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The Effects of Mothers' Parenting Styles on Their Daughters' Mental Health

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ABSTRACT

Background: Parenting is an effortful and serious task that has a significant impact on the mental health and personality of children. Previous studies in other countries have identified parenting style as a contributing factor to the mental health of their children. There is no study available on the impact of parenting on the mental health of children in Afghanistan. The current study aimed to explore the effects of mother's parenting styles on their daughters' mental health.

Materials and Methods: This cross-sectional study was conducted among students of Faculty of Psychology and Educational Sciences, Kabul University from April to June 2022 and a total of 102 female students aged between 18-26 years participated in this study. To collect the necessary data, two questionnaires were administered including a general health questionnaire (GHQ-28) and parental authority questionnaire (PAQ). Descriptive and inferential statistics were applied using statistical package for social sciences (SPSS) version 21. Findings: The results indicated that permissive parenting has a positive effect on mental health. In addition, it was found that a high number of participants (62.7%) had symptoms of mental health disorders. The number of participants suspected to have severe symptoms of psychological disorders was high (21.6%) in social dysfunction compared to anxiety, somatic symptoms, and depression (13.7 %, 10.8% and 4.9%), respectively. Moreover, according to the findings authoritative parenting was the dominant style, followed by authoritarian and permissive parenting.

Conclusion: Parents must be educated about the consequences of their upbringing style on their children's mental health and future research must include males, fathers, and a larger sample to get a more clear picture of the impact of parenting on children's mental health.

Keywords: Mental health, Parenting, Authoritative, Permissive, Authoritarian

INTRODUCTION

The family, as an element of the larger society, plays a significant role in creating a healthy, progressive, and developed country. Therefore, a healthy and well-formed family is a fundamental pillar of a strong society. In addition, considering the physical and social health of family members, taking care of their mental health is

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also vital. Good mental health is an element of overall health and can ensure that individuals have a sense of self-worth and control, and are able to understand how their body and mind function (Bhugra et al., 2013). Mental health involves the way in which individuals think and feel about themselves and their lives (Mental Health Foundation, 2008). Many definitions of mental health are available in the literature.

The World Health Organization's (WHO) definition of mental health is widely accepted and respected: it is "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community" (WHO, 2001). Different factors, such as poor self-esteem, sexual problems, lack of resilience, poor social integration, isolation, unemployment, poverty, stigma, abuse, and discrimination, can have significant effects on the mental health of family members (Health Education Authority, 1997). Parenting style refers to constellation of attitudes or a pattern of parental authority towards the child which are conveyed to the child, creating the emotional context for the expression of parent behavior (Leung et al., 2014). Parenting style is considered an important factor that can have negative or positive effects on family members (Hamon and Schrodt, 2012).

Parenting styles is classified to authoritative, authoritarian, and permissive (Baumrind, 1991). Parents who follow an authoritative parenting style contribute positively to their children's development by counseling and working with them (Kopko, 2007). Authoritative parents are highly responsive to the needs of their children and set practical limits for them (Baumrind et al., 2010). This is considered to be the ideal approach (Aghi and Bhatia, 2014). The most beneficial parenting style for child development in all cultures (Sorkhabi and Mandara, 2013; Steinberg, 2011) produces independent, achievement-oriented, socially responsible children with high self-esteem (Aghi and Bhatia, 2014), self-reliance, and the ability to use effective coping strategies (Parker & Benson, 2004). Authoritarian parents force their children to behave in the way they want without considering their developmental stage, personality traits, and goals, which eventually inhibits their independent problemsolving abilities (Aunola et al., 2014). They set rigid rules and ask their children to follow them and to see the desired behavior in their children they may use physical and verbal punishment. Authoritarian parents may have well-behaved children, but at the same time those children may also seem anxious and moody (Aghi and Bhatia, 2014). Such parenting styles lead children to adopt problematic behaviors and become rebellious (Sarwar, 2016; Kerr, Stattin, and Ozdemir, 2012; Hoskins, 2014) and to have lower self-confidence (Nijhof and Engels, 2007). Permissive parents express excessive warmth. They set few or no rules and do not punish their children for misbehavior. Consequently, children with indulgent parents often have problems controlling their impulses (Aghi and Bhatia, 2014). Permissive parents have little involvement with their children (Kremers et al., 2003). Neglectful parenting practices produce children with a reduced ability to function, who are more likely to have depression and exhibit delinquent behavior (Aghi and Bhatia, 2014).

