UNIVERSITY OF EDUCATION, WINNEBA

RELATIONSHIP BETWEEN PARENTING STYLE AND DEPRESSION AMONG ADOLESCENT STUDENTS OF WA SENIOR HIGH TECHNICAL SCHOOL IN THE WA MUNICIPALITY, GHANA

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(220032720)

A dissertation in the Department of Counseling Psychology, Faculty of Educational Studies, submitted to the School of Graduate Studies, in partial fulfillment of the requirement for the award of the degree of Master of Philosophy (Counseling Psychology) in the University of Education, Winneba

MARCHS, 2026

DECLARATION

Student's Declaration

I, SAMWINE SAMUEL, declare that this dissertation is my own original research and has not been presented for another degree.

Signature……

Date……

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of project work laid down by the University of Education, Winneba.

Prof. Stephen Antwi-Danso (Supervisor)

Signature……

Date……

DEDICATION

I dedicate this work to the families of Samwine and Gandiribe, particularly to my distinguished wife, Madam Portia, and my children, Samson, Seran, and Severin.

ACKNOWLEDGEMENT

I thank God and our Lord Jesus Christ for the divine blessings, protection, and strength that have helped me through my education.

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ABSTRACT

This extensive study examined the intricate relationship between diverse parenting methods and the incidence of depression among students at Wa Senior High Technical School in the Wa Municipality, located in Ghana's Western Region. This study sought to investigate the correlation between students' degrees of depression and the varying parenting styles of their parents, specifically within the student population of Wa Senior High Technical School. The research utilized a quantitative technique with a descriptive survey design to systematically gather and analyze pertinent data. A meticulous use of stratified, proportionate, and simple random sampling methods was utilized to choose 360 participants for this comprehensive investigation. The data collection utilized a carefully designed questionnaire comprising Beck's Depression Inventory, the Buri 1971 Parenting Authority Questionnaire, and original structured closed-ended items specifically developed for this study. The collected data was meticulously examined with SPSS software, facilitating the use of descriptive statistics, percentages, frequency distributions, and Pearson Correlation Analysis to derive meaningful insights. This study revealed that 27 students, representing 7.5% of the sample, displayed signs of severe depression, while 54 students, accounting for 15% of the sample, demonstrated indications of mild mood melancholy. A correlation was established between various parenting approaches and the levels of depression noted in students. The poll revealed that parents in this study predominantly used an authoritative parenting style. The results revealed that academic difficulties were the primary factor contributing to students' experiences of depression, with 216 students, or 60% of respondents, recognizing this as a major source of their mental health issues. A clear association was ultimately established between varying parenting approaches and the levels of depression experienced by students. Furthermore, the study determined that the authoritarian parenting style employed by parents tends to intensify depressed symptoms in pupils, whereas the liberal parenting style may mitigate these symptoms. Given these findings, it is advised that parents diligently avoid both authoritative and authoritarian parenting methods, opting instead for a more permissive approach. Moreover, it was advised that educational authorities provide remedial sessions specifically designed to assist pupils experiencing academic challenges, thus tackling one of the fundamental causes of their depression symptoms.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter contains the study's background, problem statement, goals, research questions, hypothesis, significance, limitations, delimitations, and framework.

1.1 Background to the study

Individuals often encounter instances in their lives where they may have an intense sense of sorrow or despair that can be exceedingly overwhelming. Experiencing sorrow and melancholy is entirely natural and anticipated during significant life events, such as the end of a meaningful romantic relationship, the relocation of a beloved friend, or the profound loss of a cherished individual. Moreover, the stresses stemming from an overwhelming academic workload, financial difficulties, or the obstacles presented by unemployment can profoundly affect our emotional well-being and general disposition. It is essential to acknowledge that this bleak and discouraging emotions generally subside over time, enabling us to once more participate in and enjoy pleasurable activities with our friends and family.

Occasionally, these feelings of sadness may endure and not subside, resulting in a diminished interest in activities and hobbies that formerly provided joy and pleasure. We may encounter challenges in managing our academic obligations or face considerable difficulties in getting out of bed each morning to confront the day. This

ongoing emotional turmoil may signify a more profound problem, potentially indicating the onset of severe depression, as observed by Bonsi in 2019.

Under specific conditions, when adolescents display indications of sadness or emotional detachment, either socially or emotionally, the adults surrounding them, including parents and educators, may misconstrue these behaviors as mere mischief or playful antics, neglecting to acknowledge that the young individual may be contending with the profound ramifications of depression, as emphasized by the Journal of Educational Research and Development in 2021.

Eisenstadt et al. (2025) determined that adolescents encounter a multitude of risk and protective factors, necessitating their navigation through a complex landscape of stressors and support systems as they strive to manage threats to their well-being and psychological health, indicating that youth face distinct pathways and challenges during this critical transitional phase of their lives. This transitional journey can elicit both exhilaration and trepidation, akin to the ascent of a mountain, where stunning vistas confer a deep sense of accomplishment; however, one may also lose their footing and descend perilously, an experience that can be both daunting and painful. According to Floyd et al., the majority of adolescents, similar to mountain hikers, engage in various positive life experiences, developing new skills and abilities, frequently identifying areas where they excel beyond their classmates. During this developmental stage, adolescents have considerable physical growth, enhancing their strength and stamina, which augment their overall talents. Maynard, Khalid, Valoojerdy, Talwar, and Bosacki in 2025 emphasize that adolescence is a dynamic and transformative developmental stage marked by significant changes in social

cognition and emotional understanding, reflecting variability in cognitive processing and emotional responses as teenagers' transition from childhood to the complexities of adult cognition. Adolescents may occasionally exhibit remarkable maturity and sound judgment; but there are moments when they regress to egocentric and immature conduct that can be regarded as juvenile, if not overtly childish.

The World Health Organization said in 2019 that adolescence, which is the time between the ages of 10 and 19, is a unique and important time in a person's life. During this time, teens go through a lot of changes in their bodies, minds, and relationships. They are also more likely to develop mental health problems when they are exposed to problems like poverty, abuse, and violence. Adolescence is a significant transitional phase from the naivety of infancy to the intricacies of maturity. A study by Kessler, Angeryer, and Anthony in 2007 shows that this time is very important for developing and keeping important social and emotional habits that are good for mental health. These essential habits include getting enough sleep, making time for exercise every day, learning how to deal with stress, solving problems, getting along with others, and learning how to control your emotions. It is important for the well-being of teens to support their mental health and keep them safe from harmful events and risk factors that could hurt their growth potential. This is important for their health and well-being as teens and as adults.

Scott (2018) posits that adolescence, similar to a climber navigating a steep mountain descent, can be frustrating, intimidating, and arduous. Frequently, life appears to be chaotic. Anger and hatred can emerge unexpectedly and subsequently dissipate. Adolescents grapple with their appearance, contemplating whether they are attractive

or repulsive. Instances of humiliation induce excruciating distress. Certain adolescents experience isolation due to the belief that no one values or comprehends their feelings. Many adolescents understand what it's like to face rejection or mockery.

Adolescents represent a unique and challenging developmental phase, and anybody interacting with them during a crisis or traumatic event must recognize certain distinctive qualities of their influence. Understanding the changes that occur in adolescents, how they interpret difficult situations, and the impact of trauma and depression on them is essential for grasping this specific developmental phase. Following a difficult incident, a facilitator must understand how to engage with adolescents. Depression may be intensified by adolescents' "emotional distress with their appearance, inability to achieve aspirations, experiences of embarrassment, and becoming targets of peer criticism and ridicule."

Depression, as defined by Smith, Saisan, and Segal (2019), is a mood disorder characterized by low self-esteem, disrupted sleep patterns, fluctuations in appetite or weight, and an inability to regulate emotions such as pessimism, anger, guilt, irritability, and anxiety.

According to the Guidance and Counseling Unit Civics Handbook for Schools (2018), depression encompasses much more than just momentary sadness. It is a severe mood condition that can alter your thoughts, emotions, and day-to-day functioning. You may feel hopeless and powerless when you're depressed, and it may seem like no one can relate. This encompasses facing problems that adversely impact self-esteem, including obesity, social difficulties, ongoing bullying, academic struggles, or being a

victim or observer of violence, such as physical or sexual assault, among other factors.

According to the World Health Organization (2019), depression is the fourth most common cause of illness and disability among teens aged 15 to 19 and the fifteenth most common cause in kids aged 10 to 14. Among youth aged 15 to 19, anxiety is the ninth most common cause of illness, and among those aged 10 to 14, it is the sixth most common reason. Emotional problems can have a big effect on how well students do in school and how often they go. Social withdrawal can make loneliness and isolation worse. In its most severe manifestation, depression may lead to suicide.

Smith, Robinson, and Segal (2019) assert that differentiating between depression and usual adolescent challenges may be difficult. To effectively assist our kids, we must actively work to comprehend and identify the symptoms and indicators of this illness in them. Teenagers are significantly more affected by depression than many of us realize, and adolescence can be a very difficult time. Estimates indicate that one in five adolescents from diverse origins will encounter depression during their teenage years. Even though depression is easy to cure, most teens who are depressed don't get care (Smith, Robinson, & Segal, 2019).

Adolescent depression is more than just moodiness, according to Smith, Robinson, and Segal (2019). It is a severe health issue that affects all facets of an adolescent's life. Fortunately, it is treatable, and parents, teachers, and counselors may all lend a hand. With our love, encouragement, and guidance, our kids have a chance to beat depression and get their lives back on track.

Multiple studies demonstrate that both internal and external factors influence symptoms of depression in adolescents. Contrasted with self-esteem, which is an internal factor, parenting style is an external one (Ebrahimi et al., 2017; Laboviti, 2015; Prativa & Deeba, 2019; Safitri & Hidayati, 2013; Sanjeevan & de Zoysa, 2018; Tujuwale et al., 2016; Fiorilli et al., 2019; Khan, 2012; Masselink et al., 2018; Orth et al., 2008; Yusuf, 2016). The constellation of attitudes a parent conveys to their child, which collectively establishes an emotional context for parental acts, is referred to as parenting. Low self-esteem is a characteristic of depression (Huberty, 2012); individuals who possess it are more prone to severe depression (Jones, 2015). Symptoms of primary depression may disrupt daily activities. Four or more depressive symptoms, including persistent melancholy, a sense of burden, anhedonia, insomnia or hypersomnia, slowed speech, hunger fluctuations, and suicidal ideation, are indicative of depression. Of the 2048 people who took part in the study by Suleiman et al. (2006), 10.3% reported suffering from depression. Suleiman et al. (2006) assert that numerous siblings, their spatial separation, the frequency of interactions, and insufficient parental support collectively lead to adolescent depression. The survey indicates that 11.2% of adults and 20.3% of children experienced mental health disorders, with depression identified as the predominant cause (Ministry of Health Malaysia, 2006). These percentages signify a minor segment of the population; yet, they demonstrate that depression is widespread among Malaysian young. The negative impacts of depression on teenagers have been demonstrated in earlier studies (Tsai et al., 2003; Sin & Lyubomirsky, 2009; Peluso et al., 2007).

Fletcher et al. (2004) see parenting conduct in particular as the primary element impacting children's psychological health. Furthermore, a significant contributing factor to an increased susceptibility to depression is low self-esteem (Beck & Alford, 2014; Hammen & Watkins, 2013). Ritvo and Glick (2002) assert that the family is essential for an individual's psychological development, emotional expression, and self-esteem preservation. Many factors influence children's attitudes and behaviors, including their ability to explore the world around them, physical and cognitive development, learning important social norms, and interactions within their families (Ebrahimi et al., 2017). Parenting is considered a crucial element of an individual's psychological well-being, as the family serves as the primary environment for human development. adolescent. Earlier academics developed the parenting style model, which states that variations in parents' parenting techniques can impact children's lives. For instance, a study by Kuppens & Ceulemans (2019) found that differences in parenting approaches had an impact on children's psychological well-being both directly and indirectly, affecting mental health outcomes, emotional regulation, and self-concept. The term "parenting" refers to the set of beliefs and values that parents instill in their children, which together create a safe space for the manifestation of parental actions. The temperament of parents influences parenting techniques and the emotional bond with their children (Laboviti, 2015). Children who have emotional and behavioral issues due to a lack of parental care or a dysfunctional relationship are more likely to suffer from depression, according to research by Baumrind (1996). Children who get parental support are more resilient, self-reliant, and eager to succeed, says Baumrind (1971). Parenting style, according to Baumrind (1971), is typically used to characterize how parents manage their kids' social lives. According to Baumrind, there are three distinct types of parenting styles: authoritarian,

authoritative, and permissive. According to him, parents with an authoritative approach carefully guide their children's activities, don't limit them, explain their thinking, respect their wishes and opinions, and use moderate punishment. Authoritative parenting is associated with enhanced mental health outcomes, as indicated by Pinquart's (2017) meta-analysis. According to Yap, Pilkington, Ryan, and Jorm (2014), adolescents with authoritarian parents demonstrate the lowest levels of depression. Additionally, authoritative parenting lowers the likelihood of depression, according to Steinberg & Morris (2001). However, individuals who use an authoritarian parenting approach want to mold, regulate, and assess the behavior and This approach, which holds that children must take their parents' word for it, places a high priority on compliance, uses punishment, and instills normative values like respect. Llorca, Richaud, and Malonda (2017) assert that adolescents subjected to authoritarian parenting are more prone to depression as a result of diminished self-esteem. Furthermore, Liem, Cavell, and Lustig (2010) shown that stringent, punishing parental control increases teenagers' vulnerability to depressive symptoms. Kawabata, Alink, and Crick (2011) assert that authoritarian parenting predicts the internalization of difficulties such as depression. Finally, the permissive parenting style is characterized by acceptance, the enforcement of rules without punitive measures, validation of children's wishes and actions, and the establishment of minimal behavioral expectations within the household. Permissive parents perceive themselves as a conduit for fulfilling all of their children's demands. Baumrind (1971) asserts that permissive parenting leads to insufficient self-regulation, hence increasing the likelihood of emotional difficulties. According to Eisenberg et al. (2005), permissive parenting correlates with inadequate emotional regulation, which is a precursor to

depression. Furthermore, due to a deficiency of discipline and guidance, adolescents with permissive parents may encounter feelings of sorrow (Garber & Flynn, 2001).

1.2 Problem Statement

Extensive research by Peltzer and Pengpid (2019), Mojtabai et al. (2016), the Indonesian Ministry of Health (Kemenkes RI, 2019), Adeniyi and Okafor (2011), Erikson (1994), Huberty (2012), Smith, Robinson, and Segal (2019) and others has shown that adolescent depression is a serious mental health issue that has drawn the attention of researchers around the world.

