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ROLE OF PARENTING IN ADOLESCENTS MENTAL HEALTH

S Sheasmitha* PhD Research Scholar, Department of Sociology, Periyar University, Salem

Sundara Raj T** Professor, Department of Sociology, Periyar University, Salem.

ABSTRACT

In the course of human development, stage of adolescent plays a central stage of the development of the self and personal identity, this stage undergoes significant social, emotional, and intellectual changes. The social environment, including familial structures and interactions, strongly interfere in these changes. In this view, the research disclosures the sociological discourse on how parenting style influences the school going adolescent mental health. This study primarily investigates on the different types of parenting styles adopted by the parents and exposes the influence of socio-economic and cultural background on parenting. Particularly, the study will give significance to the mental health of adolescents and analyzes the relationship between parenting dimensions and the mental health of the adolescent children. The study employs descriptive research design, and cross-sectional nature of study. It is predominantly quantitative in nature. In order to execute the study, researcher adopted the method simple random sampling (Lottery method) to select the sample population. Data for the research is collected through semi structured interview schedule and systematic observation is undertaken to understand the social, economic and cultural dynamics of the respondents. The study found that there is a significant association between parenting styles and school going adolescents mental health. Authoritative parenting style is most commonly used among fathers and adolescents, authoritarian is most common with mothers. The study concludes that parenting not only involves the basic necessity of adolescents but also providing emotional support, communication, guidance and appropriate supervision.

Keywords: Parenting style, Adolescents, Mental health, culture.

Introduction

In Indian culture role of parenting is like goddess, parenting is very important in child rearing. Parents plays a vital role in shaping adolescents physical health, mental health and social development. Adolescent is the critical period in the developmental stage of human beings. Adolescents is the stage transformation from childhood stage to adolescent stage. During this period parental support is very important to the development of adolescents. Family income, parents' education, mental health and physical health of parents', family size and population, family economical background, family residence, social and cultural adjustment etc. (Berzenski 2019 Ravens-Sieberer et al.,2014).

Parents are the one key factor of adolescents destiny, they plays a major role in their children adolescent stage to be success in their future and to be healthy (Bi et al., 2018). The word parenting is the activity of developing, educating and promoting adolescents development in their life. Parenting is divided into two parts, that is parental attentiveness and parental demandingness are the two categories into which, their parenting style may be divided (Shyny, 2017). (Calders et al., 2020) stated that the word parenting has two types. The first is affection, it refers to acceptance, warmth, and intimacy, and the rejection and criticism will be lower in this type of parenting. And the second type is control, it refers to parental control and support to their children. Various types of parenting styles with their changeable degrees of emotional warmth and supervision are known to have various effects on child development (Gvodenovic and Bandalovis, 2024).

Parenting style

The study conducted by Diana Baumrind (1971) there were three types of parenting style. They were authoritarian, authoritative and permissive. This classification is based on two dimensions, they are parental control and parental responsiveness.

An authoritarian parenting style is typically a 1-way mode of communication where the parents are being strict, that the child is expected to follow without questioning or negotiating to the parents instruction, less responsive to the child, are highly demanding, and grant low levels of autonomy.

Authoritative parenting style is characterized by a close, nurturing relationship between parents and children. Parents establish clear expectations and there will be guidelines and also they will explain the reasons behind their disciplinary actions.

Permissive parenting style are typically warm and nurturing, often holding minimal expectations for their children. They impose few rules and maintain open communication, allowing their children to navigate situations independently. The care and the support of parents will be low in this type of parenting style.

The study (Maccoby and Martin 1983) established the fourth type of parenting style, that is uninvolved parenting style. The uninvolved parenting style grants children full freedom, as these parents typically take a hands-off approach. While they may fulfil their children basic needs, but they will be emotionally detached and disengaged from their children life.

