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Parenting Styles, Anxiety and Depressive Symptoms in Child/Adolescent

Estilos parentales, ansiedad y depresión en niños y adolescentes

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Abstract.

Objective: To analyse the possible direct and interactive associations of sex, age and parenting styles with symptoms of depression and anxiety. **Methods:** In this cross-sectional study, 710 students ranging from 8 to 13 years (mean age 10.8 years [± 0.75]), the most of them males ($n = 422, 59.4\%$), completed three screening instruments: a parenting practices scale and two self-reports for evaluating anxiety and depressive symptoms. Two hierarchical multiple regression analyses were performed. **Results:** Authoritative (38.6%) and neglectful (38%) parenting styles were predominant. Symptoms of depression — $F(3, 706) = 3.12, p = .03$ — and anxiety — $F(3, 706) = 2.83, p = .4$ — differed by parenting styles. Students with a neglectful parenting style reported significant lower generalized anxiety symptoms than those whose parents used authoritative parenting. **Clinical implications:** Children ages 8 to 13 years-old with authoritative parenting style should be evaluated for possible presence of generalized anxiety symptoms.

Resumen.

Objetivos: Analizar las posibles asociaciones entre sexo, edad y estilos de crianza con síntomas de depresión y ansiedad. **Método:** En este estudio transversal participaron 710 estudiantes entre 8 y 13 años (con una edad promedio de 10.8 [$DE = 0.75$]), la mayoría hombres ($n = 422, 59.4\%$), los cuales respondieron tres instrumentos de cribado: una escala de prácticas parentales y dos autoinformes para evaluar síntomas de ansiedad y de depresión. Se llevaron a cabo dos regresiones múltiples. **Resultados:** Los estilos parentales predominantes fueron el autoritativo (38.6%) y el negligente (38%). Los síntomas depresivos — $F(3, 706) = 3.12, p = .03$ — y ansiosos — $F(3, 706) = 2.83, p = .4$ — se relacionaron de manera diferente entre los estilos parentales. El estilo parental negligente se asoció con menos ansiedad generalizada que el estilo parental autoritativo. **Implicaciones clínicas:** Los niños de 8 a 13 años con estilo de crianza autoritario podrían ser evaluados para detectar la posible presencia de síntomas de ansiedad generalizada.

Keywords.

Parenting, depression, anxiety, Colombian, children, adolescents.

Palabras Clave.

Estilos parentales, depresión, ansiedad, colombianos, niños, adolescentes.

1. Introduction

Parenting styles are a group of integrated practices that help to determine how families face the demands of the environment (Baumrind, 1971; Smetana, 2017). These practices may influence the mental health of children and adolescents, as well as their academic, social, and emotional development (Boudreault-Bouchard et al., 2013; Brassell et al., 2016; Diaconu-Gherasim & Măirean, 2016; Lipps et al., 2012; Smetana, 2017). Internalizing symptoms (e.g. depression, anxiety, and somatic complaints) and externalizing symptoms (e.g. aggression and behavioural problems) have shown some association with parenting styles. However, some of the relevant research findings are inconsistent (Pinquart, 2017): they have been derived from different models of understanding parenting styles, and there is some evidence of cultural variability (Rothenberg et al., 2020). There are few studies performed in the Colombian population that explore parenting styles and internalizing symptomatology.

1.1 Parenting Practices

Baumrind (1966, 1971, 1996) was the first to describe three parental practices which parents use with their children: authoritarian (low warmth and high control), authoritative (high warmth and high control), and permissive (high warmth and low control). Later, a fourth parenting style, the rejecting-neglectful style (low warmth and low control), was added (Baumrind, 1966, 1971, 1996; Boudreault-Bouchard et al., 2013; Brassell et al., 2016; Diaconu-Gherasim & Măirean, 2016; Lipps et al., 2012). Since this initial categorization of parenting styles, other models have emerged. Examples from recent research include the concepts of rejection (Măirean & Diaconu-Gherasim, 2020), and democratic and ambiguous parenting styles (Moreno-Méndez et al., 2020).

There has been significant research on the association between parental style and several outcomes in children and adolescents. For instance, Diaconu-Gherasim and Măirean (2016) found that parenting styles were associated with goal orientations and academic achievement in adolescents aged between 14 and 18 years. Scharf et al. (2016) found that moderately-high levels of internalizing symptoms (anxiety, depression, and withdrawal) were associated with high levels of harsh parenting. Smetana (2017) pointed out in this respect that harshness is one of the main characteristics of authoritarian parenting, as well as physical yelling, scolding, shaming, among others. Exposure to parental verbal aggression has been associated with increased levels of depressive and anxiety symptoms (Polcari et al., 2014). In contrast, an authoritative parenting style has been associated with lower levels of depressive symptoms and this phenomenon is maintained over time (Liem et al., 2010; Steinberg et al., 1994).

Apart from the influence of parenting style on children's perceptions, emotions, and behaviour, it has been proposed that these characteristics in children also influ-

ence parenting style. Pinquart (2017) conducted a meta-analysis of longitudinal studies and demonstrated that the presence of internalising symptoms predicted declines in both parental warmth and authoritative parenting.

1.2 Demographic Factors

Previous research has indicated that associations between internalizing symptoms and parenting style are more marked among girls than boys and among older than younger children (Van Der Bruggen et al., 2008). This is also reflective of the higher prevalence of internalizing symptoms among these groups. In school-based research, it is not uncommon to encounter some children who are unusually young or old for their grade-level. Children in this situation may not have a strong sense of belonging to their grade-level peers and would therefore be at higher risk than others for internalizing symptoms, given the association between a low sense of belonging and the presence of internalizing symptoms (de Moor et al., 2018).

1.3 Cultural Factors

Cultural factors are an important consideration for predicting how parental style and children's emotional and behavioural experiences may be associated with each other. For example, Varela et al. (2009) reported that hostile parenting is much less associated with anxiety among Latin American adolescents than their European counterparts. It is therefore important to conduct research in specific cultures to determine what types of associations are applicable to them.

1.4 The Impact of Internalizing Symptoms on Children's Lives

All of the above points to the fact that parenting style may influence the presence of emotional problems, such as anxiety and depression. Both psychopathologies have been found to be related to high levels of impairment and frequent use of mental health services early in life (Duchesne et al., 2008). Anxious students may be more likely to anticipate failure, to perceive themselves negatively as learners, and to consider that they have little control over everything related to their learning; these thoughts may be present in potentially anxiogenic situations, leading to the adoption of avoidance behaviours and generating emotional distress. These characteristics may influence their functional impairment in school to the point of not completing it (Duchesne et al., 2008).

