

Original Article

Parenting Styles and Mental Health among Adolescents of Nawabshah (SBA), SINDH

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ABSTRACT

Background: Parenting styles are crucial in shaping adolescents' mental health. With varying implications for child development, the authoritative, authoritarian, and permissive parenting styles identified by Baumrind have been subjects of extensive research. The interplay between these parenting approaches and adolescent mental health outcomes remains a pivotal area of inquiry, especially in diverse cultural contexts such as Nawabshah (SBA), Sindh.

Objective: This study aimed to identify the predominant parenting styles in SBA and to assess their relationship with the mental health of school-going adolescents. Specifically, it sought to explore the association between authoritative, authoritarian, and permissive parenting styles and the prevalence of depressive symptoms among adolescents.

Methods: A descriptive cross-sectional study was conducted with 354 adolescents from both government and private secondary and higher secondary schools in Nawabshah. Participants were selected using non-probability convenience sampling. Data were collected via a survey incorporating the Patient Health Questionnaire (PHQ-9) for assessing mental health and the Parent Authority Questionnaire (PAQ) for evaluating parenting styles. Statistical analysis was performed using SPSS version 25, employing the Pearson correlation coefficient to analyze the relationship between parenting styles and adolescent mental health.

Results: The study found a predominance of the authoritative parenting style among participants' parents (56.2%). A significant yet low negative correlation was identified between authoritative parenting and moderate depression in adolescents ($r = -.124, p < 0.05$). Additionally, combinations of parenting styles were observed, with a notable presence of mixed authoritative-authoritarian practices. Adolescents experiencing authoritative parenting reported higher instances of moderate depression compared to those with other parenting styles.

Conclusion: The findings challenge the universally positive portrayal of authoritative parenting, highlighting its complex relationship with adolescent mental health in the SBA context. The study underscores the need for a nuanced understanding of parenting styles and their impact, advocating for culturally sensitive approaches in parenting research.

Keywords: Parenting styles, Adolescent mental health, Authoritarian parenting, Permissive parenting, Depression, Nawabshah, Sindh, PHQ-9, PAQ.

INTRODUCTION

Parental influence profoundly impacts the developmental trajectory of adolescents, with parenting styles emerging as crucial determinants of children's mental health (1, 2). Defined by Darling and Steinberg (1993) as the overall climate of parent-child interactions, parenting style encapsulates the significant role parents play as catalysts in promoting positive mental health outcomes in their children (2). Diane Baumrind's seminal work identified four primary parenting styles: Authoritative, Authoritarian, Permissive, and Neglectful, each carrying distinct implications for children's emotional and behavioral development (1, 2).

The Authoritative parenting style, characterized by balanced expectations and responsiveness, fosters an environment where children feel valued, heard, and trusted to make their own decisions. This approach is conducive to the development of individuals

who are not only self-reliant and achievement-oriented but also exhibit qualities such as cheerfulness, social responsibility, confidence, and high self-esteem (2, 4, 5, 6). Baumrind, supported by subsequent research, posits that the authoritative style is optimal for child development, striking a harmonious balance between parental demands and responsiveness (2, 6).

In contrast, the Authoritarian parenting style is marked by high expectations with low responsiveness, where communication is discouraged, and obedience is demanded without rationale (2, 4,-6). This can lead to children who are moody, easily annoyed, and compliant in the presence of authority due to fear of punishment rather than an understanding of appropriate behavior (2). Despite these challenges, children from authoritarian backgrounds may exhibit strengths such as the ability to follow structured instructions and achieve goals (5).

The Permissive parenting style is characterized by high warmth and nurturing alongside low expectations (4, 6). This laissez-faire approach grants children significant freedom with minimal guidance, potentially leading to outcomes such as immaturity, disobedience, and dependency on adults (2). While these children might develop self-esteem and social skills, the lack of parental control and guidance can hinder their ability to persist in tasks and embrace responsibilities (2).

Neglectful parenting, defined by low responsiveness and minimal emotional involvement, meets basic needs but lacks active participation in the child's life (4). The developmental outcomes for children in such environments are typically negative, with increased tendencies toward behavioral problems, aggression, and difficulties in emotional and academic regulation (2). Despite these challenges, there is evidence of resilience and self-sufficiency among these children, underscoring the complex interplay between parenting styles and child outcomes (5).

