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The Relationship Between Parenting Style and Depression Levels in Early Adolescents

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Abstract

Background: Depression among early adolescents can affect social, academic, and psychological development. Parenting style is one family-related factor associated with adolescent depressive symptoms. This study focused on early adolescents at SMP Negeri 3 Satu Atap Sumberlawang.

Objective: This study aimed to examine the relationship between parenting style and depression levels among early adolescents.

Methods: This quantitative cross-sectional study was conducted among students aged 12–14 years at SMP Negeri 3 Satu Atap Sumberlawang. A total of 146 students were included using a total sampling technique. Eligible participants were students in grades VII, VIII, and IX who provided assent and had parental/guardian consent; students who refused participation or were older than 14 years were excluded. Parenting style was assessed using the Parental Authority Questionnaire (PAQ), and depression levels were assessed using the Patient Health Questionnaire-9 (PHQ-9). PHQ-9 total scores range from 0 to 27 and were categorized as not depressed/minimal, mild, moderate, moderately severe, and severe depression. Data were analyzed using the Chi-square test.

Results: Most respondents had a democratic parenting style (75/146; 51.4%). The largest depression category was not depressed/minimal (41/146; 28.1%). Parenting style was significantly associated with depression levels, $\chi^2(8) = 49.80$, $p < 0.001$, Cramer's V = 0.413, indicating a moderate association.

Conclusion: Democratic parenting style was associated with lower depression levels, whereas authoritarian and permissive parenting styles were associated with higher depression levels. Because this study used a cross-sectional design, the findings indicate an association and do not establish causality. Parents and schools should support adolescent mental health through appropriate communication, supervision, and emotional support.

Keywords: Adolescents; adolescent depression; parenting style; PHQ-9; cross-sectional study.

INTRODUCTION

Adolescence is a transitional period between childhood and adulthood characterized by biological, psychological, social, and emotional changes. According to WHO (1), adolescents are 10 to 19 years old and are divided into early adolescence (10 to 14 years) and late adolescence (15 to 19 years) (2). During this developmental period, individuals face multiple demands that may contribute to psychological distress, including depression, anxiety, behavioral disorders, and reduced self-adjustment.

Depression is one of the most common mental health problems experienced by adolescents. Worldwide, the proportion of adolescents with depressive symptoms has been reported to range from 10% to 20% (3). In Indonesia, depression prevalence has been reported at 1.4%, with the highest proportion in the 15–24-year age group (4). In Central Java, depression has been reported at 4.4% (5). Depression is characterized by persistent sadness, loss of interest, hopelessness, and fatigue lasting at least two weeks. In adolescents, depression can interfere with social functioning, family relationships, and academic achievement and may increase the risk of substance use and other harmful behaviors. These consequences show that adolescent depression requires attention from families, schools, and society.

Parenting style refers to the pattern of interaction between parents and children, including attention, emotional support, rules, guidance, and the formation of social behavior (6,7). Previous studies have shown that authoritarian parenting is associated with higher depressive symptoms among adolescents, whereas supportive communication and peer or family support may help adolescents avoid emotional problems. However, earlier studies have often focused on older adolescents; therefore, evidence focusing on early adolescents remains important.

Although many previous studies have investigated adolescent depression, fewer studies have focused specifically on early adolescents aged 12–14 years in the school context of SMP Negeri 3 Satu Atap Sumberlawang. Early adolescence is marked by sensitive emotional development and increased vulnerability to family conflict. Therefore, this study examined the relationship between parenting style and depression levels among early adolescents. The findings are expected to inform parents and schools about parenting approaches that are associated with lower depressive symptoms.

METHODS

Study Design

This study used a quantitative correlational design with a cross-sectional method and was conducted at SMP Negeri 3 Satu Atap Sumberlawang. The cross-sectional design can identify associations between parenting style and depression levels at one point in time, but it cannot determine temporal sequence or causality.

Participants

The population in this study was students at SMP N 3 Satu Atap Sumberlawang. A total sampling technique was used, and 146 students formed the final analyzed sample. The inclusion criteria were students in grades VII, VIII, and IX, aged 12–14 years, who were willing to participate, provided adolescent assent, and had parental/guardian consent. Exclusion criteria included refusal to complete the questionnaire, incomplete questionnaire responses, and age older than 14 years. The age cutoff was used because the study focused on early adolescents.

Instruments

Data were collected using questionnaires. Parenting style was measured using the Parental Authority Questionnaire (PAQ) developed by Buri (1991). The PAQ contains 30 items, with 10 items for each parenting-style dimension: democratic, authoritarian, and permissive. The parenting style category was determined based on the dominant dimension score. The reported reliability using Cronbach's alpha was 0.83, and validity was assessed using discriminant-related validity. Students reported parenting style in relation to parents generally.