Depressive symptoms, even under the threshold of a diagnosis of major depression, may show a direct impact on daily life activities, especially in school and with friends, and may result in an elevated use of mental health services (Wesselhoeft et al., 2013). Depressive symptoms have been related to a reduction in academic self-efficacy, an ineffective use of learning strategies, and low levels of motivation and self-esteem, which, in turn,

may produce a tendency to drop out from school. Depressive symptomatology may generate deficits in short-term memory and problems with the execution of activities that require information processing, as well as altered sleep and weight patterns, which may influence the ability to concentrate on school work (Masi et al., 2000).

1.5 Internalizing Symptoms among Colombian Youth

From research that has employed screening instruments (as opposed to diagnostic methods), the prevalence of internalizing symptoms in Colombian children has been estimated to be between 8.9% and 26.1% (Abello et al., 2014; Velez-Gomez et al., 2013; Vinaccia et al., 2006). Using similar methods, other studies have estimated the prevalence of anxiety symptoms to be between 28.3% and 71.1% (Ospina-Ospina et al., 2011; Pérez Vásquez et al., 2016).

In Colombia, the presence of depressive and anxiety symptoms has been studied considering some variables such as sociodemographic characteristics, neuropsychological variables, levels of exposure to violence, school achievement, and forced displacement (Argumedos et al., 2014). There has also been some research on parenting and internalizing symptoms in Colombian. Castillo, Carpintero, et al. (2015) examined 45 parents and their children, and found that among support, satisfaction with parenting, commitment, communication, discipline, and autonomy, commitment was the only parental attitude related to anxiety symptomatology. Moreno-Méndez et al. (2020) have examined democratic, ambiguous, authoritarian and permissive parenting styles among 422 Colombian parents and their children and found the permissive style to be associated with anxiety and depression.

1.6 Objectives

In Colombia, while past research (e.g. Argumedos et al., 2014) has examined the association of internalizing symptoms with sociodemographic characteristics, neuropsychological variables, exposure to violence, school achievement, and forced displacement, only some studies (e.g. Castillo, Carpintero, et al., 2015; Moreno-Méndez et al., 2020) have related parental practices to internalizing symptoms. Yet, they did not examine the effects of any of the four classical parental practices described by Baumrind; neither did they examine parenting from the child's perspective. The present study aimed to: 1) explore the perceptions of parental practices in a sample of Colombian children; and 2) analyse the possible direct and interactive associations of sex, age, and parenting styles with depression and anxiety. More specifically, we hypothesized that, in keeping with previous research, children who perceived an authoritative parenting style would have fewer self-reported features of depression and anxiety than children who perceived other types of parenting styles. We also hypothesized that children of older age, female sex, and inappropriate age

for grade-level would be more likely than others to have internalizing symptoms overall and that associations between internalizing symptoms and parenting style would be more apparent among these groups.

2. Method

2.1 Sample

2.1.1 Sociocultural aspects of Sincelejo, Colombia

Sincelejo is a city within the region/department of Sucre, near the northern coast of Colombia. The main income generating activities are farming and small businesses (DANE, 2020). Most of the families are nuclear families with two parent headed homes. Often, people from the surrounding rural farming communities migrate to Sincelejo in search of better opportunities for employment and/or education. There are over 315 public schools and 14 several private schools in Sincelejo (Ministerio de Tecnologías de la Información y las Comunicaciones, 2020).

More than half ($n = 422, 59.4\%$) of the sample were males (Table 1). On average participants were 10.8 years (± 0.75 years) and ranged in age from 8 to 13 years. The majority of students had parents who had secondary education or less and worked in manual or skilled labour jobs (Table 1). All of the students were in the fifth grade with 539 of them or 75.9% attending public primary schools. In Colombia, primary school includes grades one to five, while basic secondary school includes grades six to nine, mid-secondary includes grades ten to eleven; thus, participants were attending the last grade of primary school. Participants were deliberately sampled from both public and private schools, to obtain a sample of participants from across all social classes with a wide variance in parental educational levels and parental occupations (Table 1). The inclusion criteria consisted of all grade 5 students who were present at school on the day of data collection and whose parents gave written consent for them to take part in the study. Additionally, the students had to give their (students) written assent to participate. The exclusion criteria consisted of students from all the other grades, students who were absent from school on the day of data collection, youth whose parents did not consent for them to participate and who did not give their assent to participate in the study.

2.2 Measurements

2.2.1 Socio-demographic Characteristics

Adolescents completed four questions that collected data on their mothers' and fathers' highest level of education (closed ended) and current occupation (open ended). These questions were included as they are key variables needed to calculate various indices of socio-economic status and social class. For the current study, only the open-ended questions on mothers' and fathers' current occupation were used. The occupations reported by adolescents for their mothers and fathers were coded

Table 1
Demographic Characteristics of the Sample

	<i>N</i>	<i>%</i>
Students' Age		
8	3	.4
9	63	8.9
10	451	63.5
11	149	21
12	39	5.5
13	5	0.7
Students' Sex		
Female	288	40.6
Male	422	59.4
Type of School		
Public	539	75.9
Private	89	12.5
Missing	82	11.5
Mother's Occupation		
Farm Labourers-Menial Service Workers	346	48.7
Unskilled Workers	73	10.3
Machine Operators & Semi-Skilled Workers	103	14.5
Smaller Business Owners, Skilled Manual Workers, Craftsmen & Tenant Farmers	36	5.1
Clerical and Sales Workers, Small Farm and Business Owners	46	6.5
Technicians, Semi-Professionals, Small Business Owners	80	11.3
Smaller Business Owners, Farm Owners, Managers, Minor Professionals	16	2.3
Administrators, Lesser Professionals, Proprietors of Medium Sized Businesses	10	1.4
Father's Occupation		
Farm Labourers-Menial Service Workers	69	9.7
Unskilled Workers	195	27.5
Machine Operators & Semi-Skilled Workers	132	18.6
Smaller Business Owners, Skilled Manual Workers, Craftsmen & Tenant Farmers	90	12.7
Clerical and Sales Workers, Small Farm and Business Owners	130	18.3
Technicians, Semi-Professionals, Small Business Owners	55	7.7
Smaller Business Owners, Farm Owners, Managers, Minor Professionals	25	3.5
Administrators, Lesser Professionals, Proprietors of Medium Sized Businesses	14	2.0
Mother's Education		
Kindergarten or Less	63	8.9
Primary School	75	10.6
High School Graduate	245	34.5
Trade/Vocational Certificate	81	11.4
Bachelors Degree	191	26.9
Father's Education		
Kindergarten or Less	80	11.3
Primary School	79	11.1
High School Graduate	244	34.4
Trade/Vocational Certificate	49	6.9
Bachelors Degree	201	28.3
Graduate Degree	57	8.0

into occupational categories listed on the International Standard Classification of Occupations (ISCO88; International Labor Office, 1990) and then coded into scores on the International Socio-Economic Index of Occupational Status (Ganzeboom & Treiman, 1996). Ganzeboom and Treiman conceptualized The International Socio-Economic Index of Occupational Status as conceptualized (1996) as a measure of socio-economic status that converts the features of occupations and education into income. A family score on the International Socio-Economic Index of Occupational Status was created by averaging the scores assigned to adolescents' mothers and fathers.

