PARENTING STYLE AND RECURRENT RESPIRATORY INFECTIONS IN CHILDREN, IS THERE A CONNECTION?

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Introduction. Recurrent respiratory infections (RRIs) are a significant problem in the modern management of childhood diseases, as they have a negative impact on physical, mental and social aspects of health. Each subsequent episode of the disease leads to a decrease in the functional capacity of local immunity, deterioration of socialization due to prolonged stay at home, formation of a vicious circle with an increase in the level of stress in both children and parents [1]. About 70% of deviations in children's mental status can be explained by the child's upbringing style and temperament. On the one hand, parental care (authoritative upbringing) has a long-term contribution to reducing the risk of depressive states and suicidal thoughts in children, and on the other hand, excessive parental control (authoritarian upbringing) leads to the opposite [3]. Developmental maladjustment of children of divorced parents is not caused by the fact of divorce itself, but by other risk factors associated with it, such as interparental conflict, parental psychopathology, lowering of the socioeconomic level, inconsistency in parenting styles, parallel and conflicting co-parenting relationships [2].

Purpose: to analyze the relationship between parenting style and the disease of children with recurrent respiratory infections.

Main part. The actual study was conducted in 40 families, in 30 of them (the main group), children had recurrent respiratory diseases that fell under the criteria of the Inter-society Consensus on the 2021 «Prevention of recurrent respiratory infections» [4], 10 other families with sporadically ill children were assigned to the control group. The study was conducted in accordance with the principles of bioethics set forth in the Declaration of Helsinki "Ethical Principles of Medical Research Involving Humans", "Universal Declaration on Bioethics and Human Rights (UNESCO)".

Materials and methods. In accordance with the set goal, the following psychological methods were used in our work: "Choose the right face" (R. Temmle, M. Dorky, V. Amen), the "Tree" test (Pip Wilson), the "Family sociogram" test (E. G

Eidemiller and O. V. Cheremisin), the Spielberger-Hanin test, the Varga-Stolin parentage test. Statistical data processing was carried out using the IBM SPSS Statistics 26 package. The obtained results were considered statistically significant at a level of statistical significance (p) of less than 0.05. Since more than 90% of the data were slightly different from the normal distribution, non-parametric statistical methods were used.

Results and discussion. Study groups (families) did not have a statistically significant difference in parameters such as age and gender. When comparing the level of anxiety, mothers from the main group had a significantly higher level of personal anxiety 36.7 (SD=1.6) points compared to 30.6 (SD=1.4) points in the control group, which indicates a relatively stable personality quality with a high level of anxiety, care, emotional tension due to the action of stressful factors and can have an impact on the mental status of their children. When comparing the styles of relating to children, the main group had a higher level of the maternal model of attitude "little loser" 5.0 (SD=0.2), while in the control group it was - 2.0 (SD=0.2). High values on this scale may indicate the mother's desire to infantilize the child, attribute personal and social incapacity to it. In this regard, in the future, the mother tries to protect her child from the difficulties of life and strictly control her actions.

Correlation analysis revealed statistically significant relationships between mothers with high levels of personal anxiety (Spilberger-Hanin test) and children with RRIs who experienced social isolation, lack of motivation to study (the "Tree" test and "Family Sociogram") r= 0.33, p=0.032; between mothers who treat the child as a "little loser" and children with RRIs who felt social isolation, lack of motivation to study ("Tree" and "Family Sociogram" test) r=0.25, p=0.02.

Later, in the regression analysis, certain relationships were revealed: the mother's personal anxiety was positively correlated with the status of "recurrent" diseases of upper respiratory tract (URT) in children (OR=1.067, $p<0.001$) and the mother's attitude towards the child as a little loser was positively correlated with the status "recurrent" diseases of the URT in children (OR=1.055, $p<0.001$); the model of relations "acceptance by the father" and "acceptance by the mother" was negatively correlated with the status of "recurrent diseases of URT in children (OR= 1.107, $p<0.0001$ and OR=1.116, $p<0.001$, respectively). Thus, it can be argued that healthy models - acceptance by the mother and father can have a positive contribution to the prevention of the recurrent course of acute respiratory diseases in children.

Conclusions.

1. The mother's personal anxiety increases the child's chances of developing recurrent respiratory infections in the future.

2. Healthy parenting models - acceptance by the mother and father can have a positive contribution to the prevention of the recurrent course of acute respiratory diseases in children. Parents should pay attention to this when conducting preventive interventions in the families of children with RRI.

References

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