

Perceived Parenting Styles and Adult Depression Severity in the Maldives

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Abstract

Parental practices, including parental warmth and strictness, contribute to child outcomes including child psychopathology. This study aimed to determine if there is a significant correlation between the perceived parenting styles (authoritative, authoritarian, and permissive) and adult depression severity in the Maldives. A total sample of one hundred and eight participants completed the Parental Authority Questionnaire (PAQ), including 75 females and 33 males, and the Beck Depression Inventory (BDI-SF). Results of the study show that authoritarian parenting style was the most prevalent, followed by the permissive style, as perceived by the participants. Analysis revealed that authoritative and permissive parenting styles had a weak negative correlation with adult depression severity, while the authoritarian parenting style had a weak positive correlation to increased severity of depression in adults. 75% of the participants self-reported depression, with 31% identifying with severe depression, indicating that parenting style may be one of several factors contributing to a high prevalence of perceived depression in adults living in Greater Male' Area.

Keywords: parenting styles, family socialisation, parental warmth, parental strictness, depression, adult outcomes

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Introduction

Parental involvement that is caring, warm, encouraging, and responsive to the child's needs, whilst developing the child's autonomy are consistently found to positively influence children's academic achievement (Boonk et al., 2018), mental wellbeing and health promoting behaviours (Westerlund et al., 2015). Parental overinvolvement, which is demanding and controlling, can cause anxiety, stress, delinquency, and low academic attainment (Padilla-Walker, Son & Nelson, 2021).

Extended family support and safe neighbourhoods serve as crucial socialisation contexts where children learn behavioural and emotion regulation skills through observational learning, parental instruction and feedback, and positive interactions with family members, peers, and other community members (Criss et al., 2019). Children learn to develop emotion regulation and social competence by interacting with others outside the family. It implies that every person the child is in contact with has the power to influence healthy child development to prevent psychopathology in the subsequent development stages. A child's social context and social ecology can influence the neurobiological, psychological, and social development outcomes for children (McLaughlin, Michl & Herts, 2013).

The development of a primary attachment relationship is a central development need in infancy and in early childhood. Learning goal-directed action and compliance during the toddler years leads to self-regulation skills. Adaptive development depends upon safety and security provided by responsive and appropriate caregiving. Regular and predictable care within a strong attachment relationship enables a child to regulate arousal, emotions, and behaviour adaptively. Adolescents with secure attachment to parents, high expectations from parents, and clear rules for behaviour and firm discipline are less likely to be at risk of depression (McLaughlin, Michl & Hearts, 2013).

Adolescents from families with poor child relationships, parental nonacceptance, parental criticism, and psychological control can put children at risk for concurrent and subsequent psychopathology. Adverse family environments such as domestic violence, marital conflict and parental psychopathology also put children at high risk of depression. Child maltreatment and maternal depression are associated with a high risk of depression in childhood, adolescence, and adulthood due to insecure attachment. Elevated cortisol levels due to anxiety and stress can cause neuroendocrine changes setting the stage for depression in the subsequent

stages of development. Parents in socio-economically disadvantaged circumstances are more likely to be depressed and engage in harsh and inconsistent parenting practices. Children living in urban poverty with reduced informal social controls promoting positive bonds are more likely to experience harsh and inconsistent parenting, poor supervision, and insecure child-parent attachment. Peer victimisation, discipline problems and violence at school are also associated with the risk of depression in adolescence (McLaughlin, Michl & Hearts, 2013).

Globally it is estimated that 6% of adults suffer from depression (World Health Organisation, 2021). National Drug Survey of 2011/2012 revealed that 15% of drug users in Male' and 9% of drug users in the atolls had been diagnosed with a psychological disorder, while 21% had self-reported perceptions of mental health problems (United Nations Office on Drugs and Crime, 2012). Among those admitted to Covid-19 health facilities, 9% of patients were diagnosed with depression, while 23% of patients had anxiety and 12% had stress (Dey et al., 2022). UNWomen survey of 2020, with a study of 4,730, stated that 68% of Maldivian women and 58% of men reported their mental health had been negatively affected by Covid 19 (UNWomen, 2020).

