




The Influence of Parenting Styles on Mental Health Among Children in Henan Province, China

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ABSTRACT

This study aims to examine the correlation between parenting styles of children and their mental health. A cross-sectional study with 384 children with parents was carried out in Henan Province with children aged 10-13 years old. The findings showed a significant negative correlation between emotional warmth and mental health ($\beta = -0.253, p < 0.001$), indicating that the higher the level of emotional warmth perceived during the parenting process, the lower the mental health symptom scores, reflecting better mental health in children. There is a significant positive correlation between rejection and mental health ($\beta = 0.381, p < 0.001$), indicating that higher levels of perceived rejection during the parenting process are associated with higher mental health symptom scores, reflecting poorer mental health in children. There is a significant difference in parenting styles by grade level ($F = 3.491, p = 0.016$). In conclusion, only some of the research hypotheses are supported in this study. The mental health of children is greatly impacted by the parenting methods of their parents. Parenting philosophies that prioritised rejection and emotional warmth had a stronger effect on children's mental health.

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Contribution/Originality: This study is one of the few to explore the effects of parenting styles on children's mental health in Henan Province. Its main contribution is revealing the significant role of parenting styles, providing an important theoretical basis for enhancing family education and mental health interventions for children.

1. Introduction

For school-age children, the brain is in the second accelerated development period, physiological functions begin to develop, psychological qualities begin to develop, and emotional and cognitive abilities are in a critical period of rapid development (Hu et al., 2019; Fan & Wang, 2015). As they begin to be more sensitive to some frustrating changes in life and learning, once they deviate from the correct guidance, it is easy to develop psycho-spiritual disorders, in which adolescents have more problems with the tendency to self-blame, physical symptoms, allergic tendencies, and impulsive tendencies (Hu et al., 2019; Zhao, 2022).

In the present day, mental health problems are no longer confined to adults, and their adverse effects are spreading to the primary school population (Hu et al., 2019). According to statistics, there are about 30 million adolescents in China who suffer from different psychological disturbances. Among them, the probability of elementary and secondary school pupils suffering from mental problems related to psychological disorders ranges from 21.6% to 32.0%, and the trend is increasing year by year (Zhang, 2012). Research has also shown that 2/3 of adult mental illnesses occur during primary and secondary school years (Wang et al., 2011).

Children's mental health problems are a common problem throughout the world. Extensive research has demonstrated that parenting styles significantly influence child development and exert a critical effect on promoting healthy growth (Zhao, 2022; Wang et al., 2024).

In conclusion, presented in this paper are the following four research questions:

- i. What is the state of children's mental health at present?
- ii. How do parenting styles and mental health differ across background variables?
- iii. Is there a significant correlation between parenting styles and children's mental health?
- iv. Is there a significant effect of parenting styles on children's mental health?

1.1. Research Hypothesis

Hypothesis 1: There is a significant difference between parenting styles and mental health of children from different background variables.

Hypothesis 1.1: There is a significant difference between parenting styles of children from different gender.

Hypothesis 1.2: There is a significant difference between mental health of children from different gender.

Hypothesis 1.3: There is a significant difference between parenting styles of children from different grade.

Hypothesis 1.4: There is a significant difference between mental health of children from different grade.

Hypothesis 2: There is a significant relationship between parenting styles and children's mental health.

Hypothesis 2.1: There is a significant relationship between emotional warmth parenting styles and children's mental health.

Hypothesis 2.2: There is a significant relationship between rejection parenting styles and children's mental health.

Hypothesis 2.3: There is a significant relationship between anxious education parenting styles and children's mental health.

Hypothesis 2.4: There is a significant relationship between overprotection parenting styles and children's mental health.

2. Literature review

The Physical Education and Health Curriculum Standards issued by the Chinese Ministry of Education state that the standard of mental health includes two meanings: first, a state of mental health in which students feel good about themselves and are in harmony with their surroundings; and second, the principles and measures to maintain mental health and reduce behavioural problems and mental illnesses (Wang & Yang, 2016).

