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Parenting style, supporting factor of the socio-emotional development of the child with diabetes

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Abstract

The article highlights the crucial importance of parenting style in the lives of children with diabetes, showing how it directly influences the children's ability to manage the disease and lead a balanced life. Parenting style not only plays a role in diabetes management, but also has a profound impact on the child's emotional state and long-term development. The comparative study between school-aged children with diabetes and those without diabetes examined the impact of parenting styles on key factors in socio-emotional development and diabetes management in children, identifying parenting styles as significant predictors of children's emotional intelligence as well as internalizing and externalizing problems. A parenting style that actively involves the child in the process of diabetes management, both through education and emotional support, can have a major positive impact on the child's quality of life. Therefore, it is essential that parents adopt a style that supports not only the strict management of the disease but also the child's emotional and social development, ensuring a balance between medical requirements and the child's emotional needs.

Keywords: diabetes mellitus, children, parenting style, emotional intelligence, anxiety, depression, difficulties, distress

Introduction

Parenting style plays a crucial role in a child's development, influencing a wide range of aspects, from emotional and social development to the formation of personality and behaviors (Baumrind, 1966), as well as the management of chronic illnesses, such as type 1 diabetes in children. Studies have shown that children's emotional and social development is strongly influenced by parenting style (Kaufman, 2000; Landry et al, 2001; Rossman & Rea, 2005). The influence of parenting style on children with diabetes is evident not only in their physical health but also in their emotional and psychosocial development (Weinstein & Mermelstein, 2008). Various studies and research analyses have examined the impact of parenting styles on children's emotional and psychological development, including effects on anxiety and depression, as well as other psychological aspects such as self-esteem, emotional intelligence, coping strategies, and school competence. Additionally, emphasis has been placed on the influence of parenting styles on the management of juvenile diabetes, which is considered essential, with some studies highlighting parental stress and family conflicts that contribute to the deterioration of diabetes management in children, emphasizing the negative impact of a less adaptive parenting style on the child's behavior and well-being (Hilliard et al., 2011). These studies provide a strong foundation for understanding how parenting style can influence children's socio-emotional development, indicating that outcomes

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may vary depending on cultural and social context. Research in this field suggests that different parenting styles can directly influence how children develop and manage anxiety or depression (Chen & French, 2008; Grolnik & Ryan, 1989; Lamborn et al., 1991, Rothbaum et al., 1982). These studies show that a supportive and balanced parenting style can reduce a child's anxiety, improving their ability to manage the disease. Furthermore, the effects of a supportive parenting style on children's emotional resilience and reduced risk of depression are also highlighted. In contrast, an authoritarian or overprotective parenting style may increase anxiety levels, as the child may experience a lack of autonomy or additional stress related to high expectations and excessive control.

Method

The aim of the study is to determine the predominant style of parental control exhibited by parents of children with diabetes compared to that of parents of non-diabetic children, and how this control influences important psychological components in the development of children with diabetes, such as emotional intelligence, anxiety, and depression, as well as the general difficulties associated with chronic illness.

Objective. We start from the assumption that parents of children with diabetes predominantly exhibit different parenting styles compared to parents of non-diabetic children, and we aim to identify both the benefits and drawbacks of the various styles used by parents of children with diabetes, as well as how these parenting approaches impact certain characteristics in the development of children with diabetes.

Instruments. To determine the psychological components relevant to our study, we employed the following: the Parenting Styles Questionnaire (Pawel, 2014), which measures five parenting styles: authoritarian, perfectionist, democratic (authoritative), permissive, and uninvolved; the Emotional Intelligence Test for Children adapted by Mihaela Roco from Daniel Goleman (Roco, 2001); the Multidimensional Anxiety Scale for Children (MASC®); the Children's Depression Inventory (CDI®); and the Strengths and Difficulties Questionnaire (SDQ). The study compared 100 children with diabetes and 100 children without diabetes, aged between 8 and 14 years.

