

ARTICLE

Parenting style and its implications on the mental health

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Abstract

Parenting is a complex activity that includes many specific behaviours that work individually or together to influence child outcomes. It prepares the child to enter into the next phase of life. Today's child is gripped with multitude of stresses such as making career choices, attending to schools (regular and tuition), forging a social identity, acquiring social skills to establish meaningful relationships, especially with the opposite sex; choosing a partner, establishing an appropriate sexual identity etc. He/she is expected to excel in his academic pursuits, face stiff competition and make a career. This is despite the deteriorating school standards, the low quota of jobs, increasing corruption; multiple distractions such as TV, computer, video games, internet and ambiguous messages from teachers, parents, society at large and mass media. Mounting parental pressure and economic constraints, nuclearisation of families, rising number of working mothers and women's equal rights movement, have added to the problems. The mental health professionals are responsible for providing important and useful counselling and information to the parents regarding parenting. The current article sites some important aspects of positive parenting style.

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Introduction

Each day, more than three quarters of a million adults around the world experience parenthood. It is a lifelong change in an individual's life, since it requires various adjustments in all the spheres of an adult's life. Parenting is a complex activity that includes many specific behaviours that work individually or together to influence a child's future outcomes. There are multiple differences between a child's life today and that of a decade ago. Children of today are burdened with competitions in every sphere of life. Small family units, gender parity and nuclearisation have put children under increased attention, demands and pressures by their parents. A fast pace of life, women employment, increased economic and work burden are some added problems encountered by parents in rearing up their children.[1]

In some of the developed countries like Hong Kong this societal change has resulted in a unique type of crisis regarding child rearing; leading to an increase in unwanted children, avoidance and refusal to rear the children, confusion and inappropriate practices regarding child rearing; inappropriate disciplining patterns; overprotection or over control; change in sex roles and attitudes, preoccupation with education and endless pressure on scholastic achievements.[2] A World Health Organization (WHO) sponsored multi-centred study which was

conducted in four developing countries reported the prevalence of suicide to be 12-29% in children.[1] There is a peak rise in suicide among males in our country in late adolescence. The causes are reported to be largely 'social', with only 3.4% being attributed to mental illnesses. The prevalence rates of drug abuse in adolescents as shown in Indian students has varied from five to 56.5%.[3] An important reason cited by the authors is a break in the familial structure.

Parenting and early childhood

The parental mental health has a direct effect on the mental health and development of their children. The first six years of a child's crucial development is dependent on the maternal mental health, hence measures targeted towards mental health promotion in early childhood help to build protective factors by improving and enhancing the life skills that are appropriate to the age and culture of infants, toddlers and preschoolers, and by improving parent-child interactions.[4] Interventions targeted towards parents help them in developing and strengthening coping strategies and parenting skills, and this helps in creating a supportive environment for the parents and children in order to enhance mental health. Interventions such as group education of parents, home based interventions like home visit programmes, and those targeted towards childcare outside the home have proven

effective for children with the positive effects being continued into the adult years.[5,6] Some of the protective factors at the individual level which contribute to good mental health in early childhood include the ability and confidence to be innovative, having good coping resources, being amenable to change, being able to acknowledge and express emotions, at the same time an appropriate control over desires and emotions needs to be emphasised. An appropriate control over behaviour as per the situation and a sense of self-esteem, a desire to be adventurous and explorative, being able to come to a decision and being able to be ready to bear the consequences of one's behaviour, a willingness to solve problems, and being in a state of readiness as the young children learn and grow.[4] Programmes that are targeted towards young mothers, mothers of young children, and in early parenting in general are most effective at enhancing good mental health of young children and parents. Interventions like parent training programmes, home based supportive interventions during early parenthood have been shown to enhance mental health of mothers of young children, particularly in socioeconomically deprived families, and have resulted in positive changes and better knowledge about child behaviours, as well as a healthy development of children.[7] The health of future generations, both physical and psychological, depends upon effective parenting and early nurturance, freedom particularly from malnutrition, toxins and undue stress. Education about these negative influences is important; especially to encourage childbearing women in terms of a healthy diet and lifestyle changes.[8] It is imperative that the positive health aspects need to be imbibed by generations in order to save the future generations from detrimental effects of toxins in utero. Various teratogenic effects have been noted when foetus is exposed to alcohol, cigarette smoking, and illicit drug exposure early in the pregnancy, hence education towards this effect is helpful for long term health.[9] In order to be effective an intervention has to be age and stage appropriate. The age of parents and of children along with the stage of parenting is an important consideration. As children grow older, intervention that focuses on training the parents in a group setting are seen to positively affect child behaviour.[10] In the first six years of life, children must be able to depend on all adult caregivers for their protective needs in order to be a confident individual later on in life, therefore effective programmes in childcare settings are needed for parents who work outside the home.[4] High-quality, affordable childcare programmes can increase opportunities for employment of women with low incomes, promoting their economic and social equality and improving their self-esteem,[8] and enhance the mental health of their children at the same time. Thus, childcare is an intervention that offers a range of benefits at the individual, community and individual levels.