Parenting style influences children's social relationships and their emotional, cognitive, and academic development. It shapes children's lives (Bornstein, 2019) and has a significant impact on their health (Skinner et al., 2005). Parenting is an effortful and serious task that does not end in the early years but continues throughout adolescence and adulthood (Thompson, 2008). Adolescence is a critical period in which an individual undergoes many physical, and psychological and social developmental changes (Christie, 2005). Adolescents experience high stress due to entry into new educational environments that have different rules and expectations from previous educational environments. Because of the nature of their developmental stage, they may face challenges in their relationships with their parents and others (Block and Robin, 2007; Adnan et al., 2022).

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According to psychologists, conflict between parents and children during this period should be considered normal during this phase because it emerges from adolescents' need to separate themselves from their parents and to detach themselves emotionally from parents or parental figures (Steinberg, 2011). Parenting styles are linked to the effectiveness of family relationships (Rothrauff and Cooney, 2009) and the mental health of people throughout life (Green et al., 2005). Positive parenting practices, such as providing understanding, emotional warmth, and stable boundaries, predict positive mental health (Zhang and Li, 2019), whereas negative parenting practices, such as severe punishment, a laissez-faire approach, rejection (Zhang et al, 2012), and excessive interference, have negative effects on children's mental health (Zhang and Li, 2019).

Parenting styles can also influence students at the university level. As per the findings of Smith (2006) on the impact of parenting styles on university students, the authoritative parenting style was related to more positive characteristics than the two other parenting styles. As per the findings of Zhang and Li (2019) on relationship parenting styles and the mental health of college students, positive parenting styles (e.g., emotional warmth and understanding) can positively predict the level of mental health and negative parenting styles (e.g., severe punishment, excessive interference) can lead to negative mental health. Other studies on university students' show that parenting styles related to students self-rated happiness (Furnham and Change, 2000) and self-esteem (Buri et al., 1992), and psychological well-being (Loke and Low, 2011). Since parenting styles are considered significant in terms of the self-confidence and overall well-being of adolescents (Lesch and Jagger, 2013; Mohammadi et al., 2013; Adnan et al., 2022), this study explores the maternal parenting styles experienced by female university students and the effect on their mental health in the Afghan context. This is the first study to assess the effect of mothers' parenting style on their daughters' mental health in Afghanistan. The findings of this study could be helpful for parents' psycho-education regarding good ways of behaving with their children.

MATERIALS AND METHODS

Participants

This cross-sectional analytical study conducted on females' students of the Faculty of Psychology and Educational Science from April to June 2022 to assess the impact of mothers' parenting styles on their adolescent daughters. All undergraduate female students who were studying at different departments of the Faculty of Psychology and Educational Sciences, Kabul University, and who were living with at least their mothers' during their education period in Kabul city constituted the population of this research. Since the exact number of the students who were living with at least their mothers' during their education period in Kabul city was not available, therefore a total of 110 students who could meet the mentioned criteria were selected purposefully as the sample. The reason for the exclusion of boys is because usually, girls are more attached to their mothers than boys. Furthermore, students whose parents were living in provinces were not included in this study. The research committee of the Faculty of Psychology and Educational Science, Kabul University provided the approval for this study (IRB no.5, 05/02/2020).

Prior to data collection, enough information about the objective, rationale, implications, and duration of the study was provided to the participants. To ensure ethical consideration, informed consent was also obtained and participants were informed that their participation was completely voluntary and were free to withdraw or refuse to answer any question at any point in time. In addition, to observe the participants' anonymity no personal

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information like their name was gathered. The participant's doubts were clarified before and in between the administration of questionnaires. The mental health questionnaire was distributed to students purposefully; the same students' mothers responded to the parenting questionnaire.

