

Psychological Well-being and Parenting Styles as Predictors of Mental Health among Students: Implication for Health Promotion

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Abstract

Introduction:

The lack of mental health interferes with one's individual achievement and ability for undertaking the responsibilities of everyday life. Researches show that psychological well-being and parenting styles have an important role in ones' increasing general health. The current study examined the relationship between psychological well-being and parenting styles with students' mental health.

Materials and Methods:

This study was carried out on 278 students (124 boys and 154 girls) of Boukan's high schools. The participants were asked to complete psychological well-being inventory and mental health parenting style questionnaire. Data was analyzed using of Pearson correlation coefficient and regression analysis.

Results:

The results showed that psychological well-being and authoritative parenting styles were significantly related with mental health; also, permissive parenting styles has significant positive relationship with mental health. The regression analysis indicated that mental health is predictable by psychological well-being and parenting styles.

Conclusion:

The knowledge of parenting styles and psychological well-being and their relationships with general well-being can provide the significant implications on the provision of students' health. Parenting styles and psychological well-being, as significant variables in general well-being, needs more clinical research.

Keywords: Mental health, Parenting styles, Psychological well-being, Students.

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Received date: Jun 5, 2014 ; Accepted date: Jul 22, 2014

Introduction

Mental health issues have occupied the minds of many experts in various fields, due to its impact on the various functions of human communication. Mental health is a term used to describe a level of cognitive and emotional welfare as well as the absence of mental disorders (1). According to the perspective of positive psychology, mental health is including the ability to enjoy life and to create a balance between life activities and efforts to achieve psychological flexibility. Over the past few decades, the issue of mental health is regarded as an important aspect of health, even in recent studies conducted in various countries have shown that the highest incidence and prevalence of mental illness have the highest health priorities related to mental illness (2).

The structure of psychological well-being is located in the center of attention a branch of psychology called positive psychology (3). Positive psychology is focused on how human life can flourish and reach selfactualization (4,5). The concept of psychological well-being is used in research as the term general mental health (6-8). Optimal well-being is defined as increase in positive modes and decrease in negative modes (9). In the past decades, it provided a pattern of psychological well-being or positive mental health. According to this psychological well-being model. is composed of six factors: self-acceptance, empathic relationships with others, a sense of independence, having a purpose in life, a sense of personal growth, and environmental mastery (10).

Ryff emphasized that health is more than the absence of disease, so he suggests that psychological well-being refers to what a person needs to welfare (11). Research shows that psychological well-being positively related with academic performance (12), improvements to achieve personal goals (13,14) better health, increased job satisfaction and reduced absenteeism (15,16). Also there is a negative relationship between the dimensions of welfare with neuroticism, anxiety, depression and hostility (17).

One of the basic variables that have a direct impact on mental health is parenting style. Research findings regard to the totality of interactions and relationships parent-child and child-rearing practices as one of the most important factors of mental health. Many studies have shown that parent-child interactions and relationships and parenting style can affect mental health (18-21). Parenting style refers to the ways in which parents interact with each other and with children (22). Research results show that authoritative parenting style reduces mental disorders and promotes mental health (23-26). It also reduces adolescent behavior problems (27), alcohol consumption and the run away from school(28); furthermore, it minimize the negative impact of stress on health (29) and operates as a predictor of academic grades(30); also is associated with higher educational attainment (31). In fact, the lack of mental health impairs her ability to perform assigned tasks, and this leads to a lack of progress and the consequences will be (32). According to this latest research objectives are:

1) Investigating the relationship between psychological well-being and mental health among students;

2) Examining the relationship between parenting styles and mental health among students;

3) Determining the predictive power of mental health by psychological well-being and parenting style among student.

Considering there are few studies that directly examine current research topic, this study has its own innovations in terms of subject matter and explain the results. The research findings will be added in the richness of the findings of earlier researches.

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Materials and Methods

In the current correlational study is used of a cross-sectional design. The sample was selected according to the multi-stage random cluster sampling type and the table is Grjsy and Morgan among male and female students in all secondary schools in the city of Boukan West Azarbaijan-Iran, on January 2013. A total of 300 patients formed the sample. This collection, due to their flawed by some students, was reduced to 278 men (154 girls and 124 boys). Approximate time to fill the questionnaire was 40 minutes. Data were analyzed using of descriptive statistics, Pearson correlation and regression analysis. This analysis was carried by SPSS software (version 19).

