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The Role of Parenting Styles and Sex Differences in Adolescents’ Depression

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This work was carried out in collaboration between both authors. Authors NK and JWA designed the study, wrote the protocol and supervised the work. Author JWA carried out all field works. Author NK performed the statistical analysis and wrote the first draft of the manuscript. Authors NK and JWA managed the literature searches and edited the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT
Adolescence is characterized by several psychosocial challenges which are influenced by factors at the individual, family, community and societal levels. Depression is common among adolescents and as result, there is the need to identify factors that influence the level of depression among adolescents. This study examined whether parenting styles significantly influence adolescents’ depression and whether significant sex differences exist between male and female adolescents in their depression. A total of 120 students (60 males and 60 females) were selected from four Senior High Schools in the Kassena-Nankana district in the Upper East Region of Ghana. A cross-sectional survey research design was adopted and the participants were administered

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demographic questionnaire, Parental Authority Questionnaire and Center for Epidemiological Studies Depression Scale for Children (CES-DC). Results from the analysis using the Pearson correlation showed that Authoritarian and Permissive parenting styles were significantly and positively correlated with adolescents’ depression. However, authoritative parenting style is negatively correlated with adolescents’ depression. Further analysis using the t-test for independent samples showed that male adolescents reported significantly higher depression than female adolescents. It is concluded that adolescents’ depression level is significantly influenced by parenting styles and sex differences.

Keywords: Adolescence; depression; parenting styles; sex differences.

1. INTRODUCTION

Adolescence constitutes one of the peak risk periods for developing depression, with the mean onset age being 14.7 years for females and 15.4 years for males [1]. When this transition period is not well maneuvered, it may leave lasting negative impacts on the lives of these adolescents. One of the key determinants of adolescents’ behavior is the type of parenting they receive and these parenting styles have been found to significantly predict their psychosocial outcomes [2,3]. Baumrind [2] identified three main parenting styles (Authoritarian, Authoritative and Permissive) with their unique characteristics.

Adolescents whose parents are authoritative rate themselves and are rated by objective measures as more socially and instrumentally competent than those whose parents are non-authoritative [2,4,5]. Adolescents from authoritarian families tend to be uninvolved in problem behavior, but have poorer social skills, lower self-esteem, and higher levels of depression, whereas adolescents from permissive homes are more likely to be involved in problem behavior, but have higher self-esteem, better social skills, and lower levels of depression [6,7].

Milevsky, Schlechter, Netter and Keehn [8] investigated variations in adolescent adjustment as a function of maternal and paternal parenting styles and found that that authoritative mothering was found to relate to higher self-esteem and life-satisfaction and to lower depression. Further, paternal parenting styles were also found to be related to psychological adjustment. However, although the advantage of authoritative mothering over permissive mothering was evident for all outcomes assessed, for paternal styles the advantage was less defined and only evident for depression. Relatedly, family stress and authoritative parenting style have been found to be significant predictors of depressive symptom expression, such that participants of all ethnicities who reported high levels of depressive symptoms also reported high levels of family stress and low levels of authoritative parenting [9].

Apart from the influence of the parenting styles on adolescents, some studies have noted significant influence of adolescents’ sex on their depression levels. For instance, Bennett, Ambrosini, Diana Kudes, Metz and Rabinovich [10] found in their study that male and female adolescents report similar depression levels. On the specific depressive symptoms however, adolescent boys were found to report higher levels of anhedonia, depressed morning mood, and morning fatigue, while adolescent girls reported higher levels of guilt, body image dissatisfaction, self-blame, self-disappointment, feelings of failure, concentration problems, difficulty working, sadness/depressed mood, sleep problems, fatigue, and health worries [10]. Most previous studies have all pointed to significant sex differences in adolescent depression with female adolescents reporting significantly higher depression than male adolescents [11-13]. In as much as the focus of this study is on the psychosocial factors that influence the experience of depression among adolescents, evidence suggests that hormonal factors as well as other biological predispositions influence depression levels of adolescents [14,15]. However, little research exists within our Ghanaian sociocultural context with regards to variations in the overall depression between male and female adolescents.

