

# Perceived Parenting Style and the Mental Health of Adolescents in North Macedonia's Albanian Community

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## Abstract

The family factor (i.e., parenting style) is among the most important factors affecting adolescents' development, in particular their mental health. This study investigates the relationship between perceived parenting styles and mental health among adolescents, through the mediating effects of gender, age, child order, family type, income and religious attachment. It then quantitatively evaluates perceptions regarding the prevalence of mental health disorders among adolescents in seven Albanian community secondary schools in North Macedonia's capital, Skopje. The results showed that authoritative parenting was the most common perceived style, followed by authoritarian and permissive parenting, and that mental health among adolescents was generally poor. Further, correlations were found between different parenting styles and particular aspects of mental health among Albanian adolescents in North Macedonia. It is hoped that the findings of this study will provide targeted guidance for the prevention of adolescent mental health problems.

**Key words:** parenting style, mental health, adolescents, family

## Introduction

The World Health Organization (1979) defines mental health as:

...a state of well-being in which every individual realizes his or her potential, can withstand normal life stresses, work productively and fruitfully, and is able to contribute to his or her community.<sup>1</sup>

This includes developing feelings, thoughts, behaviours and social skills, and the ability to experience independence, flexibility, vitality and a sense of belonging.

Good mental health is essential to learning, development and self-expression in children and young people. Adolescence is a vulnerable time in many people's lives, and can contain periods of great physical and mental turmoil in the quest for self-discovery, and in the face of new challenges and expectations. It is a period of intense physical, psychological and intellectual growth that can cause disorders in many adolescents. According to Kessler, this stage of development is associated with an increased risk of emerging mental health problems.<sup>2</sup>

Mental health problems among adolescents have increased, and now affect between 10 and 20 percent worldwide<sup>3</sup>. Numerous studies have examined the factors that have contributed to this, including the impact of family on adolescents' mental health, which has garnered significant attention for its essential role in overall adolescent development. A substantial body of research focuses on the role of family in the healthy development of adolescents. Wang, Peng, and Chi, for example, discovered that harmonious parent-child communication positively contributed to adolescents' development.<sup>4</sup> Similarly, Skrove, Romundstad and Indredavik found that living with both parents and having a harmonious relationship with them was associated with a lower rate of mental disorders.<sup>5</sup> A high level of family support was also associated with better general mental

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- 1 World Health Organization, "Mental Health 2022", <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, Accessed January 2024.
  - 2 Ronald C. Kessler, Paul G. Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and Bedirhan Ustun, "Age of Onset of Mental Disorders: A Review of Recent Literature", *Current Opinion in Psychiatry*, 20: 4 (2007), pp. 359–64, <https://doi.org/10.1097/ycp.0b013e32816ebc8c>.
  - 3 Collishaw Stephan, "Annual Research Review: Secular Trends in Child and Adolescent Mental Health", *Journal of Child Psychology and Psychiatry* 56: 3 (2014), pp. 370-93, <https://doi.org/10.1111/jcpp.12372>.
  - 4 Qiuying Wang, Siya Peng, and Xinli Chi, "The Relationship Between Family Functioning and Internalizing Problems in Chinese Adolescents: A Moderated Mediation Model", *Frontiers in Psychology*, 12:1 (2021), <https://doi.org/10.3389/fpsyg.2021.644222>.
  - 5 Marit Skrove, Pål Romundstad, and Marit S. Indredavik, "Resilience, Lifestyle and Symptoms of Anxiety and Depression in Adolescence: The Young-HUNT Study", *Social Psychiatry and Psychiatric Epidemiology*, 48: 3 (2012), pp. 407-16, <https://doi.org/10.1007/s00127-012-0561-2>.

health.<sup>6</sup> In contrast, living in an impaired and dysfunctional family was a key trigger for mental health issues such as anxiety, depression and withdrawal.<sup>7</sup>

From this perspective, parents and parenting style play a vital role in adolescents' development. Parenting styles are a set of practices that parents use to monitor and socialise with their children, and include discipline, supervision, maturity expectation, and willingness to confront a troublesome child. Previous studies have shown that these practices can significantly influence the mental health and academic, social, and emotional development of children and adolescents.<sup>8</sup>

Some research has suggested that parenting style might be associated with internal symptoms such as depression, anxiety, and somatic complaints, and external symptoms such as aggression and behavioural problems.<sup>9</sup> There are, however, inconsistencies in the literature as a result of the different models used to understand parenting styles, and, potentially, because of cultural variability.

This study investigates the relationship between different parenting styles and adolescents' mental health. To narrow down this broad topic, we focused on four sub-scales: anxiety/insomnia, severe depression, somatic symptoms, and social dysfunction. We tested these sub-scales using The General Health Questionnaire – 28 (GHQ-28), which is a self-reporting questionnaire for psychological well-being (Goldberg & Hillier, 1979). The mediating effects of gender, age, child order, family type, income and religious devotion were also tested, and the perception of mental health disorders among teenagers residing

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- 6 Jo Inchley, Dorothy Currie, Taryn Young, *Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: International Report from the 2013/2014 Survey* (Copenhagen: World Health Organization Regional Office for Europe, 2013).
  - 7 Emily G. Simpson, Anna Vannucci, and Christine McCauley Ohannessian, "Family Functioning and Adolescent Internalizing Symptoms: A Latent Profile Analysis", *Journal of Adolescence*, 64: 1 (2018), pp. 136-45, <https://doi.org/10.1016/j.adolescence.2018.02.004>.
  - 8 Qiuying Wang et al. "The Relationship Between Family Functioning and Internalizing Problems in Chinese Adolescents: A Moderated Mediation Model", *Frontiers in psychology* vol. 12, 644222. 24 Mar. 2021, doi:10.3389/fpsyg.2021.644222. See also: Marit Skrove et al. "Resilience, lifestyle and symptoms of anxiety and depression in adolescence: the Young-HUNT study", *Social psychiatry and psychiatric epidemiology* vol. 48,3 (2013), pp. 407-16, doi:10.1007/s00127-012-0561-2. See also: Inchley, *Gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: International Report from the 2013/2014 Survey*. See also: Simpson, Vannucci and Ohannessian, "Family Functioning and Adolescent Internalizing Symptoms: A Latent Profile Analysis", *Journal of Adolescence*, pp.136-145.
  - 9 Simpson, Emily G. et al., "Family functioning and adolescent internalizing symptoms: A latent profile analysis". See also: Rebecca J. Scharf, Graham J. Scharf, and Annemarie Stroustrup. "Developmental Milestones", *Pediatrics in Review* 37: 1 (2016), pp. 25-38, <https://doi.org/10.1542/pir.2014-0103>. See also: Ann Polcari, Keren Rabi, Elizabeth Bolger, and Martin H. Teicher, "Parental Verbal Affection and Verbal Aggression in Childhood Differentially Influence Psychiatric Symptoms and Wellbeing in Young Adulthood", *Child Abuse & Neglect* 38: 1 (2013), pp. 91-102, <https://doi.org/10.1016/j.chiabu.2013.10.003>. See also: Rivka Yahav, "The Relationship Between Children's and Adolescents' Perceptions of Parenting Style and Internal and External Symptoms", *Child Care Health and Development* 33:4 (2006), pp. 460-471, <https://doi.org/10.1111/j.1365-2214.2006.00708.x>.

in Albanian-speaking municipalities in North Macedonia's capital Skopje were evaluated. The results of this study provide targeted guidance for the prevention of adolescent mental health problems.

## Family and parenting styles

A family is a group of individuals united by blood, marriage, adoption, or other intimate ties. The family is the fundamental social unit of most societies, but its form and structure can vary widely, to include the biological family, extended family, stepfamily, and even groups of friends known informally as “framilies”. Various academic disciplines widely accept that family members influence each other's thoughts, feelings, and behaviours.

As a social group, the family unit performs certain traditional functions. Hendrick & Hendrick in international report for WHO assert that it fulfils biological, psychological and social functions; cultivates, increases, protects and provides psychosocial support; enables adaption to the culture in which the family lives; cultivates socio-cultural features and specifications and transfers them from generation to generation; and allows its members to develop their individual identity.<sup>10</sup> A crucial function within the family is the role that parents perform. Parenting, or child rearing, refers to the intricacies of raising a child, and should promote and support the physical, emotional, social, spiritual and cognitive development of a child from infancy to adulthood.<sup>11</sup>

The process of choosing a particular parenting style depends on several factors, including the specific situation, past parental experiences, and child age. The foundation of parenting rests on whether a parent sets high or low requirements, behaves with liability or irresponsibility, expresses love, care or rejection, and sets limits for permissibility or rigidity and control.<sup>12</sup> Many parents create their own parenting style by combining several factors. Over time, that style evolves in accordance with changes to the personality of the child, and the characteristics of developmental stages. Most often, parenting style mimics the one that parents were exposed to when they were children themselves. In other words, parents copy their parents' style when parenting their own children. Some

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10 World Health Organization. Regional Office for Europe, “Growing up Unequal: Gender and Socioeconomic Differences in Young People's Health and Well-being” (2016), <https://iris.who.int/handle/10665/326320>, Accessed January 2024.

