

The Relationship between Parenting Styles and Mental Health Problems among Preschool Children Living in Gaza Strip

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Abstract

Aim: This study aimed to examine the relationship between parental styles used by Palestinian parents and mental health problems among preschool children.

Method: Using multiple cluster sampling, a total of 361 parents and their preschool children were selected, 198 (54.8%) were boys and 163 (45.2%) were girls. While the parents sample consisted of 153 fathers (42.5%) and 208 mothers (57.6%). Age of children ranged from 4-6 years, mean age was 4.51. Parents completed questionnaires measuring parental styles and behavioural and emotional problems of preschool children (SDQ-preschool children).

Results: The results showed that The study showed that mean Authoritative/flexible parental style was 38.40 (SD = 4.92), mean Authoritarian style was 32.14 (SD = 4.89), and permissive style mean was 29.69 (SD = 4.18). The results showed that fathers mean authoritative style was 37.71 (SD = 4.93) and mean for mothers was 38.90. The study showed that mean authoritative/flexible parental style was 38.40, mean authoritarian style was, and permissive style mean was 29.69. Using previous cut-off points of the SDQ, 33.3% of the children rated by their parents as psychiatric morbidity. Among the four categories of mental health problems, 18.9% had hyperactivity, 57.9% reported emotional problems, 40.4% reported conduct problems, 48.2% reported peer relationships problems, and 17.7% had pro-social behaviour problems. Result showed that there was significant negative correlation between total SDQ and authoritarian style and positive correlation with Authoritative/flexible style. Authoritarian style was negatively correlated peer relationship problems and conduct problems.

Conclusion: Our study results showed that Palestinian parents used commonly Authoritative/flexible parental style. Our findings showed that preschool children reported high rate of mental health problems highlight the need for early detection of such problems in the early years of children. Such detection could be achieved by conducted awareness session and training courses for parents in ways of healthy parenting and mental health problems of preschool children. Moreover, training course for the kindergarten teachers to enable them of early detection of children with mental health problems and ways of dealing with such problems.

Keywords: Parental Style; SDQ; Preschool Children; Gaza Strip

Introduction

Developmental psychologists have long been interested in how parents impact child development (Kendra Cherry, 2005). Parenting can be challenging, especially when considering parenting styles and the effect it might have on child attachment. Research has shown that children depend on parents for support, love, care, and attention; this is known as attachment [1]. There are various parenting techniques. Baumrind [2] has incorporated the idea that certain parental types use specific types of discipline and maintains a certain disposition; therefore, it is important to understand if specific parenting styles affect attachment and the parent-child relationship. The

basic parenting model suggests that there are three parenting styles: authoritative parents, authoritarian parents, and permissive parents [2]. Children raised by authoritative parents are habitually more confident, act out less disruptively, and are considered to have more self-control [3]. A similar parenting style named authoritarian. Authoritarian parents repeatedly require high demands and provide little to no responsiveness to discipline their children. These children are often raised with aggression and display their experience by showing a lack of self-control, act out more disruptively, and are less confident in their social relationships [2]. The polar opposite of authoritative and authoritarian parenting styles named permissive style. There are other two forms of permissive parents, parents require low demands and display high responsiveness (indulgent) and parents require low demands and display low responsiveness (uninvolved). Children of permissive parents often display confusion, unable to show self-control, and often behave irresponsibly [2]. Many recent studies demonstrated that authoritative parents often yield more socially and academically competent children [4,5]. A similar parenting style named authoritarian. Authoritarian parents will often get the child to comply by suppressing the child's active participation by exhibiting negative responses and disapproval. The authoritarian parent will also be competitive by nature [4]. Permissive parents often do not bestow responsibilities onto their children. They often allow their children to disengage in household chores and following rules [6]. The children of permissive parents often display confusion, are unable to show self-control, and often behave irresponsibly [2,6]. Studies have shown that adolescents with authoritative parents perform better in all expected outcomes, when compared to children with neglectful or permissive parents [7]. Authoritative families display distinct boundaries, which allows for a supportive yet independent environment [8]. Studies have shown that adolescents with authoritarian parents did well in school and were less likely to be involved in disobedient activities; although, it was also evident that these adolescents displayed lower self-reliance and self-competence and higher psychological and somatic distress [4,7]. Children of permissive parents often display confusion, are unable to show self-control, and often behave irresponsibly [9]. Permissive parents tend to alternate praise and punishment [9]. Studies have shown that adolescents with permissive parents displayed high self-reliance and self-competence, but also showed higher levels of substance abuse and school problems [8,9]. Rejecting or neglectful parent. An alternative to permissive parenting is a rejecting or neglectful parent. These parents can be harsh punishers as well as they are not patient to deal with the behaviors of their children [2]. These parents are often not "parents" at all because they lose their children to other caregivers or their children may be forced to raise themselves [3]. Further research by others also suggested the addition of a fourth parenting style [10]. The four styles of parenting that have been described by researchers are authoritarian, authoritative, permissive and uninvolved parenting. Baumrind [2] did not include rejecting or neglectful parents in the Parental Authority Questionnaire [2]; therefore, this study we did not incorporate this group of parents into the study.

