ESTUDOS DE PSICOLOGIA
Psychological Studies

RESEARCH REPORT
RELATO DE PESQUISA

Development Psychology
Psicologia do Desenvolvimento

Editor
Raquel Souza Lobo Guzzo

Conflict of interest
The authors declare they have no conflict of interest.

Received
January 25, 2021

Final version
October 24, 2022

Approved
November 25, 2022

Parental educational practices, emotional health and maternal sociodemographic variables: Nuclear and non-nuclear families

Práticas educativas parentais, saúde emocional e variáveis sociodemográficas maternas: famílias nucleares e não nucleares

Sária Cristina Nogueira[1], Olga Maria Piazentin Rolim Rodrigues[1], Veronica Aparecida Pereira[2]

[1] Universidade Estadual Paulista Júlio de Mesquita Filho, Faculdade de Ciências, Programa de Pós-Graduação em Psicologia do Desenvolvimento e Aprendizagem. Bauru, SP, Brasil. Correspondence to: S. C. NOGUEIRA. E-mail: <sariacris@gmail.com>.
[2] Universidade Federal da Grande Dourados, Faculdade de Ciências Humanas, Programa de Pós-Graduação em Psicologia. Dourados, MS, Brasil.

Article based on the thesis of S. C. NOGUEIRA, entitled "*Práticas educativas, indicadores emocionais maternos e comportamentos dos filhos: famílias nucleares e não nucleares*". Universidade Estadual Paulista Júlio de Mesquita Filho, 2020.

How to cite this article: Nogueira, S. C., Rodrigues, O. M. P. R., & Pereira, V. A. (2023). Parental educational practices, emotional health and maternal sociodemographic variables: Nuclear and non-nuclear families. *Estudos de Psicologia* (Campinas), *40*, e210011. https://doi.org/10.1590/1982-0275202340e210011

Abstract

Objective
We compared parental educational practices and emotional health of 62 mothers of students from nuclear (G1) and non-nuclear families (G2).

Method
We used an inventory of parenting practices and scales for assessment of anxiety, stress and depression.

Results
G1 showed significantly higher means for Moral Behavior. Positive correlations between negative parenting educational practices and clinical indicators for maternal emotional health were perceived in both groups and more significantly for G2. Younger mothers in G1 indicated more signs of state anxiety and for G2 the lower socioeconomic level indicated more signs of stress and trait anxiety and less depression.

Conclusion
The data can contribute to the planning of interventions.

Keywords: Families; Maternal behavior; Mental health.

Resumo

Objetivo

Comparar e relacionar práticas educativas parentais e saúde emocional de 62 mães de escolares de famílias nucleares (G1) e não nucleares (G2).

Método

Utilizou-se um inventário de práticas parentais e escalas para avaliação da ansiedade, estresse e depressão.

Resultados

O G1 apresentou significativamente médias superiores para Comportamento Moral. Correlações positivas entre as práticas educativas parentais negativas e indicadores clínicos para saúde emocional materna foram percebidos em ambos os grupos e de forma mais expressiva para G2. Mães mais jovens em G1 indicaram mais sinais de ansiedade-estado. Já para G2, o nível socioeconômico inferior indicou mais sinais de estresse e ansiedade-traço e menos depressão.

Conclusão

Os dados podem contribuir para o planejamento de intervenções.

Palavras-chave: *Famílias; Comportamento materno; Saúde mental.*

In the Western culture, the family is the space where the first interactions between children and the main caregivers take place; the caregivers, through parenting practices, convey cultural values and beliefs to children (Dessen, 2019). The paternal/maternal-filial interactions can be understood based on the parenting styles and practices used for children education and control.

Gomide (2006) suggested a theoretical model composed of seven parenting practices, two of which were considered positive and five negative. The positive practices include Positive Monitoring, characterized by attentive children surveillance, quality of the activities developed by the children and fostering their adaptation to different contexts, and the Moral Behavior, which refers to the teaching of culturally accepted values. Negative practices include Negligence, characterized by the absence of attention and affection; Relaxed Discipline, defined as non-compliance with pre-established rules; Physical and Psychological Abuse, which consists of the use of threats, blackmail or physical punishment; Inconsistent Punishment, characterized by dependence on the parents' mood to punish or reinforce their children's behavior; and Negative Monitoring, identified as an excess of rules, which makes compliance difficult and generates an atmosphere of hostility.

