

Parenting Practices and Quality of Life in Dutch and Portuguese Adolescents: A Cross-Cultural Study

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Abstract

The aim of this study was to examine differences in Quality of life (QoL) and parenting practices, as well as the impact of parenting practices on QoL in Dutch and Portuguese adolescents. A total of 168 Portuguese (44.64% girls, 55.36% boys) and 155 Dutch adolescents (55.68% girls, 44.32% boys) aged 12-17 years old ($M = 14.44$, $SD = 1.65$) completed questionnaires about QoL (Kidscreen-27), several dimensions of parental parenting practices, and socio-demographic information. No significant differences were found between countries on general QoL. On the subscale for school environment, scores were higher for Dutch adolescents. Portuguese adolescents reported that their mothers showed more positive parenting, psychological control and behavioral control than did Dutch adolescents. Dutch fathers showed more responsiveness and harsh discipline, whereas Portuguese fathers showed more psychological control. Parenting practices seem to be culturally dependant. Parenting practices, especially positive parenting and behavioral control, influenced adolescents' QoL regardless of nationality.

Keywords: Parenting practices, quality of life, adolescence, cross-cultural survey.

Resumen

En este estudio se examinan las diferencias en la calidad de vida percibida (CdV) y prácticas parentales, bien como el impacto de estas últimas sobre la CdV entre adolescentes portugueses y holandeses. En total, 168 adolescentes portuguesas (44.64% chicas, 55.36% chicos) y 155 holandeses (55.68% chicas, 44.32% chicos) con edades comprendidas entre los 12 y 17 años ($M = 14.44$, $DT = 1.65$) completaron cuestionarios sobre la CdV (Kidscreen-27), prácticas parentales e informaciones socio-demográficas. No se hallaron diferencias significativas entre ambos países en la CdV general, sin embargo, los adolescentes holandeses obtuvieron puntuaciones más elevadas en ambiente escolar. Los adolescentes portugueses refirieron más frecuentemente que sus madres mostraban prácticas positivas, control psicológico y conductual. Los padres holandeses eran más responsivos y ejercían disciplina severa, mientras que los portugueses exhibían un mayor control psicológico. Las prácticas parentales parecen depender de la cultura e influncian la CdV de los adolescentes independientemente de la nacionalidad.

Palabras clave: Prácticas parentales, calidad de vida, adolescencia, estudio transcultural.

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Introduction

Quality of life (QoL) is difficult to define. However, there is general consensus that this multidimensional construct refers to a subjective view of individual functioning and/or well-being in multiple domains of life considered salient in one's culture and time (Ravens-Sieberer, Erhart, Gosch, Wile & the European KIDSCREEN group, 2008). It comprises an individual's perception of his/her psychological, physical, emotional, social and behavioral well-being and daily functioning. In this paper QoL is described as a multidimensional construct covering physical, emotional, mental, social, and behavioral components of perceived well-being (The European Kidscreen Group, 2006). The perception of QoL, the normative standards for QoL and the ways in which emotional, mental and social problems are expressed vary widely between cultures. Accordingly, QoL encompasses an individuals' perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, and concerns (Ravens-Sieberer et al., 2001). Therefore, it is important to integrate the concept of QoL within a cultural perspective.

Cross-cultural comparisons in QoL in children and adolescents show a wide variation across European countries. The UNICEF Office of Research (2013) conducted an overview of child well-being in 29

of the world's most advanced economies. The overview of child well-being included 26 internationally comparable indicators combined into five dimensions namely material well-being, health and safety, education, behaviors and risks, and housing and environment. According to the overview, the Netherlands has the highest ranking in child well-being, while Portugal is placed 15th out of 29 countries. More specifically, the Netherlands ranks among the top five countries in all five dimensions of child well-being while Portugal shows a low ranking on material well-being (placed 21), an average ranking on health and safety, education and housing and environment and a high ranking on behaviors and risks. Children's own evaluation of their life satisfaction showed a larger difference; Dutch children scored highest, while Portuguese children scored low (21 out of 29). However, surveys using the Kidscreen questionnaire, a measure of subjective perception of health related QoL (Matos & Gaspar, 2006; The European Kidscreen Group, 2006); show a smaller difference in QoL between the Netherlands and Portugal, indicating a mean value for the Netherlands that is only 5% higher than the Portuguese mean value.