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internal reliability coefficient of the scale using of a Cornbrash's alpha 0.77 that is good (34). In current study, the internal reliability of this scale and its subscales calculated using of Cronbach's alpha that was 0.73, 0.69, 0.81 and 0.77.

Thepsychological well-being questionnaire (9):

This scale consists of 18 statements which are expressed in 6 different dimensions. These dimensions include positive relationship with others, environmental mastery, personal growth, having purpose in life, self-acceptance and autonomy (36). Higher scores indicate higher levels of psychological well-being. And coexpression analysis showed acceptable validity of the Persian version of this scale. In current study, the internal reliability calculated using of Cronbach's alpha that was 0.88.

Results

Part I: Demographic characteristics of participants

The demographic characteristics of investigated sample and the statistical indexes of subjects based on the marks for psychological well- being, public health and parenting style are indicated in (Table.1). The age mean of all participants was (15.80 ± 1.216) years with the range of 15 to 18 years old.

Table 1: Demographic characteristics of thesample members (n=278)

		Ν	%
	15 to 16 years	145	52%
Age	17 to 18 years	134	48%
Gender	Male	124	45%
	Woman	154	55%
	Mathematical	94	34%
Field of	Experimental	91	33%
Study	Humanities	52	18%
	Kardanesh	41	15%

Part II: Descriptive statistics

In order to analyze the data, first, Pearson's correlation coefficient was computed between the research variables. The results indicated that the autocratic parenting style have negative correlation with mental health (P>0.05 & r=-0.18) and authoritative and permissive have positive correlations with mental health (P<0.01 & r=0.31, P<0.05 & r=0.16). Also, (Table.2) shows the correlation between mental health and its dimensions with psychological wellbeing and its components. The data show that there is a significant negative correlation between psychological well-being and

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mental health (P<0/01 and r = -0/164). The data shows that there is significant negative correlations between self-acceptance and dimensions of somatic symptoms, anxiety, insomnia, and depression (P<0.01), and there is a significant positive correlation self-acceptance and between social dysfunctions (P<0.01). No relationship was found between positive relationships with others and mental health dimensions. Autonomy positively correlated with social dysfunction and negatively correlated with depression (P<0/05). And no relationship was found between autonomy with somatic symptoms, anxiety and insomnia Environmental mastery negatively correlated with dimensions of anxiety, insomnia and depression, and positively correlated with social dysfunction component (P<0.01). There is a significant and negative correlation between purposeful life scale and depression component (P<0.01). But no significant relationship was found between purposeful life with social dysfunction, somatic symptoms and anxiety and insomnia. Also there is a significant and negative correlation between personal growth with depression (P<0/01). But no significant relationship was found between personal growth with somatic symptoms, anxiety, insomnia and social dysfunction subscales.

Table2: Correlation matrix of mental health and psychological well-being and parenting styles.

Variables	Ν	Mental health	Physical symptoms	Signs of Anxiety	Social malfunctions	Signs of Depression
Permissive	278	0.16^{*}	.0.3	0.08	-0.05	0.22^{**}
Autocratic	278	-0.18^{*}	0.08	0.16^{*}	-0.37**	0.16^{**}
Authoritative	278	0.31**	-0.42**	-0.42**	0.44^{**}	033**
Their acceptance	278	-0.126*	-0.173**	-0.174**	0.205^{**}	-0.197**
Positive relationship	278	017	0.067	-0.052	0.082	-0.107
Autonomy	278	-0.012	-0.010	-0.006	0.128^{*}	-0.143*
Mastering the Environment	278	-0.111	-0.121	-0.202**	0.297^{**}	-0.263**
Living with Purpose	278	0.138^{*}	0.056	-0.122	0.031	-0.172**
Personal Growth	278	-0.113	-0.040	-0.091	0.091	-0.211**
Psychological well-being	278	-0.164**	-0.103	-0204**	0.255^{**}	-0.338**

Part III: Regression analysis:

(Table.3) shows regression analyzes test to examine the predictive power of mental health by psychological well-being scores Based on these findings, approximately 2% of the variance of mental health could be explained by psychological well-being scores. In other words, psychological wellbeing predicts too little mental health (Table.3).

