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Influence of Parenting Styles on Mental Health of Adolescents

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Abstract

Positive mental health is a key factor in maintaining good health status. A good mental health is very essential for a person to deal with daily stresses of his/her life, and it is also an important component of total health. Present study makes an attempt to study the influence of parenting styles on mental health of adolescents studying in and around Mysore city. A sample of 200 subjects whose age ranged between 10 to 14 years were considered as early adolescents and 200 subjects whose age ranged between 15 to 19 years were considered as late adolescents in the present study. Thus a total sample of 400 subjects (200 boys and 200 girls) from in and around Mysore city were randomly selected as the participants of the study. They were provided with Parental authority questionnaire (PAQ; Buri, 1991) to measure perceived parenting styles and GHQ-28 (Goldberg, 1978) to measure mental health of the participants. The data was subjected to Two-way ANOVA. Results revealed that, parenting styles did not have significant influence over mental health of the adolescents in somatic symptoms, anxiety, social dysfunction, depression and total scores. Late adolescent's expressed more somatic symptoms, anxiety, social dysfunction, depression than early adolescents. In general, this study showed that the developmental stages had considerable effect on the general health of both early and late adolescents.

Keywords. Adolescence, Parenting Styles, Mental Health.

Introduction

Parenting style refers to the way parents interact with each other and with children. Mental health describes the level of cognitive and emotional welfare as well as the absence of mental disorders (Nesse, 2005). Studies have shown that parent-child interactions and relationships and parenting style can affect mental health both in positive and negative ways (Dwairy & Menshar, (2006). Authoritative parenting style limits mental disorders and promotes mental health (Darling &Steinberg, 1993). The research conclusion by Bolghan- Abaadi, Kimiaee, and Amir (2011), showed that the more authoritative parents the senior high school students of Neyshabour city have, the more mental health they enjoy. There is a significant negative relationship between the authoritative style of parents and anorexia nervosa among female adolescents.there issignificantTherefore, this can be concluded that there is a relationship between parenting styles and the occurrence of anorexia nervosa and its subscales in female adolescents

According to 2011 census of India, people in the age group of 15 to 29 years constitute 27.53percent of total population. The age group of (12-24 years) is the beginning period for most of the mental disorders. Arnett (2000), considers the age group of 18-25 years as emerging adulthood. According to Arnett (2000), it is during this period many psychological changes are going to take place. It is mostly the period of exploration. There is a need to find out the various causes responsible for affecting mental health statusof youngpeople. Although the reports published sofar

show the association between parenting styles and mental health status, but the studies on the association between parenting styles and positive mental health status are very much limited (Shilpa, 2014).

Gupta and Mehtani (2015) demonstrated that, authoritative parenting style gives rise to many positive developments in adolescents. Tozandehjani, Tavakolizadeh, and Lagzian (2011), studied the Parenting Style effect on students self-efficacy and mental health andfound that parenting styles significantly influencedstudents self-efficacy.Niaraki and Rahimi (2013), explored the relation between Self- Esteem, Mental Health and Quality of Life and Parenting Styles among high school students of Iran and reported that, parenting style has no relation to social mental health. Further, Dwairy ,*et.al*. (2006), studying with Arab adolescent found that authoritative parenting was associated with higher level of connection with the family and improved mental health of adolescents. Authoritarian parenting in authoritarian culture is not going to harm the adolescents' mental health as it does happen in Western liberal families. These results give rise to the hypothesis that inconsistency in parenting and inconsistency between the parenting style and the culture cause harm to adolescents' mental health.

The present study makes an attempt to evaluate the effect of different types of parenting styles on the mental healthof adolescents andto select the most effective parameter in this regard. It is presumed that Parental styles will have marked influence on the mental health in early and late adolescent stages.

Materials and methods

Participants

The participants of this study included 400 adolescent's (200 boys and 200 girls) selected randomly from different schools and colleges situated in both Urban and Rural areas in and around Mysore city. The age of the participants ranged from 10 to 19 years who were categorized into early and late adolescents.

Tools

1. Parental authority questionnaire (PAQ; Buri, 1991)

The PAQ had two types of forms, one relating to mothers' parental authority, and the other to fathers' parental authority. Each form consisted 30 items. Response to each item is made on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The PAQ yields separate scores for each participant; mother's permissiveness, mother's authoritarianism, mother's authoritativeness, father's permissiveness, father's authoritarianism, and father's authoritativeness. The scores range from 10-50, in which higher scores indicate that parent is sharing majority of the characteristics of the particular parenting style.

2. General Health Questionnaire-28 (GHQ-28)

GHQ-28 is a popular one and it consists of 28-items Goldberg (1978), specially designed to detect a wide range of psychiatric symptoms. The GHQ is available in more than 30 languages and used throughout the world for common screening test. This is a self-administrative questionnaire and the capacity to detect minor, non-psychotic psychiatric disorders in general practice. The questionnaire has four subscales comprising of Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression. Under each subscale there are seven questions. The questions used to be evaluated on a Likert scale. The subjects would get 0 point if they select "not at all", to 3 points for "much more than usual" responses. So far several studies have tested the reliability and validity of GHQ-28 among different populations. Test-retest reliability is high (0.78 to 0 0.9) (Robinson and Price 1982) and interpreter reliability has been shown is also excellent (Cronbach's α

0.9–0.95) (Failde & Ramos, 2000).There are also High internal consistency (Failde & Ramos, 2000).

