

Original Research

Relationship Between Parenting Styles and Mental Health in Adolescent

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Abstracts

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Introductions: Many things could affect mental health, especially for adolescents as they are at an age susceptible to many things. One of the things that could affect mental health is parenting styles. To analyze the relationship between parenting styles and adolescent mental health. Methods: The method used in this research was observational analytics with a cross-sectional design. The instruments used for this study were the Parental Authority Questionnaire-Short (PAQ-S) and the Depression, Anxiety, Stress Scale-21 (DASS-21). A total of 197 samples were taken from a school in Surabaya. The hypothesis was tested using the Kruskal-Wallis and Mann-Whitney on SPSS. Results: Of 197 respondents, 81.2%, 18.3%, and 0.5% were categorized into the authoritative, authoritarian, and permissive parenting styles, respectively. It has been found that only 3% of 197 have good mental health. The Kruskal-Wallis test showed that parenting styles affect adolescent mental health with a p-value of less than 0.05. Meanwhile, the Mann-Whitney test showed a difference between the effect of authoritative and authoritarian parenting styles, with a p-value of less than 0.05. In contrast, authoritative and authoritarian parenting styles were found to have no significant difference in the outcome with the permissive category, with a p-value higher than 0.05. Conclusion: The prevalence of mental health disorders in adolescents at School X Surabaya was found to be 97% and is affected by different types of parenting styles. Authoritative and authoritarian parenting styles produced significantly different outcomes, while the permissive doesn't show as much due to a limited sample.

Keywords: Adolescent, DASS-21, Mental Health, PAQ-S, Parenting Styles

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INTRODUCTION

Mental health is a condition affecting an individual's capability to deal with stress, learn to appreciate oneself, and contribute to society [1]. An adolescent is a period of age from the start of puberty up until the middle twenties when individuals grow in terms of cognitive function, psychologically, biologically, emotionally, as well as their personal relationship [2].

A problem with mental health, mental disorder, causes 15% incidence of morbidity and complications in adolescents, which eventually could lead to suicide attempts, the third leading cause of death within the age range of 15-29 years old [3]. Indonesia - National Mental Health Survey (I-NAMHS) found that the most common mental disorders among adolescents are anxiety disorder and major depressive disorder [4]. According to basic health research of Indonesia done in 2018, the prevalence of depression and stress among Indonesian citizens above 15 years of age is 6.1% and 10.0%, respectively [5]. A study carried out on 877 adolescents in 2022 found that 12.5% have mental health disorders, 10.8% had inflicted injury on themselves outside of suicide ideation, 9.9% had suicide plans, and 3.5% had attempted suicide [6]. These numbers show the urgency to deal with adolescent mental health problems as soon as possible to prevent further complications that could lead to self-harm or even death.

There are many factors affecting mental health, one of which includes parenting styles. Parenting styles come from people raising a child to adulthood; they differ from one another. Different parenting styles will result in distinct traits as parenting affects children's principles, morality, and how they present themselves to society. There are several categories of parenting styles, but the main ones commonly found are authoritative, authoritarian, and permissive [7].

These parenting styles are differentiated according to the level of demandingness as

well as responsiveness given by the parents or caretakers towards the children. Examples are how authoritative parenting styles have high demand as well as response, making the children growing up under authoritative care healthier and more independent. Meanwhile, the authoritarian parenting style has high demand but low response, making the children highly dependent on them, aggressive, and rebellious. Lastly, the permissive parenting style has low demand and high response, producing rebellious children that sneak around their parents' backs when making decisions [8].

Following those theories, the authoritative parenting style produces the best result and is categorized as "positive parenting" while the other two are classified as "negative parenting" altogether. It is found that 15.8% of children under "positive parenting" have symptoms of depression while 7.4% show symptoms of anxiety. In comparison, of the children under "negative parenting styles" 51.6% of them showed symptoms of depression, and 31.6% showed symptoms of anxiety [9]. Whereas a study in South India found that 45.19% of adolescents under authoritarian, 24.62% of adolescents under authoritative, and 23.94% of adolescents under permissive parenting style suffer from severe stress [10].

This study aims to answer the question of how parenting style affects adolescent's mental health. With the hypothesis that a) Parenting styles affect adolescent mental health (depression, anxiety, stress) and b) Different perceived parenting styles affect adolescent mental health differently. This study is expected to help future researchers on this topic, the adolescents in question themselves, their parents, and the school.

