

Research Paper

Impact of Parenting Style and Ethnicity on Mental Health among Adolescents

Rashi Malkhedkar^{1*}

ABSTRACT

The main objective of the current study was to determine how parenting style and ethnicity affected teenagers' mental health. 160 teenagers from several Ranchi schools made up the study's sample, which was selected using stratified random sampling techniques. Hardeo Ojha created the parenting style scale in 1991, while Jagadish and Srivastava created the mental health scale in 1983. was employed to gather data. Data from t-test, mean, and SD analyses. The findings showed that a loving parenting style improves mental health more than a rejecting one. As compared to non-tribal adolescents, tribal adolescents had worse mental health.

Keywords: *Mental Health, Parenting Style, Ethnicity, Tribal, Non-Tribal, Adolescents*

Mental health has existed for as long as people have. Clinical psychologists and educators have begun to properly focus on the study of mental health in recent years. However, comparatively little work has been completed in India. The term "mental" typically refers to emotional, productive states, interpersonal relationships, and a calm, all-encompassing trait that could be referred to as homeostasis in day-to-day living. It denotes the capacity to acknowledge and come to terms with life's truths. A child's healthy development is significantly influenced by their mental health. For children to learn, develop, and lead fulfilling lives, they must be healthy. Children and teens with mental health issues and those at risk can flourish and lead successful lives with the help of efficient therapies, resources, and supports. The majority of kids and young people who require mental health treatments don't get them. "Taking care of one's mind is just as important as taking care of one's body." To effectively manage one's life, mental and emotional health, or well-being, is a prerequisite for total health. The emotional and spiritual fortitude that enables one to appreciate life and endure hardship, sorrow, and pain is known as mental health. It is a feeling of well-being and a fundamental conviction in the value and dignity of both oneself and other people. A state of psychological well-being or the absence of mental illness is known as mental health. It refers to a person's psychological state when their emotional and behavioral adjustment is at a satisfactory level. A person's capacity to enjoy life, strike a balance between their obligations, and develop psychological resilience can all be considered aspects of mental health from the standpoint of positive psychology or holistic approaches. A study by Jahan et al. (2016) shown how parenting practices connect to the

¹Research scholar, University Department of Psychology, Ranchi University, Ranchi

*Corresponding Author

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mental health of teenage girls. The study's sample consists of seventy female teenagers who attend various schools in Delhi/NCR. Parker's measure of parental style (MOPS) was used to evaluate parenting style, while the DASS was used to evaluate teenagers' mental health. The study's conclusions showed a strong positive correlation between mothers' mental health and every aspect of their parenting style.

The word adolescence is derived from the Latin word "adolescere," meaning to "grow up". Adolescence is a stage of development that leads a person from childhood to adulthood. It is one of the important stages in the life span of a human being. In this stage, psycho-physiological changes take place rapidly. Stage of adolescence generally extends from 12 to 19 years and can be broadly categorized into 3 stages-

- Early Adolescence (12-14 years)
- Middle Adolescence (14-17 years) and
- Late Adolescence (17-19 years)

In early adolescence, physical changes take place rapidly. It is a phase in which the child is not yet mature, but he/she is no longer a kid. Middle adolescence is the phase when a child is on the road to transformation. In this stage, physical, mental, social, sexual, and cognitive changes occur. In the late adolescence stage, they become mature.

METHODOLOGY

Objectives

- To study the levels of Mental Health of adolescents, parenting styles (rejecting and loving), and ethnicity (tribal and non-tribal).
- To study the impact of Parenting Style and Ethnicity on Mental Health.

Hypotheses

- The levels of Mental Health vary among the total sample and sample subgroups.
- There is a significant mean difference in Mental Health levels of the parenting styles of adolescents.
- There is a significant mean difference in the mental health levels of tribal and non-tribal adolescents.

Sample

The sample for the present study was selected by a stratified random sampling technique from different schools in Ranchi Town. The total number of samples consisted of 160 tribal and non-tribal adolescents. A survey-based research design has been used to understand the pattern of relationship with Mental Health, and parenting style (rejecting and loving), Mental Health, and Ethnicity (Tribal and non-Tribal adolescents) related problems under the quasi-experimental research design. It involves a 2x2 multifactorial design having 4 cells with 40 participants in each. Thus, the sample consists of 80 samples. All the cases of different subgroups were matched on parental styles and ethnicity.