11 Jane B. Brooks, *The Process of Parenting* (New York: McGraw-Hill Higher Education, 2012).

12 Diana Baumrind, “The development of instrumental competence through socialization”, in *Minnesota symposia on child psychology Minneapolis*, A. Pick (Ed.) (University of Minnesota Press, 1973), pp. 3-46.

individuals reject this model, however, and create their own completely different style.

Parenting style can affect everything from a child's self-esteem and physical health to how they relate to others, and therefore plays a crucial role in supporting healthy development. The way a child is disciplined will influence them for the rest of their life.<sup>13</sup>

Baumrind identifies four main parenting styles: authoritarian, authoritative, permissive, and uninvolved or avoidant.<sup>14</sup>

The authoritarian parenting style (autocratic, strict) is a combination of emotional coolness and determined control. It is characterised by high demand and strict control on one hand, and insensitivity to children's needs on the other. This style is also known as totalitarian parenting because it refers to a restrictive and punitive parental relationship, in which the child is forced to follow the instructions and commitments of parents, with no room for open dialogue or questioning views. It is a super-dependent relationship in which the parent uses the power of authority to subdue the child, thereby limiting freedom of expression and the right to choose, discouraging individuality and impeding independence.<sup>15</sup>

Authoritarian parents are rigid, and tend to use threats and verbal (or even physical) punishment to discipline and teach obedience. They may also substitute punishment for discipline; i.e. Instead of teaching a child how to make better choices, they make them feel remorseful for their mistakes. Children who grow up with strict authoritarian parents tend to follow rules most of the time, but their obedience comes at a price<sup>16</sup>: these children are often uncooperative, and suffer from depression, low self-esteem, low levels of initiative, and difficulties making decisions in adulthood.<sup>17</sup>

The product of such parenting is socially incapable children who expect to be led, and do not know how to behave nor make independent decisions. These children will have a low level of prosocial behaviour, and do not show curiosity, creativity or independence. They also have low levels of confidence and self-

13 Xinwen Bi, Yiqun Yang, Hailei Li, Meiping Wang, et al., "Parenting Styles and Parent-Adolescent Relationships: The Mediating Roles of Behavioral Autonomy and Parental Authority", *Frontiers in Psychology* 9 (2018), <https://doi.org/10.3389/fpsyg.2018.02187>.

14 Diana Baumrind, "The Influence of Parenting Style on Adolescent Competence and Substance Use", *The Journal of Early Adolescence*, 11:1 (1991), pp. 56-95, <https://doi.org/10.1177/02724316911111004>.

15 Diana Baumrind, "The Influence of Parenting Style on Adolescent Competence and Substance Use".

16 Joan Durrant and Ron Ensom, "Physical Punishment of Children: Lessons From 20 Years of Research." *Canadian Medical Association Journal* 184, 12:1 (2012), pp. 1373-1377, <https://doi.org/10.1503/cmaj.101314>.

17 Charles L. Whitfield, *Healing the child within: Discovery and recovery for adult children of dysfunctional families* (Deerfield Beach, FL: Health Communications, 1987). See also: Susan Forward, *Toxic parents* (New York: Bantam Books, 1989). See also: Baumrind, "The Influence of Parenting Style on Adolescent Competence and Substance Use". See also: Jerry J. Bigner, *Individual and family development: A life-span interdisciplinary approach* (Englewood Cliffs, NJ: Prentice Hall, 1994). See also: Charles Wenar, *Developmental psychopathology: From infancy through adolescence* (New York: McGraw-Hill, 1994).

confidence, and can tend towards aggression, self-destruction, and other forms of problematic behaviour. Baumrind, however, explains that in some cultures this kind of parenting can have positive results when it comes to forming a child's personality.<sup>18</sup>

The authoritative parenting style (democratic, balanced) is a combination of emotional warmth and determined control, and is the generally recommended form of parental behaviour. It is supported by research, and experts consider it the most developmentally healthy and effective parenting style. Studies have shown that children raised with authoritative parenting have better mental health.<sup>19</sup> This style is characterised by a parent's consistent and responsible behaviour, which includes love, warmth, support and understanding, with clearly defined boundaries and rules of conduct, while respecting the needs and rights of the child according to age. Previous research has shown that emotionally responsive parenting styles that are democratic and involved in children's activities are positively linked to firm parental religious beliefs.<sup>20</sup>

Authoritative parents are determined, but not strict or rigid. They develop active communication with their child, listen and explain, discipline with advice rather than punishment, use positive reinforcement to teach positive behaviour, and involve children in family decisions. Within a framework of control and restrictions, they promote the development of autonomy, creativity and freedom to make independent decisions, while setting high standards for mature behaviour.

The children of authoritative parents display high self-esteem and tend to be self-reliant, self-controlled, secure, popular, and inquisitive,<sup>21</sup> and manifest fewer psychological and behavioural problems than those raised by authoritarian or permissive parents.<sup>22</sup> Researchers have found children who have authoritative

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18 Diana Baumrind, "The development of instrumental competence through socialization".

19 Fahimeh Rezaei Niaraki and Hassan Rahimi, "The impact of authoritative, permissive, and authoritarian behavior of parents on self-concept, psychological health, and life quality", *European Online Journal of Natural and Social Sciences*, 2:1(2013), pp. 78-85. See also Priyanka Bajaria, "A study on self-concept and parenting styles in adolescents with learning disabilities", *Indian Journal of Mental Health*, 2:3(2015), pp. 2072-276, <https://indianmentalhealth.com/pdf/2015/vol2-issue-3/A-study-on-self-concept-and-parenting-styles-in-adolescents-with-learning-disability.pdf>. See also Avidan Milevsky, Melissa Schlechter, Sarah Netter, and Danielle Keehn, "Maternal and paternal parenting styles in adolescents: Associations with self-esteem, depression, and life-satisfaction", *Journal of Child and Family Studies*, 16:1(2007), pp. 39-47, doi: 10.1007/s10826-006-9066-5.

20 Paul D. Williams, William M. Hunter, Elisabeth Seyer, Stephen Sammut, and Matthew M. Breuninger, "Religious/spiritual struggles and perceived parenting style in a religious college-aged sample", *Mental Health, Religion & Culture*, 22:5 (2019), doi:10.1080/13674676.2019.1629402.

21 John Bun, Peggy Louiselle, Misukanis, and Rebecca Mueller, "Effects of parental authoritarianism and authoritativeness of self-esteem", *Personality and Social Psychology Bulletin*, 14:2 (1988), pp. 271-282, doi: 10.1177/0146167288142006. See also Charles Wenar, *Developmental psychopathology: From infancy through adolescence* (New York: McGraw-Hill, 1994).

22 Susie Lamborn, Nina Mounts, Laurence Steinberg, and Sanford Dornbusch, "Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families", *Child development*, 62:5(1991), pp. 1049-1065, doi: 10.1111/j.1467-8624.1991.tb01588.x.

parents are most likely to become responsible adults who feel comfortable self-advocating and expressing their opinions and feelings.<sup>23</sup>

The Permissive Parenting Style is a combination of emotional warmth and poor control. It is defined as having low demands and an expressed sensitivity to children's needs, without clear restrictions or behavioural rules. It is characterised by disinterest, ignoring unwanted behaviour, and avoiding responsibility for shaping children's behaviour. Permissive parents do not control, discipline or make requests. They prove their love by meeting all the child's needs and desires, generally to compensate for a lack of communication, the pretext of which is often a strong preoccupation with factors other than the child, or exposure to stress.

Excessive freedom results in immature, irresponsible children with low self-control, who have difficulty dealing with frustration and develop a tendency for aggression<sup>24</sup>: by breaking the rules of prosocial behaviour, often through deviating from acceptable norms, they try to attract the attention of those around them. There are also cases, however, where the freedom to make independent decisions produces children who mature faster, and are emotionally secure, independent and ready to accept defeat.

Parents who adopt the permissive style encourage their children's autonomy, and enable them to make their own decisions and regulate their own activities. They avoid confrontation, tend to be warm, supportive people, and do not wish their children to see them as figures of authority. Children raised by permissive parents have poor social skills and low self-esteem<sup>25</sup> and are often seen as selfish, dependent, irresponsible, spoiled, unruly, inconsiderate of others, and antisocial.<sup>26</sup>

The uninvolved or neglectful parenting style combines emotional coldness with poor control. This style is defined as being heartless, ignorant, and indifferent and is applied to parents who are not involved in the parenting process; either because they are focused on themselves and their comfort, or for various other reasons including fatigue, disappointment or substance dependence, or as a result chew their parental authority. Although these parents meet their children's fundamental survival needs, they do not tend to show affection or authority, and instead display rejection, neglect, and hostility. This style is associated

23 American Academy of Pediatrics, "Boundary and parenting setting: Pediatric mental health series", (n.d.), <https://www.aap.org/en/patient-care/mental-health-minute/parenting-and-boundary-setting/>.

24 Chen, Xinyin, Liu Mowei, and Li Dan, "Parental warmth, control, and indulgence and their relations to adjustment in Chinese children: a longitudinal study", *Journal of Family Psychology*, 14:3 (2000), pp. 401-419, doi: 10.1037//0893-3200.14.3.401.

