

**AN EVALUATION OF THE RELATIONSHIP BETWEEN PERCEIVED PARENTING
STYLES AND SYMPTOMS OF DEPRESSION AMONG SECONDARY SCHOOL
ADOLESCENTS IN MURANG'A EAST SUB-COUNTY.**

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Abstract

This study evaluated the relationship between perceived parenting styles and symptoms of depression among secondary school adolescents in Murang'a East sub-County, Kenya. The study adopted a cross-sectional correlational design where a sample of 369 students aged 14–18 was selected from rural, peri-urban, and urban mixed-gender secondary schools using stratified random sampling. Parenting styles were assessed using the Parental Authority Questionnaire (PAQ), while depression symptoms were measured using the Beck Depression Inventory-II (BDI-II). Descriptive and inferential statistics data analysis were used. Authoritative parenting was the most dominant parenting style (M= 33.63), followed by authoritarian (M= 33.22) and permissive (M= 25.21). Majority of participants under authoritative parents, reported minimal depression symptoms (38.3%), and least severe symptoms of depression (14.9%), a higher proportion of participants from authoritarian parenting reported moderate symptoms (31%), while those from permissive parenting households reported the highest levels of severe depression symptoms (27.5%). Chi-square test revealed no statistically significant relationship between parenting styles and depression symptoms $\chi^2 (6, N = 357) = 8.794, p = .188$. Results suggest that while parenting styles collectively were not associated with symptoms of depression, descriptive analysis demonstrated that authoritative parenting style had a buffering effect against symptoms of depression among adolescents. This study highlights the influence of parenting approaches in adolescent mental health, and emphasizes the need to strengthen authoritative parenting practices, along with school-based psychosocial support systems to mitigate depression symptoms among adolescents. To ensure holistic mental health care, other key factors such as, learning environment and peer dynamics need be considered as key areas in mental health intervention strategies. The study fills a gap in adolescent mental health research by generating evidence that can inform context specific mental health interventions and support policy formulation focused on promoting adolescent mental health.

Keywords:

Background

Perceived parenting styles namely authoritative, authoritarian, permissive, and neglectful are widely acknowledged as significant determinants of adolescent mental health [1]. These parenting approaches differ in levels of emotional warmth, discipline, and communication, all of which profoundly influence psychological development of adolescents [2]. Research has consistently shown that authoritative parenting, characterized by warmth and structure, is associated with lower rates of adolescent depression [3]. Conversely, authoritarian, permissive, and neglectful styles are often linked to increased emotional distress and a higher risk of depressive symptoms [4]. Understanding these relationships is crucial to developing effective early intervention strategies.

Authoritative parenting promotes emotional resilience by fostering open communication, consistent but flexible discipline, and strong emotional support [3]. Such an environment enables adolescents to express themselves freely, develop self-confidence, and build coping mechanisms that protect against psychological distress. In contrast, authoritarian parenting marked by rigid control and limited emotional responsiveness can suppress autonomy and reduce self-esteem, resulting in increased vulnerability to depression [5]. Lack of empathy and persistent criticism associated with this style can cultivate negative self-concepts, further compounding the risk of developing mental health challenges [6].

Permissive parenting, characterized by high levels of warmth but minimal enforcement of rules or expectations, often leaves adolescents without clear boundaries or emotional direction [7,8]. This lack of structure may contribute to poor self-regulation, emotional instability, and increased risk for depression [9,10]. Similarly, neglectful parenting, where emotional detachment and failure to meet basic needs prevail, can foster feelings of rejection and worthlessness in adolescents [11]. These individuals may also experience academic difficulties and social withdrawal, which, in turn, amplify their psychological distress and susceptibility to depressive disorders.

Globally, depression has emerged as a major mental health concern among adolescents. The World Health Organization estimates that 10% to 20% of adolescents suffer from a mental health condition, with many cases remaining undiagnosed due to their overlap with typical developmental challenges ^[12]. Depression ranges from mild emotional disturbances to clinical conditions marked by persistent low mood, loss of interest, and functional impairment ^[9]. Contributing factors include identity struggles, peer dynamics, academic pressure, and dysfunctional family environments ^[13]. There is thus an urgent need for targeted awareness and intervention programs to mitigate the long-term consequences of adolescent depression.

