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Impact of parenting practices on mental health of high school children and correlates

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Abstract

A study on impact of parenting practices on mental health of high school children and correlates was conducted at UAS, Dharwad during the year 2023-24 on a sample of 240 children from four high schools of rural and urban areas of Dharwad taluk of Karnataka state and Boko taluk of Assam state. A self-structured questionnaire was used to gather personal information. Robinson's Parenting Practices Questionnaire and Goodman's strengths and difficulties questionnaire were used to assess parenting practices and mental health of children respectively. Frequency, percentage, modified chi-square test, t-test and ANOVA were used for data analysis. The results revealed a significant association between age and mental health problems of urban children in Boko region. Children who were in the age group of 15 years had high mental health problems compared to those who were in 13 years of age group. Female children experienced higher mental health problems. In case of parenting practices, a significant association and difference was found in both regions where children raised by authoritarian parenting showed higher mental health problems than children who experienced authoritative parenting practices. So, there is a need to educate parents to use positive and effective parenting practice which involves warmth and support, positive reinforcement, open communication, reasoning facts, clear expectation and consistent rules which help children to express their thoughts and emotions without fear of judgement.

Keywords: Parenting practices, mental health, age, gender, high school

Introduction

High school children are in the adolescence phase of life. This stage marks the transition from childhood to adolescent and involves significant physical, cognitive, emotional and psychological development. To achieve high academic grade, children are facing many challenges such as time management, difficulty in grasping new concepts, meet high expectations of parents and teachers, stressing about grades, worrying about social issues which lead to many mental health issues like depression, anxiety, eating disorders, bipolar disorder, conduct problems, hyperactivity, emotional problems, peer relationship problems. Parenting practices refer to the set of strategies adopted by parents to control the behaviors of their children. Parenting practices play a vital role in shaping children's mental health by providing emotional support, secure attachment, promoting a positive self-image, establishing clear rules and expectations, demonstrating healthy coping mechanisms, maintaining open lines of communication, encouraging children to seek help when needed and creating a nurturing home environment where children feel safe and valued which foster children's emotional well-being and reduces the risk of mental health issues. Research has shown that permissively and authoritatively raised children showed lowest mental health problems whereas, children whose mothers and fathers practiced authoritarian parenting styles had higher mental health problems (Azman *et al.*, 2021) [1].

Materials and Methods

Differential research design: Differential research design was used to know the mental health of high school children in rural and urban settings of selected regions.

Population and Sample

The present research study was carried out in the rural and urban areas of Dharwad taluk of Karnataka and Boko taluk of Assam in the year 2023-24. Sample of the study comprised of 240 high school children were selected from four high schools of rural and urban areas of Dharwad taluk and Boko taluk through random sampling method.

Tools used for the study

Self- structured questionnaire was used to collect personal information on age and gender. Robinson's Parenting Practices Questionnaire and Goodman's strengths and difficulties questionnaire were used to assess parenting practice and mental health of children respectively.

Parenting Practices Questionnaire by Robinson: The tool consists of 30 statements which were ranked on a five point likert scale ranging from never to always (authoritative-13 items, authoritarian-13 items and permissive-4 items). The scores were added up and divided for each parenting by the number of questions in for that particular style to get the mean score for each parenting style. The highest score indicates the preferred parenting style of an individual parent.

Strengths and Difficulties Questionnaire by Goodman: The tool comprised of 25 items having 5 separate sub-scales designed to measure i) conduct problems, ii) hyperactivity, iii) emotional problems, iv) peer relationship problems and v) pro-social behaviour. The scoring of the scale was done on the basis of three point scale (0-2) and reverse scoring for the negative statements. A total difficulty score was generated by adding scores from all the sub-scales except the pro-social scale. The total scores are categorized as close to average (0-14), slightly raised (15-17), high (18-19) and very high (20-40). The highest score representing higher mental health problems of children.

Statistical analysis of the data

To interpret demographic factors of high school children frequencies and percentages were calculated. To know the impact of parenting practices on mental health of high school children and influence of personal factors modified chi-square test, t-test and ANOVA were used.

Results and Discussion

Distribution of children according to their demographic characteristics are shown in table 1.