According to the Indonesian Ministry of Health's data (Kemenkes RI, 2019), a concerning 6.2% of depressive illnesses start in teenagers between the ages of 15 and 24. Peltzer and Pengpid (2018) found that among Indonesians, 21.8% experience moderate to severe depressive symptoms, which is a very high prevalence of the disorder. Moreover, a study done by Mojtabai et al. (2016) looked at a large sample of 172,495 American adolescents (12–17 years old) and found that the prevalence of depression increased significantly, going from 8.7% in 2005 to 11.3% in 2014.

An authoritative parenting style was shown to be connected with a decrease in depression symptoms among adolescents, according to Laboviti (2018), who found a strong correlation between parenting styles and depressed symptoms in this age range.

A large body of research from across the world has linked certain parenting approaches to an increased risk of depression in adolescents. For instance, 232 teenagers enrolled in public schools in Colombo City, Sri Lanka, were the subjects of

a cross-sectional study that sought to identify any correlation between parenting approaches and symptoms of depression in this group. The likelihood of teenagers suffering from depression is greatly impacted by three different parenting styles, according to a voluntary online survey that was carried out with 555 participants from four senior high schools in Bekasi, Indonesia.

A positive parenting style—characterized by warmth, structured guidance, autonomy support, high expectations, and clear communication—correlates with decreased depressive symptoms, according to a Swedish study by Keijser et al. that focused on the link between parenting styles and adolescent depression. Conversely, a negative parenting style—characterized by rejection, chaotic environments, coercive interactions, controlling behaviors, low warmth, and limited communication—associates with increased depressive symptoms in adolescents aged 16 to 18 years. The Bangladeshi researchers Sanchary and Farah Deeba utilized convenience sampling to collect data from a group of one hundred teenagers about the relationship between parenting styles and depression. The prevalence of depression has been inconsistently recorded across various regions, with Africa being significantly affected; for instance, Ethiopia reports rates between 28.5% and 45%, Egypt between 37.5% and 44.4%, Uganda between 19% and 29.3%, Nigeria at 44.7%, and Sudan at 47.5%. These concerning findings point out the importance of trying to uncover the several causes leading to the increasing rates of depression throughout the African continent.

Educators at Wa Senior High Technical School have seen pupils exhibiting early symptoms of depression, including a tendency to sleep excessively during class, a

dramatic decrease in enthusiasm for formerly enjoyable activities, a lack of focus during lessons, and a desire to avoid interacting with peers. Additionally, based on the researcher's interactions with students, their academic performance, and teacher referrals, it is suspected that the students' depressive symptoms may be related to the parenting styles they were exposed to. The researcher thinks this is a big problem that needs fixing because it makes kids not do well in school, wrecks their social lives, and could make most of the kids in the town drop out. All of that could lead to more deviant behavior, like stealing and prostitution, which would make teen pregnancy even worse. Additionally, the country's unemployment rate rises as a result of students quitting school because they are unable to finish their education, which increases the number of armed robbery incidents. Adolescent depression is linked to other issues like conduct disorder, substance misuse, antisocial behavior, or personality disorders; at its worst, depression can lead to suicide (W H O, 2005).

Due to the scarcity of study on depression and parenting methods, the researcher intends to address the demographic and geographic deficiencies, as limited studies have been conducted on adolescent students or within the Wa municipal region. Finding out what works best for parents to help their children deal with depression and succeed in school is the goal of this research.

1.3 Purpose of the Study

With Wa Senior High Technical School in the Wa Municipality serving as a case study, this study aimed to investigate whether there is a connection between parenting styles and teenage depression.

1.4 Objectives of the Study

These were the aims of the research:

1. find out the prevalence of depression among students of Wa Senior High Technical School.

2. identify the prevalence rate of depression between male and female students of Wa Senior High Technical School.

3. examine the parenting style of parents of students of Wa Senior High Technical School.

4. examine the relationship between parenting style and depression among students of Wa Senior High Technical School.

1.5 Research Questions

To direct the investigation, we posed the following research questions:

1. What is the prevalence of depression among students of Wa Senior High Technical School?

2. What is the prevalence rate of depression between male and female students of Wa Senior High Technical School?

3. What is the predominant parenting style of parents of Wa Senior High Technical School Students?

4. What is the relationship between parenting style and depression among students of Wa Senior High Technical School?

1.6 Hypotheses

Ho1. There is no correlation between parenting style and depression among students of Wa Senior High Technical School.

H1. There is correlation between parenting style and depression among students of Wa Senior High Technical School.

1.7 Significance of the Study

The importance of this study cannot be emphasized enough, as it will add to our current understanding of adolescent depression. This will fill a gap in the literature while also opening up a new line of inquiry.

Significance to Policy

School administrators, guidance and counseling coordinators, and educational authorities will be able to use the results to develop more effective programs to intervene in adolescent depression. The data could be used as a foundation for developing school-based mental health programs that target children' early detection and prevention of depressive symptoms.

Additionally, the results will guide policy decisions on enhancing senior high school guidance and counseling departments. The findings can be used by educational officials to create structured parenting education programs that support beneficial parenting practices, especially those that emphasize warmth, responsiveness, and suitable supervision.

Significance to Theory

The research contributes to the understanding of parental practices, mental health, and adolescent development. It will aid us in increasing our understanding of how various parenting philosophies affect teenage depression symptoms.

Furthermore, recognized developmental and psychological theories that demonstrate the importance of parent-child connections in influencing teenagers' emotional well-being will receive empirical support from this study. By investigating the link between parenting style and depression, this study adds to the current body of

knowledge. It may also enhance theoretical understanding within the social framework of the research location.

Significance to Practice

Students, parents, instructors, and school counselors will all gain practically from the discovery. By learning more about depression's origins, symptoms, and coping mechanisms, students will be better equipped to spot early warning signs and seek help.

The study will enlighten parents' eyes to how their parenting practices affect their kids' mental health. This information may inspire parents to adopt more responsive and supportive parenting approaches.

Teachers and guidance counselors would do well to familiarize themselves with the research on the correlation between parental approaches and their children's psychological well-being. With this information, they will be able to create suitable counseling interventions, offer prompt assistance, and put preventive measures in place to lessen adolescent depression.

1.8 Limitations

Both influences and weaknesses are shown in this investigation. Some flaws and gaps are beyond the researcher's control. The majority of the studies is based on questionnaires, such as the Buri Parenting Style Questionnaire and the Beck Depression Inventory, which measure different aspects of parenting. Because they may be afraid, embarrassed, or misunderstand the questions, students may either exaggerate or underreport their experiences. Because this study only included adolescents at Wa Senior High Technical School in the Wa town, its results may not be generalizable to all teenagers in Ghana. The surveys' accuracy may also be affected

by contextual differences in Ghana regarding their psychometric qualities. Using a positivist stance, the research limited itself to quantitative tools and descriptive questionnaires in order to comprehend the subject. Although the researcher had the opportunity to include other senior high schools in the study, she was constrained by time, resources, and convenience and ultimately chose Wa Senior High Technical School. The results may not be representative of teenagers in Ghana as a whole since the poll only included one senior high school in Wa Municipality.

1.9 Delimitations of the Study

Depression can be evaluated at the syndromic, symptomatic, and pathological levels. In this study, the researcher concentrated on analyzing depression among students at the symptom level. Counselors and teachers at Wa Senior High Technical School in the Wa Municipality of the Upper West Region had noticed that some students exhibited symptoms of emotional instability, low motivation, withdrawal, academic decline, and depression, which led them to restrict the study to those students. Additionally, the researcher has easy access to Wa Senior High Technical School for follow-ups, explanations, or multiple visits. This guarantees seamless data collecting and lessens logistical difficulties. Additionally, the study is restricted to Wa Municipality because there aren't many studies in the area that particularly address parental practices and teenage depression. Because of this, the study is both academic and timely.

The researcher can easily visit, clarify, and follow up with the Wa Senior High Technical School. This lessens logistical difficulties and guarantees efficient data collection. Additionally, the study is restricted to Wa Municipality because there aren't many studies in the area that particularly address parental practices and adolescent depression. The work is therefore both academic and timely.

The research was limited to the cognitive theory of depression, which is based on the theories of Bandura (1977) and Beck (1967), two foundational models of parent-child relationships, and on the theory of attachment and social learning.

1.10 Organization of the Study

Five sections made up the study. The study's context, issue statement, goals, research questions, significance, constraints, and delimitations are all covered in the first chapter.

A comprehensive review of the relevant literature was the subject of the second section. Understanding and clarifying complex issues surrounding parenting behaviors and adolescent depression was the major goal of the literature review.

The methods used to conduct the research are detailed in Chapter 3. The study's setting, methodology, data needs, sample strategies, and instrument pre-testing are all laid out in Chapter 3. Presenting the research findings is the first step in this chapter. These findings were based on information collected from the field.

The fourth chapter presents the study's findings or conclusions. Chapter 5 summarizes the main findings, conclusions, suggestions, and areas for additional research.

Definition of Terms

Relationship: The statistical or conceptual connection between two or more variables is referred to as a relationship. It involves examining the correlation between parenting approaches and levels of student depression.

Parenting Style: A parent's constant pattern of actions, attitudes, and parenting techniques is referred to as their parenting style. Baumrind identifies three primary styles:

- Authoritative: High levels of friendliness and command
- manage Authoritarian-cold and domineering

- Gentle, caring, and uninvolved

Depression: Persistent emotions of sadness, hopelessness, loss of interest, low energy, and behavioral or cognitive abnormalities that interfere with day-to-day functioning are the hallmarks of depression.

Adolescents/Adolescents Students: Young individuals in the developmental stage between the ages of 10 and 19 are known as adolescents. We consider students enrolled in this academic year at Wa Senior High Technical School to be teens for the purposes of this research.

Wa Senior High Technical School: Wa SHTS is an educational institution located in the Wa Municipality in Ghana's Upper West Region. This study employed Wa Senior High Technical School as the designated setting for data collection.

Students: Students are people who are enrolled in Wa SHTS's educational programs. They are the main subjects whose depression levels and parenting experiences were evaluated.

Municipality (Wa Municipality): Wa Municipality's administrative territory is part of the Upper West Region. It delineates the area from which the population and educational institutions derive, thereby furnishing the study with its geographic context.

Variables: The components or traits that can be measured, altered, or observed are known as variables. They are what a researcher investigates in order to look at connections, impacts, or distinctions.

- Independent variable: (parenting style), the variable that is manipulated or considered as the cause or predictor in a study.

- Dependent variable: (depression), the variable that is measured or observed as the outcome, effect, or result.

Adolescence: a developmental phase marked by rapid transformations in the physical, cognitive, and social domains

Psychological wellbeing: the emotional and mental state of a person.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this section, we reviewed research that looked at the relationship between parenting styles and student depression. The study goes on to cover the following topics:

- Theoretical Framework
- Conceptual Framework
- The Concept of Adolescence
- The Concept of Depression and its Prevalence
- Adolescence and Depression
- Factors causing Adolescent Depression
- The concept of Parenting Style
- Types of Parenting Style
- Relationship Between Parenting Style and Depression

2.1 Theoretical Framework

The study was founded on the following theories: cognitive treatment for depression, social learning theory, attachment theory, and psychosocial theory.

1. **Butler and Beck (2000) cited the Cognitive Theory of Depression (1967).** This theory analyzes unfavorable thoughts, attitudes, and beliefs, termed cognitive processes, and emphasizes cognitive reorganization (Sanderson, 2003). Beck discovered that persons with depression engage in negative information processing. They transmit self-blame and self-criticism through internal dialogue. On top of that, they view things adversely even when a more optimistic view would have been more appropriate, and they often foretell their own demise or

disaster. Beck theorizes that these people experience depression due to the activation of three harmful autonomic ideas. The Beck cognitive triangle, as described by Sharp (1996), consists of three parts: an unfavorable opinion of oneself, an equally poor opinion of the world, and an even more dire prediction for one's own future. The key focus of cognitive therapy is on the client's own ideas and perceptions (Sanderson, 2003). In cognitive therapy, the core tenet is that one's ideas and views have the most influence on their feelings and actions. Distorted cognitive patterns that dictate how an individual understands life experiences are regarded as the cause of emotional disturbances (such as anxiety or sadness). The main goal of cognitive therapy is to assist patients in reorganizing their thought processes. The goal of cognitive therapy is to help people think more clearly and rationally (Sharf, 1996). As a result, the person may feel better overall, have better mental clarity, and make better decisions (Bush, 2003). Cognitive behavioral theorists claim that depression arises from maladaptive, erroneous, or irrational cognitions that result in distorted thoughts and judgments. Children in a dysfunctional household may adopt socially depressed ideas after observing their parents' ineptitude in managing stress. Cognitive behavioral theory posits that depression arises from a disparity in thought processes between individuals who are depressed and those who are not. This concept is essential to the study as it will help students understand that depression correlates with the quantity of unpleasant thoughts experienced. Depression stems from pessimistic thoughts about one's own worth, society, and the future. Parental styles influence cognitive schemas that include depression, negative self-perceptions, and harsh discipline, neglect, or criticism. Parenting fosters resilience, affirmative self-perceptions, and fosters a nurturing environment. Cognitive development arises from parenting.

Overly controlling or negligent approaches may intensify maladaptive cognitive patterns.

2.Theories of parenting styles proposed by Diana Baumrind in 1967

A crucial paradigm for understanding parenting behavior was laid out by clinical and developmental psychologist Diana Baumrind. In her 1967 seminal work, Baumrind observed preschool children and their parents to classify patterns of parental control, communication, and nurturance. Her research emphasized how parental responsiveness and parental demandingness shape children's behavior, emotional, and social development. Baumrind identify two core dimensions:

(a) The degree to which parents exhibit love, acceptance, engagement, and support is referred to as parental responsiveness (warmth/nurturing). High responsiveness: friendly, talkative, and emotionally encouraging. Low responsiveness: rejecting, aloof, and unresponsive.

(b) Parental demandingness (control/expectations), refers to the degree of behavioral control parents exert, including rules, supervision, maturity demands, and discipline. High demandingness – consistent rules, monitoring, expectations. Low demandingness – few rules or inconsistent control. The combination of these two created three parenting styles in 1967.

1. Authoritative parenting, which include; high demandingness, high responsiveness, clear rules but warm, supportive and democratic. It encourages dialogue, independence and reasoning.
2. The parenting style is characterized by strictness, control, obedience, emotional coldness, authoritarianism, high demands, and a lack of responsiveness.

3. Permissive parenting is characterized by modest demands, strong responsiveness, warmth, acceptance, few restrictions, extreme leniency, and avoidance of conflict.

It is significant as it classifies parenting styles into three distinct categories: permissive, authoritarian, and authoritative. Parenting methods directly influence teenagers' emotional adjustment, coping strategies, and vulnerability to depressive symptoms.

3.The attachment theory for parenting.

