

Effect of Parenting Style on Adolescent Depression

ANUM FATIMA¹, MUHAMMAD MUNIR AHMED², JAZIB MUNIR SLATCH³, IZNA MUNIR SLATCH⁴

¹Consultant Psychiatrist, ²Associate Professor, Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi Medical University, Rawalpindi

³House Physician, Pakistan Institute of Medical Sciences, Islamabad

⁴Consultant Child Psychologist, Optimind Clinic, Saidpur Road, Rawalpindi

Correspondence to: Anum Fatima, Email: anumfatima963@gmail.com Cell: 0331-5203040

ABSTRACT

Background: Parenting style refers to the attitudes and behaviors of parents toward their children and an emotional environment in which the parents' behaviors are expressed. Behavioral problems including externalizing and internalizing problems are amongst the most common mental health issues. Thus, to prevent the development of depression, it is necessary to understand the parenting styles.

Objective: To determine the parenting style of parents of depressed adolescents.

Study Design: Cross-sectional descriptive study.

Place and Duration of Study: Child & Adolescent Unit, Institute of Psychiatry, Benazir Bhutto Hospital Rawalpindi from 31st January to 31st July 2020.

Methodology: One hundred and fifty adolescents were enrolled. The presence of depression in adolescent patients was assessed by using the Hamilton Scale for Depression (HAM-D). For parenting style, the adolescent patients were asked to answer the Parental Authority Questionnaire.

Results: Mean age was 15.90±2.82 years. 53 (35.3%) were male adolescents and 97 (64.7%) were female adolescents. Twenty two (14.7%), 75 (50%) and 53 (35.3%) patients had mild, moderate and severe depression. Eighty five (56.7%), 50 (33.3%) and 15 (10%) had authoritarian, permissive and authoritative parenting style respectively.

Conclusion: The study reveals strong relation between depression and impaired parenting and emphasizes that parents should have warm and nurturing relationship with their children as it provides protection against the development of depression in adolescents.

Keywords: Depression, Adolescents, Parenting style, Authoritarian, Permissive and authoritative parenting style

INTRODUCTION

Adolescence is defined as the period between 10 and 19 years of age. It is the phase of transition from a "child" into an "adult". According to WHO, adolescents account for almost one fifth or 18.8% (362.2 million individuals) of the regional population of South East Asia.¹ From the year 2005-2014, there has been approximately 23% increase in the number of adolescents with major depressive disorder.² The most conspicuous symptoms reported by such patients are self-loathing, social isolation, low mood and pessimism.³ They also suffer from physical health problems.⁴

Diana Baumrind, in the mid-1960s, proposed three parenting styles based on the dimensions of demandingness (control) and responsiveness (warmth). Authoritative parents exhibited high levels of demandingness and responsiveness. They set firm limits, yet showed warmth and compassion and encouraged bidirectional communication. The Authoritarian parents were less responsive and had high demandingness. They were harsh and inflicted physical punishment, also yelled at their children and showed little or no warmth and love. The permissive parents were highly responsive and had low demandingness. They had no limit-setting and rarely scolded or commanded their children. Their children were like "co-owners" of the house and were given no responsibilities.^{5,6}

Parental rearing practices play significant role in childhood and adolescent depression as evident from theoretical models.⁷ In a descriptive study carried out in Lahore, Pakistan, around 23.2% and 43.9% adolescent students reported that they feel ignored and worthless by their family members often or occasionally respectively.⁸

A study carried out in US reports that depression was reported more in adolescents who experienced authoritarian parenting as compared to their counterparts who experienced authoritative parenting. 80.6% adolescents had 5 or more depressive symptoms. And among them, 53.1% experienced authoritarian parenting style and 46.9% experienced authoritative parenting style.⁹

Recently parenting styles have become a topic of extreme interest. Parents are primary caregivers and thus have strong influence on their child's present and future emotional health. They are considered carvers of their child's personality and character

and thus determine their social well-being and embark long lasting effects on their academic performance and cognitive development. Children's coping strategies and their behavior toward adults is determined by the parenting style they have been exposed to.¹⁰⁻¹²

Depressed adolescents usually report condemnatory and vexed interactions with their parents and experience a family environment deprived of parental love and warmth. Less rewarding, positive and supportive behaviors have been reported in parents of depressed children as compared to their counterparts.¹⁰⁻¹²

A fourth parenting style, neglectful, was described by Lamborn. Such parents are emotionally detached from their children and express low control and warmth. They exhibit low responsiveness and are not interested in the lives of their children. There is minimal research on neglectful parenting style as such parents do not volunteer to participate in studies. Our study did not address this fourth parenting style, because of the limited available data.¹³

The review of the published medical literature makes it clear that there is association between adolescent depression and parenting style with authoritarian parenting style being strongly related to adolescent depression. Such studies need to be done in our setup so we can map out the parenting style leading to and the one protecting from adolescent depression. And then guide the parents about positive parenting practice accordingly. Meager local data is available on this topic. Thus the objective of current study is to determine the parenting style of parents of depressed adolescent patients presenting in Child and Adolescent Unit of Institute of Psychiatry. This will not only help in establishing a causal relationship between the two but will also provide presentable data to educate the parents and thus in decreasing the burden of adolescent depression.