A survey conducted by the Maldivian Ministry of Education (2009) revealed that students between the ages of 13 to 15 reported insomnia (14.8%), sadness (35.5%), appetite issues (8.6%), and plans to commit suicide (22.2%). Research conducted by Shanoora and Nawaza (2018) revealed that out of a sample size of 932 students, 53% of Maldives National University undergraduate students self-reported suffering from depression based on Depression, Anxiety and Stress Scale-42 (DASS-42). An undergraduate research project by Lizfa Ibrahim (2016), using the Center for Epidemiological Studies Depression Scale (CESD) as the research instrument with 127 high school students, showed that 56% of the children were depressed. 41 out of 64 boys (64%) self-reported depression, while 30 out of 63 girls (47%) reported depression.

The high frequency of self-reported depressive symptoms in adolescents and young adults and underlying reasons have rarely been studied. Absence of social controls, social capital, and resources for childrearing compound adolescents' ability to develop socially appropriate behaviours and social competence, especially among youth growing up at socioeconomic disadvantage (McLaughlin, Michl & Hearts, 2013). Research suggests that parents who use practices based on evidence-based knowledge about parenting are more likely to use that knowledge when parenting (National Academies of Sciences, Engineering, and Medicine, 2016).

According to the DSM-V (American Psychiatric Association, 2013), depression impacts the individual's social, emotional, and physical life. Some symptoms of depression include lowered mood, diminished interest in activities, and suicidal ideation. The emergence of depression during adolescence (Thapar et al., 2012) suggests that parenting could be highly influential in determining if the child is more likely to develop depression as an adult.

This study aims to understand and investigate if there is a relationship between parenting styles and adult depression severity in the Maldives. The precarious consequences of parenting style and its study may be an asset for parents, teachers, and mental health professionals in understanding the trends in parenting styles of Maldivians. Research shows that parenting style with other supportive factors such as interactions, teacher support, and positive peer influences can influence children's psychological health and academic outcomes (Huang et al., 2023).

Research Hypothesis

H0: No significant relationship exists between parenting styles (Authoritative, Authoritarian, and Permissive) and depression severity in Maldivian adults.

H1: A significant relationship exists between parenting styles (Authoritative, Authoritarian, and Permissive) and depression severity in Maldivian adults.

Literature Review

Parenting styles is a combination of parental values, beliefs, attitudes, behaviours, practices, and emotional expressions towards their children, which form the basis of their childrearing and child–parent interactions. Parenting style is the emotional climate and degrees of control exerted in raising children (Darling & Steinberg, 1993). There are four types of parenting styles commonly studied: authoritative (democratic), authoritarian (disciplinarian), permissive (indulgent) and neglectful (uninvolved) parenting styles. The first three are based on the work of developmental psychologist Diana Baumrind (1966, p.889), which were refined by Maccoby and Martin (1983), dividing the permissive parenting style into two categories of permissive and neglectful parenting styles.

The parenting styles were constructed under a two-dimensional framework; demandingness and responsiveness (Maccoby & Martin, 1983; Ahmed &

Bhutto, 2016). According to Sevim (2014), demandingness (strictness) refers to the establishment of strict rules and limits, use of physical and verbal coercion, and demanding attitudes of the parents towards their offspring or the level by which parents control their child's behaviour and expectations of age appropriate mature or responsible behaviours. Responsiveness (warmth) refers to the degree of care and warmth demonstrated by the parent and sensitivity in responding to the child's emotional and developmental needs. For instance, permissive parenting styles are high in responsiveness and low in demandingness. On the other hand, authoritative parents demonstrate high demandingness and high responsiveness. Authoritarian parents are high in demandingness and low in responsiveness. A neglectful parenting style is low on responsiveness and low on demand (Bi et al., 2018).

Baumrind (1966, 1971) states that permissive parents allow their children to lead by their desires and wants. She posits that the permissive parent is not orderly, has fewer rules, and controls their child infrequently. Unlike permissive parenting, the neglectful parenting style is characterised by emotional coldness; there are no rules involved, little care, and disregard for the child as their responsibility (Maccoby & Martin, 1983). Neglectful or uninvolved disengaged parents themselves may have mental issues from childhood experiences of trauma, abuse, or neglect (David, 2021).