To comprehend the mental health condition of pupils, this study adopts a developmental and comprehensive perspective, informed by the Physical Education and Health Curriculum Standards, diagnose the children's mental health status scientifically, summarise the valuable theories of mental health education, and carry out mental health education effectively.

From the 20th century forward, scholars have been defining parenting styles. Domestic and foreign scholars have different definitions of parenting styles, but after careful deliberation, we can find similarities between the definitions. In this study, parenting styles are the general patterns of behaviour exhibited in the process of raising and educating children, which include both parenting behaviours and parenting attitudes and emotions, and which reflect the nature of parent-child interactions that are stable across time and contexts (Darling & Steinberg, 1993; Du et al., 2023).

There are numerous parental styles, and each style has a distinct impact on children. Parenting styles can be broadly categorised into positive and negative parenting styles (Huang et al., 2024). Positive parenting styles include authority, democracy, emotional warmth, acceptance of participation, and encouragement of autonomy; negative parenting styles include authoritarianism, permissiveness, rejection, harsh punishment, and over-interference (Zang & Zhao, 2023; Bai & Guo, 2024).

Through a large number of empirical studies, scholars have developed a consensus on the idea that parenting styles are significantly associated with children's mental health (Peng et al., 2021) and that parenting styles can directly or indirectly influence mental health.

In attachment theory (Flaherty & Sadler, 2011) and socialisation theory (Maccoby, 1994; Baumrind, 1968), Parenting style is recognized as a significant social and environmental determinant in the growth of children and adolescents, as well as a crucial consideration in socio-emotional development.

Recently, a succession of research has also identified correlations between the growth of children, health issues, and different approaches to parenting (Cobham et al., 2016; Gray et al., 2018; Abraczinskas et al., 2021; Lo & Wong, 2022). Parenting styles have a profound impact on the mental health of children and adolescents (Yee, 2021; Shaygan et al., 2021; Asanjarani et al., 2022; Hassan et al., 2022; Abidin et al., 2022; Ge et al., 2022; Rakhshani et al., 2022).

In other scholars' studies, Peng et al. (2021) shown the mental health of children is significantly influenced by the parenting styles of both fathers and mothers. The results of the investigation are in agreement with the conclusions of prior investigations. Some of these studies also support the idea that mothers play a more important role in children's mental health (Muzik et al., 2015; Barton & Hirsch, 2016; Sun et al., 2017), and every one of these research acknowledges the significant contribution of both parents in fostering the mental health of teenagers (Cowan et al., 2019; Sekaran et al., 2020; Gao et al., 2021; Zhu et al., 2023).

3. Research Methods

This study used a quantitative cross-sectional research approach. This research used a cross-sectional design to statistically assess the mental health of a specific group at a certain point in time (Gorczyński & Sims-Schouten, 2024). The study respondents are all two-parent families. All are Han Chinese children from Henan Province, China. The parenting style served as the independent variable, while the mental health of the children was the dependent variable.

A randomised sampling method was employed for this study, and data were gathered using an online questionnaire instrument. The sample size calculation indicated that 384 valid responses were needed to meet the criteria of a 95 percent confidence level and a 5 percent confidence interval. To ensure enhanced representativeness and data reliability, the researcher opted to distribute 400 questionnaires. Of the 400 distributed questionnaires, 384 were deemed valid, yielding a validity rate of 96%. Among the valid responses, 50.5 percent (194) were from male participants, and 49.5 percent (190) were from female participants.

This study collects questionnaire data, after sorting and screening, after confirming the valid data, using the verification analysis method, using SPSS software for data processing and statistical analysis, as follows: descriptive statistics, independent sample T-test, analysis of variance, reliability and validity analysis, correlation analysis, regression analysis (Field, 2024).

The parenting styles scale used in this study was adapted by Wang et al. (2018) from the Chinese version of the short form parenting styles scale (Jiang et al., 2010; Li, 2013) and the children's version of the parenting styles questionnaire (Castro et al., 1993; Muris et al., 2003). The scale was divided into four dimensions: the emotional warmth dimension; the rejection dimension; the anxious education dimension; and the overprotection dimension. The questionnaire was used to investigate the child's parenting style, use a 5-point Likert scale. This study examined the internal consistency and reliability of the Parenting Styles Scale for the whole sample. The Cronbach's alpha value of 0.747 suggests that the scale exhibits a satisfactory level of internal consistency and reliability. Higher scores correspond to a greater intensity of emotions towards parenting approaches.