Palestinian society, like most traditional societies, is largely patriarchal. Fathers are considered the heads of households, with decision-making authority in family matters. This authority, however, comes with the responsibility for the family's economic well-being and security. In this regard, gender roles in Palestinian society –for both Muslims and Christians -- are seen as distinct, but complementary. Women take primary responsibility for raising the children and maintaining the household. In this role, women serve as the glue that holds the family together and as the keeper of family bonds and affinity. Parenting is usually defined as anything parents do, or fail to do, that may affect their children. Some conceptualizations make a further distinction between parenting practices and parenting styles, with parenting practices (such as discipline) encompassing what parents do (e.g. spank, hug) and styles implying how parents do it (e.g. with warmth or hostility). The authoritative parenting style balances clear, high expectations with emotional support and recognition of children's autonomy. Parenting styles include two important components of parental demandingness and parental responsiveness. Parental responsiveness is also called parental supportiveness and it is an indication of the extent to which parents are able to foster self-regulation, individuality and self-assertion through support towards the needs of the children. William., et al. [11] in a study examined the correlates of coercive parenting in a high-risk sample of 305 three-year-old children likely to develop later conduct problems. This study examined the correlates of coercive parenting in a high-risk sample of 305 three-year-old children who likely developed later on conduct problems. Along with the collective-authoritarian social system, Arab individuals possess a collective identity. The self is not completely individuated but rather the person continues to be enmeshed in the collective family identity. Self-concept is very much a reflection of family approval, and self-esteem is very much a reflection of the familial affiliation (Dwairy, 2002). Arab culture, through a number of values, traditions and practices, places emphasis on the importance of the family's role as a basic unit and as the main structure for building society. It also gives emphasis to the importance of an individual as integral part of a family as well as complimenting that unit. Arab culture also gives the community an important and complimentary role in building and correcting the individual's character and in self-fulfillment [12]. Majeed and El-Baqiry [13], in their attempts to clarify the concept of family in many Arab communities goes far beyond the narrow definition of parents and children and engulfs the extended family comprising brothers, sisters, uncles and aunties as well as cousins. In