Besides the relevance of cultural characteristics, other psychosocial factors (individual and contextual) are related to QoL, namely gender, age, socioeconomic status and parenting practices. Cross-cul-

tural surveys with large samples from European countries show differences in QoL for gender. In adolescence, boys report significantly higher QoL on most dimensions (physical well-being, psychological well-being, autonomy, parent relations, social support and financial resources) than girls do. Girls score higher only on QoL related to peers, school environment and bullying/social acceptance (Gaspar, Matos, Ribeiro, Leal, & Ferreira, 2009; Michel, Bisegger, Fuhr, Abel, & The European Kidscreen Group, 2009; Ravens-Sieberer et al., 2007).

As for age, adolescents tend to report worse QoL in general and on the majority of dimensions compared to children (Gaspar, Matos, Ribeiro, Leal, & Ferreira, 2009; Michel, Bisegger, Fuhr, Abel, & The European Kidscreen Group, 2009; Ravens-Sieberer et al., 2007). Another important factor that influences QoL is socioeconomic status (SES). A meta-analysis of health studies with American adolescents (Starfield, Riley, Witt, & Robertson, 2002) supports the existence of SES gradients in satisfaction with one's health. High SES is associated with better results for health and school achievement and prevents health threats in adolescents. A study using the Kidscreen found that adolescents with medium/high SES have significantly higher QoL scores than individuals with low SES, except for autonomy (Gaspar et al., 2009). Also, children from low SES families experience lower levels of emo-

tional well-being and show more behavioral problems than children from high SES families (von Rueden et al., 2006). More specific than general SES, the educational level of parents and family wealth (e.g., material factors, such as computers, books) are relevant to predict QoL in adolescence. Parental educational level seems to be a better predictor of low QoL in childhood, whereas in adolescence, material deprivation is a more significant determinant (von Rueden et al., 2006). According to the UNICEF Office of Research (2013), Portugal has high child poverty rates and high child deprivation rates, this could be of influence on QoL.

The relationship between parenting practices and various dimensions of well-being and adolescents' psychosocial outcomes has been widely studied. There is consensus about the major influence that parental behaviors and attitudes exert on psychosocial adjustment, health and academic achievement (Dekovic, Janssens, & Van As, 2003; Rodrigues, Veiga, Fuentes, & García, 2013; White, Johnson, & Buyske, 2000). Psychological control and harshness have been associated with psychosocial maladjustment in children (Dwairy & Achoui, 2010). In contrast, behavioral control and positive parenting promote children's adjusted development (Grolnick & Pomerantz, 2009). A pattern of parental punitive behavior (e.g., hitting, threatening and scolding) has been suggested to predict

long-term risk trajectories for externalizing and internalizing problems for both girls and boys (Roche, Sharon, Ghazarian, Little, & Leventhal, 2010). Harsh discipline, physical punishment, poor parental responsiveness and parental inconsistency have also been associated with negative health outcomes, such as substance abuse, mental health problems, academic disengagement and school dropout in adolescence (Blondal & Adalbjarnardottir, 2009; Bogenschneider & Pallock, 2008).

Despite the empirical support for the role of parental practices on adolescents' adjustment, previous studies have analyzed only some aspects of QoL and have not examined parenting practices with the goal of understanding their importance to adolescents' QoL. Recently, more attention has been paid to the contextualized role of parenting within cultures, facilitating the evaluation of the relevance or effectiveness of particular parenting behaviors in specific cultural niches. High levels of parental control have been found to have positive effects for African-American youth and Asian-American youth (Ang & Goh, 2006; Lamborn, Dornbusch, & Steinberg, 1996), but not for European-American youth. Moreover, cultural and socio-economic background (parents' educational level and labor qualifications in a specific cultural niche) have a moderating effect on parenting practices, affecting the psychosocial adjustment and well-being of adolescents. A cross-cultural

survey of 2,884 Arab, Indian, French, Polish and Argentinean adolescents found that although parenting practices, such as inconsistency and psychological control, may be associated with children's negative health outcomes, the strength of these associations may differ across cultures and countries (Dwairy & Achoui, 2010). These different results across cultures suggest that parenting practices have different meanings and implications for adolescents depending on the socio-cultural context in which these practices occur.

In sum, as stated above, QoL seems to be influenced by culture (country), gender, age, socioeconomic status and parenting practices. However, in Europe, no comparative studies have been conducted to analyze differences in QoL, parenting practices and the relationship between the two. There are significant differences in culture, economy and wealth between Portugal and the Netherlands. For example, the index of the gross domestic product (GDP) per capita in Purchasing Power Standards is 75 in Portugal and 128 in the Netherlands (the average of the European Union-27 is 100). Furthermore, the unemployment rate is higher in Portugal (15.9%) compared to the Netherlands (5.3%) (Eurostat, 2013).