According to this view, safe attachment and a strong bond between parents and children are characteristics of exemplary parenting. The foundation of attachment theory is lengthy and thoroughly studied. Mary Ainsworth and John Bowlby, who worked together beginning in the 1950s to establish the hypothesis, are largely responsible for it. When it comes to children's social and emotional outcomes, attachment is very significant. At its core, attachment serves to make a youngster feel safe, protected, and secure. There are three primary kinds of attachment relationships. The way a parent reacts to a child's needs, such as feelings of insecurity, anger, or fear, is one of the most crucial factors in determining the strength of the attachment bond. It is helpful to understand that newborns and young children have such a high need for attachment that what matters is not whether they are attached, but rather the health of that attachment. Secure attachment is more likely to develop when parents respond sensitively and compassionately to their child's needs. For instance, when the child is crying, they lift them up. Avoidant attachment occurs when parents consistently ignore their children's comfort cues or show insensitivity by becoming irritated or disparaging them. When a youngster receives inconsistent or unpredictable responses, they may develop resistant or ambivalent attachment. It may also occur

when a parent behaves as though their needs are more important than the child's. This theory will assist parents in realizing how crucial it is to treat children with love and consistency. The idea describes how early relationships with caregivers create an internal "attachment style" that influences emotional regulation and susceptibility to depression, which makes it relevant to the study. Secure attachment reduces depression risk, while insecure attachment increases it. In terms of parenting style, authoritarian parenting may result in insecure attachment, while authoritative parenting frequently promotes secure attachment.

2.2 Conceptual Review

Children's growth is greatly influenced by their parents. According to Santrock (2011), parenting style is the way parents raise their kids and includes the emotional climate of parent-child interactions. They employ a range of strategies and actions in an effort to foster positive social development and healthy parenting in their children. These approaches were called parenting styles by Baumrind (1967). The parenting styles include permissive, authoritarian, and authoritative. The four attributes of parenting—disciplinary methods, warmth and nurturing, communication strategies, and developmental and maturity expectations—were employed to delineate various parenting philosophies. The fourth type of parenting that Maccoby and Martin (1983) recognized was negligent parenting, which is characterized by overprotective and overbearing parents. Each of these methodologies regularly produces divergent results for children. Baumrind's parenting styles and the analysis of relevant literature serve as the foundation for this study's conceptual framework. Baumrind (1967) posits that each parenting style is characterized by varying degrees of the parenting components, which encompass communication strategies, maturity expectations, control, warmth and caring, and disciplinary methods. Experts acknowledge the optimal and balanced

manifestation of all four characteristics in authoritative parents. The authoritarian method is characterized by elevated levels of disciplinary measures, wherein parents impose strict regulations and enforce severe sanctions.

Furthermore, it is characterized by parents who impose elevated expectations on their children, along with excessive control and oversight. However, there is a deficiency of warmth and communication. The lenient parenting style is characterized by elevated warmth coupled with diminished communication, disciplinary measures, and expectations for control and maturity. All of these methodologies generally influence the role, responsiveness, control, and expectations of parents, either positively or negatively. The consequences on parents influence children's psychological, social, and emotional development, personality characteristics, and ultimately symptoms of depression. Parenting style not only directly influences teenage depression but may also serve as a mediator that either intensifies or alleviates depressive symptoms. Even after children have ceased cohabitation with their parents, the parenting style continues to influence psychological functioning (e.g., Klein et al., 1988b; Lizard et al., 1995; Cicchetti & Toth, 1998), with specific parenting aspects affecting psychological outcomes broadly and depressive symptoms specifically. In 1991, Lamborn and colleagues. The way adults act is influenced by how they were brought up. In contrast to their classmates, children raised in authoritarian households tend to do better in school, have more friends, and have healthier minds (Lamborn et al., 1991; Steinberg et al., 1992). Current data indicates that depression is not inherent, and parenting style significantly influences it.

According to the World Health Organization (2023), depression is a mental illness that affects relationships, work, and school. It is marked by a lack of interest in activities and a persistent sadness that lasts at least two weeks. Adolescent depression

can also manifest as a decline in academic performance, withdrawal from peers, and irritability instead of overt melancholy. Despite their apparent similarities, depression and melancholy are not the same. While depression is a recognized mental illness, sadness is a typical reaction to loss or disappointment. Additionally, depression lasts at least two weeks, whereas sadness is typically fleeting. Depression interferes with daily living, relationships, and education, but melancholy does not substantially affect day-to-day functioning. The social, psychological, and physiological changes that characterize adolescence make it a delicate growth period. Adolescents are more prone to experiencing depression owing to various factors.

A familial history of depression, hormonal changes throughout puberty, and an imbalance in brain chemistry are examples of biological reasons.

Elements associated with the familial environment and parenting approach encompass authoritarian parenting, elevated parental conflict, inattentive parenting, and insufficient emotional support.

Other psychological risk factors for adolescents include low self-esteem, negative thought patterns, and inadequate coping mechanisms.

As a developmental stage that usually lasts from around the ages of 10 to 19, adolescence is defined by the World Health Organization (2023) as the time between childhood and maturity. Rapid mental, emotional, and social transformations define it. Due to several interrelated reasons, adolescence is thought to be a high-risk time for the emergence of depression. For example, puberty causes hormonal swings, and the brain regions responsible for emotions develop more quickly than those responsible for impulse control.

Adolescents wonder who they are, compare themselves to their classmates, and look for social approval throughout this stage of identity building and self-esteem.

Exam stress, peer rejection or bullying, and difficulties in romantic relationships are examples of academic and social pressure. Adolescents may also start thinking abstractly, although they may also develop negative self-beliefs and overgeneralize ("I always fail").

2.3 The Concept of Depression and its Prevalence

Depression is a severe mood condition that can alter your thoughts, feelings, and day-to-day functioning. You may feel helpless and hopeless when you're depressed, and it may seem like no one can relate. This encompasses facing adversities that adversely impact self-esteem, including obesity, peer pressure, chronic bullying, academic struggles, or being a victim or observer of violence, such as physical or sexual abuse, among other factors. Depression is characterized by a lack of interest or pleasure, decreased energy, feelings of shame or poor self-esteem, difficulty sleeping, decreased appetite, exhaustion, and trouble concentrating (World Health Organization, 2012). Persistent feelings of deep sadness, despair, worthlessness, or helplessness may persist for days, weeks, or months, according to Jones (2015). Along with the symptoms come feelings of disappointment, pain, hopelessness, pessimism, and low self-esteem.

According to Scott (2008), a depressed individual's tendency to perceive the environment pessimistically marks depression as a facet of ineffective coping. This person may struggle to see the good in their surroundings but can quickly spot the negative aspects. According to Scott (2008), depression is our body's and mind's way of signaling "time-out" to make sense of a harsh circumstance. Sometimes depression can be beneficial, even as a component of a healthy grieving process. But not all depression is like this.

Being depressed might feel like being knee-deep in muck to some people. Everything becomes harder, slower, and more tiresome. It takes a lot of energy to perform simple chores. It can be difficult to even get out of bed in the morning. According to Scott (2008), a person experiencing unproductive despair is more likely to have suicidal or self-harming thoughts. Pain and hopelessness strongly influence such thoughts.

According to Widdowson (2011), depression is more than just intense melancholy. This condition affects not only the body but also cognitive function, behavior, the immune system, and the peripheral nerve system. Depression is seen as a condition since it interferes with day-to-day functioning in relationships, job, and school, in contrast to a fleeting sad mood. Unlike typical grief, which manifests in waves, depression is persistent and oppressive. According to Fraud (1957), clinically depressed people find their sense of emptiness or badness in themselves, but ordinary mourners perceive the world as empty or terrible. This is another way that depression differs from ordinary mourning.

Widdowson (2011) states that depression can vary in intensity from moderate to profoundly severe, with symptoms that may be marginally to substantially debilitating.

According to Corey (2009), those who are prone to depression frequently establish unachievable, strict goals for themselves. Even if they succeed in certain tasks, their pessimistic expectations are so high that they expect to fail the next time. Successful experiences that don't align with their negative self-concept are filtered out. Depressed people's thoughts "focus on a sense of irreversible loss that results in emotional states of sadness, despair, and indifference." Suicidal thoughts may be present in certain depressed clients. According to Corey (2009), self-criticism is a key feature of the majority of depressed individuals. Beneath an individual's self-loathing lie sentiments

of fragility, insufficiency, and irresponsibility. Painful emotions are common among customers who are depressed. They can claim that nothing can ease their suffering or that they are unable to bear it. Exaggeration of outside demands, issues, and pressures is another distinctive feature of depressed individuals. These individuals frequently declare that they feel overburdened and that they will never be able to complete the tasks at hand.

Depression is a significant illness that affects both physical and mental health, according to Borchard (2013). Depression impacts your self-esteem. You can become disinterested in your job, hobbies, and activities that you used to like. You may experience low energy, difficulty falling asleep, or sleeping longer than usual. Some people have trouble focusing because they are nervous or agitated. The good news is that there are effective treatments for depression, just like there are for physical illnesses. Depression is neither homogeneous nor unitary. It is typically diverse and relates to many forms of depression with various risk factors.

According to Siang, Yang, and John (200), depression does not only go along a continuum from the "blues" to serious or severe depression to suicide. Siang-Yang and John (2004) emphasize that understanding clinical depression, as a psychological or psychiatric disorder, is crucial because it differs from the short-lived mood swings or so-called "normal depression" that we all occasionally experience. These feelings of sadness, disappointment, and frustration can last anywhere from a few minutes to a few days at most. Clinically diagnosed depression is a more severe illness that might persist for weeks, months, or even years. Merz (2017) asserts that depression is not only arduous to withstand but also a contributing factor to dementia and cardiovascular disease. Adults may encounter depression due to several factors.

Seeking medical or mental health professional assistance for any persistent mood or cognitive issues (Merz, 2017) might help narrow down the potential causes.

Globally, depression is the top cause of disability, according to the World Health Organization (WHO) (Legg, 2019). People of all ages, from toddlers to adults, are susceptible to depression. Apathy and a pervasive sense of despair characterize depression, a mood condition. Mood swings that people experience every day are different. Depression can result from significant life events like losing a job or experiencing a bereavement. But psychiatrists only classify grieving as a component of depression if it lasts. Depression is a chronic condition rather than a transient one. It is characterized by instances where the symptoms persist for a minimum of two weeks. Depression may persist for a few weeks, months, or even years. According to Schupmann (2008), depression is an emotional state of dejection and unhappiness that can range from feelings of complete hopelessness and despair to mild discouragement and downheartedness. A decline in enjoyment or interest in previously enjoyed activities typically follows this emotion. A cheerful and gregarious person will become withdrawn, and it is hard to make someone who is melancholy laugh. According to previous research, depression can be described using the following four categories of symptoms:

1. Sadness, isolation, humiliation, guilt, lack of pleasure, and memories of past failure are emotional symptoms of depression (Wester Meyer, 2003). Adolescent depression is characterized by a lack of interest in things that used to bring joy, feelings of worthlessness or unjustified guilt, lethargy, increased irritability, aggressiveness, or anger (National Institute for Mental Health, 2000).

2. Depression can present physically in a variety of ways, including but not limited to: reduced sexual desire, irritability, sleep difficulties (hypersomnia or sleeplessness), changes in appetite, and a general lack of interest in sexual activities (Westermeyer, 2003). Symptoms of depression in adolescents include changes in appetite or weight, changes in psychomotor agitation or retardation, trouble sleeping or oversleeping, and frequent vague, non-specific physical complaints like fatigue, headaches, and muscle aches (National Institute for Mental Health, 2000).

3. Decreased focus and persistent emotions of worthlessness, hopelessness, self-loathing, and self-blame are hallmarks of depression (Westermeyer, 2003).

4. Loss of interest in activities, withdrawal, decreased socializing, self-harm, and sobbing are behavioral characteristics of depression (Westermeyer, 2003). Teen depression symptoms include talking about or trying to escape from home, having angry or grumbling outbursts, becoming addicted to drugs or alcohol, and having trouble communicating, according to the National Institute of Mental Health.

2.5 Types of Depression

Pietrangelo (2018) and Merz (2017) state that major persistent depressive disorder (formerly known as dysthymia), bipolar disorder, seasonal affective disorder, and other forms of depression are the four most prevalent forms of the mental illness.

Major depression: Merz (2017) asserts that deep depression is defined by an overwhelming unpleasant mood and a disinterest in activities, including those usually regarded pleasurable. For those suffering from this form of depression, sleeplessness, changes in food or weight, decreased energy, and a generalized sense of worthlessness

are hallmarks. Suicidal or death-related ideations are conceivable. Psychotherapy and medications are typically used to treat depression. Electroconvulsive therapy may be useful for some individuals with severe depression who do not respond to psychotherapy or antidepressant drugs.

Persistent depressive disorder: Depressed mood that lasts at least two years, though it might not be as severe as major depression, is the hallmark of this type of depression, which was previously known as dysthymia, according to Merz. While many people with this form of depression are able to carry out their daily lives, they frequently experience feelings of despair and melancholy. Alterations in dietary and sleep habits, diminished energy, reduced self-worth, or feelings of hopelessness are other indicators of depression.

Bipolar disorder: Merz states that patients with bipolar disorder, previously referred to as manic-depressive illness, undergo depressive spells. Nevertheless, individuals can encounter periods when their energy or activity levels are excessively elevated. Grandiose ideation, inflated self-esteem, reduced sleep requirements, accelerated thought and activity, and heightened pursuit of pleasure—including sexual promiscuity, extravagant spending, and risk-taking—are likely indicative of the opposite of depressive symptoms. Manic episodes, although exhilarating, are fleeting, can result in self-destructive actions, and typically precede depression episodes. Bipolar disorder drugs, distinct from those for other types of depression, can effectively stabilize an individual's mood.

Seasonal affective disorder (SAD): Merz (2017) asserts that this type of depression manifests as the days shorten throughout autumn and winter. Alterations in the body's intrinsic circadian rhythms, ocular sensitivity to light, or the functioning of low-level

neurotransmitters such as melatonin and serotonin can all induce mood fluctuations. Light therapy, which uses a bright light source to be exposed to every day, is the main treatment. Psychotherapy and pharmacotherapy, prevalent interventions for depression, may also prove advantageous.

Atypical depression: According to Merz (2017), this form of depression becomes more noticeable in the fall and winter when the days grow shorter. Mood swings can be caused by changes in the body's natural circadian rhythms, changes in how light reaches the eyes, or changes in the action of low-concentration neurotransmitters like serotonin and melatonin. Light therapy, which uses a bright light source to be exposed to every day, is the main treatment. Common treatments for depression, such as psychotherapy and medication, may also be helpful.