Mental health

WHO denotes the term mental health includes welfare, self-efficiency, autonomy, competence, and the ability to realize one's intellectual and emotional potential (WHO 2003). Half of the lifetime diagnosable mental health problems starts by the age of 14 and later on this number increases to three fourths by the age of 24 (Kessler, R. C., et al. 2005). The 1999 Surgeon General's Report on Mental Health defined mental health as "successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity. According to Evans (2020), states that the family plays a role has microsystem that directly affects the mental health of the adolescent. Also, the research has found a strong link between child rearing patterns and adolescent mental health. Positive and productive way of parenting styles play a key role in the development of well-balanced psychological status of adolescents.

There are five type of dimensions in mental health, they are autonomy, self-esteem, Environment mastery, integration and perceptual reality. **Autonomy** is the term refers as a self-reflective way of being centering on the exploration and reflective awareness of personal desires, wishes and intensions (Heidi Keller et al,. 2026).

Self esteem refers to a holistic sense of an individual's self value comprehensive evaluation of their personal value (Brailovskaia, J., & Margraf, J. 2022). Self esteem results positively with well being, life satisfaction and positive affects (Segabinazi et al., 2012). As well as self esteem also results negatively depression, anxiety, negative affects and risky life for obesity (Iannaccone et al., 2016).

Environment mastery is defined that the individual's ability to use the resources of the environment and to change or to create the new environment when it needs (Ryff & Keyes, 1995). Individual who often use the environmental resource, they adapt changing demands of a situation more flexibly, and they are more protective from the negative consequence in stressful circumstances (Adams, Grimes & Kohn 2018).

The term **integration** is defined that the individual's participate in variety of social relationships that includes engaging in social activities, social consciousness and the identification with one's social roles (Holt-Lunstad and Uchino 2015).

Cambridge dictionary is defined **perceptual** is relating to the ability to notice something or come to an option about something using your senses. **Reality** refers to the state of things they are, rather than they are imagined to be.

Review of literature

Yang, L., et al,. (2025) study found that supportive parenting express as a biological buffer against the development of internalizing symptoms (anxiety/depression) of the adolescents. Wang and Zhang (2024) analyzed the democratic (authoritative) parenting style among high school going students in China. The aims to focus on gender differences that separates girls and boys in response to identify the parental control.

Petrescu (2025) A major finding of the research is that parents higher level of monitoring (authoritarian parenting style) it leads to higher short-term math scores, as well as it correlates with chronic stress and lower life satisfaction of adolescents. Maiuolo et al. (2024) the study examined how parenting styles affect a child's willingness to report mental health struggles.

Jaya and Rajesh (2025) The study analyzed four dimensions of mental health: cognitive, emotional, social, and behavioral development. A major finding of the study was the authoritative parenting style remains the most prevalent and effective style in the region, significantly predicting higher developmental scores across all dimensions ($p < 0.001$), while authoritarian parenting showed a direct negative impact on emotional regulation.

Ghosh (2025) The study examined four types of parenting style: authoritative, authoritarian, permissive, and neglectful parenting. A major finding of the study is authoritative parenting style has high responsiveness with high demandingness, significantly it predicts the higher self-esteem and lower depressive symptoms. Pinquart (2023) The study examined academic achievement and mental health as twin outcomes.

Fadlillah M., Syifa Fauziah (2022) the study aims to analyse and describe Diana Baumarind's parenting style and its association with adolescents cognitive development Choong, M. (2023) focused on the specific dimension of Social Anxiety. The researchers sampled 200 adolescents aged 13–18. A major finding was that adolescents from permissive homes often struggle with social anxiety in academic settings because they lack the "social scripts" and discipline provided by authoritative parents.

Rationale of the Study

Adolescent is a critical stage of human development characterized by significant physical, emotional, social, and psychological changes. During this period, family plays a central role in shaping the attitudes, values, behaviour, and overall development of adolescent. Parents serve as the primary agents of socialization, influencing how adolescent interact with others, respond to social situations, and develop emotional stability. Different parenting styles such as authoritative, authoritarian, permissive, and uninvolved parenting can have varying effects on Adolescence s' social adjustment and mental well-being. In recent years, increasing concerns regarding stress, anxiety, depression, and other mental health issues among adolescent s have highlighted the need to understand the factors that contribute to their mental health.