The children's mental health scale for this study was adapted by Zhang (2015) from the Symptom Self-Rating Scale SCL90 (Derogatis & Cleary, 1977) based on the characteristics of primary school students. This mental health scale for students contains six factors including learning anxiety, physical symptoms, social anxiety, loneliness tendency, sensitivity tendency and fear tendency. The questionnaire was used to investigate the child's mental health, use a 5-point Likert scale. The present work undertakes an analysis of the internal reliability of consistency of the mental health Scale for the whole sample. The obtained Cronbach's alpha value of 0.959 suggests a satisfactory level of internal consistency reliability for the scale. Greater scores are indicative of a more severe psychological state and worse mental health.

4. Results

According to Table 1, this study collected 384 valid samples. The mental health score had a minimum value of 1.00, a maximum value of 4.44, a mean value of 3.24, and a standard deviation of 0.82. These statistical indicators reveal some differences in the mental health of the sample children. Higher scores on the mental health symptoms scale indicate a higher number of conditions that correspond to mental health symptoms and worse mental health status.

Table 1: Descriptive statistics of mental health

	N	Minimum value	Maximum value	Mean	Standard Deviation
MH	384	1.00	4.44	3.24	0.82

A minimum value of 1.00 means that there are some children who have excellent mental health and almost no mental health distress. A maximum value of 4.44, relative, indicates poor mental health. The mean value of 3.24 indicates that overall, the sample scored moderately high in mental health status on the scale of mental health ratings. In particular, mean values close to the scale's upper limit indicate that mental health problems are prevalent in the sample. The standard deviation is 0.82, indicating that there is some variation in the children's mental health in the sample, reflecting the diversity of mental health conditions. However, the overall differences are not extreme. The sample's mental health falls within a certain range, with no extreme scores, as indicated by the smaller standard deviation value.

The results of the independent sample t-test, as shown in Table 2, indicate that there is no significant difference in parenting styles between male and female children ($t = -0.869$, $p = 0.385$). The mean score for males ($M = 1.98$, $SD = 0.53$) is not significantly lower than that for females ($M = 2.02$, $SD = 0.50$). Therefore, hypothesis H1.1 is not supported.

Table 2: T-Test-Gender

IV	Mean (SD)		T-Value	p
	Male(N=194)	Female(N=190)		
PS	1.98(0.53)	2.02(0.50)	-0.869	0.385
MH	3.39(0.70)	3.35(0.74)	0.485	0.628

$P < 0.05$ *, $p < 0.01$ **, $p < 0.001$ ***

Similarly, there is no significant difference in mental health scores between male and female children ($t = 0.485, p = 0.628$). The mean mental health score for males ($M = 3.39, SD = 0.70$) is not significantly higher than that for females ($M = 3.35, SD = 0.74$). Therefore, hypothesis H1.2 is not supported.”

Therefore, in the sample of this study, there is no significant difference in parenting styles among children of different genders. Similarly, there is no significant difference in mental health outcomes among children of different genders.

A one-way independent sample ANOVA was used to analyse the differences between children in different grades in the two variables respectively and the results are shown in [Table 3](#).

Table 3: ANOVA-Grade

IV	Mean (SD)				F	P	LSD
	1 grade3	2 grade4	3 grade5	4 grade6			
PS	1.90(0.53)	2.11(0.6)	2.10(0.5)	1.99(0.43)	3.491	0.016*	2>1 3>1
MH	3.31(0.75)	3.49(0.6)	3.32(0.7)	3.43(0.72)	1.139	0.333	

$p < 0.05$ *, $p < 0.01$ **, $p < 0.001$ ***

The results of the investigation revealed that: There is a significant difference in parenting styles by grade level ($F = 3.491, p = 0.016$). Therefore, hypothesis H1.3 is supported. There is no significant difference in mental health by grade level ($F = 1.139, p = 0.333$). Therefore, hypothesis H1.4 is not supported.