Adolescents also completed a single open-ended question asking their age on their last birthday. This question was used to determine if they fell into the expected ages for children attending grade 5 (10 to 11 years of age). Based on adolescents' responses, students were classified into two groups: age-grade consistent if they were between 10 to 11 years of age or age-grade inconsistent if they were between 8 to 9 years of age or 12 to 13 years of age.

2.2.2 Parenting Style

Adolescents' perceptions of their parents parenting practices during the past 6 months was collected using the Parenting Practices Questionnaire (Lempers et al., 1989). This self-report 29-item instrument assesses parental nurturance (14 items), monitoring (5 items), and inconsistent discipline (10 items) using a 5-point Likert scale ranging from 1 ("never") to 5 ("very often"). In the development sample (Lempers et al., 1989), the overall measure, collapsing across all sub-scales, had a coefficient alpha of .80. In this sample of Colombian adolescents, collapsing across all sub-scales, the measure had good internal consistency reliability ($\alpha = .90$) for the overall measure, as well as good internal consistency reliability for the nurturance sub-scale ($\alpha = .92$) and the monitoring sub-scale ($\alpha = .80$), and fair internal consistency reliability for the inconsistent discipline sub-scale ($\alpha = .70$). Following Lipps et al. (2012), parenting styles were classified using the median values for nurturance and monitoring. Cases where students perceived their parents to be above the median for both nurturance and monitoring were classified as authoritative parenting, while cases where both nurturance and monitoring were below or equal to the median were classified as neglectful parenting style. Cases where nurturance scores were above the median, but monitoring scores were below or equal to the median were classified as permissive parenting. Cases where monitoring scores were above the median, but nurturance scores were below or equal to the median were classified as authoritarian parenting.

2.2.3 Depression and Anxiety

From the Revised Child Anxiety and Depression scale (RCADS; Chorpita et al., 2000), the depressive symp-

toms and the generalized anxiety symptoms sub-scales were used. All items were presented in a Likert format ranging from 0 ("never") to 3 ("always"). The depressive symptoms subscale in the development sample had an internal consistency reliability of .80 for clinical samples and .79 for school based samples of children 6 to 18 years of age (Boudreault-Bouchard et al., 2013; Ebesutani et al., 2012; Smetana, 2017). In this sample, both the 10-item depressive symptoms ($\alpha = .71$) and the 6-item GAD ($\alpha = .70$) subscales showed an acceptable level of internal consistency reliability.

2.3 Procedure

Prior to the commencement of this study, an estimate of the required sample size was executed using G-Power (version 3.1.9.7) software, considering a statistical power of .95, an alpha error rate of .05, and a medium effect size ($f^2 = .15$). A medium effect size was chosen for the sample size calculations based on past research using Caribbean samples (Lipps et al., 2012; Lowe et al., 2009). Results of the analysis indicated that a sample of 600 participants was required.

This cross-sectional study was approved by the Research and Ethical Committee of the "Corporación Universitaria del Caribe CECAR" and performed in Sincelejo, district of Sucre, Colombia. The collection data started on May 15th, 2016, and finished on August 26th, 2016. To obtain the participating schools, a list of schools in Sincelejo was obtained from the Secretary of Education in 2015. The list consisting of 45 schools was divided into public and private schools and each school was assigned a number according to whether it was a public or private school. Using a table of random numbers, schools from private and public categories were chosen. Seventeen schools were initially randomly selected to take part in the study from a total of 45. The project was presented to each of the 17 school principals and the academic staff. From the initial 17 schools selected to take part, 13 schools (76.5%) agreed to collaborate. Four schools did not agree to participate: one was a private school and three were public. From a total of 861 students invited to participate, almost 82.4% ($n = 710$) of the students agreed to collaborate handing in signed informed assent and informed parental consent forms. The high participation of students was due to diligent efforts to recruit participants with researchers visiting each classroom many times during the week. If a student indicated that they forgot the parental consent at home or that they lost it, we came back the next day or provided students with another parental consent to be signed by parents.

In a single school day, research assistants provided a synopsis of the study to the participants and administered the questionnaires to the students, at the beginning of their regular class time. Students completed a questionnaire, which contained eight psychological mea-

asures: School Engagement (Norris et al., 2003), the Numeric 0 to 10 Anxiety Scale (Crandall et al., 2007), the Visual Analogue Anxiety Scale (Bringuier et al., 2009), Revised Child Anxiety & Depression Scale – Generalized Anxiety Sub-Scale (Chorpita et al., 2000), Revised Child Anxiety & Depression Scale – Depression Sub-Scale (Chorpita et al., 2000), The Adolescent Depression Rating Scale – ADRS (Revah-Levy et al., 2007), the Kutcher Adolescent Depression Scale (Brooks, 2004), the Parenting Practices Scale (Lempers et al., 1989), and a series of demographic question. Completion of the questionnaire took approximately 20 minutes. The current project only used three of these measures (Revised Child Anxiety & Depression Scale – Generalized Anxiety Sub-Scale, Revised Child Anxiety & Depression Scale – Depression Sub-Scale, and the Parenting Practices Scale). Confidentiality and freedom to decline participation before or after responding to the questionnaires were guaranteed. Prior to the day of data collection, each participant was given a letter addressed to his/ her parents, requesting approval to participate, and noting the possibility to withdraw from the study at any time. Participants could sit in their classrooms while the self-reporting data collection instruments were administered. Their class teachers, as well as the research assistants, supervised them throughout the process.