METHODS

This study used an observational analytical method with a cross-sectional design to analyze the relationship between different parenting styles with adolescent mental health. The participants used to collect the

data were high school students aged 15 to 19 years old from school X in Surabaya, Indonesia. Participants were students in classes chosen from the method of cluster random sampling and fulfilled the criteria of inclusion and exclusion determined. By using the Lemeshow formula of sample calculation, a minimum total of 196 samples must be collected; this study collected 197 samples that fulfilled the inclusion and exclusion criteria.

The independent variable for this study is parenting style, measured by Parental Authority Questionnaire-Short (PAQ-S), while the dependent variable is mental health measured using Depression, Anxiety, and Stress Scale-21 (DASS-21), categorized per depression, anxiety, and stress.

The Parental Authority Questionnaire-Short (PAQ-S) is a 5-Likert scale questionnaire consisting of 20 items derived from the original 30 items, within the 5-Likert scale measurement, 1 for extremely disagree and 5 for extremely agree. Item numbers 1 to 7 were summed up for the authoritative score, 8 to 14 for authoritarian, and 15 to 20 for permissive parenting style. The parenting style with the highest total score was determined as the parenting style taken upon. The long and revised version of the questionnaire has been done and validated towards parents in Indonesia [11]. In contrast, the short one developed by Alkaharusi in 2011, towards the children rather than the parents, still does not have many studies using it. Hence, this study was one of the first few to use the short version and had it tested and validated in Indonesia at the same time the sample was taken.

The Depression, Anxiety, and Stress Scale-21 (DASS-21) used in this research is an Indonesian translation and has been validated [12]. It is a 4-Likert scale questionnaire measuring 0 for never and 3 for almost all of the time. There is a total of 21 items derived from the long version of the Depression, Anxiety, and Stress Scale-42 (DASS-42) with 42 items [13]. Certain

item numbers were summed up for each depression, anxiety, or stress before being interpreted into normal, mild, moderate, severe, and extremely severe [14].

The data collected from the samples were analyzed using Statistical Product and Service Solutions (SPSS) version 29 with the non-parametric comparison test of Kruskal-Wallis, to analyze the significant effect parenting style has on mental health, and Mann-Whitney was used to compare the significant difference in results between two categories of a variable at a time [15].

RESULTS

The Indonesian version of the Parental Authority Questionnaire-Short (PAQ-S) validity test used was done on the test subject itself, also known as used validity test. The test itself was done by dividing the questionnaire results into 3 different parts following the 3 different parenting styles for 197 samples. For the authoritative parenting style represented by items 1 to 7, each item is deemed valid with a minimum Pearson correlation value of 0.672 and a maximum of 0.755, with a Cronbach's alpha of 0.834, which means it is reliable. For the authoritarian parenting style represented by items 8 to 14, each item is deemed valid with a minimum Pearson correlation value of 0.560 and a maximum of 0.794, with a Cronbach's alpha of 0.838, which means it is reliable. Lastly, the permissive parenting style is represented by items 15 to 20; each item is deemed valid with a minimum Pearson correlation value of 0.436 and a maximum of 0.675, with a Cronbach's alpha of 0.658, which means it is reliable.

Descriptive statistic

Of 197 respondents, 81.2% fall under the authoritative parenting style, 18.3% under the authoritarian, and 0.5% under the permissive parenting style. As for the mental health category, only 3% have good mental health that falls under the normal category, while the rest of the 97% have either depression, anxiety, or stress at a

level higher than normal. Specifically in depression, the highest number of screening diagnoses is extremely severe depression, which amounted to 39.1%. The highest diagnosis of anxiety is also in extremely

severe anxiety, which is 59.9%. Lastly, the highest diagnosis for stress is in normal or no stress, which is 25.4%. The bivariate table comparing the two variables can be seen in Table 1.