The aim of the present study was to examine cross-cultural differences in adolescent QoL and parental practices, and to analyze the impact of parenting practices on

QoL in Dutch and Portuguese adolescents. This cross-cultural comparison uses a standard measure and is able to identify differences attributable to culture between a country that is considered to have the happiest children compared to a country that is considered to have mediocre child well-being (UNICEF Office of Research, 2013). It was expected that perceived QoL would be lower among Portuguese adolescents than among Dutch adolescents. As pointed out, no former studies investigated differences between countries in parenting practices and the moderating effect of the country in the relation between parenting and QoL, therefore no hypotheses were generated in the present study. It was expected parenting practices to be associated with QoL, this is (a) psychological control and harsh discipline to be negatively related to QoL, and (b) behavior control, consistency, responsiveness, and positive parenting to be positively related to QoL.

Method

Participants

The sample consisted of 323 adolescents (168 Portuguese and 155 Dutch) living in urban and mixed rural/urban areas attending elementary (7.43%) and high (92.57%) public schools from four Southern Portuguese cities and two Dutch cities. The mean age of the Portu-

guese adolescents was 14.46 years ($SD = 1.67$; range: 12-17); 55.36% ($n = 93$) were girls and 44.64% ($n = 75$) were boys. The mean age of the Dutch adolescents was 14.41 years ($SD = 1.63$; range: 12-17); 55.48% ($n = 86$) were girls and 44.52% ($n = 69$) were boys. Dutch and Portuguese adolescents were comparable regarding their age [$F(1, 321) = .078, ns$] and gender [$\chi^2(1, N = 323) = .001, ns$].

Measures

Socio-demographic information: A questionnaire was developed ad hoc to collect the following data: Adolescent age and gender, mothers' and fathers' age, work status, labor qualification (1 = untrained, 2 = semi-skilled and 3 = skilled jobs) and educational level (1 = no education, 2 = elementary school, 3 = high school and 4 = university studies completed). Marital status, number of children living at home, and school information for the adolescent were also included (educational level, number of school failure years, school absences and average grades).

Perceived quality of life: The Kidscreen-27child self-report was used to evaluate the subjective perception of quality of life of children and adolescents between the ages of 8 and 18 years (The European Kidscreen Group, 2006). This test consists of 27 items that are rated on a scale from 1 (not at all/poor) to 5 (extremely/excellent), with five sub-

scales named Physical well-being (e.g., “Have you felt fit and well?”), psychological well-being (e.g., “Has your life been enjoyable?”), parent relations and autonomy (e.g., “Have your parent(s) treated you fairly?”), social support and peers (e.g., “Have you spent time with your friends?”) and school environment (e.g., “Have you been able to pay attention?”). The general-QoL index score was also computed. The omega coefficient was .82 ($\omega_{PT} = .81$, $\omega_{NL} = .81$) for the general-QoL index, .78 ($\omega_{PT} = .77$, $\omega_{NL} = .78$) for physical well-being, .86 ($\omega_{PT} = .85$, $\omega_{NL} = .79$) for psychological well-being, .86 ($\omega_{PT} = .85$, $\omega_{NL} = .84$) for autonomy and parent relations, .86 ($\omega_{PT} = .86$, $\omega_{NL} = .85$) for social support and peers and .80 ($\omega_{PT} = .77$, $\omega_{NL} = .79$) for school environment. A Dutch and Portuguese version was provided by the Kidscreen group.

Parenting practices: Since no Dutch and Portuguese measures were available to evaluate parental practices, a compilation of international measures with adequate psychometric properties and established relationships with adolescent wellbeing in previous research were included (Dekovic et al., 2003). A literature search was performed in order to identify parenting practices questionnaires. After analyzing their conceptual adequacy, validity and reliability and finding that none of them measured all relevant aspects of parenting practices, the subscales

that were theoretically and empirically most associated with adolescent adjustment were selected. In Portugal a forward-backward translation strategy was adopted, with the collaboration of two translators with background in psychology research. The cultural adaptation was particularly considered, taking into account clarity, common language use, and conceptual equivalence of the scale. Items which did not meet the quality criteria were re-entered into the adaptation process. Adolescents reported parenting practices concerning their mothers, as well as for their fathers.

Consistency: Subscale from the Parenting Dimensions Inventory (Slater & Power, 1987) that consists of eight items and indicates how frequently parents show a predictable penalty behavior (e.g., “My mother/father only threatens me with punishment when she/he is sure that she/he will implement it”). Items were rated on a scale from 1 (totally disagree) to 6 (totally agree). The omega coefficient was .67 ($\omega_{PT} = .70$, $\omega_{NL} = .75$).

