



Parental Emotional Support, Family Functioning and Children's Quality of Life

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Abstract The healthy development of children and young people is strongly associated with the relationship that they establish with parents and the functioning of their family as a whole, with a special focus on the affective relationship between parents and children. One aspect that has more influence on the well-being and quality of life of children is the affective relationship and family dynamics, so, to deepen knowledge in this area, our study aims to understand and characterize the role of parents' emotional support in their children's quality of life. It is also intended to understand this relationship by taking into account the family functioning style. The sample included 1757 parents of children aged 6 to 16 years, 77.3% female ($n = 1359$) and 22.7% male ($n = 398$), aged between 20 and 80 years ($M = 41.61$ and $SD = 5.71$). We used a sociodemographic questionnaire and other instruments in order to measure parental styles, family functioning style, and parents' perception of the children's quality of life. Results show that parenting styles, namely, emotional support, and family functioning are influenced by parents' gender and age. Parental emotional support is better explained by the positive association with control attempt, family cohesion and commitment, and parent's perception of quality of life, and negative associated to gender (male), rejection and coping strategies. Implications for research, prevention, and psychological intervention in relation to parental skills and

family functioning are presented in order to promote children quality of life and health development.

Keywords Emotional support · Parenting styles · Family functioning · Quality of life · Subjective wellbeing

Abbreviations

EMBU-P	Egna Minnen Beträffande Uppfostran
ES	Emotional Support
CA	Control Sttempt
INE	<i>Instituto Nacional de Estatística</i> (National Statistical Institute)
M	Mean
PARTheory	Parental Acceptance-Rejection Theory
QoL	Quality of Life
RJ	Rejection
SD	Standard deviation
WHO	World Health Organization

Introduction

Parenting is a concept that began to be used in the literature to refer to the process and construction of the parents' relationship with their children (Zornig, 2010). It is expected that the physical, psychological and social development of children will be facilitated by their parents and it is within this framework that the concept of parenting is addressed and the study of parental processes and activities is developed (Barroso & Machado, 2010).

Parenting styles are prominent in the area of parenting and child development, due to the existing evidence in the

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literature regarding its association with socioemotional adjustment and child psychopathology (Pedro et al., 2015).

Parenting style is understood as the set of parents' attitudes that are transmitted to children and that create an emotional environment in which their behavior is expressed (Darling & Steinberg, 1993). Thus, parental interactions are characterized by attitudes, practices and expressions which, in turn, are marked by higher or lower levels of responsiveness and demand (Pacheco et al., 2008).

The parental behavior is divided into two main dimensions: the responsiveness (affective aspects) and the control (norms). Of the various conceptualizations of parenting that exist in the literature (e.g. Maccoby & Martin, 1983), Baumrind's typology (1966) is one of the most referenced. Starting from these dimensions (responsiveness and control), three parental styles were identified: authoritative, authoritarian and permissive (Zeinali et al., 2011).

Following these ideas, Arrindell and Van der Ende (1984), based on the two dimensions mentioned above, proposed three dimensions of parenting styles that can be evaluated by the EMBU scale, one of the instruments used in this study, which are emotional support, rejection and control attempt (Canavarro & Pereira, 2007; Pinto et al., 2014). Emotional support and rejection are part of the dimension of affection (affection/hostility) and control attempt is part of the control (permissiveness/restrictiveness) dimension (Canavarro & Pereira, 2007).

The dimension of emotional support concerns the quality of the emotional relationship between parents and children and the physical and verbal expressions that parents use to express themselves (Rohner et al., 2005). Thus, this dimension is related to behaviors of greater responsiveness and adaptation to the needs of the child (Simões et al., 2011). On the other hand, the dimension of rejection is marked by the absence of these behaviors (Rohner et al., 2005). Finally, the dimension of control attempt encompasses the behaviors that aim to direct the children's behavior according to the goals desired by the parents (Simões et al., 2011).