tribal Arab communities, this definition extends beyond the immediate relatives to include distant ones as well. Arab culture places a lot of importance on close social relationships between family members and extends to include relatives, neighbors or friends [13]. Dwairy, et al. [12] applied the Arab language version of the Parental Authority Questionnaire was administered to 2,893 Arab adolescents in eight Arab societies. Results show that all parenting styles differed across Arab societies. Cluster analysis revealed three combined parenting patterns: Inconsistent (permissive and authoritarian), controlling (authoritarian and authoritative), and flexible (authoritative and permissive). The mean score of the authoritarian style was higher among males, whereas the mean score of the authoritative style was higher among females. First-born adolescents reported higher-level permissive parenting than other adolescents did. The effects of urbanization, parents' education, and the family economic level on parenting were minor. Slone, et al. [14] in study examined cross-cultural differences in the moderating function of authoritarian, authoritative, and permissive parenting styles for Jewish and Arab Israeli children exposed to political violence. Respondents were parents and children aged 10 - 11 from 94 families (42 Arab, 52 Jewish). The study showed that political violence exposure and parenting style influenced children's psychological distress. Mothers' and fathers' parenting style moderated effects of political-violence exposure differently for Jewish and Arab children. Similarly, Mousavi, et al. [15] in study aimed to examine the relationship between perceived parenting style and anxiety among Malay, Chinese, Indian, Arab and European/American Caucasian) origins adolescents and the possible cultural group influences on this relationship was studied. Using multiple cluster sampling, a total of 227 students (122 boys and 105 girls) aged 13 - 18 years was selected. The result revealed that parental rejection, overprotection, and anxious rearing style were positively related to all anxiety subscales. As expected, perceived parental emotional warmth was negatively related to all indices of anxiety symptoms with an exception for separation anxiety. The result stating that no specific parenting style was the significant predictor of anxiety for Arab cultural group may indicate that Arab adolescents expect negative rearing behaviors such as control, rejection and anxious rearing from their parents.

Studying the impact of parenting styles (PS) among pre-schoolers, leads us to scope in a scientific way how PS is being practiced. Even in the street, we could hear people talk about the negative consequences of neglecting the children or punishing them, but no positive solution could be heard any way. For instance, Barkley [16] had speculated that the inattentive, hyperactive, and impulsive behavior seen in children with Attention Deficit Hyperactivity Disorder (ADHD), increases parent-child conflict and negative family communication. Khamis [17] found that children in the three subtypes of ADHD reported higher levels of parental psychological maltreatment, gender inequities, anxiety in proximal home environment (i.e. family ambiance) and lack of parental support than did non- ADHD children. Punitive parenting characterized by harsh and often erratic disciplinary actions is associated with children's internalizing symptoms, including depressiveness and anxiety (Jenni A., et al 2003). Williams and Sanders [11] in study examines the correlates of coercive parenting in a high-risk sample of 305 three-year-old children likely to develop later conduct problems. As parental coercion has been identified as a significant risk factor for future psychopathology, the study sought to identify modifiable inter and intra-personal factors most closely associated with coercion. Three variables emerged as the strongest predictors of maternal coercion: self-efficacy, child behaviour and maternal depression. Demographic factors contributed little to the mode.

Ensuring the best possible outcome for children requires parents to face the challenge of balancing the maturity and disciplinary demands they make to integrate their children into the family and social system with maintaining an atmosphere of warmth, responsiveness and support. When parent conduct and attitude during the preschool years do not reflect an appropriate balance on these spectra, children may face a multitude of adjustment issues [18]. Studies on Arab-Palestinian adolescents indicated that boys perceive their parents' style to be more authoritarian than girls do (Dwairy, 2004). Palestinian boys in the Gaza Strip also perceived both their parents as treating them more negatively than the girls did; they perceived their parents as being stricter in disciplining, more rejecting, and hostile than did the girls [19].

Aims of the Study

The aims of the study were: 1) to find types of parental styles used by Palestinian parents; 2) prevalence of mental health problems among preschool children, 3) to clarify the relationship between parenting styles and behavioural and emotional problems among preschool children.

Measures

Demographical Survey

A demographical survey was used to collect data from each participant. Questions assessed the parent's age, gender, education level, family size, place of residence and family income.

Parental Authority Questionnaire (PAQ) [20]

The Parental Authority Questionnaire is a survey that is used to assess parental authoritativeness, authoritarianism, and permissiveness. It is based on Baumrind's [2] parental typology theory as discussed in chapter two of this paper. This questionnaire is suitable for adolescents and young adults [2]. The Parental Authority Questionnaire is a 5-point Likert scale that contains 30 questions (per parent), 10 pertaining to each parental type. The validity and reliability results for the Parental Authority Questionnaire was achieved with Cronbach coefficient alpha values ranging from 0.75 to 0.85 for the mother's parenting type and 0.74 to 0.87 for the father's parenting type. Each score was further broken down to each category as follows: 0.75 for mother's permissiveness, 0.85 for mother's authoritarianism, 0.82 for mother's authoritativeness, 0.74 for father's permissiveness, 0.87 for father's authoritarianism, and 0.85 for father's authoritativeness [2].