Responsiveness: Subscale of eight items from The Nijmeegse Rearing Questionnaire (Gerris et al., 1993) to measure the parents' tendency to react promptly and sensitively to the needs, signals and condition of the child (e.g., “My mother/father knows if I am sad about something”, “My mother/father helps me when I have a difficult time). The items were rated on a scale from 1 (totally disagree) to

6 (totally agree). The omega coefficient was .89 ($\omega_{PT} = .96$, $\omega_{NL} = .95$).

Positive parenting techniques: Six-item subscale from the Alabama Parenting Questionnaire (Shelton, Frick, & Wootton, 1996) was used to measure the positive reinforcement for appropriate behaviors of the child (e.g., “Your mother/father reward or give something extra to you behaving well”, “Your parents hug or kiss you when you have done something well”). The items were rated on a scale from 1 (never) to 5 (always). The omega coefficient was .89 ($\omega_{PT} = .92$, $\omega_{NL} = .83$).

Harsh discipline/physical punishment: Eight-item subscale from The Ghent Parental Behavior Questionnaire (Leeuwen & Vermulst, 2004) was used to measure physical punishment and harsh discipline (e.g., “My parent punches me when I do something I’m not allowed to do”). The items were rated on a scale from 1 (never) to 5 (always). The omega coefficient was .94 ($\omega_{PT} = .95$, $\omega_{NL} = .94$).

Psychological control: The eight-item Psychological Control Scale (Barber, 1996) was used to evaluate how much the parent attempts to control the child in an intrusive way (e.g., “My mother/father is always trying to change my feelings and thoughts”). The items were rated on a scale from 1 (totally disagree) to 6 (totally agree). The omega coefficient was .82 ($\omega_{PT} = .83$, $\omega_{NL} = .87$).

Behavior control: Six-item subscale from the Parental Monitor-

ing Scale (Dekovic et al., 2003) was used to measure the degree to which parents supervise and monitor their child’s behavior and daily activities (e.g., “How much does your mother know about how you spend your money?”). The items were rated on a scale from 1 (She/he knows nothing about it) to 4 (She/he knows all about it). The omega coefficient was .91 ($\omega_{PT} = .93$, $\omega_{NL} = .89$).

Procedure

Data were obtained from eight public schools in Algarve (South of Portugal) and in two Dutch cities and selected by simple cluster sampling from all education centers. School boards in both countries agreed to participate. Informed consent forms were requested from parents and adolescents. Participation was voluntary and no compensation was offered. The instruments were completed in the classroom context with one trained interviewer present.

Statistical analyses

Missing data on the item level were extrapolated using the missing value analysis of SPSS (EM algorithm). If more than 10% of the items of a questionnaire were missing, the case was excluded from the corresponding analyses. Statistical assumptions for parametric analyses were checked following Tabachnick and Fidell’s (2007) recommen-

dations, with satisfactory results. Statistical analyses were performed with SPSS software v-18.

Before the analysis of cross-cultural differences on adolescents' QoL and parental practices, differences on socio-demographic characteristics were examined between both countries. For this purpose, Snedecor's F test was used to compare quantitative variables and a Chi-square test was performed for qualitative variables.

Cross-cultural differences for adolescents' QoL and parental practices were examined by including country as the independent variable (0 = *Portugal*, 1 = *Netherlands*) and controlling for the adolescent's gender (0 = *girl*, 1 = *boy*), the family educational level and labor qualification. MANOVA analyses were performed for QoL subscales and parental practices.

To analyze whether parental practices had a different relationship to adolescents' QoL depending on country, a hierarchical multiple regression model was performed. The dependent variable was the General-QoL Index and several independent variables were included in the model: First step (gender, educational level and job qualification), second step (parental practices and country) and third step (parental practices by country). This last step consisted of the parental practice scores multiplied by country. Z-scores for the independent variables were included in the regression analysis.

Results

Socio-demographic information

Portuguese adolescents had significantly more school failure [PT = 35.12%, NL = 5.81%, $\chi^2(1, N = 323) = 41.68, p < .001$] and their average school grades were lower [$M_{PT} = 3.15, M_{NL} = 3.70, F(1, 316) = 35.72, p < .001$], but they had fewer school absences in the previous month [$M_{PT} = 0.66, M_{NL} = 1.17, F(1, 319) = 15.22, p < .001$] in comparison to Dutch adolescents.

The mean age of Portuguese mothers was 42.16 years ($SD = 5.23$; range: 31, 59) and the mean age of Portuguese fathers was 45.17 years ($SD = 6.43$; range: 33, 76). The mean age was 43.60 years ($SD = 5.36$; range: 30, 60) for Dutch mothers and 48.04 years ($SD = 4.54$; range: 38, 62) for Dutch fathers. Portuguese parents were significantly younger than Dutch parents [$F(1, 294) = 5.38, p < .05$ for mothers; $F(1, 204) = 8.45, p < .01$ for fathers].