Tools

1. Three-Dimensional Parental Behaviours Inventory (TDPBI), Hardeo Ojha

This Inventory was developed by Hardeo Ojha in 1991. Father and Mother form, English version used for the study. This Inventory contains 48 items and is standardized on students of class XII and Graduation. Its age group is 16-21 years. It measures 3 dimensions of Parenting Styles: - Restrictive-Permissive, Neglecting-Protecting, and Rejecting-Loving. Each Dimension consists of 16 Items.

2. Mental Health Inventory

Jagadish and Srivastava created the Mental Health Inventory in 1983. Positive self-evaluation, perception of reality, personality integration, autonomy, group-oriented attitude, and environmental mastery are the six dimensions it uses to measure an individual's mental health. This scale uses a four-point rating system and has 54 statements with four possible responses: always, most of the time, occasionally, and never. There are 31 negative and 23 positive remarks out of 54. The scoring is 4, 3, 2, 1 for positive comments and the opposite sequence for negative remarks. The range of scores is 54–216. Better mental health is indicated by higher mental health inventory scores, and vice versa. The split-half reliability of high school psychological functioning. It was discovered that the scale's construct validity was 54, and the sample size was 73.

Analysis

Following data collection using pertinent methods and methodologies, SPSS social science software was used to analyze and interpret the data to arrive at an empirical answer to the problem.

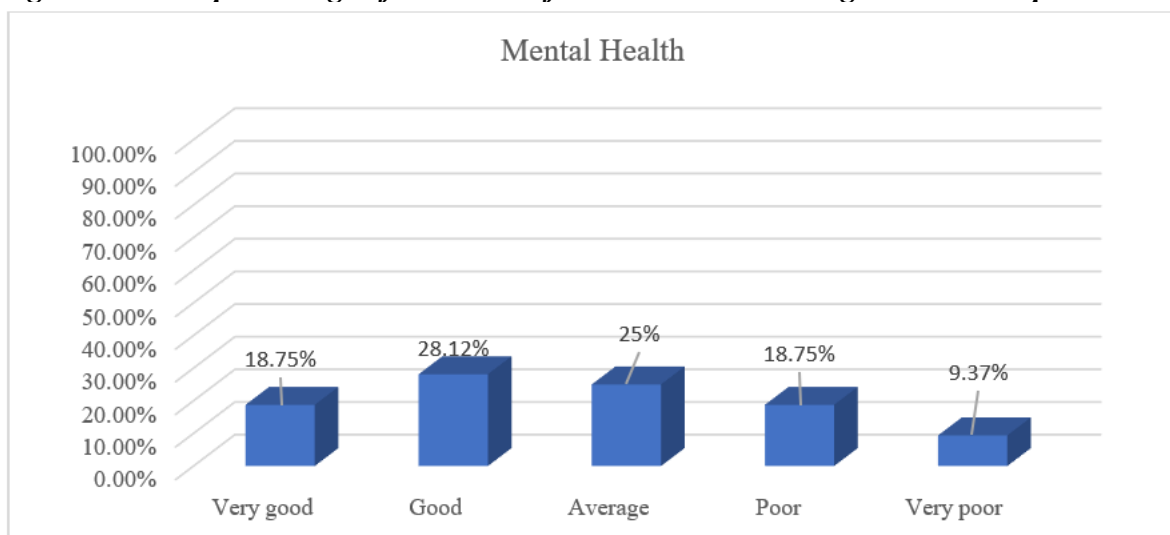
1. The levels of Mental Health among the total sample

Using the score obtained on the Mental Health, the levels of Mental Health were determined. To test the first hypothesis, the number in percentage was calculated result is shown in Table 1.1.

Table 1.1: The Percentage of levels of Mental Health among the total sample

Score	Mental Health (160)	
	N	%
Very good	30	18.75%
Good	45	28.12%
Average	40	25%
Poor	30	18.75%
Very poor	15	9.37%

Figure 1.1: The percentage of the levels of Mental Health among the total sample



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Table 1.1 and Figure 1.1 show that, in the total sample of 160 students,

- 18.75% of students have a very good level of mental health in the total sample group.
- 28.12% of students have a good level of mental health in the total sample group.
- 25% of students have an average level of mental health in the total sample group.
- 18.75% of students have a poor level of mental health in the total sample group.
- 9.37% of students have a very poor level of mental health in the total sample group.