The PAQ has three subscales: Permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28), Authoritarian (A: items 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29), and Authoritative/flexible (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). Mother and father forms of the assessment are identical except for references to gender. Internal consistency of sub-scales was done, Chronbach alpha for permissive parenting was $\alpha = 0.92$, authoritarian parenting $\alpha = 0.91$, and authoritative parenting $\alpha = 0.91$.

Strengths and Difficulties Questionnaire (SDQ) [21]

The SDQ is a brief behavioral screening questionnaire for children and teenagers aged 3 to 16 years. It was first tested in the United Kingdom and copy-righted by Goodman in 1997. Several versions are available and each version may include one to three of the following: a) 25-item psychological attributes, b) 5-question impact supplement, and c) seven follow-up questions. The measure is based on the concepts that underpin the Diagnostic and Statistical Manual of Mental Disorders (4th Edition) and the ICD-10. For example, items in the SDQ Hyperactivity/Inattention scale were selected because they reflect key symptoms for a DSM-IV diagnosis of ADHD or ICD-10 diagnosis of hyperkinesia [22]. We used the Arabic version, which was standardized on the Palestinian society [23].

Study procedure

According to Ministry of Education (2010), the number of children registered at Kindergartens was 44369 children and there are 392 Kindergartens distributed on the five areas. We used Epi-info sample size calculator and had a sample size of 380 at 95% confidence level. A multistage sampling technique was used to select 392 children from 20 Kindergartens. The number of selected Kindergartens in each area was determined according to its representation from the total number of Kindergartens, then these Kindergartens were randomly selected. In addition, the number of children in each area was determined according to its representation from the total number of children, then this number was distributed on the selected Kindergartens in each area. In each selected Kindergarten, a systematic sampling was done to choose each child from the students' record. Ethical letter was sent to the general director of Ministry of Education in July 2010. Data were collected from October 2010. For the parents who were selected, they were told about the study and were asked for their agreement to participate. The questionnaires were completed initially with the mother or father. Respondents number was 361 parents (153 fathers (42.5%) and 208 mothers (57.6%). An ethical approval was taken from Helsinki Committee, in addition to the Ministry of Education.

Statistical analysis

Data were analyzed using SPSS 23.0. Preliminary analysis included computation of descriptive statistics (percentages, mean, SD), used to describe the study sample and to assess the assumptions underlying the statistical tests. Independent t test, one-way Analysis of Variance (ANOVA), post hoc-Scheffe type were used to find differences between sociodemographic variables and SDQ and parental styles. In order to examine the parenting styles preschool children mental health symptoms and the moderating effects of parenting styles, Pearson correlation coefficients test was conducted. Relation between parental styles and children mental health was tested using hierarchical linear regression analyses. We used an alpha level of .05 for all statistical tests.

Results

Socio-demographic characteristics of the study sample

The study sample consisted of 361 children and their parents (fathers and mothers). There were 198 (54.8%) boys and 163 (45.2%) were girls. While the parents sample consisted of 153 fathers (42.5%) and 208 mothers (57.6%). Age of children ranged from 4 - 6 years, mean age was 4.51 (SD = 0.51). Regard place of residence, 96 children were from North Gaza (26.6%), 99 children from Gaza (27.4%), 81 children from middle area (22.4%), 30 children from Khan Younis (8.3%), and 55 children from Rafah (15.2%). Regard parents level of education, 1 of the parents was illiterate (0.3%), 48 were educated to basic education (13.0%), 154 were educated to secondary level (42.7%), 40 were educated to diploma (11.1%), 104 were educated to university level (28.8%), and 15 were educated to the higher education 4.2%. Regard family size, 49 of children had 1 to 3 family members (13.6%), 226 of children had 4 - 7 family members (62.6%), and 86 of children had 8 and more family members (23.8%). Regard family monthly income, 114 had family income less than \$250 (31.6%), 121 had family income ranged between \$ 251 - 500 (33.5%), 78 had family income ranged between \$501-750 (21.6%), 48 had family income more than \$ 751 (13.3%).