Parenting practices, if inappropriate, can be physical and emotional abuse (Butchart et al., 2006) and can lead to psychopathologies in children and adolescents (Hildebrand et al., 2010), as well as disobedience, antisocial behaviors, and depression in children (Weber, 2017), as well as psychiatric diagnoses in adulthood (Basso et al., 2019). Studies on the influence of educational practices on individual development may be responsible for the enhancement of intervention programs for mothers and fathers, seeking to improve positive parenting practices and prevent inappropriate practices (Altafim et al., 2016). However, such programs are still not accessible to the population that needs them most. Another datum found by Bolsoni-Silva and Loureiro (2019) refers to the relationship between more education time and higher family income with the use of positive practices by mothers of school-age children.

There are several variables that influence educational practices, and the family context influences the emotional health and cognitive development of the family members. In this connection, Kumar et al. (2018) pointed to parenting skills, quality education and the mental health of parents and children as strategic points for child development.

A study carried out by Faro et al. (2019) with mothers of children with and without autism, pointed out that mothers with stress indicators perceived themselves to be more overloaded, which could affect the educational practices used with their children. However, even mothers from nuclear families, with babies born at term, without other apparent problems, who participated in the study by Rodrigues et al. (2013), showed worse results in the negative practice of Inconsistent Punishment.

Regarding the possible influence of stress on parenting practices, Rodrigues and Nogueira (2016) identified that mothers of babies up to one year of age, with clinical indicators of stress, more frequently practiced Relaxed Discipline. According to the authors, the presence of two or more indicators (stress, depression and anxiety) can increase the frequency of negative practices, especially Inconsistent Punishment. The emotional state of the parents can also affect the emotional state of the child.

Maternal age can also be associated with emotional health. Alves et al. (2018) conducted a study on the occurrence of parental stress, anxiety and depression in 53 mothers of babies aged up to 24 months, using the Parental Stress Index, the State-Trait Anxiety Inventory (STAI-) and the *Escala Baptista de Depressão* (Baptist Depression Scale). The results indicated a positive correlation between maternal age and state anxiety.

In this relationship, socioeconomic and family factors can be considered risk factors for depression (Correia & Borloti, 2011). Senicato et al. (2018) highlighted that low education, lack of paid work and absence of a partner increased women's vulnerability to common mental disorder. Marital status was also assessed in the study by Kadir and Bifulco (2011) with 516 married Muslim mothers and 486 unmarried mothers, finding significantly higher rates of depression for women without a partner. Darghouth et al. (2015) also found associations between high levels of psychological distress and the marital status of being separated in a sample of 2554 Latin individuals of both genders. Women who were separated had higher levels of psychological distress.

New and diversified family arrangements have emerged in response to the emerging demands of society (Arpini et al., 2016). In this connection, Souza et al. (2012) pointed out different family configurations, such as nuclear, extensive, same-gender, single-parent, reconstituted, among others. However, Martorel et al. (2020) indicated that the nuclear family comprises families that are composed of one or two parents and their children, whether biological, adopted or stepchildren, stressing that the increase in the number of divorces changed the arrangement of the nuclear family.

The literature pointed to the relationship between parenting practices, emotional health and sociodemographic variables and the influence of these constructs on children's development. However, there are few studies that analyzed the set of these variables considering the family configuration, a gap that this study intends to close out. In this connection, this study aims to describe, compare and correlate parenting practices, emotional health indicators and sociodemographic variables of school-age children's mothers, from nuclear and non-nuclear families.

Method

This article integrates studies from the project "Educational Practices, parental emotional indicators, behavior problems in children and family variables", duly approved by the Ethics Committee of the Sciences Department of the *Universidade Estadual Paulista Júlio de Mesquita Filho* (CAAE: 69962617.9.0000.5398, Opinion nº. 2.289.391).

Participants

Sixty-two mothers participated in the study, divided into two groups: Group 1 (G1) 31 mothers of a nuclear family – composed of both parents and children (G1) and Group 2 (G2) 31 mothers of a non-nuclear family – who had undergone marital separation.

The G1 mothers were mostly over 35 years old (61.3%), had more than nine years of schooling (83.9%), more than one child (90.3%), with female babies (51.6%), received support from third parties (71.0%), socioeconomic level from A1 to B2 (74.2%) and worked outside the home (80.6%). The G2 mothers were up to 35 years old (64.5%), with more than nine years of schooling (71.0%), multiparous (67.7%), with female babies (51.6%), with support from third parties (77.4%), socioeconomic level from C1 to E (58.0%) and hada job (61.3%). Comparing the means between G1 and G2, using the t test of independent samples, there was a significant difference regarding income, with lower means for G2. There was no significant difference for age, education and number of children.

Instruments

An initial interview was carried out with all the participating mothers, in order to collect sociodemographic data. The socioeconomic level was obtained using the criteria of the Associação Brasileira de Empresas de Pesquisa (2014).