Parenting and adolescents

Research over the past 20 years suggests that the quality of the parent-child relationship especially in context to adolescents, significantly affects the development of risk behaviours in adolescent health.[11] The review supports the substantial influence of parenting style on adolescent development. Adolescents raised in authoritative households consistently demonstrate higher protective and fewer risk behaviours than adolescents from non-authoritative families.[12] There is also considerable evidence to show that the parenting styles and behaviours related to warmth, communication and disciplinary practices are important predictors and mediators of behaviours including academic achievements and psychosocial adjustment.[13] Careful examination of parenting style patterns in diverse populations, particularly with respect to physical activity and unintentional injury, should be a critical next step in the development of efficacious, culturally tailored adolescent health promotion and interventions along with parenting modifications.[14,15]

Yap *et al.*[16] through their radiological volumetric estimation of brain parameters like size of amygdala, arborisation pattern in hippocampus and cingulate cortex proved that there was a significant correlation between adverse parenting, brain structural abnormality and adolescent depressive symptom. Abidin[17,18] devised a model of stress in parents. It incorporates three factors, like child factors which includes age, social skill, problem behaviour; parent factors like gender, health, race, ethnicity; contextual factors like family structure, conflict, social support, education, income. He hypothesised that a dynamic interaction between all the factors or some of them affects the growth of the child and parenting styles.

Parenting in relation to schooling

As children grow older, the school becomes the main setting for promoting mental health.

The most successful school-based interventions target many risk factors and health outcomes and take a long-term, whole-school approach to mental health promotion, with benefits that last lifelong. By building coping and appropriate social skills and by instilling a non threatening, positive and an encouraging environment that fosters a sense of inclusiveness, belongingness and an identity among students, results in an improved adjustment in school. The far reaching result is an enhancement in competence, self-esteem, increased control and problem-solving skills, improved school achievement, and decrease in loneliness, learning problems, bullying and aggression, and symptoms of depression and anxiety.[5,10]

Engaging students, teachers, and parents through a broad inclusive school policy is more effective at fostering and promoting mental health than any short-term intervention that focuses on smaller specific topics concerned with self-esteem, self-concept and individual coping skills.[8,19] School-based interventions that are targeted towards the prevention or reduction of bullying behaviour at multiple levels and simultaneously directed to promoting mental health of all students are found to be most effective, with programmes that strive to modify bullying behaviour and at the same time trying to address the needs of individual victims. Involvement of parents and the community at large has been seen to facilitate positive behaviour which is reinforced outside the school environment; and the development of school policies that foster safe, supportive environments within the school itself are found to have far reaching results. It is however, observed that implementation of programmes directed towards reducing bullying behaviour are most effective at a younger age than at an older age.[19] Programmes that are age specific and an appropriate school curriculum directed towards raising the awareness for mental health issues engages children through group discussions, role playing skits, art activities, storytelling sessions, and educative games in the classroom setting in order to teach children empathy, not only improve self-control, emotional awareness, and competency in social problem-solving, but also lead to positive social interactions both in the school and with parents and the community at large.[20,21] Mental health promotion can be targeted by introducing schemes and programmes that involve parents of children at risk for behavioural problems such as aggression, delinquency, and substance use by a prudent mix of home practice and group meetings at schools. These interventions focus on a multi pronged approach of a positive home environment along with appropriate control and supervision that is conducive to the ongoing effort by the teachers in the school environment.[10] As children grow up and develop the ability to make choices and become independent they face new challenges and are exposed to more peer pressure so as to indulge in the risk-taking behaviours highlighted above, including sexual activity, all of which can have a two way effect on mental health. Therefore, building social and emotional skills is important in order to maintain a good mental health in students belonging to middle and high school, hence programmes that address these issues and challenges combine a promotive and preventive approach in order to reduce the risk factors associated with poor mental health in adolescence.[22]

