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The Role of Parenting Styles in Predicting Children's Mental Health

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Abstract

Introduction: This study aimed to identify which of the three Baumrind parenting styles (authoritative, authoritarian, and permissive) most strongly predicts children's mental health.
Method: This descriptive-correlational study included 286 mothers of female elementary school students (fourth and fifth grades) in Mashhad, Iran. Participants completed the Baumrind Parenting Styles Questionnaire and the Child Health Questionnaire (CHQ-28). Data were analyzed using Pearson correlation and simultaneous multiple regression.
Results: Pearson correlation showed a significant positive relationship between authoritative style and mental health ($r = 0.16$, $p < 0.05$), and significant negative relationships for authoritarian ($r = -0.34$, $p < 0.01$) and permissive ($r = -0.13$, $p < 0.05$) styles. Multiple regression revealed that the three styles collectively explained 12.8% of the variance ($R^2 = 0.12$, $F = 13.65$, $p < 0.001$). Only authoritarian style independently predicted mental health ($\beta = -0.30$, $p < 0.001$). Authoritative ($p = 0.179$) and permissive ($p = 0.174$) styles were not significant after controlling for authoritarian style.
Conclusion: In multiple regression analysis, only the authoritarian style independently predicted poorer mental health outcomes in children, highlighting it as the primary target for parent-focused interventions.

Keywords: Authoritative Parenting, Authoritarian Parenting, Permissive Parenting, Mental Health, Multiple Regression

Introduction

The family serves as the primary context for children's social, emotional, and cognitive development [1, 17]. The quality of family interactions, particularly parental behavioral patterns, plays a decisive role in shaping personality, social adjustment, and mental health [3]. Parenting styles, one of the most fundamental psychological constructs, represent relatively stable patterns of behavior that encompass dimensions such as control, warmth, support, autonomy, and monitoring [4, 5]. Given the cultural specificity of parenting practices, examining these styles in the Iranian context is essential to understand their unique implications for child mental health.

The importance of investigating parenting styles stems from the fact that these styles not only influence a child's current behavior but are also strong predictors of mental health, academic performance, interpersonal relationships, and even psychopathology in adulthood [6]. In other words, the methods parents employ to raise their children can either guide the child's developmental trajectory toward health and flourishing or toward damage and disorder. This underscores the necessity of research on parenting styles and their consequences [7].

In recent decades, family theorists and researchers have made extensive efforts to identify

and classify parenting styles. Among these, Baumrind's model [8, 9] is recognized as the most comprehensive and widely cited theoretical framework [4]. Based on the combination of two fundamental dimensions, responsiveness (warmth and support) and demandingness (control and expectation), Baumrind introduced three main parenting styles: authoritative, authoritarian, and permissive [9].

The authoritative parenting style represents a balanced combination of high responsiveness and high demandingness. Authoritative parents establish a warm, intimate, and supportive relationship with their children while setting clear and logical limits for them. They respect the child's autonomy and individuality, use reasoning and explanation, and consider children's opinions in family decision-making. Baumrind [9] believed this style to be the most efficient and effective method of parenting for socializing the child and enhancing their competencies. Contemporary research has also shown that an authoritative style is associated with reduced social anxiety and depression in children and adolescents [7, 10].

In contrast, the authoritarian parenting style is characterized by low responsiveness and high demandingness, authoritarian parents are cold and controlling. They expect unquestioning obedience, often resort to physical punishment, and fail to provide emotional support [8]. Consequently, this style is associated with behavioral and emotional problems in children [3, 11].

The permissive parenting style involves high responsiveness but low demandingness. Permissive parents have a warm and accepting relationship with their children but do not exert much control or monitoring over their behavior. They often allow their children to do whatever they want and do not hold themselves responsible for the child's actions [9]. Although this style may enhance apparent self-esteem, due to the lack of clear boundaries and weak behavioral regulation, it predisposes children to impulsivity, aggression, and social problems [4, 5].