Both maternal and paternal educational levels differed significantly between the two countries, $\chi^2(3, N = 294) = 60.25, p < .001$ and $\chi^2(3, N = 207) = 41.54, p < .001$. A higher percentage of Dutch parents had completed secondary education and university studies, whereas a higher percentage of Portuguese parents had no education or a primary education degree.

The qualifications of mothers' and fathers' jobs were also

significantly different, $\chi^2(2, N = 230) = 25.25, p < .001$ and $\chi^2(2, N = 198) = 31.31, p < .001$. A higher percentage of Dutch parents performed semi-skilled jobs or skilled jobs, whereas Portuguese parents had untrained jobs more frequently. A higher percentage of Portuguese mothers worked [$\chi^2(1, N = 297) = 6.66, p < .01$]. No difference was found for fathers' work status [$\chi^2(1, N = 207) = 0.62, ns$].

There were no significant differences between countries regarding marital status [$\chi^2(2, N = 298) = 4.20, ns$]. In general, the majority of parents were married or lived together (81.88%); 14.43% of the parents were divorced, 1.34% were widowed and 2.35% were un-

married. In Portugal, there were more single families (22.29%) than in the Netherlands (12.88%), $\chi^2(1, N = 298) = 4.39, p < .05$. The number of children per family was lower in Portugal ($M = 1.71$) than in the Netherlands ($M = 2.93$) [$F(1, 299) = 89.81, p < .001$].

Quality of life

Almost all subscales of the Kid-screen-27 were significantly related to each other (see Table 1). The correlations ranged from .17 to .80 for Portuguese adolescents and from .14 to .77 for Dutch adolescents. For Dutch adolescents, social support was not significantly related to the school environment score.

Table 1

Descriptive Statistics for QoL by Country ($n_{PT} = 168, n_{NL} = 155$)

	1	2	3	4	5	6
1. General index	—	.61***	.80***	.77***	.71***	.75***
2. Physical well-being	.74***	—	.43***	.34***	.17*	.28***
3. Psychological well-being	.71***	.43***	—	.50***	.45***	.53***
4. Autonomy & parent relation	.77***	.38***	.46***	—	.51***	.47***
5. Social support & peers	.63***	.32***	.34***	.42***	—	.47***
6. School environment	.68***	.39***	.39***	.51***	.14	—
$M_{PT}(SD_{PT})$	3.97 (0.53)	3.80 (0.75)	4.02 (0.73)	4.07 (0.72)	4.26 (0.73)	3.68 (0.70)
$M_{NL}(SD_{NL})$	4.10 (0.45)	3.95 (0.76)	4.13 (0.52)	4.14 (0.62)	4.28 (0.65)	3.98 (0.62)

Note. Portugal scores on upper-right section and Netherlands scores on lower-left section.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Dutch adolescents scored higher than Portuguese adolescents on all subscales and general QoL. The ANOVA analysis for general QoL revealed no significant differences between Portuguese and Dutch adolescents, $F(4, 260) = 1.16$, *ns*, after controlling for the gender of the adolescent, family educational level and family labor qualification.

The MANOVA analysis including the subscales of the Kid-screen-27 showed that Portuguese and Dutch adolescents differed on the QoL, $F(5, 256) = 2.50$, $p < .05$, although with a small effect size, $\eta^2_{\text{partial}} = .05$ (see Table 2). Subsequent ANOVAs showed that only the school environment subscale explained this finding ($M_{\text{NL}} = 3.98$, $M_{\text{PT}} = 3.68$).

Table 2

Differences on QoL Between Countries ($n_{\text{PT}} = 153$, $n_{\text{NL}} = 112$)

	<i>F</i>	η^2
Control variables		
Gender of the adolescent	3.35**	.06
Family educational level	2.16	.04
Family labour qualification	2.99*	.06
Country	2.50*	.05
Physical well-being	2.05	—
Psychological well-being	0.04	—
Autonomy & parent relation	0.05	—
Social support & peers	0.91	—
School environment	7.32**	—

* $p < .05$. ** $p < .01$.