Problem behaviour theory and parenting

Problem behaviour theory (PBT) is a systematic, multivariate, social-psychological conceptual framework derived initially from the basic concepts of value and

expectation in Rotter's[23] social learning theory and from Merton's[24] concept of anomie. The fundamental premise of the theory, that all behaviour is the result of person-environment interaction, reflects a "field theory" perspective in social science.[25] Problem behaviour is behaviour that is socially defined as a problem, as a source of concern, or as undesirable by the social and/or legal norms of conventional society and its institutions of authority; it is behaviour that usually elicits some form of social control response, whether minimal, such as a statement of disapproval, or extreme, such as incarceration. The earliest formulation of what later came to be known as PBT was developed in the early 1960s to guide a comprehensive study of alcohol abuse and other problem behaviours in a small, tri-ethnic community in southwestern Colorado.[26] After its initial application in the Tri-Ethnic Research Project, the framework was revised in the late 1960s for a longitudinal study of the socialisation of problem behaviour among secondary school students and college students,[27] and it is this version of the theory that is most widely known and cited.

PBT developed by Richard Jessor[28] is a well-known theory that gives insight on the impact the family has on adolescent problem behaviour (defined as behaviour outside the socially and legally accepted norm). This theory analyses different social and psychological variables for their effects on and/or trigger for social behaviours, both conventional and problematic. The theory focuses on three systems of psychosocial influence: the personality system, the perceived environment system, and the behaviour system. Each system in turn has different variables which contribute as an instigating factor or a protective factor, which prevents problem behaviour. The perceived environment system is separated into two structures, each containing variables related to parents and friends. There are distal structures containing factors indirectly related to problem behaviour, including parental support or control, and peer group support or control. The proximal structure contains factors directly related to problem behaviour, including parent and friends approval of problem behaviour. Through their research, Jessor *et al.*[29] identified lower parental supports and controls as being conducive to problem behaviour. These findings are in concordance to their results of the other studies.

A large body of research shows that peer and family influences have the greatest effect on adolescent drug use.[30-32] Many studies have focused on the correlation between family structure and adolescent drug use. Common findings in these studies have reported that adolescents in step-parent or single-parent (especially father-only) homes are at risk for higher levels of drug use.[33,34] The study which looked into family and peer influences found that peer groups tolerance to anti or pro

social behaviour was significantly related to the adolescent drug taking behaviour, this study also found that a positive family bonding and closeness was able to sway the adolescents away from the peer group's anti social behaviour.[32]

The classification of parenting styles

Multiple of landmark studies by Diana Baumrind[35] found that by examining combinations of parental response (i.e., a tendency to be supportive, accepting, and flexible) and demand (i.e., a tendency to set controls, expectations, and limits), four child rearing styles could be distinguished: authoritative (high in both demand and response), authoritarian (high in demand, low in response), permissive (high in response, low in demand), and uninvolved (low in both demand and response).[30] The authoritative parenting style is recognised as the most successful style for developing competent and confident children.[30,36] Much research has examined the four parenting styles developed by Baumrind, but there is limited research on how each of these parenting styles impact adolescent drug use. Another possible influence on adolescent drug use is the type of parenting style used by the parent(s). A longitudinal study conducted in Iceland discovered a relationship between parenting styles and adolescent drug use; however an important study from Iceland tried to look into adolescent drug taking and type of parenting. The results reported that adolescents who perceived their parents as authoritative were less likely to have used each substance in the study (cigarettes, alcohol, hashish, and amphetamines) than adolescents who perceived their parents as indulgent (i.e., permissive) or neglectful (i.e., uninvolved). Authoritative parents appeared to be more successful than authoritarian parents in preventing their 14-year old adolescents from drinking; however, there was not a significant difference between authoritative parents and authoritarian parents in their ability to prevent their 17-year old adolescents from heavy drinking and illicit drug use. Still, the authors concluded that the authoritative parenting style is protective in regards to adolescent drug use, both concurrently and longitudinally.[37]