2.4 Statistical analysis

To ensure the accuracy of the statistical estimates, the data were screened for normality, linearity, outliers, and missing data, prior to the formal data analyses. Those variables which had missing values that were involved in the planned analyses were replaced using Expectation-Maximization imputation.

A series of simple statistical analyses were conducted prior to the formal, planned analyses to examine the potential biasing effects of sex, type of school, age-grade consistency (on-track versus off-track), parental education, parental occupation, and socio-economic status on depression and anxiety. Past research in the Caribbean has found these variables to be related to depression (De La Haye et al., 2010; Jules et al., 2020; Lipps et al., 2012; Lipps et al., 2010; Lipps et al., 2009; Lowe et al., 2009; Maharaj et al., 2008). Independent samples t-tests were used to explore the potential biasing effects of sex, type of school, and age-grade consistency on RCADS depression and anxiety scores. One-way ANOVA's were used to explore the potential biasing effects of parental education, parental occupation, on RCADS depression and anxiety scores. One-Way ANOVA's were also conducted to examine differences on RCADS depression and anxiety scores by parenting style. Pearsons Product-Moment correlations explored the association between socio-economic status and students RCADS depressive and anxiety scores.

Formal, planned data analyses of the hypotheses were conducted using hierarchical multiple regression analyses. These hierarchical multiple regression analyses explored the possible interactive effect of parenting styles with sex on levels of depression and anxiety. At the first stage of the regression analysis, sex was entered into regression equation as dummy coded variable with females serving as the reference groups. At the second stage of analysis, the three variables representing parenting styles were entered into regression equation as dummy coded variables with authoritative parenting serving as the reference group. At the third stage of analysis, three separate variables representing the interaction of sex by parenting styles were entered into the regression equation. For all regression analyses, depression and anxiety served as the dependent variables, while sex, the three dummy coded variables representing type of parenting, and the three separate terms representing the interactions of sex by type of parenting, served as the independent variables.

3. Results

3.1 Preliminary Analyses of Biasing Factors

In general, with the exception of sex and generalized anxiety, demographic and school related factors had little statistically significant associations to children's symptoms of depression and anxiety. There were no statistically significant differences in students RCADS-MDD scores by sex $-t(708) = -.02, p = .98-$, by age-grade consistency $-t(708) = .42, p = .68-$, by type of school attended $-t(708) = -.18, p = .85-$, mothers' occupation $-F(7, 702) = .84, p = .55-$, fathers' occupation $-F(7, 702) = .57, p = .78-$, mothers' education $-F(5, 704) = 1.29, p = .27-$, and fathers' education $-F(5, 704) = .43, p = .83-$. Similarly, there were no statistically significant differences in students RCADS-Generalized Anxiety scores by age-grade consistency $-t(708) = .05, p = .96-$, by type of school attended $-t(708) = .11, p = .91-$, mothers' occupation $-F(7, 702) = .91, p = .50-$, fathers' occupation $-F(7, 702) = .87, p = .53-$, mothers' education $-F(5, 704) = 2.02, p = .07-$, and fathers' education $-F(5, 704) = 2.13, p = .06-$. However, students did differ in RCADS-Generalized Anxiety scores by sex $-t(708) = -2.47, p = .01-$, with boys reporting slightly higher scores RCADS-Generalized Anxiety scores (10.82) than girls (10.11). ISEI Socio-economic status scores were not correlated with RCADS-MDD scores for mothers ($r = -.01, p = .87$), fathers ($r = -.02, p = .63$) or the family average ISEI socio-economic status scores ($r = -.01, p = .70$). Similarly, ISEI Socio-economic status scores were not correlated with RCADS-Generalized Anxiety scores for mothers ($r = .03, p = .48$), fathers ($r = -.04, p = .32$) or the family average ISEI socio-economic status scores ($r = -.01, p = .89$).

3.2 Analyses of Parenting Style

The pupils mainly reported that their parents used either authoritative (38.6%) or neglectful (38%) parenting styles (Table 2). RCADS-MDD symptoms of depression differed by parenting styles — $F(3,706) = 3.12, p = .03$. However, Bonferroni post-hoc tests did not indicate which types of parenting differed. RCADS-GAD anxiety scores also differed by parenting style — $F(3,706) = 2.83, p = .4$ —. Bonferroni post-hoc tests indicated that students whose parents used a neglectful parenting style, reported significant lower mean RCADS generalized anxiety scores than those whose parents used authoritative parenting (Table 3).

Table 2

Frequency of Parenting Styles

Parenting Style	<i>n</i>	%
Authoritative	275	38.6
Authoritarian	86	12.1
Permissive	80	11.3
Neglectful	270	38.0

Table 3

Differences in Depressive Symptoms and Anxiety Symptoms by Parenting Style

Parenting		Mean RCADS- MDD Depression	Mean RCADS- GADS Anxiety
Authoritative <i>N</i> = 274	Mean	6.29	11.01 ^a
	<i>SD</i>	(4.39)	(3.59)
Authoritarian <i>N</i> = 86	Mean	7.44	10.43
	<i>SD</i>	(4.55)	(3.33)
Permissive <i>N</i> = 80	Mean	6.06	10.53
	<i>SD</i>	(4.25)	(3.69)
Neglectful <i>N</i> = 270	Mean	7.16	10.08 ^b
	<i>SD</i>	(4.45)	(4.00)
Missing <i>N</i> = 82	Mean	7.05	10.93
	<i>SD</i>	(4.81)	(4.08)

Note. The difference between Neglectful versus Authoritative RCADS-GAD means is statistically significant.

3.3 Association of Students Sex and their Caregivers Parenting Styles with RCADS Depression and Anxiety Scores

Two sets of hierarchical multiple regression analyses were conducted to examine the direct and interactive associations of sex and parenting styles to both students RCADS-MDD scores and their RCADS-GAD scores.

In the first hierarchical regression analysis, a dummy coded predictor for sex (reference group = females) was first entered into the regression equation as a predictor of RCADS-MDD scores. At the second stage of analysis, the three dummy coded predictors for parenting styles (reference group = authoritarian parenting) were entered into the regression analysis as predictors of RCADS-MDD scores. At the final stage of analysis, the interactions of sex by parenting styles as predictors of major depression scores entered last into the regression equation. Results of the regression analysis found that at the first stage of the regression analysis, sex was not a significant predictor of RCADS-MDD scores, while at the second stage of analysis, controlling for sex, children who reported that their parents used authoritative ($t = 2.104, p < .05$) or permissive parenting ($t = 2.305, p < .05$) styles reported lower RCADS-MDD scores than those whose parents used an authoritarian parenting style. At the third stage of analysis, the interactions of sex by type of parenting styles were all non-significant (Chg $R^2 = .00, p > .05$; Table 4).