Parenting practices and styles were assessed by the Parental Style Inventory, prepared by (Gomide, 2006), composed of 42 questions that correspond to seven educational practices; i.e., two sets of positive practices (Positive Monitoring and Moral Behavior) and five sets of negative practices (Inconsistent Punishment, Neglect, Relaxed Discipline, Negative Monitoring and Physical Abuse). The Parental Style Inventory yielded reasonable coefficients of internal consistency for both the maternal version (Cronbach's alpha ranging from 0.47- Negative Monitoring- to 0.82- Physical Abuse) and for the paternal version (Cronbach's Alpha ranging from 0.62- Negative Monitoring- to 0.87- Physical Abuse) (Gomide, 2006).

To assess maternal emotional health indicators, the Perceived Stress Scale, the STAI- and the Beck DepressionInventory (BDI) were used.

The Perceived Stress Scale, developed by Cohen et al. (1983) and translated and validated for the Brazilian context by Reis (2005), is used in the global assessment of stress considering the events of the individual's life in the last month through 14 questions marked on a five-point Likert-type scale, ranging from zero (never) to four (very often). In adult application, Faro (2015) indicated five score levels: low (≤ 18), normal (19-24), moderate (25-29), high (30-35), very high (> 35). For the present study, scores above 30 were considered as clinical level.

The STAI- is a self-application instrument for young people and adults, translated and adapted into Portuguese by Biaggio et al. (1979). It is composed of two scales, one for State Anxiety and another for Trait Anxiety, each containing 20 statements answered from a Likert-type scale ranging from 1 (not at all) to 4 (very much). The range of STAI- scores went from 20 to 80 points on both scales (Spielberger et al., 1970). The test-retest reliability of the A-Trace scale was high (between 0.73 and 0.86). Both scales (Trait Anxiety and State Anxiety) have a high degree of internal consistency, with Cronbach's Alpha ranging from 0.63 to 0.92, respectively (Biaggio & Natalício, 2003). For the present study, the cutoff criterion of a score equal to or above 48 for clinical anxiety was used (Nogueira et al., 2013; Padovani, 2005; Schiavo, 2011).

The BDI was translated and adapted for Brazil by Cunha (2001) and validated by Gorestein et al. (2000); it is used to measure the intensity of depression in adults and adolescents. It consists of 21 items, each with four alternatives, implying increasing degrees (0 to 3) of depression severity. The final score can vary from 0 to 63 points, with the following criteria: score < 15 – indicative of dysphoria, < 20 – indicative of depression (Padovani, 2005). The BDI has a high internal consistency, with Cronbach's alpha coefficient around 0.90 for the total sample, by gender and for the different subsamples studied (Gorestein et al., 2000).

Data collection in the present study was carried out through individual application at a time previously agreed with the mothers, who chose the place they preferred: the school or their own residence, ensuring an adequate and confidential setting. The participant answered one instrument at a time, with an average duration of 90 minutes. The surveyor remained on site to answer any questions.

Data Analysis

Comparisons were performed using Student's t test and, as these were groups with a number of participants greater than 30, normality tests were not carried out. The Spearman test was used for correlation, because the sample contained non-linear variables. Data were reviewed using the IBM®SPSS® software, version 24.0 (SPSS Inc., Chicago, IL, USA).

Results

Table 1 shows the comparison data of the educational practices of mothers from nuclear (G1) and non-nuclear (G2) families. G1 mothers used more positive practices and less negative ones than G2 mothers; however, there was no statistically significant difference. For the categories of Positive Practices, no significant difference between the groups was found for Positive Monitoring, only for Moral Behavior (p = 0.04), with higher averages for G1. With regard to Negative Practices, a significant difference was observed for the practice of Physical Abuse (p = 0.03), indicating that mothers of G2 used it more.

Table 1
Comparison of parental educational practices considering the family configuration

Parental educational practices	G1			G2			*p*
	M	*SD*	Min-Max	*M*	*SD*	Min-Max	
Positive Practices	22.29	1.90	17-24	21.13	3.07	11-24	0.080
Positive Monitoring	11.03	1.40	7-12	10.58	1.79	4-12	0.270
Moral Behavior	11.26	0.89	9-12	10.55	1.61	7-12	0.370
Negative Practices	20.39	6.94	6-33	21.84	6.58	8-35	0.400
Inconsistent Punishment	4.06	2.2	0-8	3.71	2.23	0-9	0.360
Negligence	2.94	1.65	0-7	2.81	1.98	0-7	0.780
Relaxed Discipline	3.29	2.24	0-9	4.26	2.55	0-9	0.120
Negative Monitoring	8.35	2.28	3-12	9.84	2.18	9-12	1.000
Physical Abuse	1.174	1.53	0-6	2.71	1.87	0-7	0.290

Note: $p < 0.05$; $p < 0.01$. Comparison obtained from Student's t test. p = significance value.
Min-Max: Minimum-Maximum.