The present study is undertaken to examine the role of parenting in adolescent socialization and mental health, with special attention to the influence of socio-economic and cultural factors on parenting practices. Although several studies have explored parenting and adolescent development, limited research has examined these relationships within the socio-cultural context of Salem city, Tamil Nadu. Understanding how family structure, parental background, and parenting styles affect adolescent s' socialization and mental health can provide valuable insights for parents, educators, and policymakers. The findings of this study are expected to contribute to sociological knowledge and support the development of effective interventions aimed at promoting healthy social and mental health development among adolescent.

Objectives of the study.

The study planned to examine the type of parenting style prevalent among the parents. The study examines the mental health status of the school going adolescents. And also, examine the connection between parenting style and mental health of the adolescence.

METHODS AND MATERIALS

Study design

The study is descriptive research design; the study describes the parenting style and mental health of the adolescence of school going adolescents of 8^{th} - 12^{th} students and cross sectional in nature.

Inclusion and exclusion Criteria for the study

Inclusion criteria

- ✓ Students pursuing the 8^{th} - 12^{th} grade, participated in the study.
- ✓ School going students within the boundaries of Salem city.
- ✓ The study was only executed among state board (TN) (except state boards, other students are not considered).
- ✓ For the current study students who are residing with their parents were considered.

Exclusion criteria

- ✓ Students other than 8^{th} - 12^{th} grade are not considered
- ✓ Mentally challenged students have been excluded.
- ✓ Students residing in hostel are not considered.
- ✓ All those who refuse to respond are not considered.

Study setting

The respondents are the present students who are all pursuing 8th - 12th grade in government school and private schools (State Board only) in the Salem city. Before conducting the study, the researcher done a pilot study to identify the study's universe. Through the study universe is identified as 762. In order to execute the study, researcher adopted simple random sampling method (Lottery method) to 191 select the respondents from the universe of 25 percent of the population was selected as respondents. In order to collect the required data, the study adopts Semi structured interview schedule was adopted and systematic observation technique also used to understand their socio-economic cultural dynamics of the respondents.

Duration of data collection

The data was collected in the duration May 2025 – July 2026. The researcher done a frequent visit to the schools to create rapport among the students. While the data collection, researcher followed all the ethical guidelines mentioned by Helsinki.

Scales

Parenting type scale:

In order to identify the parenting style type among school going adolescence, the study adopts the Parenting Styles and Dimensions Questionnaire. Abdul Gafoor K., & Abidha Kurukkan developed the scale in 1995. This questionnaire contains two forms, that each form assesses the parental authority of mother and the father on a five-point Likert-type scale extending from 5 (Very right), 4 (Mostly right), 3 (Sometimes right/Sometimes wrong), 2 (Mostly wrong) to 1 (Very wrong).

Mental Health Scale:

In order to measure the mental health status, the study adopted the Mental Health Status Scale (MHSS). Robinson and Mukundan were developed this scale in 2016. The mental health scale consists of 37 items and 5-point Likert scale. Minimum score is 37 and maximum score is 185. 5-point scale consists of the items of always, often, sometimes, Rarely and never. Always is marked as 5, often is marked as 4, sometimes is marked as 3, Rarely is marked as 2 and never is marked as 1.

Limitation of the study

The study was executed in Salem district only, so there is a possibility for homogeneity (i.e. Lack of diversity). The data was collected only among 8th - 12th standard students so it may not expose the exact picture of the adolescents. The data was collected among 25% from the universe. So, there is a possibility for different result if the data was collected among all the respondents.