Procedure

The research was conducted using descriptive research design as it described the phenomena under study in its natural settings. The study was carried out in Mysore City situated in Karnataka state. The study targeted 500adolescents with age among of 10 to 19 years from 4 rural schools and 4 urban schools. Random sampling was done to select the 400 students. A prior appointment was made with school authorities in Mysore to apprise them of the objectives of the study and to obtain their permission for data collection. Afterwards, a tentative schedule for data collection was developed in discussion with the authorities. Later, taking permission from the concerned authority, subjects were assessed on parental authority questionnaire (PAQ) and Aspects of Identity Questionnaire - IV (AIQ – IV). Further, data were analyzed using descriptive statistics and two way ANOVA.

Table 1. Mean scores of GHQ (Somatic Symptoms, anxiety, social dysfunction, depression and total) in early and late adolescence by various parenting styles and results of two-way ANOVA

Parenting style	Adolescence	GHQ									
		Somatic symptoms		Anxiety		Social dysfunction		Depression		Total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Permissive	Early	6.00	3.66	6.38	3.27	6.38	3.27	6.34	4.15	6.34	4.15
	Late	7.82	3.98	7.11	3.49	7.11	3.49	8.09	4.06	8.09	4.06
	Total	6.97	3.93	6.77	3.39	6.77	3.39	7.27	4.18	7.27	4.18
Authoritarian	Early	5.22	3.20	6.08	3.23	6.08	3.23	6.52	3.85	6.52	3.85
	Late	7.50	3.89	7.66	3.74	7.66	3.74	8.16	3.39	8.16	3.39
	Total	6.34	3.72	6.86	3.56	6.86	3.56	7.32	3.71	7.32	3.71
Authoritative	Early	4.98	3.21	6.04	3.38	6.04	3.38	5.21	3.98	6.52	3.85
	Late	7.72	4.11	7.36	3.23	7.36	3.23	7.75	4.44	8.16	3.39
	Total	6.31	3.91	6.69	3.36	6.69	3.36	6.45	4.39	7.32	3.71
Total	Early	5.31	3.33	6.14	3.29	6.14	3.29	5.89	4.01	5.89	4.01
	Late	7.69	3.99	7.38	3.45	7.38	3.45	7.97	4.04	7.97	4.04
	Total	6.50	3.86	6.76	3.42	6.76	3.42	6.93	4.15	6.93	4.15
F (par style) $_{2, 394}$		F =.904; p=.406		F=2.065; p=.128		F =.086.; p=.917		F=1.954; p=.143		F =1.440 p=.238	
F (adol) $_{1, 394}$		F =36.623; p=.000		F=40.88; p=.000		F =12.123; p=.001		F=23.068; p=.000		F =45.951; p=.000	
Interaction $_{2, 394}$		F =.520; p=.595		F=0.473; p=.623		F =.463; p=.630		F=.557; p=.573		F =.428; p=.652	

Results

Somatic symptoms GHQ: Parenting styles had no significant influence over Somatic symptoms as the obtained F value of .904 was found to be non significant at .406 level. The mean somatic symptoms scores of adolescents with permissive, authoritarian and authoritative parenting styles were 6.97, 6.34and 6.31 respectively. In other words, these mean scores were found to be statistically same. Between developmental stages, a significant difference was observed (F =36.623;

p=.000), where it can between that adolescents in their late adolescence stage had higher Somatic symptoms scores than adolescents in early adolescence (mean scores 7.69 and 5.31 respectively). The interaction effect between parenting style and developmental stage was found to be non-significant (F =.520; p=.595), indicating that pattern of scoring by adolescents in early and late adolescents was same irrespective of the type of parenting styles they belong to for somatic symptoms scores. .

Anxiety GHQ: Two way ANOVA revealed that parenting styles did not significantly influence over anxiety GHQ scores (F=2.065; p=.128). The mean Anxiety scores of the adolescents with Permissive, Authoritarian and Authoritative styles are 7.46, 7.81 and 6.78 respectively, which are statistically same. However, developmental stage showed significant influence over anxiety GHQ scores (F=40.88; p=.000), where we find that late adolescents (mean 8.67) had higher anxiety GHQ scores than early adolescents (mean 5.31). The interaction effect between parenting styles and developmental stages is non-significant (F=0.473; p=.623), revealing that pattern of scoring by early and late adolescents in different parenting styles is same for anxiety symptom scores.