Table 1. Comparative Analysis of the Structure between Two Groups of Children

			Gender		χ^2
			Feminine	Masculine	
DZ1	with DZ1	n	50	50	0.50 $p=0.571$
		%	50.0%	50.0%	
	no DZ1	n	45	55	
		%	45.0%	55.0%	
Total			n	95	105
			%	47.5%	52.5%

Findings and discussion

In Table 2, the marginal frequency distribution shows a high prevalence of the democratic parenting style (37.0%), followed by the uninvolved style (20.5%), permissive (18.5%), and perfectionist (17.5%). The authoritarian style recorded a very low prevalence (6.5%). This suggests that most parents adopt an educational approach characterized by a balance between firmness and flexibility, respecting the child's autonomy while simultaneously providing guidance

and support. The democratic style is the most commonly observed, which can be correlated with a more positive and supportive family climate, conducive to healthy child development. The uninvolved parenting style, present in 20.5% of cases, indicates a lack of involvement or low interest in the child's emotional and behavioral needs, which can have negative consequences for their development. The permissive style, with a prevalence of 18.5%, suggests that some parents prefer to be less restrictive, giving the child more freedom in decision-making, but at the risk of not setting clear boundaries. The perfectionist style, identified in 17.5% of cases, reflects a tendency for parents to impose very high standards on the child, which may lead to increased pressure and stress for the child. Lastly, the authoritarian parenting style, with the lowest prevalence of 6.5%, indicates a rigid and strict approach, with clear expectations and often an imposition of the parent's will without considering the child's opinion.

Table 2. *Distribution of Parenting Styles*

Parenting style	Diabetes Mellitus				Total		Comparative test Chi-square	
	no		yes					
	n	%	n	%	n	%	χ^2	p
Authoritarian	6	6.0	7	7.0	13	6.5	19.33	0.001
Uninvolved	32	32.0	9	9.0	41	20.5		
Permissive	20	20.0	17	17.0	37	18.5		
Perfectionist	12	12.0	23	23.0	35	17.5		
Democrat	30	30.0	44	44.0	74	37.0		

The comparative analysis of the distribution of parenting styles based on the presence of diabetes indicates a significant differentiation ($\chi^2 = 19.33$; $df = 4$; $p = 0.001$). Significant differences were identified in the uninvolved parenting style, which has a higher proportion (32.0%) among children without diabetes, and in the perfectionist and democratic styles, which have higher proportions among children with diabetes, at 23.0% and 44.0%, respectively. In managing their child's diabetes, parents tend to adopt more structured strategies focused on supporting and closely monitoring the child, likely in response to the additional needs generated by managing a chronic condition such as diabetes. The uninvolved parenting style suggests that parents of children without diabetes tend to be less engaged in managing their child's life, possibly due to the absence of medical challenges that require closer supervision. In contrast, the perfectionist style among parents of children with diabetes may be explained by the need to impose high standards and maintain strict control over health and routine aspects, due to the demands of disease management. The predominant democratic style in this group indicates a balanced approach where parents support their children in managing the illness, promoting their autonomy while also providing consistent guidance and support.