Tools

The Farsi version of the Parenting Authority Questionnaire (PAQ) and General Health Questionnaire (GHQ-28) were used to collect the necessary data. The PAQ has 30 items across three dimensions: authoritarian, authoritative, and permissive parenting. This questionnaire has two forms, one for the father and one for the mother. It is a five-point Likert scale, ranging from "strongly agree" to "strongly disagree". The maximum score for each parenting style is 50 and the minimum score is 10 (Baumrind, 1967). Esfandayari, (1995) translated this questionnaire into Farsi language. The reliability and validity of the questionnaires have been demonstrated in many studies (Wahedi et al., 2009; Esfandyari, 1995; Hill, 2011).

The GHQ-28 is a self-screening tool mainly used to identify possible mental health disorders. It has 28 items and four subscales: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. The GHQ-28 is scored between 0–3 for each response and total scores range between 0–84 (Goldberg and Hillier, 1979). This questionnaire has been translated into many languages, including Farsi, and its reliability and validity have been approved by many researchers in different countries (Goldberg and Hillier, 1979; Kilic, 1997; Malakouti et al., 2007; Sterling, 2011; Molavi, 2002). To check the content and face validity of both questionnaires in the Afghan context, three psychologists reviewed the contents and approved them without making any changes. The reliability of both questionnaires was examined in a pilot study with 30 non-sampled adolescents and they scored 0.82, and 0.78, respectively.

Statistical Analysis

The data were analyzed using SPSS version 21. Descriptive and inferential statistics were used to identify participants' mental health status and parenting styles. Standard multiple regression (linear regression) analysis was used to study the effect of parenting styles (independent variable) on students' mental health (dependent variable).

RESULTS

This cross-sectional study was conducted with female students in the Faculty of Psychology and Educational Science, Kabul University, in 2022. The questionnaires were distributed to 110 students, 102 of whom returned and completed them properly. As shown in Table 1, more than half of the participants (54.9%) were aged between 21–23 years of age and only a few (6.9%) were between 24–26 years. Only three (2.9%) students were married; most were single (85.3%). Of the mothers, 36.6% were educated to 12th pass level, 33.3% had graduated from university and 21.6% were uneducated.

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Table 1. Demographic Characteristics of Participants

Variable	Category	Frequency	Percent	Total	
Age	18-20	39	38.2	102	
	21-23	56	54.9		
	24-26	7	6.9		
Marital status	Single	87	85.3	102	
	Engaged	12	11.8		
	Married	3	2.9		
Mother's Education Level	Uneducated	22	21.6	102	
	12 th Pass	37	36.3		
	Graduate	34	33.3		
	Post Graduate	9	8.8		

As shown in Table 2, more than half of the participants (62.7%) reported symptoms of psychological disorders and only 37.3% had no symptoms. The findings of this study regarding somatic symptoms, anxiety, social dysfunction, and depression are presented in Table 3. It shows that 45.1% and 10.8% of the participants were suspected to have moderate and severe somatic symptoms; 40.2% were suspected to have moderate and 13.7% severe anxiety symptoms; and more than half (52.0%) were suspected to have moderate and 21.6% severe social dysfunction symptoms. In relation to depression, the prevalence of moderate and severe symptoms of depression was 22.5.0 % and 4.9%, respectively. The most prevalent severe psychological disorder among participants was social dysfunction (21.6%), followed by anxiety, somatic symptoms, and depression, respectively (13.7 %, 10.8%, and 4.9%).

Table 2. Mental Health Status of Participants of the Study

Mental Health Symptoms	N	%
Yes	64	62.7
No	38	37.3
Total	102	100.0

Table 3. Prevalence of somatic, anxiety, depression and social dysfunction among participants of the study

Symptoms of mental _ health	Somatic symptoms		Anxiety symptoms		Social dysfunction		Depression	
	N	%	N	%	N	%	N	%
Without symptoms	44	44.1	47	46.1	27	26.5	74	72.5
Suspect to moderate symptoms	46	45.1	41	40.2	53	52.0	23	22.5
Suspect to severe symptoms	11	10.8	14	13.7	22	21.6	5	4.9

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As shown in Table 4, authoritative parenting, with a mean score of 33.0200, was the most dominant style used by mothers compared to authoritarian and permissive parenting and the result is statistically significant