Parenting practices

Tables 3 and 4 show the relationships between the parenting practices of mothers and fathers separately by country. Most of correlations were statistically signifi-

cant, with the exception of some correlations involving harsh discipline (both Dutch and Portuguese mothers and fathers) and psychological control (Portuguese mothers and fathers). Consistency, responsiveness, positive parenting and be-

Table 3

Descriptive Statistics for Mothers' Parenting Practices by Country
($n_{PT} = 150, n_{NL} = 113$)

	1	2	3	4	5	6
1. Consistency	—	.34***	.28***	-.02	.00	.33***
2. Responsiveness	.33***	—	.73***	-.30***	-.29***	.62***
3. Positive parenting	.22**	.52***	—	-.25**	-.19*	.60***
4. Harsh discipline	-.08	-.19*	-.13	—	.50***	-.14
5. Psychological control	-.36***	-.39***	-.22**	.49***	—	-.11
6. Behavior control	.30***	.46***	.38***	-.27**	-.27**	—
$M_{PT}(SD_{PT})$	4.18 (0.78)	4.77 (1.22)	3.88 (0.87)	1.48 (0.54)	2.63 (0.81)	3.45 (0.50)
$M_{NL}(SD_{NL})$	4.25 (0.89)	4.96 (0.93)	3.63 (0.70)	1.51 (0.52)	2.17 (0.92)	3.30 (0.53)

Note. Portugal scores on upper-right section and Netherlands scores on lower-left section.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

Descriptive Statistics for Fathers' Parental Practices by Country
($n_{PT} = 135, n_{NL} = 104$)

	1	2	3	4	5	6
1. Consistency	—	.33***	.30***	-.16	-.14	.29***
2. Responsiveness	.28***	—	.75***	-.04	.21**	.61***
3. Positive parenting	.24**	.65***	—	-.07	.12	.60***
4. Harsh discipline	-.04	-.29**	-.35***	—	.43***	-.04
5. Psychological control	-.27**	-.30**	-.26**	.46***	—	.12
6. Behavior control	.24**	.52***	.54***	-.40***	-.36***	—
$M_{PT}(SD_{PT})$	4.12 (0.89)	3.90 (1.51)	3.46 (1.06)	1.37 (0.50)	2.30 (0.74)	2.90 (0.79)
$M_{NL}(SD_{NL})$	4.27 (0.85)	4.70 (1.10)	3.54 (0.75)	1.48 (0.45)	2.05 (0.85)	3.12 (0.63)

Note. Portugal scores on upper-right section and Netherlands scores on lower-left section.

* $p < .05$. ** $p < .01$. *** $p < .001$.

havioral control were all positively interrelated. Harsh discipline and psychological control were either not related or negatively related to the other parenting practices. The correlations between paternal and maternal practices were high in the Dutch sample (.80 to .87) and were medium to high in the Portuguese sample (.42 to .72).

MANOVAs were performed separately for mothers and fathers to examine possible differences in parenting practices between the two countries (Table 5). Control variables were the gender of the adolescent, the family educational level and the family labor qualification. The analysis of the mothers showed

that Portugal and the Netherlands differed in parenting practices, $F(6, 253) = 7.84, p < .001$, with a large effect size, $\eta^2_{\text{partial}} = .16$. Subsequent ANOVAs revealed that the mean score for Portuguese adolescents related to their mothers was higher for positive parenting ($M_{\text{PT}} = 3.88, M_{\text{NL}} = 3.63$), psychological control ($M_{\text{PT}} = 2.63, M_{\text{NL}} = 2.17$), and behavioral control ($M_{\text{PT}} = 3.45, M_{\text{NL}} = 3.30$) compared to Dutch adolescents. The analysis of the fathers also indicated differences between Portuguese and Dutch fathers $F(6, 229) = 8.20, p < .001$, with a large effect size, $\eta^2_{\text{partial}} = .18$. Subsequent ANOVAs showed that Dutch adolescents reported more paternal

Table 5

Differences on Parenting Practices between Countries
($n_{\text{PT}} = 150, n_{\text{NL}} = 113$)

	Mothers		Fathers	
	<i>F</i>	η^2_{partial}	<i>F</i>	η^2_{partial}
Control variables				
Gender of the adolescent	1.50	—	1.68	—
Family educational level	1.62	—	0.39	—
Family labor qualification	2.96**	.07	2.32*	.06
Country	7.84***	.16	8.20***	.18
Consistency	0.42		0.65	
Responsiveness	1.61		14.57***	
Positive parenting	7.53**		0.07	
Harsh discipline	0.34		4.67*	
Psychological control	13.49***		4.30*	
Behavior control	5.92*		2.29	

* $p < .05$. ** $p < .01$. *** $p < .001$.

responsiveness ($M_{NL} = 4.70$, $M_{PT} = 3.90$) and harsh discipline ($M_{NL} = 1.48$, $M_{PT} = 1.37$), whereas Portuguese adolescents reported more paternal psychological control ($M_{PT} = 2.30$, $M_{NL} = 2.05$).