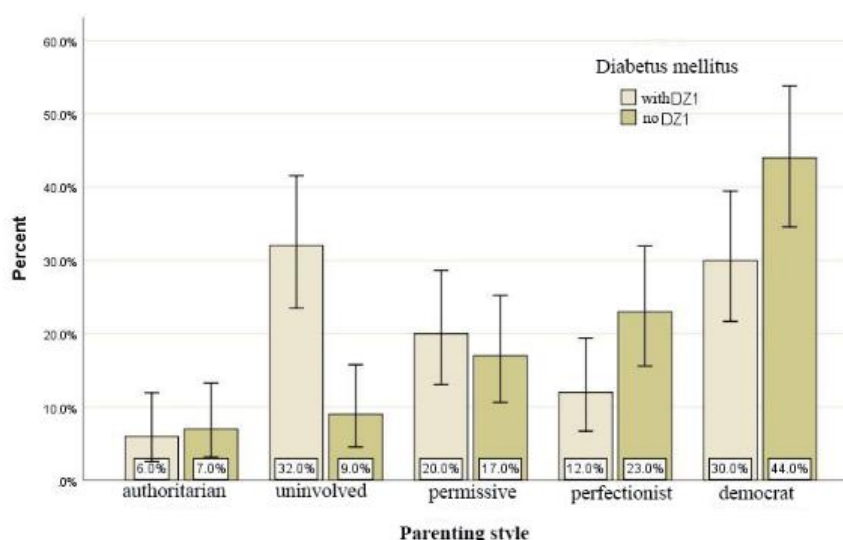


Fig. 1. Representation of Parenting Styles for Children with and no Diabetes

Emotional intelligence (EQ) plays a crucial role in how children with diabetes manage their condition. Higher levels of EI have been associated with better coping strategies, improved adherence to treatment regimens, and enhanced glycemic control (Smith & Milam, 2013). The authoritative parenting style is considered the most beneficial for the development of emotional intelligence, particularly for children with diabetes. These parents help their children understand and manage their emotions, encourage open communication, and provide emotional support, enabling children to express their needs and feelings in a healthy manner. This contributes to better stress and anxiety management related to diabetes. Conversely, children raised in a negligent or uninvolved parenting environment may face significant difficulties in developing emotional intelligence, as the lack of adequate support can lead them to feel alone and misunderstood. This can result in severe emotional problems, such as depression or anxiety. For children with diabetes, this can lead to poor disease management, with negative long-term consequences (Maccoby & Martin, 1983; Weinstein & Mermelstein, 2008).

Table 3. Distribution of Emotional Intelligence Levels

Level	n	%	Cumulative %
Sub-average	29	14.5	14.5
Average	64	32.0	46.5
Above average	98	49.0	95.5
Exceptional	9	4.5	100

In our study, we observe an average level of emotional intelligence with a proportion of 32% and an above-average level with a proportion of 49%. The below-average level is present in 14.5% of cases, while the exceptional level is found in only 4.5% of cases. A significant percentage of 32.0% falls within the average level, indicating adequate emotional intelligence for daily functioning, but with potential for further development. In contrast, below-average levels are present in 14.5% of cases, which may signal difficulties in managing emotions and stress—factors that can negatively influence social relationships and overall well-being. The exceptional level of emotional intelligence is observed in only 4.5% of cases, reflecting a rare capacity among children to navigate emotional complexity and effectively utilize these skills in various contexts. These data underscore the importance of developing emotional intelligence, both in educational settings and through psychological interventions, to support a healthy emotional and social balance.

Table 4. *Distribution and Impact of Parenting Styles on Emotional Intelligence*

No.	Factor	Omnibus Test		R ²		Coeficienți model				Exp(B)
		$\chi^2(7)$	p	C-S	N	B	SE	Wald (df=1)	p	
Emotional intelligence (EQ)	Gender (1)	16.10	0.024	0.077	0.090	-0.59	0.29	4.04	0.044	0.56
	T1D (1)					-0.19	0.30	0.39	0.531	0.83
	Age					0.06	0.07	0.82	0.364	1.06
	Authoritarian					1.44	0.72	3.90	0.048	4.20
	Perfectionist					-0.72	0.45	0.03	0.873	0.93
	Democratic					0.76	0.40	3.60	0.058	2.15
	Permissive					-0.02	0.45	0.01	0.972	0.98