Table 1. Bivariate table comparing the independent and dependent variables

Mental health		Parenting style						Total	
		Authoritative		Authoritarian		Permissive (N = 1)		(N = 197)	
		(N = 160)		(N = 36)					
		N	%	N	%	N	%	N	%
Depression	Normal	6	3.8	1	2.8	0	0	7	3.6
	Mild	8	5.0	2	5.6	0	0	10	5.1
	Moderate	52	32.5	7	19.4	0	0	59	29.9
	Severe	37	23.1	7	19.4	0	0	44	22.3
	Extremely severe	57	35.6	19	52.8	1	100	77	39.1
Anxiety	Normal	13	8.1	1	2.8	0	0	14	7.1
	Mild	16	10.0	3	8.3	0	0	19	9.6
	Moderate	23	14.4	1	2.8	0	0	24	12.2
	Severe	22	13.7	0	0	0	0	22	11.2
	Extremely severe	86	53.8	31	86.1	1	100	118	59.9
Stress	Normal	45	28.1	5	13.9	0	0	50	25.8
	Mild	33	20.7	3	8.3	0	0	36	18.3
	Moderate	37	23.1	8	22.2	0	0	45	22.8
	Severe	28	17.5	9	25.0	0	0	37	18.8
	Extremely severe	17	10.6	11	30.6	1	100	29	14.7

Test of Normality

Depending on the number of samples per each variable of parenting styles, if it is higher than 50, then the Kolmogorov-Smirnov test will be used, whereas if it is lower than 50, then the Shapiro-Wilk test result will be used. Authoritative has 160 samples, while authoritarian and permissive have 36 and 1 sample, respectively, making only authoritative use the Kolmogorov-Smirnov result, while authoritarian and permissive use the result of Shapiro-Wilk.

Despite using different test results, the interpretation remains the same, it is normal if the significant value is above 0.05, and if any of the categories is not normal, then every variable in PAQ would be considered not normal as a whole, which is the case here as shown in (Table 2). The permissive parenting style here is notably dismissed as there is only 1 sample with permissive parenting style, and it isn't significant enough to be compared with, so this test proceeded with only authoritative and authoritarian parenting styles.

Table 2. Test of Normality

Mental health	Parenting style	Kolmogorov-Smirnov	Shapiro-Wilk
		Sig.	Sig.
Depression	Authoritative	0.001*	0.005
	Authoritarian	0.200	0.345
Anxiety	Authoritative	0.002*	<0.001
	Authoritarian	0.200	0.303
Stress	Authoritative	<0.001*	<0.001
	Authoritarian	0.200	0.169

*, Significant

Test of Hypothesis

To find out whether parenting style affects mental health or not, a comparison test is done using the Kruskal-Wallis test. The p-value achieved as a result is 0.027 for depression and <0.001 for anxiety and stress, which is considered to have a significant difference as it is under 0.05. This means that there is enough evidence to reject the null hypothesis. The results of each different parenting style will then be compared using the Mann-Whitney test

per two variables at a time. The p-value of each depression, anxiety, and stress for the comparison between authoritative and authoritarian is all under 0.005, which shows that there is a significant difference between the 2 parenting styles in terms of their effect on mental health. Whereas the comparison between authoritative and permissive, as well as authoritarian and permissive, all bore results higher than 0.05, this means that there are no significant differences between the results (Table 3).

Table 3. Test of Hypothesis

	Depression	Anxiety	Stress
	Median (Min-Max)	Median (Min-Max)	Median (Min-Max)
Authoritative ^a	12 (2-29) ^{b2,c1}	10 (0-28) ^{b2,c1}	10 (2-30) ^{b2,c1}
Authoritarian ^b	15 (3-29) ^{a2,c1}	13 (3-28) ^{a2,c1}	13 (5-26) ^{a2,c1}
Permissive ^c	24 (24-24) ^{a1,b1}	30 (30-30) ^{a1,b1}	28 (28-28) ^{a1,b1}
Kruskal-Wallis Sig.	0.027*	<0.001*	<0.001*

a,b,c. Representing authoritative, authoritarian, and permissive respectively for the Mann-Whitney test

1. Representing no significant difference between parenting styles

2. Representing a significant difference between parenting styles

*,Significant

DISCUSSIONS

The result of the study shows that parenting style does affect adolescent mental health, which resonates with many studies as it is one of the many factors affecting adolescent mental health [16]. It is consistent with another research done in Indonesia that studies the relationship between parenting style, self-esteem, and depression in adolescents. They found that authoritative parenting causes an increase in self-esteem and reduce in depression in adolescents,

meanwhile, authoritarian and permissive parenting causes the opposite, this may be due to authoritative parenting providing a balance of affection as well as discipline towards treating their children resulting in high self-esteem and lower risk of depression [17]. As seen above on the descriptive result, although it may seem that the highest number of depression, anxiety, and stress symptoms are shown under the authoritative parenting style, it should be noted that out of 197 samples, 160 are authoritative, 36

are authoritarian, and only 1 is permissive, these results will affect the percentage of the mental health screening. A good way to approach this is to calculate the percentage of incidence of symptoms of mental health disorder per each parenting style; it will be found that authoritative parenting has a lower rate of incidence compared to the other parenting styles. This is also in line with a theoretical study that found children and adolescents with anxiety disorders are likely to be raised under non-authoritative parenting styles and could also be bi-directional as anxious children cause parents to be more anxious and lead to a parenting style full of anxiety [18].