Social dysfunction GHQ: Parenting styles did not show significant influence over Social dysfunctionscores of the selected sample as the obtained F value of .086was no significant at .917 level. The mean Social dysfunction scores of adolescents with permissive, authoritarian and authoritative parenting styles are 6.77, 6.86and 6.69 respectively, which are statistically. Same between developmental stages, a significant difference was observed (F =12.123; p=.001) where it is seen that adolescents in their late adolescence stage had higher Social dysfunction scores than adolescents in early adolescence (mean scores 7.38 and 6.14 respectively). The interaction effect between parenting style and developmental stage is non-significant (F =.463; p=.630), indicating that pattern of scoring by adolescents in early and late adolescents is same irrespective of the type of parenting styles they belong to for social dysfunction scores.

Depression GHQ: Two way ANOVA revealed that parenting styles did not have significant influence over depression GHQ scores (F=1.954; p=.143). The mean depression scores of the adolescents with Permissive, Authoritarian and Authoritative styles are 7.27, 7.32 and 6.54 respectively, which are statistically same. However, developmental stage had significant influence over depression GHQ scores (F=23.068; p=.000), where it can be seen that late adolescents (mean 7.97) had higher depression GHQ scores than late adolescents (mean 5.89). The interaction effect between parenting styles and developmental stages is non-significant (F=.557; p=.573), revealing that pattern of scoring by early and late adolescents in different parenting styles is same for depression scores.

Discussion

Main findings of the study:

- Parenting styles did not have significant influence over mental health of the adolescents in somatic symptoms, anxiety, social dysfunction, depression and total scores.
- Late adolescent's expressed more somatic symptoms, anxiety, social dysfunction, depression than early adolescents.

The findings of the above study are in contrast to previous studies in which they explored the influence of parenting styles on mental health of children and adolescents (Repetti, Taylor, &Seeman, 2002; Dwairya & Menshar, 2006; Bolghan-Abadi,,Kimiae, & Amir, 2011; Zare, Bakhshipour & Hassanzadeh, 2014). However all these studies were done in foreign countries and not under Indian scenario. In a cross-cultural and intercultural study conducted by Rohner, and

Britner (2002), prove that four classes of mental health issues are possible worldwide parental acceptance-rejection. Moreover, the study even provided substantial evidences that supported the likelihood of worldwide correlations between parental acceptance-rejection and mental health issues like unipolar, depression and depressed effect. It was even evident that the parenting styles influenced behaviour problems including conduct disorder, externalizing behaviours, and delinquency as well as with substance abuse. Bolghan-Abadi, Kimiaee, and Amir, (2011), noticed that child rearing styles of parents influenced the quality of life and mental health of children. The study conducted on children of Japan by, Uji, Sakamoto, Adachi and Kitamura, (2014), showed positive impact of authoritative, authoritarian, and permissive parenting styles on children's later mental health. They also reported that both maternal and paternal authoritarian parenting styles worsened respondents' later mental health, including symptomatic problems, risk to self and, life functioning, and psychological wellbeing. In a recent study Zare, Bakhshipour and Hassanzadeh (2014), reported significant positive relationship between parenting style and general health.

However, in the present study, the parenting styles did not have any significant influence on mental health of adolescents. Mental health under Indian scenario is the resultant factor not only of parenting styles, but it also may be due to other factors such as poverty level and bullying (Costello, Compton, Keeler, & Angold, 2003; Saluja, Lachan, Scheidt, Overpeck, Sun, & Giedd, 2004). Moreover, most important cause for mental health in Indian context is not recognizing the symptoms at the beginning stages. Family environment may provide vital links in understanding mental and physical health, in certain respects, the family environment may contribute to risky profiles. Because the family characteristics might have also associated with a broad array of adverse educational and social outcomes which may responssible for lower SES and poor health outcomes in adulthood (Repetti, Taylor, & Seeman, 2002). Other reasons of mental health issues include school failure, which is associated with other type of health risks. Thus, regardless of whether the problems created or exacerbated by risky family characteristics, they difinitly lead to diagnosable forms of psychopathology or specific chronic diseases, causing significant disruption in adolescent and adult life. As the student population of this study belonged to the age group of10 to 19, which are vulnerable for stress and involvement in relationship issues, it might also have been the reason for mental health issues besides the parenting style. However further exploration is required in this regard.

It was also found that late adolescents experience more mental health problems than early adolescents. According to UNICEF (2011), cigarette smoking and experimentation with drugs and alcohol are often embraced in the earlier risk-taking phase and then carried through into later adolescence and beyond into adulthood. It is estimated that 1 in 5 adolescents aged 13–15 smokes, and around half of those who begin smoking in adolescence continue to do so for at least 15 years. The flip side of the explosive brain development that occurs during adolescence is that it can be seriously and permanently impaired by the excessive use of drugs and alcohol. Girls in late adolescence tend to be at greater risk than boys of negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia; this vulnerability derives in part from profound anxieties over body image that is fuelled by cultural and media stereotypes of feminine beauty.

It can be concluded that mental health is one the most important parameters in maintaining good health. The present study has explored that the parenting styles which adolescents perceive at home. Hence it is very important for the parents to understand the importance of using positive parenting styles and not being harsh with their children especially during adolescent stage as this is the crucial age where an adolescent starts to explore self identity.

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