RESULTS

Table 1
Socio economic variables

Variables		Total (N= (191)	%
Gender	Female	78	41
	Male	113	59
Type of family	Joint family	122	64
	Nuclear family	69	36
Monthly income of parents	Upto 20000	94	49
	20001-30000	59	31
	Above 30001	38	20
Types of school	Private school	107	56
	Government school	84	44
Grade	8^{th}	32	17
	9^{th}	36	19
	10^{th}	34	18
	11^{th}	47	24
	12^{th}	42	22

Table 1 exposes the socio economic status of the respondents. The socio-economic profile of the 191 participants showed that the majority were male 113 (59%), while females accounted for 78 (41%). Most participants belonged to joint families 122 (64%), with the remaining 69 (36%) from nuclear families. Nearly half of the participants 94 (49%) reported a parental monthly income of up to 20,000, followed by 59 (31%) with an income between 20,001 and 30,000, and 38 (20%) with an income above 30,001. More than half of the participants were studying in private schools 107 (56%), whereas 84 (44%) attended government schools. The grade-wise distribution showed that 47 (24%) participants were studying in 11^{th} grade, followed by 42 (22%) in 12^{th} grade, 36 (19%) in 9^{th} grade, 34 (18%) in 10^{th} grade, and 32 (17%) in 8^{th} grade. Overall, the study population was predominantly composed of male students from joint families, with lower parental monthly income, attending private schools, and the largest proportion being enrolled in the 11th grade.

Table 2:
Prevalence of parenting with respect to father and mother

	Father version		Mother version	
Parenting type	**N=191**	**%**	**N=191**	**%**
Authoritative	79	41.4	72	37.7
Authoritarian	64	33.5	91	47.6
Permissive	48	25.1	28	14.7

The table 2 describes the prevalence of parenting style among adolescents' parents, with respect to father version, more than nearly half portion (41.4%) of the them preferred authoritative parenting style. And this is type of parenting style the adolescence wishes to be in future. Followed by 33.5 % of them followed authoritarian parenting style, and rest (25.1%) of them followed permissive parenting style. With respect

to mother version, nearly half portion (47.6%) of the mothers preferred authoritarian parenting style. Followed by authoritative parenting style (37.7%) preferred by the parents and rest (14.7%) of them followed permissive parenting style.

Table 3:
Mental health status of the respondents

Mental health	N=191	%
Low	28	14.66
Moderate	138	72.25
High	25	13.09

As illustrated in table 3, the mental health dimensions they are autonomy, self esteem, perceptual reality, environment mastery and integration. The study found that 72.25% of the adolescents have moderate mental health status. 14.66% of the adolescents have low mental health status and 13.09% of the respondents have higher level of mental health status. This classification is based on the scores the score are, below 125 leads to low mental health status, above 125 to 155 states moderate mental health status and above 155 determinants higher level of mental health status.

Table 4:
Association between parenting style with socio economic status

			Authoritative	Authoritarian	Permissive	Total	Result
Parenting style	**Gender**	Male	59 (52.2) (74.68)	45 (39.82) (70.31)	09 (07.96) (18.75)	113	**χ^2= 43.63, DF= 2, P= 0.00(S)**
		Female	20 (25.64) (25.32)	19 (24.36) (29.69)	39 (50.00) (81.25)	78	
		Total	79	64	48	191	
	Type of family	Joint family	70 (57.38) (88.61)	40 (32.79) (62.5)	12 (09.84) (25.00)	122	**χ^2= 52.44, DF= 2, P= 0.00(S)**
		Nuclear family	09 (13.04) (11.39)	24 (34.78) (37.5)	36 (52.17) (75.00)	69	
	Monthly income of parents	Upto 20000	37 (39.36) (46.84)	30 (31.91) (46.88)	27 (28.72) (56.25)	94	**χ^2= 2.5, DF= 4, P= 0.645(NS)**
		20001-30000	25 (42.37) (31.65)	19 (32.20) (29.69)	15 (25.42) (31.25)	59	
		Above 30001	17 (44.74) (21.52)	15 (39.47) (23.44)	06 (15.79) (12.5)	38	