Authoritarian parents exert excessive control over their child's behaviour. Characterised by governing over their children through their power and authority, authoritarian parents are strict in their rules and restrict their child's autonomy over their own beliefs and rights in favour of the parent's (Lavrič & Naterer, 2020). They often elude giving the reasoning behind their rules and expect obedience without explanation or argument (Sarwar, 2016).

Authoritative parenting style, often considered the most ideal in America (Kuppens & Ceulemans, 2019), is not as restrictive as authoritarian parents yet not as lenient as a permissive parent. They exercise control over their child, but not always, as they believe that the child has the right to autonomy; when they exercise this control, they often communicate the reasons warmly and understandingly to their children (Lavrič & Naterer, 2020).

Responsive parents tend to have good socioemotional development, high cognitive competence, and effective bidirectional communication skills. High demanding parents may use negative discipline practices such as yelling and withdrawal of love. In contrast, other high demanding parents may use positive discipline practices such as time out to calm down and opportunities to reflect

on the consequences of their actions and positive behaviour modelling. Responsiveness can be characterised by kindness, empathy, and respect for the children (Maccoby & Martin, 1983).

High demandingness indicates that the parent has high expectations of their children that they believe the child must achieve. Thus, when the child does not reach these expectations, they may experience parental rejection. Parental rejection is the absence or withdrawal of affection from the parents to their children (Mendo-Lázaro et al., 2019). McLeod et al. (2008) found that instead of parental control, parental rejection had a more considerable impact on childhood depression. This is a common feature in authoritarian and neglectful parenting styles, as the withdrawal of affection from the parents falls under the attributes of low responsiveness. It was observed that these two parenting styles could cause detriment to emotional stability as facilitated through parental rejection (Mendo-Lázaro et al., 2019).

Baumrind theorised that different parenting styles would influence child development and a child's openness to parent's socialisation and goal-oriented practices, thus affecting child outcomes. In a bi-directional mechanism, children's temperament and behaviour can also affect parenting practices, parenting behaviours, parenting style, and the child's outcome. Garcia, Fernandez and Serra (2021) found that an indulgent (permissive) parenting style was associated with less emotional maladjustment for adolescents without antisocial tendencies, and authoritative and indulgent parenting were equally optimal for adolescents with antisocial tendencies. Authoritative parenting without high teacher expectations and positive peer support can lead to low academic achievement, while authoritarian parenting with positive peer support and high teacher expectations can lead to high academic achievement and prosocial behaviours (Huang et al., 2023; Spera, 2005). Research in US, Brazil and Spain with middle class adolescents suggest that indulgent parenting with warmth and no strictness produces equal or better results than authoritative parenting with warmth and strictness in achieving parents' socialisation goals of development of self-esteem and internalisation of social values (García et al., 2019). Parenting styles combined with other supportive socio-cultural and academic factors have been observed to facilitate independence, academic success, and fewer misconduct behaviours (Kuppens & Ceulemans, 2019; Tanvir et al., 2016).

In Maldivian culture, the trends of parenting styles are likely to follow other similar cultures. Research shows that collectivist cultures, such as Malaysia (Keshavarz & Baharudin, 2009), are more likely to have authoritarian parenting

styles. The changes to culture brought on by globalisation and urbanisation naturally have changed parenting styles (Sahithya et al., 2019). Demonstrating this, a research study done in the Maldives concerning parenting styles revealed that the most prevalent style of parenting experienced by adolescents in Male' is the authoritative parenting style (Sattar, 2012). There has likely been a switch in parenting styles throughout the generations, which resulted in a shift in trends.