Therefore, there is a significant difference in parenting styles among children of different grades in the sample of this study. There is no significant difference in mental health among children of different grades.

As shown by the LSD post hoc comparison. There is a significant difference in parenting styles [1 ($M = 1.90, SD = 0.53$); 2 ($M = 2.11, SD = 0.60$); 3 ($M = 2.10, SD = 0.51$); and 4 ($M = 1.99, SD = 0.43; p = 0.011$)] among subjects in different grades. Mean scores for 2 were significantly higher than 1 ($2.11 > 1.90$) and for 3 ($2.10 > 1.90$). This means that children of 2 and 3 felt more on parenting style scores than children of 1.

The results of the Pearson correlation analysis are presented in [Table 4](#). The Pearson correlation coefficients (R-values) reflect the linear relationships between the six variables.

Table 4: Correlation of parenting styles and mental health

	1	2	3	4	5	6
1.Parenting Style	1					
2.Overprotection	.807**	1				
3.Anxiety Education	.811**	.526**	1			
4.Rejection	.583**	.321**	.355**	1		
5.Emotional Warmth	.491**	.231**	.253**	-0.038	1	
6.Mental Health	.211**	.143**	.204**	.439**	-.232**	1

$p < 0.05$ *, $p < 0.01$ **, $p < 0.001$ ***

The analysis shows no significant correlation between emotional warmth and rejection parenting styles. However, significant correlations of varying strengths are observed among the remaining variables. Notably, the emotional warmth parenting style is negatively correlated with mental health ($r = -0.232$, $p < 0.01$). This suggests that higher levels of emotional warmth are associated with fewer mental health symptoms, indicating better overall mental health.

Regression analysis was used to test the relationship between the four dimensions of parenting styles on mental health, and the results are shown in Table 5. The analysis showed a statistically significant inverse correlation between emotional warmth and mental health ($\beta = -0.253$, $p < 0.001$). This suggests that greater levels of perceived emotional warmth in parenting are linked to lower scores on mental health symptoms, which reflect improved mental health in children. Rejection exhibited a statistically significant positive correlation with mental health ($\beta = 0.381$, $p < 0.001$), implying that increased levels of perceived rejection in parenting are linked to elevated scores on mental health symptoms, therefore indicating worse mental well-being in children.

Table 5: The regression of parenting styles and mental health

DV: Mental Health				
IV	Beta	SE	β	VIF
Overprotection	0.01	0.05	0.013	1.455
Anxiety Education	0.12	0.05	0.126	1.518
Rejection	0.31	0.04	0.381***	1.211
Emotional Warmth	-0.32	0.06	-0.253***	1.114
AdjR2	0.25			
F	32.135 ***			
df	4.00			

$p < 0.05$ *, $p < 0.01$ **, $p < 0.001$ ***

Overprotection ($\beta = 0.013$, $p > 0.05$) and anxious education ($\beta = 0.126$, $p > 0.05$) were not significantly associated with mental health, suggesting that there was no clear perception of overprotection and anxious education from parents during parenting. Collectively, the four dimensions of parenting style accounted for 25% of the variance in mental health outcomes ($\text{AdjR}^2 = 0.25$). This level of explanatory power indicates a significant influence of these parenting dimensions on mental health. Additionally, the model incorporating all four dimensions of parenting style showed significant predictive capability for children's mental health ($F = 32.135$, $p < 0.001$).

In conclusion, according to Table 6, only some of the research hypotheses are supported in study. The results indicate that there is a significant difference in parenting styles of children in different grades. There is a significant correlation between children's parenting styles and children's mental health, with emotional warmth and rejection parenting styles having a stronger effect on children's mental health (Wang et al., 2024).