Research done in Iran in 2020 found that the scores of depression and anxiety between the experimental and control groups did not have a significant difference until an educational intervention of parenting styles was done, which showed that the experimental group had an improvement. This shows how far parenting styles affect adolescent mental health. By increasing parent's knowledge, a positive and healthier relationship was made between parents and children, making adolescents have less risk of experiencing depression caused by parenting [19]. Another study has also proven that both authoritative and permissive cause behavioral problems in adolescents. The authoritative parenting style raises early adolescents better than late adolescents, while the opposite goes for the permissive parenting style; this is due to the self-discovery period happening in late adolescents that needs more room for freedom from parents [20]. Each parenting style affects adolescent mental health differently, with varying degrees of difference. Although it is found that the authoritative and authoritarian parenting has no significant difference from permissive parenting styles, this may be due to a lack of samples coming from permissive parenting styles.

Besides education as a form of intervention to achieve a good parenting style, the

authoritative style, several programs have been executed to ensure this, not just in terms of parents being knowledgeable about different types and effects of parenting, but also how to do that, what needs to be changed from their parenting as of now, what needs to be changed from their mindset. These programs have been proven to be effective by having a direct observer to watch and comment on parent-child interaction in real-time, and for parents to practice what needs to be changed right then and how to maintain it. This will not only improve the parenting style and result in better mental health for both parents and adolescents, but also improve the relationship between them, making a better and healthier parent-child relationship. There are different types of these programs depending on the target population, either it was done on the general population or high-risk families, either it was done only towards the parents or both the parents and children, either it was done virtually or directly, or either it was a series of intervention or just a one-time event program [21].

This study has its strengths and limitations. Some strengths worth mentioning are that the prevalence of each parenting style was figured out; this study also shows which symptoms adolescents experienced the most, how bad it is, and how much parenting styles affect depression, anxiety, and stress. It is also notable that there is a significant difference in the outcome between authoritative and authoritarian despite the difference in samples, which shows that different parenting styles do make a difference.

Some limitations of this research include the fact that it was done in a cluster random sampling method in just one school. Although the school and classes were picked randomly, every student in those classes picked are all taken as a sample; the school may have divided the students into those classes based on certain characteristics, in the student's best interest, between science and social. This may affect the different levels of stress

that students from different classes face. Not to mention, the study may have been done close to an exam, which would also increase the stress level. It is recommended for future research to be done in multiple schools, with the samples picked by a simple random method through an attendance list. A sample of 197 may not be enough to justify the mental health prevalence of adolescents in a school; it is recommended to adjust the sample size based on the total number of students the school has for the result to be more representative.

As this research was done using the cross-sectional method, none of the other specific factors affecting adolescent mental health could be determined at the same time. The next research should include some other factors that could affect both parenting style and adolescent mental health, such as the parents' mental health, the family's socioeconomic condition, as well as a history of traumatic events. Lastly, this study was done using PAQ-S only towards one parent, the parent who affects each sample the most. Research into each maternal and paternal parenting style may produce a more desirable and in-depth result for the study.

CONCLUSIONS

The result from PAQ-S shows that 81.2% of respondents fall under the authoritative parenting style, 18.3% under the authoritarian parenting style, and 0.5% under the permissive parenting style. Of which each parenting style contributed to adolescent mental health measured by DASS-21 by the level of depression, anxiety, and stress they experience. From the Kruskal-Wallis test, it is found that p-value is under 0.05 for each symptom, which means that parenting style does affect adolescent mental health. Meanwhile, from the Mann-Whitney test result comparing the difference between each parenting style, it is found that there is no significant difference between authoritative and authoritarian parenting styles with permissive parenting style; this may be

due to the lack of samples falling under the permissive style category.

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CONFLICT OF INTEREST

The authors declared no conflict of interest.

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