According to the results obtained from the ordinal logistic regression analysis testing the explanatory model of the distribution of emotional intelligence levels, a statistically significant prediction from the model was observed ($\chi^2=16.10$; $df=7$; $p=0.024$). The predictive capacity of the model ranged from 7.7% to 9.0%. Based on the model coefficients, it was found that parenting style is a positive predictor; specifically, compared to the neglectful parenting style, children with an authoritarian parenting style have approximately four times the odds ($\exp(B)=4.20$) of exhibiting a high level of emotional intelligence ($B=1.44$; $Wald=3.90$, $p=0.048$). In the case of the democratic parenting style, the odds ratio is approximately two times greater ($\exp(B)=2.15$) ($B=0.76$; $Wald=3.60$; $p=0.058$). Traditionally, authoritarian parenting is not considered optimal for the development of emotional intelligence. However, when its elements are combined with open communication and emotional support, akin to an authoritative style, it can foster the development of self-control and resilience. Children raised in an authoritarian environment may develop a clearer understanding of the importance of rules and discipline, aspects that can be beneficial in certain situations, such as managing a chronic illness like diabetes. Parents who exercise positive authority help develop their children's social and moral competencies. A positive authoritarian parenting style, which combines emotional support with clear rules and guided autonomy, is associated with favorable outcomes in diabetes management, including better glycemic control and healthier psychological adaptation. In contrast, neglectful or permissive parenting styles may have detrimental effects on children's ability to effectively manage diabetes. Higher levels of emotional intelligence have been linked to better coping strategies, improved adherence to treatment regimens, and enhanced glycemic control.

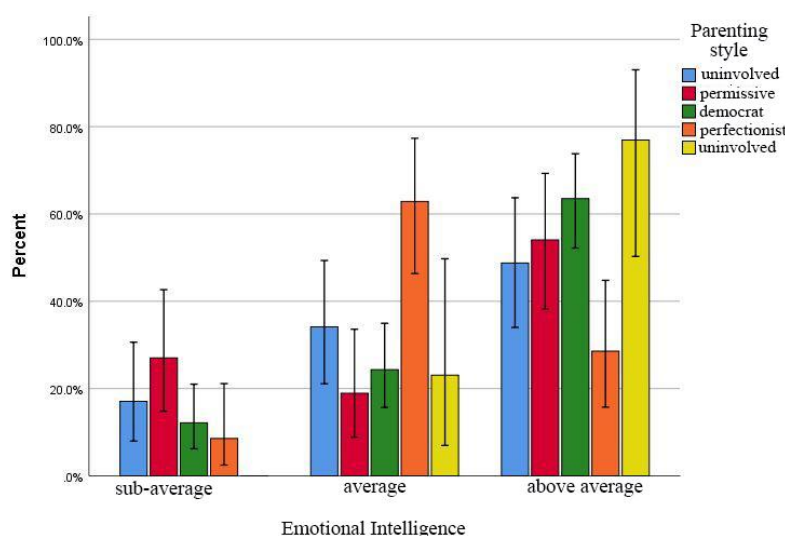


Fig. 2. *Representation of Parenting Style in Relation to Levels of Emotional Intelligence*

Parenting style has a significant impact on children's anxiety levels. In our study, a one-way ANOVA analysis and Tukey's multiple comparison test were applied. Based on the results obtained, the following significant differences are observed:

Table 5. *Distribution and Impact of Parenting Style on Anxiety Symptoms*

Dimension	Parenting style	Subsets for significant differences $p=0.05$		F	p
		I	II		
Physical Symptoms Anxiety	permissive	4.62		3.19	0.014
	perfectionist	4.91	4.91		
	authoritarian	5.08	5.08		
	democratic	5.26	5.26		
	uninvolved		5.90		
Avoidance Symptoms Anxiety	authoritarian	4.38		2.95	0.021
	democratic	5.27	5.27		
	uninvolved	5.29	5.29		
	permissive	5.49	5.49		
	perfectionist		6.03		
Tension - Restlessness	authoritarian	4.00		5.26	0.001
	permissive	4.46			
	perfectionist	4.89	4.89		
	democratic	5.04	5.04		
	uninvolved		5.98		
Somatic - vegetative	permissive	4.27		5.03	0.001
	authoritarian	4.69	4.69		
	perfectionist	5.26	5.26		
	democratic		5.43		
	uninvolved		5.63		
Perfectionism	authoritarian	3.38		3.49	0.009
	democratic		4.58		
	permissive		4.84		
	perfectionist		4.89		
	uninvolved		5.15		
Anxious coping	authoritarian	4.69		2.67	0.034
	democratic	4.95	4.95		
	uninvolved	5.17	5.17		
	permissive	5.43	5.43		
	perfectionist		5.86		
Total score MASC	authoritarian	4.54		1.85	0.120
	permissive	5.16	5.16		
	democratic	5.26	5.26		
	perfectionist	5.29	5.29		
	uninvolved		5.88		

- The highest level (values corresponding to a slightly above-average level) of anxiety components is observed in the case of the uninvolved parenting style: tension-restlessness, somatic-vegetative, perfectionism, and for the total score on the MASC (Multidimensional Anxiety Scale for Children).