Notable problem has to do with the observed socio-cultural systems existing in the Kassena-Nankana district in the Upper East Region of Ghana presently which plays a role in influencing the kind of parenting styles parents adopt. The Kassena-Nankana district traditionally has a culture of unquestionable obedience to authority, the elderly and most especially one’s parents at all times and in all situations, which is an observed trend in the general Ghanaian culture
as a whole. This thus means that the parent-child relationship is mostly characterized by higher control and demandingness, with lower responsivenes and communication towards the child. The result of this, is the existence of an observed predominant authoritarian parenting style in the district over all other parenting styles which many parents are unfortunately engaged in. This leaves little room for adolescents to communicate their psycho-socio-emotional concerns with their parents as well a minimal opportunity for them to bargain out on the set standards of conduct for them to obey without questioning. This study therefore seeks to examine the relationship between parenting styles and adolescent depression as well as determine whether significant sex differences exist between male and female adolescents in their depression levels.

2. METHODOLOGY

2.1 Population and Sample

The population for this study was all adolescents in the Kassena-Nankana district who were between the ages of 15 and 19 years old. The population consisted of two distinct ethno-linguistic groups: the Kassena, forming the majority of the district’s population, while the Nankani are slightly fewer. The main languages spoken are Kassim and Nankani, with English Language being commonly spoken by a majority of the adolescents’ in the district. Despite the linguistic distinction, the population is, in many respects, a homogenous demographic group with a common culture, religious and socio-economic background.

A total of one-hundred and twenty (120) students from four government Senior High Schools within the district, with thirty (30) participants coming from each of the selected schools. The sample consisted of 60 boys and 60 girls with a mean age of 17.05 years and a standard deviation of 1.95 years. There was a 100% response rate as the all 120 anonymous questionnaires were answered completely by the participants who volunteered to be part of the study.

2.2 Research Design

A cross-sectional survey design was used in conducting the study. This design was chosen because the adolescents were expected to expressed their views and opinions by answering questionnaires and also, the respondents were contacted only once for the data collection.

2.3 Instruments/Measures

Demographic questionnaire and two standardized scales were used in the data collection. The demographic section had items on the sex, age, number of siblings, parental education and parental occupational status.

2.3.1 Parental authority questionnaire [2]

The Parental Authority Questionnaire (PAQ) is a 30-item scale designed to determine the parents’ disciplinary practices perceived by their adolescent and adult children. The PAQ has three subscales which are permissive, authoritarian and authoritative with individual. Items on each subscale were added and totaled to produce the total score for each respective subscale. The PAQ [2] has been found to have good construct validity and an internal consistency of .74 to .87 for the subscales. A high score on the respective subscale indicates the parent’s disposition towards that particular style of parenting.

2.3.2 Center for epidemiological studies depression scale for children (CES-DC) [16]

This scale is a 20-item self-report depression inventory with possible scores ranging from 0-60. Responses to each of the depression items were scored on a 4-point Likert scale with 0 being “not at all” and 3 being “a lot.” However, items 4, 8, 12, and 16 are phrased positively, and were reverse scored. Some examples of items on the scale include “I was bothered by things that usually don’t bother me,” and “it was hard to get started doing things.” Higher CES-DC scores indicate increasing levels of depression. The scale has an internal consistency ($\alpha$) of .84 [14].

2.4 Procedure

The study protocol was submitted to the heads of the four selected schools in the Kassena-Nankana district in the Upper east Region of Ghana for approval. After the protocol was reviewed by the school authorities, permissions were granted to select the students in the four selected schools as the participants for this study. On the days of the data collection, the aims and objectives of the study were explained to the students and those who volunteered were selected for the study. The questionnaires were administered to the participants and a brief introductory note on the front page of the
measures had space for consent to participate and outlined the rights of the participants in the study. The participants were given a maximum of 30 minutes to complete the questionnaires. The completed questionnaires were retrieved for cleaning and data analysis. All ethical guidelines (informed consent, confidentiality, anonymity, and right to withdraw) regarding the use of human participants in research were strictly adhered to in the data collection process.

2.5 Data Analyses

The data was entered into the Statistical Packages for the Social Sciences (SPSS 22.00). Descriptive statistics such as means, frequencies and percentages were used to summarize the data. The Pearson Product Moment Correlation was used to analyze the relationship between the parenting styles and adolescents’ level of depression. The independent t-test was used to analyze whether significant sex difference exists between male and female adolescents in their depression levels. The alpha level for the results was set at .05.