The relationship between parenting styles and depression

In conjunction with testing the validity and reliability of the Parental Authority Questionnaire (PAQ), Uji et al. (2014) found that authoritarian parenting in childhood in both mothers and fathers exacerbated adult mental health in life functioning and mental wellbeing. Contrastingly, they found that experiencing authoritative parenting styles in childhood alleviated adult mental health. Furthermore, Milevsky et al. (2007) found that maternal authoritative parenting was related to higher self-esteem and lower depression. Similarly, Patock-Peckham and Morgan-Lopez (2007) found that negative or a lack of paternal parenting styles was predictive of higher depression in both male and female college students. Shabbir and Ishaq (2019) found that both permissive and authoritarian parenting was negatively correlated, while authoritative parenting was positively correlated regarding emotional intelligence and communication competence. Children's emotional intelligence and its role in maintaining depressive symptoms were significant, as per the research done by Davis et al. (2019). They state that a deficit in the discernment of emotions and low levels of emotion management skills and reasoned usage prolonged depressive symptoms.

Combining these findings could signify that permissive and authoritarian parenting could hinder the development of emotional growth. This is supported by the studies done by Wischerth et al. (2016) and Năstasă and Sala (2012). Similarly, Piko and Balázs (2012) found that authoritative parenting styles were negatively correlated with mood problems, markedly in girls. Interestingly, while paternal authoritative parenting predicted lower depressive symptomatology, only maternal responsiveness was a predictor for boys.

Conversely, maternal responsiveness significantly predicted higher depressive symptoms in girls. A study done in four areas of the Caribbean on tenth-grade students found that both authoritative and permissive parenting styles were associated with lower levels of depression than authoritarian parenting styles (Lipps et al., 2012). In graduate students, a similar pattern was observed;

Ebrahimi et al. (2017) found that authoritative parenting was negatively correlated with depression, while a positive correlation was found with authoritarian and permissive parenting styles.

Here, the subscales of the independent variable (parenting styles) are the different parenting styles (authoritarian, authoritative and permissive), and the subscales of the dependent variable are as determined by the scales of depression severity by the BDI-SF (none, mild, moderate, and severe). The independent variable of parenting styles is moderated by the difference in the levels of demandingness or responsiveness that the parents may have (Baumrind, 1966).

Methodology

This research utilised a survey questionnaire to test the correlation between parenting styles and depression severity. The data was collected online via a Google Form through work and college Viber Groups. Most of the forms returned were by college students. Data was collected between September and December of 2022.

Participants

Random sampling was used to recruit 108 Maldivians aged 20 to 40 living in the Greater Male' area of the Maldives. Most Maldivians become independent of their parents aged about 20 years (United Population Fund, 2017). This sample size was calculated by looking at how many Maldivian adults live in the Male' city area (National Bureau of Statistics, 2018). Seventy-five females and 33 males participated in the study.

Instrument and measures

Parental Authority Questionnaire

The "Parental Authority Questionnaire" or PAQ (Buri, 1989) was used to assess parenting styles. The PAQ consists of 30 questions with three subscales of 10 items each. The subscales measured permissive parenting, authoritarian parenting, and authoritative parenting. The items are scored on a Likert-type scale from 1= strongly disagree to 5 = strongly agree. The total number of points a participant can get from each subscale is 50. The subscale receiving the highest score was the participant's perceived parenting style.

PAQ is both highly reliable and valid in measuring parenting styles (Buri, 1991, Lynn & Ting, 2018).

Beck Depression Inventory – Short Form

The shortened form of the Beck Depression Inventory (BDI-SF) was used (Beck & Beck, 1972) to test depression severity. The BDI-SF consists of a total of 13 questions that measure different symptoms of depression, such as appetite levels and sadness. The scores of the questions are given 0-3 points, with the highest possible overall score being 39 (Simmons & Dashtipour, 2015). The scores are rated as per the ranges provided by Beck and Beck; no or minimal depression (score of 0-4), mild depression (score of 5-7), moderate depression (score of 8-15), and severe depression (score of 16 and above).

As one of the most common instruments in measuring the severity of depression, the BDI-SF is aimed at adolescents and adults. Beck and Beck (1972) tested the reliability of the shorter version and found that it was more reliable than the original 21-question inventory when compared to clinical ratings of the same patients. To test the instrument's validity, Furlanetto et al. (2005) did a study on 155 patients admitted to medical wards and administered the BDI-SF. They found that the BDI-SF is a valid instrument for measuring both moderate and severe cases of depression. This result is mirrored in the study done by Al-Yasiri and AbdKarkosh (2013).