- The lowest level (values corresponding to a slightly below-average level) is observed in the case of the authoritarian parenting style (avoidance of harm, perfectionism, anxious coping, and total MASC score).

The analysis of anxiety component levels based on parenting style shows that the uninvolved parenting style is associated with the highest total scores on the MASC, indicating an overall increased level of anxiety, with the highest values for anxiety components, including tension-restlessness, somatic-vegetative, perfectionism, and the total MASC score. Studies indicate that the uninvolved parenting style is associated with higher anxiety levels in children (Baumrind,

1966). The lack of support and attention from parents can contribute to the development of anxiety and other emotional issues. Children who do not receive sufficient guidance and emotional support may experience feelings of insecurity and restlessness. The lack of parental involvement can amplify the physical symptoms of anxiety, as children do not benefit from the necessary support to effectively manage stress. An uninvolved parenting style may lead children to develop unrealistic expectations of themselves, without receiving the guidance needed to set realistic goals and manage pressure. Some authors (Eisenberg & Richard, 1992) suggest that an authoritarian or democratic style that provides emotional support and stability can contribute to reducing anxiety and improving children's overall well-being.

Table 6. *Distribution and Impact of Parenting Style on Depression Symptoms*

Dimension	Parenting style	Subsets for significant differences $p=0.05$		F	p
		I	II		
Negative mood	authoritarian	4.77		2.57	0.039
	perfectionist	4.91	4.91		
	permissive	5.00	5.00		
	democratic	5.05	5.05		
	uninvolved		5.95		
Interpersonal problems	authoritarian	4.15		5.14	0.001
	democratic	4.77			
	perfectionist	4.89	4.89		
	permissive	4.89	4.89		
	uninvolved		6.00		
Inefficiency	democratic	4.43		7.84	0.001
	permissive	4.70			
	authoritarian	4.92			
	perfectionist	5.49	5.49		
	uninvolved		6.22		
Anhedonia	permissive	4.27		7.63	0.001
	perfectionist	4.31			
	democratic	4.91	4.91		
	authoritarian	4.92	4.92		
	uninvolved		5.90		
Low self-esteem	perfectionist	4.40		5.32	0.001
	authoritarian	5.08	5.08		
	democratic	5.12	5.12		
	permissive	5.24	5.24		
	uninvolved		6.22		
Total score CDI	authoritarian	4.08		9.86	0.001
	democratic	4.58			
	permissive	4.76			
	perfectionist	4.80			
	uninvolved		6.27		

Based on the results presented in Table 6, the following significant differences are observed:

- The highest level (values corresponding to a slightly above-average level) of depression components is found in the case of the uninvolved parenting style: negative mood, interpersonal problems, inefficacy, low self-esteem, anhedonia, and for the total score on the CDI (Children's Depression Inventory). The observation that the uninvolved parenting style is associated with the highest values of depression components, including negative mood, interpersonal problems, inefficacy, low self-esteem, anhedonia, and for the total CDI score is consistent with existing research in psychology and education that emphasizes the impact of parenting styles on the emotional and behavioral development of children (Baur & Kienlen, 2014).