The dimension of emotional acceptance/support is related to the presence, in children and adolescents, of behaviors such as generosity, empathy and availability (pro-social behavior) and adequate interpersonal relationships. In addition, this dimension is related to greater well-being, life satisfaction and psychological adjustment in adulthood (Rohner & Britner, 2002). On the other hand, the rejection dimension tends to lead to a more insecure attachment (Pereira et al., 2009), to behavioral and adjustment problems, substance use, academic difficulties and interpersonal relationship problems (Rohner & Britner, 2002).

There is evidence in the literature pointing to the fact that the authoritative style, in which parents position themselves as demanding and responsive (affective) (Miguel et al., 2009), produce greater emotional stability, competence and adjustment in children and, on the other hand, neglectful style (neither demanding nor responsive) tends to associate with worse outcomes in various areas of children's development (Beato et al., 2016; Pereira et al., 2009).

Rohner (2004), in his theory called Parental Acceptance-Rejection Theory (PARTheory), intends to explore the causes and consequences of the dimension of support/affection (composed by parental acceptance/emotional support and rejection) at the level of cognitive, emotional and behavioral development of children and the functioning of adults with respect to personality. This theory postulates that parental acceptance/rejection influences the personality, the psychological adjustment and the behavior both of children and adults (Khaleque & Rohner, 2011; Rohner, 2004; Rohner et al., 2005).

It is verified that mothers and fathers present differences at different levels, including their parenting styles, with mothers tending to position themselves with behaviors of greater affection and support towards their children and evidencing higher levels of emotional support comparatively to fathers (Canavarro & Pereira, 2007; Conrade & Ho, 2001; McKinney & Renk, 2008).

Parents' age is also a factor that influences parenting styles. There is evidence that younger mothers tend to have higher levels of rejection and control attempt (Canavarro & Pereira, 2007) and the levels of competence and the degree of adequacy of the environment tend to be lower, when compared to older mothers (Bornstein, 2006).

The configuration of the family system, the matrimonial relationship of the parents and their social support are factors that can influence parenting (Bornstein, 2002). Thus, a good level of family functioning and competence influences the availability, flexibility and adaptability of parents, which in turn is reflected in an environment of greater emotional support provided by them (Beavers & Hampson, 2000; Boylu et al., 2013; Matejevic et al., 2014).

According to the World Health Organization (WHO), quality of life (QoL) is defined as "the individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1997, p. 1). The characteristics of the child and of the family, socioeconomic status, parenting style, social isolation, violence and interpersonal conflicts among family members, parental psychopathology and lack of social support, are generally associated with behavioral problems in the child (Gaspar et al., 2006).

The evidence present in the literature points to the existence of a significant relationship between the three dimensions of parenting styles and children's QoL (Baumrind et al., 2010; Caron et al., 2006; Cecconello et al., 2003; Gaspar et al., 2010a, 2021; Gracia et al., 2005; Lamborn et al., 1991; Muris et al., 2003; Pacheco et al., 1999; Pinto et al., 2014).

In addition, the interaction among family members is also an important factor in the quality of life and development of children and adolescents (Gaspar et al., 2009a, 2009b; Gaspar et al., 2010a, 2010b, 2021; Hair et al., 2008; Jiménez-Iglesias et al., 2014; Teodoro et al., 2010), as well as the emotional support provided by parents (Dwairy, 2010; Jiménez-Iglesias et al., 2014; Muris et al., 2003; Mccarty et al., 2005; Pereira et al., 2009; Pinto et al., 2014).

Parenting styles and family functioning as a whole system assessed toward a positive perspective of families. Both can be defined no right or wrong styles, but rather differentially effective styles that can be used in response to different life events and family situations (Trivette et al., 1990).