Baumrind[38] investigated parenting styles and found three categories which included: authoritarian, authoritative, and permissive. She found that authoritative parents are warm, responsive, demanding and involved. They also exhibit behaviours that include respect for the child's viewpoint and their independence although they set clear limits for them. In addition, they set high but realistic goals for their children and provide the necessary support for them to achieve these goals. The authoritative parent was found most effective in fostering social responsibility, sense of self-esteem, confidence and adaptability in their children to meet challenges of academic and other contexts where strong beliefs in one's

abilities are required. Kaufmann *et al.*[39] examined the relationship between parenting style and children's adjustment. This study confirmed that authoritative parenting style is positively associated with healthy adjustment and reducing maladjustment than other styles of parenting. The permissive parent is characterised as warm, high nurturance, responsive but low in parental control and demand few maturity behaviours. Permissive parents are more likely to give way to the child's impulses, desires and actions. These parents place few demands on their children and let them do whatever they want. This style of parenting appears unsuccessful in enabling children to develop a range of self-directing abilities that underlie academic success.[40] Authoritarian parents are highly controlling and demanding but affectively cold, requiring children to be responsive to parental demands. They attempt to evaluate the behaviour and attitudes of children based on absolute sets of standards. Children are discouraged to negotiate over the family rules. These parents expect their children to obey explicit standards and rules and disobedience is dealt with by forceful and punitive discipline. Authoritarian parents also are less likely than others to use more gentle methods of persuasion; it means that they tend to be low in affection, praise and rewards with their children in order to motivate the child. Children of authoritarian parents tend to be withdrawn, mistrusting, and unhappy. In a study on the relationship between parenting styles and parental beliefs, Colpan *et al.*[41] found that children of authoritarian parents tend to have low self-esteem and lack spontaneity. However, they cautioned readers to take into consideration the importance of culture when evaluating parenting behaviour. Baumrind[42] theorised that if parenting behaviour is consistent with cultural values, children will accept it. For example, children respond differently if spanking signify love and concern in their community than if spanking is seen as unacceptable behaviour. It has been shown that cultural factors, such as race, ethnicity, and socioeconomic status may affect parenting styles. For instance, the research conducted using Asian-American sample illustrates that authoritarian parenting appears to be associated with positive development rather than pathology in adolescent if the social setting of family and community respond favourably in concordance with this parenting style.[43] Another study investigated the relationship between parenting practices and academic achievement among a sample of Asian-Americans, Hispanics, African-Americans, and European-Americans. The authors argued that the relationship between authoritative parenting style and student academic achievement only applies to the European-Americans.[44] Hence, there have been some debates about whether these parenting styles (authoritative, authoritarian, and permissive) have similar outcomes for children and adolescents who are not of

European descent. Chao[45-47] mentioned that, Asian participants may interpret the meaning of authoritarian parenting style differently. Thus, authoritarian parents' might be defined as caring and concerned parents to Asians but might appear controlling and dictatorial to European Americans. A study on the effects of parenting style on personal and social variables in Singapore among three ethnic groups (Indian, Chinese and Malay) demonstrated that Malay adolescents with authoritarian mothers tend to have better adjustment in attitude towards school compared to those who perceived their mothers to be authoritative.[48] Another study found that authoritarian parenting style to be positively associated with academic achievement of Hong Kong Chinese students while authoritative style was unrelated to the academic achievement of these students.[49] Authoritative parenting has been shown to be the most common parenting style among Asian Indian mothers who live in the United States while Asian Indian mothers living in India had more authoritarian styles.[50]

Baumrind's[42] parenting style typology (i.e., authoritative, authoritarian, and permissive) provides a useful framework in the examination of early parent-child relationships. In Baumrind's study,[38] she found that authoritative parents who are approving, responsive and nurturing with moderate control, to be most facilitative in a child's development of social competence in comparison to authoritarian and permissive parenting styles. The development of parents' philosophy about parenting is based on individual and family experiences, personality style, their own child's characteristics, social context and their cultural background.[51] An exhaustive discussion would lucidly describe the parenting styles in a contextual perspective:

1. Authoritarian parenting. Authoritarian parenting is characterised by behaviours that are highly restrictive and extremely demanding. Parents who employ this style tend to constrain children's independence and force them to follow strict rules by threatening harsh punishment for violations. They also tend to be less responsive to and accepting of their children. By preventing children from exercising control over their own behaviours and learning from their mistakes, authoritarian parents inadvertently may be rearing children to believe that they are not responsible for what happens to them. Children and adolescents from authoritarian families tend to perform moderately well in school and to be less involved in problem behaviours than children and adolescents from permissive families, yet they have poorer social skills, lower self-esteem, and higher levels of depression than do children of authoritative parents. Compared with parents of other styles, authoritarian parents tend to rear girls who are less independent, boys who are more aggressive, and

children who appear discontent and more extrinsically motivated.[52]

2. Permissive parenting. Permissive parents, at the other extreme, are nonrestrictive, imposing few maturity demands and applying high levels of responsiveness. They either indulge or neglect their children's needs.[53] Permissive parents allow children to be self-regulated and free from rules or discipline. However, by not setting behavioural limits and goals and not holding children responsible for surpassing or falling short of those limits and goals, parents are failing to teach children that they are responsible for their own behaviour. Moreover, children and adolescents from permissive families are susceptible to antisocial peer pressure.[54,55] Such individuals are also more likely to be involved in problem behaviours and perform less well in school, but they have higher self-esteem, better social skills, and lower levels of depression than children raised by authoritarian parents.[53]

3. Authoritative parenting. Authoritative parenting is an optimal balance of responsiveness and demandingness. Authoritative parents direct children in a rational, issue-oriented manner by explaining the reasoning behind rules. They recognise children's individuality, encourage verbal exchange, engage children in joint decision-making, and insist that children progressively assume more responsibility for responding to the needs of other family members within the limits of their capabilities.[56] Additionally, they provide appropriate scaffolding for their children's learning by supporting them when tasks are difficult and by backing away when children are succeeding on their own.[57] By allowing children to learn from their mistakes and to proceed independently when fairing well, parents may be encouraging their children's future self-reliance. Children of authoritative parents tend to demonstrate social and academic competence, exhibit fewer problem behaviours,[56] and have fewer mental health problems than children of permissive or authoritarian parents.[38,55,58] Baumrind[42] noted that such children are apt to demonstrate leadership qualities. Moreover, authoritative parenting has been associated with positive self-esteem, especially in women.[59]

4. Uninvolved parenting. An uninvolved parenting style is characterised by few demands, low responsiveness and little communication. While these parents fulfill the child's basic needs, they are generally detached from their child's life. In extreme cases, these parents may even reject or neglect the needs of their children.

Parenting attributes

There are some aspects of positive parenting which have been elucidated by multiple research studies in the area of parenting and its attributes. Some aspects of a

positive parenting attributes which have been elaborated are as follows:[60]

Expressing love and concern: Adolescents are open and learn to interact well if they have adults who are there for them. A good communicating relationship with adults who connect with them, spend time with them and show a genuine interest in their activities make them develop empathy and caring for others.

Providing supportive relationship: Young adolescents need support as they struggle with problems that may seem unimportant to their parents and families. There is an innate need to be accepted and recognised for their individuality. A guiding care is needed by them as they develop new skills and achievements.

Setting limits: Young adolescents need parents or other adults who consistently provide structure and a firm supervision that is age appropriate and directed towards a positive development. Behavioural limit setting keeps all children, including young teens, physically and emotionally safe. Warmth, nurturance, and provision of developmentally appropriate and consistent supervision, structure, and autonomy are the universal hallmarks of good parenting, from infancy through adolescence. Yet, the specific challenges and focal issues of parenting are closely linked to the particulars of the child's developmental phase, the sociocultural context within which parenting is embedded, and attributes of the parents.

Being an ideal role model: Young adolescents need strong and effective role models. As adolescents explore possibilities about their identity, they look to their parents, peers, well-known personalities and others for assurance and integration of their ego boundaries.

Teaching responsibility: Gradual and steady development of the attributes enables an individual to become productive and answerable. With integration of personality one imbibes a sense of responsibility; this quality enables a young child with an appropriate platform for development. Day to day activity which is routine can be easily contemplated.

Varied exposure: Adolescence is a time when an individual actively explores new areas and novel ideas. The child may try new sports and new academic pursuits. He or she may experiment with different forms of art, learn about different cultures and careers and take part in community or religious activities. It is better to open doors for the child. Parents should take an initiative to be torch bearers for introducing the child to new people; new cultures and adventures which will help in the development of their personality.