Extensive research evidence has demonstrated the relationship between parenting styles and various developmental outcomes. In a classic study, Baumrind [8] found that children raised by authoritative parents had higher self-confidence, better social skills, and more successful academic performance compared to children of authoritarian and permissive parents. Furthermore, Lamborn et al. [12] in a study of adolescents showed that the authoritative style is associated with high self-esteem, good academic progress, and low behavioral problems, whereas the authoritarian style is associated with low self-esteem and depression. A meta-analysis by Portega et al. [3] also confirmed these findings and showed that the authoritarian style has the strongest association with neuroticism (emotional instability) in adolescents.

In recent years, researchers' attention has turned to the mechanisms through which parenting styles affect children's mental health. Wang [10], in a comprehensive review article, showed that negative parenting styles, especially the authoritarian style, are strongly associated with depressive symptoms in adolescents through increasing unrealistic parental expectations and reducing self-compassion. In contrast, the authoritative style plays a protective role against mood disorders by enhancing mindfulness and self-compassion. This finding is particularly important as it demonstrates that parenting style affects mental health not only directly but also through mediating variables such as self-concept and emotional regulation.

Similarly, Chung [7], in a systematic review of 34 studies on social anxiety in adolescents, concluded that the authoritative parenting style is associated with a significant reduction in the prevalence of social anxiety. Authoritarian parents appear to help adolescents learn the necessary social skills for interacting with others and reduce fear of judgment by creating a safe, supportive environment with clear expectations. In contrast, the authoritarian style (with rejection and humiliation) and the permissive style (with a lack of guidance and monitoring) not only are ineffective in reducing social anxiety but may also exacerbate it.

At the meta-analytic level, Portega et al. [3], by synthesizing the results of 28 original studies with a sample of 11,061 adolescents, examined the relationship between parenting styles and personality traits (the five-factor model). Their findings indicated that the authoritative style has a positive relationship with positive personality traits such as conscientiousness, extraversion, and agreeableness, and a negative relationship with neuroticism. In contrast, the authoritarian style only showed a positive relationship with neuroticism, and the permissive style had no significant relationship with any of the personality traits. This meta-analysis is significant because it demonstrates that the impact of parenting styles goes beyond surface behavior and can shape the deep structure of personality.

Research conducted in recent years in Iran has also examined the relationship between parenting styles and children's mental health. Haghighatshenas et al. [4], in a study of 197 adolescents in Isfahan, showed a significant relationship between perceived parenting styles and the level of adolescent anxiety, such that the highest anxiety was related to children of permissive parents and the lowest anxiety to children of authoritarian parents.

In another study, Mu and Motevalli [13] demonstrated the mediating role of cognitive flexibility in the relationship between parenting styles and self-esteem among Iranian children. Additionally, Mohammadi and Dehghani [11], in a systematic review, showed that authoritarian parenting style is associated with increased social anxiety, while authoritative style is associated with its reduction in children.

At the intervention level, Chahardoli et al. [14], in a randomized controlled trial in Iran, confirmed the effectiveness of a parenting training program in significantly reducing children's emotional problems and improving the parent-child relationship. Furthermore, Ezati Rad et al. [5], in a study of mothers in Bandar Abbas during the COVID-19 pandemic, found that the authoritative parenting style had the highest frequency

(69.6%) and was associated with the lowest levels of child anxiety, while the permissive style was associated with the highest levels of anxiety.

Despite this valuable evidence, significant research gaps remain. First, most Iranian studies have examined parenting styles separately using simple regression, with only a few investigating all three styles simultaneously within a single model. Second, previous studies have primarily focused on adolescents, leaving the elementary school age group largely unexplored. No previous study in Iran has simultaneously examined all three parenting styles within a single regression model using a sample of elementary school children.

Therefore, considering the above, the present study was designed and conducted with the primary aim of determining the contribution of each of Baumrind's parenting styles (authoritative, authoritarian, and permissive) in predicting the mental health level of female elementary school children. Furthermore, employing simultaneous multiple regression analysis, this study sought to identify the strongest predictor of mental health among the three parenting styles.