MATERIALS AND METHODS

This cross-sectional descriptive study was conducted at Child & Adolescent Unit, Institute of Psychiatry, Benazir Bhutto Hospital Rawalpindi from 31st January to 31st July 2020 and comprised 150 adolescents. Diagnosed case of depression, capable of giving informed verbal consent, either genders and ages 11-18 years were included. Patients having cognitive difficulties and inability to complete the survey tools, patients living without parents in hostel

or living with grandparents or any other guardian were excluded. The demographic details of the child (age, gender, education, and place of residence) and parent (age, education, marital status, occupation, socioeconomic status) were collected. The presence of depression in adolescent patients was assessed by using the Hamilton Scale for Depression (HAM-D). For parenting style, the adolescent patients were asked to answer the Parental Authority Questionnaire. SPSS-25 was used to enter and analyse the data.

RESULTS

When the age was comparing with parenting style, 37 (43.5%), 12 (24%) and 05 (33.3%) patients who were in age group 11-14 years had authoritarian, permissive and authoritative parenting style respectively. Whereas 48 (56.5%), 38 (76%) and 10 (66.7%) patients who were in age group 15-18 years had authoritarian, permissive and authoritative parenting style respectively ($P=0.07$) [Table 1].

When the gender was compared with parenting style, 27 (31.8%), 19 (38%) and 07 (46.7%) patients who were in male group had authoritarian, permissive and authoritative parenting style respectively. Whereas 58 (68.2%), 31 (62%) and 08 (53.3%) patients who were in female group had authoritarian, permissive and authoritative parenting style respectively ($P=0.47$) [Table 2].

The parenting style showed that 4 (4.7%), 6 (12%) and 12 (80%) patients who had severity of depression had authoritarian, permissive and authoritative parenting style, 48 (56.5%), 24 (48%) and 3 (20%) patients have severity of depression had authoritarian, permissive and authoritative parenting style whereas 33 (38.9%) and 20 (40%) patients have authoritarian and permissive parenting style respectively ($P=0.00$) [Table 3].

Table 1: Comparison of parenting style according to age (n=150)

Age (years)	Parenting Style			P value
	Authoritarian	Permissive	Authoritative	
11-14	37 (43.5%)	12 (24%)	5 (33.3%)	0.07
15-18	48 (56.5%)	38 (76%)	10 (66.7%)	

Table 2: Comparison of parenting style according to gender (n=150)

Gender	Parenting Style			P value
	Authoritarian	Permissive	Authoritative	
Male	27 (31.8%)	19 (38%)	7 (46.7%)	0.47
Female	58 (68.2%)	31 (62%)	8 (53.3%)	

Table 3: Comparison of parenting style according to severity of depression (n=150)

Depression	Parenting Style			P value
	Authoritarian	Permissive	Authoritative	
Mild	4 (4.7%)	6 (12%)	12 (80%)	0.00
Moderate	48 (56.5%)	24 (48%)	3 (20%)	
Severe	33 (38.9%)	20 (40%)	-	

DISCUSSION

The academic, social and emotional development of children depends on the parenting style experienced by them. The most influential persons encountered in their life are perhaps their parents. That's why it is said that parents are not only parents but they are also patterns and patrons. Their impact is enduring and profound. Factors which influence parenting style include the experiences that parents had with their own parents while growing up. It also includes religious beliefs, cultural norms, and temperament of the child.

Mean age in our study was 15.90 ± 2.82 years. 53 (35.3%) were male adolescents and 97 (64.7%) were female adolescents. 22 (14.7%), 75 (50%) and 53 (35.3%) patients had mild, moderate and severe depression. 85 (56.7%), 50 (33.3%) and 15 (10%) had authoritarian, permissive and authoritative parenting style respectively.