Depression levels were measured using the Patient Health Questionnaire-9 (PHQ-9), which contains 9 items assessing depressive symptoms during the previous two weeks. The PHQ-9 was developed by Dr. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. Total scores range from 0 to 27 and were categorized as not depressed/minimal (0–4), mild depression (5–9), moderate depression (10–14),

moderately severe depression (15–19), and severe depression (20–27). The validity test showed an Area Under the Curve (AUC) value of 0.92, and the reliability test using Cronbach's alpha was 0.885. Responses indicating suicidal ideation on PHQ-9 item 9 should be referred to the school health team or counselor according to school procedures.

Data Collection Procedure

The variables studied were parenting style as the independent variable and depression level as the dependent variable. Participants completed printed questionnaires in the classroom after consent and assent procedures. Completion took approximately 30 minutes. The questionnaire collected demographic data, including name or initials, gender, class, age, parents' highest education, parental income, number of children in the family, parenting style, and depression level. Confidentiality was maintained by protecting participant identifiers and using the data only for research purposes. Only complete questionnaires were included in the analysis.

Data Analysis

Data were analyzed using the Chi-square test to examine the relationship between parenting style and depression levels among adolescents. The significance level was set at $\alpha = 0.05$. The Chi-square assumption was checked by reviewing expected cell counts; based on Table 2, all expected cell counts were above 5, so the assumption was considered met. Cramer's V was calculated to estimate the strength of the association. Complete-case analysis was used for questionnaire data.

Ethical Considerations:

This research received approval from the ethics committee of the University of Muhammadiyah PKU Surakarta (Ref. No: 033/LPPM/UMPKU/I/2026). Because the participants were minors, parental/guardian consent and adolescent assent were required. Participation was voluntary, confidentiality was maintained, and students with elevated PHQ-9 scores or suicidal ideation responses should receive referral or support according to school procedures. The approval date should be inserted by the authors if available.

RESULTS

The demographic characteristics of the respondents in this study were described based on age, gender, class, parents' highest education, parental income, and number of children in the family.

The results showed that 53 of 146 respondents (36.3%) were 13 years old. The sample included more male than female respondents, with 84 males (57.5%) and 62 females (42.5%). A total of 54 respondents (37.0%) were from class VIII. Regarding family background, most respondents' parents had junior high school education as their highest education level (70 respondents; 47.9%), and most respondents had parental income of ≤ Rp 2,200,000 (114 respondents; 78.1%). Most respondents came from families with two children (72 respondents; 49.3%).

The results showed that among adolescents with authoritarian parenting, the largest group experienced severe depression (13 of 35; 37.1%). Among adolescents with democratic parenting, the largest group was not depressed/minimal (34 of 75; 45.3%). Among adolescents with permissive parenting, the largest group experienced moderate depression (10 of 36; 27.8%). Overall, 41 of 146 adolescents were not depressed/minimal (28.1%). The Chi-square test showed a significant association between parenting style and depression levels, $\chi^2(8) = 49.80$, $p < 0.001$, Cramer's V = 0.413, indicating a moderate association.

Table 1. Frequency Distribution of Respondent Characteristics (n = 146)

Characteristics	Frequency (f)	Percentage (%)
Age		
12	49	33.6
13	53	36.3
14	44	30.1
Gender		
Male	84	57.5
Female	62	42.5
Class		
VII	51	34.9
VIII	54	37.0
IX	41	28.1
Parents' Highest Education		
Elementary school	27	18.5
Junior high school	70	47.9
Senior high school	45	30.8
College	4	2.7
Parental income		
≤ Rp 2,200,000	114	78.1
> Rp 2,200,000	32	21.9
Number of children in the family		
1	16	11.0
2	72	49.3
3	32	21.9
4	14	9.6
5	11	7.5
6	1	0.7
Total	146	100.0

Table 2. Relationship between Parenting Style and Depression Levels in Early Adolescents

Parenting style	Not depressed/minimal	Mild depression	Moderate depression	Moderately severe depression	Severe depression	Total	*p-value*
Authoritarian	2 (5.7%)	3 (8.6%)	7 (20.0%)	10 (28.6%)	13 (37.1%)	35 (24.0%)	< 0.001
Democratic	34 (45.3%)	22 (29.3%)	11 (14.7%)	5 (6.7%)	3 (4.0%)	75 (51.4%)	
Permissive	5 (13.9%)	7 (19.4%)	10 (27.8%)	8 (22.2%)	6 (16.7%)	36 (24.6%)	
Total	**41 (28.1%)**	**32 (21.9%)**	**28 (19.2%)**	**23 (15.8%)**	**22 (15.1%)**	**146 (100.0%)**	

Note. Percentages in the depression-level cells are row percentages; percentages in the total row and total column are proportions of the total sample.