Table 6: Results of research hypothesis

NO.	Hypothesis	Result
H 1	There is a significant difference between parenting styles and mental health of children from different background variables.	Partially supported

H 1.1	There is a significant difference between parenting styles of children from different gender.	Not supported
H 1.2	There is a significant difference between mental health of children from different gender.	Not supported
H 1.3	There is a significant difference between parenting styles of children from different grade.	Supported
H 1.4	There is a significant difference between mental health of children from different grade.	Not supported
H2	There is a significant relationship between parenting styles and children's mental health.	Partially supported
H2.1	There is a significant relationship between emotional warmth parenting styles and children's mental health.	Supported
H 2.2	There is a significant relationship between rejection parenting styles and children's mental health.	Supported
H2.3	There is a significant relationship between anxious education parenting styles and children's mental health.	Not supported
H 2.4	There is a significant relationship between overprotection parenting styles and children's mental health.	Not supported

5. Conclusion

Based on findings from descriptive statistical analyses, the mental health status is slightly higher than the mean value 3, and it can be presumed that in these 384 samples, the children's mental health status is less than ideal and there are some individual differences. This is consistent with [Yu's \(2022\)](#) findings. The detection rates of depression, anxiety, sleep problems, and self-harm among Chinese primary and secondary school students are high, and the overall mental health situation is worrying, which needs to cause a high degree of alertness in the whole society ([Yu, 2022](#)).

The results of this investigation confirm the conclusions of many other studies on parenting styles, particularly with regard to the benefits of emotional warmth on mental health and the negative effects of rejection-based parenting on mental health ([Wang et al., 2024](#)).

However, this study did not find significant effects of overprotective and anxious parenting on mental health. This is not entirely consistent with some studies that have found that overprotection may trigger psychological problems ([Van Petegem et al., 2022](#)). The observed difference might perhaps be attributed to the specific attributes of the sample used in this research, the cultural context, or the use of scales.

The results of the analyses based on the t-test indicate that, in the sample of this research, both male and female children exhibit similar perceived parenting style and self-reported mental health profiles. The gender variable does not appear to be a significant influencing factor in parenting styles and mental health. This is inconsistent with the findings of [Huang et al. \(2019\)](#) that child gender had a significant effect on children's perceived parenting styles. This may be due to differing operational definitions of parenting styles. [Huang et al. \(2019\)](#) classified parenting styles as authoritative, authoritarian, and Chinese-specific parenting. Moreover, different operational definitions required different research tools. Consequently, the study obtained different results.

Summary of the variance analysis findings (ANOVA) indicate a significant difference in perceptions of parenting styles among children across different grades. Specifically, children in grade 4 and grade 5 (dimensions 2 and 3) show significantly different perceptions of parenting styles compared to those in grade 3 (dimension 1).

However, there are no significant differences between grades in terms of mental health scores. Mean scores did not vary significantly between grades, suggesting that children in different grades are relatively consistent in their self-reported mental health status. These findings suggest that parenting styles may change with children's age or grade level, while self-perceptions of mental health remain relatively stable across grades (Clauser et al., 2021).

The results of the correlation and regression analyses indicate that rejection and emotional warmth are the two dimensions with the most significant effect on the mental health of children (Wang et al., 2024). A good parenting style characterised by parenting emotional warmth has a positive effect on the mental health of children (Rohner & Lansford, 2017). Conversely, parental rejection, as a negative parenting style, has a negative and enduring effect on children's mental health (Rohner, 2020).

In this study, rejection is positively associated with mental health symptoms and significantly increases mental health problems, while emotional warmth is negatively associated with mental health symptoms, which is consistent with previous research. Emotional warmth in parenting styles is negatively associated with mental health problems (Muzik et al., 2015). Positive parenting styles (e.g., warmth and caring) contribute to children's development. In contrast, negative parenting styles (e.g., refusal of requests) impair children's mental health.

Emotional warmth fosters a secure attachment. According to attachment theory (Bowlby, 1969), emotionally warm parents provide their children with the necessary emotional support and sense of security (Li et al., 2022). It helps them to cope better with life's stresses and challenges and to better regulate their emotions in the face of difficulties (Hajal & Paley, 2020). Make children feel loved and understood, reduce loneliness, and develop greater psychological resilience (Coffey et al., 2022).