Table 1: Percentage distribution of urban and rural high school children of Dharwad and Boko regions according to their personal characteristics (N=240)

Characteristics	Category	Dharwad (120)				Boko (120)			
		Urban (n=60)		Rural (n=60)		Urban (n=60)		Rural (n=60)	
		n	%	n	%	n	%	n	%
Age (Years)	13	9	15.00	2	3.33	18	30.00	16	26.67
	14	26	43.33	26	43.33	21	35.00	26	43.33
	15	25	41.67	32	53.34	21	35.00	18	30.00
Gender	Male	10	16.67	19	31.67	27	45.00	29	48.33
	Female	50	83.33	41	68.33	33	55.00	31	51.67
Parenting practices	Authoritative	55	91.67	44	73.33	52	86.66	55	91.67
	Authoritarian	4	6.66	11	18.34	7	11.67	5	8.33
	Permissive	1	1.67	5	8.33	1	1.67	-	-
Mental health problems	Close to average	45	75.00	30	50.00	41	68.33	46	76.66
	Slightly raised	6	10.00	14	23.34	9	15.00	10	16.67
	High	6	10.00	8	13.33	4	6.67	4	6.67
	Very high	3	5.00	8	13.33	6	10.00	-	-

Table 1 shows that, with respect to age, among the urban children of Dharwad, most of them were belonged to 14 years (43.33%) followed by 15 years (41.67%). Among the rural children of Dharwad, majority of children were belonged to 15 years (53.34%) followed by 14 years (43.33%). In Boko region, among the urban children, equal percentage (35.00%) of them were belonged to 14 and 15 years followed by 13 years (30.00%). Among the rural children, most of them were belonged to 14 years (43.33%) followed by 15 years (30.00%). With regard to gender, among the urban and rural children of Dharwad, most of them (83.33% and 68.33% respectively) were females and 16.67 and 31.67 per cent of them were males respectively. Also, among the urban and rural children of Boko, majority of them (55.00% and 51.67% respectively) were females and 45.00 and 48.33 per cent of them were males respectively. With respect to parenting practices, majority (91.67% and 73.33% respectively) of the urban and rural children of Dharwad had authoritative parenting practices followed by authoritarian parenting (6.66% and 18.34% respectively) and permissive parenting (1.67% and 8.33% respectively) practices. Similarly, among urban and rural children of Boko, majority of children had authoritative parenting practices (86.66% and 91.67% respectively) followed by authoritarian parenting (11.67% and 8.33% respectively) practices. With respect to mental health problems, among the urban and rural children of Dharwad, most of them were in the category of close to average (75.00% and 50.00% respectively) followed by slightly raised (10.00% and 23.34% respectively), high (10.00% and 13.33% respectively) and very high (5.00% and 13.33% respectively). Among the urban children of Boko, majority of them were in close to average (68.33%) category followed by slightly raised (15.00%), very high (10.00%) and high (6.67%). Among rural children majority of them were in the category of close to average (76.66%) followed by slightly raised (16.67%) and high (6.67%).

Table 2: Association and comparison of mean values between age and mental health problems among urban and rural high school children of Dharwad and Boko region (N=240)

Region	Location	Age (Years)	Mental health problems						Total		Modified χ^2	Mean ± SD	F- value
			Close to average		Slightly raised		High						
			n	%	n	%	n	%	n	%			
Dharwad	Urban	13	8	88.89	1	11.11	-	-	9	100.00	2.22^{NS}	11.22±2.48	1.67 ^{NS}
		14	19	73.08	3	11.54	4	15.38	26	100.00		13.77±2.96	
		15	18	72.00	2	8.00	5	20.00	25	100.00		13.28±4.46	
	Rural	13	1	50.00	-	-	1	50.00	2	100.00	7.79^{NS}	12.50±9.19	1.29 ^{NS}
		14	11	42.31	4	15.38	11	42.31	26	100.00		15.19±4.52	
		15	8	25.00	10	31.25	4	12.50	32	100.00		13.41±4.16	
Boko	Urban	13	17	94.44	-	-	1	5.56	18	100.00	13.31*	12.11±4.94	2.29^{NS}
		14	15	71.43	4	19.05	2	9.52	21	100.00		12.05±4.54	
		15	9	42.86	5	23.81	7	33.33	21	100.00		14.81±4.69	
	Rural	13	13	81.25	1	6.25	2	12.50	16	100.00	4.08^{NS}	12.62±3.05	0.38^{NS}
		14	18	69.23	6	23.08	2	7.69	26	100.00		12.73±2.89	
		15	15	83.33	3	16.67	-	-	18	100.00		12.00± 2.57	