25 Diana Baumrind, "The Influence of Parenting Style on Adolescent Competence and Substance Use". See also David Reitman, Paula Rhode, Stephen Hupp and Cherie Altobello, "Development and validation of the parental authority questionnaire - revised", *NSU Works*, 24:2 (2002), pp. 119-127, [https://nsuworks.nova.edu/cps\\_facarticles/687/](https://nsuworks.nova.edu/cps_facarticles/687/).

26 Jerry J. Bigner, *Individual and family development: A life-span interdisciplinary approach* (Englewood Cliffs, NJ: Prentice Hall, 1994). See also: Charles Wenar, *Developmental psychopathology: From infancy through adolescence* (New York: McGraw-Hill, 1994).

with the most unwanted developmental outcomes in such children, who tend to self-protect or attempt to become independent of their parents, giving the impression of maturity regardless of their age. Parental emotional negligence can give children a heightened but unhealthy attraction to social interactions. This damaged connection is later reflected in their interpersonal relations, and does not exclude the subsequent development of deviating behavioural patterns.

This lack of parental emotional responsiveness and love means that children raised by uninvolved parents may have difficulty forming attachment later in life.<sup>27</sup> Such children generally perform poorly in nearly every area, and tend to display particular deficits in cognition, attachment, and emotional and social skills.<sup>28</sup>

## Adolescent mental health

Mental health has a substantial impact on the learning, development and self-expression of children and young people. It plays a crucial role in maintaining interpersonal relationships, which makes it important to overall quality of life.<sup>29</sup> Adolescence is a vulnerable period for many, as it is associated with high levels of turmoil and an increased prevalence of mental health disorders.<sup>30</sup>

Mental health problems impact teenagers' lives and can lead to a variety of short- and long-term consequences. Leaving issues such as developmental and intellectual disorders undiagnosed during childhood and adolescence increases the chance of developing mental health problems in later life.<sup>31</sup> Studies have shown a link between mental health problems and issues at school,<sup>32</sup> and dropping out of

27 Yoo Rha Hong, and Jae Sun Park, "Impact of attachment, temperament and parenting on human development", *Korean Journal of Pediatrics*, 55(2012), pp. 449-454, doi: 10.3345/kjp.2012.55.12.449.

28 Zahra Zahed Zahedani, Rita Rezaee, Zahra Yazdani, Sina Bagheri, and Parisa Nabeieci, "The influence of parenting style on academic achievement and career path", *Journal of Advances in Medical Education & Professionalism*, 4:3(2016), pp. 130-134.

29 Helen Herman, Shekhar Saxena, and Rob Moddie, *Promoting mental health: Concepts, emerging evidence, practice* (Geneva: World Health, 2005).

30 Jane Kroger, Monica Martinussen, and James Marcia, "Identity status change during adolescence and young adulthood: A meta-analysis", *Journal of Adolescence*, 33(2010), pp. 683-698, doi: 10.1016/j.adolescence.2009.11.002. See also Ronald C. Kessler, Paul G. Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and Bedirhan Ustun. "Age of Onset of Mental Disorders: A Review of Recent Literature", *Current Opinion in Psychiatry*, 20: 4 (2007), pp. 359-64, <https://doi.org/10.1097/ycp.0b013e32816ebc8c>.

31 Ronald C. Kessler, Paul G. Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and Bedirhan Ustun. "Age of Onset of Mental Disorders: A Review of Recent Literature", *Current Opinion in Psychiatry*, 20: 4 (2007), pp. 359-64, <https://doi.org/10.1097/ycp.0b013e32816ebc8c>.

32 Jan-Eric Gustafsson, Mara Westling Allodi, Britta Alin Åkerman, Charlie Eriksson, Siv Fischbein, Roland Persson, *School, learning and mental health: A systematic review* (Stockholm: Kungliga Vetenskapsakademien, 2010).

school can trigger problems in a person's subsequent work life.<sup>33</sup> In the worst-case scenario, mental health problems can lead to suicide.<sup>34</sup>

According to the World Health Organization (WHO), suicide is a major cause of death among adolescents worldwide,<sup>35</sup> but can be prevented if its underlying causes – such as anxiety disorders, depression, behavioural disorders, bipolar disorder, eating disorders, schizophrenia, substance use, and other mental spectrum disorders – are properly treated.<sup>36</sup>

When children experience severe, frequent or prolonged distress without the support of a mental health specialist, they can experience serious and long-lasting negative consequences in their cognitive development and emotional regulation. This can have a lifelong impact on an individual's mental and physical health. According to Krug et al. it is therefore of vital importance that the emotional and physical care of children and adolescents is prioritised.<sup>37</sup> This is supported by the World Report on Violence and Health, which characterises abuse and neglect in the early stages of life as a main cause of mental health issues.<sup>38</sup> Because mental health disorders in adolescents (and therefore their consequences in later life) as recorded by World Health Organization (2021) have increased globally, it is important to gain a more comprehensive understanding of the issues, both to prevent them and to help adolescents address them.<sup>39</sup>

In recent years, a growing number of countries and organisations have highlighted the importance of adolescent mental health awareness. In response, the WHO launched its Special Initiative for Mental Health (2019-2023), which highlighted the need for universal health coverage to include mental health, and included guidelines on how to promote mental health among adolescents.<sup>40</sup>

The Republic of North Macedonia has adopted the National Strategy for the Promotion of Mental Health 2018-2025, which addresses mental health care for young people. It states that 5% of children need mental health services, and that 50% of mental health disorders start by the age of 14 and 75% by the age of 24, highlighting the need for prevention and intervention to take place during

33 Gustafson et al., *School, learning and mental health*.

34 Danuta Wasserman, Christina Hoven, Camilla Wasserman, Melanie Wall, Ruth Eisenberg, Gergo Hadlaczky, Vladimir Carli, "School-based suicide prevention programmes: The style cluster-randomized, controlled trial", *The Lancet*, 385:9977 (2015), pp. 1536-1544, 10.1016/S0140-6736(14)61213-7.

35 For more information, see: World Health Organization, "The European mental health action plan 2013, <https://www.who.int/publications/i/item/9789241506021>, Accessed January 2024.

36 For more information, see: World Health Organization, "Adolescent mental health 2021", <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, Accessed February 2024.

37 Etienne Krug, James Mercy, Linda Dahlberg, Anthony Zwi, "*World Report on Violence and Health*", *The Lancet*, 360 (2002), pp. 1083-1088.

38 For more information, see: World Health Organization, "Adolescent Health 2020", <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, Accessed February 2024.

39 For more information, see: World Health Organization, "Adolescent mental health 2021".

40 For more information, see: World Health Organization, "Adolescent Health 2020".

childhood.<sup>41</sup> These facts emphasise the need for further research into adolescents' mental health.

A 2021 study by the Faculty of Philosophy at Ss. Cyril and Methodius University in Skopje found that the most prevalent mental health issues for young people in North Macedonia were depression (64%), stress (55%), anxiety (58%), suicide (56%) and general mental health care (67%). Separated by age groups, the five main issues were suicide (66%), depression (65%), anxiety (58%), mental health care (58%) and stress (55%) for those aged 15-19; mental health care (66%), depression (61%), anxiety (60%), stress (57%), and suicide (55%) for those aged 20-24; and mental health care (71%), depression (65%), anxiety (56%), suicide (54%), and stress (53%) among those aged 25-29. Only 27% of young people in North Macedonia believed that society perceived them in a positive light. In addition, 50% of respondents did not seek help because they felt embarrassed, 47% because of its cost, another 47% because they thought their problems were not big enough, a further 47% because they did not want to be judged, and 39% because they did not know who to talk to.<sup>42</sup>

The COVID-19 pandemic caused adolescents additional stress by limiting their contact with friends and peers at an important stage of their development. During this period, young people started to spend more time online, and teachers lost the ability to monitor their mental health. Another North Macedonian study focussed on COVID-19 restrictions and their mental health effects on adolescents and their caregivers. It found that 30% of adolescents had moderate to severe symptoms of depression, and 42.1% had moderate to severe symptoms of anxiety.<sup>43</sup> If this is the case, the consequences of the COVID-19 pandemic on the mental health of young people will be increasingly visible in the near future, which heightens the urgency of investigations into the mental health of adolescents in North Macedonia.

The mental health of adolescents is influenced by many factors, among which personal (i.e., biological and psychological) and environmental (i.e.,

41 Министерство за здравstvo, "Национална стратегија за унапредување на менталното здравје во Република Македонија септември 2018-2025 година со акциски план (септември 2018 – 2025)" [Ministry of Health, «National strategy for the improvement of mental health in the Republic of Macedonia September 2018-2025 year with action plan (September 2018-2025)»] (2018), <http://zdravstvo.gov.mk/wp-content/uploads/2020/05/strategija-za-MZ-2018-2025-170718-pf-1.pdf>.

42 Национален младински совет на Македонија, "Застапувачко-нормативен документ за ментално здравје кај млади" [National Youth Council of Macedonia, Replacement-normative document for mental health among young people], 2021, <https://www.nms.org.mk/wp-content/uploads/2022/05/%D0%9C%D0%B5%D0%BD%D1%82%D0%B0%D0%BB%D0%BD%D0%BE-%D0%B7%D0%B4%D1%80%D0%B0%D0%B2%D1%98%D0%B5.pdf>.