In Portuguese society, the more recent national data reveals that the couple (with and without children) continues to be the predominant form of organization of family life. In the last 50 years, the relative weight of couples without children, single parent families and people living alone has increased and the weight of intergenerational families has decreased. As main lines of transformation it is possible to identify a pattern of domestic life generally based on smaller families, due to the smaller number of children, which rarely exceeds two; to the decrease in extended families; and to the increase in single-person families. The reinforcement of the privacy of conjugal life, with couples (with or without children) living less and less in co-residence with other family members. A growth in the residential autonomy of individuals, with more people living alone, at all ages and at different stages of life (single, separated and divorced, widowed). A more accentuated diversity of the ways of living in a family, both in relation to conjugality (“de jure” and “de facto” marriage, religious or civil marriage), and in relation to parenthood (increase in single-parent and recomposed families (INE, 2021)). Have been witnessed deep changes in family dynamics, on the one hand, at national level, there is a greater concern with gender equality, and policies and programs have been developed in this sense and in the prevention of violence and family and parental neglect. On the one hand, within families, most mothers are working, and there has been a greater participation of the father in the children's education and management of parental and domestic tasks (Gaspar & Matos, 2021; Gaspar et al., 2018).

The main objective of this study is to understand and to characterize the role of parents' emotional support in their children's quality of life. It is also intended to understand this relationship taking into account the family functioning style.

Method

Sample

The sample included 1757 parents of children aged 6 to 16 years, 77.3% being female ($n = 1359$), aged between 22 and 80 years ($M = 41.6$ and $SD = 5.71$).

The inclusion criteria for the study were: people who were parents of children/adolescents aged between 6 and 16 years old. The sample was based on convenience and schools and learning centers were contacted for convenience. Those who agreed to participate in the study provided parents with either a paper version of the questionnaire or an online version, whichever was more convenient for parents.

Instruments

Firstly, in this research, a sociodemographic questionnaire was used to collect the social and demographic information of the participants. In addition, the following instruments were used: To evaluate parental styles, the EMBU-P scale (Castro et al., 1997; adapted by Canavarro & Pereira, 2007); family functioning style will be measured by the Trivette Family Style Scale, Dunst, Deal, Hamby and Sexton (1988, quoted by Trivette et al., 1990). Parents' perception of the children's quality of life was measured through the Kidscreen-10 instrument for parents proposed by The KIDSCREEN Group Europe (2004) and validated for the Portuguese population by Gaspar and Matos (2008).

Parenting Styles

The Portuguese version of the EMBU-P was validated for the Portuguese population by Canavarro and Pereira (2007) and has the Egnä Minnen Beträffande Uppfostran—Parents as original version (Castro et al. (1997)). This instrument aims at evaluating parental styles of education according to parental perception and is composed of 42 items evaluated on a Likert scale, with 4 response alternatives (no, never; yes, sometimes; yes, often; yes, always). They are divided into three dimensions called emotional support, rejection and control attempt (Pereira et al., 2013).

The 14 items that comprise the dimension of emotional support translate the verbal and physical expression of affective support, parental acceptance and physical and

psychological availability of the parents. The 17 items of the rejection dimension intend to demonstrate verbal and physical aggression and aggression and non-acceptance of the child. Finally, the 11 items of control attempt dimension describe parent's actions and intentions of directed towards the control of children's behavior, manifestations of demands on their children and concerns about their well-being (Canavarro & Pereira, 2007).

The factorial structure of the Portuguese version of the EMBU-P was determined through analysis of the main components, with varimax rotation and with the prior determination of 3 factors, which together account for 25.75% of the variance (in the case of the mother's responses) and 27.97% (in the case of the father's answers). These results were relatively superior to those obtained in the validation of the original instrument made by Castro et al. (1997) and Cronbach's alpha values remained similar to those obtained by the same authors, thus being in the range of 0.71 to 0.82 (Canavarro & Pereira, 2007).

Family Functioning Style

The scale of *Family Functioning Style* is an instrument created by Trivette, Dunst, Deal, Hamby and Sexton (1988, quoted by Trivette et al., 1990), validated for the Portuguese population by Gaspar et al. (2020). This scale focuses on positive family functioning, assessing the strengths, abilities, and competencies that each member that each member considers existing in their family. In addition, it assesses the mobilization and application of resources as a means of satisfying needs and responding appropriately and adjusted to the different situations, which contributes to a good family functioning.