The Cronbach alpha value of the BDI-SF (13 items; $\alpha = .861$) was relatively high, suggesting that it is a highly reliable questionnaire. The PAQ reliability scores were calculated using all items (30 items; $\alpha = .825$) and individually for each parenting style. Cronbach's alpha was highly reliable for the three parenting styles tested; permissive (10 items; $\alpha = .828$), authoritarian (10 items; $\alpha = .883$), and authoritative (10 items; $\alpha = .867$). In addition to testing for reliability, respondents were asked in the pilot phase of the study if any questions were difficult to understand and to estimate how long it took to complete the questionnaire. They had no trouble understanding the items, and it took them 10 to 15 minutes to complete the questionnaire.

Data Analysis

The Statistical Package for the Social Sciences (SPSS, Version 23) was used to analyse the data collected in this study.

Responses and exclusions

The responses for the online questionnaire were collected over four weeks and garnered a total of 118 responses. After cleaning the data for possible invalid responses, this study’s final number of participants was 108.

Normality test

Normality was tested for the data using the Kolmogorov-Smirnov and Shapiro-Wilk tests (see Table 1). The Kolmogorov-Smirnov test indicates that the data is not normally distributed ($D(108) = .153, p = .000$). Similarly, the Shapiro-Wilk test indicates that the data is not distributed normally as well ($W(108) = .927, p = .000$).

Table 1: Normality Tests

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Depression	.153	108	.000	.927	108	.000

A histogram was generated to illustrate the normality of the tests. According to the histogram, it indicates a positive skew as it is right skewed (see Figure 1). This indicates that the statistical tests done for normality are equivalent to the graphical demonstrations of normality; the data does not follow a normal distribution.

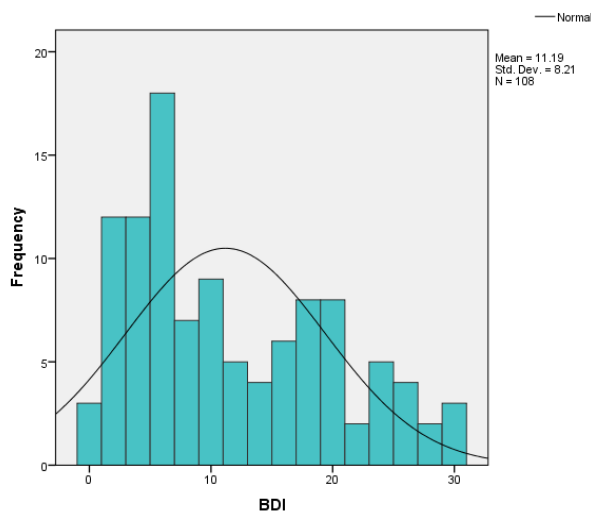


Figure 1: Histogram showing normal distribution

Ethical consideration

Ethical approval for this study was obtained from the Research Ethics Committee of Villa College.

Findings

Demographic Statistics

The respondents' average age was 28 years ($M = 27.88$, $SD = 6.627$ years) and all of the participants were currently living in the Male' city region of Maldives. The age groups 20-29 and 30-40 were represented, accounting for 73 (67.6%) and 35 (32.4%) of all, respectively. A large disparity was observed in the sample population regarding gender. Seventy-five participants (69%) were female, and 33 were male (31%). Seventy-seven participants (71%) did not have children, and 31 participants (29%) had children. Therefore, in this sample population, the majority of the participants were not parents themselves. Most participants ($n = 92$, 85.2%) stated that they had lived most of their lives within the Male' city region. Despite 16 participants stating that they did not live most of their lives in this region, they declared to be current residents of the Male' city region when they had filled out the form (see Table 2).

Table 2: Demographic Statistics of Population Sample

Categories		N
<i>Age</i>	20 – 29 years	73
	30 – 40 years	35
<i>Gender</i>	Female	75
	Male	33
<i>Children</i>	Yes	31
	No	77
<i>Mostly in Male'</i>	Yes	92
	No	16

Parenting styles

Three parenting styles were assessed in this study: permissive, authoritarian, and authoritative. The descriptive statistics of the three parenting styles were as follows: permissive ($M = 25.51$, $SD = 8.248$), authoritative ($M = 29.05$, $SD = 10.221$), and authoritarian ($M = 36$, $SD = 8.945$). Of most participants' parents, 66.6% ($n = 72$) had an authoritarian parenting style. Followed by this, the authoritative parenting style with 27.8% ($n = 30$) and permissive parenting style with 5.6% ($n = 6$) (see Figure 2).