Subsequent research has further explored the nuances of these parenting styles, demonstrating the varied effects on children's mental health, academic performance, social behaviors, and risk of substance use (7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17). Studies have consistently shown the authoritative parenting style to be associated with positive outcomes such as higher self-esteem, life satisfaction, and academic success, whereas authoritarian and neglectful parenting styles have been linked to more adverse effects including increased anxiety, behavioral problems, and even suicidal ideation (8, 12, 16).

This intricate body of research underscores the importance of understanding the impact of parenting styles on adolescent mental health, emphasizing the role of parental behavior in shaping the developmental pathways of children (1, 2, 3).

MATERIAL AND METHODS

The study was conducted in the district of Nawabshah (SBA), targeting the adolescent population aged 10-19 years. Participants were methodically chosen from a mix of two private and two government secondary and higher secondary educational institutions. The research adhered to a descriptive cross-sectional study design, employing non-probability convenience sampling to facilitate the selection process. This approach was informed by a report indicating a 35% prevalence of mental health issues among Pakistan's adolescent demographic (25). Utilizing the formula $n = Z^2 P(1-P)/d^2$, with a 95% confidence interval, a 5% margin of error, and the aforementioned prevalence rate, the sample size was determined to be approximately 354 participants.

Eligibility for inclusion required participants to be within the specified age range, with an equal opportunity extended to both male and female students who expressed a willingness to partake in the study. Exclusion criteria encompassed students bereft of both parents, those residing outside the SBA district, and any individual reluctant to participate. The primary tool for data collection was a survey questionnaire, delivered personally to each participant selected through convenience sampling. Alongside demographic inquiries, the survey incorporated the Patient Health Questionnaire (PHQ-9) for assessing adolescent mental health and the Parent Authority Questionnaire (PAQ) to evaluate parenting styles, which participants completed in an estimated duration of 30-35 minutes. To ensure the integrity and confidentiality of participant responses, the researchers guaranteed privacy and provided clear instructions. The questionnaires were administered in English. Statistical analysis was conducted using SPSS version 25, with a focus on frequency distribution for the demographic data, presented as proportions regarding age, class, gender, and educational institution. The relationship between parenting style and mental health was examined through the Pearson correlation coefficient test (26). The PHQ-9 scores were aggregated to categorize depression levels, ranging from minimal to severe (23), while PAQ scores were tallied to generate subscale scores indicative of the parenting style (24).

Participant involvement was strictly voluntary, with verbal consent obtained prior to participation, in accordance with ethical considerations. This aspect of the study protocol also adhered to the Declaration of Helsinki guidelines, ensuring that all ethical standards for research involving human subjects were met. Data confidentiality was maintained throughout the process. The initiation of the study received the green light following approval from the Institutional Review Board (IRB) of the associated university, signifying compliance with all requisite ethical guidelines and standards for conducting research within the field.

RESULTS

In the conducted study, a comprehensive examination of participant demographics and educational backgrounds revealed insightful trends and distributions among the adolescent population. A total of 354 participants were enrolled in the study, with a close gender distribution, comprising 181 males and 171 females, indicating a balanced representation of both genders within the sample. This demographic equilibrium underscores the inclusivity of the study's participant selection criteria and provides a solid foundation for analyzing the impact of parenting styles on adolescent mental health across genders.

The mean age of participants was recorded at 15.34 years, situating the study within a crucial developmental period for adolescents. This age range is particularly significant, as it encompasses a time of rapid physical, emotional, and cognitive changes, thereby highlighting the relevance of examining parenting styles' influence during this transformative phase of adolescence.

Further analysis of the educational institutions from which participants were drawn revealed a distinct preference for government schools over private institutions. Specifically, 200 of the participants attended government schools, while 152 were enrolled in private schools. This distribution not only reflects the study's outreach but also indicates a comprehensive inclusion of diverse educational environments, potentially affecting the applicability and generalizability of the study's findings across different socio-economic backgrounds (Figure 1).