In the Kenyan context, adolescent depression is increasingly recognized as a pressing public health issue. A national mental health survey reported a 9.9% prevalence rate among older adolescents, with significant implications for school attendance, academic performance, and family relationships ^[7]. Certain groups, such as pregnant teenagers, exhibit even higher levels of depressive symptoms ^[14]. Among the most cited risk factors are harsh or inconsistent parenting, economic hardship, and lack of psychosocial support ^[15]. This study therefore seeks to evaluate the relationship between perceived parenting styles and clinical depression among secondary school adolescents in Murang'a East Sub-County, with the goal of informing context-specific mental health interventions.

Problem Statement

Childhood experiences, particularly those shaped by parenting styles, form the bedrock of an individual's emotional and psychological well-being. Parenting styles influence the development of coping mechanisms, self-worth, and emotional resilience. Adolescents who perceive their parents as authoritative characterized by warmth, support, and consistent responsiveness—are less likely to experience clinical depression due to the emotional security and autonomy they receive ^[15,16]. In contrast, perceptions of authoritarian, permissive, or neglectful parenting are frequently associated with emotional neglect, confusion, and heightened vulnerability to depressive symptoms. Despite this growing body of international evidence, limited attention has been paid to this phenomenon in the

Kenyan context, where adolescence is a particularly formative period for psychosocial development.

Adolescence is a critical developmental phase marked by rapid physical maturation, identity exploration, and expanding social relationships. These transitions, though natural, often generate increased susceptibility to mental health challenges, including depression. Environmental stressors such as academic expectations, peer dynamics, and familial discord can further strain adolescents' emotional well-being, especially when compounded by adverse parenting practices. In Kenya, cultural stigma around mental health, limited access to services, and the tendency to normalize behavioral shifts in adolescence contribute to the under diagnosis and neglect of depression among young people ^[17]. As a result, many adolescents endure emotional distress in silence, with few opportunities for therapeutic or preventative interventions grounded in their lived realities.

Although existing studies in Kenya have examined the influence of parenting styles on outcomes such as self-esteem, antisocial behavior, and juvenile delinquency ^[19,20], limited research has specifically addressed their relationship with clinical depression. Furthermore, a number of investigations are generalized, lacking granular, context-specific studies that explore regional variations in adolescent mental health. Notably, no known empirical study has comprehensively assessed the relationship between perceived parenting styles and adolescent depression within Murang'a East Sub-County. This research gap signals an urgent need for localized evidence to illuminate the psychosocial dynamics affecting adolescents in this area.

This study seeks to evaluate the relationship between perceived parenting styles and clinical depression among secondary school adolescents in Murang'a East Sub-County. By addressing this critical gap, the study aims to generate evidence that can inform locally relevant mental health interventions and support policy formulation targeted at adolescent well-being. Understanding the influence of parenting within specific cultural and socioeconomic contexts is essential to designing effective, culturally sensitive programs that promote mental health resilience among Kenyan adolescents.

Objective

To evaluate the relationship between perceived parenting styles and clinical depression among secondary school adolescents in Murang'a East sub-County.

Literature review

Parenting styles play a critical role in shaping adolescents' psychological development, particularly in relation to the onset and severity of clinical depression. Numerous studies across different cultural contexts have consistently shown that authoritarian or harsh parenting is positively associated with depressive symptoms in adolescents. For instance, it was observed that harsh parenting contributed to depression indirectly in China [21] through increased rumination and victimization. Elsewhere, a study conducted in Malaysia, observed that authoritarian parenting significantly correlated with negative emotional outcomes such as dysphoria and somatic complaints [22]. These findings collectively underscore the detrimental effects of emotionally rigid and punitive parenting on adolescent mental health.

Conversely, authoritative or positive parenting has been widely documented as a protective factor against depression in adolescents. Characterized by emotional warmth, consistent support, and balanced discipline, authoritative parenting fosters psychological resilience. Adolescents exposed to positive parenting profiles in China exhibited significantly lower levels of depression and anxiety [23]. The study identified emotional warmth and responsiveness as core elements of this parenting style, which were inversely associated with depressive symptoms (OR = 0.30). These findings, echoed across diverse cultural settings, highlight the centrality of emotionally supportive parenting in promoting adolescent mental well-being.

Beyond emotional warmth, the dimensions of responsiveness and behavioral control are also crucial in influencing adolescent mental health. In Ghana, it was established that authoritarian and permissive parenting styles were positively associated with depression, while authoritative parenting had a strong negative correlation [24]. Similarly, a study conducted in India reported that authoritative parenting was inversely related to adolescent depression ($r = -.677$), contrasting sharply with the depressive risks associated with

authoritarian and permissive approaches ^[25]. These observations suggest that parenting characterized by firm yet empathetic boundaries significantly reduces adolescents' vulnerability to depressive symptoms.