Reactive Depression/Adjustment Disorder, also known as Situational Depression: Situational depression, reactive depression, or adjustment disorder is a short-term type of depression that can be brought on by stress, according to Truschel (2020). It may arise following a stressful experience or several adjustments to one's daily routine. Numerous factors, including divorce, retirement, friend loss, illness, and relationship issues, can trigger situational depression. Because situational depression results from an individual's inability to accept the changes that have taken place, it is a form of adjustment disorder. About ninety days after the triggering incident, the majority of people who suffer from situational depression start to exhibit symptoms.

Psychotic Depression: Truschel states that the National Alliance on Mental Illness estimates that 20% of patients with depression endure periods severe enough to induce psychotic symptoms. Major depressive disorder with psychotic characteristics may diagnose individuals who show both psychotic and depressed symptoms.

Pietrangelo claims that some individuals suffering from serious depression also experience times of detachment from reality. Psychosis is the term for this condition, which can include delusions and hallucinations. Major depressive disorder with psychotic characteristics is the clinical term for experiencing both of these at the same time. Nonetheless, some medical professionals continue to refer to this condition as psychotic depression or depressed psychosis.

A hallucination occurs when one perceives stimuli—visual, auditory, olfactory, gustatory, or tactile—that do not exist in reality. Hearing voices or seeing individuals who aren't there are two examples of this. A deeply held belief that is obviously untrue or illogical is called a delusion. However, all of these things are absolutely real and accurate to someone who is going through psychosis, which is a mental health condition characterized by a disconnection from reality. Depression with psychosis can also cause physical symptoms like difficulty sitting still or sluggish movement. According to Truschel, distrust of others, retreating socially intense and inappropriate emotions, difficulty thinking clearly, a reduction in personal hygiene, and a decline in performance at work or school are early indicators of psychosis.

A study by Pelter and Pengpid (2018) found that 21.8% of individuals in Indonesia exhibited moderate to severe depressive symptoms. Mojtabai et al. (2016) reported an increase in depression prevalence from 8.7% in 2005 to 11.3% in 2014 among 172,495 adolescents in the United States aged 12 to 17.

According to Ritcher and Roser (2018), 3.3% of Ghanaians suffer from depression. According to a community-based cross-sectional study by Amu and colleagues (2021), 25.2% of participants had depression.

2.6 Signs and Symptoms of Depression

According to researchers at Black Dog Institute (2012), cited in Ibimiluyi, some indicators of depressive mood include fluctuating emotions throughout the day, a decreased ability to experience pleasure (i.e., the inability to enjoy what one used to enjoy), a decreased ability to tolerate minor aches and pains, a change in sex drives, poor concentration and memory, a decreased motivation to perform daily tasks, and a decreased level of energy (Manicavasagar, Perich, & Parker, 2012). Not all teenagers' experience depression in the same manner, and it is challenging to characterize the signs and symptoms of it. Nonetheless, there are a few typical indicators and symptoms of depression.

- Feeling helpless and hopeless
- Having trouble focusing or making judgments
- Overeating or losing interest in eating
- Finding it difficult to get to sleep
- Reduced energy
- Restlessness
- Sadness
- Losing or gaining weight without dieting
- Wanting to avoid friends and everyday activities

- Feeling life is meaningless
- Thinking about death or suicide (Bonsi, 2018; Guidance and Counselling Unit Civics Handbook for Schools, 2018)

Depression in adolescents increases the likelihood of hospitalization, recurrent depression, psychosocial impairment, alcoholism, and antisocial behavior as they develop older. Suicide is, of course, the most catastrophic consequence of adolescent depression and the third most common cause of death among older adolescents (Centre for Disease Control, WISQARS).

Adolescents in Thailand, especially those aged 15 to 19, are thought to be particularly vulnerable to depression. They are the country's future hopes and resources. Suicide is the third largest cause of death for those aged 15 to 19, according to data from the Department of Mental Health (2012), and depression is the most common illness among adolescents. The Indonesian Ministry of Health reports that 6.2% of the population has major depressive disorder between the ages of 15 and 24 (Kemenkes RI, 2019). Despite its terrible consequences, the percentage of teenagers exhibiting signs of sadness and even anxiety appears to be rising globally. Many people believe that depression can be fatal. According to Adeniyi, Okafor, and Adeniyi (2011), it may become the second most deadly disease globally by 2020, behind heart disease.

According to Smith, Robinson, and Segal (2019), it might be challenging to distinguish between depression and typical teenage growing pains. To effectively assist our kids, we must actively work to comprehend and identify the symptoms and indicators of this illness in them. Depression significantly affects teenagers, and adolescence can be a challenging time. Estimates indicate that one in five adolescents

from diverse origins will encounter depression during their teenage years. Although depression is very treatable, the majority of depressed youth never receive assistance (Smith, Robinson, & Segal, 2019). Adolescent depression is more than just moodiness, according to Smith, Robinson, and Segal (2019). It is a severe health issue that affects all facets of an adolescent's life. Thankfully, parents, educators, and counselors can assist, and it is treatable. Our adolescents may overcome depression and get their lives back on track with our love, support, and direction. While acting out or having occasional bad moods are normal during adolescence, depression is a different matter. Teenage depression has many more detrimental impacts than just a depressing feeling. Depression can completely destroy a teen's individuality, leading to intense feelings of melancholy, hopelessness, or rage. Depression may manifest in teenagers who frequently display defiant and undesirable behaviors or attitudes. Adolescents may "act out" in the following ways to try to deal with their emotional suffering:

- Depression and school-related issues might lead to poor energy and trouble focusing. This could cause a once-good student to become frustrated with their schoolwork, drop out of school, or have low attendance.

- Running away: Many unhappy teenagers flee their homes or discuss doing so; these attempts are typically an appeal for assistance.

- Adolescents who abuse drugs or alcohol may try to self-medicate their depression by using these substances. Sadly, substance misuse simply exacerbates the situation.

- Low self-esteem and depression can instigate and intensify emotions of unattractiveness, guilt, failure, and unworthiness.

- Teenagers who are addicted to smartphones may turn to the internet as a way to escape their issues, but excessive smartphone and internet use just makes them feel more alone and lonelier.

- Dangerous or high-risk behaviors, such as careless driving, excessive drinking, and risky sexual behavior, can be exhibited by depressed teenagers.

- Violence: Bullied and depressed men may exhibit violent and aggressive behavior.

Adolescent depression is linked to various other mental health illnesses, such as eating disorders and self-injurious behavior. There are numerous things we can do to help our teenagers "suffering from the circumstances start to feel better," even if depression can cause our adolescents immense suffering and interfere with daily family life. The first step is to learn the signs of adolescent depression and how to respond (Smith, Robinson, & Segal).

2.7 Adolescent Depression

A major mood disorder, adolescent depression usually affects people between the ages of 10 and 19 (WHO, 2014). It is typified by enduring emotions of melancholy, despair, disinterest, and emotional suffering that impede day-to-day activities at home, at school, and in interpersonal connections. According to the American Psychiatric Association (2013), adolescent depression can manifest differently than adult depression, typically showing irritability instead of sadness, according to the

Diagnostic and Statistical Manual of Mental Disorders (DSM-5). According to Beck (1967), depression is a condition marked by pessimistic beliefs about oneself, the outside environment, and the future—a concept known as the cognitive triad. According to WHO (2021), one of the main causes of sickness and impairment among teenagers globally is adolescent depression. Angold and Rutter (1992) found that symptoms of adolescent depression often go undiagnosed due to confusion with typical teenage mood swings.

Adolescent depression is a developmentally sensitive condition that presents differently and has different risk factors than adult depression, according to Thapar et al. (2012). According to Kessler et al. (2005), 11% of teenagers have a depressive condition by the time they are 18 years old. According to Costello, Erkanli, and Angold (2006), depression rates rise in mid-to-late adolescence, particularly in females.

2.8 Factors Causing Adolescent Depression

According to the Guidance and Counseling Unit Civil Handbook for Schools (2018), depression is more complicated than a brain chemical imbalance that may be treated with medication. Instead, a confluence of biological, psychological, and social elements causes depression. You are probably dealing with a variety of stresses that could exacerbate your depressive symptoms because adolescence can be a period of intense upheaval and uncertainty. These can include hormonal changes, home or school issues, and worries about your identity and place in the world. According to the Guidance and Counseling Unit Civics Handbook for Schools (2018), adolescents who have a family history of depression or who have experienced early childhood trauma, such as parent loss or physical or emotional abuse, are more likely to experience depression.

The World Health Organization (2019) asserts that multiple factors affect mental health outcomes. Increased exposure to risk variables amplifies the potential effects on adolescents' mental health. The quest for autonomy, conformity pressure from peers, sexual identity development, and increased technology use are all potential causes of adolescent stress. There may be a wider gap between what teenagers want and what they experience because of gender norms and the media's impact. Their interactions with peers and the quality of familial relationships are additional critical aspects. Recognized hazards to mental well-being include socioeconomic challenges and violence, particularly abusive parenting and bullying. Adverse mental health outcomes are strongly linked to sexual violence, making it a major threat to children and teenagers. Adolescent depression is associated with factors such as having a large number of siblings, living in close proximity to one another, having frequent interactions, and lacking adequate parental support, according to Suleiman et al. (2006). The survey indicates that 11.2% of adults and 20.3% of children experienced mental health disorders, with depression identified as the predominant cause (Ministry of Health Malaysia, 2006).

Adolescents in particular are at increased risk for mental health issues owing to factors such as socioeconomic status, social isolation, prejudice, stigma, and inadequate access to treatment, according to the World Health Organization. Some examples of these groups include: adolescents living in humanitarian or unstable settings; adolescents who are pregnant; adolescents who are parents; adolescents who are in early or forced marriages; orphans; and adolescents who belong to ethnic or sexual minorities or other oppressed groups.

According to the World Health Organization (WHO), teenagers who suffer from mental health issues are more likely to engage in risky activities, be physically sick, experience social isolation, face prejudice and stigma, be less likely to seek medical treatment when needed, and be victims of human rights violations.

Adolescent depression has multiple causes. According to Poncelete (2020), the Mayo Clinic states that depression may result from a number of circumstances, such as:

- The majority of children, owing to stressful early life experiences, lack well-developed coping strategies. A traumatic event may have enduring consequences. The loss of a parent or experiences of physical, mental, or sexual abuse can have lasting effects on a child's brain, potentially resulting in depression. Depression episodes may be triggered by the loss of a loved one, according to Poncelete (2020). This loss might occur through death or a divorce. A vulnerable person may experience depression as a result of any traumatic or distressing incident, even if it only affects their way of life.
- Depression has a biological component, according to research on inherited features. Parents can pass it on to their offspring. Children are more likely to have depression themselves if they have a parent or other close family who suffers from depression. Depression has been shown to have a hereditary basis and to run in families. Teens who have a history of depression in their family may be more likely to suffer from the disorder, but it doesn't mean they will automatically get it (Poncelet, 2020).
- Adolescents who are often subjected to gloomy thinking, especially from parental figures, and who internalize negative thought patterns and feelings of powerlessness under adversity may subsequently develop depression. Poncelete (2020) asserts:

- Social conditions and familial circumstances, regrettably, include adolescents who endure challenging situations. Domestic violence, substance or alcohol misuse, poverty, and other familial concerns can induce stress and exacerbate depression in teens.

- Symptoms of depression may occasionally indicate an underlying medical issue, such as hypothyroidism or other illnesses.

- Illicit substances and certain legal prescription pharmaceuticals may induce depression as a negative effect. Some illicit substances (street drugs) may potentially induce depression (Poncelete, 2020).

In summary, Amanor, Tan, and Ortberg (2004) identify several potential causes of depression, including physical factors, temperament vulnerability (termed "Depression-Prone Personality"), sin, loneliness, triggering situations, irrational or unbiblical self-talk and misbeliefs, internalized anger, biological constitutional factors, existential vacuum, interpersonal dynamics, and broader societal or cultural influences. A singular reason for clinical depression appears to be absent. Instead, other factors exist, some of which may carry greater significance in specific forms of depression than others. Factors include genetic susceptibility, biochemical imbalances or abnormalities, personality traits, learned behaviors and cognitive patterns, stressful life events, social and economic status, culture, age, and gender (Lobel and Hirschfeld, 1984).

2.9 The Concept of Parenting Style

According to Fletcher et al. (2004), parental behavior, in particular, has a significant impact on children's psychological health. Because of its central role in human

development, parenting plays a critical role in adolescents' mental health. The health and happiness of adolescents are significantly impacted by the way parents raise them. According to Russell et al. (2010), there is a robust relationship between parenting style and adolescents' self-concept, which encompasses factors including conduct, problem-solving abilities, academic performance, mental health, self-esteem, and depression. When a parent acts in a certain way toward their child, it's because they've established a certain emotional framework for their actions, which they then convey to their child.

Parenting style denotes the amalgamation of parents' views, behaviors, and emotional environment that shapes their interactions, socialization, and the upbringing of their children.

According to Hastuti (2015), parents play an essential role in shaping their children into the kind of people their families and communities want them to be by providing them with a loving home and a wealth of life experiences. An individual's psychological development, emotional investment, and self-esteem are all greatly aided by their family (Ritvo & Glick, 2002). Ebrahimi et al. (2017) found that children form their worldviews and habits from early experiences in the home, where they grow physically and cognitively, learn basic norms, and improve their communication abilities. Laboviti (2015) found that parents' temperament has a significant impact on the way they parent and the level of emotional attachment they have with their children.

According to Baumrind (1971), a parent's approach to social management is an example of their parenting style. There are three distinct approaches to parenting that

Baumrind identifies: authoritarian, permissive, and authoritative. Two traits characterize these styles: control and warmth. The degree to which parents care about and accommodate their children's wants and preferences is a measure of their warmth.

When parents try to manage their children's conduct by imposing overly stringent regulations, too lax limitations, or no rules at all, they are exercising control. Parents that guide their children's activities logically, don't put limits, explain their decisions, and discipline in a measured way are known as authoritative parents. On the other hand, authoritarian parents try to establish behavioral norms for their children and use them to shape and control their actions and attitudes. This method states that children should take their parents' word for things, which promotes conformity, maintains order, and encourages traditional values like respect. A permissive parent accepts their children as they are, encourages them to pursue their interests, and sets reasonable expectations for their conduct at home without resorting to punishment. When it comes to satisfying their children's demands, permissive parents think they're really good at it. Research and philosophical thought have linked four aspects of family dynamics to parenting styles: communication, emotional responsiveness, problem-solving, and affective participation. When members of a family are able to work together to solve problems as they come up, the family is able to keep functioning (Epstein, Baldwin, & Bishop, 1983). Families that are able to work through their differences amicably show that they are functioning at a level that calls for communication and empathy, according to Epstein, Bishop, and Levin (1978). Epstein et al. (1978) and Epstein et al. (1983) define family communication as the ability of family members to communicate verbally in a clear and effective manner. Epstein et al. (1983) defined family affective responsiveness as the extent to which members of the same family are able to adequately express their feelings and sentiments in various

situations. Epstein et al. (1978) found that families whose members are highly emotionally responsive were better able to communicate a wide range of emotions. The level of affection and attention shown by family members toward one another is called affective involvement (Epstein et al., 1983).