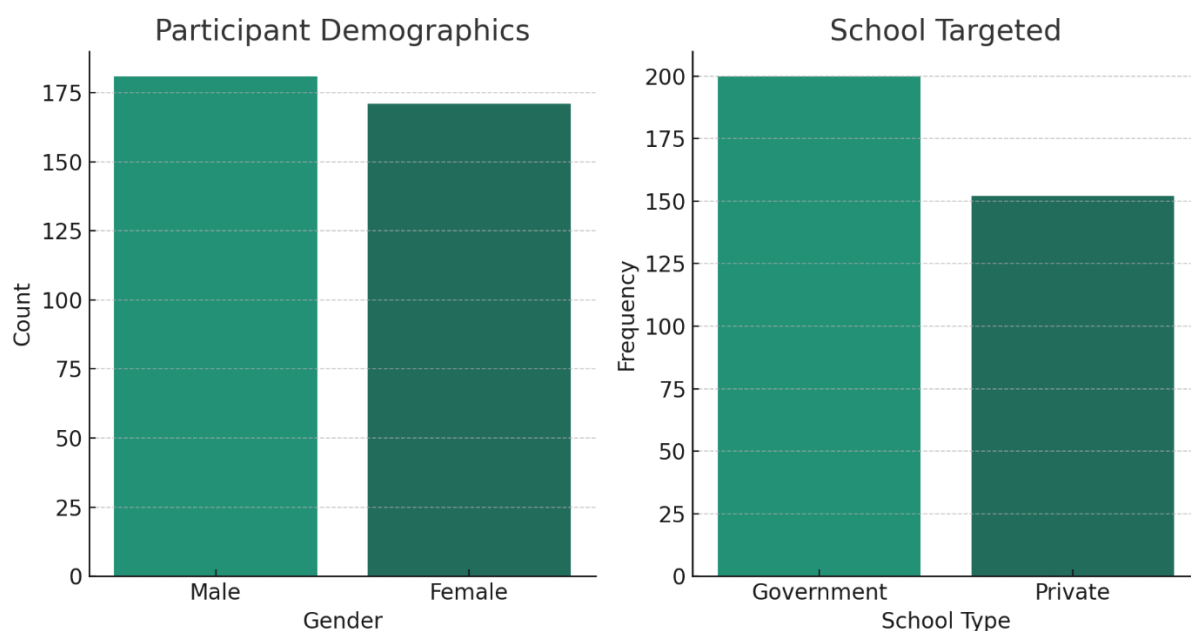


Figure 1 Gender and School Type

Table 1: Frequency of Parenting Styles

Parenting Styles	Frequency	Percent (%)
Permissive	37	10.5
Authoritarian	88	24.9
Authoritative	199	56.2
Permissive and Authoritative	9	2.5
Permissive and Authoritarian	4	1.1
Authoritarian and Authoritative	15	4.2
All of them	2	0.6
Total	354	100.0

Table 2: PHQ Depression Categories

Mental Health Group	Frequency	Percent (%)
Minimal Depression	94	26.6
Mild Depression	115	32.5
Moderate Depression	86	24.3

Mental Health Group	Frequency	Percent (%)
Moderately Severe Depression	46	13.0
Severe Depression	13	3.7
Total	354	100.0

Table 3: Correlations Between Parenting Style and Mental Health

	Mental Health	Permissive	Authoritarian	Authoritative
Mental Health	1	-.011	-.041	-.153**
Permissive	-.011	1	.238**	.327**
Authoritarian	-.041	.238**	1	.104
Authoritative	-.153**	.327**	.104	1

Table 4: Distribution of Mental Health Status Among Parenting Styles

Parenting Styles	Minimal Depression (1-4)	Mild Depression (5-9)	Moderate Depression (10-14)	Moderately Severe Depression (15-19)	Severe Depression (20-27)
Permissive	1.7%	2.3%	4.8%	1.4%	0.3%
Authoritarian	4.8%	7.6%	6.2%	4.2%	2.0%
Authoritative	17.5%	20.1%	10.7%	6.5%	1.4%
Permissive and Authoritative	1.1%	0.8%	0.6%	0.0%	0.0%
Permissive and Authoritarian	0.3%	0.3%	0.6%	0.0%	0.0%
Authoritarian and Authoritative	0.8%	1.1%	1.4%	0.8%	0.0%
All of them	0.3%	0.3%	0.0%	0.0%	0.0%
Total	26.6%	32.5%	24.3%	13.0%	3.7%

An intriguing aspect of the study was the exploration of participants' birth order, with a focus on middle-born adolescents. This choice of demographic characteristic could provide unique insights into the dynamics of parenting styles and their effects, considering the established literature suggesting that birth order may influence personality development, academic achievement, and interpersonal relationships.

Regarding parental status, the study delineated a significant majority of participants coming from households with both parents present, described as "High Frequency", compared to a "Very Low Frequency" of participants from single-parent families. This distinction in parental status is crucial for understanding the context in which different parenting styles are employed and their subsequent impact on adolescent mental health. The predominance of dual-parent households in the sample may reflect broader societal norms or patterns within the study's geographical setting, potentially influencing the interpretability and relevance of the findings to contexts where single-parent families are more common.