Cross-cultural research further reveals that parenting styles may shape adolescents' behavioral and emotional outcomes over time. For instance, optimal paternal parenting in Singapore moderated the relationship between childhood behavior problems and later socio-emotional functioning ^[26]. Studies conducted in Bangladesh ^[27] and Sri Lanka ^[28] also demonstrated that authoritative parenting was linked to lower levels of depression and stress. These findings suggest that when both paternal and maternal parenting styles are balanced and responsive, they serve as protective mechanisms against adolescent mental health challenges, irrespective of geographical or cultural context.

Evidence from African contexts, including Kenya, reinforces these global findings. A study conducted in Bungoma County, ^[29] linked parental dysfunction particularly intimate partner violence and parental depression—to adolescent depressive disorders. Elsewhere, studies conducted in Kiambu County also demonstrated that higher levels of paternal care were associated with lower depressive symptoms in adolescent boys ^[19, 30]. In Uganda, family cohesion was identified as a significant protective factor against depression ^[21]. These regional studies affirm the importance of parenting practices and family dynamics in influencing adolescent mental health within African socio-cultural settings.

Despite the robust body of international research, a notable gap persists in studies focusing on rural and underrepresented populations, particularly in low- and middle-income countries. Much of the existing literature has been derived from urban and Western contexts, limiting its applicability to more diverse environments. The reviewed evidence highlights both the universal relevance of parenting styles and the variations introduced by culture, socio-economic status, and local family dynamics. Therefore, the study in Murang'a East sub-County, Kenya, sought to address this gap by exploring how perceived parenting styles influence clinical depression among secondary school adolescents in a rural Kenyan context. The findings are expected to inform culturally sensitive interventions and shape

future mental health policy and practice.

Methodology

This study employed a cross-sectional correlational research design to examine the relationship between perceived parenting styles and clinical depression among adolescents in Murang'a East sub-County, Kenya. A total of 369 students, drawn from three mixed-gender secondary schools located in rural, peri-urban, and urban settings, were selected through purposive sampling. Within these schools, stratified random sampling by form and gender ensured proportionate representation across sub-groups. Data was collected using two validated instruments: The Parental Authority Questionnaire (PAQ) to assess parenting styles and the Beck Depression Inventory-II (BDI-II) to evaluate depressive symptoms.

PAQ was used to classify parenting styles into authoritative, authoritarian, and permissive categories, based on responses captured on a 5-point Likert scale. The BDI-II assessed depression severity across 21 symptoms, producing scores indicative of clinical depression risk. Both instruments have previously demonstrated strong psychometric reliability and validity in adolescent populations. Research tools were administered in a standardized format to ensure consistency, and the sampling approach allowed for a diverse and representative dataset, enhancing the generalizability of the study findings within the local context. Inclusion of schools from varying geographical settings enabled comparative insights across different environments.

Results

Correlation analysis was conducted to examine the relationship between perceived parenting styles and clinical depression among secondary school adolescents. Results as presented on Table 1 revealed a statistically significant negative correlation between authoritative parenting and clinical depression among adolescents ($r = -0.143$, $p = .006$). This indicates that adolescents who perceive their parents as warm, responsive, and appropriately controlling report fewer symptoms of depression. Such parenting fosters emotional security, open dialogue, and consistent guidance, which enhance psychological

resilience. These findings suggest that authoritative parenting serves a protective function against the onset of clinical depression. The style appears beneficial in nurturing adolescent mental health and could inform preventive frameworks in educational and familial contexts.

In contrast, authoritarian parenting demonstrated no statistically significant relationship with adolescent clinical depression ($r = -0.040$, $p = .452$). Despite being marked by strict discipline, high demands, and limited emotional warmth, this parenting style did not show a meaningful correlation with depressive symptoms. The absence of significance may be attributed to cultural norms that valorize parental authority or variations in adolescents' perceptions of strictness. These findings imply that authoritarian parenting does not directly influence adolescent depression in this context, though its long-term psychological effects warrant further investigation.

Permissive parenting exhibited a weak but non-significant positive correlation with clinical depression ($r = 0.049$, $p = .351$). Characterized by high responsiveness and minimal behavioral control, this style allows for emotional freedom but often lacks structure. Although the association was not statistically significant, the positive direction suggests a potential link to emotional instability or confusion in adolescents. The findings imply that, while not immediately harmful, permissive parenting may expose adolescents to vulnerability under certain conditions, particularly when consistent boundaries are absent. This area requires further longitudinal research to establish stronger causal relationships.