2.10 Types of Parenting Styles

1. According to Baumrind (2013) and Baumrind et al. (2010), parents that exhibit authoritative parenting style are known to exhibit low levels of psychological control and a high degree of behavioral regulation. Reasonable, caring, supporting, and controlling in a way that promotes child autonomy—these are the traits that Baumrind (1966) identified in authoritarian parents. Parents who establish clear rules and use rationale to enforce them, promote open communication, empower their children to make their own decisions, and show affection and respect are considered authoritative by Maccoby and Martin (1983). According to Baumrind (2013), Maccoby & Martin (1983), and Baumrind (1968, 1971), an authoritative parenting style is the best and has been associated with positive outcomes in children, including independence, social responsibility, and adjustment (Baumrind et al., 2010). Based on Baumrind ‘s research on parenting style, children of authoritative parents tend to: appear happy and content, are more independent, more active, achieve higher academic success, develop good self-esteem, interact with peers using competent social skills, have better mental health, and less depression. From decades of studies, researchers found that authoritative parenting is consistently linked to the best outcomes in kids, it is considered the best parenting style by psychologists and psychiatrists.

2. Authoritarian parenting, are rejecting and psychologically controlling. (Baumrind, 2013; Baumrind et al., 2010). Authoritarian parents are highly demanding and are often punitive and forceful in order to adhere to an absolute standard for behavior (Baumrind, 1966). Authoritarian parental control is coercive and domineering (Baumrind, 2012). This parenting style has been related to less optimal child outcomes, including lower self-efficacy

   (Baumrind et al., 2010), more externalizing problems (Maccoby & Martin, 1983), and rebellion (Baumrind, 1968).

3. Permissive parenting, are parents who promote psychological autonomy, are accepting, and exhibit lax behavioral control (Baumrind, 2013; Baumrind et al., 2010). Parents included in this type are affirming and place few behavioral demands on the child (Baumrind, 1966). Permissive parents avoid coercive or confrontive practices as much as possible (Baumrind, 1989). Additionally, permissive parents have been conceptualized as included and allowing children to make their own rules and decisions (Maccoby & Martin, 1983). This parenting type has been related to child outcomes such as lower achievement (Baumrind, 1971), lack of impulse control (Maccoby & Martin, 1983), and lower autonomy (Baumrind et al., 2010). Children of permissive parenting tend to have the worst outcomes: cannot follow rules, have worst self-control, possess egocentric tendencies, encounter more problems in relationships and social interactions.

2.11 Relationship between Parenting Style and Depression

The way parents handle their children's emotions and mental health matters a great deal to their mental and emotional health when they enter puberty, a time of intense self-discovery and vulnerability to depression. A lack of parental warmth and an abundance of criticism are significant risk factors for depression in adolescents, according to research by Yap, Pilkington, Ryan, and Jorm (2014). In addition, Aunola and Nurmi (2005) discovered that adolescents whose parents exhibit psychologically controlling or authoritarian parenting techniques are more likely to exhibit depressive symptoms, perhaps as a result of the diminished sense of autonomy and elevated stress levels in such a setting. Steinberg (2001) noted that adolescents raised in environments high in warmth and appropriate control tend to develop better emotional competence, whereas environment with internalizing problems, including depression.

Various studies indicate that both external and internal factors influence the symptoms of depression in adolescents. A few examples of external factors are parenting styles (Ebrahimi et al., 2017; Laboviti, 2015; Prativa & Deeba, 2019; Safitri & Hidayati, 2013; Sanjeevan & de Zoysa, 2018; Tujuwale et al., 2016). An authoritative parenting style is linked to fewer depressed symptoms in adolescents, as Laboviti (2015) elucidated in his study. This suggests a strong relationship between parenting style and depressive symptoms. In addition, Sanjeevan and Zoysa (2018) found that parenting style was significantly related to teenage depression. The most effective style for improving the mental health of teenagers was found to be an authoritative one. While some research suggests that a more authoritarian parenting style is associated with a higher risk of depression in children, other studies find that a more negligent approach is more detrimental. Conversely, lower rates of depression are linked to authoritative and permissive parenting approaches. Longitudinal studies

have shown that authoritative parenting has long-term benefits; for example, those who had this kind of parenting while they were teenagers showed relatively little signs of depression. While some research suggests that there may be cultural similarities in the correlation between parenting style and depression, other studies have found that there are significant variances between countries and cultures. This variation is thought to originate from the way teenagers interpret their parents' parenting styles, which varies from one culture to another even when the styles themselves are very similar.

2.12 Empirical Review

Here we take a look at some empirical research that pertain to student depression rates, parenting styles, and the correlation between the two. The review includes both global and local studies and highlights methodological and theoretical gaps that justify the present study.

Prevalence of Depression among Students

High rates of depression among teenagers have been shown in multiple worldwide research. For instance, according to the World Health Organization (WHO, 2021), almost 13% of teenagers globally suffer from symptoms of depression. Similarly, Ibrahim, Kelly, Adams, and Glazebrook (2013) discovered that, depending on the evaluation instruments and cultural setting, school pupils demonstrated depression prevalence rates ranging from 10% to 30%.

In the United States, Merikangas et al. (2010) used a nationally representative sample and identified that nearly 14.4% of adolescents aged 13–18 met criteria for major depressive disorders at some point during their teenage years. In Asia, Wei et al.

(2020) reported that up to 25% of secondary school students in China showed significant symptoms of depression.

In Ghana, local research on adolescent depression is growing but remains limited. A study by Nimako and Mensah (2017) in Accra reported that 22% of urban senior high school students exhibited moderate to severe depressive symptoms. Asare and Danquah (2019) found a prevalence rate of 19.6% among students in Kumasi, with significant gender differences identified.

Despite these contributions, local empirical evidence remains concentrated in larger urban centers, with few studies investigating prevalence in northern Ghana or rural districts such as Wa. Many existing local studies also use convenience sampling and small sample sizes, which limits generalizability.

Few studies have specifically targeted children in the Upper West Region of Ghana, and Was Senior High Technical School in particular, despite the abundance of literature on adolescent depression worldwide. Existing local research lacks representation of this population and often relies on non-random sampling. There is therefore a need to determine the prevalence of depression specifically among Wa Senior High Technical School using a more rigorous methodological approach.

Prevalence Rate of Depression Between Male and Female Students

A system review by Salk et al. (2017) found depression rates roughly twice as high in adolescent females compared with males. This pattern begins in early adolescence and increases through mid-to-late adolescence.

- Methodology: meta-analysis of many community- and school-based studies
- Theory: Hormonal and psychosocial development differences cited.
- Limitation: most included studies were from high-income countries, limiting global generalizability.

Global school-based health survey studies across multiple low- and middle-income countries showed higher depressive symptoms in girls than boys. For example, in countries in Africa, Asia, and the Americas, girls reported more frequent feelings of sadness and hopelessness.

- Methodology: self-reported questionnaires across school-aged adolescents.
- Limitation: it does not use diagnostic clinical measures; it only employs symptom screening.

World Health Organization (WHO) data on adolescent mental health highlights that 1 in 7 adolescents globally experience mental disorders, with unipolar depression disproportionately affecting females more than males.

- Limitation (global data): reliance on aggregate national health data, sometimes underreporting due to stigma and lack of screening.

Kenya & Nigeria studies: found higher rates of depressive symptoms reported by female adolescents compared to male counterparts in school settings.

- Method: school-based cross-sectional surveys using standardized questionnaires (e.g., Beck Depression Inventory)
- Gap: limited use of clinical diagnostic assessments; reliance on self-report introduces bias.

Ghana—specific study example (hypothetical but supported by regional patterns): a school-based survey in Ghana showed that female adolescents reported greater levels of depressive symptoms than males.

- Method: self-administered questionnaires.
- Limitation: small sample sizes and lack of longitudinal follow-up.

While the research consensus suggests females have higher rates of depression during adolescence, some methodological limitations weaken the evidence base:

- Many studies use one-time data collection.
- Cannot measure changes over time or establish causal direction.

Even though patterns are consistent, theories explaining gender differences in adolescent depression have gaps:

- Existing models may cite hormones, stress, self-image, or social roles, but few studies integrate biological, psychological, and sociocultural data simultaneously.
- Many studies assume biological sex differences without accounting for gender role expectation and coping skill development.

The study is justified because there are consistent global patterns of gender differences in adolescent depression, but few longitudinal studies exist—causality and development over time remain unclear. Most data are from high-income countries. Also, local contexts (like Ghana) are under-researched and under-theorized.

Predominant Parenting Style among Parents of Students of Wa SHTS

The correlation between parental approaches and teenage results has been the subject of much research in a number of different cultural settings.

Adolescents in Europe who reported feeling more loved and supported by their parents had less emotional problems compared to those whose parents were more controlling or uncaring, according to research by Lopez, de la Torre, and Alvarez (2020).

According to research by Steinberg et al. (1992), American teenagers who grew up in homes where the parents exercised authority over them had less emotional discomfort and better psychosocial results. On the other hand, Darling (1999) found that

authoritarian and permissive approaches were associated with greater anxiety and despair.

Research on the effects of parenting styles on teenagers' conduct is limited in Ghana. One study indicated that parents in Kumasi most often reported an authoritative parenting style, which was linked to better self-esteem in adolescents and fewer behavioral issues (Amponsah and Ankomah, 2018). In the Ashanti Region, comparable results were reported by Bawa and Mensah (2020).

The distribution of parenting styles in the Upper West Region, however, has been the subject of few studies. Parenting behaviors in northern Ghana may differ culturally and socially from those in southern regions, yet empirical investigation in Wa and its environs is virtually absent.

Although global literature identifies predominant parenting styles and their general influence on adolescent outcomes, there is limited empirical evidence regarding the predominant parenting style among parents of Wa SHTS students. Local studies are few, regionally skewed, and lack empirical measurement of parenting styles using standardized tools. This study seeks to fill that gap.

Parental Approach and Depression: A Correlational Study

There have been a lot of research looking at how different parenting styles affect teenagers' mental health. For instance, a meta-analysis by McLeod, Weisz, and Wood (2007) found that neglectful and authoritarian parenting styles were positively linked to internalizing difficulties, such as depressive symptoms, whereas authoritative parenting methods were found to be adversely connected with depression.

In Australia, Yap et al. (2014) found that adolescents who experience high parental warmth showed significantly lower levels of depressive symptoms, whereas harsh parenting predicted higher depression scores. Similarly, research in South Korea by

Kim and Lee (2018) demonstrated that parental support buffered against depressive symptoms, whereas strict control intensified them.

Local research in Ghana has begun to address the link between parenting and adolescent mental health. Depressive symptoms were more common among Accra adolescents whose parents reported being less warm, according to research by Tetteh and Fosu (2019). Researchers Oteng and Boakye (2021) found that Central Region students whose parents exhibited authoritarian parenting styles were more likely to exhibit depressive symptoms.

Despite these insights, there is limited research linking parenting styles directly with depression specifically among students in northern Ghana, and many local studies do not control for potential confounders such as socioeconomic status or gender.

While global studies consistently find associations between parenting style and adolescent depression, few studies have examined this relationship in the Ghanaian cultural context, particularly in the Upper West Region. Existing local research is limited in scope, poorly geographically distributed, and methodologically constrained by non-probability sampling and lack of psychometrically validated instruments. Consequently, research on the correlation between parental approach and mental health issues experienced by Wa SHTS kids is warranted.

Conceptual Framework

This study is grounded in:

- Diana Baumrind (1967) – Parenting Styles Theory
- Aaron T. Beck (1967) – Cognitive Theory of Depression
- John Bowlby and Mary Ainsworth—Attachment Theory for Parenting

Variables in the study include:

Different parenting styles (authoritarian, permissive, and authoritative) are the independent variables.

Dependent variable: depression among students (emotional, cognitive, and behavioral symptoms)

Theoretical linkages

Using a framework centered on warmth and control, Baumrind classified four distinct parenting styles in his 1967 theory:

Warmth and control abound in an authoritative setting, making it a protective aspect.

Authoritarian (risk factor): lack of warmth, excessive control.

Permissive: very hospitable, very little control (structure-wise)

- Beck posits in his 1976 Cognitive Theory of Depression that negative mental models established in childhood are the root cause of depressive symptoms. Adolescents who experience harsh or negligent parenting may grow up with a pessimistic outlook on life in general, on themselves specifically, and on what lies ahead.
- In John Bowlby's theory of attachment, Bowlby proposed that early interactions between children and caregivers form attachment bonds, which shape emotional regulation, self-worth, and later mental health outcomes. The quality of the attachment developed in childhood influences adolescents' vulnerability or resilience to depression.

2.13 Summary of Literature Reviewed

This study's literature review shows that depression is a big problem in the mental health sector, impacting many people and especially high school students. Depression leads to problems like substance misuse, mental health disorders, lower academic performance, and even suicide attempts, all of which contribute to high mortality rates and increased healthcare costs. In the long run, these problems impact not only the individual but also society as a whole. Cognitive change, social support, and attachment theories are crucial for improving mental health, even if there are many factors that contribute to adolescent depression.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The methodology employed in the investigation is described in this chapter. Design, population, sample, sampling methods, tools, data-gathering strategies, and data-analysis are all covered in the publication.

3.1 Study Area

Research took place in Ghana's Upper West Region. Geographically, the region accounts for 2.7% of Ghana's overall land area, which is 18,476 sq. km. It is located in the country's northwest and shares borders with Burkina Faso to the north and west, the Upper East Region to the east, and the Northern Region to the south. Next to it is the Upper West Region of Ghana.

There are more than 33 senior high schools in the Upper West Region, ranging from public to private. The research took place at Wa Municipality's Wa Senior High Technical School. The school exhibits characteristics relevant to the research topic and is easily accessible to the researcher, reducing expenses, time, and logistical challenges associated with data collection. The mixed school was established in 1950 as a day school and transitioned to include both boarding and non-boarding options in 2010.

The school is situated at Konta, across from the Ghana Water Company. The available courses comprise general science, general arts, home economics, and technical studies.