Method

The statistical population comprised all mothers of female elementary school students (fourth and fifth grades) in Mashhad, Iran. From a list of 12 educational centers in District 1 of Mashhad, one school was randomly selected using a simple random sampling method. Using a convenience sampling method, all mothers of female students in the fourth and fifth grades of this center were invited to participate. From among the 320 mothers approached, 286 completed the questionnaires, yielding a response rate of 89%. Fifteen questionnaires were excluded due to incomplete responses. Questionnaires were completed in a quiet room at the school during a single session, with a research assistant available for clarification. All ethical principles including informed consent, confidentiality, and voluntary participation were fully observed throughout the study.

The inclusion criteria were: (a) female child; (b) enrollment in the fourth or fifth grade; (c) no significant physical or psychological problems in the child, as reported by the school counselor; and (d) maternal availability to complete the questionnaires. Exclusion criteria were: (a) severe psychiatric disorders in the child or mother; and (b) incomplete questionnaires.

This age group (fourth and fifth grades) was selected because children in this developmental stage (approximately 10–12 years) have developed sufficient cognitive and language skills to reliably report their experiences, while parents remain actively involved in their schooling and daily routines.

The study design was descriptive-correlational. Data were analyzed using Pearson correlation and simultaneous multiple regression. Assumptions of normality, linearity, and homoscedasticity were checked and met. All analyses were performed using SPSS version 26.

The tools used in this study were as follows:

Baumrind Parenting Styles Questionnaire: The Persian version of the Baumrind Parenting Styles Questionnaire, originally developed by Baumrind (1991), was used to assess parenting styles. This 30-item questionnaire includes three 10-item subscales: authoritative, authoritarian, and permissive. Items are rated on a five-point Likert scale ranging from 1 (completely disagree) to 5 (completely agree). Each subscale has a possible score range of 10 to 50, with higher scores indicating stronger endorsement of that parenting style.

The Persian translation of this questionnaire was validated by Esfandiari (1995), who reported Cronbach's alpha coefficients of 0.73 for authoritative, 0.77 for authoritarian, and 0.69 for permissive subscales. In the present study, Cronbach's alpha coefficients were 0.73 for authoritative, 0.77 for authoritarian, and 0.69 for permissive subscales. No reverse-scored items are included in this questionnaire. The three-factor structure of the Persian version has been confirmed in previous Iranian studies.

Child Health Questionnaire (CHQ), Parent-Form 28: The Persian version of the Child Health Questionnaire, Parent-Form 28 (CHQ-PF28), designed by Landgraf and Abetz (1996), was used to assess children's health-related quality of life. This 28-item instrument measures both physical health (three subscales) and psychosocial health (five subscales). Items are rated on Likert-type scales, with higher scores indicating better health and quality of life.

In this study, the psychosocial health subscale was used as the primary outcome measure, representing children's mental health and well-being. The Cronbach's alpha coefficient for the psychosocial health subscale in the present study was 0.85, indicating good internal consistency. The physical health subscale ($\alpha = 0.70$) was not included in the main analyses.

The Persian version of the CHQ-PF28 has been validated in Iranian populations, with satisfactory psychometric properties reported in previous studies [15]. Importantly, the CHQ-PF28 is a measure of health-related quality of life, not a specific mental health diagnostic tool; therefore, findings should be interpreted as reflecting general psychosocial well-being rather than clinical mental health diagnoses.

Results

The demographic characteristics of the participants are summarized in Table 1. As shown, the majority of mothers were in the 30–40 years age range (45.4%), followed by those aged 20–30 years (16.9%) and 40–50 years (9.5%). Regarding educational level, nearly half of the mothers had a high school diploma (48.1%), while 26.0% had middle school education, and 13.5% had elementary education. These findings indicate that the sample predominantly consisted of middle-aged mothers with secondary education, which should be considered when interpreting the generalizability of the results.

The results of the descriptive statistics for parenting style scores are presented in Table 2. As shown, among the three parenting styles, the authoritative style had the highest mean score ($M = 32.37$, $SD = 4.02$). In contrast, the authoritarian style had a moderate mean score ($M =$

17.20, SD = 5.64), while the permissive style showed the lowest mean score (M = 16.47, SD = 4.93). These findings indicate that authoritative parenting was the most prevalent style reported by mothers in this study.