In the second hierarchical regression analysis, a dummy coded predictor for sex (reference group = females) was first entered into the regression analysis, followed by three dummy coded predictors for parenting styles (reference group = authoritarian parenting) with the interactions of sex by parenting styles entered last as predictors of generalized anxiety scores. Sex had a statistically significant relationship with symptoms of generalized anxiety disorder ($t = 2.47, p < .05$), such that males reported higher symptoms of anxiety than females. Controlling for sex, parenting practices were significantly associated with students RCADS-GAD scores ($t = 2.47, p < .05$, Table 5). However, the regression analyses did not indicate where the differences in parenting styles were. The interactions of sex by type of parenting were all non-significant (Chg $R^2 = .003, p > .05$; Table 5).

4. Discussion

This study provides information regarding students perceptions of parenting practices reported by a sample of Colombian students and its possible direct and interactive association with sex and age on their levels of anxiety and depression. In our study, we did not find significant differences in the students RCADS MDD levels of depressive symptoms between girls and boys; however, we found significant sex differences in the pupils RCADS GAD scores, with males reporting slightly higher RCADS

Table 4

Students sex and their caregivers parenting styles predicting students RCADS Major Depressive Disorder Scores

Variable	B	Std. Error	Beta	t	Sig.	R2Chg
Stage One						
Sex-Dummy Coded (0: Female,1: Male)	.007	.339	.001	.020	.984	.000
Stage Two						.000
Authoritative	1.149	.546	.085	2.104	.036*	
Neglectful	-.235	.562	-.017	-.418	.676	
Permissive	.874	.379	.096	2.305	.021*	
Stage Three						
Sex by Authoritative	-1.255	1.122	-.074	-1.119	.263	.000
Sex by Permissive	-.362	1.198	-.022	-.302	.762	
Sex by Neglectful	.371	.768	.034	.483	.629	

Note. $n = 710$. All tests of significance for the Change in R2 were conducted using F-tests $*p \leq .05$.

Table 5

Students sex and caregivers parenting styles predicting students RCADS Generalized Anxiety Disorder Scores

Variable	B	Std. Error	Beta	t	Sig.	R2Chg
Sex - Dummy Coded. (0:Female, 1:Male)	.674	.285	.088	2.362	.018*	.003
Authoritative	-.587	.460	-.051	-1.276	.203	
Permissive	-.540	.473	-.046	-1.140	.255	
Neglectful	-.896	.319	-.116	-2.805	.005*	
Sex by Authoritative	-.653	.944	-.046	-.691	.490	
Sex by Permissive	-.217	1.008	-.015	-.215	.830	
Sex by Neglectful	.659	.647	.072	1.019	.308	

Note. $n = 710$. All tests of significance for the Change in R2 were conducted using F-tests $*p \leq .05$.

GAD scores than females. Additionally, students reported caregiver-parenting styles were associated with their (students) RCADS MDD and GAD. While the regression analyses found that parenting styles affected students reported RCADS GAD scores, it did not advise which types of parenting styles significantly differed in their relation to students anxiety scores.

In keeping with previous research (Abello et al., 2014; Argumedos et al., 2014; Cuevas & Castro, 2009; Esparza & Rodríguez, 2009; Velez-Gomez et al., 2013; Vinaccia et al., 2006), our study found no statistically significant correlation between students age and symptoms of youth reported depression or anxiety. However, contrary to former studies (Castilla Puentes et al., 2013; Romero-Acosta et al., 2010; Romero-Acosta et al., 2014), where sex differences were found in Colombian youth such that girls reported more anxiety symptoms than boys, this study found boys to be more anxious. Our sample consisted of grade 5 students, who were in their last year of primary school. Previous international research has shown that the transition for 11 and 12 year old boys into high school can be very anxiety provoking, because they will now have 15 and 16 years old males, in their school environment, with whom they may have contact in such arenas as sporting activities. The reward process asso-

ciated with school boy sports tends to reinforce physical aggression that may lead to the development of emasculating stereotypes and bullying (Millington et al., 2008).

4.1 Prevalence of parenting styles

The two parenting styles most reportedly used by caregivers of this cohort were authoritative and neglectful parenting style. The former style is characterized by tolerance, acceptance, warmth, and the use of reasonable limits to regulate children's behavior (Baumrind, 1996; Lee et al., 2014), while the latter is related to lower levels of warmth and monitoring (Lipps et al., 2012). These results concur with previous ones (Prieto-Montoya et al., 2016) that found that the parenting style most frequently used in adolescents from Manizales, Colombia, was the authoritative. This finding is unexpected, given the high levels of reported domestic violence in Colombia. We expected that the authoritarian style, characterized by physical yelling, scolding, humiliating, and more physical aggression (Smetana, 2017) would be more reportedly used. It seems that in Sucre, a Colombian department located on the Caribbean coast, children perceive their parental practices as similar to their counterparts in Bahamas, Jamaica, St. Kitts, Nevis and St. Vincent (Lipps et al., 2012).

Depressive symptoms and parenting styles Similar to prior research (Brassell et al., 2016), parental practices were linked to the presence of internalizing symptomatology, such as depression and anxiety. In this study, students who perceived that their parents used authoritarian or neglectful parenting styles reported more depressive symptoms than those whose parents used authoritative parenting style (Table 3), while those whose parents used authoritative or permissive parenting reported lower depressive symptoms than those whose parents used authoritarian styles (Table 4). Our results are similar to those reported by Lipps et al. (2012), who also found that authoritarian and neglectful parenting styles were more highly associated with childrens levels of depressive symptoms in Jamaica, St. Vincent, St. Kitts and Nevis, than the authoritative style. An authoritarian parental style may have unfavourable effects on childrens adjustment in different cultures, resulting in youth conduct disorder and cognitive problems as well as substance misuse (Lempers et al., 1989; Smith et al., 2011). However, Akinsola (2010) found that parents in Nigeria mainly use a mixture of authoritative and authoritarian parenting styles in caring for their children, where they show love and nurturance to their offspring. However, based on their cultural traditions, they expected obedience and respect for authority figures such as parents and elders in the community.

