



Parenting style and depression among students: The mediating role of self-esteem

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Abstract: Parenting style has been highlighted as one of the causes of depressive symptoms and also influences adolescent self-esteem. Although many studies have investigated the effect of self-esteem on depression, few have considered its role as a mediator variable. Therefore, this study aims to analyze the direct effect of parenting style on adolescent depression and its indirect effect on self-esteem. An online survey was completed voluntarily by 555 respondents from four senior high schools in Bekasi, Indonesia. The Patient Health Questionnaire, Parental Authority Questionnaire, Rosenberg Self-esteem Scale, and Path-SPSS analysis were employed to prove the hypothesis. The results show a significant direct effect of parenting [authoritative ($\beta = -.257$, $p < .01$), authoritarian ($\beta = .181$, $p < .01$) and permissive ($\beta = .109$, $p < .01$)] on depression. In addition, there is an indirect effect of authoritative ($\beta = -.182$, $p < .01$) and authoritarian ($\beta = .055$, $p < .01$) parenting styles on depression as mediated by self-esteem. The study indicates the importance of positive parenting and the building of adolescents' self-esteem to avoid the risk of depression.

Keywords: adolescent; depression; mental health; parenting style; self-esteem

Abstrak: Pola asuh telah disorot sebagai salah satu penyebab gejala depresi dan harga diri remaja. Meskipun banyak yang menyelidiki pengaruh harga diri terhadap depresi, hanya sedikit yang menyelidiki peran harga diri sebagai variabel mediator. Oleh karena itu, penelitian ini bertujuan untuk menganalisis pengaruh langsung gaya pengasuhan terhadap depresi remaja dan pengaruh tidak langsung gaya pengasuhan terhadap depresi remaja melalui harga diri. Survei online ini diikuti secara sukarela oleh 555 responden dari 4 SMA di Kota Bekasi. Menggunakan *The Patient Health Questionnaire*, *Parental Authority Questionnaire*, *Rosenberg Self-esteem Scale*, dan analisis Path-SPSS untuk membuktikan hipotesis. Hasil penelitian menunjukkan pengaruh langsung yang signifikan dari pola asuh [otoritatif ($\beta = -0,257$, $p < 0,01$), otoriter ($\beta = 0,181$, $p < 0,01$) dan permisif ($\beta = 0,109$, $p < 0,01$)] terhadap depresi. Selain itu, terdapat pengaruh tidak langsung pola asuh otoritatif ($\beta = -0,182$, $p < 0,01$) dan otoriter ($\beta = 0,055$, $p < 0,01$) terhadap depresi yang dimediasi oleh harga diri. Penelitian ini mengimplikasikan pentingnya menerapkan pola asuh positif bagi orang tua dan membangun harga diri remaja agar terhindar dari risiko depresi.

Kata Kunci: remaja; depresi; kesehatan mental; gaya pengasuhan; harga diri

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Introduction

Adolescence is a transitional phase from childhood to adulthood. Among its basic features are the physical changes that impact psychosocial development. Depression experienced in adolescence is a common problem. It can occur because this is a developmental phase marked by the process of self-identity (Erikson, 1994). In general, depression in adolescents, can be caused by poor learning achievement; poor treatment from others, both from friends and parents; and unharmonious relationships with parents (Dianovinina, 2018).

Data from the World Health Organization (2021) shows that depression is the leading cause of illness experienced by adolescents, with suicide being the third leading cause of death among people aged 15-19 years. According to data from the Indonesian Ministry of Health (Kemenkes RI, 2019), the results of primary health research showed that depressive disorders begin to occur in the adolescent age range (15-24) with a prevalence of 6.2%. Research conducted by Peltzer and Pengpid (2018) on the prevalence of depression in Indonesia found the level of moderate and severe depressive symptoms was 21.8%. Other research outside Indonesia conducted by Mojtabai et al. (2016) on 172,495 adolescents aged 12-17 in the United States showed that depression had increased from 8.7% in 2005 to 11.3% in 2014.