DISCUSSION

Demographic Characteristics of Respondents

Most respondents were 13 years old, which is within the early adolescent period. Adolescents experience rapid biological, emotional, and psychosocial changes at this stage, which may increase vulnerability to psychological problems.

Based on gender, the sample included more male than female respondents. Gender differences may influence how adolescents express emotions and respond to psychological distress; however, the present study did not test gender as a predictor of depression, so this interpretation should be made cautiously.

Most respondents were grade VIII students. According to Erik Erikson's theory of psychosocial development, adolescents are in the phase of identity versus role confusion. This phase is associated with increased emotional and psychological vulnerability.

Lower parental income and secondary-level parental education were common in this sample. These characteristics may influence parenting patterns, family communication, and adolescents' emotional development, although this study did not measure a complete socioeconomic status index.

Most respondents came from families with two or more children. The number of children in a family may influence the distribution of parental attention, interaction, and support, which can affect adolescent psychological development.

The Relationship Between Parenting Style and Depression Levels in Early Adolescents

The findings showed that democratic parenting was the most common parenting style reported by respondents. Democratic parenting is characterized by balanced control, open communication, warmth, and reasonable autonomy. This pattern may support adolescents' confidence, social skills, and emotional regulation.

Depression levels varied from not depressed/minimal to severe depression. These variations suggest that adolescent psychological condition is influenced by multiple factors, including the quality of parent–child relationships. Emotional support, effective communication, and appropriate supervision may be associated with more stable mental health, whereas limited support and persistent psychological distress may be associated with depressive symptoms.

Parenting style was significantly associated with adolescent depression levels, $\chi^2(8) = 49.80$, $p < 0.001$, Cramer's $V = 0.413$. Authoritarian parenting was more frequently observed among adolescents with higher depression levels, while democratic parenting was more frequently observed among adolescents with lower depression levels. Permissive parenting showed a mixed pattern, with the largest proportion in the moderate depression category.

Authoritarian parenting emphasizes high control and low communication, which may make adolescents feel undervalued and less able to express emotions. Democratic parenting allows two-way communication and emotional support, which may help adolescents feel secure and manage stress adaptively. Permissive parenting is generally characterized by high warmth but low behavioral control, which may limit adolescents' development of boundaries and self-regulation.

From a broader theoretical perspective, persistent emotional distress may be related to changes in mood-regulating systems, including neurotransmitters such as serotonin, dopamine, and norepinephrine. However, neurophysiological mechanisms were not measured in the present study; therefore, this explanation should be interpreted only as a possible mechanism described in previous literature.

Although democratic parenting was associated with lower depression levels in this study, some respondents with democratic parenting still experienced severe depression. Conversely, some respondents with authoritarian and permissive parenting were not depressed. These findings suggest that parenting style is not the only factor related to adolescent depression. Other potential influences include academic stress, peer relationships, bullying experiences, family conflict, social support, and individual coping ability.

The findings are consistent with previous research reporting a significant relationship between parenting style and adolescent depression. Supportive and democratic parenting has been associated with better emotional adjustment, whereas authoritarian and permissive parenting have been linked to a

higher likelihood of emotional problems. Citation numbering should be checked against the final reference list during manuscript formatting.

LIMITATIONS

This study has several limitations. First, the cross-sectional design cannot determine causal relationships between parenting style and depression levels. Second, the study used self-report questionnaires, which may be affected by response bias. Third, the sample came from one school, so the findings may not be generalizable to all adolescents. Fourth, several potential confounders, such as academic stress, peer relationships, bullying, family conflict, social support, and coping ability, were not measured.

CONCLUSION

Based on the findings, parenting style was significantly associated with depression levels among early adolescents at SMP N 3 Satu Atap Sumberlawang. Democratic parenting style was associated with lower depression levels, while authoritarian and permissive parenting styles were associated with higher depression levels. Because this study used a cross-sectional design, the findings do not establish causality. Parents and schools are encouraged to strengthen supportive communication, appropriate supervision, and early mental health support for adolescents.

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Conflict of Interest

The authors declare that there are no conflicts of interest associated with this study.

Author Contributions

Conceptualization, L.P.P. and S.S.; methodology, L.P.P., E.Y., and S.S.; investigation, L.P.P.; data curation, L.P.P.; formal analysis, L.P.P. and E.Y.; writing—original draft preparation, L.P.P.; writing—review and editing, E.Y. and S.S.; supervision, S.S. All authors have read and agreed to the published version of the manuscript

Ethics Approval and Consent to Participate

This study was approved by the ethics committee of the University of Muhammadiyah PKU Surakarta (Ref. No: 033/LPPM/UMPKU/I/2026). Parental/guardian consent and adolescent assent were required before participation.

Data Availability

The data availability statement should be completed according to the target journal's requirements and the authors' institutional policy.

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