| Variable | N. | % |
|---------------------------|-----|------|
| Child sex | | |
| Male | 198 | 54.8 |
| Female | 163 | 45.2 |
| Child age | | |
| 4 years | 181 | 50.1 |
| 5 years | 177 | 49.0 |
| 6 years | 3 | .8 |
| Place of residency | | |
| North Gaza | 96 | 26.6 |
| Gaza | 99 | 27.4 |
| Middle zone | 81 | 22.4 |
| Khan Younis | 30 | 8.3 |
| Rafah | 55 | 15.2 |
| Parents sex | | |
| Father | 153 | 42.4 |
| Mother | 208 | 57.6 |
| Parents age | | |
| less than 30 years | 166 | 46.0 |
| 30 - 40 years | 168 | 46.5 |
| 41 - 50 years | 22 | 6.1 |
| more than 50 years | 5 | 1.4 |
| Parent education | | |
| Not educated | 1 | .3 |
| Less than secondary | 47 | 13.0 |
| Secondary | 154 | 42.7 |
| Diploma | 40 | 11.1 |
| University | 104 | 28.8 |
| Higher education | 15 | 4.2 |
| Family size | | |
| 1 - 3 children | 48 | 13.3 |
| 4 - 7 children | 226 | 62.6 |
| More than 8 children | 87 | 24.1 |
| Family income | | |
| less than \$250 | 114 | 31.6 |
| \$251 - 500 | 121 | 33.5 |
| \$501 - 750 | 78 | 21.6 |
| More than \$751 | 48 | 13.3 |

Table 1: Socio-demographic characteristics of the study sample.

Parenting styles (PS)

The study showed that mean Authoritative/flexible parental style was 38.40 (SD = 4.92), mean Authoritarian style was 32.14 (SD = 4.89), and permissive style mean was 29.69 (SD = 4.18). The results showed that fathers mean authoritative style was 37.71 (SD = 4.93) and mean for mothers was 38.90 (SD = 4.87). Mothers reported more authoritative style than fathers did ($t(2/359) = -2.29, p < 0.02$). While there, were no statistically significant differences in other parenting styles.

| Parenting style | Father | | | Mother | | | t | p |
|-----------------|--------|------|------|--------|------|------|-------|-----|
| | Mean | SD | % | Mean | SD | % | | |
| Authoritative | 37.71 | 4.93 | 83.8 | 38.90 | 4.87 | 86.4 | -2.29 | .02 |
| Permissive | 32.45 | 4.72 | 72.1 | 32.57 | 4.49 | 72.4 | -.24 | .81 |
| Authoritarian | 32.07 | 5.00 | 71.2 | 32.20 | 4.82 | 71.6 | -.26 | .79 |

Table 2: Sex differences in means and standard deviation of parenting styles.

Parenting styles (PS) according to sociodemographic variables of parents

Using one-way ANOVA to compare parental styles and sociodemographic variables more than two groups. Post hoc test using Tukey showed that there were no statistically significant differences in parent’s education and types of parental styles. No significant differences in types of parental styles and number of children in the family. However post hoc test showed that parents with high income (more than \$751) were more permissive than with lower family monthly income $F(3, 204) = 3.72, p = 0.01, \text{partial } \eta^2 = 0.06$.

Mean and percentage of mental health problems using SDQ ratings by parents

As shown in table 3, the results showed that mean total SDQ was 23.08 (SD = 4.94), hyperactivity 4.73 (SD = 1.50), emotional problems 4.04 (SD = 1.67), conduct problems 5.66 (SD = 1.81), peer problems were 5.16 (SD = 1.61), and prosocial behavior was 3.51 (SD = 1.94).

| SDQ subscale | Mean | Std. Deviation |
|---------------------------|-------|----------------|
| Emotion problems | 4.04 | 1.67 |
| Conduct problems | 5.66 | 1.81 |
| Hyperactivity/inattention | 4.73 | 1.50 |
| Peer problems | 5.16 | 1.61 |
| Prosocial behaviour | 3.51 | 1.94 |
| Total | 23.08 | 4.94 |

Table 3: Mean and percentage of mental health problems using SDQ ratings by parents.