This scale is directed to the adult population and consists of 26 items evaluated on a 5-position Likert scale (Early, 2001). The original scale presents a Cronbach alpha of 0.92 for the total of the scale items. In the subscales, the following Cronbach alphas were found: 0.84 for commitment, 0.85 for cohesion, 0.79 for communication, 0.79 for competences and 0.77 for coping, this instrument being considered as consistent (Trivette et al., 1990).

Quality of life

KIDSCREEN-10 is an instrument that evaluates the children's quality of life, according their parent's perception, at a health, social and personal factors level, which promote quality of life in children (Gaspar et al., 2009a). Originally, this scale was developed by members of the Kidscreen European Collaborative Project (The KIDSCREEN Group Europe, 2004) and is a standardized instrument that aims to assess the quality of life of children and adolescents.

KIDSCREEN-10 results from the original version of KIDSCREEN-52, and is a one-dimensional instrument, recommended for studies with a large sample. The higher the value presented by the sample is, the greater is the perception of quality of life, as well as the adequacy and satisfaction with it and with the context in which it is inserted (Gaspar et al., 2010a, 2010b). The scale shows good reliability of internal consistency, with a Cronbach's alpha of 0.82 (The KIDSCREEN Group Europe, 2004).

The scale consists of 10 items, evaluated on a 5-position Likert scale (nothing; slightly; very; totally) (Erhart et al., 2009) and encompasses affective symptoms of depressed mood, disturbed concentration symptoms, psychotic aspects-evidence of vitality, energy and well-being, as well as psychosocial aspects, correlated with aspects of mental health (ability to have fun with friends and how they feel at school).

Procedure

In order to collect data, the questionnaires were distributed by various schools, study centers and centers of leisure activities (school and educational context). In addition, an online questionnaire was also made available, whose link was also given to these locations and shared at a social network's level. Study was approved by Education Ministry, school-based survey monitoring department. The questionnaire was preceded by a letter explaining the study, the objectives, inform that they are free to quit the research at any point in time and they do not have any consequence of that and the contact details of the researchers in case of any doubts. Before completing the questionnaire, the participant had to sign the informed consent. In Portugal the ethics and good practice commission for research does not allow participants to be rewarded monetarily for participating in scientific research. So participants know that their participation not benefit them in anyway and they may not expect any financial gain for their participation. The questionnaires are self-fulfilling, and all participants were informed about the purpose of the study and agreed to participate. Was assured and maintain anonymity and confidentiality. After all the questionnaires were collected, they were numbered and inserted in the database, previously built.

Data analysis

Descriptive statistics were calculated for all variables (means and standard deviation) Were calculated Pearson Correlation between studied variables (EMBU-P, Family Functioning Style and Children Quality of life). Gender and Aged groups differences analysed using ANOVA test. The relationships between emotional support and the

dimensions related to parental styles, family dynamic and children quality of life were examined with linear regression models, using method Enter. Analyses were performed by SPSS 27.

Results

Firstly, with regard to parenting styles, it was possible to verify that the dimension with the highest results was the emotional support ($M = 3.35$). The rejection dimension presented lower values ($M = 1.62$) and the control attempt moderate values ($M = 2.60$) (Table 1).

Thus, there was a trend towards more positive responses in the first dimension and more negative responses in the others, with a minimum value of 1 and a maximum value of 4 (Table 2).

In the *Family Functioning Style* scale, it can be verified that the results obtained were between 3 and 4, with a minimum value of 1 and a maximum of 5. The highest value occurred in the dimension of Cohesion ($M = 4.05$) and the lowest in the Competence dimension ($M = 3.00$). The Communication dimension obtained an average of 3.86, the Coping strategies of 3.45 and finally, the family Commitment of 3.90.

Regarding the children's quality of life, perceived by their parents, it was verified an average response of 3.94, and SD 0.55 with the minimum answer being 1 and maximum 5. Thus, the parents present a good perception of quality of life in relation to their children.