1.2. The levels of mental health among sample subgroups based on parental style and ethnicity.

1.2 The levels of Mental Health of Rejecting and Loving parenting styles

Using the score obtained on the Mental Health Questionnaire according to Parenting Style. The levels of mental health were determined. It was hypothesized that "The levels of mental health vary among the total sample and sample subgroups". To test this hypothesis concerning parenting styles, the number and percentage were calculated. The result is shown in Table 1.2.

Table 1.2: The levels of mental health of rejecting and loving parenting styles of adolescent students.

Parenting style	Rejecting (80)		Loving (80)	
	N	%	N	%
Very good	14	17.5%	20	25%
Good	13	16.25%	21	26.25%
Average	20	25%	25	31.25%
Poor	21	26.25%	9	11.25%
Very poor	12	15%	5	6.25%

Figure 1.2: The levels of Mental Health of parenting styles

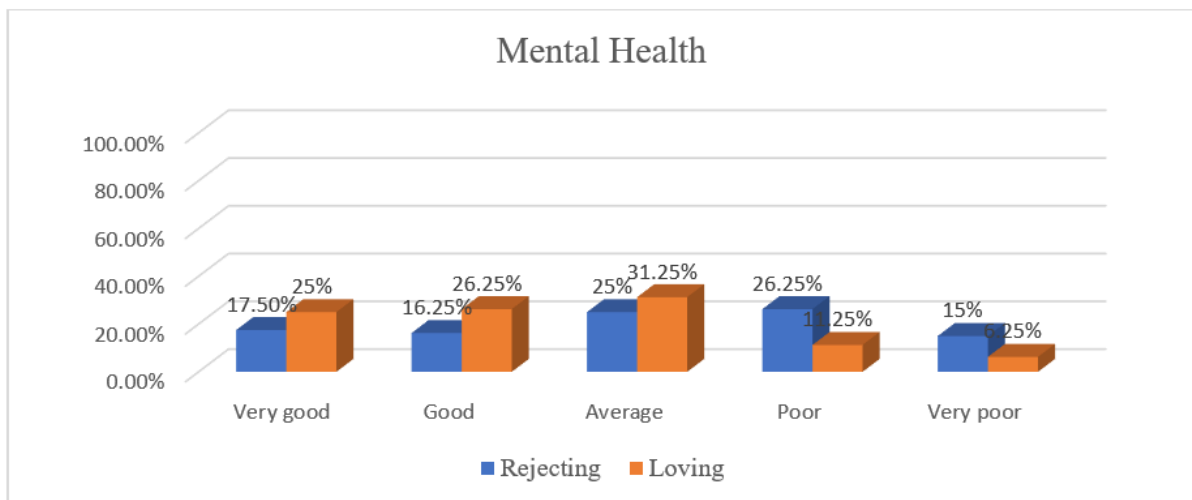


Table 1.2 and Figure 1.2 showed that,

- A very good level of mental health was found in a loving parenting style (25%) as compared to a rejecting parenting style (17.5%).
- Good level of mental health was found in a loving parenting style (26.25%) as compared to a rejecting parenting style (16.25%).

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- The average level of mental health was found in a loving parenting style (31.25%) than rejecting parenting style (25%).
- A poor level of mental health was found in the rejecting parenting style (26.25%) than the loving parenting style (11.25%).
- A very poor level of mental health was found in the rejecting parenting style (15%) than loving parenting style (6.25%).

1.3 The levels of Mental Health among tribal and non-tribal adolescent students.

Using the score obtained on the Mental Health Questionnaire according to Ethnicity. The levels of Mental Health. It was hypothesized that "The levels of Mental Health vary among the total sample and sample subgroups". To test this hypothesis concerning Ethnicity, the number and percentage were calculated. The result is shown in Table 1.3.

Table 1.3: The level of mental health among tribal and non-tribal adolescent students.

Ethnicity	Tribal (80)		Non-tribal (80)	
	N	%	N	%
Very Good	13	16.25%	19	23.75%
Good	14	17.5%	20	25%
Average	20	25%	24	30%
Poor	15	18.75%	12	15%
Very Poor	18	22.5%	05	6.25%

Figure 1.3: The levels of mental health among tribal and non-tribal adolescent students.