43 Stojan Bajraktarov, Ivo Kunovski, Marija Raleva, Gjorgji Kalpak, Antoni Novotni, Branko Stefanovski, and Kadri Hadzihamza, "Mental health of adolescents and their caregivers during the Covid-19 pandemic in North Macedonia" (Skopje: University Clinic of Psychiatry, 2023), <https://www.unicef.org/northmacedonia/media/12486/file/Mental%20health%20of%20adolescents%20and%20their%20caregivers%20during%20the%20Covid-19%20pandemic%20in%20North%20Macedonia.pdf>.

family, school and peer groups) factors are considered key.<sup>44</sup> The family factor (parenting style) has been shown to be particularly important to adolescents' mental health,<sup>45</sup> as it has direct and lasting effects on personality development and other psychological characteristics.<sup>46</sup>

This study examines the effect of parenting style on adolescents' mental health, and provides targeted guidelines for the prevention and treatment of such issues among young people.

## Parenting style and adolescent mental health

Parenting style is formed through parent-child communication, and parents' reactions to their child's actions.<sup>47</sup> It encompasses the behaviours and strategies parents use to supervise and socialise with their children, and is crucial to healthy development.<sup>48</sup> Frey et al. state that parental care, warmth and support can help adolescents face challenges, and suggest that the parent-teen relationship should be strong, and characterised by support, stability, encouragement and counselling. Such relationships equip children to overcome crises they may face in their lives.<sup>49</sup>

A number of researchers have studied the impact of parenting style on the development of mental health disorders in adolescents.<sup>50</sup> Repetti et al. concluded that a cooperative and safe family atmosphere promotes psychosocial

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- 44 Alan Carr, *The handbook of child and adolescent clinical psychology: A contextual approach* (Milton Park: Routledge, 2015).
- 45 Kathy Newman, Lynda Harrison, Carol Dashiff, and Susan Davies, "Relationships between parenting styles and risk behaviors in adolescent health: An integrative literature review", *Revista Latino-Americana de Enfermagem*, 16 (2008), pp. 142-150.
- 46 Xiuqin Huang et al., "Mental health, personality, and parental rearing styles of adolescents with Internet addiction disorder", *Cyberpsychology Behavior and Social Networking*, 13 (2010), pp. 401-406.
- 47 Hillard Kaplan et al., "Evolutionary approach to below replacement fertility", *American journal of human biology: the official journal of the Human Biology Council*, vol. 14.2 (2002), pp. 233-56, doi:10.1002/ajhb.10041.
- 48 Beverly Lightfoot et al., "Gaining insight: harm reduction in nursing practice", *The Canadian nurse*, vol. 105,4 (2009), pp. 16-22.
- 49 Ariel Frey et al., "Adolescents in transition: school and family characteristics in the development of violent behaviors entering high school", *Child psychiatry and human development*, vol. 40.1 (2009), pp. 1-13, doi:10.1007/s10578-008-0105-x.
- 50 Rena L. Repetti et al., "Risky families: family social environments and the mental and physical health of offspring", *Psychological bulletin* vol. 128,2 (2002), pp. 330-66. See also: Kathryn E. Williams, and Joseph Ciarrochi, and Patrick C.L. Heaven "Relationships between valued action and well-being across the transition from high school to early adulthood", *The Journal of Positive Psychology*, Vol. 10, No. 2 (2015), pp. 127-140, <http://dx.doi.org/10.1080/17439760.2014.920404>. See also: Joan Liem H. et al., "The influence of authoritative parenting during adolescence on depressive symptoms in young adulthood: examining the mediating roles of self-development and peer support", *The Journal of genetic psychology*, vol. 171,1 (2010), pp. 73-92, doi:10.1080/00221320903300379; See also: E. H. Wagner et al., "Organizing care for patients with chronic illness", *The Milbank quarterly*, vol. 74,4 (1996), pp. 511-44.

adaptation and mental health among adolescents.<sup>51</sup> In the mid-1960s, Diana Baumrind proposed three parenting styles based on demand (control) and reaction dimensions. Baumrind classified parenting as authoritative, authoritarian or tolerant.<sup>52</sup> Authoritative parents displayed high levels of demand and accountability, and although they set strong boundaries, they showed warmth and compassion and encouraged two-way communication. Authoritarian parents were less responsible, and had high demands. They behaved harshly towards their children, raising their voices and physically punishing them, and showed little or no warmth and love. Tolerant parents were very responsible and made few requests. They had no restrictions, and rarely engaged or ordered their children to accept obligations. Such children were treated like co-owners of the home, but without any responsibility.

Lamborn described a fourth parenting style: neglect. Such parents are emotionally detached from their children, and express low levels of both control and warmth. They do not often react to their children, and are not interested in their lives.<sup>53</sup>

Previous studies suggest that perception of parenting style plays a crucial role in the development of anxiety in children.<sup>54</sup> Studies on the impact of parenting style on depression in adolescents have shown that those with authoritative parents appear to have less severe symptoms than those without.<sup>55</sup>

When stressful events occur, research has found a much lower incidence of depression symptoms in adolescents raised with caring parents than in those whose parents' had severely disciplined them.<sup>56</sup> An open and coherent communication style between parents and children helps the latter become socially competent, and reduces the possibility of mental health problems and dangerous behaviours.<sup>57</sup> Dusek and Danko reveal that a dominant and commanding parenting style is linked to psychological concerns among adolescents.<sup>58</sup> The father's parenting style has been found to be associated with psychological adaptation. Although authoritarian mothers had an advantage over permissive ones in all estimated

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51 Rena L. Repetti et al., "Risky families: family social environments and the mental and physical health of offspring".

52 Diana Baumrind, "The Influence of Parenting Style on Adolescent Competence and Substance Use".

53 S. D. Lamborn et al., "Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families", *Child development* vol. 62.5 (1991), pp. 1049-65, doi:10.1111/j.1467-8624.1991.tb01588.x.

54 Peter Muris and Harald Merckelbach, "Perceived parental rearing behaviour and anxiety disorders symptoms in normal children", *Personality and Individual Differences* 25 (1998), pp. 1199-1206.

55 Joan H. Liem et al., "The influence of authoritative parenting during adolescence on depressive symptoms in young adulthood: examining the mediating roles of self-development and peer support".

56 Wagner, E H et al. "Organizing care for patients with chronic illness".

57 Diana Baumrind, "Current Patterns of Parental Authority".

58 Jerome B Dusek and Maribeth Danko, "Adolescent Coping Styles and Perceptions of Parental Child Rearing", *Journal of Adolescent Research* 9 (1994), pp. 412-426.

results, this advantage was not clear in the case of authoritative fathers, and was only visible in the case of depression.<sup>59</sup> In a study of Vietnamese teenagers, for example, those with authoritarian fathers reported higher levels of depression than those with authoritative fathers.<sup>60</sup>

Depression and anxiety are more common when both parents are perceived as authoritarian.<sup>61</sup> The children of these parents have lower self-control and emotional regulation than their authoritarian parents, which can result in psychopathology.<sup>62</sup> A tolerant (neglectful) parenting style leads to a poor self-concept and reduced mental health.<sup>63</sup> Chan and Koo found authoritarian parenting to be associated with social problems, volatile actions, and a lower degree of achievement.<sup>64</sup> Yaffe concluded that children and adolescents with anxiety disorders were more likely to have been raised by non-authoritative parents who employed exaggerated, harsh, or inconsistent control.<sup>65</sup> Similar conclusions have been derived from Scharf et al.'s significant 2016 study, which found that moderately high levels of internalising symptoms (anxiety, depression, and withdrawal) were associated with high levels of harsh parenting.<sup>66</sup> Similarly, Singh et al. showed that positive and supportive parental behaviour predicted better mental health among adolescents.<sup>67</sup>

The parent's gender is reported to affect the perception of parenting style, and society and culture play an important part in this. In most societies, cultural norms are such that mothers spend more time with children than fathers. They are therefore expected to devote more time to their children's emotional and

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- 59 Avidan Milevsky et al., "Maternal and Paternal Parenting Styles in Adolescents: Associations with Self-Esteem, Depression and Life-Satisfaction", *Journal of Child and Family Studies* 16 (2007), pp. 39-47.
- 60 Peter V. Nguyen, "Perceptions of Vietnamese fathers' acculturation levels, parenting styles, and mental health outcomes in Vietnamese American adolescent immigrants", *Social work* vol. 53.4 (2008), pp. 337-46, doi:10.1093/sw/53.4.337.
- 61 Cliff McKinney and Kimberly Renk, "Differential Parenting Between Mothers and Fathers: Implications for Late Adolescents", *Journal of Family Issues* 29(6) (2008), pp. 806-827, <https://doi.org/10.1177/0192513X07311222>.
- 62 Kathryn E. Williams and Joseph Ciarrochi, and Patrick C.L. Heaven, "Relationships between valued action and well-being across the transition from high school to early adulthood", *The Journal of Positive Psychology*, Vol. 10, No. 2 (2015), pp. 127-140, <http://dx.doi.org/10.1080/17439760.2014.920404>.
- 63 Fahimeh Rezaei Niaraki and Hassan Rahimi, "The impact of authoritative, permissive, and authoritarian behavior of parents on self-concept, psychological health, and life quality", *European Online Journal of Natural and Social Sciences*, 2:1(2013), pp. 78-85.
- 64 Tak Wing Chan, Anita Koo, "Parenting Style and Youth Outcomes in the UK", *European Sociological Review*, Volume 27, Issue 3 (June 2011), pp. 385-399, <https://doi.org/10.1093/esr/jcq013>.
- 65 Yosi Yaffe. "A narrative review of the relationship between parenting and anxiety disorders in children and adolescents", *International Journal of Adolescence and Youth*, 26(1) (2021), pp. 449-459, <https://doi.org/10.1080/02673843.2021.1980067>.
- 66 Rebecca J. Scharf et al., "Developmental Milestones", *Pediatrics in review*, vol. 37,1 (2016), pp. 25-37, quiz 38, 47, doi:10.1542/pir.2014-0103.
- 67 Vijeta Singh, Rakesh Kumar Behmani and Suresh Kumar, "Role of Parenting Style in Mental Health and Coping Style of the Adolescents", *Remarking An Analisation*. 3(8) (2018), 32-38, <https://www.socialresearchfoundation.com/upoadreserchpapers/5/234/1901170651451st%20vijeta%20singh.pdf>.