The analysis of correlations reveals significant associations between almost all of the variables under study (Table 3). The perception of QoL is positively related to emotional support (ES), control attempt (CA), Communication, Cohesion, Coping and Commitment. On the other hand, there is a negative relationship between perception of QoL and rejection (RJ). It is also verified that the dimension of emotional support (ES) is positively related to all of the variables, except with the dimension of rejection (RJ).

It is observed that there are significant differences regarding gender (Table 4), the dimension of emotional support, control attempt and Coping strategies. In the three cases, it is verified that the females have higher values than the males.

Table 1 Descriptive—EMBU-P dimensions

Dimensions	M (range 1–4)	SD
Emotional support (ES)	3.35	0.40
Rejection (RJ)	1.62	0.28
Control attempt (CA)	2.60	0.39

Table 2 Descriptive—Family functioning style dimensions

Dimensions	M (range 1–5)	SD
Communication	3.86	0.82
Cohesion	4.05	0.76
Coping	3.45	0.85
Commitment	3.90	0.82
Competence	3.00	1.02

Table 5 shows significant differences between the age of the parents and almost all of the variables under study. The rejection, the control attempt and the coping strategies show higher values in the parents up to the age of 35 years. Finally, emotional support, communication, cohesion and commitment present higher values for parents between the ages of 36 and 45 years.

According to Table 6, it can be observed that the perception of quality of life, the control attempt, the cohesion and the commitment, appear as explanatory variables of the emotional support. It can be observed that gender, rejection and coping are negatively associated with emotional support (less rejection and coping strategies, more emotional support). Taken together, the total variables of this model, explain 37.1% of the variance, $F(10.863) = 52.383$; $p < 0.001$.

Discussion

The main objective was to understand and to characterize the role of parents' emotional support in their children's quality of life, including the impact of family functioning style.

Firstly, with regard to parenting styles, it was possible to verify that the emotional support it is the dimension that is more frequently used by parents. The rejection dimension it is the one that parents use less. Those results are consistent with the studies developed by Canavarro and Pereira (2007) and Pereira et al. (2009). Parents usually tend to use behaviors that make their children more comfortable, approved and accepted (Simões, et al, 2011).

It is also intended to understand the family functioning style. In the family functioning style, the cohesion is the style with the highest values and the competence is the style with the lowest values. The family cohesion can be considered a protective factor because it presents a positive association with lower psychological distress and moderates the effects of conflict on psychological distress (Rivera et al., 2008).

Table 3 Correlations—Correlations between EMBU-P, family functioning style and children quality of life

Variables	ES	RJ	CA	C1	C2	C3	C4	C5
ES	–							
RJ	– 0.22***	–						
CA	0.25***	0.32***	–					
C1	0.32***	– 0.10***	0.07**	–				
C2	0.35***	– 0.11***	0.09***	0.85***	–			
C3	0.23***	– 0.06*	0.12***	0.66***	0.64***	–		
C4	0.33***	– 0.06	0.10**	0.81***	0.82***	0.62***	–	
C5	0.15***	0.08*	0.08**	0.37***	0.39***	0.43***	0.34***	–
QoL	0.41***	– 0.27***	0.09***	0.27***	0.27***	0.19***	0.23***	0.04

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

ES = Emotional support; RJ = Rejection; CA = Control attempt; C1 = Communication; C2 = Cohesion; C3 = Coping; C4 = Commitment; C5 = Competence

Table 4 ANOVA – Parenting styles, Family functioning style, children quality of life and parents' gender

Dimensions	Female		Male		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional support (ES)	3.40	0.37	3.20	0.45	71.27***
Rejection (RJ)	1.62	0.28	1.63	0.30	0.47
Control attempt (CA)	2.62	0.39	2.54	0.38	11.86***
Communication	3.88	0.84	3.79	0.76	3.72
Cohesion	4.06	0.78	4.01	0.72	0.99
Coping	3.48	0.85	3.36	0.85	5.32*
Commitment	3.91	0.83	3.86	0.77	0.81
Competence	3.02	1.02	2.01	0.99	2.58
QoL	3.93	0.55	3.99	0.54	2.84

*** $p < 0.001$; * $p < 0.05$

Parents present a good perception of quality of life in relation to their children, similar results were found by Gaspar and Matos (2017).