Children who had neglectful parenting reportedly developed feelings of worthlessness and experienced suicidal ideations in later life (Ehnvall et al., 2008). Parenting practices (such as authoritative and permissive parenting), which included psychological flexibility (an ability to focus on the present and accept discomfort and distress without allowing such negative emotions to direct actions), modelled the same flexibility to the children (Gottman et al., 1996). With psychological flexibility, one attempts to control his or her emotions, thoughts and behaviors by applying certain regulatory strategies. Gottman et al. said (1996) children who receive emotional nurturance from their parents are better able to calm their arousal in situations that provoke strong emotions. Such behaviours lend themselves to better tolerance of negative emotions, a protective factor against depression. In effect, the nurturance demonstrated in authoritative and permissive parenting may model psychological traits which protect children against depression (Brassell et al., 2016).

Anxiety symptoms and parenting styles In keeping with previous research (Lipps et al., 2012; Smetana, 2017), our study found that students caregiver parenting styles related to their (youngster) reported anxiety levels. Based on the results of Table 5, and previous research (Castillo, Carpintero, et al., 2015; Castillo, Sibaja, et al., 2015), students who reported their caregivers used neglectful parenting styles were less anxious than those who reported authoritative parenting. We

theorize that our findings may highlight parental nurturance and monitoring (authoritative style) that may be manifested in an anxious manner, which may be learned by their children. This is quite plausible given the high levels of security issues (robberies, assaults, abuses) in the Sucre region (Instituto Nacional de Medicina Legal y Ciencias Forenses, 2016). Kliewer et al. (2004) argued that children exposed to community violence might be at greater risk for the development of internalizing symptoms based on the nature of their parent-child relationships and parents emotion regulation skills. Parents anxious concerns may be transmitted to their children through the caregiver-child interactions, as well as the caregiver regulation of emotion.

Based on these findings, our research has highlighted the need for children ages 8 to 13 years old, who experience authoritative parenting style, to be evaluated for the possible presence of generalized anxiety disorder. Furthermore, pupils ought to be educated about risk factors associated with depression and anxiety, as well as sources of assistance available to them. The school based mental health report of Canada (2013) recommended professional learning in mental health for students, parents, and teachers. It also recommended that there should be adequate numbers of trained mental health professionals in schools, to identify and assist students with mental health problems, such as internalizing disorders, as well as their parents.

4.2 Limitations

The results of this study cannot be generalized, firstly because causal inferences cannot be drawn from this cross-sectional study design. This means that a causal directionality of parenting styles to depressive and anxiety symptoms cannot be established. It is possible that children who are depressed or anxious may perceive their parents as neglectful or authoritarian when that may not be the case. Secondly, data obtained are the perceptions of the children; it has not been contrasted with the parents point of view. Thirdly, depressive and anxiety data were obtained only through self-reports; we did not use clinical interviews to diagnosed internalizing disorders. Therefore, students may not have met the diagnostic criteria for internalizing disorders, but reported only symptoms of the disorders. Additionally, children reported on both parents using a single measure. That limited our ability to understand unique associations of mothers versus fathers behavior with child symptoms. Nonetheless, in spite of these limitations, this study has added to the knowledge of Colombian parenting styles (authoritative, authoritarian, neglectful, and permissive), and the associations with students sex, age and symptoms of depression and anxiety. Future research is needed to identify any causal directionality between parenting styles and internalizing disorders among Colombian youth.

5. Conclusions

As previous studies in Colombia (Prieto-Montoya et al., 2016), the two parenting styles most reportedly used by youth in Sincelejo (Sucre) were authoritative and neglectful parenting style. Furthermore, similar to prior research (Brassell et al., 2016; Lipps et al., 2012), parental practices were linked to the presence of internalizing symptoms: students who perceived that their parents used authoritarian or neglectful parenting styles reported more depressive symptoms than those whose parents used authoritative parenting style; and those whose parents used authoritative or permissive parenting reported lower depressive symptoms than those whose parents used authoritarian styles.

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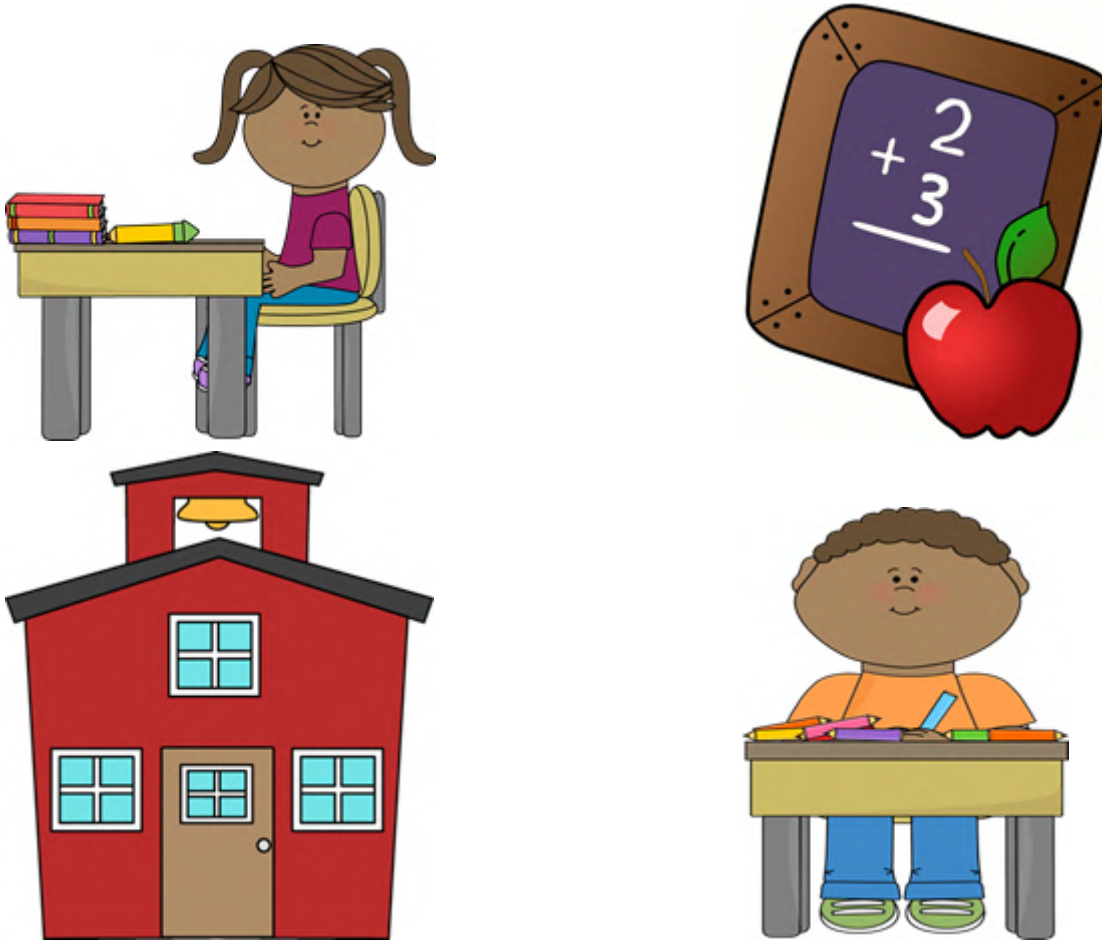
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Appendix A**Supplemental Material: Spanish questionnaire
Factores Sociales y Emocionales en Estudiantes del Grado quinto Fase 1**

En las siguientes páginas te preguntaremos acerca de tus emociones y sobre cómo te sientes. Todas las respuestas a este cuestionario se mantendrán bajo estricta confidencialidad.