psychological needs, while fathers are cast as providers and discipliners.<sup>68</sup> In recent decades, however, fathers in many cultures have begun to spend more time with their children as social perceptions and gender roles have changed.<sup>69</sup>

This extended literature review implies a strong relationship between adolescents' mental health and parenting style, with authoritarian and permissive parenting styles strongly linked to mental health disorders. To date, however, most data have been obtained from developed countries, and there is a lack of research into the relationship between perceived parenting style and its impact on North Macedonian adolescents' mental health. To counter this, two research objectives and hypothesis are defined:

- a) *Research objective 1*: To explore the relationships between perceived parenting style and mental health among adolescents.
- b) *Hypothesis 1*: There is a significant correlation between parenting style and adolescents' mental health.
- c) *Research objective 2*: To analyse the mediating effects of sociodemographic factors on the relationship between perceived parenting style and adolescents' mental health.
- d) *Hypothesis 2*: The association between perceived parenting style and adolescents' mental health will differ by gender, age, child order, family type, family income and religious attachment.

## Method

### *Participants*

Data was collected using simple random sampling. The sample consisted of 573 participants (N=573) recruited from seven Albanian community secondary schools in Skopje, North Macedonia. Of these, 142 (24.8%) were males and 431 (75.2%) females; the age range was 14-22 (M= 16.17, SD= 1.17); and 35.1% were in their third year of middle school, 32.5% in their first year, 17.8% in their second year and 14.7% in their fourth year (Table 1). All participants were Muslim (N=573), and felt a rather strong (41.7%) or very strong (47.8%) attachment to their religion. The religious homogeneity of the sample is a reflection of the

68 Cliff McKinney and Kimberly Renk, "Differential Parenting Between Mothers and Fathers: Implications for Late Adolescents", *Journal of Family Issues* 29(6) (2008), pp. 806-827, <https://doi.org/10.1177/0192513X07311222>.

69 Gryczkowski, Michelle R., Sara S. Jordan, and Sterett H. Mercer, "Differential relations between mothers' and fathers' parenting practices and child externalizing behaviour", *Journal of child and Family studies* 19 (2010), pp. 539-546.

country's demography. According to the 2021 national census, 46.14% of North Macedonia's population is Orthodox Christian, and 32.17% is Muslim (State Statistical Office, 2022). There is a correlation between ethnicity and religious affiliation: the majority of Orthodox Christians are ethnic Macedonian, and most Muslims are ethnic Albanian,<sup>70</sup> which means that any sample of the country's Albanians population will have an overwhelmingly Muslim base. Albanians make up the largest origin group among Muslims in North Macedonia.

*Table 1. Sociodemographic characteristics of the sample*

	Adolescents	
	N	%
Gender		
Male	142	24.8
Female	431	75.2
Place of residence		
Urban	348	60.7
Rural	225	39.3
Family type		
Nuclear family	361	63
Extended family	194	33.9
Single parent family	12	2.1
Birth order		
Oldest child	219	38.2
Middle child	185	32.3
Youngest child	145	25.3
Only child	10	1.7
Mothers' age		
<35	20	3.5
36-40	148	25.8
41-45	231	40.3
46-50	115	20.1
+51	59	10.3

70 United States Department of State, "Report on International Religious Freedom: North Macedonia" (2019). <https://www.state.gov/reports/2019-report-on-international-religious-freedom/north-macedonia/>.

	Adolescents	
	N	%
Mothers' level of education		
Uneducated	17	3.0
Primary education	297	51.8
Secondary education	160	27.9
Bachelor's degree	67	11.7
Master's degree	12	2.1
Doctorate	10	1.7
Other	10	1.7
Mother's work status		
Full-time employed	124	21.6
Part-time employed	34	5.9
Unemployed and not seeking work	317	55.3
Unemployed and seeking work	39	6.8
Self-employed	59	10.3
Fathers' age		
<35	1	0.2
36-40	48	8.4
41-45	235	41.0
46-50	172	30.0
+51	117	20.4
<35		
Fathers' level of education		
Uneducated	2	.3
Primary education	154	26.9
Secondary education	266	46.4
Bachelor's degree	102	17.8
Master's degree	22	3.8
Doctorate	12	2.1
Other	15	2.6

	Adolescents	
	N	%
Father's work status		
Full-time employed	392	68.4
Part-time employed	60	10.5
Unemployed and not seeking work	23	4.0
Unemployed and seeking work	40	7.0
Self-employed	57	10.0
Retired	1	.2
Family income in Euro		
<200	65	23.6
200-400	143	12.2
450-650	160	27.9
700-900	70	12.2
>1000	135	23.6
Religious attachment		
Weak	10	1.7
Moderate	49	8.6
Rather strong	239	41.7
Very strong	274	47.8
None	1	0.2

## Procedure

Before the survey was implemented, participating middle schools in Skopje were contacted to give their consent. The questionnaires were completed online through Google Forms. Participant recruitment was supported and facilitated through collaboration with teachers and other staff. Adolescents were informed about the purpose of the study, and the confidentiality of the information they would share. Participation was voluntary and data were presented anonymously.

## Measurements

Divya and Manikandan's (2013) self-administered Perceived Parenting Style Scale (PPSS) and Goldberg and Williams' (1991) General Health Questionnaire (GHQ-28) scale were used to collect data. Both questionnaires were translated and adapted to the Albanian language by bilingual researchers, and reviewed by a clinical psychology expert.

The PPSS is based on Baumrind's theory of parenting styles, and measures perceived parenting style according to three categories: Authoritarian, Permissive. It consists of 30 items rated on a five-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). The PPSS has been widely used to study the relationship between parental style and adolescents' development, and has been found to be reliable and valid across cultural contexts. The Cronbach's  $\alpha$  coefficients for the Authoritative, Authoritarian and Permissive subscales were .906, .806, and .870, which indicates internal consistency. The scores for each variable had a range of 10-50; the higher the score, the greater the perceived level of the parental prototype measured.

The GHQ-28 measures adolescents' mental health in four subscales: somatic symptoms (items 1-7); anxiety/insomnia (items 8-14); social dysfunction (items 15-21) and severe depression (items 22-28). Each item has four possible responses, scored from 0 to 3: not at all, no more than usual, rather more than usual, and much more than usual. A higher GHQ-28 score indicates a higher level of distress. Goldberg, Oldehinkel and Ormel (1998) suggest that participants with scores > 24 can be considered to have poor mental health. In this study, the internal consistency of the GHQ-28 was found to be  $\alpha=.903$ .

Three variables based on the mean of all related items were calculated by grouping the PPSS items into three subscales: Authoritative, Authoritarian and Permissive. Five subscales were calculated based on the mean of related items in the GHQ-28: Mental\_Health, Somatic, Anxiety, Social Dysfunction and Depression.

## Data analysis

Data were analysed using SPSS 20.00, and the level of significance was set at  $p < .05$ . After entering the data in the system, tests were run for reliability, descriptive statistics and inferential statistics. Frequency tests and descriptive statistics were run on all variables to find the averages and means of their data. The associations

between sociodemographic data, parenting style and mental health were analysed using parametric tests; the Pearson correlation coefficient was used to establish the association between different parenting styles and mental health symptoms; and the independent T-test, ANOVA tests and regression analysis were used to examine differences in dependent measures as a function of specific demographic variables including gender, age and child order.

## Results

### *Descriptive statistics*

Descriptive statistics were run on the Authoritative, Authoritarian and Permissive scales (Table 2) and revealed that on average, adolescents rated their parents' parental style highest on the Authoritative scale, with a mean score of 40.38 (SD=8.55), followed by the Authoritarian at 23.25 (SD=7.6), and the Permissive at 19.45 (SD=8.18). The fourth parenting style (uninvolved/avoidant) was not included, since there was no evidence in the literature review that such style is evident among the Albanian families surveyed.

*Table 2. Means and standard deviations of the parental scales*

	Mean	Std. Deviation
Authoritative	40.380	8.5544
Authoritarian	23.250	7.6487
Permissive	19.450	8.1791
N=573		

The descriptive statistics on the Mental\_Health scale displayed a mean response of 46.75, which indicates poor mental health (>24). The separated mean scores showed these scores were higher for Social Dysfunction, with a mean of 2.23; followed by Somatic, with 1.72; Anxiety with 1.43; and Depression, with 1.29 (Table 3). Females reported slightly higher mental health scores (M=47.51, SD=17.78) than males (M=44.48, SD=18.41).