The analysis of correlations reveals significant associations between almost all of the variables under study. The perception of QoL is positively related to emotional support, control attempt/parental supervision, communication, cohesion, coping and commitment. On the other hand, there is a negative relationship between perception of QoL and rejection. It is also verified that the dimension of emotional support is positively related to all of the variables, except with the dimension of rejection. Family emotional support and cohesion it is also related to better quality of life of the children and better parental adjustment to stressful life events (Moreira et al., 2014).

On one hand, results support the relationship between emotional support and parenting styles in general, with the dimensions of the family's working style. Family

functioning will influence the adopted parenting styles, positive family functioning will allow parents to provide care with higher quality, with more availability and consequently allow greater emotional support (Beavers & Hampson, 2000). On the other hand, were observed a relationship between the use of parenting styles linked to rejection and lack of skills, cohesion, commitments and adjusted coping styles (Dwairy, 2010; Olson & Gorall, 2007).

It is observed that there are significant differences regarding gender the dimension of emotional support, control attempt and coping strategies. In the three cases, it is verified that the females have higher values than the males. Parental involvement has been increasingly shared by the mother and father, however, the mother continues to have a more influential role (Grikorenko & Sternberg, 2000) and present in the children's day-to-day routines, which reflects a greater exercise in parenting styles,

Table 5 ANOVA – Parenting styles, family functioning style, children quality of life and parental age

Dimensions	Until 35 years old		36–45 years old		46 or more years old		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional support (ES)	3.37	0.40	3.38	0.38	3.26	0.43	14.11***
Rejection (RJ)	1.68	0.33	1.62	0.28	1.61	0.27	4.08*
Control attempt (CA)	2.73	0.38	2.60	0.40	2.54	0.37	15.02***
Communication	3.88	0.82	3.90	0.79	3.73	0.89	5.45**
Cohesion	3.97	0.79	4.08	0.74	3.98	0.82	3.24*
Coping	3.49	0.84	3.48	0.82	3.35	0.93	3.60*
Commitment	3.74	0.95	3.95	0.77	3.79	0.87	5.60**
Competence	3.07	1.02	3.02	1.01	2.91	1.04	1.38
QoL	3.92	0.55	3.95	0.55	3.94	0.55	0.15

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$ **Table 6** Linear regression of variables for the study of emotional support

	Unstandardized coefficients		Standardized coefficients	
	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>	<i>t</i>
Constant	2.174	0.165	–	13.171***
Age	– 0.004	0.002	– 0.052	– 1.907(n.s.)
Gender	– 0.157	0.026	– 0.165	– 6.087***
QoL	0.222	0.022	0.302	10.117***
Rejection	– 0.298	0.042	– 0.217	– 7.082***
Control attempt	0.241	0.030	0.236	7.997***
Communication	0.009	0.028	0.018	0.316(n.s.)
Cohesion	0.075	0.031	0.141	2.436*
Coping	– 0.037	0.019	– 0.078	– 2.015*
Commitment	0.066	0.026	0.126	2.488**
Competence	0.020	0.012	0.049	1.616(n.s.)

Dependent variable emotional support

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$

namely, emotional support and parental control or supervision and interactions with children (Armistead et al., 2002; Canavarro & Pereira, 2007; Mckinney & Renk, 2008; Simões et al., 2011). Fathers and mothers show different behaviors in relation to their children (Bögels & Phares, 2008), mothers tend to show more behaviors of affection, involvement, explanation of rules and discussion of consequences regarding children behavior when compared to male parents.