DISCUSSION

In the exploration of the impact of parenting styles on adolescent mental health, our study engaged a comprehensive survey encompassing 354 students from both government and private schools within the SBA district. Utilizing Baumrind's framework of parenting styles, the investigation revealed a predominance of the authoritative style among parents of adolescents in SBA, a finding that aligns with the broader literature advocating the benefits of balanced parental involvement (Baumrind, 1967). Contrary to expectations, however, our analysis identified a correlation between authoritative parenting and the emergence of moderate depression in adolescents, a relationship underscored by a statistically significant, albeit low, negative correlation ($r = -.124, p < 0.05$). Our study's findings contribute to a nuanced discourse on parenting and adolescent mental health, challenging the unilaterally positive portrayal of authoritative parenting. While authoritative practices, characterized by high responsiveness and reasonable demands, have been widely endorsed for fostering positive developmental outcomes, our results suggest a more complex interaction with adolescent mental health, particularly concerning depressive symptoms. This complexity is echoed in comparative studies, such as those conducted within Chinese and Arab populations, where the impact of authoritarian practices was found to

vary significantly across cultural contexts, challenging the assumption of a universally negative impact on child development (11, 27).

Particularly noteworthy is our observation that combinations of parenting styles, rather than a singular approach, were present within the SBA context, indicating a diversity of parenting strategies. This finding resonates with the broader literature that acknowledges the fluidity and context-dependent nature of parenting (28). Moreover, our study highlighted mild depressive symptoms among adolescents with authoritarian parents compared to those with authoritative parents, further complicating the narrative around parenting styles and mental health outcomes.

The Australian study linking authoritarian parenting with higher incidences of suicidal ideation among adolescents underscores the potential risks associated with overly rigid parenting approaches (12). However, our study diverges from these findings, suggesting that the association between parenting styles and severe mental health outcomes, such as suicidal ideation, may not be as straightforward as previously thought. This discrepancy highlights the need for a deeper understanding of the mediating factors that influence the relationship between parenting styles and adolescent mental health.

The investigation into the efficacy of parenting styles within the SBA district revealed an intricate landscape of influences, underscoring the significance of nuanced, culturally sensitive approaches to parenting research. Despite the authoritative style's association with negative outcomes in our context, literature continues to advocate for its benefits, emphasizing the importance of adaptability and responsiveness to the specific needs of adolescents (17, 28).

The study's limitations, including its cross-sectional design and reliance on self-reported measures, invite caution in generalizing the findings. The disproportionate representation of parenting styles, with a heavier emphasis on authoritative parenting, may have skewed the outcomes. Future research should strive for a more balanced distribution among parenting styles to provide a more comprehensive understanding of their impacts on adolescent mental health.

CONCLUSION

In conclusion, our study underscores the complex interplay between parenting styles and adolescent mental health, challenging the conventional wisdom that universally champions authoritative parenting. The findings advocate for a more differentiated approach, taking into account the diverse contexts and individual needs of adolescents. As we move forward, it is imperative to continue exploring these dynamics, incorporating longitudinal designs and broader cultural perspectives to unravel the intricate web of factors that influence the developmental trajectories of young people.