Data analysis with regression indicates that all three parenting styles permissive, authoritarian and authoritative are important in explaining the mental health. The amount of β for permissive is 0.28 which is significant is 0.01 levels, the amount of β for autocratic parenting style is -0.14 which is significant is 0.01 levels and the amount of β for authoritative parenting style is 0.41 which is significant is 0.01 levels. Meanwhile, the amount of r² is 0.18 which indicates that the linear combination of three parenting styles permissive, autocratic and authoritative in predicting percent of the predicted variation for the variable mental health (Table.4).

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Table 3: Regression analysis of the predictor variable of psychological well-being based on the criterion variables of mental health.

Predictor variable	В	β	\mathbb{R}^2	Т	Sig.	Statistical power
Psychological well-being	-0.189	-0.164	0.023	-2.64	0.009	0.75

Table 4: Regression analysis of the predictor variable of patterning styles based on the criterion variables of mental health.

Predictor variables	b	В	\mathbf{R}^2	t	Sig.	Statistical power
Permissive	0.59	0.28		4.90	0.008	0.71
Autocratic	-0.34	-0.14	0.18	2.58	0.01	0.72
Authoritative	0.85	0.41		7.13	0.004	0.77

Discussion

Mental health is a multi-dimensional concept, but mental health experts have mainly emphasized the negative aspects of it. Nowadays, the desire to study the positive aspects of mental health has increased in parallel with the negative aspects (12). The main purpose of this research was to predict mental health through psychological well-being and parenting styles in students. Psychological well-being was provided focused on positive mental health.

There were significant relationships between mental health and its dimensions with psychological well-being and its components. This means that with an increase in psychological well-being, mental health is also increasing. So can be said that these two variables are related to each other and change one of the variables will be accompanied with change in other variable. This result is consistent with findings rindal and colleagues (37).

Results show a significant negative relationship between somatic symptoms self-acceptance. This and result consistent with findings of Arrindell et al., Bayani et al. (37,38). No relationship was found between physical symptoms with psychological well-being, this result inconsistent with findings Rooni and Bayani (38,39). According to their study, there is a significant and negative relationship between physical symptoms with psychological well-being scales. The findings show that there is a significant and negative relationship between anxiety with self-acceptance and environmental mastery. This result is consistent with findings Rooni and Bayani. Results showed that there is a significant and positive relationship between social dysfunction with selfacceptance, also between self-determination with environment mastery. This result is inconsistent with findings Rooni and Bayani (38,39). Also there is a significant relationship and negative between depressions with other subscales of psychological well-being (40). The parenting styles can predict social mental growth, educational function, welfare and health, religious intention and even children problems (23). The results indicated that the authoritative parenting style has negative significant relation with the components of mental health (anxiety, physical symptoms and depression) and it positive relation with has social malfunction. The autocratic parenting style has positive relation with the components of mental health (anxiety, physical and depression) symptoms and the permissive style has positive relation only with the component depression. Since high mark in the General Health Questionnaire (GHQ-28) test is indicative of disorder and its intensity; and low mark are indicative of health and reduction of disorder, thus this point can be obtained that as much the parents are more mighty and democratic, physical symptoms, anxiety and the depression of their children will reduce and the children will show more normal behavior in this regard. Also, it can be said that the more the parents are despotic, anxiety, depression and social malfunction will increase and the children will show more abnormal behavior in this regard. The findings of current research are compatibility with the findings of Zahrakar (41), Wilder and Watt (29) which indicated that being mighty will cause reduction in disorder and promotion in mental health and being despotic will generate disorder, abnormality and Neurosis. Each of the parenting styles relate with keeping behaviors and special specifications in children. For instance, high self-esteem, educational grades, social sufficiency and reduction in high risk behaviors are among the variables relating with authoritative Also emergence of some parenting. behavioral problems and depression such as anger and defiance in boys and dependence and lacking the spirit of curiosity in girls relate with autocratic parenting. Therefore, the parenting style has significant effects on a vast range of person's behaviors including self-esteem, mental well-being, health, behavioral problems and also educational progress (42). Also by considering the point that educating methods have taken various and diverse information from the west and Islam culture; we are observing prevalence of child-driven culture and carefree in educating the children. Thus we can conclude that the more the parents are mighty and use authoritative parenting methods, the physical symptoms and depression of their children will decrease and the children will show more normal behavior in this regard. Also, the parenting styles applied in families have effects along more compatibility and socialization of children.