The World Health Organization (2012) defines depression as a mental disorder, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, difficulty in sleeping, decreased appetite, fatigue, and lack of sleep or concentration. Jones (2015) defines it as a state of feeling very sad, hopeless, worthless, or helpless and that it can last for days, weeks, or even months. The symptoms are accompanied by disappointment, discomfort, lack of motivation and hope, pessimism and low self-esteem. According to Jones (2015), there are two main

types of depression: major depression, and dysthymic depression, otherwise known as persistent depressive disorder. Symptoms of major depression are loss of interest in life, feelings of guilt for no apparent reason, suicidal thoughts, weight loss or gain, lack of sleep or being tired all the time, and difficulty in concentrating. Another characteristic of depression is low self-esteem (Huberty, 2012); those suffering from this are at a higher risk of major depression (Jones, 2015). Primary depression symptoms can disturb daily routine activities. Indications are characterized by at least four symptoms of depression, including persistent sadness, feeling burdened, loss of interest in all activities, insomnia or excessive sleep, being slow to speak, changes in appetite, and thoughts of suicide. In addition, depression symptoms can be indicated by nine criteria that occur within two weeks: 1) feeling depressed almost every day; 2) reduced interest and pleasure almost every day; 3) significant changes in weight or appetite; 4) changes in sleep patterns, from insomnia to hypersomnia; 5) activity change; 6) feeling tired and without energy; 7) feelings of guilt or worthlessness; 8) reduced concentration; and 9) recurrent thoughts of death or suicide (Mental, 2019).

According to various studies, symptoms of depression in adolescents are influenced by external and internal factors. External ones include parenting style (Ebrahimi et al., 2017; Laboviti, 2015; Prativa & Deeba, 2019; Safitri & Hidayati, 2013; Sanjeevan & de Zoysa, 2018; Tujuwale et al., 2016), while internal factors include self-esteem (Fiorilli et al., 2019; Khan, 2012; Masselink et al., 2018; Orth et al., 2008; Yusuf, 2016). The relationship between parents and children is seen as the main factor influencing children's psychological health, especially parenting behavior (Fletcher et al., 2004). In addition, low self-esteem is a major factor that can increase vulnerability to depression (Beck & Alford, 2014; Hammen & Watkins, 2013).

Hastuti (2015) defines parenting as a way of raising children, which includes the experience, expertise, qualities and responsibilities of parents in the education and care of their children as they grow up into the individuals expected by their families and communities. Baumrind (1971) explains that parenting style is usually used to describe how parents control their children's social life. According to Baumrind, there are three typologies of parenting style: authoritative, authoritarian and permissive. He explains that the authoritative parenting style refers to parents who direct children's activities rationally; do not limit children; explain to them the reasons behind actions taken; respect the opinions and desires of their children; and apply balanced discipline. On the other hand, those who apply an authoritarian parenting style seek to shape, control and evaluate the behavior and attitudes of their children in line with established behavioral standards. This style prioritizes obedience, applies punishment, and instils normative values such as respect, believing that children must accept their parents' word as truth. Finally, the permissive parenting style means rules are applied without punishment; is characterized by acceptance; is affirmative to the wishes and actions of children; and makes minor demands the rules of behavior in the household. Permissive parents consider themselves a resource to fulfil all the desires of their children.

According to Riany et al. (2016), parenting styles in Indonesia are strongly influenced by traditional cultural values, and social and religious characteristics. Indonesian parents believe that adopting a traditional parenting style is the right way to educate their children. Religion is also part of the cultural value system that characterizes such styles. Furthermore, several studies on parenting in Asian cultures show that the styles that are believed to have a more optimal impact on child development are those that tend to exert control and sometimes apply punishment (Riany, 2021).

The family plays an essential role in individual psychological development, emotional interaction and maintenance of self-esteem (Ritvo & Glick, 2002). In a family environment, children first learn to discover the world, develop physically and mentally, learn basic norms, and learn how to communicate, which will shape their attitudes and behavior (Ebrahimi et al., 2017). Parental temperament affects parenting style and the quality of emotional relationships with children (Laboviti, 2015). Lack of love from parents and the absence of a harmonious relationship between children and parents can cause emotional and behavioral problems in young ones (Baumrind, 1966), so it is predicted that in such cases children will be prone to depression. When parents provide children with support, they will become more adaptable to the environment, and their motivation and competence will increase, making them more skilled in adjusting their behavior (Baumrind, 1971).