3. RESULTS

3.1 Demographic Profile of the Respondents in the Study

Results from Table 1 show that majority of the respondents in the study (66.67%) had between 1 and 4 siblings while 5.83% and 27.50% of the respondents in the study had no sibling and more than 5 siblings respectively. Majority of the participants in the study (67.50%) reported that their mothers had no formal education while the remaining 36.67% of the sample reported that their mothers had formal education. Majority of the participants in the study (63.33%) reported that their fathers had no formal education while the remaining 36.67% of the sample reported that their fathers had formal education. It was observed that majority of the participants in the study (65%) reported that their mothers were engaged in informal employment while the remaining 35% of the sample reported that their mothers were engaged in formal employment. Finally, it was observed that slightly above half of the participants in the study (53.33%) reported that their fathers were engaged in informal employment while the remaining 46.67% of the sample reported that their fathers were engaged in formal employment as shown below.

| Characteristics                  | Frequency | Percentage (%) |
|----------------------------------|-----------|----------------|
| Gender                           |           |                |
| Males                            | 60        | 50             |
| Females                          | 60        | 50             |
| Age in years (Mean = 17.05, SD = 1.95) | |                |
| Number of siblings               |           |                |
| None                             | 7         | 5.83           |
| 1-4                              | 80        | 66.67          |
| 5 and above                      | 33        | 27.50          |
| Mother’s education status        |           |                |
| Formal                           | 39        | 32.50          |
| Education                        |           |                |
| No formal                        | 81        | 67.50          |
| Father’s education status        |           |                |
| Formal                           | 44        | 36.67          |
| Education                        |           |                |
| No formal                        | 76        | 63.33          |
| Mother’s employment status       |           |                |
| Formal                           | 42        | 35.00          |
| informal employment              | 78        | 65.00          |
| Father’s employment status       |           |                |
| Formal                           | 56        | 46.67          |
| informal employment              | 64        | 53.33          |

3.2 Relationship between Parenting Styles and Adolescents’ Depression

To determine relationship between parenting styles and adolescents’ depression, the Pearson Product Moment correlation was used and the results from the analysis are summarized in Table 2 below.

| Variables          | Depression (r) | Mean   | SD     | p    |
|--------------------|----------------|--------|--------|------|
| Depression         | 29.94          | 13.92  | .       |      |
| Authoritarian      | .28**          | 34.81  | 6.62   | .01  |
| Permissive         | .20*           | 28.90  | 7.54   | .03  |
| Authoritative      | -.51**         | 34.31  | 5.51   | .01  |

* = p < .05, ** = p < .01. SD = Standard Deviation, (r) = Correlation coefficient

An examination of the results in Table 2 showed that a significant positive relationship exists between authoritarian parenting style and
adolescents' level of depression, \( r(118) = .28, p = .01 \). This result shows that adolescents with more authoritarian parenting experience higher depression levels. Results also showed that there is a significant positive relationship between permissive parenting style and adolescents' level of depression, \( r(118) = .20, p = .03 \). That is, the more permissive parenting styles adolescents experience, the higher their level of depression. However, a significant negative relationship was found between authoritative parenting style and adolescents' level of depression, \( r(118) = -.51, p = .01 \). That is, the more authoritative parenting styles adolescents experience, the lower their depression levels.

### 3.3 Gender Differences in Adolescents’ Depression

To determine whether significant gender differences exist between male and female adolescents, the independent t-test was used and the results from the analysis are summarized in Table 3.

| Sex    | N  | Mean | SD  | df  | \( t \) | \( p \) |
|--------|----|------|-----|-----|--------|-------|
| Male   | 60 | 35.95| 14.10| 118 | 5.23   | .03   |
| Female | 60 | 23.93| 10.91|     |        |       |

Results from Table 3 showed that sex of the adolescents in the study had statistically significant effect on their depression level, \( t(118) = 5.23, p = .03 \). Comparison of the two mean depression scores showed that male adolescents (Mean = 35.95) had significantly higher depression scores than female adolescents (Mean = 23.93). The result suggests that male adolescents reported more depression levels than female adolescents.

### 4. DISCUSSION

This study sought to determine whether parenting styles and sex of adolescents have any significant influences on their level of depression. This is because, little empirical evidence exist in our Ghanaian context with regards to the association between the study variables.

#### 4.1 Parenting Styles and Adolescents’ Depression

Results from the study showed that there was a significant positive relationship between the authoritarian parenting and adolescent depression. This finding is consistent with the research by Beets, Gullon, and Allen [17] who found that high depressive symptomatology is associated with a parenting style characterized by low nurture and high overprotection. Similar finding were reported by Anli and Karsli [18] that when children perceive “rejection” and “overprotection” as dominant parental style especially in their early family context it results in high risk for depression and higher state/trait anxiety levels. Also, this finding is consistent with Sharma, Sharma and Yadava [19] who found that authoritarian parenting had a significant positive correlation with depression levels among adolescents.