REFERENCES

1. Bibi A, Hayat R, Hayat N, Zulfiqar S, Shafique N, Khalid MA. Impact of parenting styles on psychological flexibility among adolescents of Pakistan: a cross-sectional study. *Child Adolesc Soc Work J*. 2022 Jun;39(3):313-22.
2. Joseph MV, John J. Impact of parenting styles on child development. *Glob Acad Soc J: Soc Sci Insight*. 2008;1(5):16-25.
3. Singh S. Parenting style in relation to children's mental health and self-esteem: A review of literature. *Indian J Health Wellbeing*. 2017 Dec 1;8(12).
4. Centre for emotion focused practice. [Internet]. 2020 [cited year month day]. Available from: <https://emotion-focused.com.au/parenting-style/>
5. Sanvictores T, Mendez MD. Types of parenting styles and effects on children. *StatPearls* [Internet]. 2022 Mar 9. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546665/>
6. Rizvi SF, Najam N. Emotional and behavioral problems associated with parenting styles in Pakistani adolescents. *VFAST Trans Educ Soc Sci*. 2015 Oct 20;8(2).
7. Ashraf MU, Fatiana YA, Khan SW, Asif M, Ashraf A. Aggressive Behavior: Revisiting the Influence of Parenting Styles and Religious Commitment among Youth (A Study of South Punjab Pakistan). *PSYCHOL EDUC*. 2020;57(9):7056-67.
8. Bibi F, Chaudhry AG, Awan EA, Tariq B. Contribution of Parenting Style in life domain of Children. *IOSR J Hum Soc Sci (IOSR-JHSS)*. 2013 May;12(2):91-5.
9. Rodriguez CM, Tucker MC, Palmer K. Emotion regulation in relation to emerging adults' mental health and delinquency: A multi-informant approach. *J Child Fam Stud*. 2016 Jun;25(6):1916-25.
10. Hock RS, Mendelson T, Surkan PJ, Bass JK, Bradshaw CP, Hindin MJ. Parenting styles and emerging adult depressive symptoms in Cebu, the Philippines. *Transcult Psychiatry*. 2018 Apr;55(2):242-60.
11. Zou J. The effect of parenting pressure on children's internalizing problem behaviors and its mechanism. *Work*. 2021 Jan 1;69(2):675-85.

12. Lo HH, Kwok SY, Yeung JW, Low AY, Tam CH. The moderating effects of gratitude on the association between perceived parenting styles and suicidal ideation. *J Child Fam Stud*. 2017 Jun;26(6):1671-80.
13. Stewart SM, Bond MH, Zaman RM, McBride-Chang C, Rao N, Ho LM, Fielding R. Functional parenting in Pakistan. *Int J Behav Dev*. 1999 Sep;23(3):747-70.
14. Garg R, Levin E, Urajnik D, Kauppi C. Parenting style and academic achievement for East Indian and Canadian adolescents. *J Comp Fam Stud*. 2005 Dec 1;36(4):653-61.
15. Astone NM, McLanahan SS. Family structure, parental practices and high school completion. *Am Sociol Rev*. 1991 Jun 1:309-20.
16. Chen X, Dong Q, Zhou H. Authoritative and authoritarian parenting practices and social and school performance in Chinese children. *Int J Behav Dev*. 1997 Nov;21(4):855-73.
17. Kauser R, Pinquart M. Effectiveness of an indigenous parent training program on change in parenting styles and delinquent tendencies (challenging behaviors) in Pakistan: A randomized controlled trial. *J Exp Child Psychol*. 2019 Dec 1;188:104677.
18. Smith SJ. A Descriptive Study of Parenting Styles, Parental Feeding Behaviors and BMI Percentiles in School-Age Children and Adolescents. [Doctoral dissertation]. Wright State University.
19. Pelaez M, Field T, Pickens JN, Hart S. Disengaged and authoritarian parenting behavior of depressed mothers with their toddlers. *Infant Behav Dev*. 2008 Jan 1;31(1):145-8.
20. Nauert R. Negative Parenting Style Contributes to Child Aggression. *Child Development*. 2011. Available from: <https://psychcentral.com/news/2011/10/27/negative-parenting-style-contributes-to-child-aggression/30813.html>
21. Halbreich U. Well-being: Diversified perspectives in search of operational definitions. *Int J Soc Psychiatry*. 2022 Jun;68(4):705-7.
22. Das DK, Biswas R. Nutritional status of adolescent girls in a rural area of North 24 Parganas district, West Bengal. *Indian J Public Health*. 2005 Jan 1;49(1):18.
23. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med*. 2001 Sep;16(9):606-13.
24. Smetana JG. Parenting styles and beliefs about parental authority. *New Dir Child Adolesc Dev*. 1994 Dec;1994(66):21-36.
25. Hamdani SU, Huma ZE, Suleman N, Warraitch A, Muzzafar N, Farzeen M, Minhas FA, Rahman A, Wissow LS. Scaling-up school mental health services in low resource public schools of rural Pakistan: the Theory of Change (ToC) approach. *Int J Ment Health Syst*. 2021 Dec;15(1):1-0.
26. Buri JR. Parental authority questionnaire. *J Pers Assess*. 1991 Aug 1;57(1):110-9.
27. Dwairy M. Parenting styles and mental health of Palestinian–Arab adolescents in Israel. *Transcult Psychiatry*. 2004 Jun;41(2):233-52.
28. Nyarko K. The influence of authoritative parenting style on adolescents' academic achievement. *Am J Soc Manag Sci*. 2011;2(3):278-82.