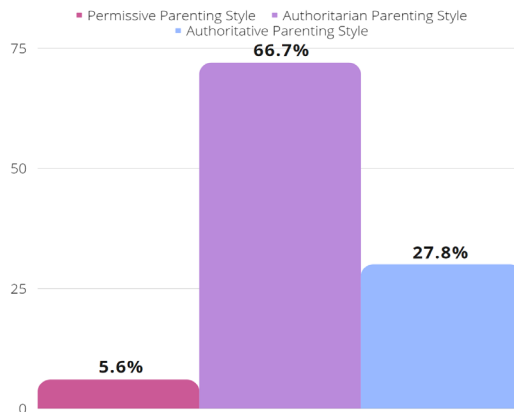


Figure 2: Bar Chart of the Participant's Parenting Styles

Note: The parenting style with the highest score for each participant was their parenting style.

After the participants completed the questionnaire, they provided information about which parent they associated with the parenting questions. The options given to the participants were mother, father, and mother and father equally. More than half of the participants ($n = 55$) reported associating the parenting style questions with their mother and father equally (50.9%). Only seven individuals (6.5%) said they identified the questions with their father, whereas 46 (42.6%) said they associated them with their mother (see Figure 3).

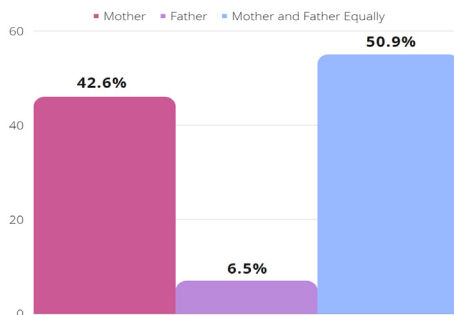


Figure 3: Bar Chart of the Participant’s Parental Association with Parenting Styles

Adult depression severity

The severity of the participants’ depression levels increased with each ascending subscale, except for the first subscale (see Figure 4). A total of 27 participants (25.0%) scored between 0 and 4 points in the minimal or no depression subscale. Following that, 21 participants (19.4%) had reported mild depression (scores between 5 and 7). 26 participants (24.1%) had reported moderate depression (scores between 8 and 15) while 34 participants (31.5%) had reported severe depression (scores above 16). The sample population’s mean BDI-SF score was 11.19 (SD = 8.210).

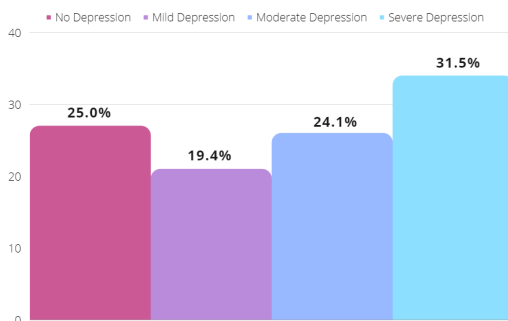


Figure 4: Bar Chart of the Participant’s Depression Severity

When analysed by gender, out of the 75 female participants only 20 reported no depression, with 14 women reporting mild depression, 14 more reporting moderate depression, and 27 reporting severe depression. The percentage of female participants reporting depression was 73%. Among the 33 male participants, 7 reported no depression, 7 reported mild depression, 12 reported moderate depression, and 7 reported severe depression. The percentage of male participants who self-reported depression in this study was 78%.

Correlation between Depression Severity and Parenting Styles

The relationship between depression severity and parenting styles was tested using the Spearman correlation coefficient. All parenting styles had a significant relationship with depression severity (see Table 3). Scatter plots were generated to visualise the correlations. In the generated scatter plots, each dot indicates an individual participant. The dot's position is determined by their score for the specified parenting style and depression severity score.