The classification of the mothers' parenting styles as risk or non-risk style indicated that the majority (67.7%) of the total sample was classified as Risky Parenting Style. The intragroup

analysis also indicated a prevalence of risk for the two groups, G1 (61.3%) and G2 (74.1%). There was no significant difference for the presence or absence of risk considering the family configuration, as observed in the Chi-Square test [X2 (1); 1.181, $p > 0.05$].

Table 2 shows the association between the frequency of clinical/non-clinical condition for stress, anxiety and depression and family condition. It was observed that G2 had a significantly higher frequency of clinical indicators for stress than G1. Of the four mental health indicators, stress and trait anxiety were the most frequent for the total sample.

Table 2
Frequency and comparison of emotional indicators of stress, depression and anxiety according to family configuration

Emotional indicators	Total sample (*N* = 62)		G1 (*N* = 31)		G2 (*N* = 31)		*p*
	N	%	*n*	%	*n*	%	
Stress							
Non-Clinical	34	54.8	23	74.2	11	35.5	0.002**
Clinical	28	45.2	8	25.8	20	64.5	
Trait-Anxiety							
Non-Clinical	38	61.3	20	64.5	18	58.1	0.602
Clinical	24	38.7	11	35.5	13	41.9	
State-Anxiety							
Non-Clinical	48	77.4	24	77.4	24	77.4	1.000
Clinical	14	22.6	7	22.6	7	22.6	
Depression							
Non-Clinical	50	80.6	27	87.1	23	74.2	0.199
Clinical	12	19.4	4	12.9	8	25.8	

Note: *$p < 0.05$; **$p < 0.01$. Data obtained by the Chi-Square Test. p = significance value.

The correlation analyses between education parenting practices and maternal emotional health, considering the total sample, are presented in Table 3. For the total sample, it was observed that the highest scores of stress, trait anxiety and depression correlated with high scores of Inconsistent Punishment and Relaxed Discipline. Higher scores for stress and depression also correlated with higher scores for Negligence and Physical Abuse practices.

Intragroup analyses indicated a correlation between education parenting practices and emotional health for G1, indicating that mothers with higher levels of stress had higher scores for Physical Abuse and lower scores for Positive Monitoring. Also, higher depression scores correlated with higher scores for Physical Abuse. For G2, it was observed that higher stress scores correlated with higher scores for Inconsistent Punishment, Relaxed Discipline and Negligence. As for Trait-Anxiety, higher scores correlated with higher scores for Relaxed Discipline and Moral Behavior. As for depression indicators, higher scores correlated with higher scores for Moral Behavior, Relaxed Discipline and Neglect.

Sociodemographic data were correlated with emotional health indicators and the scores for parenting practices were observed, considering the total sample and the groups, as shown in Table 4. For the total sample, the larger number of children was correlated with higher indicators for Stress, Trait-Anxiety and Depression, and mothers with lower socioeconomic levels showed more indicators for Stress and Trait-Anxiety. As for parenting practices, mothers with more schooling showed more Moral Behavior and Inconsistent Punishment and less Relaxed Discipline. Mothers of lower socioeconomic status showed more Relaxed Discipline. The older G1 mothers had lower levels

for State-Anxiety and higher scores for Moral Behavior. In relation to G2, mothers with a greater number of children had higher scores for Stress, Trait-Anxiety and Depression. For this group, the lower the socioeconomic level, the higher the Stress and Trait-Anxiety indicators, the lower the Depression indicators and the scores for Relaxed Discipline.

Table 3

Correlation between parental educational practices and maternal emotional health in the total sample and in the nuclear family and non-nuclear family groups

Parental educational Practices	Stress			Trait-Anxiety			Depression		
	Total sample	G1	G2	TS	G1	G2	TS	G1	G2
Positive Practices									
Moral Behavior									0.415*
Positive	-0.272*	-0.487**				0.357*			
Monitoring									
Negative Practices									
Inconsistent	0.476**		0.448*	0.368**			0.329**		
Punishment									
Relaxed	0.368**		0.475**	0.392**		0.389*	0.376**		0.381*
Discipline									
Negligence	0.362**		0.409**				0.357**		0.477**
Physical Abuse	0.345**	0.391*					0.295*	0.395*	

Note: Values obtained by the Spearman correlation, with significance: *$p < 0.05$ significant, **$p < 0.01$ very significant.