Parenting practices and quality of life

Positive correlations between parenting practices and QoL were

founded for consistency, responsiveness, positive parenting and behavior control for both mothers and fathers, ranging between .40 and .50 ($p < .001$) except for consistency (fathers $r = .18$ and mothers $r = .19$, both $p < .005$). Moreover, negative correlations between harsh discipline and psychological control and QoL for mothers and fathers were observed, ranging between $-.24$ and $-.26$ ($p < .001$).

Table 6

Regression Analysis for Parental Practices (Mothers and Fathers Together) on QoL
($n_{PT} = 138$, $n_{NL} = 138$)

	Quality of life			
	ΔR^2	Change in F	β	t
Step 1. Control variables	.07	5.79**		
Gender of the adolescent			-.01	-0.11
Family educational level			.10	1.10
Family labor qualification			.17	1.83
Step 2. Main effects	.37	15.86**		
Consistency			-.06	-1.07
Responsiveness			.11	1.44
Positive parenting			.23	3.12**
Harsh discipline			-.07	-1.23
Psychological control			-.05	-0.73
Behavior control			.30	4.50***
Country			.10	1.61
Step 3. Interaction effects	.39	0.72		
Consistency X country			-.04	-0.45
Responsiveness X country			-.08	-0.81
Positive Parenting X country			.05	0.54
Harsh discipline X country			.04	0.53
Psychological control X country			-.00	-0.05
Behavior control X country			-.09	-1.00

* $p < .05$. ** $p < .01$. *** $p < .001$.

Hierarchical regression analysis for parental practices on QoL was performed separately for mothers and fathers. The results revealed a common patron regardless the gender of the parent; therefore, a joint analysis was followed (mothers and fathers together) in order to get the highest statistical power. The results of the hierarchical regression analysis revealed that the model predicting QoL explained 38.68% of the variance. The change in R^2 was significantly different from step 1 to step 2 (F -change (7, 227) = 15.86, $p < .001$) but not from step 2 to step 3 (F -change (6, 221) = 0.72, ns). These findings suggest that parenting practices are important predictors of quality of life in adolescence, regardless of nationality. In other words, being Dutch or Portuguese does not seem to moderate the relationship between parenting practices and quality of life. Positive parenting and behavioral control had a significant positive impact on quality of life, whereas the other parenting practices were not significant predictors.

Discussion

Summarizing the results, Portuguese and Dutch youth and their parents differed on socio-demographic variables and parenting practices but not on adolescents' QoL, except for school environment. Positive parenting and behavioral control predicted QoL, but

country did not moderate this relation.

In line with expectations, the socio-demographic characteristics of Portuguese and Dutch adolescents and parents differed in some aspects. The educational level of Portuguese parents was lower than that of Dutch parents. Consequently, Portuguese parents are more likely to have untrained jobs and Dutch parents tend to have semi-skilled or skilled jobs. This situation may be related to the lower economic status of Portugal (Eurostat, 2013).

The lack of a significant difference in general QoL is somewhat unexpected and contrasts with the findings of the UNICEF Office of Research (2013), which identifies a clear difference in subjective well-being between Portuguese and Dutch youth. However, the results of studies using the Kidscreen are similar to the reported in this study and suggest small differences between Portuguese and Dutch youth on general perceived QoL (Matos & Gaspar, 2006; The European Kidscreen Group, 2006). The fact that people with less wealth and less education can have a similar perceived QoL compared to wealthier and more educated people is supported by the social comparisons and expectations theory (Krupinski, 1980), according to which perceived QoL encompasses the gap between desired and actual circumstances. Therefore, the low expectations of Portuguese youth may explain these results. This important problem of

the cross-cultural comparability of perceived QoL could be overcome in future studies by measuring adolescents' expectations.

On the QoL subscale levels, Dutch adolescents scored significantly higher for school environment than Portuguese adolescents. Specifically, the school environment subscale explores both the adolescent's perception of his/her cognitive capacity and concentration and the adolescent's emotional ratings of school (e.g., "Have you enjoyed going to school? Have you gotten along well with your teachers?"). The difference in this subjective perception of school well-being may be the result of objectively reported findings; for example, Portuguese adolescents had reported more school failure and their average grades were lower than those of Dutch adolescents. This finding is in line with the findings of the UNICEF Office of Research (2013), according to which educational well-being (e.g., illiteracy, adolescents' school attendance) was high in the Netherlands (1st) and low in Portugal (18st). Because the educational quality is low, Portuguese youth may feel less satisfied with their school life in general.