Prevalence of mental health problems using SDQ ratings by parents

Using previous cut-off points of the SDQ, 33.3% of the children rated by their parents as psychiatric morbidity. Among the four categories of mental health problems, 18.9% had hyperactivity, 57.9% reported emotional problems, 40.4% reported conduct problems, 48.2% reported peer relationships problems, and 17.7% had pro-social behaviour problems.

| Mothers-report | Normal | Borderline | Abnormal |
|--------------------------|--------|------------|----------|
| Total difficulties score | 45.3 | 21.4 | 33.3 |
| Hyperactivity | 66.7 | 14.4 | 18.9 |
| Emotional problems | 26.9 | 15.2 | 57.9 |
| Conduct problems | 42.4 | 17.2 | 40.4 |
| Peer problems | 27.1 | 24.7 | 48.2 |
| Prosocial behaviour | 64.0 | 18.3 | 17.7 |

Table 4: Prevalence of mental health problems using SDQ ratings by parents (N = 361).

Sociodemographic differences in strength and difficulties questionnaire

The results showed that no children age, sex, place of residence, and family monthly income differences were found in total SDQ, and subscales rated by parents.

Emotional and behavioral problems and family size

Post-hoc analysis test was done using Scheffee test to compare the means of SDQ subscales according to family size “1-3”, “4-7”, and more than 7”. The results showed that the parents with 1-3 children reported more total SDQ $F(2, 357) = 12.31, p = 0.001$, emotional $F(2, 357) = 10.93, p = 0.001$, conduct problems $F(2, 357) = 4.06, p = 0.01$, hyperactivity/inattention $F(2, 357) = 5.20, p = 0.006$, peer problems $F(2, 357) = 3.81, p = 0.02$. While prosocial behavior problems were less in preschool children from families with 1-3 children $F(2, 357) = 3.55, p = 0.03$.

Relationship between parental styles and preschool children emotional and behavioral problems

Pearson-Product Moment Correlation Coefficient test analysis was conducted. Result showed that there was significant negative correlation between total SDQ and authoritarian style ($r = -0.15, p = 0.001$) and positive correlation with Authoritative/flexible style ($r = -0.15, p = 0.01$). Authoritarian style was negatively correlated peer relationship problems ($r = -0.15, p = 0.01$) and conduct problems ($r = -0.14, p = 0.01$).

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------------|--------|-------|--------|--------|--------|--------|-------|-------|
| 1. Total SDQ | 1.00 | | | | | | | |
| 2. Emotional problems | .73** | 1.00 | | | | | | |
| 3. Hyperactivity | .63** | .26** | 1.00 | | | | | |
| 4. Peer relationships | .59** | .26** | .21** | 1.00 | | | | |
| 5. Prosocial behaviour | -.26** | -.12* | -.19** | -.13* | 1.00 | | | |
| 6. Conduct problems | .74** | .41** | .38** | .21** | -.17** | 1.00 | | |
| 7. Permissive | .01 | .08 | -.05- | .01 | -.03- | -.01- | 1.00 | |
| 8. Authoritarian | -.15** | -.07- | .00 | -.14** | .09 | -.15** | .34** | 1.00 |
| 9. Authoritative/flexible | .11* | .06 | .06 | .08 | -.01- | .06 | .37** | .30** |

Table 5: Correlation matrix among parenting style and emotional and behavioral problems.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Prediction of preschool children mental health problems by type of parental styles

In a univariate linear regression analysis, total SDQ and each subscales were entered as an dependent variables in a multiple regression model, with three parental styles scores as the independent variables, Authoritarian was significantly associated with total SDQ ($\beta = 0.16, t(358) = 3.13, p < 0.01$) and Authoritative/flexible style was negatively associated with total SDQ ($\beta = 0.20, t(358) = 6.34, p < 0.02$) $F(1, 358) = 9.2, p < 0.001, R^2 = 0.04$.