Table 4

Correlation between maternal emotional health indicators, parenting practices and sociodemographic data

Sociodemographic data	Emotional Health				Positive Practices	Negative Practices	
	Stress	Trait-Anxiety	State-Anxiety	Depression	Moral Behavior	Inconsist. Punish.	Relaxed Discipline
Total Sample							
Maternal age					0.370*		
Maternal schooling					0.255*	0.281*	-0.391**
Number of children	0.296*	0.293*		0.265*			
Socioeconomic Status	-0.294*	-0.332*					
G1							
Maternal age			-0.492**		0.363*		
G2							
Maternal schooling							0.428*
Number of children	0.501*	0.556**		0.462**			
Socioeconomic Status	-0.366*	-0.552**		0.430*			-0.296*

Note: Values obtained by the Spearman correlation, with significance: *$p < 0.05$ significant, **$p < 0.01$ very significant.
Inconsist: Inconsistent; Punish.: Punishment.

Discussion

The analysis of the participants' educational practices indicated significant differences for Moral Behavior, with higher averages for G1, and also in relation to Physical Abuse, with higher averages for G2. The greater use of positive practices associated with Moral Behavior by mothers of nuclear families was also indicated by Smith et al. (2015), being more frequent in families with mothers with higher education and higher income. For the mothers in this study, education was similar, but the income of G1 was significantly higher. As for negative practices, the Physical Abuse

practices considered in this study are, by definition, consistent with the description in the literature regarding the aspect of physical and emotional abuse (Butchart et al., 2006).

It is worth mentioning the fact that the sample studied revealed the prevalence of these practices, albeit at a low frequency, on the part of mothers from non-nuclear families, who may be more vulnerable to situations of domestic violence because they are responsible alone for maintaining the home properly and children education (Hildebrand et al., 2010). Considering the impacts of the prevalence of negative parenting practices on child development, as pointed out by Basso et al. (2019) and Hildebrand et al. (2010) identification with families is relevant for planning and implementing interventions (Altafim et al., 2016).

It was observed that the mothers of G2 had more negative practices than those of G1. However, considering the set of positive and negative practices that define the Parenting Style, most of the participants in this study (74.2%), regardless of the group, were characterized as having a risky parenting style. The data corroborate the findings of Nogueira et al. (2013) who found that mothers of babies from nuclear families had more frequent negative practices.

The exercise of the maternal role requires mothers to have a repertoire of diversified educational skills for monitoring their children's activities, establishing rules and limits in an affectionate relationship. Therefore, interventions that help parents in the education of their children using, as a priority, positive practices are promising (Altafim et al., 2016).

Regarding emotional health, the G2 mothers showed higher rates for the clinical indicators of anxiety (trait and state) and depression, with significant differences for stress. The data corroborated the findings in the literature that unmarried mothers are more likely to have emotional changes (Darghouth et al., 2015; Kadir & Bifulco, 2011; Senicato et al., 2018). Even with the law of shared custody, after separation, women are still primarily responsible for educational tasks, which can explain the higher averages of the indicators of anxiety, stress and depression, as was also shown in the study by Martins et al. (2019).

The positive correlation between educational practices of Moral Behavior and depression indicates that mothers of non-nuclear families use this practice more, which involves parental behavior of observation about limits, rules and social skills for the child's coexistence in the collective world. Possibly, the G2 mothers use these behaviors more because they are the main responsible adult and because they spend more time with their child. However, they were also more ill, with higher indicators of depression. The data corroborate the findings of Correia and Borloti (2011) in relation to the burden experienced by separated mothers and the lack of a support network.

The negative correlations between Positive Monitoring and Stress indicated that, for the general sample and for the G1 mothers, the greater the stress, the lower the occurrence of Positive Monitoring, corroborating the data indicated by Faro et al. (2019). However, in relation to Trait-Anxiety, the correlation was positive for G2, indicating that more anxious mothers had more Positive Monitoring. This indicates that, in this study, mothers from non-nuclear families had more indicators of anxiety and depression, correlated with the high occurrence of Positive Practices (Moral Behavior and Positive Monitoring). However, even if they can perform their educational practice well, they require care in relation to emotional health, confirming the findings of Senicato et al. (2018) regarding the socio-emotional vulnerability of widowed and separated mothers.