	Type of school	Private school	58 (54.21) (73.42)	40 (37.38) (62.5)	09 (08.41) (18.75)	107	**χ^2= 37.85, DF= 2, P= 0.00(S)**
		Government school	21 (25.00) (26.58)	24 (28.57) (37.5)	39 (46.43) (81.25)	84	

The table exposes the association between socio economic variables (gender, family type, monthly income and school type) and parenting type. On the basis of gender, the result concludes that there is a close association between gender and parenting type. I.e. More than proportion of the male students' parents preferred authoritative parenting, similarly half proportion of the female students' parents preferred Permissive parenting. It concludes that with respect gender parenting type is differing. From male students their parents expect both response and control, but on the other side among female students they maintained a smooth environment (understanding their situation). In the case of family type there is a close association among family type and parenting. Students who hailed from nuclear family they predominantly they followed permissive parenting type, students who are from joint family their parents predominately followed authoritative parenting type. Because in nuclear families their family members expectations (other than parents) made a significant impact on the thoughts of parenting, so they followed somewhat strict approach in their parenting. With respect to monthly income, parenting type has no association. With regard to school type there is a close association with the parenting type, students who are studying government school their parents mostly followed permissive parenting, but students who are studying in private school their parents mostly followed authoritative parenting.

Table 5
Association between Mental health with socio economic status

			Low	**Moderate**	**High**	**Total**	**Result**
	Gender	Male	14 (12.39) (50.00)	87 (76.99) (63.04)	12 (10.62) (48.00)	113	**χ^2= 3.13, DF= 2, P= 0.21(NS)**
		Female	14 (17.95) (50.00)	51 (65.38) (36.96)	13 (16.67) (52.00)	78	
		Total	28	138	25	191	
	Type of family	Joint family	11 (09.02) (39.29)	94 (77.05) (68.12)	17 (13.93) (68.00)	122	**χ^2= 8.59, DF= 2, P= 0.01(S)**
		Nuclear family	17 (24.64) (60.71)	44 (63.77) (31.88)	08 (11.59) (32.00)	69	
	Monthly income of parents	Upto 20000	09 (09.57) (32.14)	78 (82.98) (56.52)	07 (7.45) (28.00)	94	**χ^2= 24.37, DF= 4, P= 0.00(S)**
		20001-30000	06 (10.17) (21.43)	44 (74.58) (63.77)	09 (15.25) (36.00)	59	

		Above 30001	13 (34.21) (46.43)	16 (42.11) (11.59)	09 (23.68) (36.00)	38	
	Type of school	Private school	11 (10.28) (39.29)	79 (73.83) (57.25)	17 (15.89) (68.00)	107	**χ^2= 4.73, DF= 2, P= 0.09(NS)**
		Government school	17 (20.24) (60.71)	59 (70.24) (42.75)	08 (09.52) (32.00)	84	

The table 5 exposes the association between socio economic variables (gender, family type, monthly income and school type) and mental health. On the basis of gender, the result concludes that there is no association between gender and mental health. Family type has an association with the mental health status of the respondents. Students from joint family has a better mental health status than students from nuclear family, because their parents presence and their interaction gave better mental health status. With respect to monthly income of their parents students mental health status is differing. Students from higher income family they have low mental health status than lower income families. School type does not have association with mental health status.

Table 6:
Association between parenting style with mental health

		Low	**Moderate**	**High**	**Total**	**Result**
Parenting style	**Authoritative**	12 (15.19) (42.85)	62 (78.48) (44.93)	05 (6.33) (20.00)	**79 (41.36)**	**χ^2= 12.81, DF= 4, P= 0.01(S)**
	Authoritarian	08 (12.5) (28.57)	49 (76.56) (35.51)	07 (10.93) (28.00)	**64 (33.50)**	
	Permissive	08 (16.67) (28.57)	27 (56.25) (19.57)	13 (27.08) (52.00)	**48 (25.13)**	

The table reveals the association between parenting style with mental health. The result displays that there is a significant association between parenting style and mental health at the significant level of 0.01. Parents who followed authoritative parenting style their children mental health is low and permissive parenting style leads higher mental health of the adolescents.