Neglectful parenting, also referred to as uninvolved parenting, showed a weak and statistically non-significant positive correlation with clinical depression ($r = 0.077$, $p = .145$). This style is characterized by low emotional responsiveness and minimal parental involvement. Adolescents raised in such environments may experience feelings of rejection, emotional neglect, or low self-worth risk factors known to contribute to depressive symptoms. Although the correlation did not reach statistical significance, the upward trend raises concern. These results suggest that neglectful parenting may subtly predispose adolescents to depression and should be further explored in future mental health studies.

Table 1*Correlation between parenting styles and clinical depression*

Parenting Style	Pearson Correlation (r)	p-value
Authoritative	-0.143**	0.006
Authoritarian	-0.04	0.452
Permissive	0.049	0.351
Neglectful/Uninvolved	0.077	0.145

A multiple linear regression analysis was performed to assess the predictive power of perceived parenting styles on the severity of clinical depression among secondary school adolescents. As shown on **Table 2**, the model yielded an R value of 0.162 and an R Square of 0.026, indicating that the four parenting styles collectively explained only 2.6% of the variance in depression severity. The adjusted R Square was 0.015, suggesting minimal improvement after accounting for the number of predictors. The standard error of the estimate was 10.280, reflecting moderate dispersion of scores around the regression line. The model's overall predictive strength was weak.

Table 2*Model summary for parenting styles and depression severity*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.162 ^a	.026	.015	10.28030
a. Predictors: (Constant), Permissive Parenting, Authoritative Parenting, Neglectful/Uninvolved parenting, Authoritarian Parenting				

An ANOVA test was conducted to determine whether the regression model predicting clinical depression from perceived parenting styles was statistically significant. As presented on **Table 3**, the model yielded an F-value of 2.402 with 4 and 358 degrees of freedom, and a p-value of .050. This result is on the threshold of statistical significance, suggesting that, taken together, the four parenting styles have a modest but noteworthy influence on depression severity among adolescents. However, considering the low R Square value reported earlier, the effect remains limited, indicating that additional unmeasured factors likely contribute more substantially to depression outcomes.

Table 3*ANOVA for perceived parenting styles and clinical depression*

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1015.287	4	253.822	2.402	.050 ^b
	Residual	37835.093	358	105.685		
	Total	38850.380	362			
a. Dependent Variable: Depression severity						
b. Predictors: (Constant), Permissive Parenting, Authoritative Parenting, Neglectful/Uninvolved parenting, Authoritarian Parenting						

Regression coefficients presented on **Table 4** provide insight into the individual contributions of each parenting style to adolescent depression severity. Neglectful or uninvolved parenting had a positive unstandardized coefficient ($B = 0.711$, $SE = 0.637$), but this relationship was not statistically significant ($p = 0.265$). Authoritative parenting, however, showed a significant negative association with depression severity ($B = -1.986$, $SE = 0.781$, $p = 0.011$), indicating that adolescents exposed to this style are less likely to exhibit symptoms of clinical depression. Authoritarian parenting demonstrated a negligible effect ($B = -0.027$, $p = 0.975$), confirming its lack of predictive value in this context.

Results further revealed that permissive parenting was weakly and positively associated with depression severity ($B = 0.486$, $p = 0.533$), but the relationship was not statistically significant. Collectively, the regression equation can be expressed as:

$$Y = 22.791 + 0.711X_1 - 1.986X_2 - 0.027X_3 + 0.486X_4 + \varepsilon,$$

where Y is depression severity, X_1 to X_4 represent the four parenting styles, and ε is the error term. While the overall model showed limited predictive power, authoritative parenting emerged as the only significant predictor, reinforcing its protective role in adolescent mental health. The findings highlight the importance of supportive and structured parenting in reducing depression risk among adolescents.