In relation to Negative Practices, for the total sample, all were correlated with higher indicators of Stress and Depression. Regarding Trait Anxiety, there was a positive correlation for Inconsistent Punishment and Relaxed Discipline, but not for Neglect and Physical Abuse. Thus, for the total sample, we can consider that the highest indicators of emotional health were associated

with a greater occurrence of negative practices. From the intragroup analyses, it was noticed that, for the G1 mothers, the correlations were positive, indicating a higher occurrence of Physical Abuse for mothers with higher indicators of stress and depression. For G2, high levels of stress correlated with higher rates of Inconsistent Punishment, Relaxed Discipline and Neglect. There was also a correlation between Relaxed Discipline and higher rates of Trait-Anxiety and Depression and between Neglect and Depression. The results of the intragroup analysis allowed us to identify a greater number of correlations for G2 between emotional indicators and negative practices, confirming a greater vulnerability of emotional health in this group (Correia & Borloti, 2011) and indicating greater psychological distress for women after separation (Darghouth et al., 2015). However, being solely responsible for their children, even though they use negative practices, they also use positive practices, which can be a protective factor for children's development.

For the total sample, the correlations indicated that mothers with more education had higher scores for Moral Behavior, Inconsistent Punishment and Relaxed Discipline. Older mothers had higher averages for Moral Behavior and the lower economic level indicated higher scores for Relaxed Discipline. The findings of Smith et al. (2015) are in this line; they indicated that positive practices are correlated with higher education and income. The data suggest that lower income establishes a correlation with negative practice, found in this study for Relaxed Discipline. Mothers with higher age and education tend to maintain more positive practices, which would also be correlated with Moral Behavior. For G2, it was found that older mothers had higher averages for Moral Behavior, and mothers in this group with a lower socioeconomic level exhibited more occurrences of Relaxed Discipline. The issue of lower income and education of separated mothers has been pointed out in the literature as factors that demand attention both due to socio-emotional vulnerability (Correia & Berloti, 2011) and the impacts on child development (Basso et al., 2019; Hildebrand et al., 2010; Weber, 2017). Senicato et al. (2018) also pointed to low education, the marital status of separation as vulnerability factors for common mental disorders and, therefore, would increase the chance of children's behavior problems. However, a gap remains regarding the impacts of the separation of mothers with higher income and higher education. Issues associated with marriages that are maintained due to economic status or even outsourcing of child care, violence in the dispute over assets and other factors are data that remain hidden, causing the risk of inferring that when there is income, everything is settled.

Also regarding the total sample, the greater number of children indicated higher Stress, Trait-Anxiety and Depression means and the lower economic level was correlated with higher indicators for Stress and Trait-Anxiety. The lower the socioeconomic status, the more these clinical indicators are present. The data corroborate Bolsoni-Silva and Loureiro's (2019) notes on the relationship between maternal depression and family income as factors associated with lower use of positive practices by mothers.

Younger G1 mothers exhibited more indicators of State-Anxiety; this was a correlation that was also pointed out in the study by Alves et al. (2018). Among the underlying hypotheses, it is possible that punctual, potentially anxious-mongering circumstances in life, such as the educational demands of children, lead to the emergence of anxiety symptoms, since they require maternal behavioral repertoires for their resolution. It will be important to further studies about the relationship between maternal age and indicators of State Anxiety, considering the negative effects on child development, especially due to possible maternal intrusiveness, as pointed out by Fraga et al. (2008).

Multiparity is also an important variable, as for G2, mothers with more children had more indicators of Stress, Trait-Anxiety and Depression, with stress and anxiety also being associated

with lower socioeconomic levels. Possibly, the greater number of children ends up demanding more repertoire and management from mothers to meet the educational and affection demands. When performing this alone, it may be that mothers from non-nuclear families are overloaded in this role. The literature also points out that the greater number of children in the family is associated with less individual attention to children and less positive parenting (Schmidt et al., 2018).

The findings observed in the total sample indicated that mothers of schoolchildren need help regarding educational practices and that participation in programs that specifically address these issues could, in the short term, result in a better quality of life for families and better development of children. Mothers from non-nuclear families had more emotional indicators correlated with negative practices, even though they also had positive practices. In this connection, they present themselves as an eligible group for intervention in the field of parental educational practices and maternal health. Interventions should be designed to guide positive childhood practices and promote maternal and child's health.

Among the limitations of this study is the small number of participants, which makes it difficult to generalize the data. Specific characteristics of mothers from a small town and, for G1, the high socioeconomic level, may constitute biases that could influence the generalization of data. Future studies, with populations from other regions and more diversified socioeconomic levels between groups, may contribute to deepening the understanding of these issues. The instrument used to assess the socioeconomic level in this study may not have been the most appropriate either, as it primarily evaluated consumer items. More reliable instruments may generate more reliable results.

Conclusion

Considering the socioeconomic difference between G1 and G2, the present sample indicated a higher occurrence of non-nuclear families in low-income families. Other studies ought to be conducted in order to answer how the separations between families of higher socioeconomic level occur and the impacts associated with educational practice, processes of parental alienation, physical and psychological violence due to judicial demands for legal partition, financial and affective responsibility with the child.