Were found significant differences between the age of the parents and almost all of the variables under study. The rejection, the control attempt and the coping strategies show higher values in the parents up to the age of 35 years. Finally, emotional support, communication, cohesion and commitment present higher values for parents between the ages of 36 and 45 years. On the one hand, the results tend

to indicate that parents with better parenting styles and healthier family functioning style are parents with intermediate ages between 36 and 45 years old. On the other hand, it is the elders who reflect the greatest difficulties in terms of parenting styles and family functioning. The parents' age influences their parenting and family functioning, the levels of satisfaction with the parental role and the most appropriate behaviors for the children's needs tend to increase with the mothers' age considering mothers aged 18 and 45 years old (Bornstein, 2006).

The model found allows us to understand how the parental behaviors of rejection and control, as well as the components of family functioning help to understand the emotional support. Emotional support should be considered a fundamental factor for positive parenting and promoting quality of life and healthy development of children. It can

be observed that the perception of quality of life, the control attempt, the cohesion and the commitment, appear as explanatory variables of the emotional support. It can be observed that gender, rejection and coping strategies are negatively associated with emotional support (less rejection and coping strategies, more emotional support). Family emotional support is related to better quality of life of children and other members of the family (Thomas et al., 2017). Can be identify a relation between early parental support and long-term impact on children health and wellbeing, namely, in relation to personal control, self-esteem, and social relationships during adulthood (Benjamin Krause et al., 2004).

The present study presented some limitations, namely, used a non-random Portuguese sample, which does not allow the literal generalization of data for Portugal or for other countries. A self-administered instrument was used, which may imply some social desirability in the responses and more responses were collected from the mothers than from the fathers.

However, being a sample with a considerable number, collected at national level, it reflects some diversity and can be considered illustrative of the parents. The results were consistent with the literature and reinforce and clarify the importance of emotional support in the parental relationship, in family functioning and in the quality of life and well-being of the children.

The results reinforce the need to deepen family dynamics and the roles of mothers and fathers in the exercise of parenting, and to promote the quality of life of their children, namely, with resources to qualitative methodologies.

Conclusions

The study provides an understanding and characterization of the role of parents' emotional support on their children's quality of life, including the impact of family functioning style.

We conclude that parents' emotional support is associated with a better quality of life of their children and a better family functioning. Gender and age differences were also identified, which allows us to conclude that being a father or a mother and being a younger or older parent have an impact on parenting practices and these factors may condition children's quality of life.

The conclusions point to the need to intervene with families in the development of parenting skills, emphasizing the fundamental role of emotional support and changes to rejection. The development of socio-emotional and communication skills among family members, taking

into account the specificities related to the age and gender of parents and children.

Reinforce the need for intervention with parents and children to promote parenting skills, development of coping strategies, communication skills and essentially, promotion of literacy and emotional expression among family members considering the developmental stage and respective skills and needs of the child.

We conclude that more at a risk and in more need for supportive psychological intervention are younger and older parents in whose ages, raising a child present added challenge. Besides age effects, results strongly suggest that family support could be promoted by means of increasing self-regulation skills so as to promote emotional support instead of rejection especially in younger parents. At all ages, parental skills and competence could be promoted by means of tailored interventions.

These conclusions have major implications for future psychologists and other health/education/social professionals training, that often do not include skills in family interventions promoting competences at a population level, and for public policies that often disregard prevention and the importance of promoting children well-being at early ages, by means of improving their parents' parenting competences.

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Ethics Approval Study was approved by Education Ministry, school-based survey monitoring department.

Consent to Participate The questionnaires are self-fulfilling, and all participants were informed about the purpose of the study and agreed to participate. Was assured and maintain anonymity and confidentiality. Statement—"I declare that I have read and understood the information provided to me. I have been assured that I may, at any time, refuse to participate in this study without having to give any kind of justification. I ACCEPT to participate in this study and allow

the use of the data that I voluntarily provide, trusting that they will only be used for this research and in accordance with the guarantees of confidentiality and anonymity indicated to me. Signature”.

Consent for Publication Not applicable.

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