- The lowest level (values corresponding to a slightly below-average level) is observed in the case of the authoritarian parenting style (negative mood, interpersonal problems, and total CDI score), as well as in the case of the permissive and perfectionistic parenting styles (anhedonia and low self-esteem). The lowest levels of depression components are found in the authoritarian, permissive, and perfectionistic parenting styles, which can be interpreted in the context of the varied effects of different parenting styles on the emotional development of children. Although the authoritarian style is often associated with strict control and lack of flexibility, studies suggest that it can lead to mixed outcomes concerning children's emotional well-being. In some studies, children from authoritarian environments may show a lower risk of depressive symptoms than those from uninvolved backgrounds, but they may also be at risk of developing other emotional problems, such as anxiety. They may have a lower negative mood due to a structure and discipline that provide a sense of safety and predictability. Children from permissive environments may struggle to cope with challenges and develop coping skills but may not necessarily exhibit severe depressive symptoms. While permissive parenting can contribute to issues with self-discipline, it is not always directly associated with severe anhedonia or low self-esteem. Children from perfectionistic environments may experience high pressure and stress related to their performance, but this style is not necessarily associated with negative mood or severe depressive symptoms. Children in perfectionistic settings may experience pressure and stress, but they are often encouraged to surpass their limits and develop skills, which can reduce the risk of anhedonia and low self-esteem (McLeod and colab., 2012). Parents who provide a secure environment where the child feels understood and supported foster healthier emotional states. These children are more likely to have a positive attitude towards their illness and develop effective coping strategies, thereby reducing the likelihood of depression.

In the case of emotional distress, the proposed predictive model is statistically significant ($\chi^2(3) = 36.31$, $p = 0.001$), with a moderate predictive capacity ($0.166 \div 0.188$). Diabetes mellitus serves as a positive predictor, with an odds ratio of 2.06 times greater for individuals with diabetes ($B = 0.72$; $W = 5.99$; $p < 0.05$; $\exp(B) = 2.06$). Parenting styles are identified as negative predictors, with an odds ratio of 0.46 times lower for the democratic style in presenting a high level of emotional distress ($B = -0.79$; $W = 3.84$; $p = 0.05$; $\exp(B) = 0.46$) and 0.17 times lower for the perfectionistic style ($B = -1.77$; $W = 12.78$; $p < 0.001$; $\exp(B) = 0.17$). The result suggests that children with diabetes are more likely to experience a high level of emotional distress, while parenting styles that involve appropriate support and structure, specifically democratic and perfectionistic styles, are associated with a lower level of emotional distress.

In the case of relational difficulties, the proposed predictive model is statistically significant ($\chi^2(3) = 37.57$, $p = 0.001$), with a moderate predictive capacity ($0.177 \div 0.196$). The perfectionistic parenting style is also identified as a negative predictor ($B = -1.37$; $W = 7.19$; $p < 0.01$), with an odds ratio of 0.26 times lower for presenting a high level of relational difficulties ($\exp(B) = 0.26$) compared to the uninvolved parenting style. The perfectionistic parenting style may contribute to better management of relational difficulties, indicating that high standards and expectations can promote better relational management skills compared to the uninvolved style, which could lead to communication problems and withdrawal from relationships.

In the case of prosocial behavior, the proposed predictive model is statistically significant ($\chi^2(3) = 34.16$, $p < 0.001$), with a moderate predictive capacity ($0.157 \div 0.186$). Parenting styles compared to the uninvolved style are identified as negative predictors, with an odds ratio of 0.18 times lower for the permissive parenting style ($B = -1.73$; $W = 12.62$; $p = 0.001$; $\exp(B) = 0.18$) and 0.24 times

lower for the authoritarian style ($B = -1.42$; $W = 4.18$; $p = 0.041$; $\exp(B) = 0.24$) in comparison to the uninvolved parenting style. The presence of diabetes serves as a positive predictor ($B = 0.71$; $W = 5.12$; $p < 0.05$), indicating a higher level of prosocial behavior with an odds ratio of 2.03 times greater ($\exp(B) = 2.03$) compared to those without the condition. The permissive parenting style may be less favorable for developing prosocial behavior, while the authoritarian style may limit the development of prosocial behavior. However, individuals with diabetes tend to exhibit prosocial behavior more frequently, which may be linked to experiences of empathy and social support associated with managing a chronic condition.