Self-esteem is an essential factor that affects many areas, such as speech, behavior, judgments, choices and emotions. It is said to be a measure of mental health; therefore, children and adolescents with low self-esteem tend to be prone to immoral and illegal behavior (Bong-Je, 2017). Furthermore, Winch and Rosenberg (1965) states that those with high self-esteem will respect themselves and consider themselves valuable. Even if they do not consider themselves to be perfect or better than others, they recognize their limitations and grow and develop healthily. Low self-esteem can imply self-rejection, and feeling dissatisfied, dishonourable and self-deprecating. Many factors affect a person's self-esteem, including their physical condition, and any disability or weakness that may give birth to negative perceptions about themselves, such as the emergence of feelings of shame, inferiority, and worthlessness. Therefore, during adolescence, a period of development, self-esteem is vital (Febristi, 2020). Measures which address self-esteem may play a crucial role in

reducing the risk of depression (Fiorilli et al., 2019). High self-esteem is associated with several conditions related to well-being, such as happiness and life satisfaction (Duffy et al., 2014), together with lower anxiety, depression, and loneliness. Adolescents with low self-esteem are therefore at higher risk of depression (Cacioppo et al., 2009).

Robertson and Simon (1989) suggest that for some perceptions of self-esteem tend to vary over time, and that a decline can lead to depression. The tendency to blame oneself for negative situations has been proposed as a cause of vulnerability to self-esteem. Adolescents with low self-esteem tend to feel dissatisfied with themselves, want to be someone else, have negative emotions, find it difficult to accept failure, are pessimistic (Baumrind, 1966), and often view various life events as negative (Yusuf, 2016).

Previous research suggests that depressive symptoms can be caused by negative social experiences and by those involved in them. Several characteristics of adolescent personality are conducive to depression, especially in relation to dysfunctional parenting (Laboviti, 2015). Laboviti (2015) explained in his study that the effect on adolescent depressive symptoms has a significant relationship between parenting style and depressive symptoms, with an authoritative parenting style being associated with lower depressive symptoms. Ebrahimi et al. (2017) found that the authoritative parenting style of parents had a significant negative effect on students' depression. In addition, the results of research conducted by Sanjeevan and Zoysa (2018) showed that parenting style had a significant relationship with adolescent depression. An authoritative style was demonstrated to be the best style in terms of positively affecting adolescents' mental health. Prativa and Deeba (2019) conducted research that analyzed the relationship between parenting style and adolescent depression in Dhaka, Bangladesh, and showed a significant influence between styles and

symptoms of depression in adolescents, with the most influential factor being an authoritative style. Riany et al. (2021), in their research comparing the parenting styles of two Indonesian-Australian cultures, showed that Indonesian parents had higher anxiety, lower depression and tended to use authoritarian parenting styles. Lack of the application of an authoritative parenting style was a predictor of children's behavioral and emotional problems.

Referring to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V, 2013), one of the symptoms of depression is low self-esteem. This is in line with research conducted by Khan (2012), which showed a negative correlation between self-esteem and depression, with self-esteem related to the level of depression in adolescents. It can be said that adolescents who view and evaluate themselves negatively are more likely to experience depressive symptoms than those who value themselves positively (Khan, 2012). Individuals with low self-esteem tend to feel dissatisfied and want to be someone else, experience negative emotions more often, find it difficult to accept failure and are excessively disappointed when they fail. Various events in life are seen as unfavorable; they find it challenging to relate closely to others; are pessimistic; and do not think constructively (van Zyl et al., 2015). Adolescents who experience symptoms of depression have low self-esteem (Lin et al., 2008). In addition, research from Masselink et al. (2018) and Fiorilli et al. (2019) found that self-esteem in early adolescence affects the incidence of depression in late adolescence and early adulthood. Based on the discussion above, research on adolescent depression is essential, as adolescents are the next generation, preparing to become strong and good quality humans both physically and mentally.