Parenting practices differed between Portugal and the Netherlands. Portuguese mothers exerted more positive parenting, psychological control and behavioral control compared to Dutch mothers, according to the adolescents. Items on the po-

sitive parenting subscale include rewarding the child by praising, kissing or hugging. These results are in line with the general view that South European people show more affection than do North European people, who tend to be more distant and give more importance to autonomy as a core parenting value (Kağıtçıbaşı, 2007).

Fathers also differed in their parenting practices. Dutch fathers exerted more responsiveness and harsh discipline, whereas Portuguese fathers exerted more psychological control, according to the adolescents. Dutch fathers' higher responsiveness might be explained by the fact that they are more involved in child rearing compared to Portuguese fathers. In the Netherlands, there are social policies to promote fatherhood, such as policies allowing fathers to take time off work to care for their children. Hence, parenting roles in the Netherlands seem to be more egalitarian. In Portugal, social policies to promote fatherhood are less developed than in the Netherlands, which may explain the high correlations between fathers' and mothers' parenting practices in the Dutch sample (.80 to .87) compared to the Portuguese sample (.42 to .72). The harsh discipline score was relatively low in both Portugal and the Netherlands. However, the Dutch mean was higher, which may be related to the use of less psychological control. As this latter score is low, fathers may have to control their child

in a different way, for example by raising their voice or spanking. Since Portuguese fathers use more psychological control, they may not need to use harsh discipline. It seems that a different balance exists, this is, Portuguese fathers exert more psychological control and Dutch fathers exert harsher discipline to control their children. However, these differences may be due to a different interpretation or meaning of psychological control and severe discipline to adolescents of both countries.

Despite the relevance of previous results for understanding QoL and parenting practices in context, the most interesting result of this study was that parenting practices predicted quality of life scores for adolescents, but the country did not moderate this relationship. A possible explanation for this result is that cultural differences between Portugal and the Netherlands are not as pronounced as differences in studies that compare individualistic and collectivistic cultures (Barber, Xia, Olsen, McNeely, & Bose, 2012; Soenens, Park, Vansteenkiste, & Mouratidis, 2012). In sum, parenting practices seem to perform an important role in explaining adolescent QoL regardless of the context.

In accordance with our hypothesis, the analysis of the specific roles of different parenting practices suggested that positive parenting and behavioral control had a significant positive impact on quality of life,

whereas other parenting practices were not significant predictors. The latter finding is in line with the literature, according to which positive parenting and behavior control are related to high levels of child well-being (Grolnick & Pomerantz, 2009).

In this study, no evidence was found to suggest that harsh discipline and psychological control contribute significantly to explain quality of life, besides some literature supports this relationship (Dwairy & Achoui, 2010). Some studies justify the absence of the relationship between harsh discipline and adolescents' well-being based on the influence of other contextual variables (e.g., quality of neighborhood, family cohesion) as moderators of this interaction (Roche et al., 2010). One possible explanation for the lack of predictions related to the effect of psychological control on QoL is the difficulty of conceptualizing and measuring the construct (Barber et al., 2012; Soenens et al., 2012).

Contrary to expectations, parental consistency and responsiveness did not show significant prediction power regarding QoL. It is possible that consistency is related to the specific parental behaviors that demonstrate consistency. Thus, a parent's use of consistently harsh discipline would affect QoL differently than a parent's consistent expression of positive parenting. One unexpected result of our study was that responsiveness did not predict

QoL, although several studies indicate a positive effect of this practice on indicators of well-being (Bogensneider & Pallock, 2008; Piko & Balazs, 2012).

The main limitations of this study are the size and selection procedures of the sample. One important concern in cross-cultural studies is related to the comparability of the measurements. The impact of this limitation was attempted to be diminished by using internationally applied and validated questionnaires. The variable of “country” is difficult to conceptualize, even in homogenous and relatively small countries like the Netherlands and Portugal, due to many centuries of complex historical evolution. The covariation between socioeconomic status, educational level and national culture presents an issue of collinearity and a risk of overmatching with no easy solution.

Despite these limitations, it must be noted that this is the first cross-cultural study to analyze differences in QoL and parenting practices and their relationship. Some practical implications of this study can be identified. Portuguese adolescents’ low scores for school environment suggest the need for intervention to promote and improve school motivation and satisfaction. Despite the differences between the two countries in parental practices, cannot be stated that its relationship with QoL is dependent on the country. Therefore, these data suggest the relevance of promoting parenting programs in both countries and focusing on positive parenting and behavioral control. More attention could be directed at warmth and control in parenting programs in the Netherlands and promoting fatherhood in Portugal could promote more responsive parenting.

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