Conclusion

In brief, the findings of current research indicated that psychological well-being and parenting styles were related to mental health of students. In this way, daily increasing growth in consideration to the propounded in the field issues of psychological researches has made the necessity of comprehensive investigation of structures such as the parenting style and religious orientation critical and it is thought that they play essential role in improvement of students' mental health quality in the field of health. Also, since many psychologists introduce religion as the supporting power in reducing mental stress, increase of love and affection to others, commitment and adherence to affairs and hope for future, performing new interferences regarding the factors effective in students' behavior and psychological well-being function by the objective of promoting the mental and spiritual-moral health are recommended. Among the limitations of this study we can mention to limitation in sampling which the studied individuals were mostly students. It is better to study another group of the society such as clinical population or the general population for generalization of results. Also, for valid follow-up of results it is required to measure a vaster group of individuals.

The results of this study can not only be facilitator for larger researches, but it provides the possibility of educating families regarding awareness from the parenting styles and psychological well-being and specifically the effect of educating these models on students' mental health.

Acknowledgments

The authors would like to acknowledge the generosity of students who agreed to participate in this research. This study was done with obtaining informed consent of parents and children after explaining the study and its objective.

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Contributions

Study design: SAB, MRKH Data collection and analysis: SAB Manuscript preparation: MRKH, FK

Conflict of Interest

The authors declare that they have no competing interests.

References

1. Nesse RM. Evolutionary psychology and mental health. In David buss (ed). Handbook of evolutionary psychology. Hoboken, NJ: John Wiley and sons, 2005; 203-937.

2. Morgan WP. Physical activity and mental health: Taylor & Francis, 2013.

3. Seligman MEP, Steen TA, Park N, Peterson C. Positive Psychology Progress Empirical Validation of Interventions. Am Psychol 2005; 60(5): 31-410.

4. Seligman MEP. Csikszentmihalyi M. Positive Psychology an Introduction. Am Psychol 2000; 55(1): 5-14.

5. Seligman MEP, Rashid T, Parks AC. Positive Psychotherapy. Am Psychol 2006; 61: 88-774.

6. Fouhy CSM. Spiritual Well-Being and Physical Activity: Their Influence on Self-Esteem and Life Satisfaction. [PhD Thesis]. Capella University; 2007.

7. Diener E, Biswas-Diener R. Will money increase subjective well-being? A literature review and guide to needed research. Soc Indicres 2002; 57: 69-119.

8. Diener E, Sapyta JJ, Suh E. Subjective wellbeing is essential to well-being. Psychol INQ 1998; 9: 7-33.

9. Vittersø J. Personality traits and subjective well-being: Emotional stability, not extraversion is probably the important predictor. Pers Indiv Differ 2001; 31: 17-903.

10.Ryff CD. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J Pers Soc Psychol 1989; 57(6): 1069-1081.

11.Ryff CD, Singer B. Psychological well – being: Meaning measurement and implication for psychotherapy. Psychother Psychosom 1996;23: 14 - 65. 12. Tofi T, Flett R, Timutimuthorpe H. Problems faced by pacific island students at university on New Zealand: Some effects on academic performance and psychological wellbeing. New Zeal J Agr Res 1996; 31(1): 51-59. 13. Myers DG, Diener E. Who is happy?

13. Myers DG, Diener E. Who is happy? Psychol Sci 1995; 6 (1): 12-19

14. Ryff CD, Singer B. The contours of positive human health. Psychol INQ 1998; 9: 1-28.

15. King P. The concept of well-being and its applications in a study of ageing in Aotearoa New Zealand. The Family Centre Social Policy Research Unit, 2007.

16. Russell JEA. Promoting subjective wellbeing at work. J Career Assessment 2008; 16: 117-31.

17. Roini C, Ottolini F, Raffanelli C, Tossani E, Ryff CD, Fave AG. The Relationship of psychological well–being distress and personality. Psychother Psychosom 2003; 27: 268 -375.