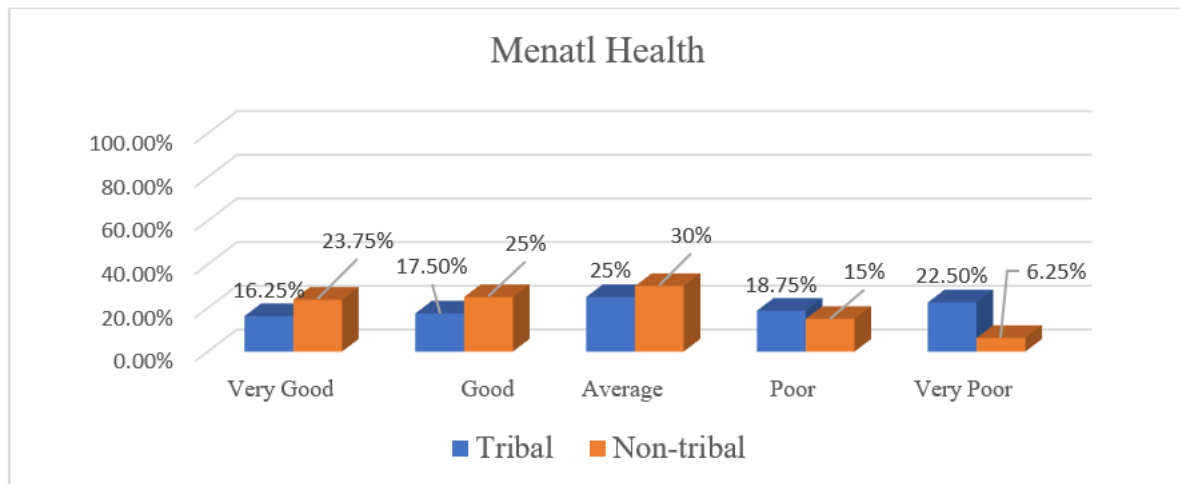


Table 1.3 and Figure 1.3 showed that,

- A very good level of mental health was found in non-tribal students (23.75%) as compared to tribal students (16.25%).
- A good level of mental health was found more in non-tribal students (25%) compared to tribal students (17.5%).
- Average level of mental health was found in non-tribal students (30%), as compared to tribal students (25%).
- A poor level of mental health was found in non-tribal students (15%), as compared to tribal students (18.75%).

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- A very poor level of mental health was found in non-tribal students (6.25%), as compared to tribal students (22.5%).

2. The impact of parenting styles on mental health among rejecting and loving parenting styles.

In this section, the second objective and hypothesis were tested. The main influence of parenting styles was found on the mental health of the adolescent students in the following points:

2. Parenting Styles- Wise Comparison of Mean Scores of Mental Health of rejecting and loving parenting styles.

Comparing Rejecting and Loving parenting styles on Mental Health. A t-test was used to examine the data, and Table 2 presents the findings.

Table 2: Parenting styles-wise, M, SD, n, and t-value of the Mental Health.

Parenting styles	N	Mean	SD	Mean Difference	t- value	p-value
Rejecting	80	286.76	12.09	78.92	29.44	0.01
Loving	80	365.68	20.74			

Figure 2: parenting styles-wise, M, SD, n, and t-value of Mental health.