Authoritarian parents are high in demandingness and low in responsiveness towards their children and therefore, show less warmth, nurturance and communication towards the children. The parent-child relationship is usually characterized by constant conflicts and coercive, punitive control. The consequence of such a parenting style is that adolescents tend to be uninvolved in problem behaviour, but have poorer social skills, lower self-esteem, and higher levels of depression [6,7]. According to Baumrind [2], adolescents whose parents are described as authoritarian also show typically the highest levels of adjustment problems.

Further, a significant positive relationship was observed between permissive parenting style and adolescents’ depression. This finding is inconsistent with earlier findings that permissive parenting had a significant negative correlation with depression [19]. One possible explanation for this contradiction between the two studies may be based on differences in the socio-cultural contexts in which the samples of the two studies were drawn. Similar findings were also observed by other researchers who found permissive parenting style to be significantly associated with lower depression levels, higher self-esteem, and better social skills [6,7,20].

Unlike Sharman, Sharman and Yadava [19], the present study was conducted in a setting where the predominant cultural setting is a patriarchal and collectivistic in nature. Poverty in an economic setting where parents tend to relegate an emotionally close parent-child relationship to the background and prioritize work and providing daily resources for the family may be a possible risk factor for the presence of this kind of parenting. Again, a socio-cultural context
characterized by external family involvement in primary life also may make it difficult for parents to pay individualized attention to each child. Thus, it is common in this context to find cousins, nephews and nieces living with uncles and aunties who already have their own biological families to cater for. Hence it becomes extremely difficult for such parents to attend individually to all children under their care and therefore end up being more responsive to the material needs of the children than demanding of mature behavior from children.

Additionally, authoritative parenting style had a significantly negative relationship with adolescents’ depression level. This finding is congruent with existing evidence [9,20,21] that authoritarian parenting negatively associated with depressive outcomes in adolescents in later life. Furthermore, Anli and Karsli [18] found that family context in which adolescents describe their parents’ attitude as emotionally warm tend to express less depression and anxiety. Therefore, with the low parental conflict, reasonable coercion, consistent discipline, and reasonable pleasurable positive parent-child interactions, adolescents are more likely to develop effective interpersonal conflict and emotional crisis management behaviours, and appropriate social behaviour, thus, reducing their susceptibility to depression. By allowing children the opportunity to enjoy rewarding relationships and less problem behaviours at social or other social contexts, these children grow into more socially adjustable individuals.

4.2 Gender Differences in Adolescent Depression

The results showed that males scored significantly higher on depression than their female counterparts. This result might be due to the fact the Ghanaian cultural context is generally a patrician one, which frowns on male public display of emotions such as “crying when in pain or bereaved” and rather hold the opposite as true for females. Hence female public display of emotions is an accepted phenomena in Ghana. By holding a cultural view that “men do not cry,” this predisposes males to becoming more vulnerable to such emotional disorders such as depression whereas females are protected from such disorders by openly expressing their emotions. However, the current finding is inconsistent with most of the earlier findings that showed that female adolescents report higher depression levels and symptoms than male adolescents [10-13].

5. CONCLUSION

The findings from this study suggests that parenting styles adopted by the parents of adolescents in the study had significant influences of their level of depression. That is, all the three types of parenting styles measured in the study significantly correlated with depression levels of adolescents. The findings imply that there is the need for parents to pay more attention to their parenting styles and utilize the most appropriate style that will maintain discipline but ensure that the psychosocial functioning of adolescents are not jeopardized. This finding also call for the various stakeholders to come up with intervention measures targeted at parents to equip them with effective and efficient parenting skills that will ensure harmony and enhance the overall adjustment as well as psychosocial functioning of adolescents in our communities. In addition, the finding of significant sex difference in the level of depression reported by the adolescent in the study implied that more attention needs to be paid by stakeholders to the gender-specific issued affecting adolescents. There should be room for adolescent boys and girls to express their emotions through awareness creation by stakeholders via public mental education among adolescents using the schools as the focal point.

Despite the important contributions of these findings to adolescents’ mental health and child rearing practices, the current study has some limitations that are worth highlighting. Firstly, the sample size used in this was relatively small considering the adolescence population and therefore, the study findings cannot be generalized. This calls for a large scale study among adolescents across all the 10 administrative regions of Ghana to ensure representativeness of the findings. Additionally, the use of a cross-sectional survey design did not take into consideration some transient influences that could explain the levels of depression among the adolescents.

COMPETING INTERESTS

Authors have declared that no competing interests exist.
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