Table 4*Regression coefficients for parenting styles and depression severity*

Predictor	B	Std. Error	Beta	t	Sig.
(Constant)	22.791	4.094		5.567	0
Neglectful/Uninvolved	0.711	0.637	0.06	1.116	0.265
Authoritative	-1.986	0.781	-0.139	-2.542	.011*
Authoritarian	-0.027	0.872	-0.002	-0.032	0.975
Permissive	0.486	0.779	0.034	0.624	0.533

*Note: $p < .05$

Discussion

This study explored the relationship between perceived parenting styles and clinical depression among secondary school adolescents in Murang'a East Sub-County. Results showed that parenting styles collectively accounted for only 2.6% of the variance in depression severity, indicating a modest predictive effect. However, authoritative parenting emerged as the only statistically significant predictor, showing a negative association with depression. Adolescents who perceived their parents as warm, supportive, and structured exhibited fewer depressive symptoms, highlighting the beneficial role of this parenting style in adolescent mental health.

The other three parenting styles authoritarian, permissive, and neglectful/uninvolved did not show statistically significant relationships with depression. Authoritarian parenting, in particular, demonstrated no meaningful effect despite its high prevalence in the sample. This divergence from previous research may reflect cultural differences in how parenting behaviors are perceived and experienced. In many African communities, strict parenting is often interpreted as a sign of care rather than emotional rejection, potentially reducing its negative psychological impact.

These findings contribute valuable insights by focusing on a rural–urban transitional region in Kenya, a demographic often overlooked in adolescent mental health research. The study shows that while authoritative parenting is consistently protective, the effects of other parenting styles may be shaped by local cultural norms, family dynamics, and

environmental factors. Furthermore, the low overall explanatory power of parenting styles supports the idea that adolescent depression is influenced by multiple, interacting factors such as economic hardship, academic pressure, trauma, and peer relationships.

Conclusion

The study established that authoritative parenting had a statistically significant protective effect against clinical depression among adolescents. However, the overall regression model accounted for only 2.6% of the variance in depression severity ($R^2 = 0.026$), indicating limited predictive power. The other parenting styles authoritarian, permissive, and neglectful did not show significant associations with depression. These findings suggest that parenting style is just one of many factors influencing adolescent mental health. Broader influences such as peer interactions, school pressures, socio-economic challenges, and exposure to trauma must also be considered in addressing adolescent depression.

Recommendation

There is need for adolescent mental health interventions in Murang'a East Sub-County to adopt a comprehensive and collaborative approach. Schools should enhance their counseling departments and integrate mental health education into the curriculum to promote awareness and early detection. Parents should be equipped with practical skills to apply authoritative parenting strategies through targeted training and community outreach programs. There is also need for local health systems to establish community-based screening and referral services. A coordinated effort among educators, health professionals, and families is essential to addressing the multifaceted nature of adolescent depression effectively.

References

1. Cherry K.(2022). Why parenting styles matter when raising children: Development psychology Very well mind. <https://www.verywellmind.com/parenting-styles-2795072>
2. Lorence B., Hidalgo V., Pérez-Padilla J., Menéndez S.(2019). The role of parenting styles on behavior problem profiles of adolescents. Int J Environ Res Public Health. 16(15):2767. <https://doi.org/10.3390/ijerph16152767>

3. Jannah K., Hastuti D., Riany Y.E. (2022). Parenting style and depression among students: The mediating role of self-esteem. *Psikohumaniora J Penelit Psikol.* 7(1):39–50.
4. Baidoo-Anu D., Adomaa Acquah P.(2021). Social challenges of adolescent secondary school students in Ghana: Evidence from Cape Coast schools. *Int J Adolesc Youth.* 26(1):529–40.
5. Szkody E., Steele E.H., McKinney C. (2021). Effects of parenting styles on psychological problems by self-esteem and gender differences. *J Fam Issues.* 42(9):1931–54.
6. Allmann AE, Klein DN, Kopala-Sibley DC.(2022). Bidirectional and transactional relationships between parenting styles and child symptoms of ADHD, ODD, depression, and anxiety over 6 years. *Dev Psychopathol.* 34(4):1400–11.
7. Baumrind D. (1991). The influence of parenting style on adolescent competence and substance use. *J Early Adolesc.*11:56–95. doi:10.1177/02724316911111004
8. Nathania M, Satiadarma MP, Wati L. (2022). Adolescent emotion regulation who were raised with authoritarian parenting style. In: 3rd Tarumanagara Int Conf on the Applications of Social Sciences and Humanities (TICASH 2021) Apr. p. 1786–90.
9. Peleg O, Tzischinsky O, Spivak-Lavi Z. (2021). Depression and social anxiety mediate the relationship between parenting styles and risk of eating disorders: A study among Arab adolescents. *Int J Psychol.* 56(6):853–64.
10. Keijser R., Olofsdotter S., Nilsson .KW., Åslund C. (2020). The influence of parenting styles and parental depression on adolescent depressive symptoms: A cross-sectional and longitudinal approach. *Ment Health Prev.* 20:200193.
11. Romero-Acosta K., Gómez-de-Regil L., Lowe G.A., Lipps G.E., Gibson R.C. (2021). Parenting styles, anxiety and depressive symptoms in child/adolescent. *Int J Psychol Res.* 14(1):12–32.
12. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. (2022). 5th ed, text rev. Washington (DC): APA; <https://doi.org/10.1176/appi.books.9780890425787>
13. Carvajal-Velez L., Requejo J.H, Ahs J.W, Idele P., Adewuya A., Cappa C. (2023) Increasing data and understanding of adolescent mental health worldwide: UNICEF’s measurement of mental health among adolescents at the population level initiative. *J Adolesc Health.* 72(1):S12–4.
14. Tele A., Kathono J., Mwaniga S., Nyongesa V., Yator O., Gachuno O. (2022). Prevalence and risk factors associated with depression in pregnant adolescents in Nairobi, Kenya. *J Affect Disord Rep.* 10:100424.

