescents, this has been related to parental rejection and overprotection.^{34,35}

Substance abuse during adolescence represents a public health problem that, in the long term, can lead to physical, psychological and social health risks. In Mexico, the average age of initiation of illegal substance use is 14.8 years; the most frequent drug of initiation is alcohol, with 50%, followed by tobacco and marijuana at 25% and 13%, respectively. An increase in alcohol consumption of 9% has been observed in the fifteen-year-old population, with an increase in consumption among women; in addition, 50% of violent actions, 35% of traffic accidents, 30% of work accidents and 77% of suicides are related to alcohol consumption.^{27,36}

Family variables can function as risk factors for substance use, including inadequate parental supervision, dysfunctional family structure, lack of family cohesion, inadequate affective climate with conflicts, emotional inexpression, repression, rigid, lax or chaotic family educational style, as well as drug use by family members or family pressure to use drugs. Family protective factors to counteract these behaviors are parental disapproval of substance use, family intervention and parental monitoring.^{4,18,35}

As for the parenting styles associated with these problems, the authoritarian or permissive style increases the risk of alcohol consumption, smoking and other addictions, as well as poor school performance. The overprotective style has been related to anxiety and somatization, while the permissive and negligent styles are associated with smoking.³⁶⁻³⁸

These problems are multifactorial, among which stand out those related to the way parents educate their children, that is, parenting styles, which is reflected in behavior, socialization, school performance, self-esteem and self-concept, because models, values, norms and skills are learned within the family and if there is no adequate affective relationship or control over them, there may be negative results in their behavior and development.^{9,24,29,39}

Authoritative and authoritarian parenting styles have been found to act as prevention factors in the use of illegal substances. Neglectful and indulgent styles, on the other hand, pose a risk factor for the child to engage in this behavior, which also happens with disruptive behaviors at school, delinquent behaviors and other problems of adjustment of the child to the social

environment. In other studies, boys/men have been found to have higher rates of disruptive school behavior and delinquency. In the case of disruptive school behavior and delinquent behaviors, adolescents who defined their parents as indulgent and authoritative scored lower compared to adolescents from authoritarian families.³⁹

Family Medicine and Care for the Population between Ten and Nineteen Years of Age

Within the legal health framework, adolescents are protected by the Ministry of Health through the National Center for Child and Adolescent Health, which implements a specific program for this population with the aim of contributing to the reduction of risk factors through the acquisition of skills and competencies that will enable them to develop protective conditions and behaviors at the personal, family and community levels.^{40,41}

Family medicine has a human focus, centered on comprehensive care for the individual, their family and their environment;¹⁰ for adolescent care, it is based on the NOM-047-SSA2-2015 norm.⁴¹ Among the provisions that must be followed for this care is the monitoring of nutrition, vaccination, sexual and reproductive health, as well as the prevention of risk situations, such as exposure to tobacco and other psychoactive substances, mental illnesses, pregnancy, unprotected sexual practices and violence.⁴¹⁻⁴³

For this reason, care of this group requires professionals with specialized training, with a proactive attitude that provides comprehensive and quality care from the biological and psychosocial perspectives, as well as the promotion

of protective factors, the promotion of self-care actions and resilience. Among these professionals, family physicians stand out, who due to their training in anticipatory care and with a focus on risk, must be prepared and open to facilitating dialogue without making value judgments and with the greatest possible empathy when caring for an adolescent.⁴³⁻⁴⁵

For the family approach, various instruments can be used as aids to obtain information, such as the Genogram (which provides a systemic family approach), the Holmes and Rahe Scale (which evaluates stressful life events), the FACES III instrument (to assess family functionality), among many others.¹⁰

In the context of parenting, there are several instruments that define parenting styles and that have been validated for the Mexican population; however, there is little evidence for the specific measurement of parenting styles in adolescents. Betancourt et al.²³ developed a scale for adolescents, considering the basic aspects of support and control, with a characterization for fathers and mothers; however, they did not consider the affective dimension.

Conclusions

Family is an open and changing system, influenced by external and internal factors such as culture, time, economy, parents' marital status, their working schedules, age and gender of the children, family typology, among others. Family continues to be the main socializer of children and children of their parents. In this context, adolescence is an important changing stage for both the adolescent and the family.

Adolescents present risk behaviors which are determinant for their health

and can lead to negative biological and psychosocial repercussions such as teenage pregnancy, obesity, metabolic complications, drug addiction, dropping out of school, poverty, accidents, suicide and homicide. In this regard, parenting styles play an important role in preventing or increasing the risk of such behaviors. At this point, it is important to highlight that the democratic or positive parenting style is the best effect style on the psychological and emotional adjustment of adolescents.

Currently, parenting style represent an opportunity for families to provide tools that serve as protective factors during the emotional adjustment required throughout the life cycle, including adolescence. It is important to train health professionals who care for families and adolescents in medical units on the importance of this topic and to provide them with tools for comprehensive care. Parents can also be trained by means of graphic support or other instruments on adolescence and on parenting styles and their transcendence in the development of their children.

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