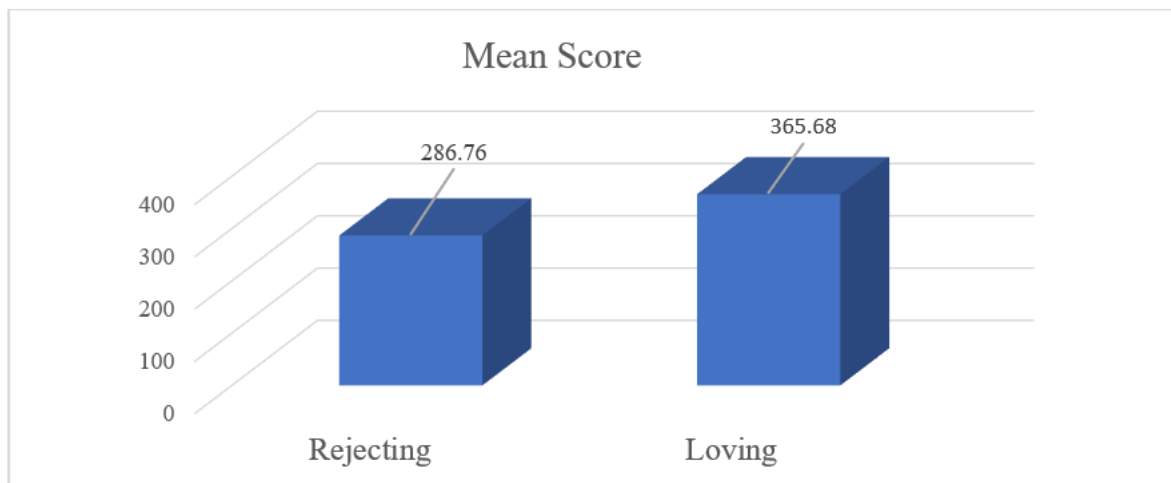


Table 2 showed that there were two sample groups: first, rejecting parenting style, and second, loving parenting style. The total number of the first sample group was 80, and 80 was also in the second sample group. The mean and SD of the first sample group were 286.76, 12.09, and 365.68, 20.74, were the mean and SD, of the second sample group. The t-ratio between the groups was 29.44, which was significant on the 0.01 level. Thus, it can be said that, by this result that those parents who apply a rejecting parenting style on their child have lower mental health than loving parenting style

3. The impact of ethnicity on Mental Health among tribal and non-tribal adolescent students.

In this section, the third objective and hypothesis were tested. The main influence of ethnicity was found on the mental health of the tribal and non-tribal adolescent students in the following points:

3. Ethnicity-Wise Comparison of Mean Scores of Mental Health of tribal and non-tribal adolescent students.

Comparing the mean mental health scores of tribal and non-tribal adolescent students was the third goal. A t-test was used to examine the data, and Table 3 presents the findings.

Table 3: Ethnicity-wise, M, SD, n, and t-value of the mental health of adolescent students.

Ethnicity	N	Mean	SD	Mean Difference	t-value	P-value
Tribal	80	314.09	17.71	24.26	9.47	0.01
Non-tribal	80	338.35	15.12			

Figure 3: Ethnicity-wise, M, SD, n, and t-value of the mental health of adolescent students.

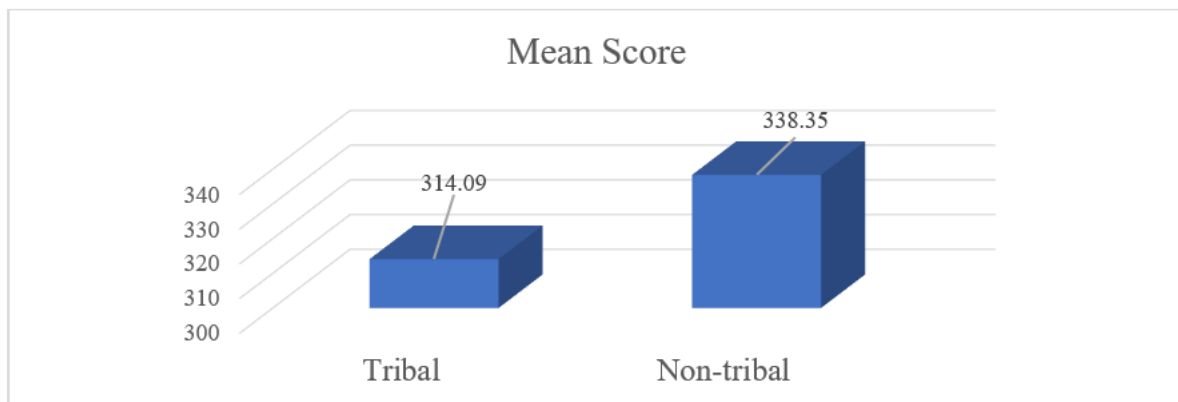


Table 3 showed that there were two sample groups first tribal and the second non-tribal. The total number of the first sample group was 80, and 80 was also in the second sample group. The mean and SD of the first sample group were 314.09,17.71 and 338.35,15.12 were the mean and SD of the second sample group. The t-ratio between the groups was 9.47, which was significant at the 0.01 level. Thus, it can be said that, by this result that tribal college students had lower mental health than non-tribal college students.

DISCUSSION AND CONCLUSION

According to the results, Hypothesis 1 is not rejected: "The levels of mental health vary among the total sample and sample subgroups." "There is a significant mean difference in the mental health levels of the parenting styles of adolescent students," according to Hypothesis 2. This finding indicates that a loving parenting style was associated with better mental health than a rejecting one. The third hypothesis states that "the mean mental health levels of tribal and non-tribal adolescent students differ significantly." The findings disproved the notion that tribal adolescents had worse mental health than their non-tribal counterparts. There are notable distinctions between the two.

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Conflict of Interest

The author(s) declared no conflict of interest.

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