Table 3. Means and standard deviations of the mental health subscales

	Mean	Std. Deviation
Mental_Health	46.7574	17.97664
Somatic	1.7195	.75801
Anxiety	1.4346	1.04281
Social Dysfunction	2.2339	.62266
Depression	1.2917	1.02169
Valid N=573		

## Inferential statistics

*Hypothesis 1:* There is a significant correlation between parenting style and adolescent mental health.

The results in Table 4 show a weak, non-significant positive relationship between authoritative parenting and mental health among adolescents:  $r=.034$ ,  $p>.05$ .

A significantly weak positive relationship was found between permissive parenting and mental health. A correlational analysis found that adolescents who perceived their parents as permissive rated higher on the mental health scale ( $r=.086$ ,  $p<.05$ ). This implies that adolescents who perceived their parents as spending less time with them and not having expectations of them would report poor mental health (Table4).

The correlation results showed a significantly weak positive correlation between the authoritarian parenting style and mental health:  $r=.072$ ,  $p>.05$  (Table 4). This suggests a non-significant relationship between authoritarian parenting and overall mental health.

Table 4. Pearson Correlation coefficients for parenting style and mental health

	Authoritative	Authoritarian	Permissive	Mental Health
Authoritative	-			
Authoritarian	-.341**	-		
Permissive	-.471**	.727**	-	
Mental health	.034	.072	.086*	-

Correlation tests were run to measure the association of each parenting style with the mental health subscales. An inspection of the correlation coefficients between permissive parenting and the mental health subscales (Table 5) revealed a positive relationship between permissive parenting and anxiety:  $r=.070$ ,  $p<.05$ . A strong positive relationship was also found with depression:  $r=.106$ ,  $p<.01$ .

*Table 5. Pearson Correlation coefficients for permissive parenting and the mental health subscales*

	Somatic	Anxiety	Social dysfunction	Depression	Permissive
Somatic	-				
Anxiety	.691**	-			
Social Dysfunction	.090*	-.096*	-		
Depression	.620**	.775**	-.128**	-	
Permissive	.053	.070*	.000	.106**	-

\*\* Correlation is significant at the 0.01 level (1-tailed).  
\* Correlation is significant at the 0.05 level (1-tailed).

Table 6 presents the correlation coefficients for authoritative parenting and the mental health subscales. The results revealed a weak positive relationship with Social Dysfunction ( $r=.074$ ,  $p<0.05$ ) and statistically insignificant relationships between authoritative parenting and Anxiety ( $r=.002$ ,  $p>.05$ ), Depression ( $r=.010$ ,  $p>.05$ ) and Somatic ( $r=.039$ ,  $p>.05$ ) scores.

*Table 6. Pearson Correlation coefficients for authoritative parenting and the mental health subscales*

	Authoritative	Somatic	Anxiety	Social Dysfunction	Depression
Authoritative	-	.039	.002	.074*	.010
Somatic		-	.691**	.090*	.620**
Anxiety			-	-.096*	.775**
Social Dysfunction				-	-.128**
Depression					-

\* Correlation is significant at the 0.05 level (1-tailed).  
\*\* Correlation is significant at the 0.01 level (1-tailed).

An inspection of the correlation coefficients between authoritarian parenting and the mental health subscales (Table7) revealed a weak positive relationship with anxiety ( $r=.069$ ,  $p<0.05$ ), but no statistically significant relationships with other mental health subscales.

*Table 7. Pearson Correlation coefficients for authoritarian parenting and the mental health subscales*

	Somatic	Anxiety	Social Dysfunction	Depression	Author- itarian
Somatic	-				
Anxiety	.691**	-			
Social Dysfunction	.090*	-.096*	-		
Depression	.620**	.775**	-.128**	-	
Authoritarian	.056	.069*	.001	.068	-

\*\* Correlation is significant at the 0.01 level (1-tailed).

\* Correlation is significant at the 0.05 level (1-tailed).

*Hypothesis 2:* The association between perceived parenting style and adolescents' mental health will differ by gender, age, child order, family type, family income and religious attachment.

Levene's test was used to ascertain differences between perceived parenting style and mental health based on the participant's gender. A comparison of the means (Table 8) of the two groups of the independent variable (gender) in relation to parenting style shows no notable difference, but a slight difference was found in relation to mental health.

The second part of the table shows the Levene's test data. The t-test value for all variables was greater than 0.05, a common indicator of significance, indicating no significant difference between the two groups. This means there was no difference in the perception of male and female participants regarding parenting style and mental health. A comparison of means for parenting style (authoritative= 4; authoritarian 2.3; permissive 1.9) and mental health (an average score of 1.6) confirms this, which means the differences between male and female adolescents in these areas are not statistically significant. This part of Hypothesis 2 is therefore rejected.

Table 8. Inferential statistics for gender in relation to perceived parenting style and mental health

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Authoritative	Male	142	4.0120	.88538	.07430
	Female	431	4.0466	.85561	.04121
Authoritarian	Male	142	2.3331	.73675	.06183
	Female	431	2.3223	.77473	.03732
Permissive	Male	142	1.9627	.80174	.06728
	Female	431	1.9392	.82401	.03969
Mental_Health	Male	142	1.5885	.65772	.05519
	Female	431	1.6967	.63526	.03060

*Independent Samples Test*

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of Difference	
								Lower	Upper
Authoritative	.714	.398	-.415	571	.678	-.03466	.08351	-.19869	.12936
			-.408	233.856	.684	-.03466	.08496	-.20206	.13273
Authoritarian	.583	.446	.146	571	.884	.01082	.07407	-.13466	.15631
			.150	251.503	.881	.01082	.07222	-.13140	.15305
Permissive	.229	.632	.296	571	.767	.02346	.07920	-.13210	.17903
			.300	246.434	.764	.02346	.07812	-.13039	.17732
Mental Health	.493	.483	-1.745	571	.082	-.10819	.06201	-.22999	.01361
			-1.714	233.750	.088	-.10819	.06311	-.23252	.01615

Table 9 presents the results of the analysis of variance (ANOVA) for parenting styles and adolescents' mental health, by age. The value of significance in the ANOVA test was > .05, which means that the groups were homogeneous (Table 9). These results indicate that age is not significantly related to perceived parenting style and mental health. This part of Hypothesis 2 is therefore rejected.

*Table 9. ANOVA results for perceived parenting style and mental health, by age*

		Sum of Squares	df	Mean Square	F	Sig.
Authoritative	Between Groups	4.511	6	.752	1.011	.417
	Within Groups	420.940	566	.744		
	Total	425.451	572			
Authoritarian	Between Groups	4.604	6	.767	1.316	.248
	Within Groups	330.029	566	.583		
	Total	334.633	572			
Mental Health	Between Groups	2.783	6	.464	1.127	.345
	Within Groups	232.992	566	.412		
	Total	235.775	572			
Permissive	Between Groups	3.948	6	.658	.983	.436
	Within Groups	378.710	566	.669		
	Total	382.658	572			

Table 10 contains the ANOVA results for the moderating effects of child order on perceived parenting style and mental health. The value of significance for perceived parenting style and mental health was  $> .05$ , which means that the groups were homogeneous (Table 10). These results indicate that child order is not significantly related to perceived parenting style and mental health. This part of Hypothesis 2 is therefore rejected.

*Table 10. ANOVA results for perceived parenting style and mental health, by child order*

		Sum of Squares	df	Mean Square	F	Sig.
Mental Health	Between Groups	1.125	4	.281	.681	.605
	Within Groups	234.649	568	.413		
	Total	235.775	572			

		Sum of Squares	df	Mean Square	F	Sig.
Authoritative	Between Groups	2.119	4	.530	.711	.585
	Within Groups	423.332	568	.745		
	Total	425.451	572			
Authoritarian	Between Groups	.904	4	.226	.385	.820
	Within Groups	333.729	568	.588		
	Total	334.633	572			
Permissive	Between Groups	2.012	4	.503	.750	.558
	Within Groups	380.647	568	.670		
	Total	382.658	572			

The one-way ANOVA test revealed a value of significance of  $> .05$  for perceived parenting style and mental health differences by family type, which means that the groups were homogeneous (Table 11). This indicates that family type is not significantly related to perceived parenting style and mental health. This part of Hypothesis 2 is therefore rejected.

*Table 11. ANOVA results for perceived parenting style and mental health, by family type*

		Sum of Squares	df	Mean Square	F	Sig.
Mental Health	Between Groups	.519	3	.173	.418	.740
	Within Groups	235.256	569	.413		
	Total	235.775	572			
Authoritative	Between Groups	4.389	3	1.463	1.977	.116
	Within Groups	421.062	569	.740		
	Total	425.451	572			

		Sum of Squares	df	Mean Square	F	Sig.
Authoritarian	Between Groups	2.386	3	.795	1.362	.253
	Within Groups	332.247	569	.584		
	Total	334.633	572			
Permissive	Between Groups	.317	3	.106	.157	.925
	Within Groups	382.341	569	.672		
	Total	382.658	572			

The one-way ANOVA test for family income showed a value of significance of > .05 for perceived parenting style and mental health, which means that the groups were homogeneous (Table 12). This indicates that family income is not significantly related to perceived parenting style and mental health. This part of Hypothesis 2 is therefore rejected.