Table 3 presents the descriptive statistics for children's mental health. The mean total score of child health in the study sample was 106.28 (SD = 12.89). Furthermore, the mean score for psychosocial health was higher (M = 64.70, SD = 8.92) than for physical health (M = 34.47, SD = 4.92).

In Table 4, Pearson correlation coefficients revealed a significant positive association between authoritative parenting and children's mental health ($r = 0.169$, $p < 0.05$), and significant negative associations for authoritarian ($r = -0.345$, $p < 0.01$) and permissive ($r = -0.132$, $p < 0.05$) styles. The strongest correlation was observed for the authoritarian style, indicating that higher levels are most strongly linked to poorer child mental health outcomes. These findings suggest that authoritarian parenting may be a key clinical target for interventions aimed at improving children's mental health.

In Table 5, Simultaneous multiple regression analysis revealed that the three parenting styles collectively explained 12.8% of the variance in children's mental health ($R^2 = 0.12$, $R = 0.35$). Only authoritarian style independently predicted children's mental health ($\beta = -0.30$, $p < 0.001$), while authoritative ($p = 0.179$) and permissive ($p = 0.174$) styles were not significant after controlling for the effect of authoritarian style. VIF values for all predictors were less than 2 (range: 1.08–1.19), indicating no multicollinearity.

Table 1. Demographic Characteristics of Participants

Variable	Category	Frequency (n)	Percent (%)
Mother's Age	20–30 years	48	16.9
	30–40 years	129	45.4
	40–50 years	27	9.5
	No response	82	28.2
Mother's Education	Elementary	28	13.5
	Middle School	54	26.0
	High School Diploma	100	48.1
	Associate Degree	10	4.8
	Bachelor's Degree	16	7.7
	No response	78	27.3

Table 2. Descriptive Statistics for Parenting Style Subscales

Subscale	Minimum	Maximum	Mean	Standard Deviation
Authoritative Parenting Style	6	40	32.37	4.02
Authoritarian Parenting Style	1	33	17.20	5.64
Permissive Parenting Style	0	38	16.47	4.93
Total Parenting Styles Score	43	97	66.03	8.59

Table 3. Descriptive Statistics for Child Health Subscales

Subscale	Minimum	Maximum	Mean	SD
Physical Health	21	42	34.47	4.92
Psychosocial Health	41	83	64.70	8.92
Total Child Health Score	69	132	106.28	12.89

Table 4. Correlation Matrix of Variables

Variables	Mental Health	P	Authoritative	Authoritarian	Permissive
Mental Health	1		0.16	-0.34	-0.13
Authoritative	0.16*	p = 0.042	1	-0.32	0.11
Authoritarian	-0.34**	p < 0.001	-0.32	1	0.20
Permissive	-0.13*	p = 0.037	0.11	0.20	1

*p < 0.05, **p <0.01

Table 5. Simultaneous Multiple Regression Analysis (Prediction of Mental Health by Three Parenting Styles)

Variable	B	Std. Error	Beta (β)	t	P	VIF	Tolerance
Constant	113.17	7.24		15.61	p < 0.001		
Authoritative Style	0.25	0.19	0.08	1.34	0.179	1.16	0.86
Authoritarian Style	-0.69	0.13	-0.30	-4.97	p < 0.001	1.19	0.83
Permissive Style	-0.20	0.15	-0.07	-1.36	0.174	1.08	0.92

$R = 0.35$, $R^2 = 0.12$, Adjusted $R^2 = 0.11$, $F = 13.65$, $p < 0.001$

Note: VIF values below 5 and tolerance values above 0.2 indicate no multicollinearity.