Discussion

The present study found a significant association between parenting style and adolescents' mental health ($\chi^2 = 12.81$, $p = 0.01$), indicating that the nature of parental control, responsiveness and emotional support is related to adolescents' psychological well-being. Authoritative parenting was the most prevalent style among fathers (41.4%), whereas authoritarian parenting was more common among mothers (47.6%). This finding is consistent with Gvozdenovic and Bandalovic (2024), who identified differences between mothers' and fathers' parenting styles. Similarly, Jaya and Rajesh (2025) reported that authoritative parenting was associated with better developmental outcomes, while authoritarian parenting had a negative influence on emotional regulation. Ghosh (2025) also found that authoritative parenting was associated with higher self-esteem and lower depressive symptoms among adolescents. These findings support the

view that parental warmth, guidance, communication and appropriate supervision are important factors in promoting adolescent mental health.

The present study further showed that 72.25% of adolescents had moderate mental health, while 14.66% had low and 13.09% had high mental health. A significant association was found between family type and mental health ($\chi^2 = 8.59$, $p = 0.01$), with adolescents from joint families showing comparatively better mental health than those from nuclear families. Parental monthly income was also significantly associated with mental health ($\chi^2 = 24.37$, $p = 0.00$), whereas gender and school type were not significantly associated with mental health. These findings highlight that adolescent mental health is influenced by the wider family environment and socio-economic context rather than by parenting style alone. Yang et al. (2025) similarly reported that supportive parenting can act as a protective factor against internalizing symptoms among adolescents. Maiuolo et al. (2024) also emphasized the importance of parental authoritativeness and social support in adolescents mental health help seeking. However, the present findings differ from some previous studies. In this study, adolescents experiencing permissive parenting had a comparatively higher proportion of high mental health (27.08%), whereas authoritative parenting showed a lower proportion of high mental health (6.33%). This differs from Ghosh (2025) and Jaya and Rajesh (2025), who reported more positive outcomes associated with authoritative parenting. Similarly, Choong (2023) found that permissive parenting could be associated with social anxiety among adolescents because of limited structure and discipline. Such differences may reflect variations in family structure, socio-economic conditions, cultural context and the way adolescents perceive parental control and freedom. Therefore, the present study suggests that the relationship between parenting style and adolescent mental health is complex and context-dependent.

Conclusion

The present study concludes that parenting plays a significant role in shaping the mental health and overall development of adolescents. The findings show that authoritative, authoritarian and permissive parenting styles were prevalent among the respondents, with authoritative parenting being more common among fathers, while authoritarian parenting was more prevalent among mothers. The majority of adolescents reported a moderate level of mental health, whereas smaller proportions experienced low and high levels of mental health. The study further reveals that family type and parental monthly income were significantly associated with adolescent mental health. These findings indicate that the family environment and the manner in which parents provide guidance, control and emotional support are important factors influencing adolescents during this sensitive stage of development.

The study also found a significant association between parenting style and the mental health of adolescents, highlighting the importance of positive and supportive parenting practices. Parenting involves not only meeting the basic needs of children but also providing emotional support, communication, guidance and appropriate supervision. Parents need to understand the changing emotional and social needs of adolescents and create an environment where children feel supported and valued. Schools, parents and counsellors can work together to identify difficulties and promote better mental well-being among adolescents. Although the study is limited to school-going adolescents in Salem City, it provides useful insights into the relationship between parenting and adolescent mental health. Overall, strengthening supportive parenting practices and healthy parent-adolescent relationships can contribute to the social, emotional and psychological well-being of adolescents.

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