Table 3: Correlation between parenting styles and adult depression severity

		Depression	Permissive	Authoritarian	Authoritative
Depression	Correlation Coefficient	1.000			
	Sig. (2-tailed)	.			
	N	108			
Permissive	Correlation Coefficient	-.301**	1.000		
	Sig. (2-tailed)	.002	.		
	N	108	108		
Authoritarian	Correlation Coefficient	.400**	-.504**	1.000	
	Sig. (2-tailed)	.000	.000	.	
	N	108	108	108	
Authoritative	Correlation Coefficient	-.329**	.758**	-.559**	1.000
	Sig. (2-tailed)	.001	.000	.000	.
	N	108	108	108	108

The permissive parenting style had a negative correlation with depression ($r(108) = -.301, p < .01$) (see Figure 5). Negative correlations indicate that when one variable increases, the other variable decreases. Therefore, an increase in the strength of the permissive parenting style results in a decrease in adult depression severity.

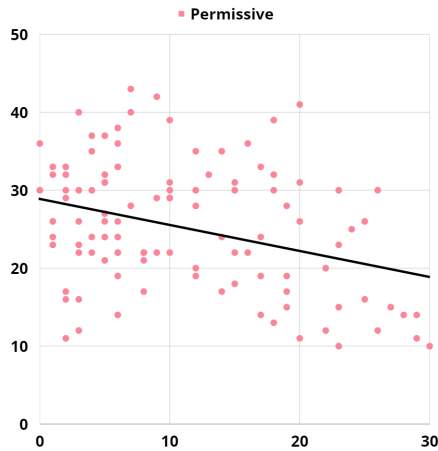


Figure 5: Scatter plot of permissive parenting styles and depression severity

Likewise, the authoritative parenting style also had a negative correlation with depression ($r(108) = -.329, p = .002$) (see Figure 6). These findings suggest that the parents’ increased authoritative and permissive parenting styles result in a decrease in adult depression severity in their children.

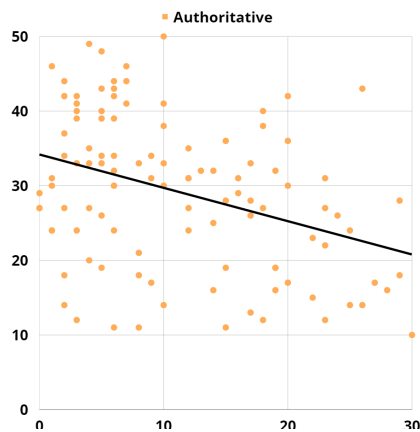


Figure 6: Scatter plot of authoritative parenting styles and depression severity

As for the authoritarian parenting style, it had a positive correlation with depression severity ($r(108) = .400, p < .001$) (see Figure 7). A positive correlation implies that an increase in one variable results in an increase in another. The correlation between authoritarian parenting and depression severity suggests that a stronger authoritarian parenting style applied by the

parents results in an increase in depression severity experienced in the adult offspring. Additionally, even though the strength of the correlations is weak, it is significant at the .01 level.

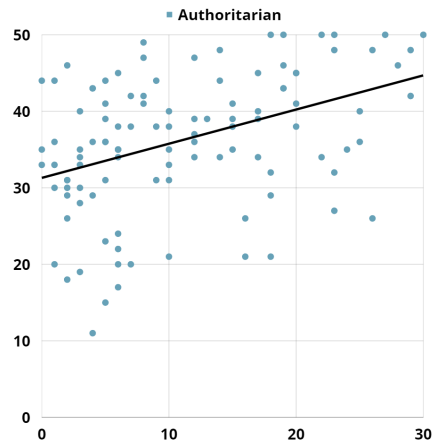


Figure 7: Scatter plot of authoritarian parenting styles and depression severity

The correlation is negative for the permissive and authoritative, while for the authoritarian, it is positive. The strength of the correlation can also be understood from the scatterplots. The closer the dots are to the trend line, the stronger the correlation.

The strength of the correlation between the permissive and authoritative parenting styles suggests that the authoritative parenting style has a slightly more significant relationship with depression severity. From this, it is understood that the relationships found between parenting styles and depression severity in descending order are authoritarian, authoritative, and permissive.