Table 4.	Partici	pant's	mothers	parenting	styles

Parenting styles	Mean	$\mathrm{S.D}^*$	F	Sig.	
Authoritarian	24.2300	4.73298	197.725	.000	
Authoritative	33.0200	3.98477			
Permissive	24.1000	3.95556			

^{*} Standard Deviation

As indicated in Table 5, a permissive parenting style (β = .656, p = .012) significantly impacted mental health. However, authoritarian parenting (β = -.029, p = .876) and authoritative parenting (β = .058, p=.792) did not significantly affect participants' mental health. It means that increase in the score of permissive parenting style increasing the score of the mental health.

Table 5. Results of multiple linear regression analysis predicting effect parenting styles on mental health of participants

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics	
	В	Std. Error	Beta	-		Zero- order	Partial	Part	Tolerance	VIF*
(Constant)	18.875	5.477		3.446	.001					
Permissive	.656	.256	.279	2.565	.012	.265	.251	.250	.801	1.248
Authoritarian	029	.188	015	157	.876	.008	016	015	.990	1.010
Authoritative	058	.220	029	264	.792	.093	027	026	.807	1.240

R = .267a R2 = .071 Adjusted R2 = .043 * Variance Inflation Factor

DISCUSSION

Mental health is part of overall health, and although there is a lack of sufficient and reliable data on the status of mental health, the available information indicates that a huge element of the Afghan population, specifically women, suffers psychological problems (HealthNet TPO, 2021). The findings of this study also confirm that a very high number of female students experience moderate-to-severe symptoms of psychological disorders. Severe symptoms of social dysfunction were more prevalent than anxiety, somatic symptoms, and depressive disorders. This is consistent with the findings of Oriya and Hilal (2021) regarding the mental health status of female Afghan university students. They found that 78% of participants were not in a desirable state of mental health. Similar studies in different countries have also reported a high prevalence of psychological disorders (Zare et al., 2016; Naser et al., 2020). Political instability, many restrictions for women and girls at home and in society, negative attitudes toward female education and work, and increased hopelessness among female students may contribute to a higher prevalence of psychological disorders.

The findings of this study revealed that showed that authoritative parenting was the dominant style, followed by authoritarian and permissive parenting. Permissive parenting was found to have a positive and significant effect on participants' mental health. This means that low levels of discipline, fewer expectations, and warmth with a moderate level of communication increase the chances of having a daughter with better

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mental health. This finding contradicts the findings of other studies demonstrating that authoritative parenting has a positive relationship with mental health (Chabra and Dutta, 2013; Ebrahimi et al., 2017; Hamon and Schrodt, 2012). The reason for this contradiction could be the level of pressure and high expectations placed on children by their families and wider society. In Afghan society, females are subjected to greater control and have less freedom than males; therefore, it can be assumed that having a mother with fewer expectations and exerting less control provides a sense of freedom for their daughter, which may increase the chance of her having better mental health. This study has some limitations; the first limitation is the small number of participants and the second exclusion of male students and students from other provinces were the second and third limitations of the study. However, because of limitations of the current study, this finding cannot be generalized. To obtain a clearer picture, the same study should be conducted with a larger sample.

CONCLUSION

The findings of this study on the mental health status of female university students are alarming. Mental health should become a priority not only for educational systems but for all healthcare systems. Although authoritative parenting was the dominant style among the participants, permissive parenting seemed to have a significant positive effect on female students' mental health. Since girls face greater restrictions from both their family and wider society than boys in Afghanistan, it is reasonable to assume that permissive parenting can have a better impact on mental health. This finding provides insights for future research to explore this phenomenon more deeply. Furthermore, parents must be educated on the consequences of their upbringing style on their children's mental health.

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Authors Contribution: Bezhan Ayubi carried out conceptualization, wrote methods, analyzed the data, and edited the manuscript and supervised the entire process of the research. Shamayel Ahmadi took part in research conceptualization, collected and entered the data and helped in writing the first draft of manuscript. Mohammad Taher Taher wrote the literature review, participated in research conceptualization and helped in writing the first draft of manuscript. All authors read and approved the final manuscript.

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