In the case of the overall impact on life, the proposed predictive model is statistically significant ($\chi^2(3) = 25.06$, $p < 0.01$), with a moderate predictive capacity ($0.118 \div 0.135$). Emotional intelligence and the perfectionistic parenting style are identified as negative predictors, showing a higher level of impact with an odds ratio of 0.57 times lower for each increase in emotional intelligence level ($B = -0.56$; $W = 9.03$; $p < 0.01$; $\exp(B) = 0.57$) compared to below-average levels, and an odds ratio of 0.18 times lower for the permissive parenting style ($B = -1.73$; $W = 12.62$; $p = 0.001$; $\exp(B) = 0.18$) and 0.20 times lower for the perfectionistic style ($B = -1.61$; $W = 10.17$; $p < 0.001$; $\exp(B) = 0.20$) compared to the uninvolved parenting style. The result suggests that higher emotional intelligence is associated with a lower impact on life, indicating that the ability to understand and manage emotions can help mitigate the negative effects of stress on life. Permissive and perfectionistic parenting styles may provide children with a more structured or supportive environment, which can reduce the negative impact of stress on their lives. It is evident that both emotional intelligence and parenting styles significantly affect how individuals experience and manage life difficulties.

In the case of the total difficulty score, the proposed predictive model is statistically significant ($\chi^2() = 39.98$, $p < 0.001$), with a moderate predictive capacity ($0.181 \div 0.207$). The presence of diabetes mellitus serves as a positive predictor, indicating an odds ratio of 3.19 times greater for the permissive parenting style ($B = -1.73$; $W = 12.62$; $p = 0.001$; $\exp(B) = 0.18$) and 0.24 times lower for the presence of diabetes mellitus ($B = 1.16$; $W = 14.21$; $p < 0.001$; $\exp(B) = 3.19$) compared to children without diabetes. The democratic and perfectionistic parenting styles are identified as negative predictors, indicating a higher level of dysfunction with an odds ratio of 0.11 times lower for the perfectionistic style ($B = -2.24$; $W = 18.73$; $p < 0.001$; $\exp(B) = 0.11$) and an odds ratio of 0.34 times lower for the democratic style ($B = -1.08$; $W = 7.09$; $p < 0.01$; $\exp(B) = 0.34$) compared to the uninvolved parenting style. The results show that individuals with diabetes are associated with an increased risk of total difficulties. Individuals with diabetes are more likely to experience dysfunctions in various areas, underscoring the importance of appropriate monitoring and management of health to minimize the negative impact on life. The democratic and perfectionistic parenting styles are associated with a lower risk of difficulties.

Conclusion

The role of parental influence, defined by parenting style, is particularly important as it contributes to the emotional development context of children, providing them with the psychological resources necessary to cope with stress and disease management. It has a profound impact on their emotional health, behavior, and ability to face challenges. In the case of children with diabetes mellitus, the predominant parenting styles identified were perfectionistic and democratic. A parenting style that is encouraging yet structured, allowing independence while ensuring adherence to diabetes management routines, is associated with lower levels of suffering

related to chronic illness and better psychological outcomes. Parenting style influences not only children's direct emotions but also how they learn to manage their emotions. Parenting style significantly affects the presence of anxiety and depression manifestations in children, negatively associated with uninvolved, permissive, authoritarian, and perfectionistic styles, which may increase the risks of emotional disorders. Conversely, the democratic style positively contributes to the prevention of emotional problems and better emotional regulation. The results indicate a low level of internalizing problems among children with diabetes, primarily attributed to the predominance of the democratic parenting style used by parents. Understanding and implementing healthy parenting practices are essential for supporting children's emotional well-being. A parenting style that offers emotional support and stability can help the child foster a positive attitude towards managing diabetes. Encouraging the child to learn about the disease and actively participate in its management can enhance self-control and self-confidence. Thus, parenting styles not only shape children's personalities and development in multiple ways but also play a crucial role in maintaining balanced physical and mental health. This complex and comprehensive influence underscores the importance of a conscious and informed approach to parental education. It is vital for parents to be aware of how their parenting style influences the emotional and psychological state of the child with diabetes, as parenting style constitutes both a risk factor and a protective factor.

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