18. Kazdin AE, Marciano, PL, Whitley M k. The therapeutic alliance in cognitivebehavioral treatment of children referred for oppositional aggressive and antisocial behavior. J Consult Clin Psych 2005; 73(4): 726-30.

19.Kazdin AE, & Whitley MK. Comorbidity, case complexity, and effects of evidence-based treatment for children referred for disruptive behavior. J Consult Clin Psych 2006; 74(3): 455-67.

20. Kazdin AE, & Whitley MK. Pretreatment social relations, therapeutic alliance, and improvements in parenting practices in parent management training. J Consult Clin Psych 2006; 74(2): 346-55.

21.Kazdin AE. Arbitrary metrics: implications for identifying evidence-based treatments. Am Psychol 2006; 61(1): 42-9.

22. Buamrind D. The influences of parenting style on adolescent competence and subs stance use. J Earl Y Adolescence 1991; 11: 56-95.

23. Repetti RL. Taylor SE. et al. Risky families: family social environments and the mental and physical health of offspring. Psychol Bull 2002; 128(2): 330-66.

24. Doğan-Ateş A. and Carrión-Basham CY. Teenage Pregnancy Among Latinas Examining Risk and Protective Factors. Hispanic BehaV Sci 2007; 29(4): 554-69.

25. Dooley M, Stewart J. Family Income, parenting styles and child Behavioral.

Emotional outcomes. Heal Thecon 2006; 16:145-162.

26. Roeser RW, and Eccles JS. Schooling and mental health. Handbook of developmental psychopathology, Springer 2000; 135-156.

27. Marin CE. Parental Involvement and Group Cognitive Behavioral Treatment for Anxiety Disorders in Children and Adolescents: Treatment Specificity and Mediation Effects;2010: p256.

28. Boon HJ. Low and high achieving austral lain secondary school students: Their parenting, motivations and academic achievement. Am Psychol 2007; 42(3): 212-25.

29. Wilder E. & watt TT. Risky parental behavior and adolescent sexual. Activity at first coitus. Milbank Q 2002; 80: 481-524.

30. Argys LM. Birth order and risky adolescent behavior. Econin Q 2005; 44: 215-33.

31. Aizer A. Home Alone: supervision after school and child behavior. J Public Econ 2004; 88: 1835-48.

32.Council C L. Child life services. Pedia Trics 2006; 118(4): 1757-63.

33. McCullough ME. Bono G. Religion and forgiveness. Handbook of the psychology of religion and spirituality 2005; 394-411.

34.Leong P. Religion, flesh and blood: Recreating religious culture in the context of HIV/AIDS. Soc Reli 2006; 67(3): 295-311.

35.Buri J R. Parental authority questionnaire. J Pers Assess 1991; 57 (1): 110- 19.

36.McCullough ME. Bono G. Religion and forgiveness. Handbook of the psychology of religion and spirituality 2005; 394-411.

37.Leong P. Religion, flesh and blood: Recreating religious culture in the context of HIV/AIDS. Soc Reli 2006; 67(3): 295-311.

38.Buri J R. Parental authority questionnaire. J Pers Assess 1991; 57 (1): 110- 19.

39. Shokri O, Kadivar P, Daneshpour Z . Sex differences in psychological well-being: the role of personality characteristics. The J Pers Soc Psychol 2007; 13(3): 280-89.

40. Arrindell A W, Heesink J, Fei J. The satisfaction with life scale (SWLs): Appraisal with 1700 healthy young adults in the Netherlands. Pers Indiv Differ 1999; 26: 815-26.

41. Bayani . A, Kouchaki AM. Reliability and Validity of Ryff's Psychological well-being Scales. Iranian Journal Psychiatr Clin Psychol 2008; 14:146-51.

42. Roini C, Ottolini F, Raffanelli C, Tossani E, Ryff CD, Fave AG. The Relationship of psychological well–being distress and personality, Psychother Psychosom 2003; 72: 268-375.

43. Ryff CD, Keyes CL. The structure of psychological well- being revisited. J Pers Soc Psychol 1995; 719 -27.

44. Zahrakar K. Investigate the relationship between parenting practices and adolescents' mental health wills Islam Quarterly new ideas in science education 2008; 3(2): 77-91.

45.Chan TW, Koo A. Parenting style and youth outcomes in the UK, Eur Sociol Rev 2011; 27(3): 385-9.