15. Beckman L., Hellström L. (2021). Views on adolescents' mental health in Sweden – A qualitative study among different professionals working with adolescents. *Int J Environ Res Public Health*. 18(20):10694.
16. Beirão D., Monte H., Amaral M, Longras A, Matos C, Villas-Boas F.(2020). Depression in adolescence: A review. *Middle East Curr Psychiatry*. 27:1–9.
17. Mukola PM. Relationship between parenting styles and self-esteem in adolescents aged 13 to 18 years: A case of Ace Schools in Nairobi County [dissertation]. Nairobi: United States International University-Africa; 2022. <https://erepo.usiu.ac.ke/bitstream/handle/11732/7174/Mukola%2C%20Pauline%20M.%20MCP%202022.pdf>
18. Kay J. (2022). Parenting styles as antecedent to self-esteem of adolescents in Rongai Sub-County, Nakuru County, Kenya. *East Afr J Humanit Soc Sci*. 1(1):46–57.
19. Gitonga BN. Influence of parenting styles on social behavioural problems of female students in Njoro campus, Egerton University, Kenya [dissertation]. Njoro: Egerton University; 2021.
20. Buliva JK. Parenting styles and forms of delinquent behaviour among secondary school students in Butere Sub-County, Kakamega County, Kenya [dissertation]. Kakamega: MMUST; 2020.
21. Li M, Wang J, Ma P. (2023). The relationship between harsh parenting and adolescent depression. *Sci Rep*. 13:20647. <https://doi.org/10.1038/s41598-023-48138-w>
22. Azahari NA, Amir R. (2022). Parenting style and its relationship with depression among adolescents. *Int J Arts Soc Sci*. 5(3):23–8.
23. Qiu Z, Guo Y, Wang J, Zhang H. (2022). Associations of parenting style and resilience with depression and anxiety symptoms in Chinese middle school students. *Front Psychol*. 13:897339. doi:10.3389/fpsyg.2022.897339
24. Kugbey N, Acharibasam JW. (2016). The role of parenting styles and sex differences in adolescents' depression. *Br J Educ Soc Behav Sci*. 17(2):1–8.
25. Patel A, Kedari A. (2025). Perceived parenting style, depression and self-esteem among adolescents. *Int J Indian Psychol*. 13(2):117–28. doi:10.25215/1302.100
26. Ong MY, Eilander J, Saw SM, Xie Y, Meaney MJ, Broekman BF. (2018). The influence of perceived parenting styles on socio-emotional development from pre-puberty into puberty. *Eur Child Adolesc Psychiatry*. 27:37–46.
27. Prativa S, Deebea F.(2019). Relationship between parenting styles and depression in adolescents. *Dhaka Univ J Biol Sci*. 28(1):49–59.
28. Sanjeevan D, de Zoysa P. (2018). The association of parenting style on depression, anxiety and stress among Tamil speaking adolescents in the Colombo city. *Sri Lanka J Child Health*. 47(4):342–7.

29. Florence A, Michelle K, Michael K. (2022). Correlates of parental dysfunctionality and depressive disorder among adolescents in Bungoma County, Kenya. *Impact J Transform.* 5(1):38-49.
30. Kuboka VR, Gitonga C. (2018). Relationship between perceived paternal care and depressive symptoms among adolescent boys in Kiambu County. *J Adv Psychol.* 2(1):1-8.