References

Altafim, E., Pedro, M. E., & Linhares, M. (2016). Effectiveness of ACT Raising Safe Kids Parenting Program in a developing country. *Children and Youth Services Review, 70*, 315-323.

Alves, G. M. A. N., Rodrigues, O. M. P. R., & Cardoso, H. F. (2018). Indicadores emocionais de mães de bebês com risco para o desenvolvimento TT - Emotional indicators of Mothers of babies facing developmental risks. *Pensando Fam, 22*(2), 70-87.

Arpini, D. M., Cúnico, S. D., & Alves, A. P. (2016). Paternidade : o ponto de vista de profissionais que atuam em varas de família. *Pensando Famílias, 20*(1), 29-42.

Associação Brasileira de Empresas de Pesquisa. (2014). *Critério Brasil 2014*. https://www.abep.org/criterio-brasil

Basso, L. A., Fortes, A. B., E Maia, C. P., Steinhorst, E., & Wainer, R. (2019). The effects of parental rearing styles and early maladaptive schemas in the development of personality: A systematic review. *Trends in Psychiatry and Psychotherapy, 41*(3), 301-313. https://doi.org/10.1590/2237-6089-2017-0118

Biaggio, A. M. B., & Natalício, L. (2003). *IDATE: Inventário de Ansiedade Traço-Estado Manual*. CEPA.

Biaggio, A., Natalicio, L. F., & Spielberger, C. D. (1979). *Manual para o Inventário de Ansiedade Traço-Estado (IDATE)*. Centro Editor de Psicologia Aplicada-CEPA.

Bolsoni-Silva, A. T., & Loureiro, S. R. (2019). Boys with internalizing and externalizing behavior problems: a case control study. *Temas em Psicologia, 27*(1), 39-52. https://doi.org/10.9788/tp2019.1-04

Butchart, A., Phinney-Harvey, A., Mian, M., & Butchart, A. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. World Health Organization.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). *A global measure of perceived stress. Journal of Health an Social Behavior, 24*, 385-396.

Correia, K. M. L., & Borloti, E. (2011). Mulher e depressão: uma análise comportamental-contextual. *Acta Comportamentalia, 19*(3), 359-373.

Cunha, J. (2001) A. *Manual da versão em português das Escalas Beck*. Casa do Psicólogo.

Darghouth, S., Brody, L., & Alegría, M. (2015). Does marriage matter? Marital status, family processes, and psychological distress among latino men and women. *Hispanic Journal of Behavioral Sciences, 37*(4), 482-502. https://doi.org/10.1177/0739986315606947

Dessen, M. A. (2019). *Família no curso de vida*: *compreendendo a família e seus desafios na contemporaneidade*. Juruá.

Faro, K. C. A., Santos, R. B., Bosa, C. A., Wagner, A., & Silva, S. S. C. (2019). Autismo e mães com e sem estresse: análise da sobrecarga materna e do suporte familiar. *Psico, 50*(2), 30080. https://doi.org/10.15448/1980-8623.2019.2.30080

Faro, A. (2015). Análise fatorial confirmatória das três versões da Perceived Stress Scale (PSS): um estudo populacional. *Psicologia: Reflexão e Crítica, 28*(1), 21-30. https://doi.org/10.1590/1678-7153.201528103

Fraga, D. A., Linhares, M. B. M., Carvaho, A. E. V., & Martinez, F. E. (2008). Desenvolvimento de bebês prematuros relacionado a variáveis neonatais e maternas. *Psicologia em Estudo, 3*(2), 335-344. https://doi.org/10.1590/S1413-73722008000200016

Gomide, P. I. C. (2006). *Inventário de estilos parentais: modelo teórico, manual de aplicação, apuração e interpretação*. Vozes.

Gorestein, C., & Andrade, L. (2000) Inventário de depressão de Beck- propriedades psicométricas da versão em português. In C. Gorestein, L. H. S. G. Andrade, & A. W. Zuardi (Orgs.), *Escalas de avaliação clínica em Psiquiatria e Psicofarmacologia* (pp. 89-95). Lemos-Editorial.