Findings of table 2 revealed association and comparison between age and mental health problems of high school children. Among the urban children of Dharwad, in the category of close to average, highest percentage of children were found in 13 years (88.89%) whereas, in the slightly raised category, majority were found in 14 years (11.54%). In the high category majority were in 15 years (20.00%). Chi square and t-test analysis revealed non significant association and differences between age and mental health problems of urban children. Children belonged to 14 years age group had highest mean scores and 13 years age group children showed lowest mean scores for mental health problems. Among rural children, in the category of close to average, highest percentage of children was observed in 13 years (50.00%) whereas, in the slightly raised category, majority were belonged to 15 years age group (31.25%). In the high category, highest percentages of children were belonged to 13 years (50.00%). Chi square and t-test analysis revealed non significant association and differences. Children belonged to 14 years age group had highest mean scores and 13 years age group children had lowest mean scores for mental health problems. In Boko region, among urban children, in the category of close to average highest percentage was in 13 years (94.44%) whereas, in the slightly raised category most of them were found in 15 years (23.81%). In the high category, majority were in 15 years (33.33%). On chi square analysis, results showed significant association between age and mental health problems of urban children. However, t-test revealed non significant difference where, children belonged to 15 years age group had highest mean scores and 14 years age group children had lowest mean scores for mental health problems. Among rural children, in the category of close to average, highest percentage was in 15 years (83.33%) whereas, in the slightly raised category, 23.08 per cent of children were belonged to 14 years age group. In high category, majority were in 13 years (12.50%). Chi square and t-test analysis revealed non significant association and differences between age and mental health problems of rural children. Children belonged to 14 years age group had highest mean scores and 15 years age group children revealed lowest mean scores for mental health problems. Li *et al.* (2022) [10], Kaplow and Widom (2007) [7] and Brooks *et al.* (2002) [2] also reported significant association of age with mental health problems. Older children had a higher prevalence of major depressive disorder, mania or hypomania, posttraumatic stress disorder, social phobia and psychotic disorder.

Table 3: Association and comparison of mean values between gender and mental health problems among urban and rural high school children in Dharwad and Boko region (N=240)

Region	Location	Gender	Mental health problems						Total		Modified χ^2	Mean ± SD	t- value
			Close to average		Slightly raised		High						
			n	%	n	%	n	%	n	%			
Dharwad	Urban	Male	9	90.00	1	10.00	-	-	10	100.00	2.16^{NS}	12.30±1.64	0.83^{NS}
		Female	36	72.00	5	10.00	9	18.00	50	100.00		13.36±3.93	
	Rural	Male	12	63.16	2	10.53	5	26.31	19	100.00	2.91^{NS}	14.68±5.03	0.94^{NS}
		Female	18	43.90	12	29.27	11	26.83	41	100.00		13.59±3.80	
Boko	Urban	Male	21	77.78	3	11.11	3	11.11	27	100.00	2.04^{NS}	12.33±4.35	1.02^{NS}
		Female	20	60.61	6	18.18	7	21.21	33	100.00		13.61±5.16	
	Rural	Male	22	75.86	5	17.24	2	6.90	29	100.00	0.02^{NS}	12.10±3.14	1.47^{NS}
		Female	24	77.42	5	16.13	2	6.45	31	100.00		12.84±2.46	

Association and comparison between gender and mental health problems of high school children was depicted in table 3. Among the urban children of Dharwad, highest percentage of male children (90.00%) were found in close to average category whereas, female (18.00%) children reported high mental health problems. Chi square and t-test analysis revealed non significant association and differences where, female children had higher mean scores than their male counterparts. Among rural children, highest percentage of male children (63.16%) were found in close to average category whereas, in the high category majority were male children (26.83%). Chi square and t-test analysis revealed

non significant association and differences. Male children showed higher mean scores than their female counterparts. In Boko region, among urban children, highest percentage of male children (77.78%) were found in close to average category whereas, in the high category majority were female children (21.21%). Chi square and t-test analysis revealed non significant association and differences between gender and mental health problems of urban children. Female children had higher mean scores than their male counterparts. Among rural children, highest percentages of female children (77.42%) were found in close to average category, whereas in the high category, majority were male children (6.90%). Chi square and t-test analysis revealed non significant association and differences where, female children had higher mean scores than their male counterparts. The findings of the studies by Yoon *et al.* (2023) [13], Li *et al.,* (2022) [10], Van *et al.,* (2018) [12], Kamath *et al.* (2011) [6], and Shabani and Damavandi (2011) [11] also reported that female children experienced higher mental health problems than male due to age related hormonal changes, gender discrimination, unique social pressure and expectations, societal beauty standards. Females are more likely to experience certain types of trauma such as sexual assault, physical violence and psychological violence which are significant risk factors for developing mental health problems.