Discussion

This cross-sectional study examined the associations between Baumrind's parenting styles and children's mental health in a sample of Iranian mothers. The findings indicate that authoritative parenting is positively associated with children's mental health, while authoritarian and permissive styles show negative associations. Notably, in the multiple regression analysis, only the authoritarian style remained a significant independent associate of reduced mental health ($\beta = -0.30$, $p < 0.001$). However, the modest R^2 value (0.12) suggests that parenting styles account for a limited proportion of variance in children's mental health, highlighting the role of other, unmeasured factors.

Consistent with Baumrind's theory [8, 9] and recent studies [5, 10], authoritative parenting was positively associated with children's mental health. This association suggests that a balanced combination of warmth, support, and logical control may foster healthy personality development and social competence. However, given the cross-sectional design, these findings cannot confirm a protective effect of authoritative parenting.

The negative association between authoritarian parenting and mental health was the strongest among all styles. This aligns with previous research linking authoritarian parenting to neuroticism [3] and social anxiety [11]. The use of cold, humiliating control without emotional support may internalize feelings of worthlessness and helplessness in children. However, the direction of this association cannot be determined from the present data.

Although permissive parents maintain warm relationships with their children, the lack of boundaries and monitoring may prevent the development of self-control and responsibility [16]. This may explain the negative association with mental health found in this study and previous research [4, 5].

The most significant finding was that when all three styles were analyzed simultaneously, only the authoritarian style remained a significant associate of reduced mental health. This suggests that mitigating authoritarian behaviors is more critical than solely promoting authoritative strategies. However, this interpretation should be considered preliminary, as the cross-sectional design prevents causal conclusions.

The concept of "control" in authoritative parenting may have different meanings in collectivist cultures like Iran [14]. Future research should examine how cultural values influence the perception and effectiveness of different parenting styles.

Conclusion

In summary, this study confirms that while authoritative parenting is associated with higher levels of child mental health, its positive effect is contingent upon the absence of authoritarian behaviors. The findings demonstrate that the authoritarian parenting style is the strongest independent predictor of reduced mental health among children. Therefore, in parent-focused psychological interventions, the primary priority should be reducing authoritarian practices—such as physical punishment, humiliation, and yelling—rather than solely focusing on promoting authoritative strategies. These results highlight the necessity of culturally adapted parenting interventions in the Iranian context.

This study has several limitations that should be considered when interpreting the findings. The cross-sectional design precludes any causal conclusions and does not clarify the direction of relationships between parenting styles and child mental health. The sample was restricted to mothers of female elementary school students from one school in District 1 of Mashhad, which severely limits generalizability to other populations.

Both predictor and outcome variables were based solely on maternal reports, introducing common method bias and reporter bias. The Child Health Questionnaire (CHQ) is a general health-related quality of life measure rather than a specific mental health instrument. Although the psychosocial subscale was used, this should be considered when interpreting findings. The Cronbach's alpha for the permissive subscale (0.69) was below the conventional threshold, indicating limited internal consistency for this subscale.

Key demographic variables such as maternal mental health, paternal parenting style, family structure, marital status, and socioeconomic status were not assessed or controlled. The relatively low R^2 value (0.12) indicates that parenting styles explain only a small portion of variance in children's mental health, suggesting that other important factors remain unmeasured.

Based on the findings and limitations of this study, future research should employ longitudinal designs to establish temporal directions and examine developmental trajectories of parenting styles and child mental health over time, use multi-informant assessments including maternal, paternal, and child reports, as well as observational measures, to reduce single-informant bias use specific and validated mental health instruments rather than general health measures, examine moderating and mediating mechanisms such as family structure, socioeconomic status, and maternal mental health, replicate the study with a larger and more diverse sample across different regions of Iran, design and evaluate parenting interventions that specifically target authoritarian behaviors (e.g., physical punishment, verbal humiliation) and assess their effectiveness on child mental health outcomes.

Conflict of Interest

The authors declare no competing interests regarding this study.

Ethical Approval

This study was conducted in compliance with national ethical guidelines and COPE regulations.

Declaration of Generative AI and AI-Assisted Technologies:

During the preparation of this work, the authors did not use any generative AI or AI-assisted technologies. The

authors take full responsibility for the originality and integrity of this manuscript.

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