*Table 12. ANOVA results for perceived parenting style and mental health, by family income*

		Sum of Squares	df	Mean Square	F	Sig.
Mental Health	Between Groups	.811	4	.203	.490	.743
	Within Groups	234.963	568	.414		
	Total	235.775	572			
Authoritative	Between Groups	.546	4	.136	.182	.948
	Within Groups	424.905	568	.748		
	Total	425.451	572			
Authoritarian	Between Groups	1.870	4	.468	.798	.527
	Within Groups	332.763	568	.586		
	Total	334.633	572			

		Sum of Squares	df	Mean Square	F	Sig.
Permissive	Between Groups	2.263	4	.566	.845	.497
	Within Groups	380.395	568	.670		
	Total	382.658	572			

The multivariate analysis of variance (MANOVA) test showed statistically significant differences among the combined dependent variables and parental styles. For religious attachment, Wilks  $\Lambda = .942$ ,  $F(12.14)2,846$ ,  $p < .005$ ; and for adolescents' overall mental health, Wilks  $\Lambda = .984$ ,  $F(3.56)3.034$ ,  $p < .005$  (Table 13).

Table 13. MANOVA test for parenting style, level of religious attachment, and mental health  
Multivariate Tests<sup>a</sup>

Effect		Value	F	Hypothesis df	Error df	Sig.
	Pillai's Trace	.592	273.390 <sup>b</sup>	3.000	565.000	.000
	<b>Wilks' <math>\Lambda</math></b>	<b>.408</b>	<b>273.390<sup>b</sup></b>	<b>3.000</b>	<b>565.000</b>	<b>.000</b>
Intercept	Hotelling's Trace	1.452	273.390 <sup>b</sup>	3.000	565.000	.000
	Roy's Largest Root	1.452	273.390 <sup>b</sup>	3.000	565.000	.000
	Pillai's Trace	.016	3.034 <sup>b</sup>	3.000	565.000	.029
	<b>Wilks' <math>\Lambda</math></b>	<b>.984</b>	<b>3.034<sup>b</sup></b>	<b>3.000</b>	<b>565.000</b>	<b>.029</b>
SUM_MH	Hotelling's Trace	.016	3.034 <sup>b</sup>	3.000	565.000	.029
	Roy's Largest Root	.016	3.034 <sup>b</sup>	3.000	565.000	.029
	Pillai's Trace	.058	2.815	12.000	1701.000	.001
	<b>Wilks' <math>\Lambda</math></b>	<b>.942</b>	<b>2.846</b>	<b>12.000</b>	<b>1495.141</b>	<b>.001</b>
Trust_level	Hotelling's Trace	.061	2.871	12.000	1691.000	.001
	Roy's Largest Root	.053	7.505 <sup>c</sup>	4.000	567.000	.000

- a. Design: Intercept + SUM\_MH + Trust\_level
- b. Exact statistic
- c. The statistic is an upper bound on F that yields a lower bound on the significance level.

A Test of between Subjects Effects was then conducted to examine the extent to which the independent variables and their interaction had a statistically significant impact on the mental health of adolescents. In the Sig. column, the results indicated a statistically significant interaction at the  $p = .001$  level, for religious attachment level and parenting style. Notably, Authoritarian parenting yielded  $F = 4.805, p < .01$ ; Authoritative  $F = 5.429, p < .01$ , and Permissive  $F = 4.415, p < .01$ . These findings provide valuable insights into the relationship between parenting style and religious attachment level, which may have significant implications for the mental health of adolescents.

*Table 14. MANOVA descriptive statistics for religious attachment level and parenting style*

Descriptive Statistics				
	Religious attachment	Mean	Std. Deviation	N
Authoritat_SUM	Weak	32.3000	8.65448	10
	Moderate	37.5306	8.80602	49
	Rather strong	40.1506	8.38079	239
	Very strong	41.3504	8.56314	274
	Total	40.3805	8.62435	573
Authoritar_SUM	Weak	28.3000	9.12932	10
	Moderate	26.9388	9.00326	49
	Rather strong	23.2050	7.25031	239
	Very strong	22.4781	7.44710	274
	Total	23.2496	7.64868	573

	Religious attachment	Mean	Std. Deviation	N
Perm_SUM	Weak	27.1000	8.93744	10
	Moderate	21.9184	8.31123	49
	Rather strong	19.5021	7.85952	239
	Very strong	18.7117	8.21867	274
	Total	19.4503	8.17914	573

To support this conclusion, an ANOVA test was conducted (Table 15). The results show significant statistical differences among religious attachment levels and parenting styles at the level  $p < .01$ .

*Table 15. ANOVA test for religious attachment and parenting style*

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Authoritar_SUM	Between Groups	1171.073	4	292.768	5.150	.000
	Within Groups	32292.239	568	56.853		
	Total	33463.312	572			
Authoritat_SUM	Between Groups	1413.815	4	353.454	4.881	.001
	Within Groups	41131.246	568	72.414		
	Total	42545.061	572			
Perm_SUM	Between Groups	1089.287	4	272.322	4.161	.002
	Within Groups	37176.545	568	65.452		
	Total	38265.832	572			

The graphs in Figures 1-3 enable easier visualisation of these findings:

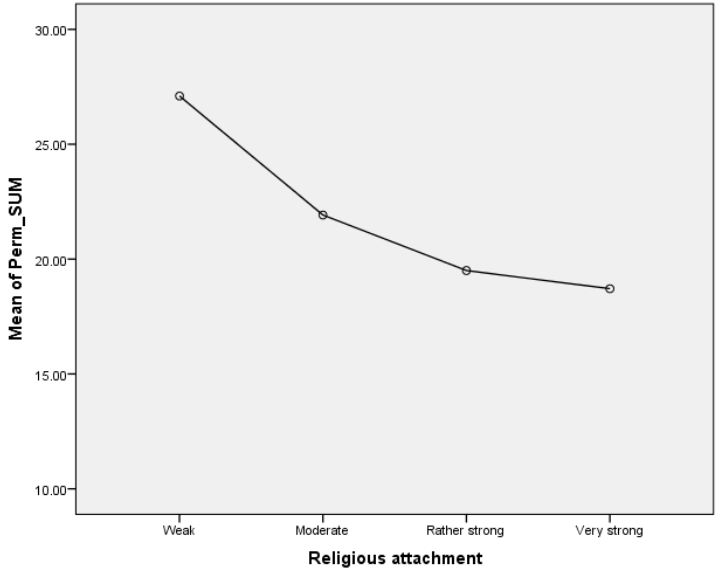


Figure 1. Religious attachment and permissive parenting style means

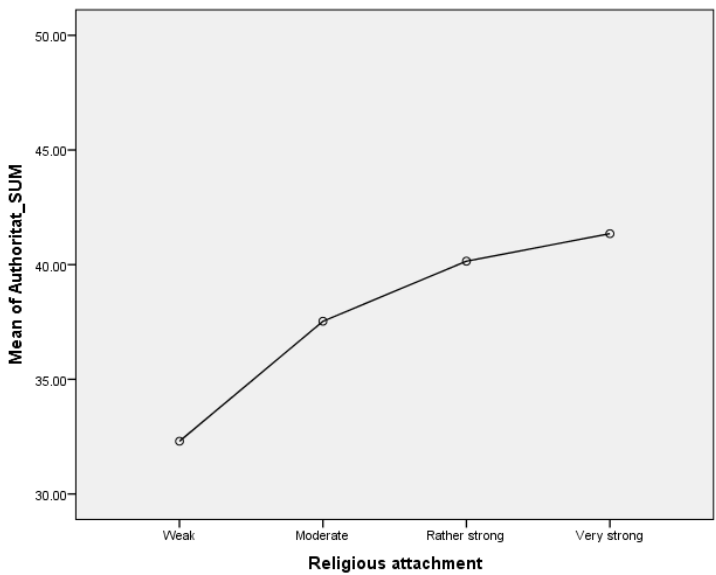


Figure 2. Religious attachment and authoritative parenting style means

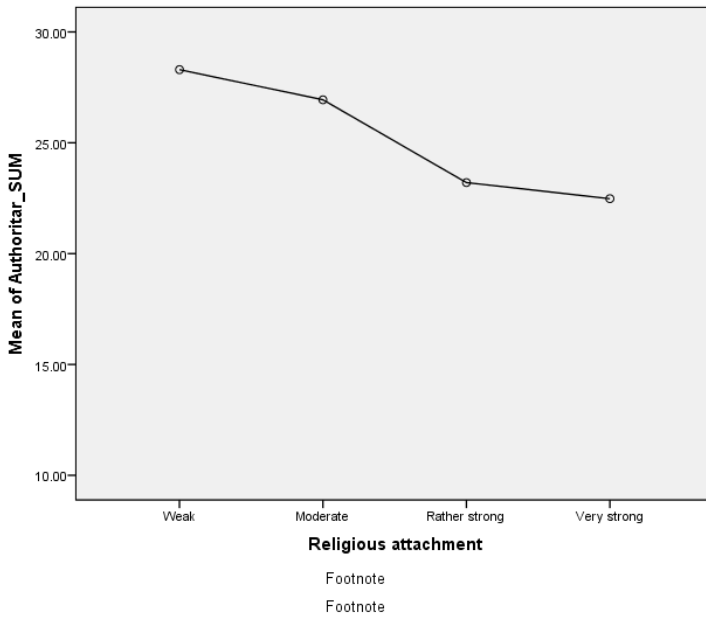


Figure 3. Religious attachment and authoritarian parenting style means

These graphs clearly demonstrate that the authoritative parenting style is related to stronger levels of religious attachment compared to the permissive and authoritarian parenting styles. This variable remains under-explored, however, and it should be subject of further studies, as the literature review shows that religion tends to play a significant role in modelling family traditions, roles and behaviours in traditional societies. This could explain why the present study did not find a relationship between the authoritative parenting style (the most prevalent perceived parenting style among participants) and adolescents' mental health.