Discussion

The definition of parenting styles presented by Darling and Steinberg (1993) is that parents create an emotional climate in which the parents influence the child's life in all aspects. The parenting styles are determined by dimensions of how responsive(warm) and demanding (strict) the parent is towards the child. In the case of the authoritative parenting style, the parents are high in both responsiveness and demandingness. Permissive parenting, also known as indulgent parenting, is characterised by warmth but not strictness. As per the proposed hypothesis, parenting styles were found to have a significant relationship with depression severity. Reviews of previous research posit that authoritarian parenting is considered the most damaging parenting style when considering the child's mental health (Niaraki & Rahimi, 2013; Kuppens & Ceulemans, 2019; Mendo-Lázaro et al., 2019). This may be due to this parenting style demanding the most from their children without any reciprocity of the parents to the child in terms of warmth and sensitivity to the child's needs.

This study signifies that the permissive and authoritative parenting styles negatively correlated with adult depression severity, while the authoritarian parenting style had a positive correlation. In line with this, Lipps et al. (2012) assert that lower depression levels are observed in individuals with authoritative and permissive parenting than with authoritarian parenting. Moreover, Uji et al. (2014) found that both maternal and paternal authoritarian parenting styles had an adverse effect on mental well-being. This can also be seen in the current study; most participants indicated they associated the PAQ questions with their mother and father equally, and most participants had authoritarian parents.

From the precise alignment of the literature explored with the current study's results, it can be said that the findings can apply to the Maldivian culture, particularly to the individuals that reside in the Male' city region. The research by Sattar (2012) found that the most common parenting style among Maldivian adolescents is authoritative. However, the most common parenting style found in this study was the authoritarian one, followed by the authoritative one. Since this study was done on the adult population of Maldives, the variance could be due to the focused age group, indicating that perceptions of parenting styles depends on age of the offspring, with younger offspring perceiving warmth of parents which in effect may be absent in the actual parenting.

The correlation variances could be explained by examining the occurrence of

parental rejection in parenting styles. McLeod et al. (2008) and Mendo-Lázaro et al. (2019) found that parenting styles typically accompanied by parental rejection strongly affected depression and emotional stability. Parental rejection is most present in the authoritarian parenting style out of the three. Thus, the presence of a parenting style that involves parental rejection will increase the severity of depression. Hence, it could explain why the only positive relationship with depression severity found in this study was the authoritarian parenting style.

On the other hand, the negative relationships between parenting styles and depression severity could be explained by the level of responsiveness of a parent as mentioned before. The studies by Mehrinejad et al. (2015) and Miller et al. (2012) found that parenting styles high in responsiveness promote creativity, which in itself has been linked with depression, with emotional resilience as the mediating factor (Xu et al., 2021). Piko and Balázs (2012) state that demandingness only benefits the child if it is in equilibrium with responsiveness. Thus, the negative correlation between permissive and authoritative parenting and depression severity could be explained by the belief in equilibrium between the two dimensions of parenting styles

Conclusions and Limitations

The data on depression severity was gathered by self-reports rather than in a clinical environment, which may have resulted in reports of experiencing symptoms but not qualifying for the criteria for having depression.

There can be discrepancies between participants' perceptions and actual parenting styles. Additionally, a child can perceive indulgent parenting as strict and vice versa, depending on the child's personality traits.

The findings of this study cannot be generalised to all Maldivian adults and parents, since parenting styles and moderating factors for mental wellbeing can be different in urban and rural island settings. Previous research suggested that depression severity was lower in the atolls than in Male'. However, societal changes and the impact of Covid-19 on parenting and mental health of adolescents need to be investigated further.

The impact of parenting styles were reported on a singular measure. The impact of a father's parenting style can also influence the mother's parenting style, in a patriarchal society. Hence, parenting styles of both fathers and

mothers need to be investigated separately and the impact of fathers' and mothers' parenting styles on emotional resilience of children investigated further.

While there may only be a correlational relationship between depression severity and parenting styles, the likelihood of depression occurring in adulthood has been found to increase with specific types of parenting. Thus, more research is needed to explore the causal relationship between parenting, social ecology of the child and depression severity.

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