Estas primeras preguntas indagan sobre cómo te sientes acerca del colegio, lo bien que lo estás haciendo y sobre tus opiniones sobre el colegio.

1. ¿Cómo te sientes acerca del colegio?
 - a. Me encanta el colegio
 - b. Me gusta mucho el colegio
 - c. Me gusta un poquito el colegio
 - d. No me gusta mucho el colegio
 - e. Odio el colegio
2. ¿Qué tan bien crees que estás haciendo el trabajo escolar?
 - a. Muy bien
 - b. Bien
 - c. Más o menos
 - d. Mal
 - e. Muy mal

3. ¿Qué tan importante es para ti hacer las siguientes cosas en el colegio?

	Muy Importante	Importante	De algún modo importante	No muy importante	No del todo importante
a. Hacer amigos	1	2	3	4	5
b. Obtener buenas calificaciones	1	2	3	4	5
c. Participar en actividades extra curriculares	1	2	3	4	5
d. Aprender cosas nuevas	1	2	3	4	5
e. Siempre llegar a tiempo a clase	1	2	3	4	5
f. Expresar tu opinión en clase	1	2	3	4	5
g. Hacer parte del consejo de estu- diantes y participar en otras cosas	1	2	3	4	5
h. Entregar las tareas a tiempo	1	2	3	4	5

4. ¿Con qué frecuencia hablas con el profesor fuera de clase?

- Todos los días
- Algunas ves a la semana
- Una vez a la semana
- Algunas veces al mes
- Menos de una vez a la semana
- Nunca

Las siguientes preguntas indagan sobre algunas actividades que te gusta hacer

En los últimos 12 meses con qué frecuencia tú...

	Nunca	Menos de una vez a la semana	De 1 a 3 veces a la semana	4 o más veces a la semana
1. Practicas deporte con un instructor, (Clases de natación, fútbol, voleibol, etc.)?	1	2	3	4
2. Haces parte de clases de gimnasia, karate u otras lecciones?	1	2	3	4
3. Haces parte de grupos de arte, drama o grupos musicales, o algún tipo de club fuera del colegio?	1	2	3	4
4. Haces parte de algún club o grupo como los Scouts, un grupo comunitario, la iglesia u otro grupo religioso?	1	2	3	4
5. Te dedicas a un hobby o manualidad (dibujar, construir maquetas?)	1	2	3	4

Las siguientes preguntas buscan conocer cómo te sientes generalmente y cómo te sientes ahora. Por favor encierra el número que mejor describa qué tan nervioso o ansioso te sientes.

1. Por favor encierra el número que mejor describa qué tan nervioso o ansioso te sientes ahora.

0	1	2	3	4	5	6	7	8	9	10
No mucho		Un poco		Medianamente				Mucho		Peor de lo que imaginé

2. Por favor encierra el número que mejor describa qué tan nervioso o ansioso te sentiste durante las últimas seis semanas.

0	1	2	3	4	5	6	7	8	9	10
No mucho		Un poco		Medianamente				Mucho		Peor de lo que imaginé

3. Por favor, coloca una marca en la línea que mejor describa lo ansioso o temeroso que te sientes ahora.

Sin ansiedad o miedo _____ La peor ansiedad o miedo posible

4. Por favor, coloca una marca en la línea que mejor describa lo ansioso o temeroso que te sentiste en los últimos 6 meses.

Sin ansiedad o miedo _____ La peor ansiedad o miedo posible

Las siguientes preguntas buscan conocer acerca de cómo te sientes generalmente. Por favor, encierra la palabra que mejor describa lo nervioso o ansioso que te sientes generalmente.

1. Me preocupo por las cosas.	Nunca	A veces	Con frecuencia	Siempre
2. Me preocupa que le suceda algo feo a alguno de mis familiares.	Nunca	A veces	Con frecuencia	Siempre
3. Me preocupa que me sucedan cosas malas	Nunca	A veces	Con frecuencia	Siempre

4. Me preocupa que algo malo me suceda.	Nunca	A veces	Con frecuencia	Siempre
5. Me preocupa lo que va a pasar.	Nunca	A veces	Con frecuencia	Siempre
6. Pienso en la muerte.	Nunca	A veces	Con frecuencia	Siempre

Ahora nos gustaría hacerte algunas preguntas acerca de qué tan triste o irritable te sientes. Por favor haz un círculo en la palabra que muestre con qué frecuencia te suceden estas cosas. No existen respuestas correctas o incorrectas.

1. Me siento triste y vacío.	Nunca	A veces	Con frecuencia	Siempre
2. Ya nada es divertido.	Nunca	A veces	Con frecuencia	Siempre
3. Tengo problemas para dormir.	Nunca	A veces	Con frecuencia	Siempre
4. Tengo problemas de apetito.	Nunca	A veces	Con frecuencia	Siempre
5. No tengo energía para hacer las cosas.	Nunca	A veces	Con frecuencia	Siempre
6. Estoy muy cansado.	Nunca	A veces	Con frecuencia	Siempre
7. No puedo pensar claramente.	Nunca	A veces	Con frecuencia	Siempre
8. Me siento inútil.	Nunca	A veces	Con frecuencia	Siempre
9. Me siento como si no quisiera moverme.	Nunca	A veces	Con frecuencia	Siempre
10. Me siento inquieto.	Nunca	A veces	Con frecuencia	Siempre

A continuación se presentan una series oraciones que describen la manera cómo te sientes. Por favor encierre la oración que sea falsa o verdadera para ti. No existen respuestas correctas o incorrectas.