Teaching the ability to show respect: Children are likely to be held responsible for rebellion and

inappropriate behavior, but it is important that these children be treated with respect, which requires the parents to recognise and appreciate their differences and to treat them as individuals.

Biological understanding of parenting

In a recent genetic study,[61] the geneticists surveyed hundreds of families from 1990 and 1991, at the time their children were infants or toddlers. The parents were enquired about problems like depression, family-expressed anger, and financial stress. They also took cheek swab DNA samples from 100 children of those families' years later, when the children had grown into teenagers and this study revealed that parental stress can even alter the children's DNA. This research supports that the way a child is raised affects them on a biological level. There was a direct link between parents who reported high levels of stress in 1990 and 1991 and teenagers with differences in their genes. This also included those genes related to anxiety levels, insulin suppression, and brain development, some of them had distinct patterns of methylation, in which a chemical compound attaches to part of the DNA and changes the way the gene expresses itself. This process of methylation acts like a light dimmer for genes, the authors of the study concluded. The study revealed that each gene could be totally turned off, or totally turned on or anywhere in between. The study did not comment the adolescent's behaviour and their longitudinal mental health. There were, however, some interesting differences between the fathers' stress and the mothers' stress. Maternal stress affected both boys and girls, but fathers' stress had a more profound effect on their daughters' DNA methylation. This supports earlier studies linking absent fathers with earlier onset of puberty and difficult temperamental traits in girls—but not in boys. In another study,[62] the authors describe a novel negative association between mothers' supportive and guiding behaviour and the arginine vasopressin receptor 1A (AVPR1A) gene RS3 'target allele', independent of the child's sex and RS3 genotype. The allele previously associated with autism, higher marital problems lower generosity and higher amygdala activation in an emotional face-matching task is shown here to be related to lower levels of maternal structuring and supportive behaviour. This study focuses on maternal behaviour and on an allele at the RS3 promoter region of AVPR1A gene, previously associated with autism and with higher amygdala activation in a face-matching task. Mothers were observed during a free-play session with each of their 3.5-year-old twins. Multilevel regression analyses revealed that mothers who are carriers of the AVPR1A RS3 allele tend to show less structuring and support throughout the interaction independent of the child's sex and RS3 genotype. This finding advances our understanding of the genetic influences on maternal behaviour.

Raj *et al.*[63] found that most of the children of alcohol dependents (COADs) had high scores in both internalising and externalising behaviour problems; whereas the children of the non alcohol dependents (non-COADs) scored less in both the areas. Maximum numbers of males had internalising problems whereas females had high scores in externalising problems. There were significant differences in domain of, social problems, thought problems and attention problems in both the groups but COADs group scored high in all the domains. That showed high behaviour problems in COADs compared to non-COADs.

Conclusion

Parenting stress is associated with negative parenting practices, which have been linked to increased youth health risk behaviour. It is important therefore, to understand the most salient contributors to parenting stress in families who live in communities considered at high risk for development of youth problem behaviour. Parents of adolescents experience a high level of parenting stress that can compromise their ability to parent effectively.[64] Parenting self-efficacy has been identified as one determinant of positive parenting. Birth perception is a correlate of parenting self-efficacy that is modifiable; therefore a positive birth experience in females can enhance their early parenting self-efficacy.[65] Parents play a significant role in the sexual development and behaviours of their children. Parental monitoring and supervision are important avenues for keeping adolescents from risky situations and activities while the teen develops responsible decision-making skills.[66] Early puberty is a risk factor for delinquency, and early puberty combined with low parental nurturance, communication, or parental knowledge of the child's activities presents a risk for aggressive behaviour in early adolescent girls. Early-maturing girls may benefit from increased parental nurturance, communication, and knowledge.[67] A good interactive, guiding, firm and loving, directive parenting at all phases of a child's development can lead to a positive growth in the child.

Mental health professionals have an important role to play; while assessing children special attention should be paid to coping behaviours and pattern of parenting. Identification of parents who find it difficult to cope with demands of parenting is recommended as an initial first step towards primary prevention of mental problems. There is no ideal fit in parenting but authoritative parenting style is helpful in facilitating the development of social competence in children at home and in the peer group. High level of nurturance combined with moderate levels of control help adults become responsible child rearing agents for their children and help children become mature competent members of society.[65]

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