## Discussion

This study investigated the relationship between perceived parenting style and adolescents' mental health, and examined the extent to which the variables of gender, age, child order, family type, income and religious attachment mediated this relationship.

Authoritative parenting was the most common perceived style, followed by authoritarian and permissive. The mental health score revealed a poor level of overall mental health among participants. Previous studies identify a set of key risk factors that can help predict poor mental health in adolescents, including withdrawal, antisocial behaviour, substance use, and self-harm.<sup>71</sup>

The results provide partial support to previous research findings,<sup>72</sup> although the study did not find a significant relationship between authoritative parenting and mental health, with the exception of a weak positive correlation to social dysfunction. Previous studies were conducted in more developed countries, and might not be applicable to the North Macedonian cultural context. This is still an under-explored research topic at the national level, and should be the focus of researchers in future studies.

The permissive parenting style was found to have a more negative impact on mental health than the authoritative and authoritarian styles. Paternal permissiveness increased symptomatic problems related to anxiety. Some studies have demonstrated that adolescents who are raised by permissive parents are more prone to anxiety and depression.<sup>73</sup> The findings of the present study are in contrast to other studies that confirmed the positive effect the permissive parenting style can have in younger adolescents. For instance, Azman et al. (2021) claim that with the permissive parenting style, younger children more often react negatively to fewer rules and low levels of parental control, whereas adolescents tend to react positively to the opportunity to develop their own personality without strong parental control.<sup>74</sup>

In many cases, children of permissive parents are taught to keep their problems to themselves, which causes them to withdraw. The authoritarian style was also found to have a positive relationship with anxiety symptoms, and the authoritative style with social dysfunction. Ilyas, U., & Khan, S. D. found that authoritative parenting did not cause social withdrawal or social anxiety in adolescents (despite the fact that it was positively connected to social-emotional difficulties), and that authoritarian parenting was significantly correlated with high levels of Social Anxiety Disorder in adolescents.<sup>75</sup>

71 Justė Lukoševičiūtė-Barauskienė et al., "Adolescent Perception of Mental Health: It's Not Only about Oneself, It's about Others Too", *Children*, vol. 10,7 (June 2023), doi:10.3390/children10071109.

72 Baumrind, 1971; Milevsky et al., 2007; Nguyen, 2008; McKinney&Renk, 2008; Liem et al., 2010, Williams et al., 2012; Singh et al., 2018

73 Fahimeh Rezaei Niaraki and Hassan Rahimi, "The impact of authoritative, permissive, and authoritarian behavior of parents on self-concept, psychological health, and life quality".

74 Özge Azman et al., "Associations between Parenting Style and Mental Health in Children and Adolescents Aged 11-17 Years: Results of the KiGGS Cohort Study (Second Follow-Up)", *Children*, vol. 8,8 672 (August 2021), doi:10.3390/children8080672

75 Uzma Ilyas and Saima Dawood Khan, "Role of Parenting and Psychosocial Correlates Contributing to Social Anxiety in Asian Adolescents: A Systematic Review", *Innovations in clinical neuroscience*, vol. 20:7-9 (2023), pp. 30-36.

All three parenting styles therefore showed a slight connectedness with specific mental health subscales. In regard to the second research question, the study found that gender, age, child order, family type and family income did not have a significant impact on the relationship between perceived parental style and mental health.

The study's findings are in line with those of Williams which found responsive, involved, and democratic (authoritative) parenting styles to be positively related to firm religious beliefs.<sup>76</sup> When applied to adolescents' mental health, these findings were statistically significant, which implies that religion plays a mediating role in the relationship between parenting style and mental health.

To summarise: parenting style alone cannot sufficiently explain adolescents' mental health. The study indicates that adolescents have poor mental health overall, although females scored slightly higher than males. Partial support was obtained for the relationship between mental health and parenting style; future studies should examine adolescents' mental health and its relationship with other variables.

## Limitations and future directions

This study has some limitations. First, it may have issues with external validity since it was restricted to a particular ethnicity and municipality in North Macedonia, and its results may not be universally applicable. Second, its internal validity may not be sound. Because mental health is an intimate topic, the adolescents surveyed might have skewed their responses, despite being guaranteed anonymity. This means there is a possibility of social desirability bias. Moreover, the study incorporates only perceived parenting from the adolescents' point of view. In future research, it would be beneficial to include parents' perceptions.

## Implications

The findings highlight the fact that different parenting styles have different impacts on adolescents' mental health, which implies that a healthy parenting

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76 Paul D. Williams, William M. Hunter, Elisabeth Seyer, Stephen Sammut, and Matthew M. Breuninger, "Religious/spiritual struggles and perceived parenting style in a religious college-aged sample", *Mental Health, Religion & Culture*, 22:5 (2019), doi:10.1080/13674676.2019.1629402.

style might be a factor in preventing mental health issues. The study recommends incorporating healthy practices in parenting styles, and the creation of programs and projects that promote family cohesion and strengthen parenting skills. A parental education program should be developed, to give parents the necessary abilities to deal with their adolescent children.

## Conclusion

Links between parenting style and adolescents' mental health are under-explored in many traditional societies. The literature review suggests that not all four parenting styles are found in every context, but that some styles are common in some societies, and their influence is crucial to roles and functions within families. There is a link between adolescent mental health and parenting style, with authoritarian parenting strongly associated with disorders of this nature. These assumptions led to the creation of the present study, which aimed to identify which parenting style was perceived to be more influential in adolescents' mental health and overall development.

Authoritative parenting was the most common perceived style, followed by authoritarian and permissive parenting. In societies that are transitioning from traditional to modern, under the influence of many other internal and external factors, authoritative parenting is the *modus operandi*. This type of parenting does not seem to have a significant or negative influence on adolescents' mental health compared to the permissive style. This study did not find a significant relationship between authoritative parenting and mental health, with the exception of a weak positive correlation to social dysfunction. The findings did, however, show permissive parenting to have a significant negative impact on adolescents' mental health compared with the authoritative and authoritarian styles. Paternal permissiveness increased symptomatic problems related to anxiety. Optimal parenting itself includes the element of control but also that of warmth towards children.<sup>77</sup>

The most alarming finding to emerge from this study, however, was that the overall results revealed poor mental health among adolescents and this should be the subject of extensive awareness raising. Mental health problems during adolescence are considered exceptional as they have versatile correlates and may have long-term biopsychosocial consequences. Parenting style alone is insufficient to explain adolescents' mental health, but the results of this study contribute

77 Elisabeta Bajrami Ollogu, Arta Xhelili and Nita Beluli Luma, *Familja, prindërimi dhe shëndeti mendor tek adoleshentët* (Skopje: Asociacioni për Afirmimin e Gruas, 2024).

to the provision of targeted guidance for the prevention of adolescent mental health problems. The relationship between adolescents' mental health and other variables should be the focus of future research.

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# Uočeni odgojni stilovi roditeljstva i mentalno zdravlje adolescenata u albanskoj zajednici Sjeverne Makedonije

## Sažetak

Faktor porodice (tj. roditeljskog odgojnog stila) je među najvažnijim faktorima koji utječu na razvoj adolescenata, a posebno na njihovo mentalno zdravlje. U ovoj studiji se istražuje odnos između uočenih roditeljskih odgojnih stilova i mentalnog zdravlja kod adolescenata, kroz indirektno utjecaje roda, dobi, redoslijeda rođenja djeteta, tipa porodice, prihoda i religijske pripadnosti. Potom se kvantitativno procjenjuju zapažanja o učestalosti poremećaja mentalnog zdravlja kod adolescenata u sedam srednjih škola albanske zajednice u glavnom gradu Sjeverne Makedonije, Skoplju. Rezultati pokazuju da je autoritativni stil roditeljstva najčešći, iza kojeg slijede autoritarni i permisivni, te da je mentalno zdravlje adolescenata općenito loše. Nadalje, nađene su korelacije između različitih odgojnih stilova roditeljstva i konkretnih aspekata mentalnog zdravlja kod albanskih adolescenata u Sjevernoj Makedoniji. Nadati se je da će nalazi ovog istraživanja dati ciljane smjernice za prevenciju problema mentalnog zdravlja adolescenata.

**Ključne riječi:** načini odgoja, mentalno zdravlje, adolescent, porodica