This study analyzes the direct and indirect effects of parenting style on adolescent depression. The literature discussed above has been used as

the basis for developing a theoretical framework, as shown in Figure 1. Based on this framework, it is hypothesized that parenting style and self-esteem have a significant direct influence on depression (H1, H2). It is also hypothesized that there is a direct effect of parenting style on self-esteem (H3), and that there is a significant indirect effect of parenting style on depression through self-esteem (H4).

Method

Research Design

A cross-sectional study design was employed as it was conducted over a certain period and was of an explanatory nature, namely research with the aim of testing hypotheses. The research method was quantitative; data were obtained from respondents by distributing online questionnaires via Google Forms. The data were obtained self-reports based on the perceptions of the respondents. The study was conducted in four senior high schools in Bekasi City, Indonesia, West Java Province. The reason for choosing these schools was because they met the research criteria. The study location was purposive because the highest number of adolescent depression cases on Java Island, the most populous island in Indonesia, is in West Java Province, with a prevalence of 7.8% (Kemenkes RI, 2019).

Research Sample

A non-probability sampling design was used because each member of the population did not

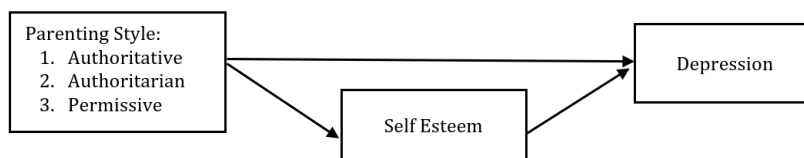
have the same opportunity to be sampled. That selected fitted the research criteria. In this voluntary technique, the sample was selected from respondents who were willing to volunteer and fulfilled the study requirements o (Murairwa, 2015). Five hundred and fifty-five students participated. The respondents' selection criteria included being grade 10, 11, or 12 at Public Senior High School in Bekasi City; living with their parents; able to access the internet; and willing to be respondents voluntarily. The choice of public high school was because such schools have a higher level of diversity in socioeconomic status than vocational or private ones. The majority of respondents were female (64%), with an age range of 14 to 19. The average age of the male respondents was 15.99, and that of the females 16.13.

Research Instruments and Procedures

The instruments in the study were tested for validity and reliability. All the measuring instrument items were proven to be valid in terms of the value of Sig.2 tailed below .05 or $r_{count} > r_{table}$ (Kumar, 2011). The reliability of the measuring instrument refers to the Cronbach's alpha value.

Adolescent depression was measured using a modified form of the Patient Health Questionnaire (PHQ-9) developed by Kroenke et al. (2001). It was only assessed based on the symptoms reported by the respondents. The rating scale in the PHQ-9 consists of four points: not at all = 0;

Figure 1
Conceptual Framework



a few days = 1; more than half a week = 2; and most days = 3. The interpretation of each score was 0-4, indicating minimal or no depression; 5-9, indicating mild depression; 10-14 moderate depression; 15-19 moderate-severe depression; and 20-27, indicating major depression. The Cronbach's alpha value was .777.

Parenting style was measured using a modified measuring instrument referring to the Parental Authority Questionnaire (Buri, 1991), grouped into authoritative parenting style, authoritarian parenting style, and permissive parenting style. There were ten statement items for each style. The instrument used a five-point Likert scale, namely 1 = strongly not at all appropriate; 2 = not appropriate; 3 = sometimes appropriate; 4 = appropriate; and 5 = very appropriate. The Cronbach's alpha value for authoritative parenting style was .803, for authoritarian style .819, and for permissive style .778.

Self-esteem was measured using a modified instrument from the Rosenberg Self-esteem Scale (RSES) developed by Rosenberg (1965). It consisted of ten items that measured global self-esteem, including positive and negative feelings about oneself. A four-point Likert scale was used, strongly appropriate, appropriate, not appropriate, and strongly not appropriate. The Cronbach's alpha value was .828.