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | 95.0% Confidence Interval for B | |
|------------------------|-----------------------------|------------|---------------------------|--------|--------|---------------------------------|-------------|
| | B | Std. Error | Beta | | | Lower Bound | Upper Bound |
| (Constant) | 16.741 | 2.6 | | 6.438 | 0 | 11.627 | 21.855 |
| Authoritative/flexible | -.230 | 0.061 | -.202 | -3.743 | 0.0001 | -.350 | -.109 |
| Authoritarian | 0.193 | 0.062 | 0.169 | 3.131 | 0.002 | 0.072 | 0.314 |

Table 6: Univariate linear regression analysis of preschool children mental health problems by type of parental styles.

Discussion

The results showed that commonly used parental style by Palestinian parents was Authoritative/flexible (mean = 38.40), Authoritarian style was (mean = 32.14), and permissive style (mean = 29.69). Our results were inconsistent with Dwairy and Menshar [24] study of parenting style of 351 Egyptian adolescents. Results showed that in rural communities the authoritarian style is more predominant in the parenting of male adolescents, while the authoritative style is more predominant in the parenting of female adolescents. In urban communities, on the other hand, the authoritarian style was more predominant in the parenting of female adolescents. Mental health was associated with authoritative parenting, but not with authoritarian parenting. It seems that authoritarian parenting within an authoritarian culture is not as harmful as within a liberal culture. Moreover, Dwairy, *et al.* [25] studied 2,893 Arab adolescents in eight Arab societies. Results showed that all parenting styles differed across Arab societies. Cluster analysis revealed three combined parenting patterns: inconsistent (permissive and authoritarian), controlling (authoritarian and authoritative), and flexible (authoritative and permissive). The mean score of the authoritarian style was higher among males, whereas the mean score of the authoritative style was higher among females. First-born adolescents reported higher level permissive parenting. While, Latouf (2008) indicated that the authoritative parenting style was the mostly used by the parents of the five-year old group and that this parenting style tends to lead to more acceptable social behaviour among the five-year old’s. While, the study results of Dwairy, *et al.* [25] found that all parenting styles differed across Arab societies, where the Arab societies have mixed parenting styles for their children and they responded differently to every parenting style. Schroeder and Mowen [26] in study of parenting style transitions are across third waves of the National Longitudinal Survey