Therefore, the results of this study once again effectively demonstrate the positive effects of an emotional warmth parenting style on children's mental health. It may be that it significantly reduces children's mental health problems by providing emotional support, promoting secure attachment, improving emotional regulation, and enhancing self-efficacy.

On the contrary, rejection parenting style tends to undermine this secure attachment, resulting in children feeling neglected and unsupported emotionally (Bruysters & Pilkington, 2023). When children feel rejected, they may develop negative self-concepts, believe they are unworthy of love, and experience increased anxiety or depression. This aligns with social cognitive theory, where children internalize the messages they receive from caregivers, leading to distorted perceptions of self-worth and interpersonal relationships (Kyeong, 2022). Children may feel isolated in such environments and find it difficult to seek help or express negative emotions (Rohner et al., 2020). Therefore, the factors mentioned above increase the likelihood of mental health problems.

Therefore, the results of this study also effectively demonstrate the negative effects of rejection parenting styles on children's mental health (Wang et al., 2024). It may be that it significantly increases the risk of mental health problems through factors such as disruption of parent-child relationships, reduced psychological security, and increased emotional suppression.

In conclusion, an emotional warmth parenting style enhances children's psychological resilience and improves their mental health by providing emotional support and a sense of security. Rejection parenting styles, on the other hand, undermine this support and result in children being more vulnerable to mental health problems. This explains why emotional warmth is negatively associated with mental health symptoms, whereas rejection is positively associated.

In this study, the effect of parenting styles of overprotective and anxiety education on children's mental health in this study was not significant. This is inconsistent with the findings of Lopez and Liu (2024). Such results may be due to the fact that his study was conducted on college students, which is somewhat different from primary school students. Although the two dimensions of overprotection and anxiety have a positive relationship with mental health, which is consistent with the results of previous studies, parenting exclusion or overprotective parenting styles are positively associated with mental health problems (Sun et al., 2017). However, their effects were small and non-significant. It suggests that these two factors may not be major influences when explaining children's mental health problems in the sample of this study. These results provide an important basis for family education practice and policy development, highlighting the importance of reducing rejecting behaviours and increasing warmth behaviours in family education in order to promote children's mental health development.

This study gives teachers and parents some new educational insights. When confronted with mental health issues that may arise in students, schools should recognize that different parenting styles can have a significant impact on students' mental and physical health. Educators can play a key role by offering workshops or counseling sessions to support children who experience rejection or emotional neglect at home. In addition, including lessons on emotional intelligence and resilience in the curriculum can further help children cope with the impact of parenting.

We should assist students in resolving their issues. Teachers and parents should prioritize family-centered interventions that address the whole family system, not just the child. Helping parents recognize the impact of their parenting styles on their children's mental health can lead to healthier family dynamics and improved mental health outcomes in the long term.

The study also has some geographical and sample limitations. Therefore, these factors should be considered before to evaluating the findings of the research. The first is the limitation of the sample: The research confined Han Chinese youngsters from Henan Province, China, hence the findings may not be applicable to other cultures or areas. The second is the cross-sectional design, which can only provide correlations at a precise moment in time; future studies could use a longitudinal design to better understand causal mechanisms. The third is the failure to consider other family-related factors. Although not extensively investigated in this research, these factors may have a

substantial impact on the correlation between children's parenting styles and mental health.

In order to better understand the implications of these results, other potential influencing factors can be further explored in future studies. For example, family environment and socioeconomic status. The aforementioned elements may have a significant impact on the parenting styles and mental health of children and may unveil intricate causal connections via longitudinal research.

Ethics Approval and Consent to Participate

The researchers used the research ethics provided by the Research Ethics Committee of Universiti Teknologi MARA (RECUiTM). All procedures performed in this study involving human participants were conducted in accordance with the ethical standards of the institutional research committee. Informed consent was obtained from all participants according to the Declaration of Helsinki.

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Conflict of Interest

The authors reported no conflicts of interest for this work and declare that there is no potential conflict of interest with respect to the research, authorship, or publication of this article.

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