The first step was to translate the instrument from English to Indonesian according to the Ejaan yang Disempurnakan (EYD), to develop the research instruments (Brislin, 1970). The research questionnaires were distributed online using Google Forms. First, the researcher contacted the schools, which then distributed the questionnaires to students through social media groups. Students who were willing to participate and met the requirements completed the questionnaire through Google Form. Then to prove the indirect effect of the variables that acted as mediators, the researcher used Sobel test analysis.

Data Analysis

The data obtained were processed using Microsoft Excel, the Statistical Package for Social Science (SPSS), and path analysis with SPSS. To control the quality of the data, validity and reliability tests were conducted. The instrument reliability test was performed using the Cronbach's alpha method. Regression analysis was also conducted to ensure there were no violations of the assumptions of normality, multicollinearity, heteroscedasticity or autocorrelation. The statistical analysis used was path analysis-SPSS with multiple regression to determine the variables directly and indirectly. The significance of the indirect variable was then subjected determined by the Sobel test.

Results

Table 1 shows that the three styles of parenting, authoritative ($\beta = -.257, p < .01$), authoritarian ($\beta = .181, p < .01$) and permissive ($\beta = .109, p < .01$), had a significant direct effect on the risk of depression among students. The authoritative style had a significant and negative effect, while the authoritarian and permissive styles had significant and positive effects. Self-esteem ($\beta = -.473, p < .01$) also had a significant and negative direct effect on the risk of depression. This indicates that the higher the self-esteem of students, the lower the probability of depression. The adjusted square value of .466 indicates that parenting style and self-esteem influence depression at a level of 46.6%, while the remaining 53.4% is influenced by other variables not included in this study.

Table 1 shows that only the authoritative ($\beta = .384, p < .01$) and authoritarian ($\beta = -.117, p < .01$) parenting styles had a significant direct effect on self-esteem. The value of the adjusted R-squared (.204) explains that parenting style affects self-esteem by 20.4%, with the remaining 79.6% influenced by other variables not examined in this study.

Table 2 shows the indirect effect of authoritative ($\beta = -.182, p < .01$) and authoritarian ($\beta = .055, p < .01$) parenting styles on depression mediated by self-esteem, while the permissive style has no indirect effect on depression through self-esteem. In the four hypotheses, the self-esteem variable has the most significant influence on adolescent depression. The results of the path analysis demonstrate that hypotheses 1, 2, 3 and 4 are accepted.

Discussion

The general purpose of the study was to analyze the direct effect of parenting style on adolescent depression and its indirect effect as mediated by self-esteem. Several hypotheses were tested, including the significant direct effect of

parenting style and self-esteem on adolescent depression. A significant direct influence was demonstrated, and an indirect effect of parenting style on adolescent depression through self-esteem.

Various previous studies have examined the direct effect of parenting style on adolescent depression, together with the direct effect of self-esteem on it. However, these studies did not examine the role of the self-esteem variable as a mediator in the influence of parenting style. Therefore, in this study, there are two focuses of analysis: the direct influence of parenting style and self-esteem on depression and the indirect effect on depression through self-esteem.

Tabel 1

Results of a Direct Effect of Parenting Style and Self-esteem on Depression and the Direct Effect of Parenting Style on Self-esteem

Hypothesis	Beta Standardized	t	Sig. 2 tailed
H1: Parenting Style:			
Authoritative → Depression	-.257	-7.035	.000**
Authoritarian → Depression	.181	5.246	.000**
Permissive → Depression	.109	3.261	.001**
H2: Self-esteem → Depression			
	-.473	-13.551	.000**
Adjusted R-Squared	.466		
H3: Parenting Style:			
Authoritative → Self-esteem	.384	9.225	.000**
Authoritarian → Self-esteem	-.117	-2.793	.005**
Permissive → Self-esteem	.045	1.088	.277
Adjusted R-Squared	.204		

Note: *Significant at $p < .05$; **Significant $p < .01$

Table 2

Results of the Indirect Effect of Parenting Style on Depression through Self-esteem