1. No tengo energía para el colegio.	Verdadero	Falso
2. Tengo problemas al pensar.	Verdadero	Falso
3. Me siento abrumado por la tristeza y la inquietud.	Verdadero	Falso
4. Nada me interesa o me entretiene.	Verdadero	Falso
5. Lo que hago es inútil.	Verdadero	Falso
6. Cuando me siento así quisiera estar muerto.	Verdadero	Falso
7. Todo me molesta.	Verdadero	Falso
8. Me siento abatido y desanimado.	Verdadero	Falso
9. Duermo mal.	Verdadero	Falso
10. Ahora no me interesa el colegio, no puedo hacerle frente.	Verdadero	Falso

Cómo has estado durante la última semana, “en promedio” o “usualmente” con relación a los siguientes temas:

	Casi nunca	La mayoría del tiempo	La mayoría de las veces	Todo el tiempo
1. Bajo de ánimo, triste, desganado para hablar, deprimido, no has querido ser molestado.	1	2	3	4
2. Irritable, enfadado, has perdido el humor fácilmente.	1	2	3	4
3. Con problemas para dormir —diferente de lo normal (durante los años antes de enfermarte): problemas para conciliar el sueño quedándote despierto en la cama.	1	2	3	4
4. Con menos interés en: salir con los amigos; estar con tu mejor amigo; estar con tu novio/novia; salir de la casa; hacer tareas o trabajar; practicar hobbies o deportes o recreación.	1	2	3	4
5. Te has sentido inútil, desesperado, has decepcionado a la gente, has dejado de ser buena persona.	1	2	3	4
6. Sensación de cansancio, sensación de fatiga, baja en energía, dificultad para estar motivado, te deben presionar para hacer las cosas, quieres descansar o estar acostado todo el tiempo.	1	2	3	4
7. Dificultad para concentrarse, no puedes mantener tu mente en el trabajo o en el colegio, sueñas despierto cuando deberías estar trabajando, se te hace difícil concentrarte en la lectura, te aburres con el trabajo o la escuela.	1	2	3	4
8. Sientes que la vida no es muy divertida, no te sientes tan bien como usualmente lo haces (antes de enfermarte) no sientes placer por cosas divertidas como usualmente lo haces (antes de enfermarte).	1	2	3	4
9. Preocupación, nerviosismo, pánico, tensión, excitación, ansiedad.	1	2	3	4
10. Molestias físicas debido a la preocupación tales como: dolor de cabeza, mariposas en el estómago, náuseas, sensación de hormigueo, inquietud, diarrea, sacudidas o temblores.	1	2	3	4
11. Has tenido pensamientos, planes o acciones para suicidarte o hacerte daño a ti mismo				
a. sin pensamientos o planes o acciones				
b. pensamientos ocasionales, no hay planes o acciones				
c. pensamientos frecuentes, no hay planes o acciones				
d. planes y/o acciones que han hecho daño				

La siguiente sección del cuestionario se pregunta sobre cómo te llevas con tus padres o tutores

1. Mis padres (o padrastros o padres adoptivos)

	Nunca	Raramente	A veces	Con frecuencia	Muy frecuente
a. Olvidan pronto una regla que ellos han impuesto.	1	2	3	4	5
b. Me castigan por hacer algo malo un día, pero lo olvidan al día siguiente.	1	2	3	4	5
c. Dependiendo de su estado de ánimo hacen cumplir una regla o no.	1	2	3	4	5
d. Me regañan por cosas pequeñas.	1	2	3	4	5
e. Me pegan o amenazan.	1	2	3	4	5
f. Mantienen reglas solo cuando les conviene.	1	2	3	4	5
g. Se enojan y me gritan.	1	2	3	4	5
h. Me han golpeado.	1	2	3	4	5
i. Amenazan con castigarme más de lo usual.	1	2	3	4	5
j. Me dan mucho cuidado y atención.	1	2	3	4	5
k. Escuchan mis ideas y opiniones.	1	2	3	4	5
l. El centro de sus vidas soy yo.	1	2	3	4	5
m. Están interesados en lo que aprendo en el colegio.	1	2	3	4	5
n. Se interesan por saber dónde estoy y con quién.	1	2	3	4	5
o. Quieren saber exactamente dónde voy que hago.	1	2	3	4	5
p. Averiguan sobre mi mal comportamiento.	1	2	3	4	5
q. Me dicen la hora que debo llegar a casa cuando salgo.	1	2	3	4	5
r. Me dejan salir las noches que quiero.	1	2	3	4	5
s. Me supervisan y vigilan.	1	2	3	4	5
t. Me sonrien.	1	2	3	4	5
u. Me elogian.	1	2	3	4	5
v. Hablan de las cosas buenas que hago.	1	2	3	4	5
w. Parecen orgullosos de las cosas que hago.	1	2	3	4	5
x. Se aseguran de que me sienta apreciado.	1	2	3	4	5
y. Me compensan con privilegios adicionales.	1	2	3	4	5
z. Se interesan por entender cómo veo las cosas.	1	2	3	4	5
aa. Me dan la oportunidad de escoger que hacer cuando es posible.	1	2	3	4	5
bb. Cada vez que no estamos de acuerdo en algo, tratamos de resolverlo juntos.	1	2	3	4	5
cc. Cuando discutimos, nos quedamos bravos por largo tiempo.	1	2	3	4	5

Las siguientes preguntas reúnen cierta información sobre ti y tu familia. Esta información se recoge con el fin de entender cómo los niños de diferentes edades, géneros y clases sociales se sienten y se relacionan con los demás.

1. ¿Cuál es tu género?
 - a. Femenino
 - b. Masculino
2. ¿Cuál era su edad en tu último cumpleaños?
_____ Años
3. ¿Cuál es la ocupación actual de tu mamá?

4. ¿Cuál es el nivel de educación de tu mamá?
 - a. Sin escolarización.
 - b. Jardín infantil.
 - c. Primaria.
 - d. Bachillerato.
 - e. Técnica en el Sena u otros.
 - f. Universitaria.
 - g. Con Postgrado
5. ¿Cuál es la ocupación actual de tu papá?

6. ¿Cuál es el nivel de educación de tu papá?
 - a. Sin escolarización.
 - b. Jardín infantil.
 - c. Primaria.
 - d. Bachillerato.
 - e. Técnica en el Sena u otros.
 - f. Universitaria.
 - g. Con Postgrado



Comentarios

Por favor, siéntete libre de utilizar el espacio de abajo para expresar cualquier inquietud o comentario con respecto a este proyecto.