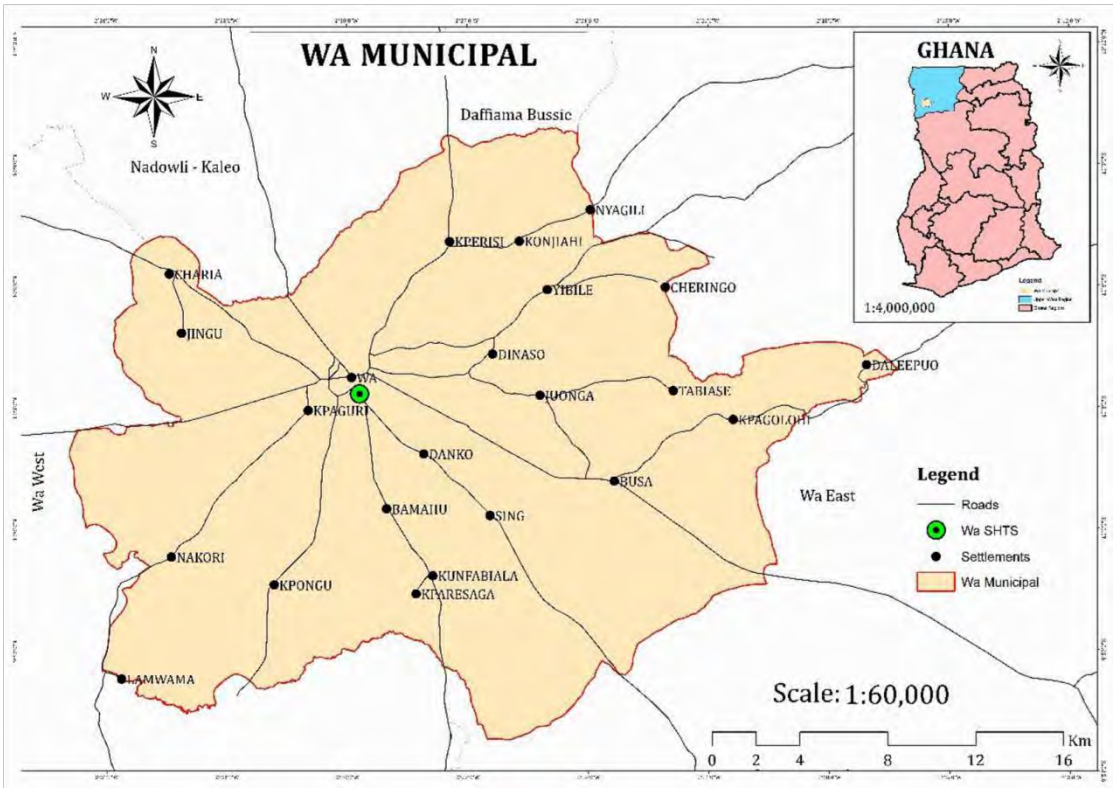

Figure 3.1: Map of Wa Municipal Showing Study Location

(Source: Researcher's own construct)

3.2 Philosophical Paradigm

This study employed a positivist method to analyze respondents' perceptions of the association between parenting style and depression. Independent of the subjective experiences of study subjects and researchers, positivism maintains that a logically structured, objective reality exists (Needleman & Needleman, 1996; Slevitch, 2011). According to positivism, the objective norms that govern society can be discovered by analyzing social data quantitatively. It defines knowledge only based on observable facts and disregards non-observable things such as emotions and values. Positivism is congruent with the hypothetic-deductive scientific model. Consequently, it is beneficial to begin by investigating positivism's structure and tenets from a hypothetico-deductive vantage point. Starting with preexisting theoretical frameworks, the hypothetico-deductive method develops testable hypotheses,

operationalizes variables to design an experiment, and then conducts an empirical investigation based on experimentation. It is possible to establish functional links between explanatory and causal factors (independent variables) and outcomes (dependent variables) by the use of the hypothetico-deductive technique, which positivism uses to justify a priori notions (usually expressed mathematically). The main goal of positivist research is to find relationships between variables that can explain them, so that we may better understand and manipulate the things we're studying.

3.3 Research Approach

A research strategy is a systematic plan that encompasses a series of general assumptions leading to specific methodologies for data gathering, analysis, and interpretation. The approach is determined by the nature of the research problem being studied. Data collection methods and data analysis or reasoning procedures are the two basic categories into which the research strategy is divided (Creswell, 2018).

This research employed a quantitative method to achieve the primary research objectives. The quantitative method was appropriate for resolving the study issue. It is predicated on the assessment of quantity or magnitude. The researcher quantitatively observed and measured facts, employing objective methodologies, predetermined closed-ended questions, and numerical data. It is more suitable to assess the magnitude of a problem, issue, or phenomenon by qualifying variation. What is the number of pupils experiencing depression? What connection exists between depression and parenting style? Generalizing the study's conclusions to the population from which the samples are drawn is frequently the goal of quantitative research. In order to facilitate the generalization of the results, the researcher decided that the quantitative research approach was suitable for investigating the relationship between

parenting style and depression among teenage students at Wa Senior High Technical School.

3.4 Research Design

The thorough approach a researcher chooses to rationally and cogently combine different study components in order to successfully answer the research problem is known as research design. It provides the structure for collecting, measuring, and interpreting data. Instead of the other way around, the researcher's design options are determined by the research topic (Sakala & Phiri, 2020). Alignment between research aims and procedures, as well as the proper analysis of the data used, are guaranteed by a well-structured study design.

The study design used was a descriptive survey. Since the survey methodology produced accurate data about the relationship between parenting style and depression in students, it is considered appropriate and used. According to Amoani (2005), the goal of descriptive design is to provide an accurate representation of a particular ongoing event or real-life situation. A descriptive survey determines and communicates the existing situation. A research survey is a scientific technique in which participants respond to a series of statements or questions using a closed-ended, standardized questionnaire. A certain demography is the focus of surveys, usually the people being studied. Since the population is usually large, the researcher will choose a sample that is representative of the total population. Survey results can be readily summarized, compared, and extrapolated to the broader public by research participants. Surveys are typically structured to elicit concise replies rather than the detailed, subjective responses anticipated in qualitative interviews. A survey design enables the researcher to gather data rapidly, albeit perhaps at the expense of depth. The researcher selects this approach due to its cost-effectiveness, as it takes place

inside the respondent's natural context, facilitating the analysis of facts and fostering a comprehensive grasp of the study subject. The design enabled the researcher to discern traits among the target population that fulfilled the objectives. The traits within the population sample can be recognized, monitored, and quantified to inform decisions.

3.5 Population

According to Bryman (2013), a population is the entire collection of units or individuals of interest. A common binding characteristic or attribute is frequently shared by all members of a population. The entire group of people from which the researcher hopes to draw conclusions is referred to as the population. A population is the group of people from which a statistical sample is taken for analysis in statistics.

The research targeted a population of 850 pupils, comprising 252 form three students, 297 form two students, and 301 form one students. All of the students of Wa Senior High Technical School are included in this target group since it seems that they are depressed, which has a negative effect on their social relationships and academic achievement. The accessible population consists of 360 pupils selected from the target population.

3.6 Sample and Sampling Procedures

A combination of proportionate and stratified random sampling techniques was used. Stratified sampling is a strategy that entails dividing a population into smaller divisions called strata. The researcher employed the stratified sample method to categorize pupils into groups. This ensures that the sample adequately represents every subgroup in the population. Proportional sampling entails selecting random samples from stratified groups in accordance with their population proportions.

Participants were selected via the Yamane (1967) sampling technique. Yamane (1967) presents a streamlined formula for determining sample sizes. The formula presented below was employed to determine the sample sizes. A 95% confidence level and P = 0.04 are presumed.

Here, n is the necessary sample size, N is the sample frame, α is the margin of error or significance level, and 1 is a constant. A 95% confidence level (with a significance threshold of α 0.04) is used to determine the sample size in order to guarantee sufficient representation. Sample frame (total population) = 850, sample size (n), constant = 1, α = 0.04

$$n = \frac{\text{N}}{[1 + N(\alpha)2]}$$

$$n = \frac{850}{[1 + 850(0.04)2]}$$

$$n = \frac{850}{[1 + 850 * 0.0016]}$$

$n = \frac{850}{2.36} = 360$

The researcher used a proportionate stratified random sampling formula, which states that the sample size of each stratum is directly proportional to the population size of the entire strata, to calculate the sample size from each of the three types. The sampling proportion is the same for every strata sample. This approach was chosen by the researcher because to its ability to improve accuracy, fairly represent each subgroup, lessen bias, cut expenses, and improve data quality.

Furthermore, proportionate sampling ensures that the sample represents all groups of interest and helps obtain a reliable estimate for the overall population.

With nh = sample size for the stratum, Nh = population size for the stratum, N = size of the total population, and n = size of the entire sample, the proportionate stratified random sampling formula is nh = (Nh/N) * n.

Sample sizes for students in form three and form two are as follows: nh = (Nh/N) *n nh = (Nh/N) *n nh = (252/850) *360 nh = (297/850) *360 nh = 107 nh = 126

sample size for form one students,

nh = (Nh/N) * n nh = (301/850) * 360 nh = 127

Therefore, total sample size (n) = form three sample size + form two sample size + form one sample size; n = 126 + 107 + 127 = 360.

The lottery method of random sampling was used by the researcher to calculate the sample size. The researcher wrote "yes" and "no" on small pieces of paper according to the sample size of each form. The papers were then folded and combined in a box for students to choose from. Students who drew 'yes' constituted the sample size, and this process was repeated for all three forms. The total number of students who selected 'yes' was 360, constituting the sample size. This method was chosen due to its ease of execution, cost-effectiveness, impartial outcomes, and convenience.

3.7 Research Instrument

For this study, the researcher used the following research tool since it allowed for significant modifications to be made with less time and effort.

The Beck Depression Inventory was used to measure depression. Dr. Aaron T. Beck developed the Beck Depression Inventory, which is used to assess a person's state of depression. According to Beck et al. (1961), the Beck Depression Inventory is a 21-item, multiple-choice self-report questionnaire that gauges the traits, mindsets, and

symptoms of depression. The items are grouped into two main dimensions: the cognitive-affective dimension, which reflects the emotional and thought-related aspects of depression. It captures how individuals perceive themselves, their future, and their emotional state, and the Somatic-Performance Dimension, which also focuses on the physical and behavioral symptoms of depression that affect daily functioning. Respondents were asked to score each item using four possible answers based on how severe their symptoms were over the previous week, ranging from no symptoms at all to severe symptoms.

Some of the statements in the questionnaire include

(1)

0 I do not feel sad.

1. I feel sad.

2. I am sad all the time, and I cannot snap out of it.

3. I am so sad and unhappy that I cannot stand it.

(2)

1. I am somewhat optimistic about the future.
2. I feel disheartened regarding the future.
3. I perceive a lack of anticipation for what lies ahead.
4. I believe the future is bleak and that improvement is unattainable.

Selecting three answers to all twenty-one questions yields the maximum possible score of sixty-three (63), while selecting zero answers to all twenty-one questions yields the lowest possible score of zero.

Total Score	**Levels of Depression**
1 – 10	No depression
11 – 16	Mild depressions

17 – 20	Borderline clinical depression
21 – 30	Moderate depression
31 – 39	Severe depressions
40+	Extreme depression

With improved contemporaneous, content, and structural validity, good reliability, and the capacity to distinguish between people who are depressed and those who are not, the Beck Depression Inventory is a useful psychometric tool. Because of the Beck Depression Inventory's psychometric validity and its affordability as a tool for gauging the degree of depression, the researcher chose it for use in both clinical and research settings around the world. The 21-item Beck Depression Inventory is a reliable and valid tool used to measure depression severity. With Cronbach's Alpha values ranging from 0.86 to 0.92, it shows remarkable internal consistency and strong test-retest reliability. The content validity is derived from its foundation on diagnostic criteria for depression, while its construct validity is corroborated by robust relationships with other depression scales. The tool demonstrates strong criterion validity by effectively differentiating between depressed and non-depressed individuals.

Parenting styles were evaluated using Baumrind's (1971) Parenting Authority Questionnaire, which was divided into three categories: permissive, authoritative, and authoritarian. The purpose of the questionnaire was to evaluate the permissive, authoritarian, and authoritative parenting styles proposed by Baumrind in 1971. The instrument has 30 items and generates permissive, authoritarian, and authoritative ratings for parents, with each score based on the phenomenological evaluations of the parent's authority by their child. The three main dimensions of the parenting authority

questionnaire each represent a distinct parenting style: the permissive dimension, which represents a lenient and indulgent style with high responsiveness and low demandingness; the authoritarian dimension, which represents a strict and controlling style with high demandingness and low responsiveness; and the authoritative dimension, which represents a balanced approach with high responsiveness and high demandingness.

The researcher employed the Parenting Authority Questionnaire due to its psychometric soundness and validity in measuring Baumrind's parental authority prototypes, as corroborated by multiple studies, which indicate its significant potential as a valuable instrument for exploring the correlates of parental permissiveness, authoritarianism, and authoritativeness. The questionnaire contains several statements, including:

1. I am attuned to my child's emotions and requirements.
2. I react with intense wrath toward my child.
3. I struggle to enforce discipline with my child.

Participants were asked to score on a six-point scale from "Never" to "Always" to indicate how frequently their parents used different parenting techniques. The next step is to add together all of the scores and divide the total by the number of questions in that section to get the score for that category. The highest score indicates one parent's preferred parenting approach.

Cronbach's Alpha ratings for the parental authority questionnaire range from 0.75 to 0.86, indicating high reliability. The questionnaire's content and factor structure firmly support its validity, and the results show a good correlation with the expected results. To confirm the instrument's validity, the questionnaires were submitted to the project supervisor and peers for feedback and revisions. Following validation, a pre-

test was administered on the instrument involving 36 students, constituting 10% of the projected sample size, in accordance with the 10% guideline established by Mugenda & Mugenda (2003). This figure also surpasses the minimum of 30 respondents suggested for evaluating internal consistency, such as Cronbach's alpha (Hertzog, 2008). Consequently, this number was deemed sufficient to evaluate the clarity, reliability, and appropriateness of the research instruments. The researcher utilized pupils from T.I Amass Senior High School who possess features analogous to those of the primary subjects in the main study. Cronbach's alpha was used to assess the reliability coefficient of the instrument. Strong internal consistency was indicated by the pre-test's reliability coefficient of $\alpha = 0.78$ (George & Mallery, 2003).

Validity and Reliability of The Research Instruments

Standardized tools with validated psychometric qualities were utilized to guarantee the accuracy and consistency of the data acquired for this investigation. The tools employed to assess depression and parenting style exhibit robust validity and reliability in adolescent cohorts.

Validity of the Instruments

The degree to which an instrument accurately evaluates what it is intended to examine is known as its validity.

(a) Validity of the Depression Assessment Tool

The Beck Depression Inventory, developed by Aaron T. Beck, was used to measure student depression. The 21 items in the exam assess depression's cognitive, emotional, and somatic manifestations. The Beck Depression Inventory exhibits robust content validity, since its items align with the diagnostic criteria for depressive illnesses. Construct validity has been corroborated by factor analytic research that validate the cognitive-affective and somatic elements of depression. The instrument demonstrates

substantial criterion-related validity, since it exhibits a considerable correlation with clinical diagnoses and other standardized measures of depression. School-based research among adolescents has extensively utilized the Beck Depression Inventory, which has demonstrated satisfactory psychometric properties.