of Youth, 1997. Consistent with estimates from prior studies 35.8% of the respondents have authoritative parents, 16.1% have authoritarian parents, 30.9% have permissive parents, and 17.1% have uninvolved parents. Similarly, Thabet and Al-Qrenawi [27] in study of the relationship between parenting styles and children's fears among school aged children in Gaza Strip. The most commonly parental style was dismissing parent (permissive) (70.8%), authoritarian (67.3%), uninvolved (65.3%, and emotion-coaching parent authoritative (56.6%). Similarly, Abu Shawesh, *et al.* [28] in study of parental styles and attachment in preschool Palestinian children found that 64% of parents (mainly mothers) had a combination of authoritative and authoritarian, 22.7% had the authoritative parenting style; and 11% had a flexible pattern of parenting (a combination of authoritative and flexible parenting styles. While there were no statistically significant differences in other parenting styles? There were no statistically significant differences in parent's education and types of parental styles. No significant differences in types of parental styles and number of children in the family. However, parents with high income (more than \$751) were more permissive than with lower family monthly income. Using previous cut-off points of the SDQ, 33.3% of the children rated by their parents as psychiatric morbidity. Among the four categories of mental health problems, 18.9% had hyperactivity, 57.9% reported emotional problems, 40.4% reported conduct problems, 48.2% reported peer relationships problems, and 17.7% had pro-social behaviour problems. The results showed no age, sex, place of residence, and family monthly income differences were found in total SDQ, and subscales rated by parents. The results showed that the parents with 1 - 3 children reported more total SDQ, emotional, conduct problems, hyperactivity/inattention, peer problems. While prosocial behavior problems were less in preschool children from families with 1 - 3 children. However, other researchers found minor or no significant association between authoritarian parenting and children's mental health [25]. Other studies hypothesized that parents who demonstrate emotional warmth and acceptance of children's negative emotions rather than criticizing or minimizing their feelings help promote children's emotion regulation, thus reduce children's vulnerability to anxiety [29]. While, Graham-Bermann, *et al.* [30], found that parental warmth and effective parenting behaviors (such as the use of limit setting and appropriate discipline) differentiated resilient children from those with more social and emotional problems among school-aged children exposed to physical violence and threats of violence toward their mothers. In addition, the lack of warmth and support that characterizes the authoritarian parenting style undermines the parent-child relationship and causes children either to rebel against their parents' requests, potentially in the form of externalizing problems, or to show overly submissive behaviors, which may manifest themselves in internalizing problems. Indeed, empirical studies have shown that authoritarian parenting is associated with externalizing as well as internalizing problems in children, with regard to the permissive style, the study has shown that permissive maternal parenting significantly predicted the development of externalizing behaviors in toddlers [31]. Further, parental rejection teaches children that positive outcomes (i.e. parental warmth and approval) are rare and not dependent on one's actions, and this uncertainty may prevent children's attempts at self-sufficiency [32]. Likewise, Greenson, *et al.* [33] found a protective effect of parenting behaviors that were characterized by warmth, firmness, and acceptance, with authoritative parenting mediating the relationship between physical Inter Partner Violence and later child externalizing problems. In the current study, parenting style was examined on a continuum from non-punitive/authoritative to punitive/restrictive based on independent coding of mothers' reports in an in-depth interview.

Palestinian parents in the Gaza strip had been affected by the conflict and war in the last decades which may affect their reaction toward their children behaviour [27,34]. Parenting styles and parental warmth can play an important role in the lives of children who are traumatized by war and armed conflict, warranting examination of their role as a source of resilience. Studies focused on parents of young children, the results are consistent with those of the larger literature in linking PTSD symptoms with harsh/reactive parenting [35,36] as well as insensitivity to infant cues [35]. Slone and Shoshani [14] in study of relations between exposure to political life events and mental health symptoms among 277 Israeli adolescents aged 12 - 14 and their parents, found that mothers' parenting style significantly moderated the relation between children's level of exposure and internalizing and externalizing symptoms, but not general psychological distress. In the case of the authoritative parenting style, the relation between children's level of exposure to political life events and internalizing and externalizing symptoms was not significant in families in which children perceived their mothers to be highly authoritative. However, children's perception of mothers' low authoritativeness was associated with more severe internalizing and externalizing symptoms at high levels of political violence exposure.

Similarly, Christensen, *et al.* [37] in study of a longitudinal trajectories of mental health in Australian children aged 4 - 5 to 14 - 15 years, found that children of mothers reporting high parenting hostility had SDQ scores that were 2.90 points higher than the children from mothers low in maternal hostility at age 4. SDQ scores decreased for children over time, but more so for the children of mothers with higher levels of parenting hostility. By age 14, the difference between the children of mothers low in hostility and the children of mothers high in hostility had decreased to 1.21 SDQ points [38-44].

Conclusion

Our study results showed that Palestinian parents used commonly Authoritative/flexible parental style. Such findings were in consisted with studies in similar culture which found that parents commonly used Authoritarian styles in dealing with their children. Such findings could be due to long lasting effect of trauma on Palestinian parents in which the father fighter was absent due to repeated wars and parents feelings of insecurity and inability to protect their children due to war. Our findings showed that preschool children reported high rate of mental health problems highlight the need for early detection of such problems in the early years of children. Such detection could be achieved by conducted awareness session and training courses for parents in ways of healthy parenting and mental health problems of preschool children. Moreover, training course for the kindergarten teachers to enable them of early detection of children with mental health problems and ways of dealing with such problems.

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