Hildebrand, N. A., Helena, E., Valler, R., Morcillo, A. M., & Zanolli, M. D. L. (2010). Violência doméstica e risco para problemas de saúde mental em crianças e adolescentes. *Psicologia Reflexão e Crítica, 28*(2), 213-221. https://doi.org/10.1590/1678-7153.201528201

Kadir, N. B. A., & Bifulco, A. (2011). Vulnerability, life events and depression amongst Moslem Malaysian women: comparing those married and those divorced or separated. *Social Social Psychiatry and Psychiatric Epidemiology, 46*(9), 853-62. https://doi.org/10.1007/s00127-010-0249-4

Kumar, M., Madeghe, B., Osok-Waudo, J., Wambua, G. N., & Amugune, B. K. (2018). Shifting parental roles, caregiving practices and the face of child development in low resource informal settlements of Nairobi: experiences of community health workers and school teachers. *Annals of General Psychiatry, 17*(1), 50. https://doi.org/10.1186/s12991-018-0219-x

Martins, B. G., Da Silva, W. R., Maroco, J., & Campos, J. A. D. B. (2019). Depression, anxiety, and stress scale: psychometric properties and affectivity prevalence. *Jornal Brasileiro de Psiquiatria, 68*(1), 32-41. https://doi.org/10.1590/0047-2085000000222

Martorel, G., Papalia, D. E., & Feldman, R. D. (2020). *O mundo da criança* (13th ed.). Artmed.

Nogueira, S. C., Rodrigues, O. M. P. R., & Altafim, E. R. P. (2013). Práticas educativas de mães de bebês: efeitos de um programa de intervenção. *Psicologia em Estudo, 18*(4), 599-609. https://doi.org/10.1590/S1413-73722013000400003

Padovani, F. H. P. (2005). *Indicadores emocionais de ansiedade, disforia e depressão e verbalizações maternas acerca do bebê, da amamentação e da maternidade em mães de bebês nascidos pré-termo de muito baixo peso, durante a hospitalização do bebê e após a alta, comparadas a mães de bebês nascidos a termo* [Unpublished doctoral thesis]. Faculdade de Filosofia, Ciências e Letras de Ribeirão.

Reis, R. S. (2005). *Comportamentos de risco à saúde e percepção de estresse em professores universitários da IFES do sul do Brasil* [Unpublished doctoral thesis]. Universidade Federal de Santa Catarina.

Rodrigues, O. M. P. R., & Nogueira, S. C. (2016). Práticas educativas e indicadores de ansiedade, depressão e estresse maternos. *Psicologia*: *Teoria e Pesquisa, 32*(1), 35-44. https://doi.org/10.1590/0102-37722016012293035044

Rodrigues, O. M. P., Nogueira, S. C., & Altafim, E. R. P. (2013). Práticas parentais maternas e a influência de variáveis familiares e do bebê. *Pensando Famílias, 17*(2), 71-83.

Schiavo, R. A. (2011). *Presença de stress e ansiedade em primigestas no terceiro trimestre de gestação e no pós-parto* [Unpublished master's dissertation]. Universidade Estadual Paulista Júlio de Mesquita Filho.

Schmidt, B., Dill, S., Bolze, A., Vieira, M. L., & Crepaldi, M. A. (2018). Percepções parentais sobre o temperamento infantil e suas relações com as variáveis sociodemográficas das famílias. *Psicologia*: *Teoria e Pesquisa, 34*, e3436. https://doi.org/10.1590/0102.3772e3436

Senicato, C., Azevedo, R. C. S., & Barros, M. B. A. (2018). Common mental disorders in adult women: identifying the most vulnerable segments. *Ciência e Saúde Coletiva, 23*(8), 2543-2554. https://doi.org/10.1590/1413-81232018238.13652016

Smith, S. M., Holtrop, K., & Reynolds, J. (2015). Do positive parenting practices moderate parental mental health and child behavior among homeless families? *Family Relations, 64*(5), 606-620. https://doi.org/10.1111/fare.12166

Souza, A. B. L., Beleza, M. C. M., & Andrade, R. F. C. (2012). Novos arranjos familiares e os desafios ao direito de família : uma leitura a partir do Tribunal de Justiça do Amazonas. *Revista Eletrônica de Humanidades do Curso de Ciências Sociais da UNIFAP, 5*, 105-119.

Spielberger, C. D., Gorsuch, R. C., & Lushene, R. E. (1970). *Manual for the State Trait Anxiety Inventory.* Consulting Psychologists Press.

Weber, L. N. D. (2017). Relações entre práticas educativas parentais percebidas e a autoestima, sinais de depressão e ouso de substâncias por adolescentes. *International Journal of Developmental and Educational Psychology, 2*(1), 157-167. https://doi.org/10.17060/ijodaep.2017.n1.v2.928

Acknowledgments

We are grateful to the mothers who volunteered to participate in this research.

Contributors

S. C. NOGUEIRA was responsible for the design and conduct of research, data analysis, writing and review of the manuscript. O. M. P. R. RODRIGUES was responsible for the design and conduct of research, guidance, data analysis, writing and review of the manuscript. V. A. PEREIRA was responsible for the data analysis, writing and review of the manuscript.