(b) Validity of the Parenting Style Scale

Diana Baumrind developed the Parenting Authority Questionnaire in 1967 to evaluate three different parenting philosophies: permissive, authoritarian, and authoritative. It exhibited robust content validity, as its pieces were directly sourced from Baumrind's theoretical framework. Construct validity has been corroborated by factor analysis, which verifies the three unique aspects of parenting styles. Moreover, contemporaneous validity has been demonstrated in research connecting parenting styles assessed by the PAQ with teenage psychological outcomes, such as depression.

Reliability of the Instruments

Reliability denotes the consistency and stability of measurements across time.

(a) The Depression Scale's reliability

Cronbach's alpha coefficients for the Beck Depression Inventory range from 0.85 to 0.93 in adolescent groups, indicating exceptional internal consistency reliability. The degree to which a group of objects are related to one another is indicated by Cronbach's alpha. Over short time spans, the test-retest reliability coefficient varies between 0.73 and 0.96. These data demonstrate that the instrument reliably assesses depressed symptoms in teenagers.

(b) Dependability of the Parenting Style Scale

The internal consistency reliability of the PAQ has been shown to be sufficient.

The three subscales of parenting styles often have Cronbach's alpha coefficients, which gauge the internal consistency of a collection of items, ranging from 0.74 to 0.87. Specifically:

- Authoritative parenting: $\alpha = 0.78 – 0.87$
- Authoritarian parenting: $\alpha = 0.74 – 0.85$
- Permissive parenting: $\alpha = 0.75 – 0.81$

These coefficients indicate a level of reliability that ranges from acceptable to high.

3.8 Data Collection Procedures

The data was gathered by the researcher with help from two other school teachers. The researcher obtained permission from the headmaster of Wa Senior High Technical School and asked the head of the University of Education, Winneba's Counseling Psychology Department for an introductory letter before distributing the questionnaire to the chosen respondents. To improve comprehension and encourage more thoughtful answers, the researcher gave the respondents an explanation of the questions. When classes were over, the students gathered in the school auditorium. Forty-five minutes were utilized to distribute and gather the surveys from the responders. The researcher physically distributed and collected the completed questionnaires, resulting in a 100% return rate on the same day.

3.9 Data Analysis

Table 3.1

Data Analysis Strategy for Addressing Research Inquiries Utilizing Suitable Statistical Methods

Research Questions	Statistical Tool
Research Question One	Frequency and Percentage
Research Question Two	Bar Chart
Research Question Three	Frequency and Percentage
Research Question Four	Pearson Correlation Analysis

3.10 Ethical Considerations

Along with the educational institution and the respondents' rights, including access to their data, the participants were informed of the purpose of the study and guaranteed anonymity. Respondents were given the choice to participate in the survey or not after the researcher got their informed consent. In addition, the researcher explained to the participants the purpose of the data gathering. The researcher ensured their safety by convening them in the school assembly hall. Ultimately, all collected data was utilized solely for the study's purpose and maintained in confidentiality.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

The data collected from respondents at Wa Senior High Technical School in the Wa municipality of the Upper West Region is analyzed and discussed in this chapter. The study focused on the quantitative analysis of student data on the relationship between depression and parenting style. Descriptive statistics were used to analyze the collected data.

4.1 Demographic Characteristics of Respondents

Demographic background factors were evaluated in order to look at the relationship between depression and parenting style among teenage students at Wa Senior High Technical School in the Wa Municipality. This includes the respondents' age and gender, which are shown in Table 4.1 below.

Table 4.1

Demographic Characteristics of the Students

Demographic Variable	Age Range	Frequency	Percentage
Age of Respondents	14 – 17	180	50
	18 - 20	120	33
	21 and above	60	17
	Total	**360**	**100**
Gender	Female	200	56
	Male	160	44
	Total	**360**	**100**

"Source: Field Work, 2023"

Demographic background characteristics were evaluated at Wa Senior High Technical School in the Wa Municipality in order to look into the relationship between parenting style and depression among teenage pupils. As seen in Table 4.1 below, this includes the respondents' age and gender.

4.2 Data Analysis

4.2.1 Research Question 1

What is the prevalence of depression among students of Wa senior high technical school?

The purpose of this study was to determine how common depression is among students. The results are shown in Table 4.2.

Table 4.2

Prevalence of Depression Among Students of Wa Senior High Technical School.

Level of Depression	Frequency (n)	Percentage (%)
Normal	72	20
Mild Mood	54	15
Borderline Clinical	90	25
Moderate	117	32.5
Severe	27	7.5
Extreme	0	0

Total	**360**	**100**

"Source: Field Work, 2023"

The prevalence of depression among Wa Senior High Technical School students is seen in Table 4.2. All responders exhibited varying degrees of depression. Students exhibiting significant depression had the highest prevalence at 117 (32.5%). Ultimately, pupils exhibiting Borderline Clinical Depression constituted 90 individuals (25%), but no students displayed indications of severe depression. According to the table, depression is significantly more common among Wa Senior High Technical School pupils.

4.2.2 Research Question 2

What is the Prevalence Rate of Depression Between Female and Male Students of Wa Senior High Technical School?

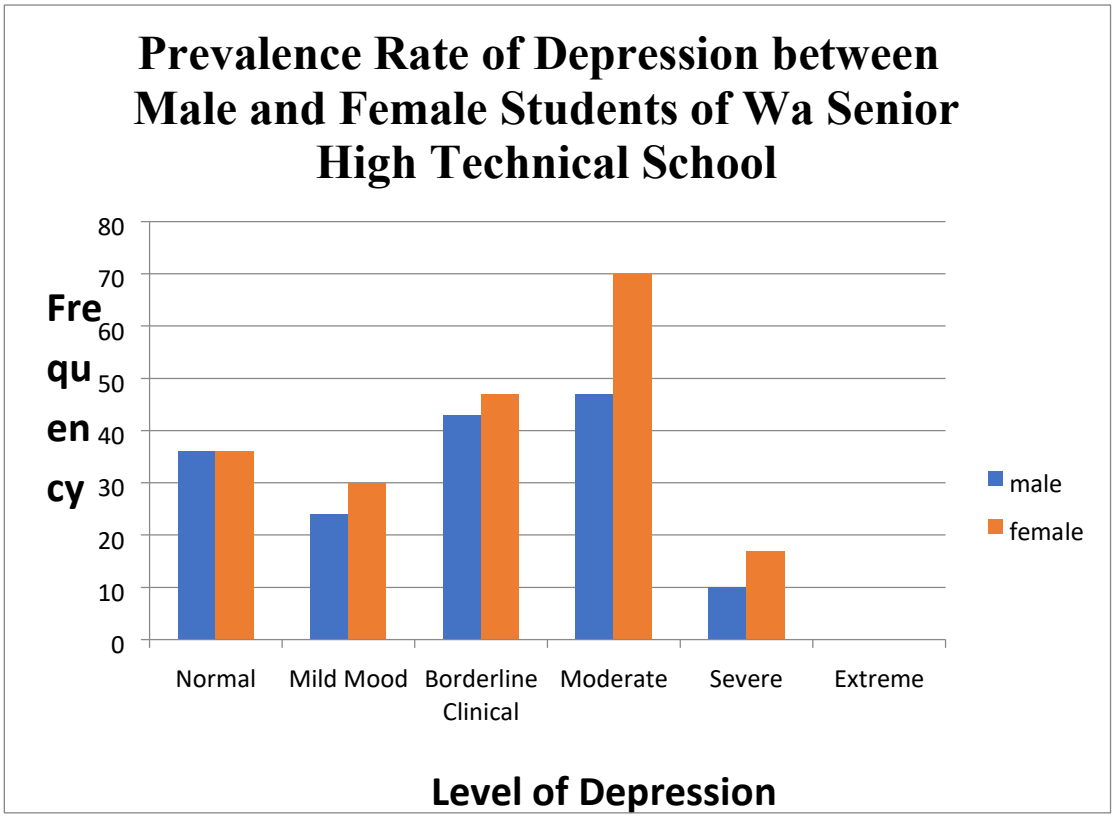

Figure 4.1: Prevalence Rate of Depression between Male and Female Students of Wa Senior High Technical School

The frequency of depression among Wa Senior High Technical School students, both male and female, is depicted in the bar chart above. Both male and female students exhibited varying degrees of depression, with female students demonstrating the highest prevalence. Female students had a moderate depression rate of 70 (35% of the total female population), whereas male students demonstrated a moderate depression rate of 47 (29%). The prevalence of borderline clinical depression was 47 (24%) in females and 43 (27%) in males, respectively.

4.2.3 Research Question 3:

What is the predominant parenting style of parents of Wa Senior High Technical School Students?

The Parenting Authority Questionnaire was used by the researcher to determine the parenting style of the students' parents (Baumrind, 1971).

Table 4.4

Descriptive Statistics Results on Parenting Style

Parenting Style	Frequency (n)	Percentage (%)
Authoritative	297	82.5
Authoritarian	45	12.5
Permissive	18	5
Total	**360**	**100**

"Source: Field Work, 2023"

Table 4.4 indicated the parenting styles of parents based on students' responses to the questionnaire, with authoritative parenting being the predominant style, occurring 297 times, which accounts for 82.5%. The majority of pupils said that their parents employed the authoritative parenting style.

4.2.4 Research Question 4:

What is the relationship between parenting style and depression among students of Wa Senior High Technical School?

Determining the relationship between parenting style and depression in Wa Senior High Technical School students was the main goal of this study.

Pearson Correlation Analysis, a statistical technique for determining the degree and direction of a link between two variables, was used to answer the research questions and hypotheses.

Ho1. There is no statistically significant link between parental style and depression among students at Wa Senior High Technical School.

H1. A statistically significant link exists between parental style and depression among students at Wa Senior High Technical School.

Ho1: There is no Statistically Significant Relationship between Parenting Style and Depression among Students of Wa Senior High Technical School

The purpose of this study was to determine whether parental practices and depression among Wa Senior High Technical School students are statistically correlated. Correlation analysis was conducted to substantiate the assertion. The outcome is presented in Table 4.5.

4.3 Correlation Analysis

There are positive correlations between student sadness and parenting style, according to Table 4.5. It was also clear that depression and students were related.1; Permissive Parenting Style; Authoritarian Parenting Style; Authoritative Parenting Style.164;

both.315. According to the findings, authoritarian and permissive parenting styles had no statistically significant effects on the dependent variable of student depression at the 0.01 significance level.

The Authoritative Parenting Style exhibited statistical significance at the 0.05 level concerning the dependent variable of student depression.

Table 4.5

Relationship between Parenting Style and Depression among Students

VARIABLE	DAS	ATPS	ANPS	PPS
DAS	1	.164*	.483**	.532**
ATPS	.164*	1	.579**	.315**
ANPS	.483**	.579**	1	.332**
PPS	.532**	.315**	.332**	1

Note. N = 360.

DaS stands for depression in students; ATPS for authoritative parenting; ANPS for authoritarian parenting; and PPS for permissive parenting.

***p< .05 (2-tailed)**

**** p< .01 (2-tailed)**

4.4 Discussion of Findings

Students at Wa Senior High Technical School have a notable prevalence of depression, according to the study.

This conclusion aligns with Scott (2018), who discovered that Senior High School students consistently experience varying degrees of despair. Scott (2018) further asserts that the adolescent years can be irritating, frightening, and problematic, akin to a mountaineer descending a high mountainside. Life frequently appears to be chaotic. Emotions of fury and hatred may abruptly arise and subsequently dissipate. Adolescents grapple with their looks, questioning whether they are appealing or unattractive. Embarrassing moments induce intense discomfort. Certain adolescents have feelings of isolation, convinced that no one comprehends or is concerned about their plight. The insufficient provision of guidance and counseling services in senior high schools may be one reason for the recent findings (Namale and Awabi, 2018). The Beck Depression Inventory, a psychological diagnostic tool created by Dr. Aaron T. Beck to gauge the severity of depression, was used for this evaluation.

At Wa Senior High Technical School, the results also showed that female students are more likely than male pupils to suffer from depression. It is more common in girls than in boys, with a female-to-male ratio of roughly 2:1 by late adolescence, according to Angold and Rutter (1992, cited by Chaput et al., 1998). Girls are more likely to have the syndrome than boys, according to Lynch et al. (2001), who discovered that the number of males and girls in young children is almost equal until adolescence, when it changes to 2:1. Additionally, Weissman (2002) discovered that the period of puberty was when the rise was most noticeable for girls.

Adolescent depression can impact a teenager's social interactions, familial relationships, and academic performance, frequently resulting in significant long-term repercussions. Adolescents experiencing depression face heightened risks of hospitalization, recurring depressive episodes, psychosocial dysfunction, alcohol misuse, and antisocial behavior in adulthood. Suicide, which is the third leading cause of death among older teenagers, is the most devastating effect of teenage depression (Centre for Disease Control, WISQARS).

Depression is considered a serious mental health problem among Thai teenagers, especially those between the ages of 15 and 19, who are considered to be at high risk for the disease and represent the country's future potential and resources. Ministry of Public Health, Department of Mental Health, 2005. Consequently, parents and other individuals accountable for teenagers must guarantee the fulfillment of their fundamental requirements. We should urge non-governmental organizations and philanthropic entities to identify teenagers from disadvantaged financial circumstances and assist them with their fundamental necessities. Educators need not to demean teenagers by reprimanding them publicly in the presence of their classmates following examination failures. Teachers should refer such pupils to the school's guidance and counseling coordinator for assistance.

The researcher employed the Parenting Authority Questionnaire (Baumrind, 1971) to ascertain the parenting styles of parents, revealing that the predominant type was authoritative parenting, with a frequency of 297 (82.5%).

According to Buri (1991), who created the Parental Authority Questionnaire, parenting styles, particularly authoritative parenting, exhibited substantial correlations

with teenagers' psychological adjustment, including depressive symptoms. While authoritative parenting is typically linked to improved outcomes, the study revealed that it remains highly correlated with emotional states such as despair, contingent upon adolescents' perceptions. Kugbey, Osei-Boadi, and Atefoe (2015) discovered a strong correlation between parenting styles, including authoritative parenting, and depressed symptoms in a sample of Ghanaian adolescents. The research highlighted that contextual and cultural elements impact the relationship between parental practices and teenage mental health. In a comprehensive review, Yap, Pilkington, Ryan, and Jorm (2014) found that in some contexts, high levels of parental involvement and supervision—qualities of authoritative parenting—were highly linked to symptoms of teenage depression. The authors observed that cultural norms and adolescents' desire for autonomy can affect whether authoritative acts mitigate or exacerbate depressed symptoms.