Table 4: Association and comparison of mean values between parenting practices and mental health problems among urban and rural high school children of Dharwad and Boko region (N=240)

Regions	Location	Parenting practices	Mental health problems						Total		Modified χ^2	Mean ± SD	t-value
			Close to average		Slightly raised		High						
			n	%	n	%	n	%	n	%			
Dharwad	Urban	Authoritative	45	81.82	5	9.09	5	9.09	55	100.00	20.00***	12.73±3.42	3.49***
		Authoritarian	-	-	1	20.00	4	80.00	5	100.00		18.20±2.17	
	Rural	Authoritative	30	68.18	6	13.64	8	18.18	44	100.00	22.01***	12.70±4.17	4.89***
		Authoritarian	-	-	8	50.00	8	50.00	16	100.00		18.12±2.42	
Boko	Urban	Authoritative	39	75.00	7	13.46	6	11.54	52	100.00	9.31*	12.38±4.33	2.81**
		Authoritarian	2	25.00	2	25.00	4	50.00	8	100.00		17.25±5.97	
	Rural	Authoritative	43	78.18	8	14.54	4	7.28	55	100.00	2.34^{NS}	12.47±2.84	0.09^{NS}
		Authoritarian	3	60.00	2	40.00	-	-	5	100.00		12.60±2.79	

Findings of table 4 showed that among urban children of Dharwad, majority (81.82%) of children with authoritative parenting were belonged to close to average category and none of children with authoritarian parenting were found in close to average category. Mental health problems were found higher among children with authoritarian parenting (80.00%). Chi square and t-test analysis revealed significant association and difference between parenting practice and mental health problems of urban children. Urban children with authoritarian parenting had higher mean score for mental health problems than children who experienced authoritative parenting practices. Among rural children also similar trend was seen, most of children (68.18%) with authoritative parenting were belonged to close to average category and none of children with authoritarian parenting were belonged to close to average category. Slightly raised and high mental health problems were more found more among children with authoritarian parenting (50.00%) and in case of children with authoritative parenting, it was found 13.64 per cent and 18.18 per cent respectively. Chi square and t-test analysis showed significant association and difference where, rural children with authoritarian parenting had higher mean score than children who experienced authoritative parenting practices. Similarly, among urban children of Boko, majority of children with authoritative parenting were fell under close to average (75.00%) category and 25.00 per cent children with authoritarian parenting were belonged to close to average category of mental health. Slightly raised (25.00%) and high (50.00%) mental health problems were more prevalent among children with authoritarian parenting (50%) and in case of children with authoritative parenting, it was found 13.46 per cent and 11.54 per cent respectively. On chi square and t-test analysis, results revealed significant association and differences. Urban children with authoritarian parenting had higher mean score for mental health problems than children who experienced authoritative parenting practices. Among rural children majority (60.00%) were belonged to close to average category as against 60.00 per cent children with authoritarian parenting. Slightly raised (40.00%) mental health problems were higher among children with authoritarian parenting whereas high mental problems were seen among children with authoritative parenting. Chi square and t-test analysis revealed non significant association and differences between parenting practices and mental health problems among rural children. Rural children with authoritarian parenting showed higher mean score than children who experienced authoritative parenting practices. The study results are supported by the findings of the studies conducted by Huang *et al.,* (2019) [4], Eun *et al.* (2018) [3], Joussemet *et al.,* (2014) [5], Khodabakhsh *et al.* (2014) [8] and Laboviti (2015) [9] where they quoted that children with authoritarian parenting practices had more mental health problems. This might be due to high restriction and controlling, limited interaction and supports, criticism, harsh judgement, discourage in open communication and independent thinking.

Conclusion and Implications

The study highlights the significant influence of age and parenting practices on mental health problems of high school children. It was noticed that children with advanced age, female children and children raised by authoritarian parenting practice had high mental health problems. So, there is a need to promote mental health awareness and encourage children for early intervention which can be done through implementing programs in schools to teach children about mental health, coping strategies and emotional

intelligence. Advocate for policies that in the earlier stages children can undergo mental health awareness programs and strategies to develop emotional intelligence. Educate parents to use positive and effective parenting practice *i.e.*, authoritative parenting practice which involves warmth and support, positive reinforcement, open communication, reasoning facts, clear expectation and consistent rules. Parents can build safe and comfortable environment where children can express their thoughts and emotions without fear of judgement.

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