Hypothesis	Beta Value	Sig. (Sobel Test)
H4: Parenting Style:		
Authoritative → Self-esteem → Depression	$(.384) \times (-.473) = -.182$.000**
Authoritarian → Self-esteem → Depression	$(-.117) \times (-.473) = .055$.008**
Permissive → Self-esteem → Depression	-	-

Note: *Significant at $p < .05$, **Significant $p < .01$

The path analysis test shows that adolescent depression is influenced by parenting style and self-esteem. The authoritative style has a significant adverse effect on the risk of depression. This finding is consistent with the research results of Prativa and Deeba (2019), who found that such parenting is the best approach and has the most positive effect on children's mental health and social development. Children of authoritative parents usually have more substantial curiosity, are more efficient, more independent and responsible, and emotionally stable, so can avoid symptoms of depression.

However, authoritarian and permissive parenting styles have a significant positive effect on the risk of depression. This study is in line with the results of the research of Ebrahimi et al. (2017), who found that authoritarian and permissive parenting styles can increase adolescent depression levels. According to Baumrind (1966), the authoritarian style is associated with parents with high demands and low acceptance levels. They try to shape the attitudes and behavior of their children, whereas permissive parents see themselves as equal to their children. They avoid control, make few demands and consider themselves a resource. Permissive parenting is an ineffective parenting style as the parents are not involved in the process. They are physically present, but largely uninvolved with their children, lack emotional attachment, and consequently may risk internalizing feelings of rejection (Crosswhite & Kerpelman, 2009). The findings of this study indicate that the more parents adopt authoritarian and permissive parenting styles, the higher the risk of adolescent depression.

In the study, only authoritative and authoritarian parenting styles have a direct effect on self-esteem. This finding follows the research results of Alfiasari et al. (2011) and Sharma and Pandey (2015), and the findings of Zakeri and Karimpour (2011) and Aremu et al. (2018), that

warm, supportive, and accepting parents who are involved with their children will build high self-esteem in them. The importance of providing knowledge to parents about the effects of the best parenting styles and the effects of poor ones can prevent adolescents' mental health risks resulting from low self-esteem (Aremu et al., 2019). A notable finding of this study relates to the indirect influence of authoritative and authoritarian parenting styles on adolescent depression through self-esteem. The more authoritative the parenting style, the greater adolescents' self-esteem. High self-esteem will reduce their level of depressive symptoms. The study findings prove that adolescent self-esteem can mediate the correlation between parenting style and depression. This finding is in line with the results of research conducted by Patock-Peckham & Morgan-Lopez (2009) and Jin and Mofrad (2015), which show that self-esteem is a variable that mediates parenting style and depression.

Conclusion

It is concluded that an authoritative parenting style adopted by parents will increase adolescent self-esteem and reduce depression. On the other hand, an authoritarian style will lower self-esteem and can increase depression in adolescents. Finally, a permissive style can cause depression in adolescents; the more permissive, the higher the risk of depression. High adolescent self-esteem will reduce their risk of depression. Self-esteem also acts as a mediator between the influence of parenting style and adolescent depression.

The implication of these findings is the importance of adopting an authoritative parenting style and of building self-esteem in adolescents in order to avoid depression. Therefore, it is expected that parents will understand and employ such a style by providing a balance between control and affection, helping adolescents to avoid the risk of depression. It is recommended that schools

develop programs that can improve physical care and competence skills, giving students high self-confidence and feelings of being proud and valuable, which will increase their self-esteem. Based on the results of the study, further research is recommended which takes into consideration the location of the research sample; a broader area, for example, at the provincial or national level, will mean the results can represent the general risk of adolescent depression in Indonesia. It is also essential to consider paired respondents, children and parents, to compare adolescents' perceptions with those of their parents. Differentiating between the parenting styles of

fathers and mothers is also crucial for future research.

The limitations of the study are related to the scope of the respondents' residence, which only covers the Bekasi City area. Further research needs to be conducted over a wider area. In addition, there was no distinction between the parenting styles of the father and mother, and data collection was only based on adolescents' perceptions, without involving parents as respondents, which is considered to be a limitation of the study.[]

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