The correlation results showed a positive relationship between student sadness and parental style. This study confirms the findings of Laboviti (2015), who found a significant relationship between parenting style and depressed symptoms in teenagers, with authoritative parenting being associated with fewer symptoms. Ebrahimi et al. (2017) found that students' depression was significantly impacted negatively by authoritative parenting. Additionally, the results of Sanjeevan and Zoysa's (2018) investigation showed a strong link between parental practices and teenage depression. According to research, the best way to positively impact adolescents' mental health is with an authoritative approach. While several studies suggest that an authoritative parenting style correlates with increased depression, other research indicates that a negligent parenting style results in a greater prevalence of depression than the former.

Conversely, permissive and authoritarian parenting styles correlate with reduced levels of depression. Longitudinal studies show the long-term benefits of authoritative parenting; for instance, adolescents who had authoritative parenting showed few symptoms of depression. While some study emphasizes cross-cultural differences, other studies contend that the relationship between parenting style and depression is constant across cultures and countries. This discrepancy is attributed to the perspectives of adolescents, who interpret parental parenting techniques differently in different nations, even while those styles are comparable.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

The results of the study on the relationship between parenting style and depression among students at Wa Senior High Technical School in the Wa municipality are summarized in this chapter, along with recommendations and ideas for additional research. The survey was conducted using a descriptive methodology. The questionnaire was used as the study's data collection tool. To establish the sample size for the study, the researcher used a stratified proportionate random sampling technique. The study included 360 pupils in its sample. For the first study topic, percentages and frequencies were used, and for the second research issue, a bar chart was used. The correlation was investigated using Pearson Correlation Analysis.

5.1 Key findings of the study

The study's findings showed that:

1. Adolescent pupils at Wa Senior High Technical had a notable prevalence of depression.

2. According to the survey, female students were more likely than their male counterparts to suffer from depression.

3. The research indicated that the parenting approach employed by the parents was authoritarian in nature.

4. The correlational results showed a positive relationship between students' sadness and parenting style.

5. At the 0.01 significance level, the study discovered that the parenting philosophies of authoritarian and permissive were statistically insignificant.

6. Conversely, at the significant level of 0.05, authoritative parenting was statistically significant.

5.2 Conclusion

The summary led to the following conclusions:

The children experienced high levels of depression, according to the study.

The research determined that the predominant parenting style among most parents was authoritative.

The study also found a positive relationship between depression and parenting style.

The study concludes that both educators and parents contribute to mitigating students' depressed levels.

It is concluded that an authoritative parenting style employed by parents may exacerbate adolescent depression.

A lenient parenting style may mitigate depression in teens.

The implications of these findings highlight the need to change parenting practices in order to lessen sadness. It is therefore expected that parents would understand and apply this strategy by finding a balance between authority and affection, helping teenagers reduce the risk of depression.

5.3 Recommendations

The following suggestions were made in light of the findings:

1. The study found that children were significantly more likely to suffer from depression; thus, it is advisable for teachers to report kids experiencing difficulties to the school-based guidance and counseling coordinator for individualized support and mental health oversight.

2. School counsellors are advised to engage with parents and teachers to develop personalized assistance plans for at-risk pupils.

3. From the study, it was evident that the major parenting style that parents used was the authoritative parenting style, therefore it is recommended that policymakers and school administrators should promote parenting – style awareness programs that discourage authoritative approaches and encourage permissive or authoritarian (balance) styles. Furthermore, fund training for parents and educators on managing adolescent depression linked to parenting style.
4. Given that the study's findings indicated a favorable relationship between parenting style and student depression, it is advised that parents understand when to employ the most effective parenting techniques.

5. School counselors should develop proactive and effective strategies for the detection, assessment, and management of adolescent depression within educational institutions. Counseling methods such as cognitive behavioral therapy, rational emotive therapy, psychodynamic therapy, and the hopelessness theory of depression should be widely accessible in schools to

aid in the prevention, reduction, and management of depression among students.

6. Given the elevated incidence of depression among students in the study, it is recommended that schools implement programs such as recreational activities, sports, and entertainment to enhance students' self-confidence and promote an appreciation for their accomplishments and worth, thereby mitigating levels of depression.

5.4 Implication for Counselling

The study's findings offer school counselors some useful tactics.

1. Counsellors should help clients become aware of the repeated negative thoughts that fuel depression. Techniques such as though records, cognitive restructuring, and emotional regulation strategies should be incorporated into counselling sessions.

2. Counsellors should guide teachers to build warm, supportive relationship with students, especially for adolescents experiencing attachment disruptions at home. Positive school relationships may serve as protective factor against depression.

3. Counsellors should work with parents to emphasize on warm, consistency and prompt responses to the client.

The findings also provide theoretical implications for counselling:

1. The link between parenting practices and teenage depression lends credence to attachment theory and attachment-based viewpoints, which stress the value of stable parent-child relationships in fostering psychological health.
2. Validation of parenting style frameworks, the finding contributes to existing literature supporting the classification of parenting styles as significant determinants of adolescent mental health outcomes.

3. Integration of cognitive – behavioral, the relationship between parenting experiences and depressive symptoms suggest the need to integrate cognitive-behavioral approaches with family-based frameworks in counselling adolescents.

The findings also have implications for educational and mental health policy:

1.Strenthening school counselling unit, educational authorities should provide adequate resources, trained personnel, and structured mental health programs within senior high schools to address adolescent's depression.

2. Parental education programs, schools and educational policymakers should implement regular parenting workshops to promote effective parenting styles that enhance adolescent' emotional well-being.

3. Mental health screening policies, policies should support routine psychological screening in schools to facilitate early detection of depressive symptoms among students.

5.5 Areas of Further Studies

Further research is advised in the following domains:

1. The researcher recommends that more research be done in other educational institutions because the study concentrated on the connection between parenting style and depression among students at Wa Senior High Technical School.

2. Based on the study's findings, more research is advised that considers the geographical context of the sample; a broader scope, such as a national level, would enable the results to reflect the overall risk of adolescent depression in Ghana.

3. Differentiating between paternal and maternal parenting approaches is crucial for future research.

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APPENDIX A

QUESTIONNAIRE

UNIVERSITY OF EDUCATION, WINNEBA

The study is for academic purpose and any information given will be treated with utmost confidentiality. The study is being carried out to explore the relationship between parenting style and depression among adolescent students of Wa Senior High Technical School, in the Wa municipality of the Upper West Region of Ghana. The researcher respects your liberty to decline response to this questionnaire though you are much encouraged to participate in this study.

SECTION A: BIO DATA

A. Student Particulars

1. Gender: Male [ ] Female [ ]

2. Please tick the age range that applies to you.

14 – 17 [ ], 18 - 20 [ ], 21 and above [ ]

PREVALENCE OF ADOLESCENT DEPRESSION

What is the prevalence of adolescent depression among students of Wa Senior High Technical School in the Upper West Region of Ghana? Please indicate the prevalence of your depression by a circling the right option.

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.

0.I do not feel sad.

1.I feel sad

2.I am sad all the time and I can't snap out of it.

3.I am so sad and unhappy that I can't stand it.

2.

0.I am not particularly discouraged about the future.

1.I feel discouraged about the future.

2.I feel I have nothing to look forward to.

3.sI feel the future is hopeless and that things cannot improve.

3.

0. I do not feel like a failure.

1.I feel I have failed more than the average person.

2.As I look back on my life, all I can see is a lot of failures.

3.I feel I am a complete failure as a person.

4.

0 I get as much satisfaction out of things as I used to.

1 I don't enjoy things the way I used to.

2 I don't get real satisfaction out of anything anymore.

3 I am dissatisfied or bored with everything.

5.

0 I don't feel particularly guilty

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all of the time.

6.

0 I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

7.

0 I don't feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

8.

0 I don't feel I am any worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9.

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

10.

0 I don't cry any more than usual.

1 I cry more now than I used to.

2 I cry all the time now.

3 I used to be able to cry, but now I can't cry even though I want to.

11.

0 I am no more irritated by things than I ever was.

1 I am slightly more irritated now than usual.

2 I am quite annoyed or irritated a good deal of the time.

3 I feel irritated all the time.

12.

0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

13.

0 I make decisions about as well as I ever could.

1 I put off making decisions more than I used to.

2 I have greater difficulty in making decisions more than I used to.

3 I can't make decisions at all anymore.

14.

0 I don't feel that I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel there are permanent changes in my appearance that make me look unattractive

3 I believe that I look ugly.

15.

0 I can work about as well as before.

1 It takes an extra effort to get started at doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

16.

0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

0 I don't get more tired than usual.

1 I get worn out more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

18.

0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

19.

0 I haven't lost much weight, if any, lately.

1 I have lost more than five pounds.

2 I have lost more than ten pounds.

3 I have lost more than fifteen pounds.

20.

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

21.

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you've finished the survey, add the score for each of the 21 questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you

circles zero on each question. You can evaluate your depression according to the Table below.

Total Score_____Levels of Depression

1-10_____These ups and downs are considered normal

11-16_____ Mild mood disturbance

17-20_____Borderline clinical depression

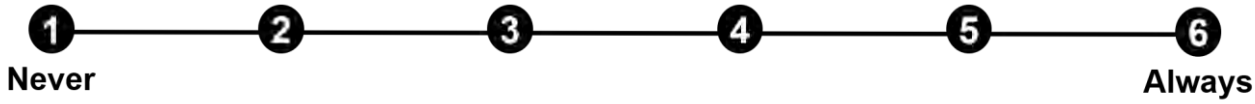
21-30_____Moderate

31-39_____Severe

40+_____Extreme

Parenting Authority Questionnaire

Please rate how often you engage in the different parenting practice listed below. Scores range from ―Never‖ to ―Always on a six-point scale. To determine your score for that category, add up your scores at the end of each section and divide by the number of questions. The highest calculated score indicates your preferred parenting style.



Authoritative Parenting Style

1. I am responsive to my child ‘s feelings and needs.

   Rate your response. Choose from 1 (never) to 6 (always):

2. I take my child ‘s wishes into consideration before I ask him/her to do something.

   Rate your response. Choose from 1 (never) to 6 (always):

3. I explain to my child how I feel about his/her good/bad behavior. Rate your response. Choose from 1 (never) to 6 (always):

4. I encourage my child to talk about his/her feelings and problems.

   Rate your response. Choose from 1 (never) to 6 (always):

5. I encourage my child to freely ―speak his/her mind, ‖ even if he/she disagrees with me.

Rate your response. Choose from 1 (never) to 6 (always): 6. I explain the reasons behind my expectations.

Rate your response. Choose from 1 (never) to 6 (always): 7. I provide comfort and understanding when my child is upset.

Rate your response. Choose from 1 (never) to 6 (always): 8. I compliment my child.

Rate your response. Choose from 1 (never) to 6 (always):

9. I consider my child ‘s preferences when I make plans for the family (e.g., weekends away and holidays).

Rate your response. Choose from 1 (never) to 6 (always):

10. I respect my child ‘s opinion and encourage him/her to express them.

Rate your response. Choose from 1 (never) to 6 (always): 11. I treat my child as an equal member of the family.

Rate your response. Choose from 1 (never) to 6 (always):

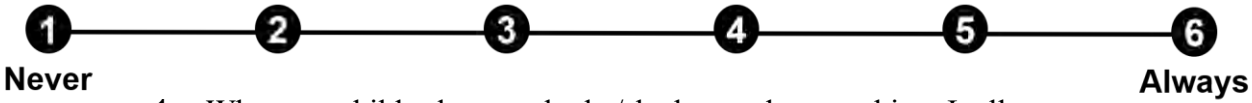
12. I explain to my child the reasons behind the expectations I have for him or her.

Rate your response. Choose from 1 (never) to 6 (always): 13. I have warm and intimate times together with my child.

Rate your response. Choose from 1 (never) to 6 (always):

Total points *for Authoritative Parenting Style section:*

Calculated score for Authoritative Parenting Style section (total points divided by 13):



1. When my child asks me why he/she has to do something, I tell

Authoritarian Parenting Style

For him/her, it is because I said so; I am your parent, or because that is what I want.

Rate your response. Choose from 1 (never) to 6 (always):

2. I punish my child by taking privileges away from him/her (e.g., TV, games, visiting friends).

Rate your response. Choose from 1 (never) to 6 (always):

3. I yell when I disapprove of my child ‘s behavior.

Rate your response. Choose from 1 (never) to 6 (always): 4. I explode in anger towards my child.

Rate your response. Choose from 1 (never) to 6 (always):

5. I spank my child when I don ‘t like what he/she does or says.

Rate your response. Choose from 1 (never) to 6 (always): 6. I use criticism to make my child improve his/her behavior.

Rate your response. Choose from 1 (never) to 6 (always):

7. I use threats as a form of punishment with almost no justification.

Rate your response. Choose from 1 (never) to 6 (always):

8. I punish my child by withholding emotional expressions (e.g., kisses and cuddles).

Rate your response. Choose from 1 (never) to 6 (always):

9. I openly criticize my child when his/her behavior does not meet my expectations.

Rate your response. Choose from 1 (never) to 6 (always):

10. I find myself struggling to try to change how my child thinks or feels about things.

Rate your response. Choose from 1 (never) to 6 (always):

11. I feel the need to point out my child 's past behavioral problems to make sure he/she will not do them again.

Rate your response. Choose from 1 (never) to 6 (always): 12. I remind my child that I am his/her parent.

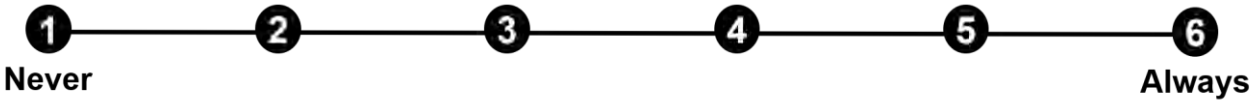
Rate your response. Choose from 1 (never) to 6 (always):

13. I remind my child of all the things I am doing, and I have done for him/her.

Rate your response. Choose from 1 (never) to 6 (always):

Total points *for Authoritarian Parenting Style section:*

Calculated score for Authoritarian Parenting Style section (total points divided by 13)



Permissive Parenting Style

1. I find it difficult to discipline my child.

Rate your response. Choose from 1 (never) to 6 (always):

2. I give into my child when he/she causes a commotion about something.

Rate your response. Choose from 1 (never) to 6 (always): 3. I spoil my child.

Rate your response. Choose from 1 (never) to 6 (always):

4. I ignore my child 's bad behavior.

Rate your response. Choose from 1 (never) to 6 (always):

Total points *for Permissive Parenting Style section****:***

Calculated score for Permissive Parenting Style section (total points divided by 4)