Adolescents of age 12 to 19 years studying in grade tenth were included in a cross-sectional study. Sample size was 1955 with 278, 217, 737, 716 students from Jamaica, Bahamas, St. Kitts and St. Vincent respectively. Males were 45.6% and females were

52.1%. Mild to severe depressive symptoms were present in 52.1% participants while moderate to severe symptoms were present in 29.1% participants. Regarding the parenting style, adolescents with low level of depression experienced authoritative and permissive parenting styles.¹⁴

Another study revealed that social dysfunction was not influenced by parenting style. The mean social dysfunction scores were 6.77, 6.86 and 6.69 for permissive, authoritarian and authoritative parenting respectively. They were also statistically same between developmental stages. There was non-significant interaction effect between parenting style and developmental stage ($F = .463$; $p = .630$).¹⁵

A Chinese study evaluated parent-adolescent conflict frequency and intensity. It included 633 Chinese adolescents. Results revealed that all parenting styles had similar frequency of parent-adolescent conflict. However, adolescents who experienced neglectful and authoritarian parenting style reported higher intensity of parent-adolescent conflict as compared to those who experienced indulgent parenting. When levels of cohesion were evaluated, they were highest for adolescents who experienced authoritative parenting. Level of cohesion was less for indulgent, authoritarian and neglect parenting styles respectively. The mediator link between parenting style and conflict was the expectation of adolescents for behavioral autonomy. While the mediator link between parenting style and cohesion was the belief of adolescents about the legitimacy of parental authority.¹⁶

Adolescents of age 12 to 17 years were included in another study. Sample size was 17,399 nationwide. Five or more depressive symptoms were present in 80.6% participants. Authoritarian parenting style had strong relation with depressive symptoms when compared with authoritative parenting style. Thus placing stress on authoritarian parenting being the cause of adolescent depression and also on the importance of positive parenting programs as preventive measures. Authoritarian parenting is associated with anxiety, substance abuse and conduct problems.¹⁷

CONCLUSION

The way in which parents interact with each other and with their children, constitute their parenting style. Our study reveals strong relation between depression and impaired parenting and emphasizes that parents should have warm and nurturing relationship with their children as it provides protection against the development of depression in adolescents. Large set of moderators and mediators determine the complex relation between parenting style and depression, as revealed by theoretical models. Important among these mediators are parental characteristics, social support and the role of stress. This relation between parenting style and depression is amplified in Pakistan because of the unique social conditions being most notable with authoritarian parenting.

REFERENCES

1. World Health Organization. Mental health status of adolescents in South-East Asia: Evidence for action.
2. Mojtabai R, Olfson M, Han B. National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics* 2016; 138(6):e20161878.
3. Mullarkey MC, Marchetti I, Beevers CG. Using network analysis to identify central symptoms of adolescent depression. *J Clin Child Adolescent Psych* 2019;48(4):656-68.
4. Wright DR, Katon WJ, Ludman E, McCauley E, Oliver M, Lindenbaum J, Richardson LP. Association of adolescent depressive symptoms with health care utilization and payer-incurred expenditures. *Acad Pediatr* 2016;16(1):82-9.
5. Power TG. Parenting dimensions and styles: a brief history and recommendations for future research. *Child Obes* 2013;9(s1):S-14.
6. Susheela. A study of the relationship between depression and parenting styles among adolescents. *Intern J Engineer Develop Res* 2018; 6(1):42-44

7. Yap MB, Jorm AF. Parental factors associated with childhood anxiety, depression, and internalizing problems: A systematic review and meta-analysis. *J Affect Dis* 2015;175:424-40.
8. Rehman A, Mehboob T, Aslam R, Yousaf U, Bashir I, Tabassam N. Cases and causes of depression among school going adolescents in Lahore, Pakistan. *Intern Current Pharm J* 2018;7(1):5-9.
9. King KA, Vidourek RA, Merianos AL. Authoritarian parenting and youth depression: Results from a national study. *J Prev Interv Community* 2016;44(2):130-9.
10. Sanjeevan D, Zoysa P. The association of parenting style on depression, anxiety and stress among Tamil speaking adolescents in the Colombo city. *Sri Lanka J Child Health*, 2018; 47(4):342-47.
11. Baldwin AL. Socialization and the parent-child relationship. *Child Dev* 1948;19:127-36.
12. Baumrind D. Child care practices anteceding three patterns of preschool behavior. *Genet Psychol Monogr* 1967;75:43-88.
13. Lamborn SD, Mounts NS, Steinberg L, et al. Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Dev* 1991; 62:1049–65.
14. Lipps G, Lowe GA, Gibson RC, Halliday S, Morris A, Clarke N et al. Parenting and depressive symptoms among adolescents in four Caribbean societies. *Child Adolesc Psychiatry Ment Health* 2012; 6: 31.
15. Rezvan A, D'Souza L. Influence of parenting styles on mental health of adolescents. *Europe J Nat Social Sci* 2017; 6(4):667-73.
16. Bi X, Yang Y, Li H, Wang M, Zhang W, Deater-Deckard K. Parenting styles and parent-adolescent relationships: the mediating roles of behavioral autonomy and parental authority. *Psychol* 2018;9:2187.
17. King KA, Vidourek RA, Merianos AL. Authoritarian parenting and youth depression: Results from a national study. *J Prev Interv Community* 2016;44(2):130-9.